THE COMMISSIONERS COURT *
McLENNAN COUNTY *
THE STATE OF TEXAS *
TO ALL PERSONS INTERESTED:

NOTICE IS HEREBY GIVEN that, in accordance with the Government Code, Chapter 551, (known as the Open Meetings Act), as amended, a special meeting of Commissioners' Court, the governing body of McLennan County, will be held on **Tuesday, the 16th day of February, 2016 at 9:00 a.m.** in the Commissioners' Courtroom, 1st Floor, West Wing, McLennan County Courthouse, City of Waco, Texas, at which time, the subjects below will be considered.

AGENDA

I. **PROOF OF POSTING OF NOTICE** in accordance with the provisions of Chapter 551.041, Government Code, as amended, known as the Open Meetings Act.
II. **A MOMENT OF SILENCE / INVOCATION; PLEDGES OF ALLEGIANCE**
III. **CONSIDERATION OF, AND / OR ACTION ON, THE FOLLOWING:**
   A. **APPROVAL / RATIFICATION OF PROCLAMATION / RESOLUTIONS**
   B. **HEARING FROM MEMBERS OF THE PUBLIC ON COUNTY BUSINESS MATTERS**
   C. **ITEMS PREVIOUSLY DEFERRED**
      1. *Regarding Previously Deferred Bids / RFP's/ RFQ's:*
         a. Bid 16-002: Aggregate for Surface Treatment
      2. *Regarding the Heart O'Texas Fair / Extraco Events Center*:
         a. Authorization of ARC Roofing Payment Application No. 8 (ARC Inv. # 15-11-001-8RET) / Final Payment Request and Acceptance of Close-Out Documents
   D. **RIGHT OF WAY PURCHASE, USE, CONVEYANCE and/or CONDEMNATION:** *Authorization / Action on*: Expansion/Repair Projects including, but not limited to: Easements / Offers / Contracts to Purchase ROW; Contracts for Sale; Contracts re: Appraisal / Surveying Services, ROW Acquisition / Sale; Authorization for Legal Counsel re: Eminent Domain / Condemnation Proceedings, Execution of Legal Documents
   E. **REGARDING COUNTY PROPERTY and/or CONSTRUCTION PROJECTS:** Renovations, Repairs, Indemnification Regarding Cleaning / Maintenance Projects, Space Allocations / Furnishings / Equipment / Architectural Services / Invoices / Approval of Pay Applications / Change Orders / Contracts / Lease Agreements / Certifications of Substantial Completion / Authorizations Regarding Sale / Lease / Acquisition or Property
      1. Authorization of License and Permit Agreement: City of Waco (re: Warren Road)
   F. **AUTHORIZATIONS RE: CONTRACTS / LEASE AGREEMENTS / INTERLOCAL AGREEMENTS:**
      1. Economic Development:
         a. Waco-McLennan County Economic Development Corporation (WMCEDC): Authorization of Agreements; Consultant Services; Proposed Projects /Program Project Agreements / Addendums / Pay Apps
      2. Reauthorization of Current Memorandum of Understanding: Diagnostic Health Centers of Texas LP dba Diagnostic Health Waco (re: McLennan County Indigent Health Care Program)
      3. Authorization of Use Agreement: Oncor (re: Precinct 1 Facilities)
      4. Authorization of Monitoring Agreements: L&M Electronics:
         a. Tax Office
         b. Road & Bridge, Precinct 4
   G. **REGARDING THE COUNTY BUDGET:** Amendments / Requests for Amendments and related Certification of Additional Revenue, if applicable, Expenditure Requests, Other Budgetary Requests
      1. **Regarding the FY 16 Budget:**
         a. Justice of the Peace, Precinct 4 (Fund 130)
         b. 74th District Court
         c. Child Protective Court
         d. District Attorney (Fund 265)
         e. Justice of the Peace, Precinct 1, Place 1 / Justice of the Peace, Precinct 1, Place 2 (Fund 140)
         f. Regarding the Texas Association of Counties Risk Management Pool: Authorization of Claim Deductible Invoices:
            1) Invoice # NRDD-0001607-LE
            2) Invoice # NRDD-0001605-PO
            3) Invoice # NRDD-0001606-PO
   H. **COUNTY SHERIFF / JAIL / CRIMINAL JUSTICE ISSUES** (County Operated / Privately Operated Jail Facilities): Change Orders, Pay Apps, Repairs / Renovations / Infrastructure Improvements / Personnel / Salary Matters / Updated Reports / Equipment Purchases / RFP's; Authorization of Contracts / Agreements / Amendments
      1. Authorization of Formal Service Agreement: Smiths Detection (re: X-Ray Machines)
      2. Authorization of Service Agreement Amendment: Stericycle (re: Medical Waste)
      3. Approval of Order re: Acceptance of a Bunker Donation from Basic Energy Services (ref: Local Government Code 81.032)
   I. **HEART O'TEXAS FAIR / EXTRACO EVENTS CENTER:** Authorization re: Contracts / Professional Services / Lease / Rental Agreements / Contract Addendums / Change Orders / Extensions; Property Transactions / Deeds, Insurance, Surveys / Proposals / HOT Fair, Equipment / Supplies; *Authorizations re*: Purchases, Plans & Specifications, Construction, Operations, Pay Apps, Bids / RFP's; Repairs / Renovations, Expenditure Authorizations, related matters
      1. Regarding the Moisture Intrusion / Exterior Envelope Renovations / Repairs to the Extraco Events Center:
         a. *Structural Engineering Services – Winton Engineering*: Authorization of Change Orders / Payment Requests, Acceptance of Reports, Updates, related matters
         b. *ARC Roofing Agreement*: Authorization of Change Orders / Work Orders / Additional Services / Addendums, Updates, related matters
      2. Discussion and/or Action regarding Reimbursement of FY 14 Capital Improvement Projects
   J. **GRANTS / PROPOSALS / SPECIAL PROJECTS:** Authorization of Grant Applications / Contracts / Grants, Administration & Reporting Matters / Consulting Services / Pay Apps / Change Orders / Bids / Invoices / related Legal Matters / Documents
      1. Regarding the Texas Indigent Defense Commission FY 16 Formula Grant: Recording of Statement of Grant Award
   K. **BIDS / RFP'S / RFQ'S / QUOTATIONS for GOODS & SERVICES,** including Recording of Vendor HB 914 Conflict Disclosure Statements, if applicable
      1. Authorizations regarding Bid Recommendations:
         a. Bid 16-004: Crushed Limestone Flexbase Loaded in McLennan County Trucks and/or Trailers or Delivered
         b. Bid 16-005: Lightweight Aggregate for Surface Treatment
         c. Bid 16-006: Corrugated Steel Culverts
         d. Bid 16-007: Asphalt Emulsions

Agenda continued on page 2

Agenda continued from page 1

L. CONSENT AGENDA ITEMS:

1. ***Reading / Approval of Previous Meeting Minutes***: Acceptance of Amendments / Supplements / Corrections; Recording into the Court Minutes of Previously Approved Documents, Items Not Requiring Court Action, HB 914 Conflict Disclosure Statements, as applicable
2. ***Financial Obligations of McLennan County***:
   a. Authorization for Co. Treasurer to Pay County Checks / Wire / Electronic Transfers Issued Since the Last Authorization
   b. County Treasurer: Interest / Investment Reports / Authorizations / Recording of McLennan County Investment Policy / Acknowledgement Forms / Pooled Cash Account Balance Reports
3. ***Human Resources / Salary Matters***: Benefits / Status Forms / Revisions to Salary Schedules; Authorizations Regarding Human Resources Issues / Revisions to Human Resources Policies; Compensation / Classification Issues / Personnel Reviews/ Reclassifications, Administrative Guidelines; Consultant Reports, Recommendations, Job Descriptions / Postings / Approvals Necessary for Statutory or Constitutional Qualifications / Acceptance of Resignations of Appointed or Elected Department Heads
   a. County Sheriff:
      1) Authorization to Shift Budgetary Funds (re: Investigator / Deputy)
      2) Action to Rescind Request to Adjust Budgetary Funds for Jailer Positions Previously Approved on 1/19/16
4. ***Authorizations / Ratifications re: RFP's / RFQ's / Bids / Advertisements / Publications / Public Notices / Sole Source Determinations / Surplus / Scrap Property Determinations / Recording of Legal Notifications***
   a. Authorization of Order Setting a Public Hearing on the Establishment of a Speed Zone on Canaan Church Road in Precinct 4
   b. Authorization of Order Setting a Public Hearing on the Establishment of a Speed Limit on Baese Road in Precinct 3
5. ***Travel and/or Education Requests / Ratifications***:
   a. Texas A&M AgriLife Extension Service
6. ***Acceptance / Non Acceptance of Officials /County Department Heads /Staff /Departmental Reports/ Organization Reports / Updates; Policy Recommendations; Reports relative to County Contracts/Agreements/Programs; Recording of Educational or Insurance Certificates/ Awards/ Bonds/ Recording of Conflict Disclosure Statements, Presentations to the Court***
   a. Constable, Precinct 1: Recording of 2015 Racial Profiling Report (ref: Texas Code of Criminal Procedure Articles 2.133 & 2.134)
   b. County Judges & Commissioners Association of Texas: Recording of Educational Certifications:
      1) Commissioner, Precinct 1
      2) Commissioner, Precinct 3
      3) Commissioner, Precinct 4
7. ***Commissioners Court,*** Discussion on, Consideration of and/or Action on:
   a. Ratification of Purchase / Designation of Authorized Purchaser:
   b. Authorizations re: Burn Ban in the Unincorporated Areas of McLennan County
   c. Regarding Americans with Disabilities Act Compliance Project:
      1) Approval re: Adoption of Annex Accessibility Policy
   d. Approval of Order Requiring Direct Deposit for Payment of Employee Payroll
   e. Authorization re: Purchase of Radar Unit by China Spring ISD Police Department
   f. Authorization of Online Auction with Rene Bates, Related Ad, and Order Declaring Certain Property as Surplus and Authorizing Disposition of Same (ref: Local Government Code Chapter 263)
   g. Discussion and/or Action re: Justice of the Peace, Precinct 4 Security Equipment
   h. Regarding the County Energy Transportation Reinvestment Zone (CETRZ): Authorization of Updated Prioritized Project List
   i. Approval of Amended Order regarding the Regulation of Food Establishments Including Food Service Establishments, Retail Food Stores, Mobile Food Units, and Roadside Food Vendors

M. COMMISSIONERS COURT WORK SESSION: Information Gathering, Discussions, Status Reports / Updates and/or Presentations on any or all of the items listed below (*no action will be taken by the Court on items presented in this part of the meeting*): Discussion / Suggestions Regarding: *Future Work Session Items*

1. ***Discussion re: Criminal Justice Issues***: Updates regarding the Electronic Monitoring Program / Coordinating the McLennan County Criminal Justice System / Criminal Justice Process / Creation of a Criminal Justice Work Group / Discussion on Ways to Control the Jail Population / MHMR Services at the County Jail / Pretrial Services / Veterans & Mental Health Courts / Courthouse Security / Video Conferencing Utilization / Public Nuisance Reporting & Enforcement Process / County Essentials Reimbursement, related matters
2. ***Discussion re: Capital Expenditures***: including Discussion Regarding the Time Schedule for Capital Outlay / Recommendations from the Finance Committee Regarding the Spending Policy / Equipment Financing, related matters
3. ***Discussion re: County Property***: including Discussion Regarding Space Availability & Utilization of County Buildings, Utilization Planning, Consultant, Joint Facilities Master Plan or Study / Updates re: Maintenance at Highway 6 or Downtown Jail / Maintenance at Tradinghouse Lake/Park / Recommendations from Tradinghouse Lake/Park Advisory Committee / ADA Capital Improvements / Policy for County Right of Ways / Surrey Ridge Road, Speegleville Road, and/or Chapel Road / Themis Statue / Policy re: Office Remodeling / Discussion regarding Lincoln City Road Flooding / Roofing Projects for Various County Buildings and Matters Related Thereto
4. ***Discussion re: Texas Department of Transportation***: including Discussion re: Rural/Public Transportation, related matters
5. ***Discussion re: Upcoming Contracts***
6. ***Discussion re: Updated Jury Donation Cards***
7. ***Discussion re: OpenGov:*** including Presentation regarding Services

IV. Executive Session: A closed meeting will be held pursuant to:

A. ***Section 551.071 of the Government Code (V.C.T.A.):*** so that the Commissioners Court can seek and receive legal advice from its attorneys regarding pending or threatened litigation, settlement offers, claims, or other matters for which the attorneys' duties to their client under the Texas State Bar Disciplinary Rules of Professional Conduct Conflicts with the Open Meetings Act (Ch.551, Gov. Code) if necessary for a subject contained on this agenda, and legal issues and potential liabilities regarding handgun laws and regulation of handguns in certain County buildings

B. ***Section 551.072 of the Government Code (V.C.T.A.)***: Regarding Real Property, including, but not limited to: (1) Right-Of-Way Acquisitions re: Expansion / Repair Project/s; and/or (2) Real Estate Purchase / Sale / Transfer / Trade / Offers to Purchase, Acquisition / Value / Donations of Real Property / Leases relative to Real Property, including, but not limited to, Potential Properties for Use by County / Public Facilities & Valuation of Current Property for Trade or Sale

C. ***Section 551.074 of the Government Code (V.C.T.A.)***: Regarding Personnel Matters including but not limited to: Personnel Review / Evaluation of Commissioners Court Appointed Department Heads; Personnel Matters Identified in any Open Session Item if Necessary, and related matters

Agenda continued on page 3

Agenda continued from page 2

D. ***Section 551.076 of the Government Code (V.C.T.A)***: Deliberations regarding Security Devices or Security Audits

E. ***Section 551.087 of the Government Code (V.C.T.A.)***: Regarding Economic Development Negotiations including, but not limited to (1) Discussion of Commercial / Financial Information Received from a Business Prospect/s; (2) Pending Negotiations / Potential Prospects and Projects; and/or (3) Discussion re: Offers of Financial or Other Incentives to Business Prospect/s

Signed this the 10th day of February, 2016

Scott M. Felton

SCOTT M. FELTON, County Judge

STATE OF TEXAS *
COUNTY OF McLENNAN *

I, J.A. "ANDY" HARWELL, County Clerk, and the Ex-Officio Clerk to the Commissioners Court, hereby certify that the above and foregoing is a true and correct copy of a NOTICE OF MEETING posted by me at the Courthouse door in Waco, McLennan County, Texas, where notices are customarily posted this the 10th day of February, 2016 at 4:15 o'clock P m.

Witness my hand and seal of office at Waco, McLennan County, Texas this 10th day of February, 2016

J. A. "ANDY" HARWELL, County Clerk
(SEAL) McLennan County, Texas

BY _____ (Deputy)

Notice: Persons with disabilities in need of auxiliary aide or services may contact the County Judge's Office, (254) 757-5049, prior to the meeting date

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

IN THE COMMISSIONERS COURT OF MCLENNAN COUNTY
THE STATE OF TEXAS *
COUNTY OF MCLENNAN *
TO ALL PERSONS INTERESTED:

NOTICE IS HEREBY GIVEN in accordance with the Government Code, Chapter 551, (known as the Open Meetings Act), as amended, that a special meeting of Commissioners' Court, the governing body of McLennan County, will be held on **Tuesday, the 16th day of February, 2016 at 9:00 o'clock a.m.** in the Commissioners Courtroom, First Floor, West Wing, of the McLennan County Courthouse in the City of Waco, Texas, at which time **the following SUPPLEMENT to the AGENDA** previously posted on February 10, 2016 **will be considered:**

SUPPLEMENTAL AGENDA

1. ***Proof of posting of notice*** in accordance with the provisions of Chapter 551.041, Government Code, as amended, known as the Open Meetings Act.

2. ***Regarding the McLennan County Employee Health Plan***: Authorization of Summary Plan Description (SPD) Administered by Scott & White

Signed this the 12th day of February, 2016

Scott M. Felton

SCOTT M. FELTON, COUNTY JUDGE

THE STATE OF TEXAS *
COUNTY OF MCLENNAN *

I, J. A. "ANDY" HARWELL, County Clerk, and the Ex-Officio Clerk to the Commissioners Court, hereby certify that the above and foregoing is a true and correct copy of a **SUPPLEMENTAL NOTICE OF MEETING** posted by me at the Courthouse door in Waco, McLennan County, Texas, where notices are customarily posted, on this the 12 day of February, 2016 at 8:30 o'clock a.m.

Witness my hand and seal of office at Waco, McLennan County, Texas, on this 12 day of February, 2016.

J. A. "ANDY" HARWELL, County Clerk
(SEAL) McLennan County, Texas

BY Myrcelez Gowan (Deputy)

NOTICE: Persons with disabilities who plan to attend the meeting and who may need auxiliary aids or services are requested to contact the Office of the County Judge at (254) 757-5049 prior to the meeting date.

FILED: FEB 16 2016

J A "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelez Gowan DEPUTY

AGENDA: **FEBRUARY 16, 2016**

II. A MOMENT OF SILENCE / INVOCATION; PLEDGE OF ALLEGIANCE

CD-375, 9:01

County Judge Felton stated that at this time we will have a moment of silence. County Judge Felton then stated that we will now have the Pledge of Allegiance led by our County Veteran Service Officer.

AGENDA: **FEBRUARY 16, 2016**

III. CONSIDERATION OF, AND / OR ACTION ON, THE FOLLOWING:

B. HEARING FROM MEMBERS OF THE PUBLIC ON COUNTY BUSINESS MATTERS

No One Spoke

CD-375, 9:02

County Judge Felton opened the floor to anyone present who wished to address the Court on County business matters. Not hearing anyone speak, County Judge Felton closed the hearing.

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND / OR ACTION ON, THE FOLLOWING:

C. ITEMS PREVIOUSLY DEFERRED:

1. *Regarding Previously Deferred Bids / RFP's/ RFQ's:*

a. Bid 16-002: Aggregate for Surface Treatment	**Approved**

2. *Regarding the Heart O'Texas Fair / Extraco Events Center:*

a. Authorization of ARC Roofing Payment Application No. 8 (ARC Inv. # 15-11-001-8RET) / Final Payment Request and Acceptance of Close-Out Documents	**Pulled - No Action Taken** *(See after M. 7.)*

CD-375, 9:03

BID 16-002: AGGREGATE FOR SURFACE TREATMENT

On this the 16 day of February, 2016 came on for consideration the matter of **Bid 16-002: Aggregate for Surface Treatment** and it appearing to the Court that said bid had been heretofore received and opened on January 19, 2016, as recorded on Page 83 of these minutes and deferred until this date. Purchasing Director Ken Bass explained the recommendation. After discussion, Commissioner Snell made a motion to approve C. 1. a. as recommended by Purchasing Director Ken Bass and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was County Judge Felton, Commissioner Snell, and Commissioner Jones. It is ordered by the Court that said **Bid 16-002: Aggregate for Surface Treatment** be, and the same is hereby, awarded as per recommendation by unanimous vote.

- -

Recommendation

Court Date	Originating Department	Recommendation By	Reference Number
02/16/16	Road & Bridge	Ken Bass/Luke Lammert	Bid 16-002

Background:

Bid for Aggregate for Surface Treatment
Bid First Advertised on January 1, 2016
Bids Due & Bid Opening on January 19, 2016
Bid Deferred on February 2, 2016

Respondents:

	Description	Tons	Price/Ton	Amount
Dead River Ranch Mat. **Austin, TX 78732**	**Type A Grade 4**	**10,000**	**$7.00**	**$70,000.00**
	Type A Grade 5	**7,000**	**$7.00**	**$49,000.00**

Grand Total: $119,000.00

Recommendation:

We recommend that McLennan County **grant the award** for Aggregate for Surface Treatment to **Dead River Ranch Materials.**

Note: A visit was conducted at the Dead River Ranch pit to review products. Upon inspection we discovered a product that we consider a match for our Grade A Type 4 specifications. This product is called D/F Blend (which is a crushed rock) and is the same price. We consider this product a part of the award of this bid.

Why:

Dead River Ranch Materials was the **Sole Bid.**

Effective Date of Contract:

March 1, 2016 thru February 28, 2017

Reviewed By:

RECOMMENDATION
APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

FILED: FEB 16 2016

LA 'ANUY' HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

The Court went to item L. 7. c. Re: Americans with Disabilities Act Compliance Project.

ORDER APPROVING:

APPROVAL RE: ADOPTION OF ANNEX ACCESIBILITY POLICY
RE: THE AMERICANS WITH DISABILITIES ACT COMPLIANCE PROJECT

On this the 16 day of February, 2016, came on for consideration the matter Regarding the Americans with Disabilities Act Compliance Project: Approval re: Adoption of Annex Accessibility Policy. After discussion, Commissioner Jones made a motion to adopt the Annex Accessibility Policy and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell, and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

ORDER OF THE COMMISSIONERS COURT OF MCLENNAN COUNTY, TEXAS
ADOPTING ANNEX ACCESSIBILITY POLICY

BE IT ORDERED BY THE COMMISSIONERS COURT OF MCLENNAN COUNTY, TEXAS that the ANNEX ACCESSIBILITY POLICY: a true and correct copy of which is attached hereto, is ADOPTED.

Passed this 16 day of FEBRUARY, 2016.

Scott M. Felton

Scott M. Felton, County Judge

Attest:
J.A. "Andy" Harwell, County Clerk
McLennan County Texas

Myrcelez Horton

By: Deputy County Clerk

ANNEX ACCESSIBILITY POLICY

Purpose: Currently the District Clerk's Office, District Attorney's Office and Electronic Monitoring, located in the Courthouse Annex Building, are accessed by way of the skywalk between the Main Courthouse and the Annex. The ramp between the skywalk and several of the doors/doorways used to enter and exit the skywalk currently present barriers to persons with mobility disabilities. The County plans to improve the accessibility of the skywalk, and to place handrails at intervals along the ramp. However, the current ramp cannot be modified to be ADA-accessible. Therefore, the County will provide an alternative means of access to these offices.

Policy Statement. The first floor entrance at the corner of the Annex Building located near the designated accessible parking behind the Courthouse will be used as the alternative means of access to the Annex and is hereinafter referred to as the Alternative Access Point.

Policy Elements: The following policy elements shall be implemented:

1. Notice. A sign shall be placed on the Annex Building near the Alternative Access Point indicating that the Alternative Access Point is the accessible route to the offices housed in the Annex. The sign shall also provide the telephone number for Courthouse Security which will assist individuals in entering the Alternative Access Point. The Courthouse Security shall promptly dispatch an officer to open the door for any individual who calls to request access to the Alternative Access Point. The sign shall also include the County Judge's office in the event Courthouse Security is unavailable. If necessary, the County Judge's Office shall promptly locate a Courthouse Security Officer – or an alternate County representative- to open the Alternative Access Point entrance door.

Each County Office located in the Annex shall include a prominent designation on its webpage regarding the location and availability of the Alternative Access Point at the Courthouse Annex Building.

In addition, the County will also install a buzzer or equivalent means of electronic notification at the Alternative Access Point. The County will install the alternative means of notification at an unobstructed forward or side reach range between 15"-48" above the finish floor or ground. The buzzer or equivalent notification will alert Courthouse Security that a person needs to enter through the Alternative Access Point. Upon receiving notification, Courthouse Security shall promptly dispatch an officer to open the door for the individual.

2. Responsiveness. Courthouse staff shall respond to all requests at the Alternate Access Point as quickly as possible, but no in event in more than five (5) minutes from receiving the call or inquiry. The Courthouse Security Supervisor shall ensure that all officers receive instruction on this Policy and are clearly informed that prompt response is required. If possible, arrangements shall be made to provide for the call for assistance to ring on multiple officers' phones.

3. Policy Effectiveness. If complaints are received as to responsiveness, or other elements of this Policy, the ADA Coordinator and County officials will review the complaints and correct any deficiencies. For the duration of the Agreement, the County will keep and maintain records of such complaints and will provide the records to the Department of Justice, upon request.

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcatez Bowen DEPUTY

The Court went to item M. 7. Discussion re: OpenGov: including Presentation re: Services.

DISCUSSION ONLY:

COMMISSIONERS COURT WORK SESSION:
INFORMATION GATHERING, DISCUSSIONS, STATUS REPORTS / UPDATES AND / OR PRESENTATIONS ON ANY OR ALL OF THE ITEMS LISTED BELOW
(NO ACTION WILL BE TAKEN BY THE COURT ON ITEMS PRESENTED IN THIS PART OF THE MEETING):

DISCUSSION RE: OPENGOV: INCLUDING PRESENTATION REGARDING SERVICES

On this the 16 day of February, 2016, came on for consideration the matter of ***Commissioners Court Work Session***: Information gathering, discussions, status reports / updates and / or presentations on any or all of the items listed below (*no action will be taken by the Court on items presented in this part of the meeting*): Discussion / Suggestions regarding: *Future Work Session Items:* ***Discussion re: OpenGov: Including Presentation regarding Services.*** Presenter Brad Snider spoke to the Court regarding OpenGov. Discussion Only.

* *

The Court went back to item C. 2. a. Re: Heart O' Texas Fair/Extraco Events Center.

ORDER REGARDING:

AUTHORIZATION OF ARC ROOFING PAYMENT APPLICATION NO. 8 (ARC INV. #15-11-001-8RET) / FINAL PAYMENT REQUEST AND ACCEPTANCE OF CLOSE-OUT DOCUMENTS

RE: THE HEART O'TEXAS FAIR / EXTRACO EVENTS CENTER

On this the 16 day of February, 2016, came on for consideration the matter Regarding the Heart of O'Texas Fair / Extraco Events Center: Authorization of ARC Roofing Payment Application No. 8 (ARC Inv. #15-11-001-8RET) / Final Payment Request and Acceptance of Close-Out Documents. After discussion, Commissioner Snell made a recommendation to remove with no action and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell, and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, pulled with no action by unanimous vote.

* *

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND / OR ACTION ON, THE FOLLOWING:

E. REGARDING COUNTY PROPERTY and/or CONSTRUCTION PROJECTS:
Renovation, Repair, Indemnification Regarding Cleaning / Maintenance Projects; Space Allocations / Furnishings / Equipment / Architectural Services / Invoices / Approval of Pay Applications / Change Orders / Contracts / Lease Agreements / Certifications of Substantial Completion / Authorizations Regarding Sale / Lease / Acquisition or Property

1. Authorization of License and Permit Agreement: City of Waco (re: Warren Road) **Deferred**

CD-375, 9:42

ORDER DEFERRING:

AUTHORIZATION OF LICENSE AND PERMIT AGREEMENT: CITY OF WACO (RE: WARREN ROAD)

On this the 16 day of February, 2016, came on for consideration the matter of Authorization of License and Permit: City of Waco (re: Warren Road). Commissioner Jones made a motion to defer and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, deferred by unanimous vote.

* *

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND / OR ACTION ON, THE FOLLOWING:

F. AUTHORIZATIONS RE: CONTRACTS / LEASE AGREEMENTS / INTERLOCAL AGREEMENTS:

1. Economic Development:

   a. Waco-McLennan County Economic Development Corporation (WMCEDC): Authorization of Agreements; Consultant Services; Proposed Projects / Program Project Agreements / Addendums / Pay Apps — **None**

2. Reauthorization of Current Memorandum of Understanding: Diagnostic Health Centers of Texas LP dba Diagnostic Health Waco (re: McLennan County Indigent Health Care Program) — **Approved**

3. Authorization of of Use Agreement: Oncor (re: Precinct 1 Facilities) — **Approved**

4. Authorization of Monitoring Agreements L&M Electronics:

   a. Tax Office — **Approved**

   b. Road & Bridge, Precinct 4 — **Approved**

CD-375, 9:42

ORDER APPROVING:

REAUTHORIZATION OF CURRENT MEMORANDUM OF UNDERSTANDING: DIAGNOSTIC HEALTH CENTERS OF TEXAS LP DBA DIAGNOSTIC HEALTH WACO

RE: MCLENNAN COUNTY INDIGENT HEALTH CARE PROGRAM

On this the 16 day of February, 2016, came on for consideration the matter of Reauthorization of Memorandum of Understanding: Diagnostic Health Centers of Texas LP dba Diagnostic Health Waco (re: McLennan County Indigent Health Care Program). After discussion, Judge Felton made a motion to approve the Reauthorization of Current M.O.U. with Diagnostic Health Waco and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

FY 16 REAUTHORIZATION of CURRENT MEMORANDUM of UNDERSTANDING with DIAGNOSTIC HEALTH CENTERS OF TEXAS LP dba DIAGNOSTIC HEALTH WACO

WHEREAS, on January 27, 2015, the Commissioners Court approved a Memorandum of Understanding with Diagnostic Health Centers of Texas LP dba Diagnostic Health Waco relative to participation in the McLennan County Indigent Health Care Program; and

WHEREAS, that Memorandum of Understanding designates Diagnostic Health Centers of Texas LP dba Diagnostic Health Waco as a Health Care Provider in the capacity of Lab X-Rays and Radiology Imaging Center; and

WHEREAS, the Director of Health Services affirms that Diagnostic Health Centers of Texas LP dba Diagnostic Health Waco still provides services to the standard expected by the Health Services Department, is still qualified for Medicaid reimbursement, and continues to represent a cost-effective alternative for the County.

IT IS HEREBY DECLARED that on this 16th day of February, 2016, **the McLennan County Commissioners Court reauthorizes the current Memorandum of Understanding with Diagnostic Health Centers of Texas LP dba Diagnostic Health Waco for an additional year.**

Scott M. Felton

SCOTT M. FELTON, County Judge

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

ORDER APPROVING:

AUTHORIZATION OF USE AGREEMENT: ONCOR
(RE: PRECINCT 1 FACILIITES)

On this the 16 day of February, 2016, came on for consideration the matter of Authorization of Use Agreement: Oncor (re: Precinct 1 Facilities). After discussion, Commissioner Snell made a motion to approve F. 3. and it was seconded by Commissioner Jones. After further discussion, a vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

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Oncor's Use of Precinct 1 Facility as a Staging Area

As an accommodation to an entity serving a public purpose in McLennan County; McLennan County will allow Oncor to use the McLennan County Precinct 1 yard as a staging area during major storm events. Oncor understands it is its obligation to lock up the Precinct 1 yard and to call the foreman when entering at times when an employee from the County is not present at the yard. McLennan County is not responsible for vehicle security. This accommodation to Oncor is made in the spirit of cooperation and McLennan County does not warrant that the vehicles will be secure and safe from damage or theft while parked in the Precinct 1 yard. Oncor shall reimburse McLennan County for any damage caused by Oncor and its employees. To the extent allowed by Texas law, Oncor indemnifies and holds harmless the County, and its officers and employees, from suit, liability, penalties, damages or costs arising in whole or in part from Oncor's negligent acts or omissions, or conditions existing on the Precinct 1 yard.

Michael L Baldwin
South Region Manager, ONCOR

2-2-16

Date

Office (254) 750-5202
Cell (469) 261-7856

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
Scott M. Felton
COUNTY JUDGE

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcella Gowan DEPUTY

ORDER APPROVING:

AUTHORIZATION OF MONITORING AGREEMENT:
L & M ELECTRONICS:

TAX OFFICE

On this the 16 day of February, 2016, came on for consideration the matter of Authorization of Monitoring Agreement: L & M Electronics: Tax Office. After discussion, Commissioner Snell made a motion to approve F. 4. and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

McLennan County Purchasing Department

214 North 5th Street Waco, Texas 76701-1302

Ken Bass

Director of Purchasing

February 16, 2016

Re: Renewal of Electronic Monitoring for the Tax Office

Commissioners:

Please see the attached Monitoring Agreement with L & M Electronics for the Tax Office. The monthly fee for this service will continue to be $29.95. If approved, this service will be in effect from January 15, 2016 through January 14, 2017.

We respectfully submit this renewal agreement for the Court's consideration.

Thank You,

Ken Bass

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

L&M
Electronics

Waco:
1700 W. Waco Drive
Waco, Texas 76701
254-754-4644
1-800-460-4644
254-754-4041 Fax

Temple:
217 North Main Street
Temple, Texas 76501
254-778-7679
1-800-460-7679
254-778-1576 Fax

State License # B05925

MONITORING AGREEMENT

This contract is for the purpose of authorizing L&M Electronics to provide monitoring of the listed burglar alarm system and its compenents on a regular basis at the fee quoted, payable to L&M Electronics. This contract is valid from the date specified above and will automatically renew on effective date unless cancellation notice is sent in 30 days before renewal. If contract is cancelled before the ending date, the balance will be due. This contract limits liability to 10% of the annual service charge or $250.00 whichever is greater.

Equipment: DSM 2055 IMPASS
Amount: 29.95 per MO.

For:
McLENNAN CNTY TAX OFC
215 N. 5th
WACO, TX. 76701

Bill To:
McLENNAN CNTY TAX OFC.
215 N. 5th
WACO TX. 76701

Zone	Description / Resolution	Schedule / Holidays
1		
2		
3		
4		
5		
6		

Special Instructions:
CALL McLENNAN CNTY SHERIFF dept. Then Emergency CONTACTS

Contract: 1/15/16 through 1/14/17

Emergency Contacts:

Authorized by / Date: Scott M. Felton

Approved Date: 2/16/16

SCOTT M. FELTON, COUNTY JUDGE

FILED: FEB 1 6 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

ORDER APPROVING:

AUTHORIZATION OF MONITORING AGREEMENT:
L & M ELECTRONICS:

ROAD & BRIDGE, PRECINCT 4

On this the 16 day of February, 2016, came on for consideration the matter of Authorization of Monitoring Agreement: L & M Electronics: Road & Bridge, Precinct 4. After discussion, Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

McLennan County Purchasing Department

214 North 5th Street Waco, Texas 76701-1302

Ken Bass

Director of Purchasing

February 16, 2016

Re: Electronic Monitoring for Road & Bridge Pct. 4 – New Office Building

Commissioners:

Please see the attached quote for electronic monitoring by L & M Electronics for the new office building at R & B Pct. 4. The cost of this service will be $29.95 per month.

We respectfully submit this information for the Court's consideration.

Thank You,

Ken Bass

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

L&M Electronics

QUOTE

EMAIL: TCALDWELL@LANDMELECTRONICS.COM

1700 w Waco Dr. Waco, TX.76701
Phone 254-754-4644 Fax 254-754-4041

INVOICE #
DATE: FEBRUARY 9, 2016

QUOTE GOOD FOR NINETY DAYS.

TO McLennan County PCT4
3046 Orion Rd
McGregor TX 76657
Billy 254-709-3406

Bid consists of the following items and services:

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
THOMAS CALDWELL	MONITORING ON NEW BLDG.	Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Monthly MONITORING WOULD BE BILLED AT $29.95 Per Month.		
		SUBTOTAL	
		SALES TAX	
		TOTAL	

Quotation prepared by: _____

Please call if you have any questions or need more information.
THANK YOU,
Thomas Caldwell 254-722-7221

To accept this quotation, sign here and return: Scott M. Felton 2/16/16
SCOTT M. FELTON, COUNTY JUDGE

FILED: FEB 16 2016

THANK YOU FOR YOUR BUSINESS!

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND/OR ACTION ON, THE FOLLOWING:

G. REGARDING THE COUNTY BUDGET: *Amendments / Requests for Amendments and related Certification of Additional Revenue, if applicable / Expenditure Requests, Other Budgetary Requests*

1. Regarding the FY 16 Budget:

a. Justice of the Peace, Precinct 4 (Fund 130)	**Approved** ***(See after Executive Session)***
b. 74th District Court	**Approved**
c. Child Protective Court	**Approved**
d. District Attorney (Fund 265)	**Approved**
e. Justice of the Peace, Precinct 1, Place 1 / Justice of the Peace, Precinct 1, Place 2 (Fund 140)	**Approved**
f. Regarding the Texas Association of Counties Risk Management Pool: Authorization of Claim Deductible Invoices:	
1) Invoice # NRDD-0001607-LE	**Approved**
2) Invoice # NRDD-0001605-PO	**Approved**
3) Invoice # NRDD-0001606-PO	**Approved**

CD-375, 9:46

The Court went to G. 1. b. Re: the FY16 Budget.

ORDER APPROVING FY 2016 BUDGET AMENDMENTS:

74TH DISTRICT COURT;

CHILD PROTECTIVE

DISTRICT ATTORNEY (FUND 265)

AND

JUSTICE OF THE PEACE, PRECINCT 1, PLACE 1 / JUSTICE OF THE PEACE, PRECINCT 1, PLACE 2 (FUND 140)

On this the 16 day of February, 2016, came on for consideration the matter Regarding the FY 16 Budget: 74th District Court; Child Protective Court; District Attorney and Justice of the Peace, Precinct 1, Place 1 / Justice of Peace, Precinct 1, Place 2 (Fund 140). After discussion, Judge Felton made a motion to approve G. 1. b., G. 1. c., G. 1. d. and G. 1. e. and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said FY 2016 Budget Amendments be, and the same are hereby, approved by unanimous vote.

- -

BUDGET AMENDMENT REQUEST

McLennan County Commissioners Court
McLennan County Courthouse
Waco, Texas 76701

Re: Budget Amendment for: Fund 001 (General Fund)

Gentlemen:

I hereby request the following budget amendment for the fiscal year ending 09/30/16:

REQUESTED INCREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct#)	Account Description	Current Budget	Requested Increase	Amended Budget
001	15	26	1430	74th DC	502000	Furniture and Equipment	1	1,000	1,001
							-	-	-
							-	-	-
							-	-	-
						Total Increases		1,000	

REQUESTED DECREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct#)	Account Description	Current Budget	Requested Decrease	Amended Budget
001	15	26	1430	74th DC	501000	Supplies	5,500	1,000	4,500
							-	-	-
							-	-	-
							-	-	-
						Total Decreases		1,000	

BUDGET AMENDMENT JUSTIFICATION:

This budget amendment is requested to increase "furniture and equipment" in the 74th District Court department for computer equipment (laptop and printer) for the 2016 fiscal year.

Respectfully Submitted Requestor:	Approved as to form County Auditor	Approved by Commissioners Court County Judge
		2/16/16

FILED: FEB 16 2016

J.A "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myracetz Gowan DEPUTY

BUDGET AMENDMENT REQUEST

McLennan County Commissioners Court
McLennan County Courthouse
Waco, Texas 76701

Re: Budget Amendment for: Fund 001 (General Fund)

Gentlemen:

I hereby request the following budget amendment for the fiscal year ending 09/30/16:

REQUESTED INCREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct:#)	Account Description	Current Budget	Requested Increase	Amended Budget
001	15	26	1445	CP Court	501000	Supplies	200	39	239
001	15	26	1445	CP Court	502000	Furniture and Equipment	14,432	1,317	15,749
							-	-	-
							-	-	-
						Total Increases		1,356	

REQUESTED DECREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct:#)	Account Description	Current Budget	Requested Decrease	Amended Budget
001	10	05	0190	Co Wide	999999	Contingencies	1,152,618	1,356	1,151,262
							-	-	-
							-	-	-
							-	-	-
						Total Decreases		1,356	

BUDGET AMENDMENT JUSTIFICATION:

This budget amendment is requested to increase "furniture and equipment" and "supplies" in the Child Protective Court department for the 2016 fiscal year. This request includes the purchase of the components of a DVR/Camera system with TV and necessary supplies as well as additional furniture necessary for the Courtroom.

Respectfully Submitted **Requestor:**	Approved as to form **County Auditor**	Approved by Commissioners Court **County Judge**

2/16/16

CDWG.com | 800.594.4239

OE400SPS

SALES QUOTATION

QUOTE NO.	ACCOUNT NO.	DATE
GTKD054	5619816	1/29/2016

BILL TO:
MCLENNAN COUNTY
214 N 4TH ST STE 100

Accounts Payable
WACO , TX 76701-1404

Customer Phone #

SHIP TO:
MCLENNAN COUNTY
Attention To: ROBERT BROWN
500 COLUMBUS AVE

WACO , TX 76701-1324
Contact: ROBERT
BROWN 254.757.5184

Customer P.O. # BELKIN 10FT HDMI CBL
QUOTE

ACCOUNT MANAGER	SHIPPING METHOD	TERMS	EXEMPTION CERTIFICATE
SARA LAMACCHIA 877.536.5393	UPS Ground	Net 30 Days-Govt State/Local	GOVT-EXEMPT

QTY	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1390551	BELKIN 10FT HDMI CABLE - BLACK Mfg#: F8V3311B10 Contract: TCPN - Technology Solutions R5106 R5106	10.17	10.17
		SUBTOTAL		10.17
		FREIGHT		0.00
		TAX		0.00

US Currency

TOTAL 10.17

Please remit payment to:
CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

CDW Government
230 North Milwaukee Ave.
Vernon Hills, IL 60061

Fax: 312.752.3582

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at
http://www.cdwg.com/content/terms-conditions/product-sales.aspx
For more information, contact a CDW account manager.

CDWG.com | 800.594.4239

OE400SPS

SALES QUOTATION

QUOTE NO.	ACCOUNT NO.	DATE
GTKD340	5619816	1/29/2016

BILL TO:
MCLENNAN COUNTY
214 N 4TH ST STE 100

Accounts Payable
WACO , TX 76701-1404

Customer Phone #

SHIP TO:
MCLENNAN COUNTY
Attention To: WILLIE PERKINS
500 COLUMBUS AVE

WACO , TX 76701-1324
Contact: WILLIE
PERKINS 254.757.5024

Customer P.O. # ERGOTRON + SAMSUNG
QUOTE

ACCOUNT MANAGER	SHIPPING METHOD	TERMS	EXEMPTION CERTIFICATE
SARA LAMACCHIA 877.536.5393	FEDEX Ground	Net 30 Days-Govt State/Local	GOVT-EXEMPT

QTY	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	2379056	ERGOTRON LX HD 42" TV WM SWING ARM Mfg#: 45-268-026 Contract: TCPN - Technology Solutions R5106 R5106	77.40	77.40
1	3306071	SAMSUNG 28IN LED 720P 120CMR 60HZ Mfg#: UN28H4000AFXZA Contract: TCPN - Technology Solutions R5106 R5106	193.03	193.03
		SUBTOTAL		270.43
		FREIGHT		0.00
		TAX		0.00

US Currency

TOTAL 270.43

CDW Government
230 North Milwaukee Ave.
Vernon Hills, IL 60061

Fax: 312.752.3582

Please remit payment to:
CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at
http://www.cdwg.com/content/terms-conditions/product-sales.aspx
For more information, contact a CDW account manager.

CDWG.com | 800.594.4239

OE400SPS

SALES QUOTATION

QUOTE NO.	ACCOUNT NO.	DATE
GTKD097	5619816	1/29/2016

BILL TO:
MCLENNAN COUNTY
214 N 4TH ST STE 100

Accounts Payable
WACO , TX 76701-1404

Customer Phone #

SHIP TO:
MCLENNAN COUNTY
Attention To: ROBERT BROWN
500 COLUMBUS AVE

WACO , TX 76701-1324
Contact: ROBERT
BROWN 254.757.5184

Customer P.O. # C2G WP QUOTE

ACCOUNT MANAGER	SHIPPING METHOD	TERMS	EXEMPTION CERTIFICATE
SARA LAMACCHIA 877.536.5393	UPS Ground	Net 30 Days-Govt State/Local	GOVT-EXEMPT

QTY	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1808122	C2G WP SGL ALUM 1 1/2IN GROMMET Mfg#: 40489 Contract: TCPN - Technology Solutions R5106 R5106	14.41	14.41
		SUBTOTAL		14.41
		FREIGHT		0.00
		TAX		0.00

US Currency

TOTAL 14.41

Please remit payment to:
CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

CDW Government
230 North Milwaukee Ave.
Vernon Hills, IL 60061

Fax: 312.752.3582

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at
http://www.cdwg.com/content/terms-conditions/product-sales.aspx
For more information, contact a CDW account manager.

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Enlarge

Defender - Sentinel Pro 8-Channel, 4-Camera Indoor/Outdoor DVR Surveillance System - Black

New from
On Sale: $360.99

PRICE MATCH GUARANTEE

Add to Cart

$360.99
ON SALE
SAVE $19 (Reg. $379.99)
FREE SHIPPING
on orders $35 and up

Add to List

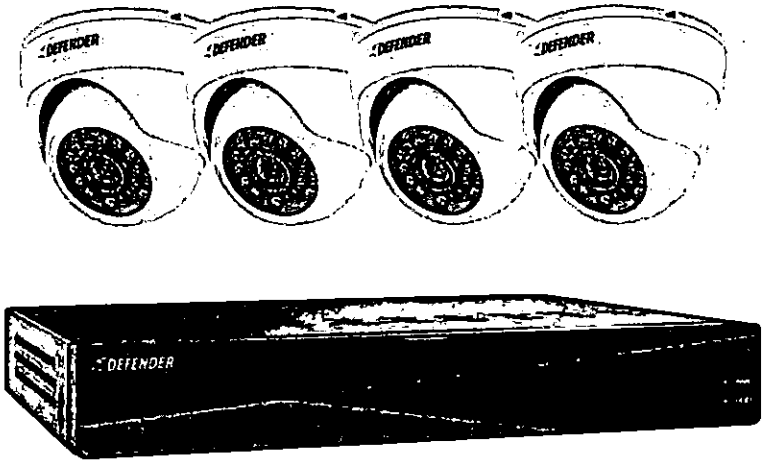
Add to Registry

Model: 21325 | **SKU:** 2875974 |
Customer Rating: ☆☆☆☆☆ Be the first to write a review. |

Shipping: Usually ships in 2 business days
See when you can get it

Store Pickup: Available at most stores
Check Stores
Learn more about store pickup

Overview | Specifications | Ratings & Reviews | Accessories | Buying Options | Protection & Services



Special Offer

Free Shipping on Orders $35 and Up

Cardholder Offers

See (2) Financing Offers

What's Included

- 8-channel DVR with 2TB hard drive
- 4 surveillance cameras with 65' cables
- 4-1 power splitter, 2 BNC-to-RCA connectors
- 2 power adapters, 10' RJ-45 Ethernet cable
- USB mouse, IR remote, 3' HDMI cable
- Mounting hardware, software CD, window stickers
- Owner's manual

Watch over your home or business with this Defender Sentinel Pro 21325 8-channel, 4-camera surveillance system, which features 1 Step remote viewing, allowing you to view activity at your home from virtually anywhere using an Internet-connected device.

Product Features

4 surveillance cameras

Each feature a CDS image sensor with 800 TV lines for crisp, clear video.

24 IR LEDs

Enable night vision up to 75', so you can monitor the premises with ease.

Day/night mode

Automatically switches from color to black-and-white in low lighting.

Ratings & Reviews

Be the first to write a review.

Write a Review

defender-usa.com Rating:
(316 Reviews)

75° field of view

Offers a wide view.

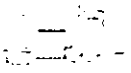
Weather-resistant aluminum casing

Provides durability for recording in a variety of weather conditions.

Best-Selling Related Products

NETGEAR - Arlo Smart Home Indoor/Outdoor Wireless High-De...

$499.99



iSmartAlarm - Home Security System Plus Wireless Security...

On Sale: $149.99

Lorex - 4-Channel, 4 Camera Indoor/Outdoor High-Definitio...

On Sale: $339.99

SVAT Electronics - GIGAXTREME 301 4-Channel Indoor/Outdoo...

$49.99

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FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

BUDGET AMENDMENT REQUEST

McLennan County Commissioners Court
McLennan County Courthouse
Waco, Texas 76701

Re: Budget Amendment for: Fund 265 (Pretrial Intervention Program Fund)

Gentlemen:

I hereby request the following budget amendment for the fiscal year ending 09/30/16:

REQUESTED INCREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct #)	Account Description	Current Budget	Requested Increase	Amended Budget
265	10	10	0210	DA	701000	Capital Outlay	10,000	20,000	30,000
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
						Total Increases		20,000	

REQUESTED DECREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct #)	Account Description	Current Budget	Requested Decrease	Amended Budget
265	10	10	0210	DA	501000	Supplies	15,000	10,000	5,000
265	10	10	0210	DA	601111	Other Services and Charges	10,000	10,000	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
						Total Decreases		20,000	

BUDGET AMENDMENT JUSTIFICATION:

This budget amendment is requested for the puchase of a server to be utilized by the District Attorney's office for fiscal year 2016.

Respectfully Submitted Requestor:	Approved as to form County Auditor	Approved by Commissioners Court County Judge

2/16/16

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myscelar Gowan DEPUTY

BUDGET AMENDMENT REQUEST

McLennan County Commissioners Court
McLennan County Courthouse
Waco, Texas 76701

Re: Budget Amendment for: Fund 140 (Justice Technology Fund)

Gentlemen:

I hereby request the following budget amendment for the fiscal year ending 09/30/16:

REQUESTED INCREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct:#)	Account Description	Current Budget	Requested Increase	Amended Budget
140	15	27	1611	JP 1-1	501000	Supplies	1	1,085	1,086
140	15	27	1612	JP 1-2	501000	Supplies	1	1,085	1,086
							-	-	-
							-	-	-
							-	-	-
						Total Increases		2,170	

REQUESTED DECREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct:#)	Account Description	Current Budget	Requested Decrease	Amended Budget
140	10	05	0190	Non-Dept	999999	Contingencies	262,527	2,170	260,357
							-	-	-
							-	-	-
							-	-	-
							-	-	-
						Total Decreases		2,170	

BUDGET AMENDMENT JUSTIFICATION:

This budget amendment is requested for the Justice Technology Fund by Justices of the Peace Precinct 1-1 and 1-2 for the purchase of a laptop computer, television, and necessary cables to be utilized in the courtroom. This is requested to allow for the presentation of evidence by enabling the jury and witnesses to view evidence in the form of video or digital pictures.

Respectfully Submitted Requestor:	Approved as to form County Auditor	Approved by Commissioners Court County Judge

Diane Gensley

2/16/16

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

ORDER APPROVING:

AUTHORIZATION OF CLAIM DEDUCTIBLE INVOICES

INVOICE # NRDD-0001607-LE;

INVOICE # NRDD-0001605-PO

AND

INVOICE # NRDD-0001606-PO

RE: THE TEXAS ASSOCIATION OF COUNTIES RISK MANAGEMENT POOL

RE: FY 2016 BUDGET

On this the 16 day of February, 2016, came on for consideration the matter Regarding the FY 16 Budget: Regarding the Texas Association of Counties Risk Management Pool: Authorization of Claim Deductible Invoices: Invoice # NRDD-0001607-LE; Invoice # NRDD-0001605-PO and Invoice # NRDD-0001606-PO. After discussion, Commissioner Jones made a motion to approve the Texas Association of Counties Risk Management Pool: Authorization of Claim Deductible Invoices: G. 1. f. 1, G. 1. f. 2. and G. 1. f. 3 and it was seconded by Judge Felton. After further discussion, a vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorizations be, and the same are hereby, approved by unanimous vote.

- - - - - - - - - - - - - - - - - - - -

TEXAS ASSOCIATION of COUNTIES
RISK MANAGEMENT POOL

CLAIM DEDUCTIBLE INVOICE

McLennan County
Attn: Judge Scott Felton
PO Box 1728
Waco, TX 76703-1728

Deductible payment is due.

Balance Due Upon Receipt

Invoice #: NRDD-0001607-LE
Invoice Date: February 8, 2016
Claim #: LE20158809-1
Member ID: 1550

Description	Amount Due
Claim LE20158809-1: Invoice for Deductible Subsidiary/office associated with claim: Sheriff Date of Loss: 11/8/15 Claimant: Estate of Gerald Reneau	$2,714.63
Total Policy Deductible Amount per Claim	$10,000.00
Total Amount Received to Date	
Total Amount Due	$2,714.63
Total Amount Due May Be Less Than Deductible Amount Depending On Claim Payments Made	

Claim Deductible Payment Remittance Form

McLennan County
Attn: Judge Scott Felton
PO Box 1728
Waco, TX 76703-1728

Invoice Date: February 8, 2016
Invoice #: NRDD-0001607-LE
Amount Due: $2,714.63

If the total amount enclosed is not $2,714.63, please use the notes section below to explain:

Amount Enclosed: _____

Please make checks payable to (and include invoice #):
Texas Association of Counties Risk Management Pool
PO Box 2426
San Antonio, TX 78298-9900

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

FILED: FEB 16 2016
J.R. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

Printed 2/8/16

TEXAS ASSOCIATION of COUNTIES
RISK MANAGEMENT POOL

CLAIM DEDUCTIBLE INVOICE

McLennan County
Attn: Judge Scott Felton
PO Box 1728
Waco, TX 76703-1728

Deductible payment is due.

Balance Due Upon Receipt

Invoice #: NRDD-0001605-PO
Invoice Date: February 8, 2016
Claim #: PO201307183-1
Member ID: 1550

Description	Amount Due
Claim PO201307183-1: Invoice for Deductible Subsidiary/office associated with claim: Other Date of Loss: 12/22/14 Claimant: Blankenship, Thomas J.	$87.50
Total Policy Deductible Amount per Claim	$10,000.00
Total Amount Received to Date	$2,254.38
Total Amount Due	$87.50
Total Amount Due May Be Less Than Deductible Amount Depending On Claim Payments Made	

Claim Deductible Payment Remittance Form

McLennan County
Attn: Judge Scott Felton
PO Box 1728
Waco, TX 76703-1728

Invoice Date: February 8, 2016
Invoice #: NRDD-0001605-PO
Amount Due: $87.50

If the total amount enclosed is not $87.50,
please use the notes section below to explain:

Amount Enclosed: _____

Please make checks payable to (and include invoice #):
Texas Association of Counties Risk Management Pool
PO Box 2426
San Antonio, TX 78298-9900

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

FILED: FEB 16 2016

J.R. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelaz Gowan DEPUTY

Printed 2/8/16

TEXAS ASSOCIATION of COUNTIES
RISK MANAGEMENT POOL

CLAIM DEDUCTIBLE INVOICE

McLennan County
Attn: Judge Scott Felton
PO Box 1728
Waco, TX 76703-1728

Deductible payment is due.

Balance Due Upon Receipt

Invoice #: NRDD-0001606-PO
Invoice Date: February 8, 2016
Claim #: PO201507931-2
Member ID: 1550

Description	Amount Due
Claim PO201507931-2: Invoice for Deductible Subsidiary/office associated with claim: District Attorney Date of Loss: 5/29/15 Claimant: Clendennen, Matthew	$1,117.20
Total Policy Deductible Amount per Claim	$10,000.00
Total Amount Received to Date	
Total Amount Due	$1,117.20
Total Amount Due May Be Less Than Deductible Amount Depending On Claim Payments Made	

Claim Deductible Payment Remittance Form

McLennan County
Attn: Judge Scott Felton
PO Box 1728
Waco, TX 76703-1728

Invoice Date: February 8, 2016
Invoice #: NRDD-0001606-PO
Amount Due: $1,117.20

If the total amount enclosed is not $1,117.20,
please use the notes section below to explain:

Amount Enclosed: _____

Please make checks payable to (and include invoice #):
Texas Association of Counties Risk Management Pool
PO Box 2426
San Antonio, TX 78298-9900

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

FILED: FEB 16 2016
J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelez Gowan DEPUTY

Printed 2/8/16

AGENDA: **FEBRUARY 16, 2016**

III. CONSIDERATION OF, AND/OR ACTION ON, THE FOLLOWING:

H. COUNTY SHERIFF / JAIL / CRIMINAL JUSTICE ISSUES (County Operated / Privately Operated Jail Facilities): Change Orders, Pay Apps, Repairs / Renovations / Infrastructure Improvements / Personnel / Salary Matters / Updated Reports / Equipment Purchases / RFP's; Authorization of Contracts / Agreements / Amendments

1.	Authorization of Formal Service Agreement: Smiths Detection (re: X-Ray Machines)	**Approved**
2.	Authorization of Service Agreement Amendment: Stericycle (re: Medical Waste)	**Approved**
3.	Approval of Order re: Acceptance of a Bunker Donation from Basic Energy Services (ref: Local Government Code 81.032)	**Approved**

CD-375, 9:50

ORDER APPROVING:

AUTHORIZATION OF FORMAL SERVICE AGREEMENT: SMITHS DETECTION (RE: X-RAY MACHINES)

On this the 16 day of February, 2016, came on for consideration the matter of Authorization of Formal Service Agreement: Smith's Detection (Re: X-Ray Machines). After discussion, Commissioner Jones made a motion to approve the Service Agreement with Smith's Detection and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

---

smiths detection
bringing technology to life
Gina Novotny
Service Sales Agent
2202 Lakeside Blvd
Edgewood, MD 21040
Phone:(410)612-2620 Fax:(410) 510-9500
Gina.Novotny@smithsdetection.com

SERVICE AGREEMENT

This service agreement is by and between the following parties.

BUYER	Company **McLennan County**	Contact **Regan Copeland**
	Address **901 Washington Ave**	Telephone **254-757-5049**
	Waco, TX 76701	Facsimile
		Email **regan.copeland@co.mclennan.tx.us**

SELLER	Company **Smiths Detection, Inc**	Contact **Gina Novotny**
	Address **2202 Lakeside Blvd**	Telephone **410-612-2620**
	Edgewood, MD 21040	Facsimile **410-510-9500**
		Email **Gina.novotny@smithsdetection.com**

For the period beginning **02/06/16** and ending **02/05/17**, Smiths Detection will provide parts and/or service as described herein. All applicable service for the equipment specified below shall be provided during Smiths normal working hours as requested by the Buyer, unless Agreement provisions stipulate otherwise.

Agreement Type	On-Site	
Price, Duration, and Payment Terms	Price $12,834.00 Payment Terms: Net 30 Days	Duration: as shown above (1 year)
Coverage Type	On-Site Service Coverage – 8:00a.m. – 5:00p.m., Monday-Friday excluding holidays	

Covered Equipment	Serial Number(s)
HS 6040ds	84178, 67384, 113333

Agreement does not include service required for: moving unit, damage caused by external sources or acts of God; Buyer's negligence or abuse; special modifications; damage to equipment which has been dropped, bumped, abused by Buyer or for any damage caused by Buyer other than ordinary use.

Smiths shall not be liable for special or consequential damages of any nature arising out of or with respect to any items or services sold, delivered, rendered, or any failure to meet delivery schedules unless those damages are caused through the fault or negligence of Smiths.

Estimated sales tax is included in this agreement and will be added to the invoice. If you are tax exempt, please provide an exemption certificate and sales tax will be omitted.

Smiths Detection, Inc.

SIGNATURE

By: Danyel DeVoe

Title: Service Sales Manager

Date: 2/3/16

(Buyer)

SIGNATURE Scott M. Felton

By: SCOTT M. FELTON

Title: COUNTY JUDGE

Date: 2/16/16

This Agreement shall become effective when signed by authorized officials of both parties – Price valid for 90 Days

smiths detection
bringing technology to life
Gina Novotny
Service Sales Agent
2202 Lakeside Blvd
Edgewood, MD 21040
Phone:(410)612-2620 Fax:(410) 510-9500
Gina.Novotny@smithsdetection.com

SERVICE AGREEMENT TYPES

PRIORITY ON-SITE SERVICE AGREEMENT
- ✓ On-Site Service Coverage – Extended Hours, evenings and weekends
- ✓ Typical Response Time; within 24 hours
- ✓ Includes all Labor, Travel Time and Travel Expenses
- ✓ Covers all parts (x-ray tube/generator included)
- ✓ Reachback™-ReachbackID™ – 24 hour by 7 day Call Center Support
- ✓ One Annual Preventative Maintenance check. Complete operational and calibration procedure performed
- ✓ Preferred Customer Status – 25% Discount on Instructor Led Training

ON-SITE SERVICE AGREEMENT
- ✓ On-Site Service Coverage – 8:00a.m. – 5:00p.m., Monday-Friday excluding holidays
- ✓ Typical Response Time; within 36 hours
- ✓ Includes all Labor, Travel Time and Travel Expenses
- ✓ Covers all parts (x-ray tube/generator included)
- ✓ Reachback™-ReachbackID™ – 24 hour by 7 day Call Center Support
- ✓ One Annual Preventative Maintenance check, Complete operational and calibration procedure performed
- ✓ Valued Customer Status – 15% Discount on Instructor Led Training

PARTS-ONLY SERVICE AGREEMENT
- ✓ Covers all parts (x-ray tube/generator included)
- ✓ Same day shipment of most parts needed
- ✓ Freight out expense included (freight in to be covered by the customer)
- ✓ Reachback™-ReachbackID™ – 24 hour by 7 day Call Center Support
- ✓ Valued Customer Status – 10% Discount on Instructor Led Training

DEPOT REPAIR SERVICE AGREEMENT
- ✓ Repairs performed at Service Depot
- ✓ Freight out expense included (freight in to be covered by the customer)
- ✓ Includes all Labor required
- ✓ Covers all parts
- ✓ Reachback™-ReachbackID™ – 24 hour by 7 day Call Center Support
- ✓ Valued Customer Status – 20% Discount on Instructor Led Training
- ✓ Loaner option available at additional cost

SHARED-SERVICE AGREEMENT
- ✓ On-Site Service Coverage – 8:00a.m. – 5:00p.m., Monday-Friday excluding holidays
- ✓ Lower up-front cost since each service occurrence is subject to a deductible
- ✓ After the deductible, includes all Labor, Travel Time & Expenses and Replacement Parts required (x-ray tube/generator included)
- ✓ One Annual Preventative Maintenance check (subject to deductible)
- ✓ Reachback™-ReachbackID™ – 24 hour by 7 day Call Center Support
- ✓ Valued Customer Status – 15% Discount on Instructor Led Training

FIXED RATE REPAIRS
- ✓ On-Site Service Coverage – 8:00am – 5:00pm, Monday-Friday excluding holidays
- ✓ Typical Response Time; within 36 hours
- ✓ Includes all Labor, Travel Time and Travel Expenses
- ✓ Covers all parts (x-ray tube/generator included)
- ✓ Reachback™-ReachbackID™ – 24 hour by 7 day Call Center Support
- ✓ Valued Customer Status – 10% Discount on Instructor Led Training

PAYMENT

- **Payment terms are Net 30 Days from the date of receipt of the invoice.** Applicable state and local taxes are included in the price specified on this Agreement and will be added to all invoices. *Please make all checks payable to:* Smiths Detection or contact your representative for electronic transfer details.

MISCELLANEOUS

- All service shall be performed between the hours of 8:00 a.m. and 5:00 p.m., local time, Monday through Friday, exclusive of Smiths' published holidays, unless work outside these hours is approved in advance by Smiths or where the customer will be responsible for payment at the then-current Smiths billable rates.
- Unless otherwise noted, the prices specified are for equipment coverage for 12 months.
- If the equipment is not currently covered by a Smiths Service Agreement, equipment must be inspected by an authorized Service representative and must be deemed in good working condition. We will only offer coverage to units which are in good working order.
- Replacement parts may be new or refurbished and carry a ninety (90) day warranty or the remainder of the coverage of the Service Agreement, whichever is longer.
- SMITHS DETECTION reserves the right to refuse coverage of any unit for any reason.
- Service Agreements which have been priced at the Multi-System or Multi-Year discount shall revert to the full, non-discounted price should an interruption of the Agreement occur.
- Cancellation Policy; 1) If this Service Agreement is cancelled by the customer, without cause, a 25% cancellation fee will be charged. 2) If no service has been provided, a refund will be prorated from the cancellation notification date and will **not** be subject to the 25% cancellation fee. 3) If service has been provided, the greater of the following amounts shall be the customer's responsibility; (a) The prorated amount of the contract or (b) The value of all service rendered to include all parts, labor, travel and expenses during contract term. The prices for parts and labor are calculated using Smiths standard T&M rates while the prices for travel and expenses are calculated at actual cost. A 25% cancellation fee applies to both 3a and 3b. This cancellation policy only applies to prepaid services and does not apply to Fixed Rate Repairs.
- Any on-site vendor, authority or other location fees shall be borne by Buyer.
- This Service Agreement does not cover products that have been highly contaminated by foreign substances. Products returned to Smiths Detection for repair are assumed to be free of contamination. If any product is believed to be contaminated, it is the customer's responsibility to have the product decontaminated prior to returning the product to Smiths.
- Buyer agrees to accept all responsibility for ensuring the safe and timely return of any loaner equipment provided under this agreement. The Products must be returned to Smiths Detection as of the date specified in the agreement or immediately upon request from Smiths Detection. Customer shall be charged current pricing in effect for Products not received at Smiths Detection's designated facility within ten (10) days of the date agreed to. Customer shall be responsible for any damage or loss to the Products, normal wear and tear excepted. The Products must be returned to Smiths Detection in the proper packaging to avoid damage during shipping.
- Smiths Detection sales terms and conditions are hereby incorporated in this agreement and any purchase order that may result from this agreement will be in accordance with these terms and conditions. These terms and conditions can be located at the following Smiths Detection Website: www.smithsdetection.com/eng/US_terms_conditions.php

FILED: FEB 1 6 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

ORDER APPROVING:

AUTHORIZATION OF SERVICE AGREEMENT AMENDEMNT: STERICYCLE (RE: MEDICAL WASTE)

On this the 16 day of February, 2016, came on for consideration the matter of Authorization of Service Agreement Amendment: Stericycle (re: Medical Waste). After discussion, Commissioner Snell made a motion to approve H. 2. and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

McLennan County Purchasing Department

214 North 5th Street Waco, Texas 76701-1302

Ken Bass

Director of Purchasing

February 16, 2016

Re: Service Agreement Amendment - Stericycle

Commissioners:

It is time to renew our account with Stericycle for medical waste disposal at the Highway 6 Jail. Currently we are contracted for 13 pick-ups a year for a total of 85 containers. We are paying $49.89 per container and $54.88 for any containers over the 85.

With an increase in medical waste, we have negotiated a price with Stericycle as follows: the number of pickups per year will remain 13, but the number of containers will increase from 85 to 117 annually at a cost of $32.91 each. Containers over the allotted 117 will cost us $36.20 each. Our monthly Service Fee will decrease from $353.41 to $320.84.

We respectfully present this information for your consideration.

Thank You,

Ken Bass

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16

COUNTY JUDGE

Stericycle SERVICE AGREEMENT AMENDMENT

Account/Site #2234277-001

Service Address		**Billing Address**	
Customer:	McLennan County, Texas	Name:	McLennan County, Texas
Address 1:	3201 E Highway 6	Address 1:	214 N 4th St
Address 2:		Address 2:	Ste 100
City/State/Zip:	Waco, TX 76705	City/State/Zip:	Waco, TX 76701
Phone #:	(254) 757-2555 3299	Phone #:	(254) 757-2555
E-Mail:	ken.bass@co.mclennan.tx.us	Fax #:	(254) 753-2219
Sales Rep:	Rich Sizelove	Generator ID #:	

Stericycle BUDGET PLAN

Biohazardous Waste Disposal Services

FLEXIBLE Scheduling

Full Range of DOT COMPLIANT Containers

FULLY COMPLIANT Transportation and Disposal

MEDICAL WASTE SERVICES

Trusted handling of Biohazardous Waste/Sharps from collection through treatment to final documented disposal. Service frequency options to meet state-specific regulations.

ONLINE MANIFEST ACCESS

Manifest & Shipping Paper Archive for convenient storage and retrieval of regulated medical waste records.

COMPLIANCE PORTAL 24x7 on MyStericycle.com

MyStericycle.com makes it easy to:

- Manage Waste Pickups
- Pay Bills Online
- Access Regulatory Training including:

Biohazardous Waste Training on state-specific regulations and proper waste segregation and handling.

DOT Training as required by Department of Transportation every 3 years and within 90 days of hire.

Monthly Service Fee $	**$320.84**

Program Level: Budget Plan

Billing Schedule: Monthly

Amendment Effective Date: 2-1-2016

*Additional Waste Services (Not available in all areas)

CATEGORY	FREQUENCY(STOPS/YR)	$/EA ADD'L STOP	MAX YEARLY CONTAINERS	$/EA ADD'L CONTAINER
RMW	13	$75.00	117	Current container rate plus 10%

*Customer certifies that they will properly classify and segregate special waste streams and that they will not co-mingle those waste streams with any other.

Any additional services or products selected by Customer shall be billed separately according to current Stericycle pricing.
During the Original Term of the Agreement, Stericycle will not increase the Monthly Service Fee listed above by more than 6% annually.

By signing below I acknowledge that I am Customer's authorized officer or agent and that I have the authority to bind Customer to this Amendment for revised pricing and terms of service. All other terms and conditions of the Stericycle Agreement not modified here shall remain in full force and effect.

CUSTOMER: X Scott M. Felton Name SCOTT M. FELTON Title COUNTY JUDGE Date 2/16/16
STERICYCLE: X Rich Sizelove Name Rich Sizelove Title HCR Date 2/16/16

4010 Commercial Ave., Northbrook, IL 60062 · Phone: (847) 943-6556 · Fax: (800) 776-1043
Offer Expiration Date: 2-16-2016

FILED: FEB 16 2016

Office Use Only: Code#: S320.84, RX.PC.FD.HZ0.0

TA ANDY HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

ORDER APPROVING:

ORDER RE: ACCEPTANCE OF A BUNKER DONATION FROM BASIC ENERGY SERVICES (REF: LOCAL GOVERNMENT CODE 81.032)

On this the 16 day of February, 2016, came on for consideration the matter of Approval of Order: Acceptance of a Bunker Donation from Basic Energy Services (ref: Local Government Code 81.032). After discussion, Commissioner Snell made a motion to approve H. 3. and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Acceptance of a Bunker Donation from Basic Energy Service (ref: Local Government Code 81.032) be, and the same is hereby, approved by unanimous vote.

ORDER of the MCLENNAN COUNTY COMMISSIONERS COURT
ACCEPTANCE OF A BUNKER FOR THE SHERIFF'S OFFICE

Basic Energy Services has a Bunker (explosive magazine) that is 78" high x 66" long x 50" wide and two other smaller units that they would like to donate to the Sheriff's Office. The Sheriff's Office has expressed a desire to receive these bunkers from Basic Energy Services and the company will deliver these units to the Sheriff's Office at no charge. From this information, we submit the following:

NOW, THEREFORE BE IT ORDERED THAT, upon motion duly made, seconded and passed by affirmative vote, after considering the request of the Purchasing Department and the facts available to the Court relative to the property referred to above:

> ***The Commissioners Court may accept a gift, grant or donation*** on behalf of the county for the purpose of performing a function conferred by law on the county or a county officer therefore may accept the donation of these Bunkers in accordance with Local Government Code 81.032

Passed this 16 day of FEBRUARY, 2016

Scott M. Felton
County Judge

ATTEST:
J. A. "Andy" Harwell
McLennan County Clerk

Deputy County, Clerk

SHERIFF PARNELL MCNAMARA
McLennan County

901 Washington Avenue Waco, Texas 76701 • 254-757-5095
www.co.mclennan.tx.us

"Your Safety Comes First"

February 10, 2016

To: Commissioners Court

From: Capt. Steve Smith

Ref: Donation of Explosive Magazines

The McLennan County Sheriff's Office is in need of an Explosives Magazine. The magazine is used to store energetic materials. The one we currently have is old and showing signs of wear. Basic Energy Services has offered to donate a storage magazine to the McLennan County Sheriff's Office free of charge including delivery. There are a total of three units that will be part of the donation, one being the main storage unit and two day boxes. We have use for all three. We respectfully request that the court will allow us to accept this donation. It has an approximate value of $25,000.

BASIC
ENERGY SERVICES

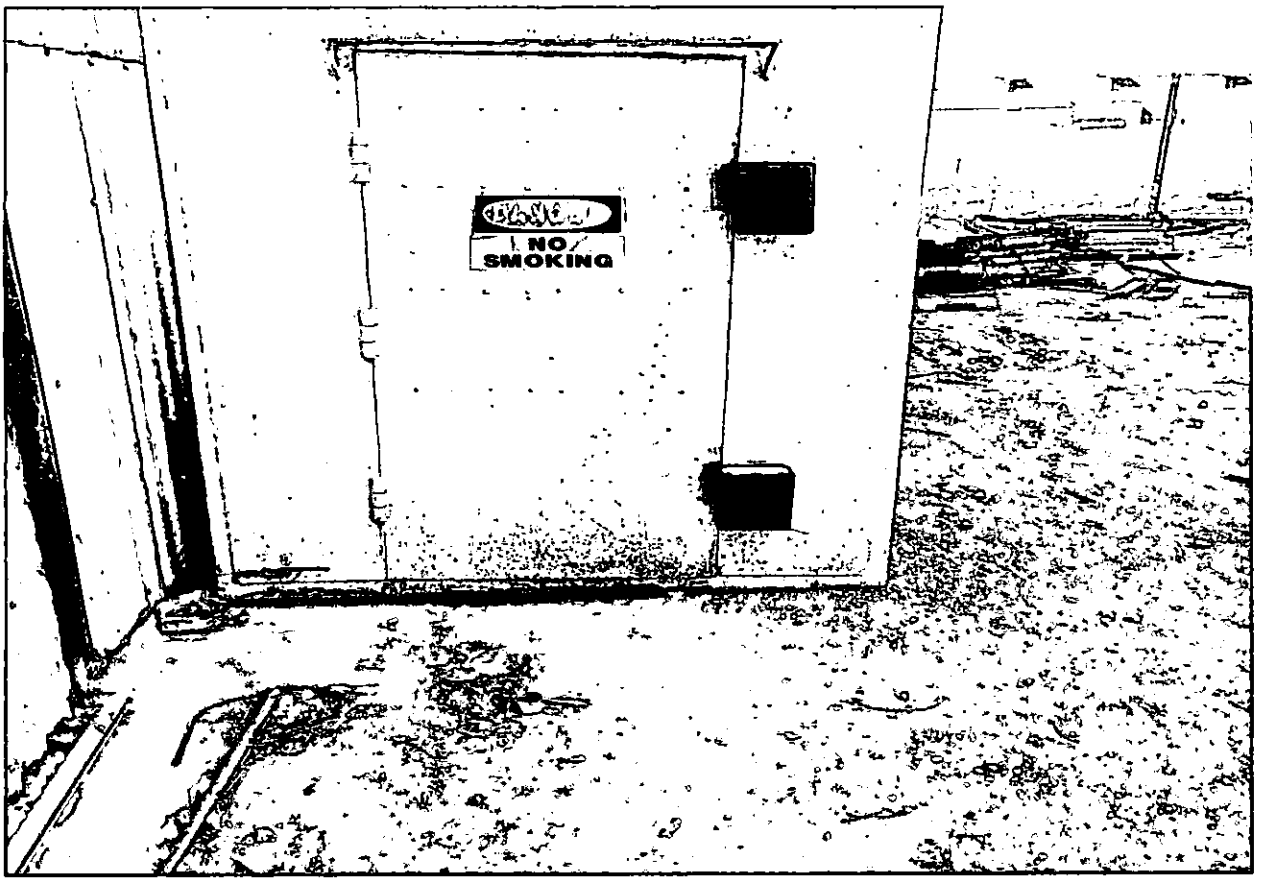
2/11/2016

McLennan County Commissioner's Court

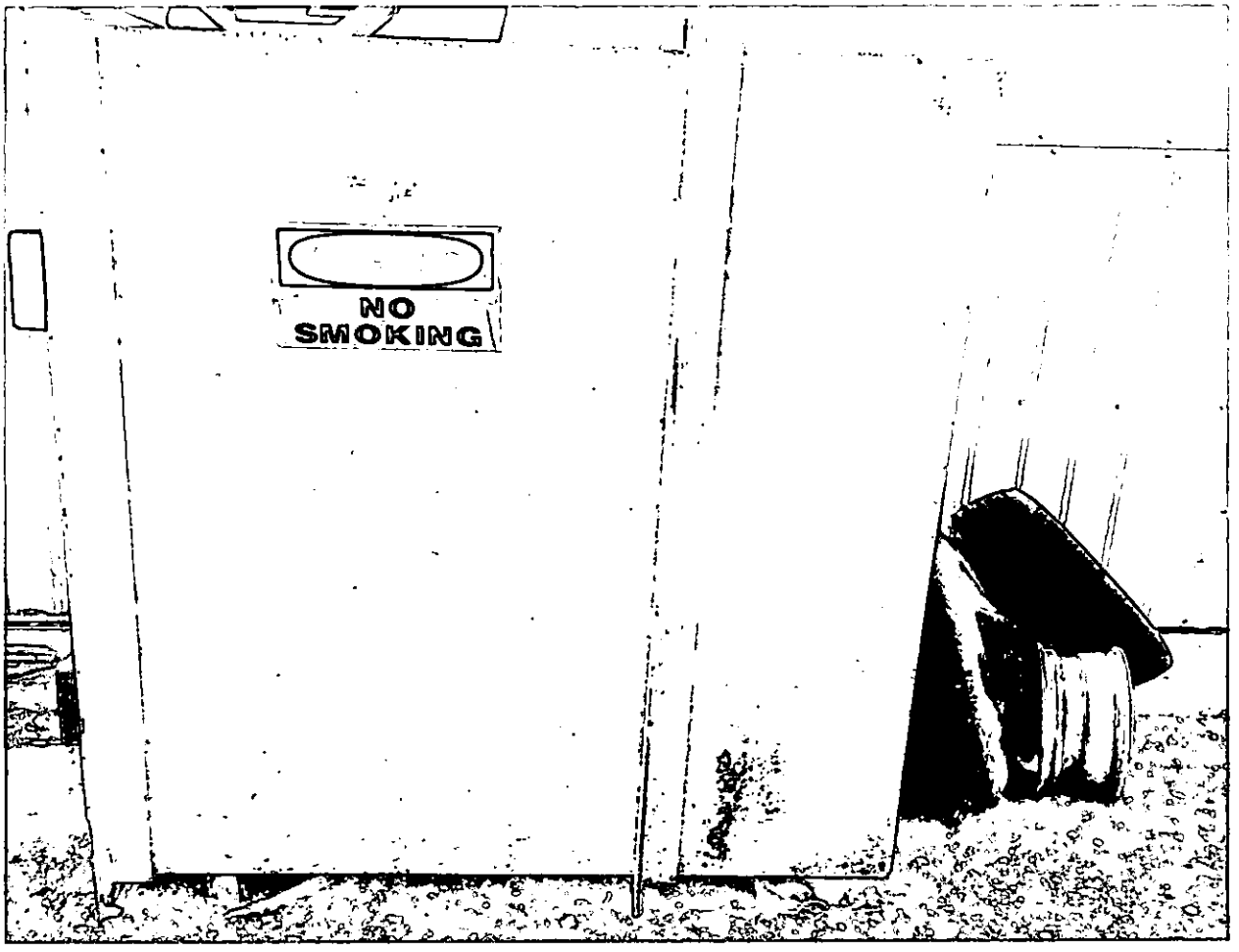
Basic Energy Services would like to donate one (1) explosive's bunker,and two (2) day boxes to the McLennan County Sheriff's Dept:.There will be no cost incured for or delivery of this donation by either McLennan County or the Sheriff's Dept:

Thank you
Michael J Tully
Basic Energy Services
Equipment Superintendent
432-664-7614

Approx:bunker cost.22,000.00
Day Boxes.3,600.00 for both


NO
SMOKING

NO
SMOKING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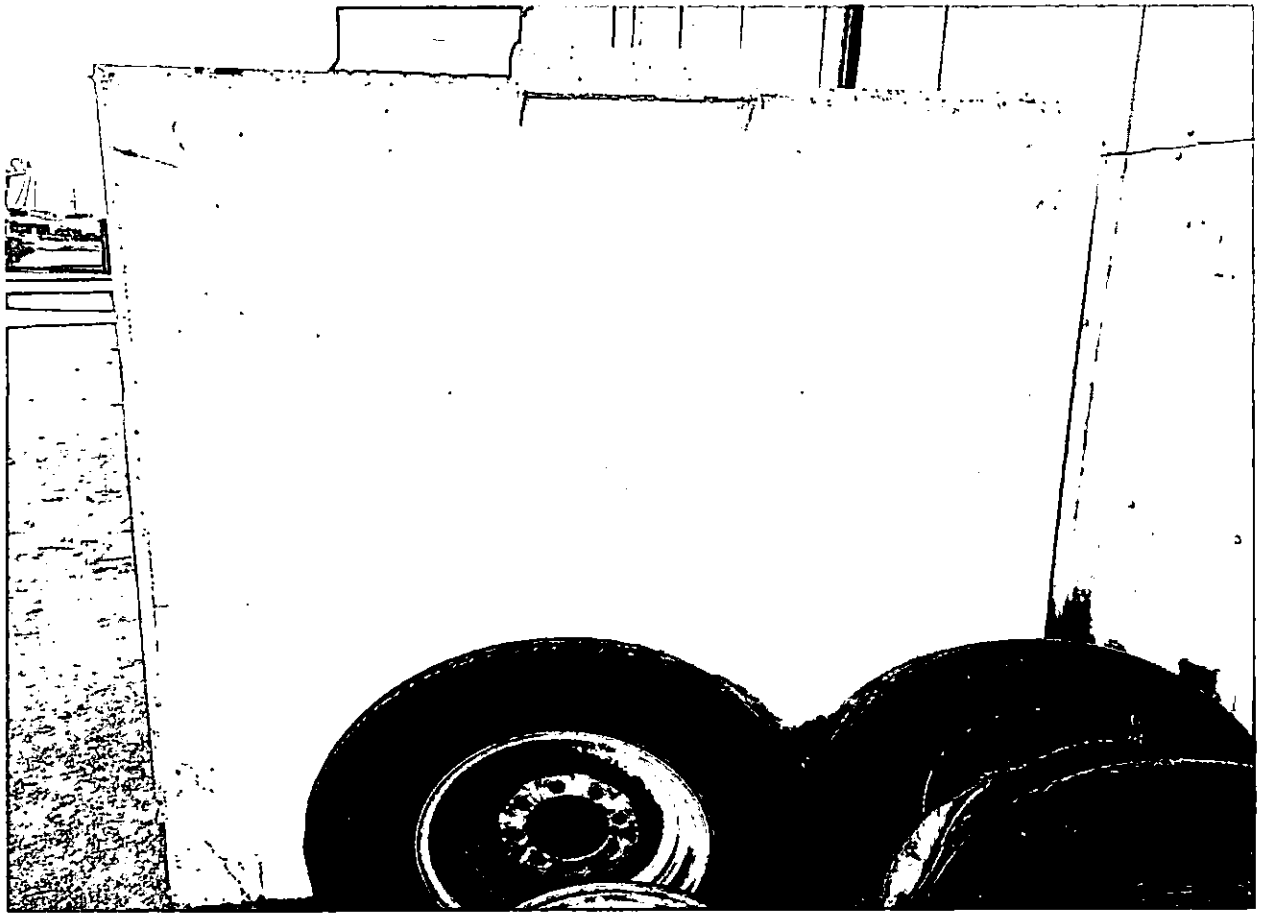

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND/OR ACTION ON, THE FOLLOWING:

I. HEART O'TEXAS FAIR / EXTRACO EVENTS CENTER: Authorizations re: Contracts / Professional Services / Lease / Rental Agreements / Contract Addendums / Change Orders / Extensions; Property Transactions / Deeds, Insurances, Surveys / Proposals / HOT Fair, Equipment / Supplies; A*uthorizations re:* Purchases, Plan & Specifications, Construction, Operations, Pay Apps, Bids / RFP's; Repairs / Renovations, Expenditure Authorizations, related matters

1. Regarding the Moisture Intrusion / Exterior Envelope Renovations/ Repairs to the Extraco Events Center:

   a. *Structural Engineering Services – Winton Engineering*: Authorization of Change Orders / Payment Requests, Acceptance of Reports, Updates, related matters — **None**

   b. *ARC Roofing Agreement*: Authorization of Change Orders / Work Orders / Additional Services / Addendums, Updates, related matters — **None**

2. Discussion and/or Action regarding Reimbursement of FY 14 Capital Improvement Projects — **Deferred**

CD-375, 9:54

ORDER DEFERRING:

ACTION RE: REIMBURSEMENT
OF FY 14 CAPTIAL IMPROVEMENT PROJECTS

On this the 16 day of February, 2016, came on for consideration the matter of Discussion and/or Action re: Reimbursement of FY 14 Capital Improvement Projects. After discussion, Commissioner Jones made a motion to defer and it was seconded by Judge Felton. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, deferred by unanimous vote.

* *

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND/OR ACTION ON, THE FOLLOWING:

J. GRANTS / PROPOSALS / SPECIAL PROJECTS: Authorization of Grant Applications / Contracts / Grant Administration & Reporting Matters / Consulting Services / Pay Apps / Change Orders / Bids / Invoices / Legal Matters, related Legal matters / Documents

1. Regarding the Texas Indigent Defense Commission FY 16 Formula Grant: Recording of Statement of Grant Award **Approved**

CD-375, 10:07

ORDER ACCEPTING:

RECORDING OF STATEMENT OF GRANT AWARD

RE: THE TEXAS INDIGENT DEFENSE COMMISSION FY 16 FORMULA GRANT

On this the 16 day of February, 2016, came on for consideration the matter Regarding the Texas Indigent Defense Commission FY 16 Formula Grant: Recording of Statement of Grant Award. After discussion, Commissioner Jones made a motion to accept the Statement of Grant Award for recording purposes and it was seconded by Commissioner Snell. After further discussion, a vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Recording be, and the same is hereby, accepted by unanimous vote.

TIDC
TEXAS INDIGENT DEFENSE COMMISSION

CHAIR:
The Honorable Sharon Keller
Presiding Judge
Court of Criminal Appeals

VICE CHAIR:
The Honorable Olen Underwood

EX OFFICIO MEMBERS:
The Honorable Sharon Keller
The Honorable Nathan Hecht
The Honorable Sherry Radack
The Honorable Brandon Creighton
The Honorable John Whitmire
The Honorable Abel Herrero
The Honorable Andrew Murr

MEMBERS APPOINTED BY GOVERNOR:
The Honorable Olen Underwood
The Honorable Jon Burrows
The Honorable Linda Rodriguez
Mr. Anthony Odiorne
Mr. Don Hase

EXECUTIVE DIRECTOR:
James D. Bethke

February 7, 2016

The Honorable Scott M Felton
McLennan County Judge
Via Email: dustin.chapman@co.mclennan.tx.us

Dear Judge Felton:

I am pleased to inform you that the Texas Indigent Defense Commission has awarded McLennan County a formula grant in the amount of **$273,512**. The ***Statement of Grant Award, FY16 Formula Grant*** is attached. No further action is required on your part for these grant funds. The Resolution adopted by the Commissioners Court submitted with the application is considered your county's acceptance of the grant terms.

Commission grant funds must be used to improve the county's indigent defense system. Eligible uses include payment of attorney fees, defense investigator costs, expert witness costs, and other direct litigation costs incurred in providing defense representation to indigent defendants or juvenile respondents. We also encourage the county to use this money to help fund indigent defense improvements, such as a project or plan that would have remained unrealized absent this funding.

The Commission works together with counties to promote innovation and improvement in indigent defense systems statewide. On behalf of the Commission, I commend McLennan County for its efforts in these areas. If you have any questions or need clarification about the Commission's grant programs, please call Edwin Colfax, Grant Program Manager, at 1-866-499-0656.

Sincerely,

Sharon Keller
Chair, Texas Indigent Defense Commission
Presiding Judge, Court of Criminal Appeals

Texas Indigent Defense Commission
205 West 14th Street, Suite 700 · Austin, Texas 78701 · www.tidc.texas.gov
Mail: P.O. Box 12066, Austin, TX 78711-2066 · Phone: 512.936.6994 · Fax: 512. 463.5724

ACCEPTED BY COMMISSIONERS COURT THIS 16 DAY OF FEB 20 16
For Recorded
COUNTY JUDGE

TEXAS INDIGENT DEFENSE COMMISSION

Statement of Grant Award

FY16 Formula Grant

Date Issued:	February 7, 2016
Grant Number:	212-16-155
Grantee Name:	McLennan County
Program Title:	Formula Grant Program
Grant Period:	10/01/2015-9/30/2016
Estimated TOTAL Grant Award Amount:	**$273,512**

The Texas Indigent Defense Commission (Commission) has awarded the above-referenced grant for indigent defense services. Formula Grants are provided by the Commission to meet its statutory mandates and to promote Texas counties' compliance with standards adopted by the Commission.

Grant Calculation

- The sum of $5,000 plus;
- A calculation applied to the funds budgeted for FY2016 formula grants by the Commission based:
  - 50 percent on the County's percent of state population; and
  - 50 percent on the County's percent of statewide FY2015 direct indigent defense expenditures (as defined in Title 1, Part 8, Texas Administrative Code Sec. 173.202(1)-(3)):
    - less discretionary funds provided by the Commission for expenditures defined in Title 1, Part 8, Texas Administrative Code Sec. 173.202(1)-(3)
    - less the reimbursed costs of operating a regional program
    - The baseline requirements contained in the Request for Applications do not apply to counties with a 2000 Census population of less than 10,000 but do apply to all other counties.
- The County shall not receive more in funds than what was actually spent by the county in the prior year.

Standard Grant Conditions:

- The authorized official for the grantee accepts the grant award.
- The authorized official, financial officer, and program director, referred to below as grant officials, agree to the terms of the grant as written in the FY16 Formula Grant Program Request for Applications issued on September 15, 2015, including the rules and documents adopted by reference in the Commission on Indigent Defense's Grant Rules in Title 1, Part 8, Chapter 173, Texas Administrative Code.
- The grant officials understand that a violation of any term of the grant may result in the Commission placing a temporary hold on grant funds, permanently de-obligating all or part of the grant funds, requiring reimbursement for funds already spent, or barring the organization from receiving future grants.
- Disbursement of funds is always subject to the availability of funds.
- Any plan documents submitted to the Commission must continue to meet all grant eligibility requirements.

FILED: FEB 16 2016

J. A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrdeaz Gowan DEPUTY

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND/OR ACTION ON, THE FOLLOWING:

K. BIDS / RFP's / RFQ's / QUOTATIONS for GOODS & SERVICES, including Recording of Vendor HB 914 Conflict Disclosure Statements, if applicable:

1. Discussion and/or Action regarding Change in Opening Date for Bids:

a.	Bid 16-004: Crushed Limestone Flexbase Loaded in McLennan County Trucks and/or Trailers of Delivered	**Approved**
b.	Bid 16-005: Lightweight Aggregate for Surface Treatment	**Approved**
c.	Bid 16-006: Corrugated Steel Culverts	**Approved**
d.	Bid 16-007: Asphalt Emulsions	**Approved**

CD-375, 10:08

BID 16-004: CRUSHED LIMESTONE FLEXBASE LOADED IN MCLENNAN COUNTY TRUCKS AND/OR TRAILERS OF DELIVERED

On this the 16 day of February, 2016 came on for consideration the matter of **Bid 16-004: Crushed Limestone Flexbase Loaded in McLennan County Trucks and/or Trailers of Delivered**. Purchasing Director Ken Bass explained the recommendation. After discussion, Judge Felton made a motion to approve K. 1. a. and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was County Judge Felton, Commissioner Snell, and Commissioner Jones. It is ordered by the Court that said **Bid 16-004: Crushed Limestone Flexbase Loaded in McLennan County Trucks and/or Trailers of Delivered** be, and the same is hereby, awarded as per recommendation by unanimous vote.

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Recommendation

Court Date	Originating Department	Recommendation By	Reference Number
02/16/16	Road & Bridge	Ken Bass/Luke Lammert	Bid 16-004

Background:

Bid for Crushed Limestone Flexbase
Bid First Advertised on January 22, 2016
Bids Due & Bid Opening on February 8, 2016

Respondents:

	Product	Price/Ton Loaded	Price/Ton Delivered
Knife River	Crushed Lmst. Loaded	7.50	150,000.00
Waco, TX 76705	Crushed Lmst. Del	NB	NB
	RipRap Loaded	27.00	13,500.00
	RipRap Del	NB	NB
	Fines Loaded	3.50	70,000.00
	Fines Del	NB	NB
		Total:	$ 233,500.00 PU Only

Notes: Material/Plant is located at 3812 FM 1633 W., Groesbeck, TX 76642
Crusher Fines are non-spec

Lhoist North America	Crushed Lmst. Loaded	5.50	110,000.00
Ft Worth, TX 76185	Crushed Lmst. Del	NB	NB
	RipRap Loaded	NB	NB
	RipRap Del	NB	NB
	Fines Loaded	5.50	110,000.00
	Fines Del	NB	NB
		Total:	$ 220,000.00 PU Only

Notes: Material/Plant is located in Crawford, TX
Alternate Material – plant gradation attached

Conners Crushed Stone	Crushed Lmst. Loaded	5.85	117,000.00
Lott, TX 76656	Crushed Lmst. Del	12.85	19,275.00
	RipRap Loaded	25.00	12,500.00
	RipRap Del	34.00	17,000.00
	Fines Loaded	3.25	65,000.00
	Fines Del	10.25	15,375.00
		Total:	$ 246,150.00

Notes: Material/Plant is Evans Quarry located in Worthem Bend & Greenwade Quarry located in Laguna Park
An amendment was sent to all vendors to change the quantity on RipRap Loaded and RipRap Delivered. Conners did not consider this when submitting their bid response. I spoke with Hailey Sudduth with Conners and the per ton amount will remain the same...with his permission I changed the total price for these two products to reflect the correct total amounts.

Conners Crushed Stone	Crushed Lmst. Loaded	6.25	125,000.00
Lott, TX 76656	Crushed Lmst. Del	13.25	19,875.00
	RipRap Loaded	25.00	12,500.00
	RipRap Del	34.00	17,000.00
	Fines Loaded	3.25	65,000.00
	Fines Del	10.25	15,375.00
		Total:	$ 254,750.00

Notes: Material/Plant is Oglesby Quarry
An amendment was sent to all vendors to change the quantity on RipRap Loaded and RipRap Delivered. Conners did not consider this when submitting their bid response. I spoke with Hailey Sudduth with Conners and the per ton amount will remain the same...with his permission I changed the total price for these two products to reflect the correct total amounts.

Mine Service	Crushed Lmst. Loaded	5.50	110,000.00
Waco, TX 76712	Crushed Lmst. Del	5.50 + Frt	8,250.00 + Frt
	RipRap Loaded	NB	NB
	RipRap Del	NB	NB
	Fines Loaded	3.50	70,000.00
	Fines Del	3.50 + Frt	5,250.00 + Frt
		Total:	$ 193,500.00 + Frt

Notes: Material/Plant is located at 1953 Tom Ledbetter Road, Waco, TX 76712
Freight is $5.00/ton or .22/mile per ton, whichever is highest. Example: 35 miles x .22 = $7.70 per ton

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Rattler Rock, Inc.	Crushed Lmst. Loaded	5.50	110,000.00
Blum, TX 76627	Crushed Lmst. Del	NB	NB
	RipRap Loaded	NB	NB
	RipRap Del	NB	NB
	Fines Loaded	NB	NB
	Fines Del	NB	NB
		Total:	$ 110,000.00 PU Only

Notes: Material/Plant is located at 110 HCR 1104 Loop W., Blum, TX 76627
Rattler Rock also stated they have a 3"-5" oversize rock at $6.50/Ton

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Recommendation:

We recommend that McLennan County grant the award for Crushed Limestone Flexbase or Stone RipRap Material Loaded or Delivered in the following manner:

a. **Crushed Limestone Flexbase, RipRap or Crusher Fines (Loaded in McLennan County Trucks/Trailers) to all bidders** based on **location and availability** (LHoist, Mine Service & Rattler Rock submitted the low price of $5.50/ton for Crushed Limestone Flexbase – this is the same price we received last year; Conners Crushed Stone submitted the low price of $25.00 for RipRap – this is the same price we received last year; and Conners Crushed Stone submitted the low price of $3.25/ton for Fines – this reflects an increase of 8% over last year's low price); and

b. **Crushed Limestone Flexbase, RipRap or Crusher Fines (Delivered) – (Primary Vendors** for Crushed Limestone Flexbase - Mine Service submitted the low price of $5.50/ton + Frt - same price as last year and Conners Crushed Stone submitted a price of $12.85/ton from the Evans Quarry in Worthem Bend and Greenwade Quarry in Laguna Park - whichever is cheaper depending on mileage for freight charges; Conners Crushed Stone as **Sole Bid** for RipRap at $34.00/ton, a 36% increase from last year; and **Primary Vendors** Mine Service at $3.50 + Frt, an approximate 8% increase from last year and Conners Crushed Stone at $10.25/ton, whichever is cheaper depending on mileage.

   Secondarily award Crushed Limestone Flexbase to Conners Crushed Stone – Oglesby Quarry at a price of $13.25/ton – only if materials are not available from Primary Vendors.

Why:

262.027 (e)

The Commissioners court **may award contracts for the purchase of road construction material to more than one bidder** if each of the selected bidders submits the lowest and best bid for a particular location or type of material. See tabulation.

Effective Date of Contract:

March 1, 2016 thru February 28, 2017

Reviewed By:

RECOMMENDATION
APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 2016
COUNTY JUDGE

Bid Tabulation for Bid 16-004
Crushed Limestone Flexbase Material Loaded and Delivered
March 1, 2016 thru February 28, 2017

Supplier	Location of Plant/Materials	Product	Price/Ton Loaded	Price/Ton Delivered
Knife River	Groesbeck	Flexbase	7.50	NB
Lhoist North America	Crawford	Flexbase	5.50	NB
Conners Crushed Stone	Laguna Park	Flexbase	5.85	12.85
Conners Crushed Stone	Oglesby	Flexbase	6.25	13.25
Mine Service	Waco	Flexbase	5.50	5.50 + Frt
Rattler Rock	Blum	Flexbase	5.50	NB
Knife River	Groesbeck	RipRap	27.00	NB
Lhoist North America	Crawford	RipRap	NB	NB
Conners Crushed Stone	Laguna Park	RipRap	25.00	34.00
Conners Crushed Stone	Oglesby	RipRap	25.00	34.00
Mine Service	Waco	RipRap	NB	NB
Rattler Rock	Blum	RipRap	NB	NB
Knife River	Groesbeck	Fines	3.50	NB
Lhoist North America	Crawford	Fines	5.50	NB
Conners Crushed Stone	Laguna Park	Fines	3.25	10.25
Conners Crushed Stone	Oglesby	Fines	3.25	10.25
Mine Service	Waco	Fines	3.50	3.50 + Frt
Rattler Rock	Blum	Fines	NB	NB

History:

Supplier	Location of Plant/Materials	Product	Price/Ton Loaded	Price/Ton Delivered
Knife River	Groesbeck	Flexbase	7.00	NB
Conners Crushed Stone	Oglesby	Flexbase	6.25	6.25 + .23/Ton Per Mile
Conners Crushed Stone	Clifton/CS	Flexbase	5.85	5.85 + .23/Ton Per Mile
Mine Service	Waco	Flexbase	5.50	5.50 + Frt
			($5.00/Ton or $.22 Per Ton/Per Mile)	
Rattler Rock	Blum	Flexbase	5.50	NB
Knife River	Groesbeck	RipRap	25.00	NB
Conners Crushed Stone	Oglesby	RipRap	25.00	25.00 + .30/Ton Per Mile
Conners Crushed Stone	Clifton/CS	RipRap	25.00	25.00 + .30/Ton Per Mile
Mine Service	Waco	RipRap	NB	NB
Rattler Rock	Blum	RipRap	NB	NB
Knife River	Groesbeck	Fines	3.00	NB
Conners Crushed Stone	Oglesby	Fines	3.25	3.25 + .23/Ton Per Mile
Conners Crushed Stone	Clifton/CS	Fines	3.25	3.25 + .23/Ton Per Mile
Mine Service	Waco	Fines	3.50	3.50 + Frt
			($5.00/Ton or $.22 Per Ton/Per Mile)	
Rattler Rock	Blum	Fines	NB	NB

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrostex Bowan DEPUTY

BID 16-005: LIGHTWEIGHT AGGREGATE FOR SURFACE TREATMENT

On this the 16 day of February, 2016 came on for consideration the matter of **Bid 16-005: Lightweight Aggregate for Surface Treatment**. Purchasing Director Ken Bass explained the recommendation. After discussion, Commissioner Jones made a motion to approve K. 1. b. and it was seconded by Commissioner Snell. After further discussion, a vote being called for, voting in favor of said motion was County Judge Felton, Commissioner Snell, and Commissioner Jones. It is ordered by the Court that said **Bid 16-005: Lightweight Aggregate for Surface Treatment** be, and the same is hereby, awarded as per recommendation by unanimous vote.

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Recommendation

Court Date	Originating Department	Recommendation By	Reference Number
02/16/16	Road & Bridge	Ken Bass/Luke Lammert	Bid 16-005

Background:

Bid for Aggregate for Lightweight Aggregate

Bid First Advertised on January 22, 2016

Bids Due & Bid Opening on February 8, 2016

Respondents:

	Description	Usage Amt	Price/CY	Amount
Trinity ESC Arlington, TX 76011	Type L Grade 4	7,000	$ 61.10	$ 427,700.00
	Type L Grade 5	10,000	$ 56.10	$ 561,000.00

Grand Total: $ 988,700.00

Note: Prices reflect a 36% increase for Type L Grade 4 and a 25% increase for Type L Grade 5 products, FOB job site. Trinity did not submit pricing for picked up products.

Recommendation:

We recommend that McLennan County grant the award for Lightweight Aggregate for Surface Treatment to Trinity ESC.

Why:

Trinity ESC submitted the sole bid.

Effective Date:

March 1, 2016 thru February 28, 2017

RECOMMENDATION
APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

Reviewed By:

History:

Bid 15-007
Tabulation
Lightweight Aggregate

Trinity ESC Arlington, TX	Type L, Grade 4 Delivered	7,000 CY
	Precinct 1	$ 56.10
	Precinct 2	$ 51.94
	Precinct 3	$ 53.32
	Precinct 4	$ 57.48
	Waco	$ 54.71
	Loaded (Picked Up) All Precincts	$ 45.00
	Type L, Grade 5 Delivered	10,000 CY
	Precinct 1	$ 56.10
	Precinct 2	$ 51.94
	Precinct 3	$ 53.32
	Precinct 4	$ 57.48
	Waco	$ 54.71
	Loaded (Picked Up) All Precincts	$ 45.00

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelaz Gowan DEPUTY

BID 16-006: CORRUGATED STEEL CULVERTS

On this the 16 day of February, 2016 came on for consideration the matter of **Bid 16-006: Corrugated Steel Culverts**. Purchasing Director Ken Bass explained the recommendation. After discussion, Commissioner Jones made a motion to award the Bid to Wilson Culverts Incorporated and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was County Judge Felton, Commissioner Snell, and Commissioner Jones. It is ordered by the Court that said **Bid 16-006: Corrugated Steel Culverts** be, and the same is hereby, awarded as per recommendation by unanimous vote.

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Recommendation

Court Date	Originating Department	Recommendation By	Reference Number
02/16/16	Road & Bridge	Ken Bass/Luke Lammert	Bid 16-006

Background:

Bid for Corrugated Steel Culverts

Bid First Advertised on January 22, 2016

Bids Due & Bid Opening on February 8, 2016

Respondents:

	Sizes 12" to 60"	Sizes 72" to 120"	Grand Total
Wilson Culverts, Inc. Elkhart, TX 75839	$ 86,180.71	$ 72,941.08	$ 159,121.79

Notes:

Contech Engineered Solutions Irving, TX 75063	$ 90,134.05	$ 87,879.60	$ 178,013.65

Notes: Add 10% for arched pipe. Unit pricing is for minimum order of $3,500.00. Orders less than $3,500.00 add $200.00 for LTL (Less than Truck Load).

Valley Mills Feed & Hardware Valley Mills, TX 76689	$ 150,827.49	$ 80,205.40	$ 231,032.89

Notes: Did not quote all Culverts 72" – 120" Diameter.

Valley Mills Feed & Hardware Valley Mills, TX 76689 (Alternate Bid)	$ 126,057.60	NB	$ 126,057.60

Notes: Bid is for alternate product, HDPE. Did not quote a price for each Culvert 12" – 60" diameter. Did not quote a price for any Culverts 72" - 120"

Sims Plastics of Waco Waco, TX 76710	$ 105,941.50	NB	$ 105,941.50

Notes: Bid is for alternate product, HDPE. Did not quote a price for each Culvert 12" – 60" diameter. Did not quote a price for any Culverts 72" – 120".

Recommendation:

We recommend that McLennan County **grant the award** for Corrugated Steel Culverts to **Wilson Culverts, Inc.** There is no price increase from last year.

Why:

Wilson Culverts, Inc. submitted the **low bid**.

Contract Term:

This bid will be in effect from March 1, 2016 through February 28, 2017.

Reviewed By:

RECOMMENDATION
APPROVED BY COMMISSIONERS COURT
THIS 8th DAY OF FEB 20 16
COUNTY JUDGE

Bid 16-006
Corrugated Steel Culverts
Tabulation

Culverts 12" to 60" Diameter				Wilson Culverts		Contech Engineered Sol		Valley Mills Feed		Valley Mills Feed (Alt Product)		Sims Plastics (Alt Product)	
Diam	Ga	Item	Qty	Unit Price	Total	Unit Price	Total	Unit Price	Total	Unit Price	Total	Unit Price	Total
12"	16	Pipe	3000'	5.80	17,400.00	6.00	18,000.00	10.43	31,290.00	5.95	17,850.00	5.00	15,000.00
12"	16	Band	20	8.70	174.00	9.00	180.00	15.93	318.60	7.10	142.00	6.50	130.00
15"	16	Pipe	2000'	7.10	14,200.00	7.20	14,400.00	13.00	26,000.00	8.82	17,640.00	7.41	14,820.00
15"	16	Band	20	10.65	213.00	10.80	216.00	19.89	397.80	11.83	236.60	10.50	210.00
18"	16	Pipe	1000'	8.90	8,900.00	9.00	9,000.00	15.56	15,560.00	11.48	11,480.00	9.65	9,650.00
18"	16	Band	20	13.35	267.00	13.50	270.00	23.79	475.80	20.16	403.20	18.00	360.00
24"	16	Pipe	1000'	11.30	11,300.00	11.40	11,400.00	20.70	20,700.00	18.90	18,900.00	15.75	15,750.00
24"	16	Band	10	16.95	169.50	17.10	171.00	31.65	316.50	28.42	284.20	25.50	255.00
30"	16	Pipe	500'	14.54	7,270.00	14.40	7,200.00	25.92	12,960.00	26.81	13,405.00	22.50	11,250.00
30"	16	Band	4	21.81	87.24	21.60	86.40	39.64	158.56	66.06	264.24	59.00	236.00
36"	16	Pipe	400'	17.59	7,036.00	17.40	6,960.00	31.36	12,544.00	29.54	11,816.00	24.75	9,900.00
36"	16	Band	4	26.38	105.52	26.10	104.40	47.96	191.84	91.92	367.68	82.00	328.00
42"	16	Pipe	250'	22.00	5,500.00	23.80	5,950.00	36.12	9,030.00	44.24	11,060.00	37.25	9,312.50
42"	16	Band	2	33.00	66.00	35.70	71.40	55.44	110.88	134.55	269.10	120.00	240.00
48"	14	Pipe	200'	33.50	6,700.00	33.60	6,720.00	49.91	9,982.00	57.54	11,508.00	48.50	9,700.00
48"	14	Band	2	50.30	100.60	50.40	100.80	152.30	304.60	157.94	315.88	140.00	280.00
54"	14	Pipe	50'	37.70	1,885.00	42.70	2,135.00	56.16	2,808.00	NB	NB	NB	NB
54"	14	Band	1	56.60	56.60	64.05	64.05	171.75	171.75	NB	NB	NB	NB
60"	14	Pipe	100'	46.80	4,680.00	70.00	7,000.00	73.19	7,319.00	98.70	9,870.00	83.00	8,300.00
60"	14	Band	1	70.25	70.25	105.00	105.00	188.16	188.16	245.70	245.70	220.00	220.00
			Total:		$ 86,180.71		$ 90,134.05		$ 150,827.49		$ 126,057.60		$ 105,941.50

Culverts 72" to 120" Diameter				Wilson Culverts		Contech Engineered Sol		Valley Mills Feed		Valley Mills Feed		Sims Plastics	
Diam	Ga	Item	Qty	Unit Price	Total	Unit Price	Total	Unit Price	Total	Unit Price	Total	Unit Price	Total
72"	14	Pipe	200'	52.55	10,510.00	64.80	12,960.00	88.57	17,714.00				
72"	14	Band	1	78.88	78.88	97.20	97.20	225.84	225.84				
78"	14	Pipe	100'	56.45	5,645.00	69.60	6,960.00	NB	NB				
78"	14	Band	1	84.73	84.73	104.40	104.40	NB	NB				
84"	14	Pipe	200'	61.00	12,200.00	75.20	15,040.00	102.46	20,492.00				
84"	14	Band	3	91.55	274.65	112.80	338.40	264.26	792.78				
90"	14	Pipe	100'	64.90	6,490.00	80.00	8,000.00	NB	NB				
90"	14	Band	1	97.40	97.40	120.00	120.00	NB	NB				
96"	14	Pipe	150'	69.45	10,417.50	85.60	12,840.00	116.80	17,520.00				
96"	14	Band	1	104.23	104.23	128.40	128.40	302.22	302.22				
102"	12	Pipe	60'	100.65	6,039.00	91.20	5,472.00	NB	NB				
102"	12	Band	1	151.03	151.03	136.80	136.80	NB	NB				
108"	12	Pipe	60'	107.15	6,429.00	132.00	7,920.00	177.60	10,656.00				
108"	12	Band	1	160.78	160.78	198.00	198.00	339.78	339.78				
114"	12	Pipe	60'	113.00	6,780.00	139.20	8,352.00	NB	NB				
114"	12	Band	1	169.55	169.55	208.80	208.80	NB	NB				
120"	12	Pipe	60'	118.85	7,131.00	146.40	8,784.00	196.42	11,785.20				
120"	12	Band	1	178.33	178.33	219.60	219.60	377.58	377.58				
				Total:	$ 72,941.08		$ 87,879.60		$ 80,205.40				
			Grand Total:		$159,121.79		$178,013.70		$231,032.89		$ 126,057.60		$ 105,941.50

HISTORY:

Last year Wilson Culverts, Inc. was granted the bid at the same prices that they submitted this year.

FILED: FEB 16 2016

J.A "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelez Gowan DEPUTY

BID 16-007: ASHPALT EMULSIONS

On this the 16 day of February, 2016 came on for consideration the matter of **Bid 16-007: Asphalt Emulsions**. Purchasing Director Ken Bass explained the recommendation. After discussion, Commissioner Snell made a motion to approve K. 1. d. and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was County Judge Felton, Commissioner Snell, and Commissioner Jones. It is ordered by the Court that said **Bid 16-007: Asphalt Emulsions** be, and the same is hereby, awarded as per recommendation by unanimous vote.

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Recommendation

Court Date	Originating Department	Recommendation By	Reference Number
02/16/16	Road & Bridge	Ken Bass/Luke Lammert	Bid 16-007

Background:

Bid for Asphalt Emulsions Loaded and Delivered
Bid First Advertised on January 22, 2016
Bids Due & Bid Opening on February 8, 2016

Respondents:

P2 Emulsions
Elm Mott, TX 76640

Grand Total for Delivered Products: $ 1,044,275.00

Grand Total for Picked-Up Products: $ 949,400.00

Notes: Bid is for alternate products – sole source vendor for products bid. Location of Terminal(s): 516 S. McLennan Loop, Elm Mott, TX 76640. Transport Load is 5,000 gallons. Minimum Freight Charge – Flat Fee: $1,200.00. Price per gallon for added water is 0.00. Pump Charge is $80.00. Demurrage Charge is $80.00 after first 2 hours.

Ergon Asphalt & Emulsions
Austin, TX 78738

Grand Total for Delivered Products: $ 470,296.20

Grand Total for Picked-Up Products: $ 426,830.00

Notes: Location of Terminal(s): For SS-1 & HFRS-2 - 8803 North Mopac Expressway, Austin, TX 78759. For remainder products location is 1820 Highway 6 East, Waco, TX 76705. Transport Load is 5,500 gallons. Minimum Freight Charge – Flat Fee: Waco - $601.15/Load, Austin - $754.60/Load. Price per gallon for added water is $0.15. Pump Charge is $80.00 per load. Demurrage Charge is $80.00/hour after the first 2 hours. This bid is for full transport loads of 5,500 gallons. Freight is based on a full transport load, even if a full load is not ordered. Return freight is one-half of the outgoing tariff. Federal Environmental Fee will be added to above prices at a rate of $.4424/ton for asphalt & polymer loads or $.00133/gal for emulsion loads.

Western Emulsions
Temple, TX 76504

Grand Total for Delivered Products: $ 533,610.00

Grand Total for Picked-Up Products: $ 496,410.00

Notes: Location of Terminal(s): 4648 Western Way, Temple, TX 76504. Transport Load is 5,200 gallons. Minimum Freight Charge – Flat Fee is $660.00. Price per gallon for added water is $.10/gallon. Pump charge is $95.00. Demurrage charge is $65.00 per hour after the second hour. Return freight is ½ of the outgoing tariff. Freight is based on a full transport load even if a full load isn't ordered.

Cleveland Asphalt Products
Shepherd, TX 77371

Grand Total for Delivered Products: $ 561,750.00

Grand Total for Picked-Up Products: $ 498,250.00

Notes: Calculation error for CRS-2P. Price given in the bid was for $2.20 per gallon x 10,000 gallons for a total of $20,000.00. Correct extended price is $22,000.00.

Location of Terminal(s): 100 Asphalt Lane, Shephed, TX 77371. Transport load is 5,000 gallons. Minimum freight charge – flat fee is $1,041.00. Diluted price = price plus. Price per gallon for added water is $.10 for heated water. Diluted material cannot be returned for credit. Pump charge is $80.00 per hour after 2 hours free. All delivered prices are based on 5,000 gallons minimum delivery. Call for smaller quantity prices.

Rooker Asphalt
Ft. Worth, TX 76111

Grand Total for Delivered Products: NO BID

Grand Total for Picked-Up Products: NO BID

Notes:

Heartland Asphalt Materials
Hurst, TX 76054

Grand Total for Delivered Products: $ 486,820.00

Grand Total for Picked-Up Products: $ 446,500.00

Notes: Did not bid all products. Location of terminal is Saginaw, TX. Transport load is 5,400 gallons. Minimum freight charge – flat fee is $681.00. Price per gallon for added water is $.15/gallon for heated water. Diluted loads cannot be returned. Pump charge is $80.00. Demurrage charge is $80.00/hour after 2 free hours. Return loads are ½ of original freight. FasBlack High Performance Fog Seal emulsion pricing is as follows: $1.80 picked up at our plant, $1.926 delivered.

Bid 16-007
Asphalt Emulsions
Tabulation

P2 Emulsions
Elm Mott, TX 76640

Product	Price/Gallon Delivered – In Transport Loads				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2 CWE-2	2.99	2.99	2.99	2.99	2.99	250,000 Gal	$ 747,500.00
CRS-2P CWE-2	2.99	2.99	2.99	2.99	2.99	10,000 Gal	$ 29,900.00
AEP P2-11 Con	2.24	2.24	2.24	2.24	2.24	30,000 Gal	$ 67,200.00
CSS-1H P2 Stabil	2.69	2.69	2.69	2.69	2.69	30,000 Gal	$ 80,700.00
SS-1 P2 Stabil	2.69	2.69	2.69	2.69	2.69	7,500 Gal	$ 20,175.00
HFRS-2 Tack 41	1.90	1.90	1.90	1.90	1.90	50,000 Gal	$ 95,000.00
CHRFS-2 Tack 41	1.90	1.90	1.90	1.90	1.90	2,000 Gal	$ 3,800.00

Grand Total for Delivered Products: $ 1,044,275.00

Product	Price/Gallon – Picked Up				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2 CWE-2	2.74	2.74	2.74	2.74	2.74	250,000 Gal	$ 685,000.00
CRS-2P CWE-2	2.74	2.74	2.74	2.74	2.74	10,000 Gal	$ 27,400.00
AEP P2-11 Con	1.99	1.99	1.99	1.99	1.99	30,000 Gal	$ 59,700.00
CSS-1H P2 Stabil	2.44	2.44	2.44	2.44	2.44	30,000 Gal	$ 73,200.00
SS-1 P2 Stabil	2.44	2.44	2.44	2.44	2.44	7,500 Gal	$ 18,300.00
HFRS-2 Tack 41	1.65	1.65	1.65	1.65	1.65	50,000 Gal	$ 82,500.00
CHRFS-2 Tack 41	1.65	1.65	1.65	1.65	1.65	2,000 Gal	$ 3,300.00

Grand Total for Delivered Products: $ 949,400.00

Ergon Asphalt & Emulsions
Austin, TX 78738

Product	Price/Gallon Delivered – In Transport Loads				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2	1.0793	1.0793	1.0793	1.0793	1.0793	250,000 Gal	$ 269,825.00
CRS-2P	1.8193	1.8193	1.8193	1.8193	1.8193	10,000 Gal	$ 18,193.00
AEP	1.9893	1.9893	1.9893	1.9893	1.9893	30,000 Gal	$ 59,679.00
CSS-1H	1.2093	1.2093	1.2093	1.2093	1.2093	30,000 Gal	$ 36,279.00
SS-1	1.4372	1.4372	1.4372	1.4372	1.4372	7,500 Gal	$ 10,779.00
HFRS-2	1.4372	1.4372	1.4372	1.4372	1.4372	50,000 Gal	$ 71,860.00
CHRFS-2	1.8406	1.8406	1.8406	1.8406	1.8406	2,000 Gal	$ 3,681.20

Grand Total for Delivered Products: $ 470,296.20

Product	Price/Gallon – Picked Up				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2	0.97	0.97	0.97	0.97	0.97	250,000 Gal	$ 242,500.00
CRS-2P	1.71	1.71	1.71	1.71	1.71	10,000 Gal	$ 17,100.00
AEP	1.88	1.88	1.88	1.88	1.88	30,000 Gal	$ 56,400.00
CSS-1H	1.10	1.10	1.10	1.10	1.10	30,000 Gal	$ 33,000.00
SS-1	1.30	1.30	1.30	1.30	1.30	7,500 Gal	$ 9,750.00
HFRS-2	1.30	1.30	1.30	1.30	1.30	50,000 Gal	$ 65,000.00
CHRFS-2	1.54	1.54	1.54	1.54	1.54	2,000 Gal	$ 3,080.00

Grand Total for Delivered Products: $ 426,830.00

Western Emulsions, Inc.
Temple, TX 76504

Product	Price/Gallon Delivered – In Transport Loads				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2	1.26	1.26	1.26	1.26	1.26	250,000 Gal	$ 315,000.00
CRS-2P	1.73	1.73	1.73	1.73	1.73	10,000 Gal	$ 17,300.00
AEP	2.25	2.25	2.25	2.25	2.25	30,000 Gal	$ 67,500.00
CSS-1H	1.47	1.47	1.47	1.47	1.47	30,000 Gal	$ 44,100.00
SS-1	1.50	1.50	1.50	1.50	1.50	7,500 Gal	$ 11,250.00
HFRS-2	1.50	1.50	1.50	1.50	1.50	50,000 Gal	$ 75,000.00
CHRFS-2	1.73	1.73	1.73	1.73	1.73	2,000 Gal	$ 3,460.00

Grand Total for Delivered Products: $ 533,610.00

Product	Price/Gallon – Picked Up				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2	1.16	1.16	1.16	1.16	1.16	250,000 Gal	$ 290,000.00
CRS-2P	1.63	1.63	1.63	1.63	1.63	10,000 Gal	$ 16,300.00
AEP	2.15	2.15	2.15	2.15	2.15	30,000 Gal	$ 64,500.00
CSS-1H	1.37	1.37	1.37	1.37	1.37	30,000 Gal	$ 41,100.00
SS-1	1.50	1.50	1.50	1.50	1.50	7,500 Gal	$ 11,250.00
HFRS-2	1.40	1.40	1.40	1.40	1.40	50,000 Gal	$ 70,000.00
CHRFS-2	1.63	1.63	1.63	1.63	1.63	2,000 Gal	$ 3,260.00

Grand Total for Delivered Products: $ 496,410.00

Cleveland Asphalt Products, Inc.
Shepherd, TX 77371

Product	Price/Gallon Delivered – In Transport Loads				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2	1.70	1.70	1.70	1.70	1.70	250,000 Gal	$ 425,000.00
CRS-2P	2.20	2.20	2.20	2.20	2.20	10,000 Gal	$ 22,000.00
AEP	1.70	1.70	1.70	1.70	1.70	30,000 Gal	$ 51,000.00
CSS-1H	1.70	1.70	1.70	1.70	1.70	30,000 Gal	$ 51,000.00
SS-1	1.70	1.70	1.70	1.70	1.70	7,500 Gal	$ 12,750.00
HFRS-2	NB	NB	NB	NB	NB	50,000 Gal	NB
CHRFS-2	NB	1.73	1.73	1.73	1.73	2,000 Gal	NB

Grand Total for Delivered Products: $ 561,750.00 (did not bid all prod)

Product	Price/Gallon – Picked Up				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2	1.50	1.50	1.50	1.50	1.50	250,000 Gal	$ 375,000.00
CRS-2P	2.20	2.20	2.20	2.20	2.20	10,000 Gal	$ 22,000.00
AEP	1.50	1.50	1.50	1.50	1.50	30,000 Gal	$ 45,000.00
CSS-1H	1.50	1.50	1.50	1.50	1.50	30,000 Gal	$ 45,000.00
SS-1	1.50	1.50	1.50	1.50	1.50	7,500 Gal	$ 11,250.00
HFRS-2	NB	NB	NB	NB	NB	50,000 Gal	NB
CHRFS-2	NB	NB	NB	NB	NB	2,000 Gal	NB

Grand Total for Delivered Products: $ 498,250.00 (did not bid all prod)

Rooker Asphalt
Ft Worth, TX 76111

Rooker Asphalt submitted a No Bid.

Heartland Asphalt Materials
Hurst, TX 76054

Product	Price/Gallon Delivered – In Transport Loads				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2	1.376	1.376	1.376	1.376	1.376	250,000 Gal	$ 344,000.00
CRS-2P	1.676	1.676	1.676	1.676	1.676	10,000 Gal	$ 16,760.00
AEP	2.726	2.726	2.726	2.726	2.726	30,000 Gal	$ 81,780.00
CSS-1H	1.476	1.476	1.476	1.476	1.476	30,000 Gal	$ 44,280.00
SS-1	NB	NB	NB	NB	NB	7,500 Gal	NB
HFRS-2	NB	NB	NB	NB	NB	50,000 Gal	NB
CHRFS-2	NB	NB	NB	NB	NB	2,000 Gal	NB

Grand Total for Delivered Products: $ 486,820.00 (did not bid all prod)

Product	Price/Gallon – Picked Up				Avg Price	Est Usage	Grand Total
	Pct. 1	Pct. 2	Pct. 3	Pct. 4			
CRS-2	1.25	1.25	1.25	1.25	1.25	250,000 Gal	$ 312,500.00
CRS-2P	1.55	1.55	1.55	1.55	1.55	10,000 Gal	$ 15,500.00
AEP	2.60	2.60	2.60	2.60	2.60	30,000 Gal	$ 78,000.00
CSS-1H	1.35	1.35	1.35	1.35	1.35	30,000 Gal	$ 40,500.00
SS-1	NB	NB	NB	NB	NB	7,500 Gal	NB
HFRS-2	NB	NB	NB	NB	NB	50,000 Gal	NB
CHRFS-2	NB	NB	NB	NB	NB	2,000 Gal	NB

Grand Total for Delivered Products: $ 446,500.00 (did not bid all prod)

Recommendation:

We recommend that McLennan County **grant the award** for Asphalt Emultions Loaded and Delivered in the following manner:

a. **Asphalt Emulsions Loaded (picked up)** to all bidders based on location and availability. **Ergon** submitted the low bid for all products.
b. **Asphalt Emulsions Delivered** to **Ergon** as **primary vendor**, they submitted the **low bid** and all other vendors based on availability.

Prices from Ergon reflect a **29% decrease** in prices from the low bidder last year for **Delivered Products** and a **34% decrease** in prices from the low bidder last year for **Picked Up Products**.

Why:

262.027(e)
The Commissioners court may award contracts for the purchase of road construction materials to more than one bidder if each of the selected bidders submits the lowest and best bid for a particular location or type of material. See tabulation.

Effective Date:

March 1, 2016 thru February 28, 2017

Reviewed by:

RECOMMENDATION
APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 2016
COUNTY JUDGE

History:

2015 – 2016 Bid Award for Asphalt Emulsion

Award was granted for Asphalt Emulsion Loaded and Delivered in the following manner:

a. **Asphalt Emulsions Loaded (picked up)** to all bidders based on location and availability. **Western Emulsions** submitted the **low bid** for all products. (P2 Emulsions submitted lower pricing for the alternate products AEP and CHFRS-2).

b. **Asphalt Emulsions Delivered** to **Western Emulsions** as **primary vendor**, they are the low bid and the other vendors based on availability. (P2 Emulsion submitted lower pricing for the alternate product AEP.)

FILED: FEB 16 2016

J.A "ANDY" HAHWELL, County Clerk
McLennan County, Texas
By Myrcatsz Gowan DEPUTY

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND/OR ACTION ON, THE FOLLOWING:

L. CONSENT AGENDA ITEMS:

1. ***Reading/Approval of Previous Meeting Minutes;*** Acceptance of Amendments / Supplements / Corrections; Recording into the Court Minutes of Previously Approved Documents, Items Not Requiring Court Action, HB 914 Conflict Disclosure Statements, as applicable — **Approved**

2. ***Financial Obligations of McLennan County:***

   a. Authorization for Co. Treasurer to Pay County Checks / Wire / Electronic Transfers Issued Since Last Authorization — **Approved**

   b. County Treasurer: Interest / Investment Reports / Authorizations / Recording of McLennan County Investment Policy / Acknowledgment Forms / Pooled Cash Account Balance Reports — **None**

3. ***Human Resources / Salary Matters:*** Benefits / Status Forms / Revisions to Salary Schedules; Authorizations Regarding Human Resources Issues / Revisions to Human Resources Policies; Compensation / Classification Issues / Personnel Reviews / Reclassifications / Administrative Guidelines; Consultant Reports / Recommendations, Job Descriptions / Postings / Approvals Necessary for Statutory or Constitutional Qualifications / Acceptance of Resignations of Appointed or Elected Department Heads

   a. County Sheriff:

      1) Authorization to Shift Budgetary Funds (re: Investigator / Deputy) — **Pulled**

      2) Action to Rescind Request to Adjust Budgetary Funds for Jailer Positions Previously Approved on 1/19/16 — **Pulled**

4. ***Authorizations / Ratifications Re: RFPs / RFQ's / Bids / Advertisements / Publications / Public Notices / Sole Source Determinations / Surplus / Scrap Property Determinations / Recording of Legal Notifications***

   a. Authorization of Order Setting a Public Hearing on the Establishment of a Speed Zone on Canaan Church Road in Precinct 4 — **Approved**

   b. Authorization of Order Setting a Public Hearing on the Establishment of a Speed Lime on Baese Road in Precinct 3 — **Approved**

5. ***Travel and/or Education Requests / Ratifications:***

   a. Texas A&M AgriLife Extension Service — **Approved**

6. ***Acceptance / Non Acceptance of Officials / County Department Head / Staff / Organization Reports / Updates; Policy Recommendations; Reports relative to County Contracts / Agreements / Programs; Recording of Educational or Insurance Certificates / Awards / Bonds / Recording of Conflict Disclosure Statements, Presentations to the Court***

   a. Constable, Precinct 1: Recording of 2015 Racial Profiling Report (ref: Texas Code of Criminal Procedures Articles 2.133 & 2.134) — **Approved**

b. County Judges & Commissioners Association of Texas:
Recording of Educational Certifications:

1) Commissioner, Precinct 1	**Approved**
2) Commissioner, Precinct 3	**Approved**
3) Commissioner, Precinct 4	**Approved**

7. ***Commissioners Court,*** *discussion on, consideration of and / or Action on:*

a. Ratification of Purchase / Designation of Authorized Purchaser:	**None**
b. Authorization re: Burn Ban in the Unincorporated Areas of McLennan County	**Remains lifted**
c. Regarding Americans with Disabilities Act Compliance Project:	
1) Approval re: Adoption of Annex Accessibility Policy	**Pulled**
d. Approval of Order Requiring Direct Deposit for Payment of Employee Payroll	**Pulled**
e. Authorization re: Purchase of Radar Unit by China Spring ISD Police Department	**Pulled**
f. Authorization of Online Auction with Rene Bates, Related Ad, and Order Declaring Certain Property as Surplus and Authorizing Disposition of Same (ref: Local Government Code Chapter 263)	**Approved**
g. Discussion and/or Action re: Justice of the Peace, Precinct 4 Security Equipment	**Pulled**
h. Regarding the County Energy Transportation Reinvestment (CETRZ): Authorization of Updated Prioritized Project List	**Approved**
i. Approval of Amended Order regarding the Regulation of Food Establishment, Including Food Service Establishments, Retail Food Stores, Mobile Food Units and Roadside Food Vendors	**Approved**

CD-375, 10:27

ORDER APPROVING CONSENT AGENDA ITEMS

On this 16 day of February, 2016, came on for consideration the matter of reviewing and approving the Consent Agenda Items. Judge Felton stated that we need to pull items L. 3. a. 1., L. 3. a. 2., L. 7. d., L. 7. e., and L. 7. g. Commissioner Jones made a motion to approve (the consent agenda items with the exemption of (L. 3. a. 1., L. 3. a. 2., L. 7. d., L. 7. e., and L. 7. g.) and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Consent Agenda Items be, and the same are hereby, approved by unanimous vote.

- - - - - - - - - - - - - - - - - - -

Recording of Authorization Re: Renewal of McLennan County Basic Emergency Management Plan approved by Order on August 11, 2015 and recorded on Page 27 of these minutes.

RECEIVED

FEB 03 2016

McLENNAN CO.
JUDGE

ACCEPTED BY COMMISSIONERS COURT FOR RECORDING
THIS 16 DAY OF FEB 20 16

COUNTY JUDGE

EMERGENCY MANAGEMENT PLAN

FOR

MCLENNAN COUNTY AND ALL CITIES
ADHERING TO THIS PLAN

_____

(Jurisdiction)

RECORD OF CHANGES

Change #	Date of Change	Change Entered By	Date Entered

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

Scott M. Felton
County Judge McLennan County

8/11/15
Date

Waco/McLennan County Emergency Management

8-19-15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supercedes all previous editions.

Gary D. Moore
City of Bellmead

7/16/15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

CITY OF BEVERLY HILLS

07/14/2015
DATE

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

City of Bruceville Eddy

July 23, 2015
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

Bart W. Meyer MAYOR
City of Crawford

8-27-15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

Larry Bennion
City of Gholson

7-9-15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

City of Gelinda

8-13-15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

Mayor

City of Hallsburg

7-21-15

Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supercedes all previous editions.

Ed Rosalugo Mayor
City of Hewitt

6/5/15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supercedes all previous editions.

Colin R. Hobbs
City of Lacy Lakeview

7/15/15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

City of Leroy	Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

Mayor

City of Lorena

7-24-15

Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

Leonard J Scarborough 8/26/15

City of Mart Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

THIS EMERGENCY PLAN IS HEREBY APPROVED. THIS PLAN IS EFFECTIVE IMMEDIATELY AND SUPERSEDES ALL PREVIOUS EDITIONS.

JAMES S HERING, MAYOR

CITY OF MCGREGOR

August 17, 2015

DATE

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

Ken Brown
City of Moody

8/27/15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supercedes all previous editions.

City of Riesel

7-3-15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

City of Robinson

8-4-2015
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supercedes all previous editions.

James L. Jaska - Mayor
City of Ross
JAMES L. JASKA - Mayor

6-9-15
Date

APPROVAL & IMPLEMENTATION

**MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN**

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

City of Waco

8/21/2015
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

City of West

7-22-15
Date

APPROVAL & IMPLEMENTATION

MCLENNAN COUNTY AND ALL
CITIES ADHERING TO THIS PLAN

EMERGENCY MANAGEMENT PLAN

This emergency management plan is hereby approved. This plan is effective immediately and supercedes all previous editions.

Jane Kilpatrick, Mayor Pro Tem — 7-20-15

CITY OF WOODWAY — DATE

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BASIC PLAN

I. AUTHORITY

A. Federal

1. Robert T. Stafford Disaster Relief & Emergency Assistance Act, (as amended), 42 U.S.C. 5121
2. Emergency Planning and Community Right-to-Know Act, 42 U.S.C. Chapter 116
3. Emergency Management and Assistance, 44 CFR
4. Hazardous Waste Operations & Emergency Response, 29 CFR 1910.120
5. Homeland Security Act of 2002
6. Homeland Security Presidential Directive. *HSPD-5,* Management of Domestic Incidents
7. Homeland Security Presidential Directive, *HSPD-3,* Homeland Security Advisory System
8. National Incident Management System
9. National Response Framework
10. National Strategy for Homeland Security, July 2002
11. Nuclear/Radiological Incident Annex of the National Response Framework
12. Presidential Policy Directive 8 – National Preparedness

B. State

1. Government Code, Chapter 418 (Emergency Management)
2. Government Code, Chapter 421 (Homeland Security)
3. Government Code, Chapter 433 (State of Emergency)
4. Government Code, Chapter 791 (Inter-local Cooperation Contracts)
5. Health & Safety Code, Chapter 778 (Emergency Management Assistance Compact)
6. Executive Order of the Governor Relating to Emergency Management
7. Executive Order of the Governor Relating to the National Incident Management System
8. Administrative Code, Title 37, Part 1, Chapter 7 (Division of Emergency Management)
9. *The Texas Homeland Security Strategic Plan,* Parts I and II, December 15, 2003
10. *The Texas Homeland Security Strategic Plan*, Part III, February 2004

C. Local

City Ordinances

1. City of Bellmead Ordinance # 12-12-83 dated 12-12-83.
2. City of Beverly Hills Ordinance # 1287-14 dated 12-14-83.
3. City of Brucville-Eddy Ordinance # 88-9 dated 01-02-90.
4. City of Crawford Ordinance # 83-5 dated 09-27-83.
5. City of Gholson Ordinance # 4 dated 12-06-89.
6. City of Golinda Ordinance # 114 dated 7-14-92
7. City of Hallsburg Ordinance # 24 dated 03-12-90.
8. City of Hewitt Ordinance # 01-16-84 dated 01-16-84.
9. City of Lacy-Lakeview Ordinance # 157-83 dated 09-12-83.
10. City of Leroy Ordinance # 2-1-90 dated 02-14-90.
11. City of Lorena Ordinance # 4024 dated 07-11-88.
12. City of Mart Ordinance # 2166 dated 11-10-83.

13. City of McGregor Ordinance # 09-12-83 dated 09-12-83.
14. City of Moody Ordinance # 51084 dated 09-06-83.
15. City of Riesel Ordinance # 59 dated 03-5-90.
16. City of Robinson Ordinance # 207 dated 10-08-83.
17. City of Ross Ordinance # 1989-1 dated 12-12-89.
18. City of Waco Ordinance # 1983-67 dated 02-25-85.
19. City of West Ordinance # 554-1 dated 03-16-82.
20. City of Woodway Ordinance # 83-13 dated 12-19-83.
21. McLennan County Commissioner's Court Order # 02-25-85 dated 02-25-85.

Joint Resolution between the County of McLennan and the Cities of:

1. Bellmead dated 12-12-83.
2. Beverly Hills dated 12-14-87.
3. Bruceville-Eddy dated 01-2-90.
4. Crawford dated 02-25-83.
5. Gholson dated 12-06-89.
6. Golinda dated 7-14-92
7. Hallsburg dated 03-12-90.
8. Hewitt dated 06-06-88.
9. Lacy Lakeview dated 12-14-87.
10. Leroy dated 02-14-90.
11. Lorena dated 07-11-88.
12. Mart dated 02-10-88.
13. McGregor dated 01-11-88.
14. Moody dated 09-06-83.
15. Riesel dated 03-05-90.
16. Robinson dated 02-09-88.
17. Ross dated 12-12-89.
18. Waco dated 09-08-86.
19. West dated 11-17-87.
20. Woodway dated 01-09-84.

Inter-local Agreements & Contracts. See the summary in Attachment 6.

II. PURPOSE

This Basic Plan outlines our approach to emergency operations, and is applicable to McLennan County and all cities adhering to this plan. It provides general guidance for emergency management activities and an overview of our methods of mitigation, preparedness, response, and recovery. The plan describes our emergency response organization and assigns responsibilities for various emergency tasks. This plan is intended to provide a framework for more specific functional annexes that describe in more detail who does what, when, and how. This plan applies to all local officials, departments, and agencies. The primary audience for the document includes our chief elected official and other elected officials, the emergency management staff, department and agency heads and their senior staff members, leaders of local volunteer organizations that support emergency operations, and others who may participate in our mitigation, preparedness, response, and recovery efforts to include the whole of the community.

III. EXPLANATION OF TERMS

A. Acronyms

AAR	After Action Report
ARC	American Red Cross
CFR	Code of Federal Regulations
DDC	Disaster District Committee
DHS	Department of Homeland Security
EOC	Emergency Operations or Operating Center
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency, an element of the U.S. Department of Homeland Security
Hazmat	Hazardous Material
HSPD-5	Homeland Security Presidential Directive 5
ICP	Incident Command Post
ICS	Incident Command System
IP	Improvement Plan
JFO	Joint Field Office
JIC	Joint Information Center
NIMS	National Incident Management System
NRF	National Response Framework
OSHA	Occupational Health & Safety Administration
PIO	Public Information Officer
SOPs	Standard Operating Procedures
SOC	State Operations Center
TDEM	Texas Division of Emergency Management
TRRN	Texas Regional Response Network
TSA	The Salvation Army
EMC	Emergency Management Coordinator

B. Definitions

1. Area Command (Unified Area Command). An organization established (1) to oversee the management of multiple incidents that are each being managed by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Sets overall strategy and priorities, allocates critical resources according to priorities, ensures that incidents are properly managed, and ensures that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multijurisdictional.

2. Disaster District. Disaster Districts are regional state emergency management organizations mandated by the Executive Order of the Governor relating to Emergency Management whose boundaries parallel those of Highway Patrol Districts and Sub-Districts of the Texas Department of Public Safety.

3. Disaster District Committee. The DDC consists of a Chairperson (the local Highway Patrol captain or command lieutenant) and representatives of the state agencies and volunteer groups represented on the State Emergency Management Council with resources in the district. The DDC Chairperson, supported by committee members, is

responsible for identifying, coordinating the use of, committing, and directing state resources within the district to respond to emergencies.

4. Emergency Operations or Operating Center. Specially equipped facilities from which government officials exercise direction and control and coordinate necessary resources in an emergency situation.

5. Public Information. Information that is disseminated to the public via the news media before, during, and/or after an emergency or disaster ensuring the needs of the whole community are addressed.

6. Emergency Situation. As used in this plan, this term is intended to describe a *range* of situations, from a minor incident to a catastrophic disaster. It includes the following:

   a. Incident. An incident is a situation that is limited in scope and potential effects. Characteristics of an incident include:

      1) Involves a limited area and/or limited population.
      2) Evacuation or in-place sheltering is typically limited to the immediate area of the incident.
      3) Warning and public instructions are provided in the immediate area, not community-wide.
      4) One or two local response agencies or departments acting under an incident commander normally handle incidents. Requests for resource support are normally handled through agency and/or departmental channels.
      5) May require limited external assistance from other local response agencies or contractors.
      6) For the purposes of the NRF, incidents include the full range of occurrences that require an emergency response to protect life or property.

   b. Emergency. An emergency is a situation is larger in scope and more severe in terms of actual or potential effects than an incident. Characteristics include:

      1) Involves a large area, significant population, or important facilities.
      2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
      3) May require community-wide warning and public instructions.
      4) Requires a sizable multi-agency response operating under an incident commander.
      5) May require some external assistance from other local response agencies, contractors, and limited assistance from state or federal agencies.
      6) The EOC will be activated to provide general guidance and direction, coordinate external support, and provide resource support for the incident.
      7) For the purposes of the NRF an emergency (as defined by the Stafford Act) is "any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of catastrophe in any part of the United States."

c. Disaster. A disaster involves the occurrence or threat of significant casualties and/or widespread property damage that is beyond the capability of the local government to handle with its organic resources. Characteristics include:

1) Involves a large area, a sizable population, and/or important facilities.
2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
3) Requires community-wide warning and public instructions.
4) Requires a response by all local response agencies operating under one or more incident commanders.
5) Requires significant external assistance from other local response agencies, contractors, and extensive state or federal assistance.
6) The EOC will be activated to provide general guidance and direction, provide emergency information to the public, coordinate state and federal support, and coordinate resource support for emergency operations.
7) For the purposes of the NRF, a *major disaster* (as defined by the Stafford Act) is any catastrophe, regardless of the cause, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster federal assistance.

d. Catastrophic Incident. For the purposes of the NRF, this term is used to describe any natural or manmade occurrence that results in extraordinary levels of mass casualties, property damage, or disruptions that severely affect the population, infrastructure, environment, economy, national morale, and/or government functions. An occurrence of this magnitude would result in sustained national impacts over prolonged periods of time, and would immediately overwhelm local and state capabilities. All catastrophic incidents are *Incidents of National Significance.*

7. Hazard Analysis. A document, published separately from this plan, that identifies the local hazards that have caused or possess the potential to adversely affect public health and safety, public or private property, or the environment.

8. Hazardous Material (Hazmat). A substance in a quantity or form posing an unreasonable risk to health, safety, and/or property when manufactured, stored, or transported. The substance, by its nature, containment, and reactivity, has the capability for inflicting harm during an accidental occurrence. Is toxic, corrosive, flammable, reactive, an irritant, or a strong sensitizer, and poses a threat to health and the environment when improperly managed. Includes toxic substances, certain infectious agents, radiological materials, and other related materials such as oil, used oil, petroleum products, and industrial solid waste substances.

9. Incident of National Significance. An actual or potential high-impact event that requires a coordinated and effective response by and appropriate combination of federal, state, local, tribal, nongovernmental, and/or private sector entities in order to save lives and minimize damage, and provide the basis for long-term communication recovery and mitigation activities.

10. Inter-local agreements. Arrangements between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for

the tasks that must be performed to control the situation. Commonly referred to as a mutual aid agreement.

11. Stafford Act. The Robert T. Stafford Disaster Relief and Emergency Assistance Act authorizes federal agencies to undertake special measures designed to assist the efforts of states in expediting the rendering of aid, assistance, emergency services, and reconstruction and rehabilitation of areas devastated by disaster.

12. Standard Operating Procedures. Approved methods for accomplishing a task or set of tasks. SOPs are typically prepared at the department or agency level.

IV. SITUATION AND ASSUMPTIONS

A. Situation

McLennan County and all cities adhering to this plan are exposed to many hazards, all of which have the potential for disrupting the community, causing casualties, and damaging or destroying public or private property. A summary of our major hazards is provided in Figure 1. More detailed information is provided in our Hazard Analysis, published separately.

Figure 1

HAZARD SUMMARY

	Likelihood of Occurrence*	Estimated Impact on Public Health & Safety			Estimated Impact on Property		
Hazard Type:	(See below)	Limited	Moderate	Major	Limited	Moderate	Major
Natural							
Drought	LIKELY	X				X	
Earthquake	UNLIKELY	X			X		
Flash Flooding	OCCASIONAL		X			X	
Flooding (river or tidal)	OCCASIONAL	X			X		
Tornado	LIKELY			X			X
Wildfire	LIKELY	X				X	
Winter Storm	OCCASIONAL		X			X	
Technological							
Dam Failure	UNLIKELY			X			X
Energy/Fuel Shortage	UNLIKELY	X			X		
Hazmat/Oil Spill (fixed site)	LIKELY		X		X		
Hazmat/Oil Spill (transport)	HIGHLY LIKELY			X		X	
Major Structural Fire	HIGHLY LIKELY		X				X
Nuclear Facility Incident	UNLIKELY	X			X		
Water System Failure	UNLIKELY		X			X	
Security							
Civil Disorder	UNLIKELY			X			X
Enemy Military Attack	UNLIKELY			X			X
Terrorism	LIKELY			X			X

* **Likelihood of Occurrence**: Unlikely, Occasional, Likely, or Highly Likely

B. Assumptions

1. McLennan County and all cities adhering to this plan will continue to be exposed to and subject to the impact of those hazards described above and as well as lesser hazards and others that may develop in the future.

2. It is possible for a major disaster to occur at any time, and at any place. In many cases, dissemination of warning to the public and implementation of increased readiness measures may be possible. However, some emergency situations occur with little or no warning.

3. Outside assistance will be available in most emergency situations, affecting McLennan County and all the cities adhering to this plan. Since it takes time to summon external assistance, it is essential for us to be prepared to carry out the initial emergency response on an independent basis.

4. Proper mitigation actions, such as floodplain management, and fire inspections, can prevent or reduce disaster-related losses. Detailed emergency planning, training of emergency responders and other personnel, and conducting periodic emergency drills and exercises can improve our readiness to deal with emergency situations.

V. CONCEPT OF OPERATIONS

A. Objectives

The objectives of our emergency management program are to protect public health and safety and preserve public and private property.

B. General

1. It is our responsibility to protect public health and safety and preserve property from the effects of hazardous events. We have the primary role in identifying and mitigating hazards, preparing for and responding to, and managing the recovery from emergency situations that affect our community.

2. It impossible for government to do everything that is required to protect the lives and property of our population. Our citizens have the responsibility to prepare themselves and their families to cope with emergency situations and manage their affairs and property in ways that will aid the government in managing emergencies. We will assist our citizens in carrying out these responsibilities by providing public information and instructions prior to and during emergency situations.

3. Local government is responsible for organizing, training, and equipping local emergency responders and emergency management personnel, providing appropriate emergency facilities, providing suitable warning and communications systems, and for contracting for emergency services. The state and federal governments offer programs that provide some assistance with portions of these responsibilities.

4. To achieve our objectives, we have organized an emergency program that is both integrated (employs the resources of government, organized volunteer groups, and businesses) and comprehensive (addresses mitigation, preparedness, response, and recovery). This plan is one element of our preparedness activities.

5. This plan is based on an all-hazard approach to emergency planning. It addresses general functions that may need to be performed during <u>any</u> emergency situation and is not a collection of plans for specific types of incidents. For example, the warning annex addresses techniques that can be used to warn the public during any emergency situation, whatever the cause.

6. Departments and agencies tasked in this plan are expected to develop and keep current standard operating procedures that describe how emergency tasks will be performed. Departments and agencies are charged with insuring the training and equipment necessary for an appropriate response are in place.

7. This plan is based upon the concept that the emergency functions that must be performed by many departments or agencies generally parallel some of their normal day-to-day functions. To the extent possible, the same personnel and material resources used for day-to-day activities will be employed during emergency situations. Because personnel and equipment resources are limited, some routine functions that do not contribute directly to the emergency may be suspended for the duration of an emergency. The personnel, equipment, and supplies that would normally be required for those functions will be redirected to accomplish emergency tasks.

8. We have adopted the National Incident Management System (NIMS) in accordance with the President's Homeland Security Directive (HSPD)-5. Our adoption of NIMS will provide a consistent approach to the effective management of situations involving natural or man-made disasters, or terrorism. NIMS allows us to integrate our response activities using a set of standardized organizational structures designed to improve interoperability between all levels of government, private sector, and nongovernmental organizations.

9. This plan, in accordance with the National Response Framework (NRF), is an integral part of the national effort to prevent, and reduce America's vulnerability to terrorism, major disasters, and other emergencies, minimize the damage and recover from attacks, major disasters, and other emergencies that occur. In the event of an Incident of National Significance, as defined in HSPD-5, we will integrate all operations with all levels of government, private sector, and nongovernmental organizations through the use of NRF coordinating structures, processes, and protocols.

C. Operational Guidance

We will employ the six components of the NIMS in all operations, which will provide a standardized framework that facilitates our operations in all phases of emergency management. Attachment 7 provides further details on the NIMS.

1. Initial Response. Our emergency responders are likely to be the first on the scene of an emergency situation. They will normally take charge and remain in charge of the incident until it is resolved or others who have legal authority to do so assume

responsibility. They will seek guidance and direction from our local officials and seek technical assistance from state and federal agencies and industry where appropriate.

2. Implementation of ICS

   a. The first local emergency responder to arrive at the scene of an emergency situation will implement the incident command system and serve as the incident commander until relieved by a more senior or more qualified individual. The incident commander will establish an incident command post (ICP) and provide an assessment of the situation to local officials, identify response resources required, and direct the on-scene response from the ICP.

   b. For some types of emergency situations, a specific incident scene may not exist in the initial response phase and the EOC may accomplish initial response actions, such as mobilizing personnel and equipment and issuing precautionary warning to the public. As the potential threat becomes clearer and a specific impact site or sites identified, an incident command post may be established, and direction and control of the response transitioned to the Incident Commander.

3. Source and Use of Resources.

   a. We will use our own resources, all of which meet the requirements for resource management in accordance with the NIMS, to respond to emergency situations, purchasing supplies and equipment if necessary, and request assistance if our resources are insufficient or inappropriate. §418.102 of the Government Code provide that the county should be the first channel through which a municipality requests assistance when its resources are exceeded. If additional resources are required, we will:

      1) Summon those resources available to us pursuant to inter-local agreements. See Attachment 6 to this plan, which summarizes the inter-local agreements and identifies the officials authorized to request those resources.
      2) Summon emergency service resources that we have contracted for. See Attachment 6.
      3) Request assistance from volunteer groups active in disasters.
      4) Request assistance from industry or individuals who have resources needed to deal with the emergency situation.

   b. When external agencies respond to an emergency situation within our jurisdiction, we expect them to conform to the guidance and direction provided by our incident commander, which will be in accordance with the NIMS.

D. Incident Command System (ICS)

1. We intend to employ ICS, an integral part of the NIMS, in managing emergencies. ICS is both a strategy and a set of organizational arrangements for directing and controlling field operations. It is designed to effectively integrate resources from different agencies into a temporary emergency organization at an incident site that can expand and

contract with the magnitude of the incident and resources on hand. A summary of ICS is provided in Attachment 7.

2. The incident commander is responsible for carrying out the ICS function of command -- managing the incident. The four other major management activities that form the basis of ICS are operations, planning, logistics, and finance/administration. For small-scale incidents, the incident commander and one or two individuals may perform all of these functions. For larger incidents, a number of individuals from different departments or agencies may be assigned to separate staff sections charged with those functions.

3. An incident commander using response resources from one or two departments or agencies can handle the majority of emergency situations. Departments or agencies participating in this type of incident response will normally obtain support through their own department or agency.

4. In emergency situations where other jurisdictions or the state or federal government are providing significant response resources or technical assistance, it is generally desirable to transition from the normal ICS structure to a Unified or Area Command structure. This arrangement helps to ensure that all participating agencies are involved in developing objectives and strategies to deal with the emergency. Attachment 7 provides additional information on Unified and Area Commands.

E. ICS - EOC Interface

1. For major emergencies and disasters, the Emergency Operations Center (EOC) will be activated. When the EOC is activated, it is essential to establish a division of responsibilities between the incident command post and the EOC. A general division of responsibilities is outlined below. It is essential that a precise division of responsibilities be determined for specific emergency operations.

2. The incident commander is generally responsible for field operations, including:

   a. Isolating the scene.
   b. Directing and controlling the on-scene response to the emergency situation and managing the emergency resources committed there.
   c. Warning the population in the area of the incident and providing emergency instructions to them.
   d. Determining and implementing protective measures (evacuation or in-place sheltering) for the population in the immediate area of the incident and for emergency responders at the scene.
   e. Implementing traffic control arrangements in and around the incident scene.
   f. Requesting additional resources from the EOC.

3. The EOC is generally responsible for:

   a. Providing resource support for the incident command operations.
   b. Issuing community-wide warning.
   c. Issuing instructions and providing information to the general public.
   d. Organizing and implementing large-scale evacuation.
   e. Organizing and implementing shelter and mass care arrangements for evacuees.

f. Coordinating traffic control for large-scale evacuations.
g. Requesting assistance from the State and other external sources.
h. Maintaining critical services to areas unaffected by the disaster.
i. Developing strategy for recovery efforts.
j. Compile information (financial, damage assessment, progress of recovery efforts) and maintain records of all information.

4. In some large-scale emergencies or disasters, emergency operations with different objectives may be conducted at geographically separated scenes. In such situations, more than one incident command operation may be established. If this situation occurs, a transition to an Area Command or a Unified Area Command is desirable, and the allocation of resources to specific field operations be coordinated through the EOC.

5. All jurisdictions adhering to this plan will use the ICS system in the field. If the emergency requires the EOC to activate. The following ICS functions will be performed and controlled by the EOC. **Policy/Management** - Responsible for overall emergency policy and coordination the joint efforts of governmental agencies and private organizations. **Operations** - Responsible for coordinating all jurisdictional operations in support of the emergency response through implementation of the local government's action plan. **Planning/Intelligence** - Responsible for collecting, evaluating, and disseminating information; developing the local government's action plan in coordination with other functions; and maintaining documentation. **Logistics** – Responsible for providing facilities, services, personnel, equipment, and materials. **Finance/Administration** – Responsible for financial activities and other administrative aspects.

6. The incident Commander should report directly to the EOC, usually to their counterpart departmental staff in the Operations Section. See Attachment 3.A for example.

F. State, Federal, & Other Assistance

1. State & Federal Assistance

   a. If local resources are inadequate to deal with an emergency situation, we will request assistance from the State. State assistance furnished to local governments is intended to supplement local resources and not substitute for such resources, including mutual aid resources, equipment purchases or leases, or resources covered by emergency service contracts. As noted previously, cities must request assistance from their county before requesting state assistance

   b. Requests for state assistance should be made to the Disaster District Committee (DDC) Chairperson, who is located at the Department of Public Safety District Office in Waco TX. See Appendix 2 to Annex M, Resource Management, for a form that can be used to request state assistance. In essence, state emergency assistance to local governments begins at the DDC level and the key person to validate a request for, obtain, and provide that state assistance and support is the DDC Chairperson. A request for state assistance must be made by the chief elected official (the County Judge or Mayor of the affected jurisdiction) and may be made by telephone, fax, or

teletype. The DDC Chairperson has the authority to utilize all state resources within the district to respond to a request for assistance, with the exception of the National Guard. Use of National Guard resources requires approval of the Governor.

c. The Disaster District staff will forward requests for assistance that cannot be satisfied by state resources within the district to the State Operations Center (SOC) in Austin for action.

2. Other Assistance

a. If resources required to control an emergency situation are not available within the State, the Governor may request assistance from other states pursuant to a number of interstate compacts or from the federal government through the Federal Emergency Management Agency (FEMA).

b. For major emergencies and disasters for which a Presidential declaration has been issued, federal agencies may be mobilized to provide assistance to states and local governments. The *National Response Framework (NRF)* describes the policies, planning assumptions, concept of operations, and responsibilities of designated federal agencies for various response and recovery functions. The *Nuclear/Radiological Incident Annex of the NRF* addresses the federal response to major incidents involving radioactive materials.

c. FEMA has the primary responsibility for coordinating federal disaster assistance. No direct federal assistance is authorized prior to a Presidential emergency or disaster declaration, but FEMA has limited authority to stage initial response resources near the disaster site and activate command and control structures prior to a declaration and the Department of Defense has the authority to commit its resources to save lives prior to an emergency or disaster declaration. See Annex J, Recovery, for additional information on the assistance that may be available during disaster recovery.

d. The NRF applies to Stafford and non-Stafford Act incidents and is designed to accommodate not only actual incidents, but also the threat of incidents. Therefore, NRF implementation is possible under a greater range of incidents.

G. Emergency Authorities

1. Key federal, state, and local legal authorities pertaining to emergency management are listed in Section I of this plan.

2. Texas statutes and the Executive Order of the Governor Relating to Emergency Management provide local government, principally the chief elected official, with a number of powers to control emergency situations. If necessary, we shall use these powers during emergency situations. These powers include but are not limited too:

a. Emergency Declaration. In the event of riot or civil disorder, the County Judge or Mayor of any city adhering to this plan may request the Governor to issue an

emergency declaration for this jurisdiction and take action to control the situation. Use of the emergency declaration is explained in Annex U, Legal.

b. Disaster Declaration. When an emergency situation has caused severe damage, injury, or loss of life or it appears likely to do so, the County Judge or Mayor of any city adhering to this plan may by executive order or proclamation declare a local state of disaster. The County Judge or Mayor of any city adhering to this plan may subsequently issue orders or proclamations referencing that declaration to invoke certain emergency powers granted the Governor in the Texas Disaster Act *on an appropriate local scale* in order to cope with the disaster. These powers include:

1) Suspending procedural laws and rules to facilitate a timely response.
2) Using all available resources of government and commandeering private property, subject to compensation, to cope with the disaster.
3) Restricting the movement of people and occupancy of premises.
4) Prohibiting the sale or transportation of certain substances.
5) Implementing price controls.

A local disaster declaration activates the recovery and rehabilitation aspects of this plan. A local disaster declaration is required to obtain state and federal disaster recovery assistance. See Annex U, Legal, for further information on disaster declarations and procedures for invoking emergency powers.

c. Authority for Evacuations. State law provides a county judge or mayor with the authority to order the evacuation of all or part of the population from a stricken or threatened area within their respective jurisdictions.

H. Actions by Phases of Emergency Management

1. This plan addresses emergency actions that are conducted during all four phases of emergency management.

a. Mitigation

We will conduct mitigation activities as an integral part of our emergency management program. Mitigation is intended to eliminate hazards, reduce the probability of hazards causing an emergency situation, or lessen the consequences of unavoidable hazards. Mitigation should be a pre-disaster activity, although mitigation may also occur in the aftermath of an emergency situation with the intent of avoiding repetition of the situation. Our mitigation program is outlined in Annex P, Mitigation.

b. Preparedness

We will conduct preparedness activities to develop the response capabilities needed in the event an emergency. Among the preparedness activities included in our emergency management program are:

1) Providing emergency equipment and facilities.

2) Emergency planning, including maintaining this plan, its annexes, and appropriate SOPs.
3) Conducting or arranging appropriate training for emergency responders, emergency management personnel, other local officials, and volunteer groups who assist us during emergencies.
4) Conducting periodic drills and exercises to test our plans and training.

c. Response

We will respond to emergency situations effectively and efficiently. The focus of most of this plan and its annexes is on planning for the response to emergencies. Response operations are intended to resolve an emergency situation while minimizing casualties and property damage. Response activities include warning, emergency medical services, firefighting, law enforcement operations, evacuation, shelter and mass care, emergency public information, search and rescue, as well as other associated functions.

d. Recovery

If a disaster occurs, we will carry out a recovery program that involves both short-term and long-term efforts. Short-term operations seek to restore vital services to the community and provide for the basic needs of the public. Long-term recovery focuses on restoring the community to its normal state. The federal government, pursuant to the Stafford Act, provides the vast majority of disaster recovery assistance. The recovery process includes assistance to individuals, businesses, and to government and other public institutions. Examples of recovery programs include temporary housing, restoration of government services, debris removal, restoration of utilities, disaster mental health services, and reconstruction of damaged roads and bridges. Our recovery program is outlined in Annex J, Recovery.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. General

Most departments and agencies of local government have emergency functions in addition to their normal day-to-day duties. During emergency situations, our normal organizational arrangements are modified to facilitate emergency operations. Our governmental organization for emergencies includes an executive group, emergency services, and support services. Attachment 3 depicts our emergency organization.

2. Executive Group

The Executive Group provides guidance and direction for emergency management programs and for emergency response and recovery operations. The Executive Group

includes the County Judge, Mayor(s), City Manager(s), and Emergency Management Coordinator(s).

3. Emergency Services

   Emergency Services include the Incident Commander and those departments, agencies, and groups with primary emergency response actions. The incident commander is the person in charge at an incident site.

4. Emergency Support Services

   This group includes departments and agencies that support and sustain emergency responders and also coordinate emergency assistance provided by organized volunteer organizations, business and industry, and other sources.

5. Volunteer and Other Services

   This group includes organized volunteer groups and businesses who have agreed to provide certain support for emergency operations.

B. Assignment of Responsibilities

1. General

   For most emergency functions, successful operations require a coordinated effort from a number of departments, agencies, and groups. To facilitate a coordinated effort, elected and appointed officials, departments and agency heads, and other personnel are assigned primary responsibility for planning and coordinating specific emergency functions. Generally, primary responsibility for an emergency function will be assigned to an individual from the department or agency that has legal responsibility for that function or possesses the most appropriate knowledge and skills. Other officials, departments, and agencies may be assigned support responsibilities for specific emergency functions. Attachment 4 summarizes the general emergency responsibilities of local officials, department and agency heads, and other personnel.

2. The individual having primary responsibility for an emergency function is normally responsible for coordinating preparation of and maintaining that portion of the emergency plan that addresses that function. Plan and annex assignments are outlined in Attachment 5. Listed below are general responsibilities assigned to the Executive Group, Emergency Services, Support Services, and other Support Agencies. Additional specific responsibilities can be found the functional annexes to this Basic Plan.

3. Executive Group Responsibilities

   a. The County Judge or Mayor will:

      1) Establish objectives and priorities for the emergency management program and provide general policy guidance on the conduct of that program.
      2) Monitor the emergency response during disaster situations and provides direction where appropriate.

3) With the assistance of the Public Information Officer, keep the public informed during emergency situations.
4) With the assistance of the legal staff, declare a local state of disaster, request the Governor declare a state of emergency, or invoke the emergency powers of government when necessary.
5) Request assistance from other local governments or the State when necessary
6) Direct activation of the EOC

b. The City Manager, EMC, or Mayor will:

1) Implement the policies and decisions of the governing body relating to emergency management.
2) Organize the emergency management program and identifies personnel, equipment, and facility needs.
3) Assign emergency management program tasks to departments and agencies.
4) Ensure that departments and agencies participate in emergency planning, training, and exercise activities.
5) Coordinate the operational response of local emergency services.
6) Coordinate activation of the EOC and supervise its operation.

c. The Emergency Management Coordinator will:

1) Serve as the staff advisor to our County Judge, Mayor, and City Manager on emergency management matters.
2) Keep the County Judge, Mayor, and City Manager governing body apprised of our preparedness status and emergency management needs.
3) Coordinate local planning and preparedness activities and the maintenance of this plan.
4) Prepare and maintain a resource inventory.
5) Arrange appropriate training for local emergency management personnel and emergency responders.
6) Coordinate periodic emergency exercises to test our plan and training.
7) Manage the EOC, develop procedures for its operation, and conduct training for those who staff it.
8) Activate the EOC when required.
9) Perform day-to-day liaison with the state emergency management staff and other local emergency management personnel.
10) Coordinate with organized volunteer groups and businesses regarding emergency operations.

4. Common Responsibilities

All emergency services and support services will:

a. Provide personnel, equipment, and supplies to support emergency operations upon request.

b. Develop and maintain SOPs for emergency tasks.

c. Provide trained personnel to staff the incident command post and EOC and conduct emergency operations.

d. Provide current information on emergency resources for inclusion in the Resource List in Appendix 1 to Annex M, Resource Management.

e. Report information regarding emergency situations and damage to facilities and equipment to the Incident Commander or the EOC.

5. Emergency Services Responsibilities

a. The Incident Commander will:

1) Manage emergency response resources and operations at the incident site command post to resolve the emergency situation.

2) Determine and implement required protective actions for response personnel and the public at an incident site.

b. Warning.

1) Primary responsibility for this function is assigned to the Police Chief / County Sheriff / Public Safety Director / Emergency Management Coordinator, who will prepare and maintain Annex A (Warning) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Receive information on emergency situations.
b) Alert key local officials of emergency situations.
c) Disseminate warning information and instructions to the public through available warning systems.
d) Disseminate warning and instructions to special facilities such as schools and hospitals.

c. Communications.

1) Primary responsibility for this function is assigned to the Communications Supervisor / Police Chief / County Sheriff / Emergency Management / Public Safety Director, who will prepare and maintain Annex B (Communications) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Identify the communications systems available with the local area and determine the connectivity of those systems, and ensure their interoperability.
b) Develop plans and procedures for coordinated use of the various communications systems available in this jurisdiction during emergencies.
c) Determine and implement means of augmenting communications during emergencies, including support by volunteer organizations.

d. Radiological Protection.

1) Primary responsibility for this function is assigned to the Radiological officer who will prepare and maintain Annex D (Radiological Protection) to this plan and supporting SOPs.
2) Emergency tasks to be performed include:

a) Maintain inventory of radiological equipment.
b) Ensure response forces include personnel with current training in radiological monitoring and decontamination.
c) Respond to radiological incidents and terrorist incidents involving radiological materials.
d) Make notification concerning radiological incidents to state and federal authorities.

e. Evacuation.

1) Primary responsibility for this function is assigned to the Police Chief / Sheriff / Public Safety Director, who will prepare and maintain Annex E (Evacuation) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Identify areas where evacuation has been or may in the future and determine population at risk.
b) Perform evacuation planning for known risk areas to include route selection and determination of traffic control requirements.
c) Develop simplified planning procedures for ad hoc evacuations.
d) Determine emergency public information requirements.
e) Perform evacuation planning for special needs facilities (schools, hospitals, nursing homes, and other institutions.

f. Firefighting.

1) Primary responsibility for this function is assigned to the Fire Chief, who will prepare and maintain Annex F (Firefighting) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Fire prevention activities.
b) Fire detection and control.
c) Hazardous material and oil spill response.
d) Terrorist incident response.
e) Evacuation support.
f) Post-incident reconnaissance and damage assessment.
g) Fire safety inspection of temporary shelters.
h) Prepare and maintain fire resource inventory.

g. Law Enforcement.

1) Primary responsibility for this function is assigned to the Police Chief / Sheriff's Office / Public Safety Director, who will prepare and maintain Annex G (Law Enforcement) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

   a) Maintenance of law and order.
   b) Traffic control.
   c) Terrorist incident response.
   d) Provision of security for vital facilities, evacuated areas, and shelters.
   e) Access control for damaged or contaminated areas.
   f) Warning support.
   g) Post-incident reconnaissance and damage assessment.
   h) Prepare and maintain law enforcement resource inventory.

h. Health and Medical Services.

1) Primary responsibility for this function is assigned to the Waco-McLennan County Public Health District, who will prepare and maintain Annex H (Health & Medical Services) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

   a) Coordinate health and medical care and EMS support during emergency situations in those jurisdictions where control is not already done within the normal operations of that jurisdiction.
   b) Public health information and education.
   c) Inspection of food and water supplies.
   d) Develop emergency public health regulations and orders.
   e) Coordinate collection, identification, and interment of deceased victims.

i. Direction and Control.

1) Primary responsibility for this function is assigned to the Mayor/County Judge /City Manager /EMC, who will prepare and maintain Annex N (Direction & Control) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

   a) Direct and control our local operating forces.
   b) Maintain coordination with neighboring jurisdictions and the Disaster District in Waco Texas DPS District 6A.
   c) Maintain the EOC in an operating mode or be able to convert the designated facility space into an operable EOC rapidly.
   d) Assigns representatives, by title, to report to the EOC and develops procedures for crisis training.
   e) Develops and identifies the duties of the staff, use of displays and message forms, and procedures for EOC activation.
   f) Coordinates the evacuation of areas at risk.

j. Hazardous Materials & Oil Spill.

1) The primary responsibility for this function is assigned to the Fire Chief/EMC/Public Safety Director, who will prepare and maintain Annex Q (Hazardous Material & Oil Spill Response) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) In accordance with OSHA regulations, establish ICS to manage the response to hazardous materials incidents.
b) Establish the hazmat incident functional areas (e.g., Hot Zone, cool zone, Cold Zone, etc.)
c) Determine and implement requirements for personal protective equipment for emergency responders.
d) Initiate appropriate actions to control and eliminate the hazard in accordance with established hazmat response guidance and SOPs.
e) Determine areas at risk and which public protective actions, if any, should be implemented.
f) Apply appropriate firefighting techniques if the incident has, or may, result in a fire.
g) Determines when affected areas may be safely reentered.

k. Search & Rescue.

1) The primary responsibility for this function is assigned to the Fire Chief/Public Safety Director, who will prepare and maintain Annex R (Search and Rescue) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Coordinate and conduct search and rescue activities.
b) Identify requirements for specialized resources to support rescue operations.
c) Coordinate external technical assistance and equipment support for search and rescue operations.

l. Terrorist Incident Response.

1) Primary responsibility for this function is assigned to the Police Chief/Sheriff's Office/Public Safety Director/EMC, who will prepare and maintain Annex V (Terrorist Incident Response) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Coordinate and carry out defensive anti-terrorist activities, including criminal intelligence, investigation, protection of facilities, and public awareness activities.
b) Coordinate and carry out offensive counter-terrorist operations to neutralize terrorist activities.
c) Carry out terrorism consequence operations conducted in the aftermath of a terrorist incident to save lives and protect public and private property.

d) Ensure required notification of terrorist incidents is made to state and federal authorities.

6. Support Services Responsibilities

a. Shelter and Mass Care.

1) Primary responsibility for this function is assigned to Red Cross/EMC/Convention Center Supervisor/Public Safety Director/Parks and Recreation Director, who will prepare and maintain Annex C (Shelter and Mass Care) to this plan and supporting SOPs

2) Emergency tasks to be performed include:

a) Perform emergency shelter and mass care planning.
b) Coordinate and conduct shelter and mass care operations with our other departments, relief agencies, and volunteer groups.

b. Public Information

1) Primary responsibility for this function is assigned to the Public Information officer/County Judge/Mayor, who will prepare and maintain Annex I (Emergency Public Information) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Establish a Joint Information Center (JIC)
b) Conduct on-going hazard awareness and public education programs.
c) Pursuant to the Joint Information System (JIS), compile and release information and instructions for the public during emergency situations and responds to questions relating to emergency operations
d) Provide information to the media and the public during emergency situations.
e) Arrange for media briefings.
f) Compiles print and photo documentation of emergency situations.

c. Recovery.

1) Primary responsibility for this function is assigned to the EMC/Tax Assessor/Building Official/Fire Department, who will prepare and maintain Annex J (Recovery) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Establish and train a damage assessment team using local personnel. Coordinate the efforts of that team with state and federal damage assessment personnel who may be dispatched to assist us.
b) Assess and compile information on damage to public and private property and needs of disaster victims and formulate and carry out programs to fill those needs.

c) If damages are beyond our capability to deal with, compile information for use by our elected officials in requesting state or federal disaster assistance.
d) If we are determined to be eligible for state or federal disaster assistance, coordinate with state and federal agencies to carry out authorized recovery programs.

d. Public Works & Engineering.

1) Primary responsibility for this function is assigned to the County Engineer/City Public Works Director/Building Inspector/City Engineer/Contracted Engineer, who will prepare and maintain Annex K (Public Works & Engineering) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Protect government facilities and vital equipment where possible.
b) Assess damage to streets, bridges, traffic control devices, and other public facilities.
c) Direct temporary repair of vital facilities.
d) Restore damaged roads and bridges.
e) Restore waste treatment and disposal systems.
f) Arrange for debris removal.
g) General damage assessment support.
h) Building inspection support.
i) Provide specialized equipment to support emergency operations.
j) Support traffic control and search and rescue operations.

e. Energy & Utilities.

1) Primary responsibility for this function is assigned to the Public Utilities director/City Manager/Mayor Pro-Tem/Mayor/City Administrator, who will prepare and maintain Annex L (Energy and Utilities) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Prioritize restoration of utility service to vital facilities and other facilities.
b) Arrange for the provision of emergency power sources where required.
c) Identify requirements for emergency drinking water and portable toilets to the department or agency responsible for mass care.
d) Assess damage to, repair, and restore public utilities.
e) Monitor recovery activities of privately-owned utilities.

f. Resource Management.

1) Primary responsibility for this function is assigned to the Human Resources Director/Finance/Purchasing Director/City Administrator/City Manager/Assistant Fire Chief, who will prepare and maintain Annex M (Resource Management) to this plan and supporting SOPs

2) Emergency tasks to be performed include:

a) Maintain an inventory of emergency resources.
b) During emergency operations, locates supplies, equipment, and personnel to meet specific needs.
c) Maintain a list of suppliers for supplies and equipment needed immediately in the aftermath of an emergency.
d) Establish emergency purchasing procedures and coordinate emergency procurements.
e) Establish and maintain a manpower reserve and coordinate assignment of reserve personnel to departments and agencies that require augmentation.
f) Coordinate transportation, sorting, temporary storage, and distribution of resources during emergency situations.
g) Establish staging areas for resources, if required.
h) During emergency operations, identify to the Donations Management Coordinator those goods, services, and personnel that are needed.
i) Maintain records of emergency-related expenditures for purchases and personnel.

b. Human Services.

1) Primary responsibility for this function is assigned to the McLennan County Welfare Department. Prepare and maintain Annex O (Human Services) to this plan and supporting SOPs

2) Emergency tasks to be performed include:

a) Identify emergency feeding sites.
b) Identify sources of clothing for disaster victims.
c) Secure emergency food supplies.
d) Coordinate the operation of shelter facilities, whether operated by local government, local volunteer groups, or organized disaster relief agencies such as the American Red Cross.
e) Coordinate special care requirements for disaster victims such as the aged, special needs individuals, and others.
f) Coordinate the provision of disaster mental health services to disaster victims, emergency workers, and/or others suffering trauma due to the emergency incident/disaster.

h. Hazard Mitigation.

1) The primary responsibility for this function is assigned to the Hazard Mitigation Coordinator, who will prepare and maintain Annex P (Hazard Mitigation) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Maintain the local Hazard Analysis.
b) Identify beneficial pre-disaster hazard mitigation projects and seek approval from local officials to implement such projects.

c) In the aftermath of an emergency, determine appropriate actions to mitigate the situation and coordinate implementation of those actions.
d) Coordinate and carry out post-disaster hazard mitigation program.

i. Transportation.

1) The primary responsibility for this function is assigned to the Transportation Director/School Superintendent, who will prepare and maintain Annex S (Transportation) to this plan and supporting SOPs.
2) Emergency tasks to be performed include:

a) Identifies local public and private transportation resources and coordinates their use in emergencies.
b) Coordinates deployment of transportation equipment to support emergency operations.
c) Establishes and maintains a reserve pool of drivers, maintenance personnel, parts, and tools.
d) Maintains records on use of transportation equipment and personnel for purpose of possible reimbursement.

j. Donations Management.

1) The primary responsibility for this function is assigned to the Donations Management Coordinator, who will prepare and maintain Annex T (Donations Management) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Compile resource requirements identified by the Resource Management staff.
b) Solicit donations to meet known needs.
c) Establish and implement procedures to receive, accept or turn down offers of donated goods and services, and provide instructions to donors of needed goods or services.
d) In coordination with the Resource Management staff, establish a facility to receive, sort, and distribute donated goods.

k. Legal.

1) The primary responsibility for this function is assigned to the Attorney contracted to or employed by that jurisdiction, who will prepare and maintain Annex U (Legal) to this plan and supporting SOPs.

2) Emergency tasks to be performed include:

a) Advise local officials on emergency powers of local government and procedures for invoking those measures.
b) Review and advise our officials on possible legal issues arising from disaster operations.
c) Prepare and/or recommend legislation to implement the emergency powers that may be required during and emergency.

d) Advise local officials and department heads on record-keeping requirements and other documentation necessary for the exercising of emergency powers.

l. Department and agency heads not assigned a specific function in this plan will be prepared to make their resources available for emergency duty at the direction our chief elected official.

7. Volunteer & Other Services

a. Volunteer Groups. The following are local volunteer agencies that can provide disaster relief services and traditionally have coordinated their efforts with our local government:

1) Heart of Texas Chapter, American Red Cross.

Provides shelter management, feeding at fixed facilities and through mobile units, first aid, replacement of eyeglasses and medications, provision of basic clothing, and limited financial assistance to those affected by emergency situations. The Red Cross also provides feeding for emergency workers.

2) The Salvation Army.

Provides emergency assistance to include mass and mobile feeding, temporary shelter, counseling, missing person services, medical assistance, and the warehousing and distribution of donated good including food clothing, and household items. It also provides referrals to government and private agencies for special services.

3) Southern Baptist Convention Disaster Relief.

Provides mobile feeding units staffed by volunteers. Active in providing disaster childcare, the agency has several mobile childcare units. Can also assist with clean-up activities, temporary repairs, reconstruction, counseling, and bilingual services.

4) RACES.

The Radio Amateur Civil Emergency Service provides amateur radio support for emergency operations, including communications support in the EOC.

5) Seventh Day Adventist.

Sorting packing and distribution of clothing.

b. Business Support.

The following businesses have agreed to provide support for emergency operations as indicated:

1) Darr Equipment- Generators, Heavy Equipment, etc.

2) Johnson Roofing- Pumps, Equipment, etc.
3) Diesel Power- Generators, Pumps, etc.
4) Wales Industrial- Heavy Lifting Equipment, etc.

VII. DIRECTION AND CONTROL

A. General

1. The County Judge/Mayor is responsible for establishing objectives and policies for emergency management and providing general guidance for disaster response and recovery operations, all in compliance with the NIMS. During disasters, he/she may carry out those responsibilities from the EOC.

2. The City Manager/EMC/Fire Chief/Director of Public Safety will provide overall direction of the response activities of all our departments. During major emergencies and disaster, he/she will normally carry out those responsibilities from the EOC.

3. Emergency Management Coordinator will manage the EOC.

4. The Incident Commander, assisted by a staff sufficient for the tasks to be performed, will manage the emergency response at an incident site.

5. During emergency operations, department heads retain administrative and policy control over their employees and equipment. However, personnel and equipment will carry out mission assignments directed by the incident commander. Each department and agency is responsible for having its own operating procedures to be followed during response operations, but interagency procedures, such a common communications protocol, may be adopted to facilitate coordinated effort.

6. If our own resources are insufficient or inappropriate to deal with an emergency situation, we may request assistance from other jurisdictions, organized volunteer groups, or the State. The process for requesting State or federal assistance is covered in section V.F of this plan. External agencies are expected to conform to the general guidance and directed provided by our senior decision-makers.

B. Emergency Facilities

1. Incident Command Post. Except when an emergency situation threatens, but has not yet occurred, and those situations for which there is no specific hazard impact site (such as a severe winter storm or area-wide utility outage), an incident command post or command posts will be established in the vicinity of the incident site(s). As noted previously, the incident commander will be responsible for directing the emergency response and managing the resources at the incident scene.

2. Emergency Operating Center. When major emergencies and disasters have occurred or appear imminent, we will activate our EOC, which will be determined by each jurisdiction that adheres to this plan. McLennan County and the city of Waco will be at 300 Austin Avenue, Waco, Texas.

3. The following individuals are authorized to activate the EOC:

a. County Judge or Mayor
b. EMC
c. Fire Chief
d. Police Chief
e. City Manager
f. Or designee

4. The general responsibilities of the EOC are to:

   a. Assemble accurate information on the emergency situation and current resource data to allow local officials to make informed decisions on courses of action.

   b. Working with representatives of emergency services, determine and prioritize required response actions and coordinate their implementation.

   c. Provide resource support for emergency operations.
   d. Suspend or curtail government services, recommend the closure of schools and businesses, and cancellation of public events.

   e. Organize and activate large-scale evacuation and mass care operations.

   f. Provide emergency information to the public.

5. Representatives of those departments and agencies assigned emergency functions in this plan will staff the EOC. EOC operations are addressed in Annex N (Direction and Control). The interface between the EOC and the incident command post is described in paragraph V.E above.

6. Our Alternate EOC will be determined by each jurisdiction adhering to this plan. This facility will be used if our primary EOC becomes unusable. McLennan County and the City of Waco will be at 225 W. Waco Drive (Public Health District bottom floor)

7. We have a mobile command and control vehicle, operated by the Office of Emergency Management, which may be used as an incident command post.

C. Line of Succession

1. The line of succession for the McLennan County Judge is:

   a. County Judge
   b. Judge Pro Tem
   c. Commissioner

2. The line of succession for the Mayor of the city of Bellmead is:

   a. Mayor
   b. Mayor Pro Tem
   c. Council member
   d. City Manager

3. The line of succession for the Mayor of the city of Beverly Hills is:

    a. Mayor
    b. Mayor Pro Tem
    c. councilmember

4. The line of succession for the Mayor of the city of Bruceville Eddy is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

5. The line of succession for the Mayor of the city of Crawford is:

    a. Mayor
    b. Mayor Pro Tem
    c. Alderman

6. The line of succession for the Mayor of the city of Gholson is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

7. The line of succession for the Mayor of the city of Golinda is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

8. The line of succession for the Mayor of the city of Hallsburg is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

9. The line of succession for the Mayor of the city of Hewitt is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member
    d. City Manager

10. The line of succession for the Mayor of the city of Lacy Lakeview is:

    a. Mayor
    b. Mayor Pro Tem
    c. Alderman

11. The line of succession for the Mayor of the city of Leroy is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

12. The line of succession for the Mayor of the city of Lorena is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

13. The line of succession for the Mayor of the city of Mart is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

14. The line of succession for the Mayor of the city of McGregor is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

15. The line of succession for the Mayor of the city of Moody is:

    a. Mayor
    b. Mayor Pro Tem
    c. Alderman

16. The line of succession for the Mayor of the city of Riesel is.

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

17. The line of succession for the Mayor of the city of Robinson is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

18. The line of succession for the Mayor of the city of Ross is:

    a. Mayor
    b. Mayor Pro Tem
    c. Council Member

19. The line of succession for the Mayor of the city of Waco is:

a. Mayor
b. Mayor Pro Tem
c. Council Member
d. City Manager

20. The line of succession for the Mayor of the city of West is:

a. Mayor
b. Mayor Pro Tem
c. Council Member

21. The line of succession for the Mayor of the city of Woodway is:

a. Mayor
b. Mayor Pro Tem
c. Council Member

22. The line of succession for the Emergency Management Coordinator will be determined by each jurisdiction participating in this plan. In the city of Waco it is as follows:

a. Emergency Management Coordinator
b. Assistant Emergency Management Coordinator
c. Emergency Management Reservist

23. The lines of succession for each of our department and agency heads shall be in accordance with the SOPs established by those departments and agencies.

VIII. READINESS LEVELS

A. Many emergencies follow some recognizable build-up period during which actions can be taken to achieve a gradually increasing state of readiness. We use a four-tier system. Readiness Levels will be determined by the Mayor/County Judge/City Manager or, for certain circumstances, the Emergency Management Coordinator. General actions to be taken at each readiness level are outlined in the annexes to this plan; more specific actions will be detailed in departmental or agency SOPs.

B. The following Readiness Levels will be used as a means of increasing our alert posture.

1. Level 4: Normal Conditions

a. Emergency incidents occur and local officials are notified. One or more departments or agencies respond to handle the incident; an incident command post may be established. Limited assistance may be requested from other jurisdictions pursuant to established inter-local agreements.

b. The normal operations of government are not affected.

2. Level 3: Increased Readiness

a. Increased Readiness refers to a situation that presents a greater potential threat than "Level 4", but poses no immediate threat to life and/or property. Increased readiness actions may be appropriate when the situations similar to the following occur:

1) Severe Thunderstorm Watch. A watch is issued to alert persons to the possibility of a development in a specified period of time. Persons is watch area should remain alert and be prepared to take immediate action. These actions could be generated by severe weather watch information issued by the National Weather Service

2) Tornado Watch indicates possibility of tornado development. Readiness actions may include increased situation monitoring and placing selected staff on alert.

3) Flash Flood Watch indicates flash flooding is possible due to heavy rains occurring or expected to occur. Readiness actions may include increased situation monitoring, reconnaissance of known trouble spots, deploying warning signs.

4) Wildfire Threat. During periods of extreme wildfire threat, readiness actions may include deploying additional resources to areas most at risk, arranging for standby commercial water tanker support, conducting daily aerial reconnaissance, or initiating burn bans.

5) Mass Gathering. For mass gatherings with previous history of problems, readiness actions may include reviewing security, traffic control, fire protection, and first aid planning with organizers and determining additional requirements.

b. Declaration of "Level 3" will generally require the initiation of the "Increased Readiness" activities identified in each annex to this plan.

3. Level 2: High Readiness

a. High Readiness refers to a situation with a significant potential and probability of causing loss of life and/or property. This condition will normally require some degree of warning to the public. Actions could be triggered by severe weather warning information issued by the National Weather Service such as:

1) Severe Thunderstorm Warning. A Warning is issued to alert persons a specific event is imminent, may effect their area and immediate action should be taken

2) Tornado Warning. Issued when a tornado has actually been sighted in the vicinity or indicated by radio, and may strike in the local area. Readiness actions may include activating the EOC, continuous situation monitoring, and notifying the public about the warning.

3) Flash Flood Warning. Issued to alert persons that flash flooding is imminent or occurring on certain steams or designated areas, and immediate action should be taken. Readiness actions may include notifying the public about the warning,

evacuating low-lying areas, open shelters to house evacuees, and continuous situation monitoring.

4) Winter Storm Warning. Issued when heavy snow, sleet, or freezing rain are forecast to occur separately or in a combination. Readiness actions may include preparing for possible power outages, putting road crews on stand-by to clear and/or sand the roads, and continuous situation monitoring.

5) Mass Gathering. Civil disorder with relatively large-scale localized violence is imminent. Readiness actions may include increased law enforcement presence, putting hospitals and fire departments on alert, and continuous situation monitoring.

b. Declaration of a "Level 2" will generally require the initiation of the "High Readiness" activities identified in each annex to this plan.

4. Level 1: Maximum Readiness

a. Maximum Readiness refers to situation that hazardous conditions are imminent. This condition denotes a greater sense of danger and urgency than associated with a "Level 2" event. Actions could also be generated by severe weather warning information issued by the National Weather Service combined with factors making the event more imminent.

1) Major Fire Conflagration. A Major Fire is occurring and people must be evacuated from their residents or business necessitating the opening of shelters for safety of the community.

2) Major Hazardous Material. A Major Hazardous Material release has occurred and a shelter in place order has been given or evacuation is required for individuals in the immediate area necessitating the opening of shelter

3) Tornado Warning. Tornado has been sited especially close to a populated area or moving towards a populated area. Readiness actions may include taking immediate shelter and put damage assessment teams on stand-by.

4) Flash Flood Warning. Flooding is imminent or occurring at specific locations. Readiness actions may include evacuations, rescue teams on alert, sheltering evacuees and/or others displaced by the flooding, and continuous monitoring of the situation.

5) Mass Gathering. Civil disorder is about to erupt into large-scale and widespread violence. Readiness actions may include having all EMS units on stand-by, all law enforcement present for duty, notify the DDC that assistance may be needed and keep them apprised of the situation, and continuous situation monitoring is required.

b. Declaration of "Level 1" will generally require the initiation of the "Maximum Readiness" activities identified in each annex to this plan.

IX. ADMINISTRATION AND SUPPORT

A. Agreements and Contracts

1. Should our local resources prove to be inadequate during an emergency; requests will be made for assistance from other local jurisdictions, other agencies, and industry in accordance with existing mutual-aid agreements and contracts and those agreements and contracts that may be put in place during the emergency. Such assistance may include equipment, supplies, or personnel. All agreements will be entered into by duly authorized officials and should be in writing whenever possible. All agreements and contracts should identify the local officials authorized to request assistance pursuant to those documents.

2. In an effort to facilitate assistance pursuant to mutual aid agreements, our available resources are identified and are a part of the Texas Regional Response Network (TRRN).

3. The agreements and contracts pertinent to emergency management that we are a party to are summarized in Attachment 6.

B. Reports

1. Hazardous Materials Spill Reporting. If we are responsible for a release of hazardous materials of a type or quantity that must be reported to state and federal agencies, the department or agency responsible for the spill shall make the required report. See Annex Q, Hazardous Materials and Oil Spill Response, for more information. If the party responsible for a reportable spill cannot be located, the Incident Commander shall ensure that the required report(s) are made.

2. Incident Report. This short report should be prepared and transmitted by the EOC when an on-going emergency incident appears likely to worsen and we may need assistance from other local governments or the State. See Annex N, Direction and Control for the format and instructions for this report.

3. Situation Report. A daily situation report should be prepared and distributed by the EOC during major emergencies or disasters. See Annex N, Direction and Control, for the format of and instructions for this report.

4. Other Reports. Several other reports covering specific functions are described in the annexes to this plan.

C. Records

1. Record Keeping for Emergency Operations

McLennan County or any of the cities adhering to this plan is responsible for establishing the administrative controls necessary to manage the expenditure of funds and to provide reasonable accountability and justification for expenditures made to support emergency operations. This shall be done in accordance with the established local fiscal policies and standard cost accounting procedures.

a. Activity Logs. The Incident Command Post and the EOC shall maintain accurate logs recording key response activities, including:

   1) Activation or deactivation of emergency facilities.
   2) Emergency notifications to other local governments and to state and federal agencies.
   3) Significant changes in the emergency situation.
   4) Major commitments of resources or requests for additional resources from external sources.
   5) Issuance of protective action recommendations to the public.
   6) Evacuations.
   7) Casualties.
   8) Containment or termination of the incident.

b. Incident Costs. All department and agencies shall maintain records summarizing the use of personnel, equipment, and supplies during the response to day-to-day incidents to obtain a estimate of annual emergency response costs that can be used in preparing future department or agency budgets.

c. Emergency or Disaster Costs. For major emergencies or disasters, all departments and agencies participating in the emergency response shall maintain detailed records of costs for emergency operations to include:

   1) Personnel costs, especially overtime costs
   2) Equipment operations costs
   3) Costs for leased or rented equipment
   4) Costs for contract services to support emergency operations
   5) Costs of specialized supplies expended for emergency operations

   These records may be used to recover costs from the responsible party or insurers or as a basis for requesting financial assistance for certain allowable response and recovery costs from the state and/or federal government.

2. Preservation of Records

   a. In order to continue normal government operations following an emergency situation disaster, vital records must be protected. These include legal documents as well as property and tax records. The principal causes of damage to records are fire and water; therefore, essential records should be protected accordingly. Each agency responsible for preparation of annexes to this plan will include protection of vital records in its SOPs.
   b. If records are damaged during an emergency situation, we will seek professional assistance to preserve and restore them.

D. Training

It will be the responsibility of each agency director to ensure that agency personnel, in accordance with the NIMS, possess the level of training, experience, credentialing, currency, physical and medical fitness, or capability for any positions they are tasked to fill.

E. Consumer Protection

Consumer complaints regarding alleged unfair or illegal business practices often occur in the aftermath of a disaster. Such complaints will be referred to the Attorney within that respective jurisdiction, who will pass such complaints to the Consumer Protection Division of the Office of the Attorney General.

F. Post-Incident and Exercise Review

The EMC is responsible for organizing and conducting a critique following the conclusion of a significant emergency event/incident or exercise. The After Action Report (AAR) will entail both written and verbal input from all appropriate participants. Where deficiencies are identified, an individual, department, or agency will be assigned responsibility for correcting the deficiency and a due date shall be established for that action.

X. PLAN DEVELOPMENT AND MAINTENANCE

A. Plan Development

The highest elected official in each jurisdiction is responsible for approving and promulgating this plan.

B. Distribution of Planning Documents

1. The EMC shall determine the distribution of this plan and its annexes. In general, copies of plans and annexes should be distributed to those individuals, departments, agencies, and organizations tasked in this document. Copies should also be set aside for the EOC and other emergency facilities.

2. The basic plan should include a distribution list (See Attachment 1 to this plan) that indicates who receives copies of the basic plan and the various annexes to it. In general, individuals who receive annexes to the basic plan should also receive a copy of this plan, because the basic plan describes our emergency management organization and basic operational concepts.

C. Review

Local officials shall review the Basic Plan and its annexes annually. The EMC will establish a schedule for annual review of planning documents by those tasked in them.

D. Update

1. This plan will be updated based upon deficiencies identified during actual emergency situations and exercises and when changes in threat hazards, resources and capabilities, or government structure occur.
2. The Basic Plan and its annexes must be revised or updated by a formal change at least **every five years**. Responsibility for revising or updating the Basic Plan is assigned to Emergency Management Coordinator. Responsibility for revising or updating the annexes to this plan is outlined in Section VI.B, Assignment of Responsibilities, as well as in each annex. For details on the methods of updating planning documents as well as more information on when changes should be made, refer to Chapter 3 of the Division of Emergency Management (TDEM) *Local Emergency Management Planning Guide* (TDEM-10).

3. Revised or updated planning documents will be provided to all departments, agencies, and individuals tasked in those documents.

4. §418.043(4) of the Government Code provides that TDEM shall review local emergency management plans. The process for submitting new or updated planning documents to TDEM is described in Chapter 6 of the DEM-10. The EMC is responsible for submitting copies of planning documents to our TDEM Regional Liaison Officer for review.

ATTACHMENTS:
1. Distribution List
2. References
3. Organization for Emergencies
4. Functional Responsibility Matrix
5. Annex Assignments
6. Summary of Agreements & Contracts
7. National Incident Management System

ATTACHMENT 1
DISTRIBUTION LIST

Jurisdiction/Agency Plan	Basic Plan	Annexes
EOC Reference Library	2	All
McLennan County Judge	1	All
Each County Commissioner	1	All
County Sheriff	1	All
City of Bellmead Mayor	1	All
City of Beverly Hills Mayor	1	All
City of Bruceville Eddy Mayor	1	All
City of Crawford Mayor	1	All
City of Gholson Mayor	1	All
City of Golinda Mayor	1	All
City of Hallsburg Mayor	1	All
City of Hewitt Mayor	1	All
City of Lacy Lakeview Mayor	1	All
City of Leroy Mayor	1	All
City of Lorena Mayor	1	All
City of Mart Mayor	1	All
City of McGregor Mayor	1	All
City of Moody Mayor	1	All
City of Riesel Mayor	1	All
City of Robinson Mayor	1	All
City of Ross Mayor	1	All
City of Waco Mayor	1	All
City of West Mayor	1	All
City of Woodway Mayor	1	All
Each City Manager	1	All
Each EMC Adhering to this Plan	1	All
Each City Secretary	1	All
Asst to the Judge	1	All
County Clerk	1	All
County Auditor	1	All
Each City Police Chief	1	All
Each Constable	1	All
Fire Chief	1	All
McLennan County Welfare Office	1	All
Waco/McLennan County Health District	1	All
Each City Finance Director	1	All
City Public Works Director/Utilities	1	All
County Engineer	1	All
Each City Engineer	1	All
Each Cities Human Resources Director	1	All
County/City Attorney	1	All
Justices of the Peace	1	All

ATTACHMENT 1
DISTRIBUTION LIST (CONTINUED)

Radiological Officer	1	All
Hillcrest Hospital	1	All
Providence Hospital	1	All
V.A. Hospital	1	All
ISD Transportation Directors	1	All
Each Independent School District	1	All
American Red Cross	1	All
The Salvation Army	1	All
DEM Regional Liaison Officer	1	All
Any other department per request	1	All

ATTACHMENT 2
REFERENCES

1. Texas Department of Public Safety, Division of Emergency Management, *Local Emergency Management Planning Guide*, DEM-10

2. Texas Department of Public Safety, Division of Emergency Management, *Disaster Recovery Manual*

3. Texas Department of Public Safety, Division of Emergency Management, *Mitigation Handbook*

4. FEMA, Independent Study Course, IS-288: *The Role of Voluntary Organizations in Emergency Management*

5. FEMA, *State and Local Guide (SLG) 101: Guide for All-Hazard Emergency Operations Planning*

6. U. S. Department of Homeland Security, *National Response Framework*

7. 79th Texas Legislature, *House Bill 3111*

ATTACHMENT 3
ORGANIZATION FOR EMERGENCY MANAGEMENT

See attached flow charts for respective jurisdictions

ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

MCLENNAN COUNTY

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
County Judge	S	S	S	S	S	S	S	S	P	S	S	S	S	P	S	S	S	S	S	S	S	S
Asst. to Judge										S			S							S		
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	P	S	P							S	S		S	P	P		S		S
Public Works																						
Utilities																						
Health & Medical Services			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources													P							S		
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
County Attorney's (contract)					S								S			S				S	P	S
Salvation Army			S					S		S			S		S							
Red Cross			P					S		S			S		P							
County Commissioner			S				S		S	S	S	P	S	S		S				S		S
County Engineer										S	P	S	S			P						
Donations Mgmt. Coor.													S							P		

P – INDICATES PRIMARY RESPONSIBILITY
S – INDICATES SUPPORT RESPONSIBILITY
C – INDICATES COORDINATION RESPONSIBILITY

ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF BELLMEAD

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S	S	S
City Manager	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S	S	S	S	S	S	S	S
EMC	S	C	C	P	S	C	C	C	C	C	C	C	S	C	C	P	C	C	C	S	C	C
Law Enforcement	S	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	P	S	S	S	S	P							S	S		S	P	P		S		S
Public Works										S	P	P										
Utilities										S	S	S										
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		S	S				S		S
Community Services																						
Human Resources													S							S		
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								P		S		S		P			S
City Attorney's					S											S				S	P	S
Radiological Officer																						
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					P							
City Engineer										S	S	S										
Donations Mngt. Coor.																				P		
Building Official										P			S							S		
School Superintendent			S																	S		

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF BEVERLY HILLS

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	S	S	S	P	S	S	S	S	S	S	S	S
City Manager	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Council Member			S																P			
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	P		S		P
Fire Service	S	S	S	S	S	P							P	S		S	P	S		S		S
Street Superintendent											S											
Mayor Pro Tem												S										
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		S	S				S		S
Community Services																						
Human Resources													S							S		
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD																						
City Attorney's					S											S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S					S							
Red Cross			P					S		S					P							
City Engineer										S	P	P				P						
Donations Mngt. Coor.																				P		
School Superintendent																						

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF BRUCEVILLE EDDY

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	S	P	P	P	S	S	S	S	S	S	S	S
City Manager	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
City Secretary										P												
Assistant City Manager																						
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	P	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works																						
Utilities											P											
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources																				S		
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer																						
Salvation Army			S																			
Red Cross			P																			
County Engineer										S	S	S				S						
Donations Mngt. Coor.																				P		
School Superintendent			S																			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF CRAWFORD

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	P	P	S	P	S	S	S	S	S	S	S	S
City Manager										S			P							S		
Alderman												S										
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P				S	S		S	S		S	P	P		S		S
Public Works																						
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		S	S				S		S
Community Services																						
Human Resources													S							S		
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					P					S		
County Engineer										S	S	S				P						
Donations Mngt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF GHOLSON

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	P	S	P	P	P	S	S	S	S	S	S	S	S
Council Member										P												
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works																						
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		S	S				S		S
Community Services																						
Human Resources																						
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					P							
County Commissioner									S	S	S		S	S		S				S		S
County Engineer										S	P					P						
Donations Mngt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF GOLINDA

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	P	S	S	S	S	S	P	S	S	P	P	P	S	S	S	S	S	S	S	S
City Secretary										P												
EMC	S	C	C	P	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	S		S		S
Public Works																						
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources																						
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S										S		S
Red Cross			P					S		S										S		
County Commissioner																S						S
County Engineer										S	P					P						
Donations Mngt. Coor.																				P		
School Superintendent																			S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF HALLSBURG

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	P	P	P	P	P	S	S	S	S	S	S	S	S
City Manager																						
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	P	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works																						
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources																						
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S						S				S		S
Red Cross			P					S		S						S				S		
County Commissioner							S		S	S	S	S	S	S		S				S		S
County Engineer										S	S	S				S						
Donations Mngt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF HEWITT

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S	S	S
City Manager										S			P							S		
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works																						
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		S	S				S		S
Chamber of Commerce Dir.									P													
Building Official										P												
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
County Attorney's (contract)					S								S			S				S	P	S
Community Service Dir.											S	S										
Radiological Officer				P																		
Salvation Army			S					S		S					S							
Red Cross			P					S		S					P					S		
County Commissioner																				S		
City Engineer										S	P	P				P						
Donations Mngt. Coor.																				P		
Shelter Director			S																			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF LACY LAKEVIEW

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S	S	S
City Manager									P	S			S							S		
EMC	P	C	C	P	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	S	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works											P	P	S									
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources													P							S		
Tax Assessor/Finance Dir.										P			S			S				P		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Hazard Mitigation Team																P						
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					S					S		
City Secretary										P												
City Engineer										S	S	S										
Donations Mngt. Coor.																				P		
School Superintendent			S																	S		

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF LEROY

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	P	S	P	P	P	S	S	S	S	S	S	S	S
City Manager										S			S									
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works																						
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Church Annex			P																			
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S				S								
Red Cross			P					S		S				S						S		
County Commissioner																						
County Engineer										S	P					P						
Donations Mngt. Coor.																				P		
School Superintendent																			S			

P – INDICATES PRIMARY RESPONSIBILITY
S – INDICATES SUPPORT RESPONSIBILITY
C – INDICATES COORDINATION RESPONSIBILITY

ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF LORENA

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	S	P	S	S	P	P	S	S	S	S	S	S	S	S
City Manager									P													
EMC	S	P	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	C	S	S	S	P							S	S		S	P	P		S		S
Public Works																						
Utilities											P	P										
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources																						
Tax Assessor/Finance Dir.									S	S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S										S		
Red Cross			P					S		S										S		
City Secretary										S		P										
City Engineer										S	P	S				P						
Donations Mgmt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF MART

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	S	S	S	P	S	S	S	S	S	S	S	S
City Administrator											S	S	S							S		
Council Member			P																S			
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works											P	P										
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
City Secretary										P												
Human Resources													P							S		
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S			S					S				S		
Red Cross			P					S			S					S				P		
County Commissioner																						
County Engineer										S	P	P				P						
Donations Mgmt. Coor.																				S		

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF MCGREGOR

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	S	S	S	P	S	S	S	S	S	S	S	S
City Administrator										S	P	P	P							S		
City Comptroller										P												
EMC	S	C	C	P	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	P		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	S		S		S
Public Works																						
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources													S							S		
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S																			
Red Cross			P																			
County Commissioner																						
Building Inspector										S	P	S				P						
Donations Mgmt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF MOODY

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	S	S	S	P	S	S	S	S	S	S	S	S
City Administrator										S		P	P							S		
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service/Fire Marshal	S	S	S	S	S	P					P		S	S		S	P	P		S		S
Public Works											P	P										
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources													S							S		
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					S					S		
County Commissioner																						
City Engineer										S	P	P				P						
Donations Mngt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF RIESEL

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	S	P	P	P	S	S	S	S	S	S	S	S
City Manager										S			S							S		
City Secretary										P			S									
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works											P	P										
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources													S							S		
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S				S								S					S		
Red Cross			P				S								S					S		
County Commissioner																						
County Engineer										S	S	S				P						
Donations Mngt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF ROBINSON

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	P	S	S	P	S	S	S	S	S	S	S	S
City Administrator													P									
City Secretary										P			S							S		
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works /Sanitation											P	P										
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources													S							S		
Tax Assessor/Finance Dir.										S			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Building Inspector											S											
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					S					S		
Radiological Officer				P																		
County Engineer										S	S	S				P						
Donations Mngt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF ROSS

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	S	P	P	P	S	S	S	S	S	S	S	S
Alderman										P			S							S		
EMC	S	C	C	P	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	S	S	P							S	S		S	P	P		S		S
Public Works																						
Utilities																						
Public Health District			S	S	S			P			P		S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources													P							S		
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer																						
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					S					S		
County Commissioner			S				S		S	S	S	S	S	S		S				S		S
County Engineer										S	S	S				P						
Donations Mngt. Coor.																				P		
School Superintendent			S																S			

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF WACO

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S	S	S
Public Information Office									P	S			S									
EMC	P	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Law Enforcement	S	S	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service	S	S	S	P	S	P				S			S	S		S	P	P		S		S
Public Works										S	P	P	S									
Utilities										S	P	P	S									
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Radio Shop		P								S			S									
Human Resources													P							S		
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD/City			S		S					S			S		S		S		P			S
City Attorney's					S					S			S			S				S	P	S
Salvation Army			S					S		S			S		S							
Red Cross			P					S		S			S		S							
City Engineer										S	P		S									
Building Official										P			S									
Donations Mngt. Coor.										S			S							P		
Hazard Mitigation Team													S			P						

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF WEST

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	P	S	S	S	S	P	S	S	S	S	S	S	S	S
City Administrator												P										
City Secretary										P			P									
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	P	C	C	C	S	C	C
Law Enforcement	P	P	S	S	P	S	P			S			S	S	S		S	S		S		P
Fire Service/Fire Marshal	S	S	S	S	S	P					S		S	S		S	P	P		S		S
Public Works											P	P										
Utilities																						
Public Health District			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources																						
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney's					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					S					S		
County Commissioner																						
County Engineer										S	S	S				S						
Donations Mngt. Coor.																				P		
School Superintendent			S																	S		

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ATTACHMENT 4
EMERGENCY MANAGEMENT FUNCTIONAL RESPONSIBILITIES

CITY OF WOODWAY

	Warning	Communications	Shelter & Mass Care	Radiological Protection	Evacuation	Firefighting	Law Enforcement	Health & Medical	Public Information	Recovery	Public Works & Engineering	Energy & Utilities	Resource Management	Direction & Control	Human Services	Hazard Mitigation	Hazmat & Oil Spill Response	Search & Rescue	Transportation	Donations Management	Legal	Terrorist Incident Response
City Mayor	S	S	S	S	S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S	S	S
City Council			P						P										S			
EMC	S	C	C	S	S	C	C	C	S	C	C	C	S	C	C	S	C	C	C	S	C	C
Public Safety Department	P	P	S	P	P	P	P			S			S	S	S		P	P		S		P
Fire Service																						
Public Works											P	P										
Utilities																						
Health & Medical Services			S	S	S			P					S	S	S		S	S	S	S		S
County Welfare Dept			S		S								S		P	S				S		S
Community Services																						
Human Resources													P							S		
Tax Assessor/Finance Dir.										P			S			S				S		
Transportation/ISD			S		S								S		S		S		P			S
City Attorney					S								S			S				S	P	S
Radiological Officer				P																		
Salvation Army			S					S		S					S					S		
Red Cross			P					S		S					S					S		
County Commissioner																						
City Engineer										S	S	S				P						
Donations Mgmt. Coor.																				P		

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ATTACHMENT 5
ANNEX ASSIGNMENTS

FOR ALL JURISDICTIONS ADHERING TO THIS PLAN

ANNEX	ASSIGNED TO:
Annex A: Warning	Police Chief/County Sheriff/Public Safety Dir
Annex B: Communications	Police Chief/County Sheriff/Public Safety Dir
Annex C: Shelter & Mass Care	Red Cross/Salvation Army/School super/ Elected official/EMC
Annex D: Radiological Protection	Fire Chief/Fire Dept./Emergency Mana./Rad Officer/Public Safety Dir
Annex E: Evacuation	Police Chief/county Sheriff/Public Safety DIr
Annex F: Fire Fighting	Fire Chief/ Fire Official/Public Safety Dir
Annex G: Law Enforcement	Police Chief/County Sheriff/Public Safety Dir
Annex H: Health and Medical Services	Public Health District
Annex I: Public Information	City Secretary/County Judge/Elected official
Annex J: Recovery	Finance Director/Tax Assessor/City Secretary
Annex K: Public Works & Engineering	Public Works Director/County Eng/EMC/City Eng
Annex L: Energy & Utilities	Public Utilities Director/County Eng/City Eng./County Commissioner/Elected official
Annex M: Resource Management	City Secretary/Elected officials/ Fire Dept./ Personnel / Human Resource/City Manager
Annex N: Direction & Control	EMC
Annex O: Human Services	EMC/County Welfare Department
Annex P: Hazard Mitigation	Public Works Director/EMC/City or County Eng
Annex Q: Hazardous Materials & Oil Spill Response	Local Fire Department/Public Safety Department
Annex R: Search & Rescue	Local Fire Department/Public Safety Department
Annex S: Transportation	City/ ISD Transportation Director/School Super
Annex T: Donations Management	Donations Management Coordinator
Annex U: Legal	City/County Attorney
Annex V: Terrorist Incident Response	Police Chief/County Sheriff/Public Safety Dept.

ATTACHMENT 6
SUMMARY OF AGREEMENTS & CONTRACTS

Agreements

SUMMARY:

MCLENNAN COUNTY

DESCRIPTION: MUTUAL AID AGREEMENT BETWEEN ALL CITIES THAT ADHERE TO THIS PLAN AND THE COUNTY.
SUMMARY OF PROVISIONS: THE GOVERNING OFFICIALS OF THE PARTIES DESIRE TO SECURE FOR EACH PARTY THE BENEFITS OF MUTUAL AID AND PROTECTION OF LIFE AND PROPERTY IN THE EVENT OF A DISASTER AND/OR CIVIL EMERGENCY.
OFFICIAL(S) AUTHORIZED TO IMPLEMENT: JUDGE/ MAYOR/EMC.
COSTS: NO OPERATING COST REIMBURSEMENT. EACH PARTY IS RESPONSIBLE FOR THEIR OWN EQUIPMENT AND PERSONNEL.
COPIES HELD BY: EMC, EACH CITY PARTICIPATING, COUNTY CLERK, CITY SECRETARY.

DESCRIPTION: SERVICE FOR FIRE PROTECTION BETWEEN THE COUNTY AND 24 VOLUNTEER DEPARTMENTS IN THE COUNTY
SUMMARY OF PROVISION: THE COUNTY PROVIDES FINICAL COMPENSATION FOR PROVIDING FIRE SERVICES WITHIN THE UNINCORPORATED AREAS OF THE COUNTY
COPIES HELD BY: EACH DEPARTMENT AND COUNTY CLERK AS WELL AS THE COUNTY FIRE ASSOCIATION.

CITY OF WACO

DESCRIPTION: INTERLOCAL AGREEMENT BETWEEN CITY OF WACO, BELLMEAD, AND LACY LAKEVIEW FOR OUTDOOR SIREN WARNING SYSTEM.
SUMMARY OF PROVISIONS: THE CITY OF WACO WILL ACTIVATE THE SIREN WHEN REQUESTED AND MONITOR THE SYSTEM ON A DAILY BASIS.
OFFICIAL(S) AUTHORIZED TO IMPLEMENT: MAYOR/EMC.
COSTS: NO OPERATING COST REIMBURSEMENT. EACH PARTY IS RESPONSIBLE FOR THEIR OWN EQUIPMENT AND PERSONNEL.
COPIES HELD BY: EMC, EACH CITY PARTICIPATING, CITY SECRETARY.

DESCRIPTION: MUTUAL AID AGREEMENT BETWEEN CITY OF WACO BELLMEAD, LACY LAKEVIEW, HEWITT, ROBISON, WOODWAY, BEVERLY HILLS, BELLMEAD FOR FIRE AND RESCUE SERVICES.
SUMMARY OF PROVISIONS: EVERY CITY INVOLVED IN THIS AGREEMENT IS RESPONSIBLE FOR THEIR OWN EQUIPMENT PERSONNEL AND ALL EXPENSES RELATED TO THE SERVICE.
OFFICIAL(S) AUTHORIZED TO IMPLEMENT: FIRE CHIEF/MAYOR.
COSTS: NO OPERATING COST REIMBURSEMENT. EACH PARTY IS RESPONSIBLE FOR THEIR OWN EQUIPMENT AND PERSONNEL.
COPIES HELD BY: EMC, EACH CITY PARTICIPATING, AND CITY SECRETARY.

Contracts

CITY OF WACO CONTRACT SUMMARY:

DESCRIPTION: CONTRACT BETWEEN CITY AND ETMC FOR AMBULANCE SERVICE
SUMMARY OF PROVISIONS: PROVIDE EMS SERVICE FOR THE CITY
COSTS: NONE
COPIES HELD BY: CITY SECRETARY AND ATTORNEY

CITY OF BELLMEAD CONTRACT SUMMARY:

DESCRIPTION: CONTRACT BETWEEN CITY AND ETMC FOR AMBULANCE SERVICE
SUMMARY OF PROVISIONS: PROVIDE EMS SERVICE FOR THE CITY
COSTS: NONE
COPIES HELD BY: CITY SECRETARY AND ATTORNEY

CITY OF LACY LAKEVIEW CONTRACT SUMMARY:

DESCRIPTION: CONTRACT BETWEEN CITY AND ETMC FOR AMBULANCE SERVICE
SUMMARY OF PROVISIONS: PROVIDE EMS SERVICE FOR THE CITY
COSTS: NONE
COPIES HELD BY: CITY SECRETARY AND ATTORNEY

CITY OF WOODWAY CONTRACT SUMMARY:

DESCRIPTION: CONTRACT BETWEEN CITY AND ETMC FOR AMBULANCE SERVICE
SUMMARY OF PROVISIONS: PROVIDE EMS SERVICE FOR THE CITY
COSTS: NONE
COPIES HELD BY: CITY SECRETARY AND ATTORNEY

CITY OF HEWITT CONTRACT SUMMARY:

DESCRIPTION: CONTRACT BETWEEN CITY AND ETMC FOR AMBULANCE SERVICE
SUMMARY OF PROVISIONS: PROVIDE EMS SERVICE FOR THE CITY
COSTS: NONE
COPIES HELD BY: CITY SECRETARY AND ATTORNEY

CITY OF ROBINSON CONTRACT SUMMARY:

DESCRIPTION: CONTRACT BETWEEN CITY AND ETMC FOR AMBULANCE SERVICE
SUMMARY OF PROVISIONS: PROVIDE EMS SERVICE FOR THE CITY
COSTS: NONE
COPIES HELD BY: CITY SECRETARY AND ATTORNEY

CITY OF BEVERLY HILLS CONTRACT SUMMARY:

DESCRIPTION: CONTRACT BETWEEN CITY AND ETMC FOR AMBULANCE SERVICE
SUMMARY OF PROVISIONS: PROVIDE EMS SERVICE FOR THE CITY
COSTS: NONE
COPIES HELD BY: CITY SECRETARY AND ATTORNEY

ATTACHMENT 7
NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) SUMMARY

A. BACKGROUND

1. NIMS is a comprehensive, national approach to incident management that is applicable to all jurisdictional levels and across functional disciplines. This system is suitable across a wide range of incidents and hazard scenarios, regardless of size or complexity. It provides a flexible framework for all phases of incident management, as well as requirements for processes, procedures, and systems designed to improve interoperability.

2. NIMS is a multifaceted system that provides a national framework for preparing for, preventing, responding to, and recovering from domestic incidents.

B. COMPONENTS

1. Command and Management. The incident management structures employed by NIMS can be used to manage emergency incidents or non-emergency events such as celebrations. The system works equally well for small incidents and large-scale emergency situations. The system has built-in flexibility to grow or shrink depending on current needs. It is a standardized system, so personnel from a variety of agencies and geographic locations can be rapidly incorporated into a common management structure.

   a. Incident Management System. A system that can be used to manage emergency incidents or non-emergency events such as celebrations.

      1) FEATURES OF ICS

         ICS has a number of features that work together to make it a real management system. Among the primary attributes of ICS are:

         a) Common Terminology. ICS requires the use of common terminology, such as the use of standard titles for facilities and positions within an organization, to ensure efficient and clear communications.

         b) Organizational Resources. All resources including personnel, facilities, major equipment, and supply items used to support incident management activities must be "typed" with respect to capability. This typing will minimize confusion and enhance interoperability.

         c) Manageable Span of Control. Span of control should ideally vary from three to seven. Anything less or more requires expansion or consolidation of the organization.

         d) Organizational Facilities. Common terminology is used to define incident facilities, the activities conducted at these facilities, and the organizational positions that can be found working there.

e) Use of Position Titles. All ICS positions have distinct titles.

f) Reliance on an Incident Action Plan. The incident action plan, which may be verbal or written, is intended to provide supervisory personnel a common understanding of the situation and direction for future action. The plan includes a statement of objectives, organizational description, assignments, and support material such as maps. Written plans are desirable when two or more jurisdictions are involved, when state and/or federal agencies are assisting local response personnel, or there has been significant turnover in the incident staff.

g) Integrated Communications. Integrated communications includes interfacing disparate communications as effectively as possible, planning for the use of all available systems and frequencies, and requiring the use of clear text in communications.

h) Accountability. ICS is based on an orderly chain of command, check-in for all responders, and only one supervisor for each responder.

2) UNIFIED COMMAND

a) Unified Command is a variant of ICS used when there is more than one agency or jurisdiction with responsibility for the incident or when personnel and equipment from a number of different agencies or jurisdictions are responding to it. This might occur when the incident site crosses jurisdictional boundaries or when an emergency situation involves matters for which state and/or federal agencies have regulatory responsibility or legal requirements.

b) ICS Unified Command is intended to integrate the efforts of multiple agencies and jurisdictions. The major change from a normal ICS structure is at the top. In a Unified command, senior representatives of each agency or jurisdiction responding to the incident collectively agree on objectives, priorities, and an overall strategy or strategies to accomplish objectives; approve a coordinated Incident Action Plan; and designate an Operations Section Chief. The Operations Section Chief is responsible for managing available resources to achieve objectives. Agency and jurisdictional resources remain under the administrative control of their agencies or jurisdictions, but respond to mission assignments and direction provided by the Operations Section Chief based on the requirements of the Incident Action Plan.

3) AREA COMMAND

a) An Area Command is intended for situations where there are multiple incidents that are each being managed by an ICS organization or to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command becomes Unified Area Command when incidents are multijurisdictional.

b) The organization of an Area Command is different from a Unified Command in that there is no operations section, since all operations are conducted on-scene, at the separate ICPs.

b. Multiagency Coordination Systems. Multiagency coordination systems may be required for incidents that require higher level resource management or information management. The components of multiagency coordination systems include facilities, equipment, EOCs, specific multiagency coordination entities, personnel, procedures, and communications; all of which are integrated into a common framework for coordinating and supporting incident management.

c. Public Information. The NIMS system fully integrates the ICS Joint Information System (JIS) and the Joint Information Center (JIC). The JIC is a physical location where public information staff involved in incident management activities can collocate to perform critical emergency information, crisis communications, and public affairs functions. More information on JICs can be obtained in the DHS *National Incident Management System* Plan, dated March 2004.

2. Preparedness. Preparedness activities include planning, training, and exercises as well as certification of response personnel, and equipment acquisition and certification. Activities would also include the creation of mutual aid agreements and Emergency Management Assistance Compacts. Any public information activities such as publication management would also be preparedness activities.

3. Resource Management. All resources, such as equipment and personnel, must be identified and typed. Systems for describing, inventorying, requesting, and tracking resources must also be established.

4. Communications and Information Management. Adherence to NIMS specified standards by all agencies ensures interoperability and compatibility in communications and information management.

5. Supporting Technologies. This would include any technologies that enhance the capabilities essential to implementing the NIMS. For instance, voice and data communication systems, resource tracking systems, or data display systems.

6. Ongoing Management and Maintenance. The NIMS Integration Center provides strategic direction and oversight in support of routine review and continual refinement of both the system and its components over the long term.

FILED: FEB 1 6 2016
J.R. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcedez Gowan DEPUTY

Recording of Authorization of Program Project Agreement: Time Manufacturing Company and O'Flaherty Finance Corporation approved by Order on December 15, 2015 and recorded on Page 8 of these minutes.

RECEIVED

FEB 03 2016

McLENNAN CO.
JUDGE

ACCEPTED BY COMMISSIONERS COURT FOR RECORDING
THIS 16 DAY OF FEB 20 16

COUNTY JUDGE

PROGRAM PROJECT AGREEMENT BETWEEN WMCEDC, TIME MANUFACTURING COMPANY AND O'FLAHERTY FINANCE CORPORATION

THIS **PROGRAM PROJECT AGREEMENT** (hereinafter "Agreement") is entered into by and between the **WACO McLENNAN COUNTY ECONOMIC DEVELOPMENT CORPORATION**, a Texas non-profit corporation (hereinafter "WMCEDC"); and, **TIME MANUFACTURING COMPANY** and **O'FLAHERTY FINANCE CORPORATION** (collectively referred to herein as "TIME") and on the date set forth below by the signature of the last party to execute this Agreement.

RECITALS:

WHEREAS, WMCEDC is the administrator of the economic development program established by the City of Waco, Texas (hereinafter "City") and McLennan County, Texas (hereinafter "County") (collectively referred to herein as the "funding entities") to provide incentives to new or expanding businesses in the City of Waco and McLennan County, Texas;

WHEREAS, in consideration of incentives to be awarded to TIME by WMCEDC and the funding entities, TIME will expand its operations in McLennan County, Texas and will create and retain jobs in McLennan County, Texas;

WHEREAS, on August 24, 2015, the WMCEDC Board of Directors approved a Program Project Agreement between WMCEDC and TIME;

WHEREAS, TIME, WMCEDC and the funding entities desire to enter into this Program Project Agreement.

NOW, THEREFORE, for the promises and considerations set forth herein, the parties to this PROGRAM PROJECT AGREEMENT agree as follows:

I.
WMCEDC COMMITMENTS TO SUPPORT PROJECT

1.1 **WMCEDC Support**: WMCEDC agrees to provide Two Hundred Thousand Dollars ($200,000.00) (the "Incentive Funds") to TIME to pay for or reimburse a portion of TIME'S costs of expanding its operations at 1200 Texas Central Parkway, Waco, McLennan County, Texas 76712, being more fully described as Lot 16B (to be later redesignated as Lot 32), Block 1, Texas Central Addition to the City of Waco, being 15.920 acres (the "Facility"), and as more specifically described in Exhibit "A". The Incentive Funds will be disbursed on a pro rata basis to TIME as set forth in Paragraph 1.2, below.

1.2 **Pro rata disbursement of Incentive Funds**: The amount of disbursement for each draw request will be on a pro-rata basis according to the creation of one hundred twenty one (121) new full-time WMCEDC Eligible jobs, including the retention of the presently existing

four hundred ten (410) full-time WMCEDC Eligible jobs by TIME; and, being after TIME has completed the construction and/or installation of all real property improvements at the Facility called for by this Agreement; and, being after TIME has completed the installation of all personal property improvements called for by this Agreement at the Facility. For example, if TIME certifies in a draw request that it has completed the real property improvements at the Facility called for by this Agreement; and, has completed the installation of the personal property improvements at the Facility called for by this Agreement; and, has created and filled sixty one (61) new full-time positions (not including positions previously certified in a prior draw request) that are WMCEDC Eligible jobs, WMCEDC will disburse 61/121 of the Incentive Funds to TIME, which is approximately $100,826.44. TIME may submit draw requests at any time throughout the Agreement term or may wait until all Agreement commitments have been completed to submit a single draw request for all Incentive Funds that are eligible to be disbursed.

1.3 **Payment**: Payment will be made within forty-five (45) days of receipt of each draw request from TIME for such disbursement, subject to reasonable verification of compliance with the above requirements by the WMCEDC Administrator.

II.
TIME COMMITMENTS

2.1 **TIME Application:** A true and correct copy of the Application for Economic Development Incentives or Assistance submitted by TIME to WMCEDC is attached hereto as Exhibit "B" and incorporated herein by reference as if fully copied and set forth at length. Exhibit "B" contains representations by TIME that are relied upon by WMCWDC in entering into this Agreement. TIME agrees that it will provide the following economic development to the Waco, McLennan County area at the Facility and comply with all requirements of this Agreement in exchange for payment of the Incentive Funds.

2.2 **Real Property Improvements**: TIME will complete no less than Five Million Fifty Four Thousand One Hundred Sixty Two Dollars ($5,054,162.00) in real property improvements in site and building renovations and improvements at the Facility, as determined by the McLennan County Appraisal District (MCAD) by May 31, 2016, provided that such determination by MCAD shall be based on invoices and payment receipts submitted by TIME and verified by the McLennan County Appraisal District.

2.3 **Personal Property Improvements:** TIME will invest no less than Seven Hundred Ninety Eight Thousand Eight Hundred Dollars ($798,800.00) by January 1, 2017, to purchase and install personal property equipment at the Facility, as determined by the McLennan County Appraisal District, provided that such determination by MCAD shall be based on invoices and payment receipts submitted by TIME and verified by the McLennan County Appraisal District.

2.4 **Job Creation and Retention:** TIME will create, fill and retain one hundred twenty one (121) new full-time jobs that are "WMCEDC Eligible" jobs by December 31, 2018. A "WMCEDC Eligible" job provides a minimum wage of no less than twelve dollars ($12.00) per hour and health insurance and benefits comparable to those provided by the City of Waco or

McLennan County to their own employees. WMCEDC and TIME acknowledge that as of July 31, 2015, TIME employs four hundred ten (410) full-time employees with WMCEDC Eligible jobs in Waco, McLennan County. **TIME agrees that it will create and fill one hundred twenty one (121) new full-time jobs that are "WMCEDC Eligible" jobs by December 31, 2018, and will retain these one hundred twenty one (121) jobs in addition to retaining the currently existing four hundred ten (410) full-time "WMCEDC Eligible" jobs, resulting in at least five hundred thirty one (531) full-time jobs in Waco, McLennan County through December 31, 2020, being a two (2) year job retention period after reaching full employment level.**

2.5 **Employee Compensation, Benefits, & Residency:** TIME must pay the employees in the newly-created full-time positions an average wage (or, for salaried or commission-based employees, a salary or commission which, as applicable, would be equivalent to an hourly wage) of at least $26,297.00 per year with the minimum wage being no less than $12.00 per hour for all one hundred twenty one (121) new employees. TIME will also provide, at employer expense, health insurance and benefits at a level submitted to and approved by WMCEDC, provided however, that such health insurance and benefits may be changed so long as they do not fall below a level comparable to those provided by the City of Waco and McLennan County at the time of the execution of this Agreement. TIME must provide employee coverage or employee/family coverage that is comparable to the City's and County's employee coverage or a percentage of the premium for both the employee and employee's dependents that is equivalent. **At least 80 percent (or 97 jobs) of the total one hundred twenty one (121) new full-time jobs must be filled by residents of McLennan County and at least 40 percent (or 49 jobs) of the total one hundred twenty one (121) new full-time jobs must be filled by residents of the City of Waco.**

III.
TIME COMPLIANCE REQUIREMENTS

3.1 **Annual Certification of Employment:** On or before the 15th day of December of each year of this Agreement, TIME shall provide WMCEDC with an Annual Certification including an employee roster through September 30th of the year in which the Annual Certification is submitted to WMCEDC, showing the name and/or unique identification number, address including zip code, position, date of hire, and wage of each employee throughout the term of the Agreement. At each time that TIME submits to WMCEDC the yearly employee roster, TIME shall also submit to WMCEDC a certification, in the form reasonably required by WMCEDC, that TIME meets its obligations under this Agreement, including the employment requirements. After providing prior reasonable notice to TIME, WMCEDC shall have the right during regular business hours to conduct a personnel audit of TIME'S records to verify the number of employees hired and their address, position, wage and employee benefits. WMCEDC agrees that it will hold and process all TIME employee data it receives or views pursuant to this Agreement confidentially and in accordance with all applicable United States laws and regulations, including all applicable privacy laws. If TIME fails to provide the above-requested information, it shall be subject to the penalties described herein. If TIME elects to submit a single draw request for all of the Incentive Funds after all Agreement commitments have been

completed, TIME must still submit Annual Certificates of Employment throughout the contract term. In the event that a delay in construction of real property improvements at the Facility; or, a delay the installation of personal property at the Facility; or, if any Annual Certification from TIME is submitted to WMCEDC at such time as to cause the beginning date of TIME'S eligibility for payment of Incentive Funds by WMCEDC to be delayed for a period of twelve (12) months past the dates set out in this Agreement, all dates in this Agreement will be deemed to change to a later date that will provide for the job retention period to last for a period of at least two (2) full years after TIME reaches the full employment level required by this Agreement.

3.2 **Compliance with Job Creation and Job Retention:** If TIME provides a satisfactory Annual Employment Certifications that demonstrates that it has satisfied the Job Creation and Job Retention requirements as set forth in this Agreement, then TIME will be deemed to have met its obligations for such preceding year and no reductions or repayments will be due for such preceding year.

3.3 **Partial Compliance with Job Creation:** If TIME fails to create and fill one hundred twenty one (121) new WMCEDC Eligible employment positions by December 31, 2018, but creates and fills at least one hundred three (103) new WMCEDC Eligible employment positions (85% of job creation target) with the required salary and benefits as set forth in this Agreement by December 31, 2018, then TIME will be able to keep the portion of incentive funds previously received or to which is was entitled. However, TIME will not be eligible to receive any additional Incentive Funds for positions created and filled after December 31, 2018. Even with partial compliance with job creation, TIME shall still be obligated to retain the jobs created before the December 31, 2018 deadline.

3.4 **Partial Compliance with Job Retention:** For any year of the Job Retention Phase, upon reaching the highest employment level achieved during the Job Creation Stage or five hundred thirty one (531) jobs, whichever is lesser, except as provided in Paragraph 3.5, if TIME decreases its level of employment from either the highest employment level achieved during the Job Creation Stage or five hundred thirty one (531) jobs, whichever is lesser, but continues operating with at least five hundred thirteen (513) employees that have the required salary and benefits set forth in this Agreement (410 presently existing employees, plus 85% of 121 new employees), TIME shall be responsible and obligated to repay to WMCEDC a pro-rata portion of the Incentive Funds received from WMCEDC. The pro-rata portion to be repaid shall be the total amount of the Incentive Funds received multiplied by the percentage of noncompliance with the job creation target (121 new jobs) and divided by the number of years required for job retention (or approximately $826.45 per job per year, based on TIME achieving job creation requirements by 12/31/2018, unless this Agreement is extended). For example, if TIME creates all one hundred twenty one (121) new jobs, achieving a total employment level of 531 employees, but during year 2 of the Job Retention Phase the total employment falls to 521 employees, TIME will repay $8,264.46 of the Incentive Funds or [($200,000.00) X (121-111/121/2)] for year 2 noncompliance with job retention. A lesser pro rata portion may be considered, relative to the amount of time that compliance was achieved. If TIME elects to submit a single draw request at the end of the Agreement term for all eligible Incentive Funds,

then for any years that employment is not maintained at the level required by this Agreement, the compliance calculations shall be enforced on a deduction basis since no payments will have been paid.

3.5 **Temporary Failure to meet Job Retention:** For any year of the Job Retention Phase, upon reaching the highest level achieved during the Job Creation Stage, or five hundred thirty one (531) total jobs, whichever is the lesser, in the event the number of TIME'S employees falls below the target employment total, but remains at least five hundred thirteen (513) total jobs due to normal attrition, that event will not be used as a basis for terminating this Agreement or requiring repayment of a pro-rata portion of the Incentive Funds unless TIME does not reasonably attempt to fill the vacant positions through its normal hiring processes. TIME will provide documentation reasonably required by WMCEDC to verify TIME'S reasonable attempt to fill those vacant positions.

3.6 **Noncompliance with Job Retention:** For any year of the Job Retention Phase, upon reaching the highest level achieved during the Job Creation Stage, or five hundred thirty one (531) total jobs, whichever is the lesser, if TIME provides an Annual Certification that demonstrates that its level of employment has fallen below five hundred thirteen (513) employees that have the required salary and benefits set forth in this Agreement (410 presently existing employees, plus 85% of 121 new employees), then WMCEDC may require TIME to repay all or a portion of the Incentive Funds paid to TIME. TIME shall make a repayment of Incentive Funds upon sixty (60) days written demand by WMCEDC.

3.7 **Noncompliance with Job Creation:** If TIME fails to create, fill and retain at least one hundred three (103) new jobs with the required salary and benefits set forth in this Agreement by December 31, 2018, then it shall be obligated to repay to WMCEDC all the Incentive Funds received from WMCEDC. TIME shall make a repayment of Incentive Funds upon sixty (60) days written demand by WMCEDC.

3.8 **APPRAISAL DISPUTES:** TIME shall have the right to protest and/or contest any assessment of the real and/or personal property improvements by the McLennan County Appraisal District. If during the term of this Agreement after the completion of the Real Property Improvements, an appraisal dispute results in the reduction of the appraised value of the Real Property Improvements the subject of this Agreement below $5,054,162.00; or, results in the reduction of the appraised value of the Personal Property Improvements the subject of this Agreement below $798,800.00, less depreciation based on a 7 year straight line depreciation schedule, then TIME shall be required to repay to WMCEDC Incentive Funds amounts awarded under this Agreement as forth below in Paragraph 3.8a. and Paragraph 3.8b. and TIME will not be entitled to receive any further WMCEDC Incentive Funds under this Agreement.

3.8a. **Real Property:** TIME agrees that after completion of the planned real property improvements the subject of this Agreement, TIME will report the fair market value of the Real Property Improvements the subject of this Agreement to the McLennan County Appraisal District at a valuation of not less than $5,054,162.00. TIME further agrees that TIME will not request that the McLennan County Appraisal District assess a fair market valuation of the Real Property Improvements the subject of this Agreement after the

completion of the planned real property improvements in an amount less than $5,054,162.00. If during the term of this Agreement, an appraisal dispute results in the reduction of the appraised value of the Real Property Improvements the subject of this Agreement to an amount below $5,054,162.00 after the completion of the planned real property improvements, as set forth in this Agreement and attached Exhibits, then the total amount of the WMCEDC Incentive Funds shall be proportionally reduced. For example, if TIME or a third party initiates an appraisal dispute that results in an appraisal value for the Real Property Improvements the subject of this Agreement of $4,548,745.80 (90% of the estimated real property fair market value after completion of the planned real property improvements the subject of this Agreement as represented by TIME), then TIME will only be eligible for 90% of the WMCEDC Incentive Funds provided for in this Agreement. In that event, then within sixty (60) days notice from CITY, TIME shall repay the portion of the WMCEDC Incentive Funds for which it is no longer eligible. This provision will remain in effect even if the appraisal dispute of the property is initiated by a subsequent third party purchaser.

3.8b. **Personal Property:** TIME agrees that after completion of the planned personal property improvements the subject of this Agreement, TIME will report the fair market value of the Personal Property Improvements the subject of this Agreement to the McLennan County Appraisal District at a valuation of not less than $798,800.00. TIME further agrees that TIME will not request that the McLennan County Appraisal District assess a fair market valuation of the personal property the subject of this Agreement after installation in an amount less than $798,800.00, less depreciation based on a 7 year straight line depreciation schedule. If during the term of this Agreement, and after the installation of all personal property as set forth in this Agreement and attached Exhibits, an appraisal dispute results in the reduction of the appraised value of the personal property the subject of this Agreement to an amount below $798,800.00, less depreciation based on a 7 year straight line depreciation schedule, then the total amount of the WMCEDC Incentive Funds shall be proportionally reduced. For example, if TIME or a third party initiates an appraisal dispute that results in a personal property appraisal value of $718,920.00 (90% of the estimated personal property fair market value after installation of the personal property as represented by TIME), less depreciation based on a 7 year straight line depreciation schedule, then TIME will only be eligible for 90% of the WMCEDC Incentive Funds provided for in this Agreement. In that event, then within sixty (60) days notice from CITY, TIME shall repay the portion of the WMCEDC Incentive Funds for which it is no longer eligible. This provision will remain in effect even if the appraisal dispute of the property is initiated by a subsequent third party purchaser.

3.10 **PENALTY PROVISIONS:** If, following a thirty (30) day cure period, TIME fails to certify its compliance and/or fails to comply with any of the terms of this Agreement, WMCEDC may cancel and/or modify this Agreement following WMCEDC'S written notice to TIME of its failure to submit such certification and TIME'S subsequent failure to submit such certification within thirty (30) days of receipt of such notice. In the event that WMCEDC terminates this Agreement pursuant to this Section, TIME shall make a repayment of all of the Incentive Funds actually received upon sixty (60) days written demand by WMCEDC.

IV.

KNOWING EMPLOYMENT OF UNDOCUMTNED WORKERS

TIME acknowledges that effective September 1, 2007, WMCEDC is required to comply with Chapter 2264 of the Texas Government Code, enacted by House Bill 1196 (80th Texas Legislature), which relates to restrictions on the use of certain public subsidies. ***TIME hereby certifies that TIME, and any branches, division, or departments of TIME, does not and will not knowingly employ an undocumented worker, as that term is defined by Section 2264.001(4) of the Texas Government Code. In the event that TIME, or any branch division, or department of TIME, is convicted of a violation under § U.S.C. Section 1324a(f) (relating to federal criminal penalties and injunctions for a pattern or practice of employing unauthorized aliens) and such violation occurs during the Term of this Agreement:***

- ***If such conviction occurs during the Term of this Agreement, this Agreement shall terminate contemporaneously upon such conviction (subject to any appellate rights that may lawfully be available to and exercised by TIME and TIME shall repay, within one hundred twenty (120) calendar days following receipt of written demand from WMCEDC, the aggregate amount of the Incentive Funds received by TIME hereunder, if any, plus Simple Interest at a rate of five percent (5%) per annum based on the amount of Abatement received in each pervious year as of December 31 of the tax year for which the Incentive Funds were received: or***
- ***If such conviction occurs after expiration or termination of this Agreement, subject to any appellate rights that may lawfully be available to and exercised by TIME, TIME shall repay, within one hundred twenty (120) calendar days following receipt of written demand from WMCEDC, the aggregate amount of Incentive Funds received by Company hereunder, if any, plus Simple Interest at a rate of five percent (5%) per annum based on the amount of Incentive Funds received in each previous year as of December 31 of the tax year for which the Incentive Funds were received.***

For the purpose of this Section, "**Simple Interest**" is defined as a rate of interest applied only to an original value, in this case the aggregate amount of Incentive Funds. This rate of interest can be applied each year, but will only apply to the aggregate amount of Incentive Funds and is not applied to interest calculated. For example, if the aggregate amount of Incentive Funds is $10,000 and it is required to be paid back with five percent (5%) interest five years later, the total amount would be $10,000.00 + [5 x ($10,000.00 x 0.05], which is $12,500.00. This Section does not apply to convictions of any subsidiary or affiliate entity of Company, by any franchises of Company, or by a person or entity with whom Company contracts. Notwithstanding anything to the contrary herein, this Section shall survive the expiration or termination of this Agreement.

V.
MISCELLANEOUS

5.1 **REMEDIES:** The Funding Entities, and their respective assigns, shall have all remedies provided by law or in equity to recover the Incentive Funds, and shall be entitled to recover all reasonable and necessary attorney's fees and costs incurred in connection therewith.

5.2 **VENUE:** Texas law shall govern interpretation of this Agreement and all disputes hereunder. This Agreement is to be performed in McLennan County, Texas, and venue of any dispute between the parties shall be fixed in McLennan County, Texas.

5.3 **SIGNATURE AUTHORITY:** The persons executing this Agreement are authorized to sign this Agreement on behalf of the party for which they sign, and have the express power to bind the parties for which they sign.

5.4 **NOTICE:** Notices or correspondence under this Agreement to either party from the other party may be personally delivered or sent by First Class Mail, or other reliable courier.

Notice to **WMCEDC** shall be sent to:

WMCEDC Administrator
c/o Greater Waco Chamber of Commerce
P. O. Box 1220
Waco, Texas 76703

Notice to **TIME MANUFACTURING COMPANY** shall be sent to:

Time Manufacturing Company
ATTN: Charles L. Wiley
President
P.O. Box 20368
Waco, Texas 76702-0368

Notice to **O'FLAHERTY FINANCE CORPORATION** shall be sent to:

O'Flaherty Finance Corporation
ATTN: Charles L. Wiley
Vice-President
P.O. Box 20368
Waco, Texas 76702-0368

5.5 **WAIVER:** No waiver by either party of any provision of this Agreement shall be effective unless in writing and such waiver shall not be construed as or implied to be a subsequent waiver of that provision or any other provision.

5.6 **ASSIGNMENT:** WMCEDC may, subject to prior written notice to TIME, assign its rights and responsibilities under this Agreement to one or more of its funding entities. The funding entity that is assigned the rights and responsibilities under this Agreement must assume all obligations hereunder. TIME may not assign this Agreement without the prior written approval of WMCEDC and its funding entities, which approval shall not unreasonably be withheld or conditioned.

5.7 **AGREEMENT AND BINDING AUTHORITY:** This Agreement supersedes and constitutes a merger of all prior oral and/or written agreements and understandings of the parties on the subject matter of this Agreement and is binding on the parties and their legal representatives, receivers, executors, successors, agents and assigns.

5.8 **AMENDMENTS:** This agreement can be supplemented and/or amended only by a dated, written document executed by both parties.

5.9 **ARTICLE AND SECTION HEADINGS:** The Article and Section headings contained herein are for convenience and reference and are not intended to define or limit the scope of any provision of this agreement.

5.10 **PARTIAL INVALIDITY:** If any term, provision, covenant, or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

5.11 **SEVERABILITY:** If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby, and all other parts of this Agreement shall nevertheless be in full force and effect.

(signature blocks continue on the next two pages)

EXECUTED this 15th day of December, 2015.

TIME MANUFACTURING COMPANY

By: Charles H Wiley
Charles H. Wiley
President

ATTEST:

_____

O'FLAHERTY FINANCE CORPORATION

By: Charles H Wiley
Charles H. Wiley
Vice-President

ATTEST:

_____

EXECUTED this 26 day of January, 20~~15~~16

WACO MCLENNAN COUNTY
ECONOMIC DEVELOPMENT CORPORATION

By: Scott M. Felton
Scott M. Felton, President

ATTEST:

By: William L Chapman

APPROVED:

By: Scott M. Felton 12/15/15
Honorable Scott M. Felton
County Judge, McLennan County

By: _____
Dale A. Fisseler, P.E.
City Manager, City of Waco

ATTEST:

By: _____
Esmeralda Hudson
City Secretary, City of Waco

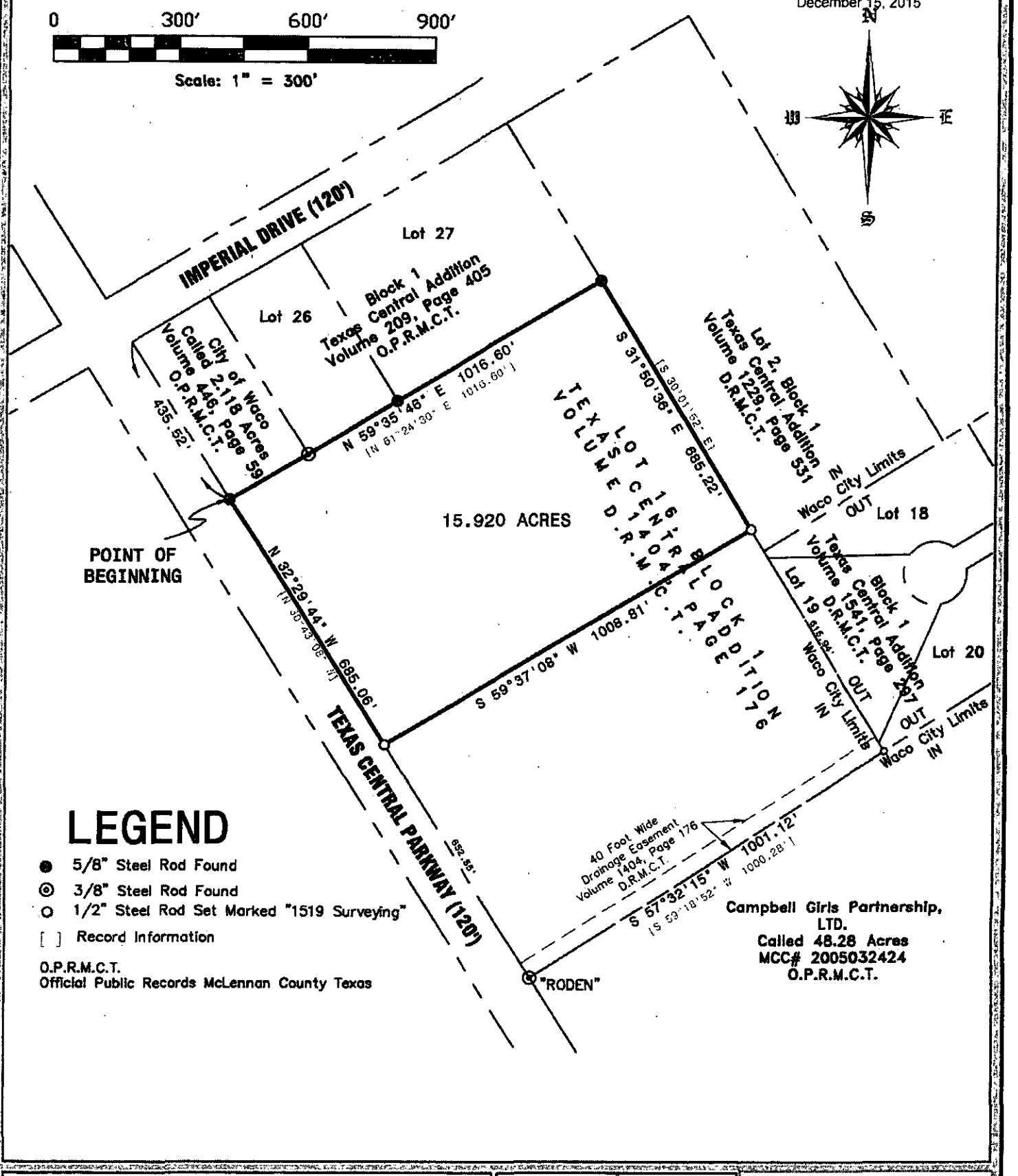
APPROVED AS TO FORM & LEGALITY:

By: _____
Jennifer Richie
City Attorney, City of Waco

Exhibit "A"
Plat and Survey

Lot 16B (to be later redesignated as Lot 32), Block 1
Texas Central Addition to the City of Waco
Being 15.920 acres

Res. 2015-765
December 15, 2015



LEGEND

- ● 5/8" Steel Rod Found
- ⊙ 3/8" Steel Rod Found
- ○ 1/2" Steel Rod Set Marked "1519 Surveying"
- [ ] Record Information

O.P.R.M.C.T.
Official Public Records McLennan County Texas

1519 Surveying, LLC 5054 Franklin Ave., Suite A Waco, TX 76710 Ph: 254-776-1519 TBPLS Firm# 10193968	1519 Job: 8452 / Drawn By: hat Sheet 1 of 2 Property Address: 1200 Texas Central Parkway Waco, Texas	1519 www.1519surveying.com www.1519gis.com

DESCRIPTION

STATE OF TEXAS
COUNTY OF MCLENNAN

BEING all that tract of land in the City of Waco, McLennan County, Texas, and being part of Lot 16, Block 1 of the Texas Central Addition to the City of Waco, McLennan County, Texas, as per plat recorded in Volume 1404, Page 176 of the Deed Records of McLennan County, Texas, and being further described as follows:

BEGINNING at a 5/8 inch steel rod found in the Northeast line of Texas Central Parkway, at the West corner of said Lot 16, at the South corner of that called 2.118 acres of land described in a deed to the City of Waco, recorded in Volume 446, Page 59 of the Official Public Records of McLennan County, Texas;

THENCE North 59 degrees 35 minutes 46 seconds East, 1016.60 feet to a 5/8 inch steel rod found in at the North corner of said Lot 16, at the East corner of Lot 27, Block 1 of the Texas Central Addition to the City of Waco, McLennan County, Texas, as per plat recorded in, recorded in Volume 209, Page 405 of the Official Public Records of McLennan County, Texas, in the Southwest line of Lot 2, Block 1 of the Texas Central Addition to the City of Waco, McLennan County, Texas, as per plat recorded in Volume 1229, Page 531 of the Deed Records of McLennan County, Texas;

THENCE South 31 degrees 50 minutes 36 seconds East, 685.22 feet to a 1/2 inch steel rod set marked "1519 Surveying" in the East line of said Lot 16, in the Southwest line of said Lot 2;

THENCE South 59 degrees 37 minutes 08 seconds West, 1008.81 feet 1/2 inch steel rod set marked "1519 Surveying" in the Northeast line of Texas Central Parkway, in the West line of said Lot 16;

THENCE North 32 degrees 29 minutes 44 seconds West, 685.06 feet to the Point of Beginning, containing 15.920 acres of land.

Bearings based upon Grid North, State Plane Coordinate System, NAD83, Texas Central Zone, 4203.

SURVEYOR'S CERTIFICATION

The plat shown hereon was prepared from an on-the-ground survey performed under my supervision on September 28, 2015; all monuments are as shown hereon.

For 1519 Surveying, LLC

Harold Alexander Taylor
Registered Professional Land Surveyor
Texas Registration No. 6176
Date: December 2, 2015

STATE OF TEXAS
REGISTERED
HAROLD ALEXANDER TAYLOR
6176
PROFESSIONAL
LAND SURVEYOR

Exhibit "B"

Application for Economic Development Incentives or Assistance

Waco McLennan County
Economic Development Corporation

Application for Economic Development Incentives or Assistance

Chairman
Scott Felton, County Judge, McLennan County

Members
Dale Fisseler, City Manager, City of Waco
William Clifton Jr., Representative, Waco Industrial Foundation

Administered by
Greater Waco Chamber of Commerce
101 S. 3rd Street, Waco TX 76701
Post Office Box 1220, Waco TX 76703-1220
254 757-5600 voice • 254 757-5639 fax
Contact: Matt Meadors, President

Application for Economic Development Incentives or Assistance

Business[1] Time Manufacturing Company

Street Address[2] 1200 Texas Central Parkway

City Waco State: TX Zip: 76712

First Name Mike

Middle Initial A.

Last Name Yates

Title Materials Manager

Business Time Manufacturing Company

Street Address 7601 Imperial Drive

Mailing Address P.O. Box 20368

City Waco State TX Zip 76702 - 0368

Phone Number 254-399-2100

Fax Number 254-399-2655

Email Address myates@timemfg.com

Business Structure[3]: Private Corporation

Home Office Location Waco, TX

[1] The WMCEDC will not appropriate funds to a Program Project to assist a Business/Employer unless the Business/Employer is authorized to do business in the State of Texas; is current and in good standing on all state, local and federal taxes, assessments and/or fees; is an Equal Employment Opportunity Employer with policies in place and practiced which prohibit discrimination in employment based on race, sex, age, national origin, creed, religion, or disability (unless based on bona fide occupational reason or a reason exempted or approved by the Americans With Disabilities Act.

[2] Location of proposed project in McLennan County

[3] e.g. Publicly traded Corporation, Limited Liability Corporation, Partnership

Application for Economic Development Incentives or Assistance

---

Project Characteristics—check as many as apply

☒ Currently a Texas Company

☐ Not Currently a Texas Company

☐ New Jobs

☐ Retained Jobs

☒ Both New and Retained

☒ Expansion of Waco McLennan County Location

☐ Consolidation of Waco McLennan County Location

☐ Relocation from Out-of-State

☐ Relocation from within Texas

☐ New Business/Start-Up

☒ Exporter

☐ Non-Exporter

Property and Location

Are locations besides Waco McLennan County being considered? ☐ Yes ☒ No

If yes, please list: _____

What are your plans for your facility?

☐ Lease Agreement

☐ Lease/Purchase Option

☒ Purchase Agreement

WMCEDC History

Have you previously received funding from the Waco-McLennan County Economic Development Corporation?

☐ Yes ☒ No

Application for Economic Development Incentives or Assistance

If yes, please list:

Contract date: ____ Term of contract: _____ Length of claw back provision: _____

Total Waco-McLennan County Economic Development Corporation reimbursement offered: $_____

Reimbursement requested to date: $_____ Reimbursement paid to date: $_____

Total number of new full-time jobs committed: _____ Actual new full-time jobs created to date: _____

Total number of retained jobs committed: _____ Actual retained jobs to date: _____

Total capital investment committed: _____ Actual capital invested to date: _____

Please provide an explanation of any outstanding commitment. Attach separate sheet if necessary.

Project Narrative

Please provide a narrative of the proposed project and its anticipated positive effect on the Waco McLennan County economy. Attach separate sheet if necessary.

Time Manufacturing is considering an expansion of its manufacturing facilities to support the growth of an existing product line. The expansion would include an additional 50,000 square feet total of new construction to be added to the existing site on Texas Central Parkway. The expansion would allow for growth of the largest vehicles (75'-150' cranes) within the fleet and free up space within the Imperial Drive facility for added efficiencies and expansion.

The added space would allow daily production to grow from 18 units to 24, provide added paint and service capacity, as well as, a refurbishment facility for its rental fleet.

Within the past 10 years, Time Manufacturing has grown from a $50 million company to nearly $200 million dollar company. Founded in 1965, Time Manufacturing has been headquartered in Waco since 1968.

Projected Dates and Milestones

Begin Construction August 2015

Construction Complete June 2016

Begin Hiring New Employees August 2015

Application for Economic Development Incentives or Assistance

Operations Begin	Sept. 2015
Fully Operational	June 2016

Projected Capital Investment

Land	$0.00
Buildings	$5,054,162.00
Labor on Construction	$
Machinery & Equipment	$798,800.00
Other	$
Total	$5,852,962.00

Current Employment

Jobs Currently in Waco/McLennan County: 410 Year: 2015

Existing Jobs in Waco/ McLennan County

Job Title	*Pay Range (hourly)*	*Number at this Grade*
Assembly/Install	$10.50 to $14.39	102
Machinists	$11.00 to $20.50	42
Welders	$11.10 to $21.15	34
Painters/Prep	$10.25 to $12.65	39
Fiberglass	$10.65 to $17.15	13
Maint./Janitorial	$12.20 to $29.15	6
Supervisors	$18.00 to $45.17	7
Warehouse / Shipping / Receiving	$10.25 to $23.00	42
QA	$12.25 to $28.36	11
Accounting	$14.42 to $35.40	7
Human Resources	$11.50 to $33.65	5
VSW Mgt.	$12.50 to $30.28	14
Purchasing/Information Systems	$10.25 to $39.95	14
Executives	$51.49 to $100.00	6
Technical Support	$12.00 to $22.50	23
Sales and Service	$15.61 to $51.50	45

Application for Economic Development Incentives or Assistance

Projected Employment

Business will create, fill, and maintain _____ new full-time jobs in the City of Waco, McLennan County as follows:

New Jobs to be Created in Year 1	66	Year: 2015 _____
New Jobs to be Created in Year 2	25	Year: 2016 _____
New Jobs to be Created in Year 3	20	Year: 2017 _____
New Jobs to be Created in Year 4	10	Year: 2018 _____
Total New Jobs to be Created in Waco/McLennan County	121	

Specific New Full-Time Jobs to be Created

Job Title	*Pay Range (hourly)*	*Number at this Grade*
Assembly / Install	$12.50 to $18.50	75
Welding	$14.00 to $19.00	30
Service	$14.00 to $22.50	16
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____
	$____ to $____	____

[4] To be considered for economic development incentives or assistance by the WMCEDC, the Business/Employer must create and/or retain, in McLennan County, Texas, full-time jobs in a number determined sufficient by the WMCEDC Board of Directors, the City and the County in consideration of the value of the incentives to be provided, paying the equivalent of at least $12.00 per hour, with at least 80% of the total of such jobs created or retained being filled by residents of McLennan County with at least one half of those jobs being filled by County residents being residents of the City of Waco. The jobs created or retained must be maintained and remain filled (subject to temporary vacancy caused by employment action by the employer or employee) for a period of at least 3 years.

Application for Economic Development Incentives or Assistance

Employee Compensation

It is the policy of the City of Waco and McLennan County to offer employment-based incentives only permanent, **full-time** positions paying $12.00 or more per hour. WMCEDC may provide additional incentives for higher paying positions. Therefore, please complete the following section in sufficient detail as to indicate the number and compensation of all new **full-time** employment included in this application.

New Full Time Jobs to be Created

Please note that the following wage schedule will be a contract obligation in any WMCEDC offer.

Rate of Pay	*Number of Positions*	*Annual Payroll at this Rate*
$12.00 to $12.99 per hour	10	$26,000
$13.00 to $13.99 per hour	20	$28,080
$14.00 to $14.99 per hour	45	$30,160
$15.00 to $15.99 per hour	20	$32,240
$16.00 to $16.99 per hour	10	$34,320
$35,000 to $39,999 per year	10	$33,500
$40,000 to $49,999 per year	6	$45,000
$50,000 to $59,999 per year	1	$55,000
$60,000 to $69,999 per year	____	$____
$70,000 to $79,999 per year	____	$____
$80,000 to $89,999 per year	____	$____
$90,000 to $99,999 per year	____	$____
$100,000+ per year	____	$____

Total Annual Payroll $3,182,000

(Excluding incentive/performance pay)

Incentive/Performance Pay

☐ Incentive or performance payment is NOT offered as a component of total compensation.

X Incentive or performance payment IS offered as a component of total compensation and detailed below:

Incentive/Performance compensation is calculated and paid:

☐ Weekly X Monthly ☐ Quarterly

☐ Bi-weekly ☐ Annually X Other: 6 Month

Please describe the incentive/performance pay program including the percentage of employees anticipated to qualify and the hourly impact on total compensation. Attach a separate sheet if necessary.

Any employee employed over 90 days is in the bonus program. Currently over 80% of all employees are bonus eligible. Monthly bonuses are based on units produced. Profit sharing is paid out twice per year.

Application for Economic Development Incentives or Assistance

Insurance and Benefits[5]

The City of Waco and McLennan County pay the full premium for health insurance for all full-time employees. An employee may elect to purchase additional coverage for other family members at the employee's expense.

In submitting this application, Business affirms that the health insurance benefits offered to all employees included in the Projected Employment section above will receive health insurance benefits equal to or greater than those provided to employees of the City of Waco and McLennan County.

Individual Coverage, Health Insurance

Monthly Premium Paid by Employer[6]	$635.91
Monthly Premium Paid by Employee	$108.33

Family Coverage, Health Insurance

Monthly Premium Paid by Employer[6]	$1418.22
Monthly Premium Paid by Employee	$216.67

Family Coverage Premium includes Employee and Family Coverage

Name of InsuranceProvider	***Name of Plan***
Providence Admin. Services	Providence/Cigna PPO

Project Request

Amount Requested from WMCEDC: $200,000

What is the proposed use of the funds?

Funds will be used to offset construction costs associated with facility expansion at the Texas Central Park location. Funds will also be used to offset training costs for new and incumbent employees.

[5] For any expenditure by the WMCEDC for a Program Project, the Business/Employer must create and/or retain, in McLennan County, Texas, full-time jobs, in a number determined sufficient by the WMCEDC Board of Directors, the City and the County in consideration of the value of the incentives to be provided, and providing health insurance and benefits comparable to those provided by the City or County to their own employees.

[6] If company is self insured, please indicate the value of the employer's share

Application for Economic Development Incentives or Assistance

If and when funding is approved by the City Council of the City of Waco and the McLennan County Commissioners Court, a ***Program Project Agreement*** will be entered into by and between the ***business*** receiving the funds and the Waco McLennan County Economic Development Corporation on the date set forth by the signature of the last party to execute the agreement. The agreement will include the purpose and amount of incentive funds to be provided and the promises and considerations to be met.

In exchange for the payment of the Incentive Funds, the business will certify that the terms of the Agreement have been met. Where incentives are based on employment and/or capital investment, and if the ***business*** fails to maintain the new jobs called for in the agreement, or if the capital investment falls short of that specified in the agreement, the business shall be responsible and obligated to repay to WMCEDC part or all of the Incentive Funds received.

WMCEDC will require the business to provide an annual employee roster showing the name, address, position, date of hire and wage of each employee for at least three years after the last payment.

As the Primary Contact for the Business requesting economic development incentives, I understand that any offer from the Waco McLennan County Economic Development Corporation is based on availability of funds and the economic impact to Waco and McLennan County of the proposed project.

To be best of my knowledge and belief, the information contained in this Waco-McLennan County Economic Development Corporation application for assistance is true and correct, as evidenced by my signature below:

Signature: [illegible]

Name: [illegible]

Date: 7-22-2015

☒ Attached for WMCEDC review are financial statements for the past 3 years.

X I have read the attached guidelines and confirm that, to the best of my knowledge and belief, the Business/Employer can meet or exceed the program standards.

Application for Economic Development Incentives or Assistance

WACO-MCLENNAN COUNTY ECONOMIC DEVELOPMENT CORPORATION PROGRAM GUIDELINES

WHEREAS, the Waco-McLennan County Economic Development Corporation, a Texas non-profit corporation, is a corporate entity having as its sole purpose the public purpose of state and local economic development, the diversification of the economy of the State of Texas, and the development or expansion of transportation or commerce in the State, and the elimination of unemployment and under-employment in the State of Texas, and more specifically in the city of Waco and McLennan County, Texas.

The Program consists of the cooperative use of funds budgeted by the City and County for economic development in the form of Program Projects administered by the WMCEDC which result in the development and diversification of the Waco-McLennan County economy, the elimination of unemployment or under-employment in the Waco-McLennan County area, the development or expansion of transportation or commerce in the State, and the expansion of the local economy, pursuant to agreed standards and guidelines set forth in this Agreement.

Program Projects are individual uses of the fund or a portion thereof to provide incentives or assistance to Businesses/Employers which result in the public purpose of economic development, diversification, expansion and employment being served.

Program Standards

The WMCEDC may not appropriate funds to a Program Project to assist a Business/Employer unless the Business/Employer meets or exceeds the following standards:

1 is authorized to do business in the State of Texas;

2 is current and in good standing on all state, local and federal taxes, assessments and/or fees;

3 is an Equal Employment Opportunity Employer with policies in place and practiced which prohibit discrimination in employment based on race, sex, age, national origin, creed, religion, or disability (unless based on bona fide occupational reason or a reason exempted or approved by the Americans With Disabilities Act and the regulations promulgated hereunder);

4 agrees by written contract to meet performance criteria established by the WMCEDC in accordance with these Program Standards (hereinafter "Project Performance Standards") as to the establishment, expansion, or improvement of business operations in McLennan County, Texas and/or the employment of residents of the City and/or County;

5 for any expenditure by the WMCEDC for a Program Project, the Business/Employer must create and/or retain, in McLennan County, Texas, full-time jobs, in a number determined sufficient by the WMCEDC Board of Directors, the City and the County in consideration of the value of the incentives to be provided, paying the equivalent of at least $12.00 per hour, with allowed variance for entry level positions as long as the average wage for all jobs created, excluding management and supervisory positions, is at least $12.00 per hour, and providing health insurance and benefits comparable to those provided by the City or County to their own employees, with at least 80% of the total of such jobs created or retained being filled by residents of McLennan County with at least one half of those jobs being filled by County residents being residents of the City of Waco. The jobs created or retained must be maintained and remain filled (subject to temporary vacancy caused by employment action by the employer or employee) for a period of at least 3 years;

Notwithstanding anything contained herein to the contrary, where the benefit to be provided by the business in capital improvements and job creation, and the quality of the positions created and/or the possibility of future expansion are such that the standards applicable to that program project should be tailored specifically to accommodate that development, WMCEDC, with approval of the City and the County, may negotiate standards that vary from those set forth above, but only to the extent that such variance is authorized and approved by the City and the County. Any standards arrived at for a project must assure that the public purpose of economic development and diversification, job creation and/or job retention are met and assure that the public entities providing the funding and the public receive adequate consideration in the form of such community benefits.

6 (f) In addition to the factors set forth in (e) above, other positive effects on the local economy of the proposed Program Project may be taken into consideration by the WMCEDC in determining whether to pursue funding of a Program Project. These include:

a) the impact of the Program Project on economically disadvantaged individuals. An Economically Disadvantaged Individual is an individual who:

(1) was unemployed for at least three months before obtaining employment with the qualified business;

(2) receives public assistance benefits, including welfare payments or food stamps, based on need and intended to alleviate poverty;

(3) is an Economically Disadvantaged Individual, as defined by Section 4(8), Job Training Partnership Act (29 U.S.C. Section 1503(8));

(4) is an individual with handicaps, as defined by 29 U.S.C. Section 706(8);

(5) is an inmate, as defined by Section 498.001 of the Government Code;

(6) is entering the workplace after being confined in a facility operated by the institutional division of the Texas Department of Criminal Justice or under contract with the Texas Department of Criminal Justice;

(7) has been released by the Texas Youth Commission and is on parole, if state law provides for such a person to be on parole; or

(8) meets the current low income or moderate income limits developed under Section 8, United States Housing Act of 1937 (42 U.S.C. Section 14376, et seq.).

b) the need for the product/service provided by the Business/Employer in the local area;

c) the estimated multiplier effect on the local economy of the Program Project either due to the level of wages paid or the injection of outside funds into the local economy (i.e. tourism, capital expenditures, purchasing

Application for Economic Development Incentives or Assistance

of materials from local businesses, etc.); and

d) the creation of part-time positions, and/or

e) capital expenditures which have a material and direct positive impact upon the local economy by providing the following benefits:

i) increases in the local tax base;

ii) creation of ancillary jobs and/or jobs for Economically Disadvantaged Individuals;

iii) attraction of other businesses;

iv) creation of new sales tax revenues;

v) commercial development of new and existing areas;

vi) defining, enhancing and/or redefining job skill level of locally available work force

f) the quality of working conditions and benefits, and/or

g) the prospect of future expansion. Funding will only be provided for such projects where approved by the City and the County after review of the applicable information provided by WMCEDC to the City and the County.

7 all contracts for Projects must be in a form approved by the City and the County prior to execution. The contract must include, but is not limited to, provisions:

a) containing the Program Project Performance Standards applicable to the Business/Employer, and the Business/Employer's agreement to comply therewith within a set time-frame;

b) requiring periodic documentation of the Business/Employer's compliance with the Project Performance Standards, and providing the WMCEDC, the City, the County and/or the Foundation with the ability to confirm the Business/Employer's compliance with the Program Project Performance Standards through requesting additional information or otherwise;

c) providing remedies to WMCEDC and its funding entities in the event of the Business/Employer's failure to meet Project Performance Standards or where the Business/Employer is otherwise in breach of its contract with the WMCEDC. The remedies must include the right to recover funds and other incentives provided to the Business/Employer on a basis negotiated by WMCEDC and approved by the City and County. The provision should also provide the right to WMCEDC, and the City and/or County as its assignees, to recover reasonable and necessary attorney's fees and costs incurred in enforcing the contract.

d) requiring the Business/Employer to make draw requests for the funding from the WMCEDC, which requests must show in detail how the money and/or property will be applied/used, or for what the reimbursement is sought, and which contain such documentation as is required by the WMCEDC; and

e) requiring compliance with all applicable laws.

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetaz Gowan DEPUTY

Recording of Authorization of Schedule of Service and Service Rates Revisions Re: The Dunbar Armored, Inc. Service Contract approved by Order on December 15, 2015 and recorded on Page 26 of these minutes.

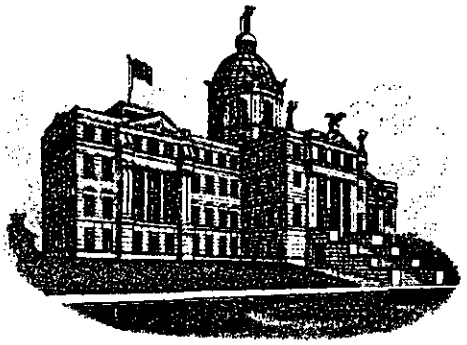
RECEIVED

JAN 29 2016

McLENNAN CO.
JUDGE

ACCEPTED BY COMMISSIONERS COURT FOR RECORDING
THIS 16 DAY OF FEB 2016

COUNTY JUDGE



McLENNAN COUNTY

WACO, TEXAS

Bill Helton
McLennan County Treasurer
County Records Building
215 North 5th Street
Suite 226
Waco, TX 76701-1361
254-757-5020 (phone)
254-759-2832 (fax)

December 10, 2015

TO: McLennan County Commissioners Court

RE: Dunbar Armored Contract Amendment

Four items in the Armored Car Contract were revised as a result of Dunbar's representative visiting the pick-up points on November 30. These are submitted for approval as an amendment to the contract.

The days of service revisions changed the monthly fee amount in 2 instances:

- JP Pct 2: Went form 5 days to 1 day per week pickup. $238.42 Less Cost
- County Clerk Court: Went from 3 days to 5 days per week pickup. $61.60 Increased Cost

$176.82 Less Cost Overall

The other 2 revisions were to an address and service days. The cost remains the same for these items.

I recommend approval.

Thank you.

Bill Helton

APPROVED BY COMMISSIONERS COURT
THIS 15 DAY OF DEC 20 15
Scott M. Felton
COUNTY JUDGE

DUNBAR ARMORED, INC.
SERVICE CONTRACT #48000892 ENDORSEMENT NO. 266649

ENDORSEMENT to Contract which became effective December 01, 2015 by and between:

1. **DUNBAR ARMORED, INC.** **("DUNBAR")** and
   50 SCHILLING ROAD
   HUNT VALLEY, MD 21031
2. **MCLENNAN COUNTY** **("CUSTOMER")**
   215 N 5TH ST. SUITE 226
   WACO, TX 76701

WITNESSETH

BY MUTUAL CONSENT, effective on and after December 01, 2015, said contract is amended as follows:

SCHEDULE OF SERVICE AND SERVICE RATES

The following location(s) shall hereby change name/address as stated below:

#	New Address	#	Old Address	Effective Date
7	RECORDS BUILDING/TAX OFFICE AUTOMBLE DEPT 215 N 5TH ST. SUITE 128 WACO, TX 76701	7	RECORDS BUILDING/TAX OFFICE AUTOMBLE DEPT 215 N 5TH ST. SUITE 226 WACO, TX 76701	12/1/2015

The following location(s) shall hereby change days of service as stated below:

#	Location
2	COURTHOUSE JP2 929 ELM AVE WACO, TX 76704

Services	Service Days *(See Legend)* Su	M	Tu	W	Th	F	Sa	Schedule of Rates	
Deposit Pickup								Per Month Per Location	$119.08

The following location(s) shall hereby change days of service as stated below:

#	Location
6	RECORDS BUILDING / COURT 215 N 5TH ST. SUITE 201 WACO, TX 76701

Services	Service Days *(See Legend)* Su	M	Tu	W	Th	F	Sa	Schedule of Rates	
Deposit Pickup								Per Month Per Location	$176.00

The following location(s) shall hereby change days of service as stated below:

#	Location
9	COUNTY JAIL 3201 EAST HIGHWAY 6 WACO, TX 76705

Services	Service Days *(See Legend)* Su	M	Tu	W	Th	F	Sa
Deposit Pickup							

Holidays: On Call
Excluding: New Year's, Easter, Thanksgiving, Christmas

Texas License **#B06573** Issued By: Texas Board of Private Investigators and Private Security Agencies
313 East Anderson Lane, Suite 200, Austin, TX 78752 / (512) 463-5545

All other terms and conditions of said contract shall remain unchanged and as herein amended said contract is hereby ratified and confirmed. In Witness Whereof the parties hereto have executed this endorsement on December 10, 2015.

DUNBAR ARMORED, INC.

Signed by: Scott Temples – AE – Code #0368

Countersigned by: Seth R. McElroy
VP Administration

MCLENNAN COUNTY

12/15/15

Customer Signature Authorization

SCOTT M. FELTON, COUNTY JUDGE
Print or Type Name & Title

Service Days Frequency Legend

WK
Weekly

Attachments

The Following Attachments are Hereby Incorporated in the Contract:

___ Schedule of Service
___ Deposit Verification Rider
___ Dunbar EZChange Rider
___ Exhibit A

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

ORDER APPROVING PAYMENT OF FINANCIAL OBLIGATIONS AND AUTHORIZING THE COUNTY TREASURER TO PAY COUNTY CHECKS FEBRUARY 15, 2016

On this the 16 day of February, 2016, came on for consideration the matter of approving payment of Financial Obligations and authorizing the County Treasurer to pay County Checks for February 15, 2016. Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Financial Obligations and Authorization of the County Treasurer be, and the same is hereby, approved by unanimous vote.

Order of the Commissioners' Court of McLennan County

In accordance with Local Government Code Section 113.041(a), the Commissioners Court of McLennan County hereby directs the County Treasurer to release the checks to liquidate the obligations of McLennan County, Texas represented by the claims supporting the following checks, drawn on the McLennan County Treasury.

Date Checks will be Printed	Number of Invoices	Total Amount of Invoices
02-15-16	971	$2,619,861.31
E021516	232	$82,323.10
GRAND TOTAL	1203	$2,702,184.41

Approved and ordered by the McLennan County Commissioners Court

on this the 16th day of FEBRUARY, 2016

Scott M. Felton

County Judge

FILED: FEB 16 2016

J. H. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcella Gowan DEPUTY

ORDER SETTING A PUBLIC HEARING ON THE ESTABLISHMENT OF A SPEED ZONE IN PRECINCT 4

On this the 16th day of February 2016 there came before the Commissioners Court the matter of authorizing the County Engineer to set a public hearing for the purpose of hearing from interested members of the public in connection with establishing a speed zone on the following road:

Canaan Church Road: Forty-five (45) mph from FM 185 to Bohne Road.

Upon motion being made by Commissioner Jones, seconded by Commissioner Snell and duly passed, the County Engineer was authorized to set the time and date of said hearing.

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

FILED: FEB 16 2016

J.A. "ANDY" HARWELL County Clerk
McLennan County, Texas
By Myrcetaz Gowan DEPUTY

ORDER SETTING A PUBLIC HEARING ON THE ESTABLISHMENT
OF A SPEED LIMIT ON BAESE ROAD
IN PRECINCT 3

On this the 16th day of February 2016 there came before the Commissioners Court the matter of authorizing the County Engineer to set a public hearing for the purpose of hearing from interested members of the public in connection with establishing a speed limit on the following road in Precinct 3:

N Baese Road: Thirty-five (35) miles per hour from Tours Road (FM 3149) to Bode Road; and

S Baese Road: Thirty-five (35) miles per hour from Bode Road to Leroy Parkway (FM 308).

Upon motion being made by Commissioner Jones, seconded by Commissioner Snell and duly passed, County Engineer was authorized to set the time and date of said hearing.

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelle Gowan DEPUTY

ORDER APPROVING TRAVEL AND EDUCATION REQUESTS:

TEXAS A&M AGRILIFE EXTENSION SERVICE

On this the 16 day of February, 2016, came on for consideration the matter of Travel and/or Education Requests / Ratifications: Texas A&M AgriLife Extension Service. Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Travel Request be, and the same is hereby, approved by unanimous vote.

McLennan County, Texas
Out of County Travel Request Form

Department: Texas A&M AgriLife Extension Service

Conference/Training: Show Broiler Pickup

Purpose: Pickup Show Broilers for 4-H Members

Destination: College Station, TX

From Date: 1/28/2016 To Date: 1/28/2016

Traveling Employees:
Erich Schatte

Registration fee: _____ per person

This request includes (please check all that apply):

- Lodging (include rate below) [ ]
- Parking (include rate below) [ ]
- Mileage Reimbursement [ ]
- Meal Reimbursement [x]
- Other: Parking at Grounds [ ]
- Gate Entry Fee [ ]
- Toll Road Fees

Hotel room rate: _____ per night

[ ] Check if applicable: Conference/Host Hotel rate exceeds County Travel Policy rate of $100 per night; request reimbursement of Conference/Host Hotel rate

Hotel parking rate: _____ self park rate per night

[ ] parking rate is valet; self park is not available

Budget:

Fund	Deptid		Account	Project

Additional Comments:

(Please include any other anticipated expenses with detailed amounts if possible)
(Examples include: tolls, taxi, rental car, airfare, airport parking, etc.)

Expenses will include meal.

Department Authorization:

Commissioners Court Approval:

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

FILED: FEB 16 2016

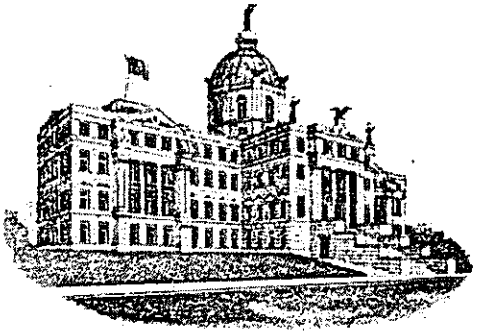
J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcella Gowan DEPUTY

ORDER ACCEPTING:

RECORDING OF 2015 RACIAL PROFILING REPORT (REF: TEXAS CODE OF CRIMINAL PROCEDURE ARTICLES 2.133 & 2.134)

RE: CONSTABLE, PRECINCT 1:

On this the 16 day of February, 2016, came on for consideration the matter of Constable, Precinct 1: Recording of 2015 Racial Profiling Report (ref: Texas Code of Criminal Procedures Articles 2.133 & 2.134). Commissioner Jones made a motion to accept and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Report be, and the same is hereby, accepted by unanimous vote.



McLENNAN COUNTY

WACO, TEXAS

RECEIVED

JAN 29 2016

McLENNAN CO.
JUDGE

Walt Strickland
Constable, Pct. 1
501 Washington Avenue, Suite 101
Waco, Texas 76701

Office: (254) 757-5026
Fax: (254) 757-5056

Date: 01/28/16

To: Commissioner's Court

From: Walt Strickland, Constable Pct. 1

RE: 2015 Racial Profiling Report for Constable Pct. 1

Dear Commissioners:

Per Texas Code of Criminal Procedure Articles 2.133 & 2.134, I am submitting the 2015 Racial Profiling Report for Pct. 1 Constable's Office.

Thank you for your cooperation in this matter.

Sincerely,

Walt Strickland, Constable Pct. 1

ACCEPTED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
Scott M. Felton
COUNTY JUDGE

FOR RECORDING

TIER 2 - FULL RACIAL PROFILING REPORT

Agency Name:	MCLENNAN CO. CONST. PCT. 1
Reporting Date:	01/28/2016
TCOLE Agency Number:	309101
Chief Administrator:	GEORGE W. STRICKLAND, III
Agency Contact Information:	Phone: 254-757-5026

This Agency filed a full report because:
Our agency has no motor vehicle or audio equipment.

Certification to This Report 2.132 (Tier 2) – Full Report

Article 2.132(b) CCP Law Enforcement Policy on Racial Profiling
MCLENNAN CO. CONST. PCT. 1 has adopted a detailed written policy on racial profiling. Our policy:

(1) clearly defines acts constituting racial profiling;

(2) strictly prohibit peace officers employed by the MCLENNAN CO. CONST. PCT. 1 from engaging in racial profiling;

(3) implements a process by which an individual may file a complaint with the MCLENNAN CO. CONST. PCT. 1 if the individual believes that a peace officer employed by the MCLENNAN CO. CONST. PCT. 1 has engaged in racial profiling with respect to the individual;

(4) provides public education relating to the agency's complaint process;

(5) requires appropriate corrective action to be taken against a peace officer employed by the MCLENNAN CO. CONST. PCT. 1 who, after an investigation, is shown to have engaged in racial profiling in violation of the MCLENNAN CO. CONST. PCT. 1's policy adopted under this article;

(6) require collection of information relating to motor vehicle stops in which a citation is issued and to arrests made as a result of those stops, including information relating to:

(A) the race or ethnicity of the individual detained;

(B) whether a search was conducted and, if so, whether the individual detained consented to the search; and

(C) whether the peace officer knew the race or ethnicity of the individual detained before detaining that individual; and

(7) require the chief administrator of the agency, regardless of whether the administrator is elected, employed, or appointed, to submit an annual report of the information collected under Subdivision (6) to:

(A) the Commission on Law Enforcement; and

(B) the governing body of each county or municipality served by the agency, if the agency is an agency of a county, municipality, or other political subdivision of the state.

I certify these policies are in effect.

Executed by: ***GEORGE W. STRICKLAND, III***
Chief Administrator

MCLENNAN CO. CONST. PCT. 1

Date: 01/28/2016

MCLENNAN CO. CONST. PCT. 1 Motor Vehicle Racial Profiling Information

Gender:

1. **265** Female
2. **468** Male

3. **733** **Total** (3, 10, 13, 18, 21, 40 and 51 must be equal)

Race or Ethnicity:

4. **195** African
5. **8** Asian
6. **358** Caucasian
7. **171** Hispanic
8. **1** Middle Eastern
9. **0** Native American

10. **733** **Total** (3, 10, 13, 18, 21, 40 and 51 must be equal)

Race or Ethnicity known prior to stop?

11. **21** Yes
12. **712** No

13. **733** **Total** (3, 10, 13, 18, 21, 40 and 51 must be equal)

Reason for stop:?

14. **73** Violation of law other than traffic
15. **0** Pre-existing knowledge (i.e. warrant)
16. **435** Moving Traffic Violation
17. **225** Vehicle Traffic Violation (Equipment, Inspection or Registration)

18. **733** **Total** (3, 10, 13, 18, 21, 40 and 51 must be equal)

Search conducted?

19. **18** Yes
20. **715** No

21. **733 Total**

Reason for search?

22. **6** Consent
23. **0** Contraband/evidence in plain sight
24. **1** Probable cause or reasonable suspicion
25. **8** Inventory search performed as result of towing
26. **3** Incident to arrest/warrant

27. **18 Total** (must equal line 19)

Contraband discovered?

28. **7** Yes
29. **11** No

30. **18 Total** (must equal line 19)

Description of Contraband

31. **7** Illegal drugs/drug paraphernalia
32. **0** Currency
33. **0** Weapons
34. **0** Alcohol
35. **0** Stolen property
36. **0** Other

37. **7 Total** (must equal line 28)

Arrest result of stop or search:

38. **16** Yes
39. **717** No

40. **733 Total** (3, 10, 13, 18, 21, 40 and 51 must be equal)

Arrest based on:

41. **1** Violation of the Penal Code
42. **0** Violation of a Traffic Law
43. **0** Violation of City Ordinance
44. **15** Outstanding Warrant

Street address or approximate location of the stop:

45. **607** City Street
46. **122** US Highway
47. **4** County Road
48. **0** Private Property or Other

Written warning or a citation as a result of the stop:

49. **183** Yes
50. **550** No

51. **733 Total**

MCLENNAN CO. CONST. PCT. 1 has submitted electronically the analysis in PDF format required by 2.134 CCP(c) which contains

(1) a comparative analysis of the information compiled under Article 2.133 to:

(A) evaluate and compare the number of motor vehicle stops, within the applicable jurisdiction, of persons who are recognized as racial or ethnic minorities and persons who are not recognized as racial or ethnic minorities; and

(B) examine the disposition of motor vehicle stops made by officers employed by the agency, categorized according to the race or ethnicity of the affected persons, as appropriate, including any searches resulting from stops within the applicable jurisdiction; and

(2) information relating to each complaint filed with the agency alleging that a peace officer employed by the agency has engaged in racial profiling.

I certify the analysis meets the above requirements.

Executed by: ***GEORGE W. STRICKLAND, III***
Chief Administrator

MCLENNAN CO. CONST. PCT. 1

Date: 01/28/2016

During the 2015 year the McLennan County Constable office Pct. 1 made 733 traffic stops in total. Out of the 733 traffic stops, 375 of them involved persons recognized as a racial or ethnic minority. Out of the 375 stops, 117 resulted in a citation and 258 resulted in a warning. No complaints were made against the office or any Deputy.

FILED: FEB 1 6 2016

J.A "ANDY" MARWELL County Clerk
McLennan County, Texas
By Myrcedez Gowan DEPUTY

ORDER ACCEPTING:

RECORDING OF EDUCATIONAL CERTIFICATIONS:
COUNTY JUDGES & COMMISSIONERS ASSOCIATION OF TEXAS

COMMISSIONER, PRECINCT 1;

COMMISSIONER, PRECINCT 3

AND

COMMISSIONER, PRECINCT 4

On this the 16 day of February, 2016, came on for consideration the matter of County Judges & Commissioners Association of Texas: Recording of Educational Certifications: Commissioner, Precinct 1; Commissioner, Precinct 3 and Commissioner, Precinct 4. Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Recordings be, and the same are hereby, accepted by unanimous vote.

COUNTY JUDGES & COMMISSIONERS ASSOCIATION OF TEXAS

COMMISSIONERS EDUCATION CERTIFICATE OF COMPLETION

This is to certify that

Kelly Snell

McLennan County Commissioner

has successfully completed the continuing education provisions of Article 81.0025 of the Texas Local Government Code

2015

Richard Cortese, Chairman
Commissioners Education Committee

Terry Simpson, President
County Judges and Commissioners
Association of Texas

FILED: FEB 16 2016

J.A. "ANDY" HARWELL County Clerk
McLennan County, Texas
By Myrcelez Gowan DEPUTY

ACCEPTED BY COMMISSIONERS COURT FOR RECORDING
THIS 16 DAY OF FEB 2016
COUNTY JUDGE

COUNTY JUDGES & COMMISSIONERS ASSOCIATION OF TEXAS

COMMISSIONERS EDUCATION CERTIFICATE OF COMPLETION

This is to certify that

Will Jones

McLennan County Commissioner

has successfully completed the continuing education provisions of Article 81.0025 of the Texas Local Government Code

2015

Richard Cortese, Chairman
Commissioners Education Committee

Terry Simpson, President
County Judges and Commissioners Association of Texas

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelitz Gowan DEPUTY

ACCEPTED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

FOR RECORDING

COUNTY JUDGES & COMMISSIONERS ASSOCIATION OF TEXAS

COMMISSIONERS EDUCATION CERTIFICATE OF COMPLETION

This is to certify that

Ben Perry

McLennan County Commissioner

has successfully completed the continuing education provisions of Article 81.0025 of the Texas Local Government Code

2015

Richard Cortese, Chairman
Commissioners Education Committee

Terry Simpson, President
County Judges and Commissioners
Association of Texas

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Mycosta Gowan DEPUTY

ACCEPTED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB, 2016
COUNTY JUDGE

For recording

REMAINS LIFTED:

AUTHORIZATION RE: BURN BAN IN THE UNINCORPORATED AREAS OF MCLENNAN COUNTY

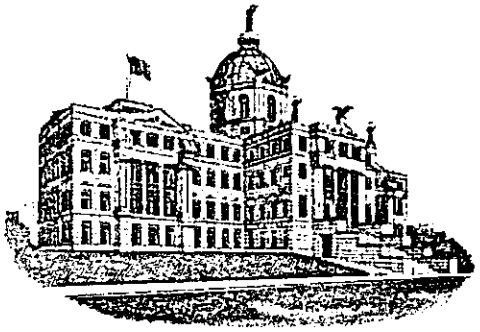
On this the 16 day of February, 2016, came on for consideration the matter of Authorization re: Burn Ban in the Unincorporated Areas of McLennan County. Commissioner Jones made a motion to keep burn ban lifted and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorizations re: Burn Ban in the Unincorporated Areas of McLennan County be, and the same is hereby, approved unanimous vote.

* *

ORDER APPROVING:

AUTHORIZATION OF ONLINE AUCTION WITH RENE BATES, RELATED AD, AND ORDER DECLARING CERTAIN PROPERTY AS SURPLUS AND AUTHORIZING DISPOSITION OF SAME (REF: LOCAL GOVERNMENT CODE CH. 263)

On this the 16 day of February, 2016, came on for consideration the matter of Authorization of Online Auction with Rene Bates, Related Ad, and Order Declaring Certain Property as Surplus and Authorizing Disposition of Same (ref: Local Government Code Chapter 263). Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.



McLENNAN COUNTY

WACO, TEXAS

Ken Bass
Director of Purchasing
214 North 5th Street
Waco, Texas 76701

Office: (254) 757-5016
Fax: (254) 757-5068
ken.bass@co.mclennan.tx.us

February 16, 2016

Re: County Auction

Commissioners Court,

The Purchasing Department has 40 lots ready to be given to Rene Bates for our online Auction.

M.O.E. – (6) Ford Crown Victorias; (2) Chevrolet 1500 Trucks; (1) 2008 Ford 350 Van; (1) Canon ImageRunner 2105 Copier; (5) Lots of Misc. Vehicle Equipment and Electronics; (1) Lot of Misc. Electronics

Shrine Building – (1) Lot of Misc. Vehicle Accessories; (1) Lot of Misc. Tools and Accessories; (1) Lot Of Misc. Electronics; (1) Lot of Misc. Collectibles; (1) Lot of Stalker Bow and Misc. Items; (1) Lot of Paintball Gun and Misc. Items; (2) Lots of Misc. Office Furniture

Hwy 6 Jail – (2) Vulcan VE40 Braisers; (1) Vulcan 936RX-1 Griddle; (1) Norlake Refrigerator; (1) Montague EK-15A Oven; (3) Vulcan Convection Ovens; (1) Manitowoc SD0692N Ice Maker; (1) Manitowoc JC0895 Condenser; (1) Kloppenberg 10455 Ice Bin; (2) Vulcan GS60E Steam Kettles; (1) Montague Grizzly Burner; (1) Vulcan Deep Fryer; (1) Groen Front Tilt Braiser

R&B PCT 1 – (1) 1996 Gradall XL4100; (1) 1991 Ford Super Duty Truck

R&B PCT 4 – (2) Lots of 10.00R20 Semi Tires

The auction is tentatively scheduled to begin on February 19, 2016 and close March 7, 2016.

Thank You,

Ken Bass
Director of Purchasing
McLennan.County

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 2016
COUNTY JUDGE

ORDER of the MCLENNAN COUNTY COMMISSIONERS COURT
DECLARING CERTAIN PROPERTY as SURPLUS as per Local Government Code
Ch 263.151 (2) and AUTHORIZING DISPOSITION of SAME as per
LOCAL GOVERNMENT CODE Ch 263.152

On this the sixteenth day of February, 2016, came on for consideration a request from the Purchasing Department to be allowed to place certain items of surplus furniture, tools and equipment (list of items can be viewed in the accompanying documents) in an online Auction.

In considering this request, the Court has been provided confirmation by the Purchasing Director that the equipment:

a) is not salvage property or items routinely discarded as waste;
b) is not currently needed by its owner;
c) is not required for the owner's foreseeable needs; and
d) posses some usefulness for the purpose for which it was intended

NOW, THEREFORE BE IT ORDERED THAT, upon motion duly made, seconded and passed by affirmative vote, after considering the request of the Purchasing Department and the facts available to the Court relative to the equipment shown above:

a) ***the Commissioners Court finds that the items described above meet the criteria for "Surplus Property"*** set out in the Local Government Code, Sec 263.151(2), as amended, ***and are hereby declared as "Surplus" equipment; and***
b) ***The Commissioners Court hereby authorizes the placement of said surplus equipment in an online auction to be held by Rene Bates Auction,*** as per provisions of the Local Government Code, Sec. 263.152(a)(1), as amended; and
c) ***The Commissioners Court further authorizes disposition of said surplus equipment by any means authorized by Local Government Code, Sec. 263.152, in the event no bids are received*** or bid/s received are less than a minimum bid amount set by the Purchasing Department.

Scott M. Felton

Scott M. Felton, McLennan County Judge

Date: 2/16/16

McLennan County Auction

Beginning on February 19th, 2016 and ending on March 7th, 2016. McLennan County intends to sell (6) Ford Crown Victorias; (2) Chevrolet 1500 Trucks; (1) 2008 Ford 350 Van; (1) Canon ImageRunner 2105 Copier; (5) Lots of Misc. Vehicle Equipment and Electronics; (2) Lots of Misc. Electronics; (1) Lot of Misc. Vehicle Accessories; (1) Lot of Misc. Tools and Accessories; (1) Lot of Misc. Collectibles; (1) Lot of Stalker Bow and Misc. Items; (1) Lot of Paintball Gun and Misc. Items; (2) Lots of Misc. Office Furniture; (2) Vulcan VE40 Braisers; (1) Vulcan 936RX-1 Griddle; (1) Norlake Refrigerator; (1) Montague EK-15A Oven; (3) Vulcan Convection Ovens; (1) Manitowoc SD0692N Ice Maker; (1) Manitowoc JC0895 Condenser; (1) Kloppenberg 10455 Ice Bin; (2) Vulcan GS60E Steam Kettles; (1) Montague Grizzly Burner; (1) Vulcan Deep Fryer; (1) Groen Front Tilt Braiser; (1) 1996 Gradall XL4100; (1) 1991 Ford Super Duty Truck; (2) Lots of 10.00R20 Semi Tires. The sale will be conducted by electronic auction through RENE BATES AUCTIONEERS, INC., 4660 County Road 1006, McKinney, Texas 75071, Phone (972) 548-9636, Fax (972) 542-5495, e-mail auction@renebates.com, web page www.renebates.com

The rules and guidelines of the auctioneer must be followed. The above items are being sold "AS IS, WHERE IS, AND WITH ALL FAULTS". No warranties are expressed or implied. All tools, materials, labor and cost thereof required to remove these items from County property shall be the responsibility of the successful bidder.

Bidders may bid on any or all lots. Each lot will be sold to the highest bidder who qualifies under this invitation and the rules of the auctioneer. The above lots can be inspected by prospective bidders BY APPOINTMENT ONLY. Contact Garett Bowdoin at (254) 757-5016 to view the listed items.

McLennan County and the Auctioneer reserve the right to accept and/or reject any and all bids. Bids received after closing time will not be considered.

Payment will be made by the successful bidder within ten (10) days, by guaranteed funds, after notification of award, in accordance with the instructions of the auctioneer. Lots must be removed by the successful bidder within ten (10) working days of the receipt of full payment.

McLennan County, nor the auctioneer, is responsible for electronic bids/proposals containing viruses that cannot be eradicated, or that are corrupted as a result.

****

Run in the Hometown News Fridays, February 19th, 2016, February 26th, 2016, and March 4th, 2016.

February 23, 2016

Send Statement to:

McLennan County
214 North 4th St., Suite 100
Waco, Texas 76701-1366

FILED: FEB 16 2016

J.A. "ANDY" HARWELL County Clerk
McLennan County, Texas
By Mylcetez Gowan DEPUTY

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 2016

COUNTY JUDGE

AUC-034

LOCATION: MAINTENANCE OF EQUIPMENT 1-12, 32-35

LOT #	DESCRIPTION	CO TAG #	SERIAL #	MIN BID
Lot 1	2006 Ford Crown Victoria; 158,905 Miles; Auto;	VIN:	2FAFP71W76X125496	
	4.6L; AC; PS; PB; PW; PL; AM/FM Radio; Chipped Paint;			
	Grill Busted; Runs, but Unknown if Road Worthy			
Lot 2	2006 Ford Crown Victoria; 180,206 Miles; Auto;	VIN:	2FAFP71W66X125506	
	4.6L; AC; PS; PB; PW; PL; AM/FM Radio; Chipped Paint;			
	Chip in Windshield; Domelight Out; Runs and is			
	Road Worthy			
Lot 3	2008 Ford Crown Victoria; 160,109 Miles; Auto;	VIN:	2FAHP71V69X114087	
	4.6L; AC; PS; PB; PW; PL; AM/FM Radio; Chipped Paint;			
	Damaged Bumper; Bad Wiper Motor; Dead Battery;			
	Defective Radio; Runs, but Unknown if Road Worthy			
Lot 4	2001 Ford Crown Victoria; 192,188 Miles; Auto;	VIN:	2FAFP71W71X147233	
	4.6L; AC; PS; PB; PW; PL; AM/FM Radio; Chipped Paint;			
	Dead battery; Runs, but Unknown if Road Worthy			
Lot 5	1999 Chevrolet 1500 Truck; Unknown Miles;	VIN:	2GCEC19T4Y1175707	
	Broken Odometer; Auto; 5.3L; AC; PS; PB; PW; PL;			
	AM/FM Radio; Cassette; Receiver Hitch; Light			
	Hit In Behind Driver Door; Small Dent Under			
	Driver Taillight; Dash Light/Odometer Inoperative;			
	Dead Battery; License Plate Light Out; Blinker Out;			
	Tailgate Handle Bezel Fell Off; Light Under Hood			
	Out; Clear Coat Peeling; Hood Hard to Close;			
	Radio Not Working; Bad Oil Leak			
Lot 6	2008 Ford 350 Van; 105,235 Miles; Auto; 5.4L;	VIN:	1FBNE31L18DB53707	
	AC; PS; PB; PW; PL; AM/FM Radio; Body Damage;			
	Right Rear Quarter Panel Damaged; Tail Light			
	Busted; Rear Bumper Bad; Exhaust Needs Work			
	Or Replacement; Door Panels Missing; Rear Molding			
	Busted or Missing; Rear Door Will Not Close			
	Properly; Busted Headlight; Vehicle Runs But			
	Is Not Road Worthy; **Vehicle was rear-ended**			
Lot 7	(1) Whelen Light Bar SS8RRBB		119529	
	(5) Prisoner Cages for Crown Vic.			
	(1) Plastic Rear Seat for Crown Vic.			

AUC-034

	(1) Havis Shield Pull-Out Tray			
	(1) Prisoner Cage for F-350 Van			
Lot 8	Canon ImageRunner 2105 Copier	20600	10353504	
Lot 9	(1) L-3 Comm. Flashback FB04-M	27126	FB008258	
	(1) L-3 Comm. Flashback FB04-M	27132	FB013554	
	(1) L-3 Comm. Flashback FB04-M	27138	FB013567	
	(1) L-3 Comm. Flashback FB04-M	27133	FB008252	
	(1) Mobilevision DVR Vault Flashback	27135	FB013579	
	(1) L-3 Comm. Flashback FB04-M	27137	FB013583	
	(1) L-3 Comm. Flashback FB04-M	27141	FB008253	
	(1) L-3 Comm. Flashback FB04-M	27134	FB013560	
	(1) L-3 Comm. Flashback FB04-M	27130	FB008262	
	(1) L-3 Comm. Flashback FB04-M	27136	FB005360	
	(1) L-3 Comm. Flashback FB04-M	27139	FB013558	
	(1) L-3 Comm. Flashback FB04-M	27128	FB013546	
	(1) L-3 Comm. Flashback FB04-M	27131	FB013574	
	(1) L-3 Comm. Flashback FB04-M	27140	FB013562	
	(1) Motorola HT-750 AAH25RDC9AA2AN	24116	672TKCR351	
	(21) L-3 Voice Plus Charger MV-VLP-05-P			
	(1) American Dynamics Camera		105A0710015792	
	(1) ViewSonic Monitor VLCDS21457-2		1Q21250518	
	(1) Motorola Radio Brackets			
	(1) Stalker Radar Antenna DSR		004363	
	(1) Stalker Radar Antenna		425R	
	(1) Stalker Radar Antenna		4311	
	(1) 5-Set Turbo Flares			
	(1) Microphone & Misc. Wiring - Whelen Strobe Power Supply			
	(1) TrippLite UPS 750U			
	(1) Opti-UPS 1500C		681294302159	
	(1) Stalker Radar Antenna		004363	
	(1) Triview TCM-1002		04714110088	
	(1) Triview CCTV Monitor		0471410126	
	(1) Whelen Misc.		C0040064	
	(1) Whelen Siren Amp BL-627		POB09591	
	(1) Whelen Siren Amp BL-627		PLB02624	
	(1) Whelen Siren Amp BL-627		PLB02654	
	(1) Whelen Siren Amp BL-627		PLB02799	
	(1) Whelen Siren Amp BL-627		N00643	
	(1) Whelen Siren Amp BL-627		PLB02629	
	(1) Whelen 4-Outlet Flasher BL-405A		01866	
	(1) Whelen 4-Outlet Flasher BL-405A		01857	
	(1) Whelen Siren Amp BL-627		PLB02625	

AUC-034

	(1) Whelen CS-240 Power Supply		PPC54884	
	(3) Whelen MPC01 Control Head			
	(1) Panasonic CCTV Camera WV-BP114		59W06381	
	(1) Panasonic CCTV Camera WV-BP114		55W05038	
	(1) Panasonic CCTV Camera WV-BP114		59W08941	
	(1) Panasonic CCTV Camera WV-BP114		59W06141	
	(1) Panasonic CCTV Camera WV-BP114		59W06098	
	(1) Brackets			
	(1) Mobilevision Video System MV7A		101093	
	(1) American Dynamics DVR ADD6R0DVDV050		A01A1034801233	
	(1) ViewSonic VE-170B		ADA02270380	
	(1) American Dynamics Camera ADSDU835N			
Lot 10	(1) Poly-Com View Station PVS-14XX		03B1E2	
	(1) JVC VCR HR-VP450U		103F3236	
	(1) Whelen Light Bar 9U724000		6340	
	(1) Mackie Mic/Line Miler 1604-VLZPRO		BW23839	
	(1) Behringer Equalizer PEQ2200		91197847	
	(2) JBL Speakers			
	(2) JBL Speakers			
	(1) Mackie M-1400 Power Amp		AH28150	
Lot 11	(4) Havis Shield Cupholder C-CUP2-E-AS			
	(1) Misc. Cables			
	(1) Motorola Radio Cabinet			
	(1) Sony ROR-GX257		C30F93464U6300	
	(1) Box of Mobilevision Cables			
	(1) Box of Mobilevision Video Cables			
	(1) Toshiba DVD DR430KU		C37F9346	
	(1) Federal Unitrol Model 750000-T2			
	(2) Whelen Headlight Flasher UHF2150A			
	(10) Whelen Flasher Headlight for Crown Vic.			
	(4) Motorola Speakers HSN4031A			
	(2) Whelen 3-Terminal Flasher			
	(1) Federal Rumbler Controller			
	(1) Nova Strobe Power Supply			
	(1) Radio Brackets Misc.			
Lot 12	(1) Motorola HT-1250 AAH25KDF9AA5AH	27630	749TZ58125	
	(1) Motorola MCS2000 M01HXT8126	16802	722AWN0090	
	(1) Motorola Maxtrac D43MJA7304BK	13660		
	(1) ViewSonic Monitor VG150B		1Q21250205	
	(1) Lanier Microphone			
	(1) Dell Computer Optiplex 780		18H43M1	

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	(1) Mobilevision Video System MV7A		101061	
	(4) APC UPS ES-550			
	(1) Havis Shield Pull-Out Tray			
	(1) APC UPS 750			
	(4) Dell Keyboards			
	(1) Box Spotlight Parts			
	(1) UPS Model ES1500C		681292400940	
	(1) Arvinair Space Heater			
	(1) Sony CCTV Monitor SSM-930		1015340	
	(1) Phillips CCTV Monitor LTC 2009/61		M1070078	
	(1) Phillips CCTV Monitor LTC 2009/61		M1070073	
	(1) Triview CCTV Monitor TCM-1002		04714110119	
	(1) CCTV Camera FC-62C		7N020621	
	(1) CCTV Camera FC-62C		7N020622	
	(1) CCTV Camera FC-62C		7A030488	
	(1) CCTV Camera FC-62C		7K010381	
	(1) CCTV Camera FC-62C		7N019907	
	(1) CCTV Camera FC-62C		7A030454	
	(1) CCTV Camera FC-62C		7N020630	
	(1) CCTV Camera FC-62C		7N020625	
	(1) Shotgun Rack			
	(1) Havis Shield Arm Rest w/Cabinet			
	(2) Jotto Desk Console			
	(1) UPS APC CS-500			
	(1) Motorola Maxtrac D43MJA73A5AK	18655	428TYL6106	
Lot 32	2006 Ford Crown Victoria; 175,592 Miles; Auto;	VIN:	2FAFP71W96X144146	
	4.6L; AC; PS; PB; PW; PL; AM/FM Radio; Chipped Paint;			
	Broken Dash Components; Vehicle Runs and is Road Worthy			
Lot 33	2002 Ford Crown Victoria; 141,479 Miles; Auto;	VIN:	2FAFP71W82X154497	
	4.6L; AC; PS; PB; PW; PL; AM/FM Radio; Chipped Paint;			
	Broken Hood Release Handle; Vehicle Runs and is Road Worthy			
Lot 34	(1) Sony TV KV-27545		8052887	
	(1) Vitek CCTV Camera VTC-C544			
	(2) Speakers			
	(6) Small Coby TVs			
	(1) Panasonic Camera CCTV WV-BP114		59W06142	
	(1) Acer Monitor V173	23882	83190234840	
Lot 35	1999 Chevrolet 1500 Truck; 92,863 Miles; Auto;	VIN:	2GCEC19V8X1164046	
	4.8L; AC; PS; PB; PW; PL; AM/FM Radio; CD;			
	Bad Paint; Interior Dent on Passenger Door and			

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	Rear Panel; Vehicle Has Keys and Runs			

AUC-034

LOCATION: SHRINE BUILDING			13-19, 40	
LOT #	**DESCRIPTION**	**CO TAG #**	**SERIAL #**	**MIN BID**
Lot 13	(1) Goodyear Wrangler SR-A Tire w/Rim 255/65/17		#428	
	(1) Auto Scissor Jack		20100627A (#429)	
	(2) Red Brake Drums		#430	
	(1) Airplus .5" Air Wrench		26415 (#452)	
	(1) Snap-On Air Chisel		012121 (#453)	
	(1) 3/8" Air Ratchet Mac Tool		#454	
	(1) Floor Jack (Missing Lowering/Lift Rod)		#473	
	(1) Electric Golf Putting Cup		#478	
	(1) Hard Hat		#471	
	(1) Mini TV Model VR99		#439	
Lot 14	(1) Box of Misc. Tools and Tool Bits		#437	
	(1) Craftsman Wet/Dry Vac		#472	
	(1) Craftsman Electric Soldering Gun, Model 200		#446	
	(1) Jitterbug Air Sender		H0704 (#457)	
	(1) HDX Staple Gun Model HDXST9032		#450	
	(1) Makita Tool Bag		#445	
	(1) Dewalt Wireless Drill		31499 (#449)	
	(1) Porter Cable Router		996920 (#456)	
	(1) Straightline Sander		#448	
	(1) Craftsman Staple Gun		351-18309 (#451)	
	(1) Craftsman Orbital Sander		94500911 (#447)	
	(1) Dewalt Drywall Screwdriver		#458	
	(1) Pipe Threader Type 62		#455	
	(1) Skilsaw Red and Gray		#461	
	(1) Backpack of Misc. Tools		#462	
Lot 15	(1) Case Logic CD Holder		#465	
	(1) Misc. Camera and Accessories		#464	
	(1) Cobra 11-Band Radar Detector		#467	
	(1) Garmin GPS		#469	
	(2) Generic MP3 Players		#470	
	(1) Scooby-Doo Light, Misc. Items		#475	
	(1) Toastmaster Toaster Oven Model TOV2W		#441	
	(1) Guam Mail Bag		#443	
Lot 16	(1) Hardy Boys Lunchbox		#476	
	(1) Clarinet in Case		#480	
	(1) Box of Assorted Puzzles		#481	
	(1) Bag of Assorted Candle Holders		#477	

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	(1) Bible in Wooden Case		#440	
	(1) Box of Assorted Decorative Items		#474	
	(1) Box of Assorted Glasses, Glass Plate, Mirror		#484	
	(2) Ship Models		#482	
	(1) Assortment of Athletic Cards		#438	
	(1) Decorative Figurine		#483	
	(1) Purple Purse w/Assorted Jewelry		#479	
	(1) City of Waco Planning Map		#435	
Lot 17	(1) Stalker Bow w/Arrows and Case		#436	
	(1) Leather Horse Bridal and Rope		#431	
	(1) Large Black Binoculars		#442	
	(1) Bushnell Binoculars w/Holder		#468	
	(1) Rifle Bag		#444	
	(1) Jack Daniels Pool Stick w/Case		#463	
Lot 18	(1) Green Paintball Gun w/CO2 Tank		118573 (#466)	
	(1) Black Mountain Bike		#459	
	(1) Orange/Silver Bike		GS070317646 (#460)	
	(1) Bike w/NO Seat w/Non-Fitting Bike Seat			
	(1) Magnavox 20" TV/VCD/DVD Combo (In Box)		T03868574 (#432)	
	(1) 27" MTS TV		065160720474 (#433)	
Lot 19	(1) Bookshelf; Wooden w/Wobbly Shelves			
	(1) Short Wooden Storage Shelf	34 18 (silver tag)		
	(1) Hi-Lo Metalstand Typewriter Stand			
	(1) Wooden Desk	09153		
	(1) Broken Metal Desk	12769		
	(1) Wooden Guest Chair w/Brown Fabric	13788		
	(1) Wooden Guest Chair w/Brown Fabric	13792		
	(1) Wooden Guest Chair w/Brown Fabric	13812		
	(1) Wooden Guest Chair w/Brown Fabric	13787		
	(1) Wooden Guest Chair w/Brown Fabric	13808		
	(1) Medical Bench w/Steel Frame, Adjustable Arms			
	(1) Small Media Cart w/Caster Wheels	11648		
	(1) Small Wooden Desk			
	(1) Small Wooden Desk	13642		
	(1) Very Large 2-Drawer Homemade Desk			
	(1) Very Large 3-Drawer Homemade Desk			
	(1) Scrap Desk Missing 3 Drawers			
	(1) 3-Drawer Desk w/Matching Add-On			
	(1) Wooden Desk Missing 3 Drawers			
	(1) Scuffed 4-Drawer Wooden Desk			
	(1) Broken Gray Office Chair`	18686		

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	(1) Fabric Guest Chair	12247		
	(1) Scrap Fabric Guest Chair	12203		
	(1) Fabric Guest Chair	12262		
	(1) Fabric Guest Chair	12288		
	(1) Fabric Guest Chair	12232		
	(1) Fabric Guest Chair	12286		
	(1) Fabric Guest Chair	12245		
	(1) Fabric Guest Chair	12200		
	(1) Fabric Guest Chair	12252		
	(1) Brown Chair	07730		
	(1) Red Chair	17625		
	(1) Gray Chair	17706		
	(1) Brown Chair w/Metal Base	09616		
	(24) Misc. and Broken Chairs			
Lot 40	(1) Circular Wooden Table	01789		
	(1) Small Wooden Desk	13840		
	(1) Small Wooden Desk 2-Drawer			
	(1) Small Wooden Desk w/Slight Damage	13789		
	(1) 6-Drawer Wooden Desk w/4 Detached Legs	36 481 silver tag		
	(2) 6-Foot Tall Wooden Bookcases			
	(1) Shelf Unit w/Light			
	(1) 4-Drawer Wooden Desk	13794		
	(1) Scrap Metal/Wooden Desk			
	(1) Scrap 5-Drawer Desk	06686		
	(1) Scrap Desk W/No Drawers			
	(1) Scrap Broken Wooden Desk			
	(1) Very Large Box of Old Disassembled Desk			
	(1) Scrap Small Shelf on Casters w/Missing Wheel			
	(1) Scrap Wooden Desk w/Missing Leg			

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LOCATION: HWY 6 JAIL			20-31	
LOT #	DESCRIPTION	CO TAG #	SERIAL #	MIN BID
Lot 20	(1) Vulcan VE40 Braiser; 480 Volts; 23 Amps		27-1166363	
	(1) Vulcan VE40 Braiser; 480 Volts; 23 Amps	23777	27-1177339	
Lot 21	(1) Vulcan 936RX-1 Flat Griddle, 120 Volts	24066	658110832	
Lot 22	(1) Norlake Refrigerator w/6 Caster Wheels	22801		
Lot 23	(1) Montague EK-15A Oven; 240 Volts; 5.9 Amp	22805	D-57000A	
Lot 24	(1) Vulcan Convection Oven	2315?		
Lot 25	(1) Vulcan Convection Oven	24068		
Lot 26	(1) Vulcan Convection Oven; NO Handle Covers	23776		
Lot 27	(1) Manitowoc SD0692N Ice Maker		040860965	
	(1) Manitowoc JC0895 Condenser		050390997	
	(1) Kloppenberg Model 10455 Ice Bin		I940024	
Lot 28	(1) GS60E Vulcan Steam Kettle		271166162	
	(1) GS60E Vulcan Steam Kettle	22802	271156366	
Lot 29	(1) Montague Grizzly Burner	22799		
Lot 30	(1) Vulcan Deep Fryer			
Lot 31	(1) Groen Front Tilt Braiser			

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LOCATION: ROAD & BRIDGE, PRECINCT 1 YARD				36-37
LOT #	**DESCRIPTION**	**CO TAG #**	**SERIAL #**	**MIN BID**
Lot 36	1996 Gradall XL4100; Diesel; Manual; 175HP		417248	$22,500
	AC; PS; Air Brakes; Has Keys and Runs			
Lot 37	1991 Ford Super Duty: 7.3 Diesel; Automatic;	VIN:	2FDLF47M8NCA0404	$3,150
	242,572 Miles; AC; PS; PB; AM/FM Radio;			
	Has Keys and Runs			

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LOCATION: ROAD & BRIDGE, PRECINCT 4 YARD				38-39
LOT #	**DESCRIPTION**	**CO TAG #**	**SERIAL #**	**MIN BID**
Lot 38	(6) 10.00R20 Semi Tires on Rims; Most Tires			$175
	w/75 Percent Tread Remaining			
Lot 39	(6) 10.00R20 Semi Tires on Rims; Most Tires			$175
	w/75 Percent Tread Remaining			

Vehicle/Equipment Information Sheet (VIS)

RENE BATES AUCTIONEERS, INC.

LOT 1

4660 CR 1006
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Date: 4/7/16

Owner: McLennan County

Asset/Item/Unit or Vehicle Number: ____

Year: 2006 Make: Ford Model: Crown Vic

VIN/Serial Number: 5496 (2FAFP71W76X125496)

Mileage: 158905 Hours (if applicable): ____

Engine Size: 4.6 Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: ____ Make:

Transmission: Automatic ☑ Manual ☐ Other: ____ Make: ____

Interior: Type of Seats Bucket ☑ 60-40 ☐ Bench ☐

Floor Mats: Rubber ☑ Carpet ☐

CO

Vehicle Equipment:

	Yes	No
A/C	☑	☐
PS	☑	☐
PB	☑	☐
Air Brakes	☐	☐
Power Windows	☑	☐
Power Locks	☑	☐
Spotlight	☐	☑
Rear Window Defogger	☑	☐
Trunk Release	☑	☐

	Yes	No
AM Radio	☑	☐
FM Radio	☑	☐
CD	☐	☑
Cassette	☐	☑
Does it Run	☑	☐
Is it Road Worthy	☐	☐ UNKNOWN
Is it a Seized Vehicle	☐	☑
Does it have a Title	☑	☐
Is it a Salvage Title	☑	☐
Does it have keys	☑	☐

Exterior Damage: Chipped paint
grill Busted

Repair Remarks: (work done recently - include dates)

____

Known Defects:

____

Other General Remarks or Descriptions:

____

Location: MDE

Contact Name/Email/Phone: ____

Vehicle/Equipment Information Sheet (VIS)

RENÉ BATES AUCTIONEERS, INC.

4660 CR 1006
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

LOT 2

Date: 1-7-16

Owner: McLennan County

Asset/Item/Unit or Vehicle Number: _____

Year: 2006 Make: Ford Model: Crown Vic P.I.

VIN/Serial Number: 2FAFP71W66X125506

Mileage: 180206 Hours (if applicable): 2960

Engine Size: 4.6L Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: _____ Make:

Transmission: Automatic ☑ Manual ☐ Other: _____ Make: _____

Interior: Type of Seats Bucket ☑ 60-40 ☐ Bench ☐

Floor Mats: Rubber ☑ Carpet ☐

Vehicle Equipment:

	Yes	No
A/C	☑	☐
PS	☑	☐
PB	☑	☐
Air Brakes	☐	☑
Power Windows	☑	☐
Power Locks	☑	☐
Spotlight	☑	☑
Rear Window Defogger	☑	☐
Trunk Release	☑	☐

	Yes	No
AM Radio	☑	☐
FM Radio	☑	☑
CD	☐	☑
Cassette	☐	☐
Does it Run	☑	☐
Is it Road Worthy	☑	☐
Is it a Seized Vehicle	☐	☑
Does it have a Title	☑	☐
Is it a Salvage Title	☐	☑
Does it have keys	☑	☐

Exterior Damage: Paint chipping

Repair Remarks: (work done recently - include dates)

_____

Known Defects:
Chip in windshield, Dome light out.

Other General Remarks or Descriptions:

_____

Location: M.U.E. Radio Shop

Contact Name/Email/Phone: Wayne Canaday

Vehicle/Equipment Information Sheet (VIS)

RENÉ BATES AUCTIONEERS, INC.

4660 CR 1006
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

LOT 3

Date: _____

Owner: McLennan County

Asset/Item/Unit or Vehicle Number: _____

Year: 2008 Make: Ford Model: Crown Vic

VIN/Serial Number: 4087 (2FAHP71V69X114087)

Mileage: ~~[illegible]~~ 160,109 Hours (if applicable): _____

Engine Size: 4.6 Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: _____ Make:

Transmission: Automatic ☑ Manual ☐ Other: _____ Make: _____

Interior: Type of Seats Bucket ☑ 60-40 ☐ Bench ☐

Floor Mats: Rubber ☑ Carpet ☐

Vehicle Equipment:

	Yes	No
A/C	☑	☐
PS	☑	☐
PB	☑	☐
Air Brakes	☐	☑
Power Windows	☑	☐
Power Locks	☑	☐
Spotlight	☐	☑
Rear Window Defogger	☑	☐
Trunk Release	☑	☐

	Yes	No
AM Radio	☑	☐
FM Radio	☑	☐
CD	☐	☑
Cassette	☐	☑
Does it Run	☑	☐
Is it Road Worthy	☐	☐ UNKNOWN
Is it a Seized Vehicle	☐	☑
Does it have a Title	☑	☐
Is it a Salvage Title	☑	☐
Does it have keys	☑	☐

Exterior Damage: Paint chipped
Bumper damaged

Repair Remarks: (work done recently - include dates)

_____

Known Defects:
Bad wiper motor

Other General Remarks or Descriptions:
Dead battery DEFECTIVE RADIO

Location: MOE

Contact Name/Email/Phone: _____

Vehicle/Equipment Information Sheet (VIS)

RENE BATES AUCTIONEERS, INC.

LOT 4

4660 CR 1006
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Date: _____

Owner: McLennan County

Asset/Item/Unit or Vehicle Number: _____

Year: 2001 Make: Ford Model: Crown Vic

VIN/Serial Number: 7233 (2FAFP71W71X147233)

Mileage: ~~[illegible]~~ 192188

Hours (if applicable): _____

Engine Size: 4.6 Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: _____ Make:

Transmission: Automatic ☑ Manual ☐ Other: _____ Make: _____

Interior: Type of Seats Bucket ☑ 60-40 ☐ Bench ☐

Floor Mats: Rubber ☑ Carpet ☑

Vehicle Equipment:

	Yes	No
A/C	☑	☐
PS	☑	☐
PB	☑	☐
Air Brakes	☐	☑
Power Windows	☑	☐
Power Locks	☑	☐
Spotlight	☐	☑
Rear Window Defogger	☑	☐
Trunk Release	☑	☐

	Yes	No
AM Radio	☑	☐
FM Radio	☑	☐
CD	☐	☑
Cassette	☐	☑
Does it Run	☑	☐
Is it Road Worthy	☐	☐ UNKNOWN
Is it a Seized Vehicle	☐	☑
Does it have a Title	☑	☐
Is it a Salvage Title	☑	☐
Does it have keys	☑	☐

Exterior Damage: Paint chipped

Repair Remarks: (work done recently - include dates)

_____

Known Defects:

_____

Other General Remarks or Descriptions:

Dead Battery

Location: MDC

Contact Name/Email/Phone: _____

Vehicle/Equipment Information Sheet (VIS)

RENE BATES AUCTIONEERS, INC.

LOT 5

4660 CR 1006
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Date: 1-7-16

Owner: McLennan County

Asset/Item/Unit or Vehicle Number: _____

Year: 1999 Make: Chevrolet Model: 1500

VIN/Serial Number: 2GCEC19T4X1175707

Mileage: Odometer Broken

Hours (if applicable): _____

Engine Size: 5.3L Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: _____ Make:

Transmission: Automatic ☑ Manual ☐ Other: _____ Make: _____

Interior: Type of Seats Bucket ☑ 60-40 ☐ Bench ☐

Floor Mats: Rubber ☐ Carpet ☑

Vehicle Equipment:

	Yes	No
A/C	☑	☐
PS	☑	☐
PB	☑	☐
Air Brakes	☐	☑
Power Windows	☑	☐
Power Locks	☑	☐
Spotlight	☐	☑
Rear Window Defogger	☐	☑
Trunk Release	☐	☑

Receiver/Trailer hitch ✓

	Yes	No
AM Radio	☑	☐
FM Radio	☑	☐
CD	☐	☑
Cassette	☑	☐
Does it Run	☑	☐
Is it Road Worthy	☑	☐
Is it a Seized Vehicle	☐	☑
Does it have a Title	☑	☐
Is it a Salvage Title	☐	☑
Does it have keys	☑	☐

Exterior Damage: Light hit in ~~door~~ behind driver's side ~~door~~ door, small dent under Driver's side rear tail light.

Repair Remarks: (work done recently - include dates)

Known Defects: Dash lights/odometer is inoperative, Dead Battery, License plate light out, Blinker out, Tailgate handle, bezel falloff, Underhood light inop, clear coat peeling

Other General Remarks or Descriptions: Hood hard to close. AM/FM Radio does not work! Bad oil leak!

Location: MUE

Contact Name/Email/Phone: Wayne Crowley

Vehicle/Equipment Information Sheet (VIS)

LOT 6

RENE BATES AUCTIONEERS, INC.

4660 CR 1006
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Date: 4/21/16

Owner: McLennan County

Asset/Item/Unit or Vehicle Number: ____

Year: 2008 Make: FORD Model: 350 VAN

VIN/Serial Number: ____ 853707 (1FBNE31L18DB53707)

Mileage: 105235 Hours (if applicable): ____

Engine Size: 5.4 Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: ____ Make:

Transmission: Automatic ☑ Manual ☐ Other: ____ Make: ____

Interior: Type of Seats Bucket ☑ 60-40 ☐ Bench ☐

Floor Mats: Rubber ☑ Carpet ☐

Vehicle Equipment:

	Yes	No		Yes	No
A/C	☑	☐	AM Radio	☑	☐
PS	☑	☐	FM Radio	☑	☐
PB	☑	☐	CD	☐	☑
Air Brakes	☐	☑	Cassette	☐	☑
Power Windows	☑	☐	Does it Run	☑	☐
Power Locks	☑	☐	Is it Road Worthy	☐	☑
Spotlight	☐	☑	Is it a Seized Vehicle	☐	☑
Rear Window Defogger	☐	☑	Does it have a Title	☑	☐
Trunk Release	☐	☑	Is it a Salvage Title	☑	☐
			Does it have keys	☑	☐

Exterior Damage: Right Rear Quarter Panel has damage Tail Light Busted Rear Bumper Bad exhusitt needs work or replace Door Panels missing Rear

Repair Remarks: (work done recently - include dates) Molding Busted or missing Rear door Will not close properly Busted Headlight

____

Known Defects:
Body damage

Other General Remarks or Descriptions:

____

Location: ____

Contact Name/Email/Phone: ____

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

7

Asset Information (must be filled out for transfer or disposition):

County Tag Number: _____ Serial Number: 119529

Description (Manufacture, Make/Model): Whelen Light Bar SS8RRBB

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: _____

Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday

Date: _____

Disposition Information:

Status of Asset:

_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

_____ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

7

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): C. Vic Prisoner Cages (Qty 5)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: _____

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.
7

Asset Information (must be filled out for transfer or disposition):

County Tag Number: — Serial Number: —

Description (Manufacture, Make/Model): C. Vic. ~~Fuller Glass~~ Plastic Rear Seat

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: _____

Current Location: _____

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington Ave.

Department Head (or designee) *Signature accepting asset:* _____ Printed Name: Wayne Ainday

Date: _____

Disposition Information:

Status of Asset:

_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

_____ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

7

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Havis Shield Pull-out Tray

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: _____

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

7

Department: MOE

Location: 623 Washington Ave

Auditor's Use Only Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): Prisoner Cage Fits F-350 Ford Van

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Conaway
Date: 2-4-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Audit Place PROPERTY OF 20600 McLENNAN COUNTY tem here.

8

Asset Information (must be filled out for transfer or disposition):

County Tag Number: 20600 Serial Number: 10353504

Description (Manufacture, Make/Model): CANON ~~[illegible]~~ IMAGERUNNER 2105

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: MOE

Current Location: 623 Washington Ave

Department Head (or designee) *Signature releasing asset:* [signature] Printed Name: Wayne Boundy

Date: 1-9-16

Transferred To: Department Name/Individual: _____

Transfer Location: _____

Department Head (or designee) *Signature accepting asset:* _____ Printed Name: _____

Date: _____

Disposition Information:

Status of Asset:

✓ Operational ____ Damaged ____ Stolen ✓ Pending Sale ____ Sold/Donated

____ Scrap ____ Transfer to Inventory

____ Other (please specify (Auction 2016))

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Signature releasing asset: _____ Printed Name: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:

Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

PROPERTY OF
27126
McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27126 Serial Number: FB 008258
Description (Manufacture, Make/Model): L-3 Comm. Flashback FB04-M

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 5th & Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Chynoweth
Date: 1-12-14

Disposition Information:
Status of Asset:
___✓___ Operational _____ Damaged _____ Stolen ___✓___ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
___✓___ Other (please specify Discont NO - longer - Supported)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.C.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

PROPERTY OF
27132
McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27132 Serial Number: FB 013554
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.C.E.
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Caudy Printed Name: Wayne Caudy
Date: 11-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued HSSET - Service No Longer Supported

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

PROPERTY OF 27138 McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27138 Serial Number: FB 013567
Description (Manufacture, Make/Model): L-3 Communications Model FB64-M FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E.
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Caudy Printed Name: Wayne Caudy
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued Asset - Service No Longer Support

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

PROPERTY OF 27133 McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27133 Serial Number: FB 008252
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M FLASHBACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E.
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Cavaliry Printed Name: Wayne Cavaliry
Date: 11-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued Asset - Service No Longer Support)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place PROPERTY OF 27135 McLENNAN COUNTY here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27135 Serial Number: FB-013579
Description (Manufacture, Make/Model): MOBILE VISION DVR VAULT FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

PROPERTY OF
27137
McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27137 Serial Number: FB 013583
Description (Manufacture, Make/Model): L-3 Communications Model FBC4-M
FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E.
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Crowley Printed Name: Wayne Crowley
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued HSSET - Service No Longer Support

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place [illegible] of discarded item here.

PROPERTY 27141 McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27141 Serial Number: FB 008253
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Cawley Printed Name: Wayne Cawley
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued Asset - Service No Longer Support

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

PROPERTY OF
27134
McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27134 Serial Number: FB 013560
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M
FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Cawdrey Printed Name: Wayne Cawdrey
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued HSSET - Service No Longer Support

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

PROPERTY OF
27130
McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27130 Serial Number: FR 008264
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M FLASHBACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E.
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Caudill Printed Name: Wayne Caudill
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued HSSET - Service No Longer Support

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place PROPERTY OF 27136 McLENNAN COUNTY m here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27136 Serial Number: FR 005366
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Cannaday Printed Name: Wayne Cannaday
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued HSSET - Service No Longer Support

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

PROPERTY OF
27139
McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27139 Serial Number: FB 013558
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M
FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E.
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Crawford Printed Name: Wayne Crawford
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued Asset - Service No Longer Supported

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property tag here.

PROPERTY OF
27128
McLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27128 Serial Number: FB 013546
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E.
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Pandy Printed Name: Wayne Pandy
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued HSSET - Service No Longer Supported

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor's Use Only
Place property sticker here.
PROPERTY OF 27131 MCLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27131 Serial Number: FB-013574
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M Flash Back

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E.
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Cavalry Printed Name: Wayne Cavalry
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued HSSET - Service No Longer Support

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: M.O.E.

Location: 623 Washington Ave

Auditor Place PROPERTY OF 27140 MCLENNAN COUNTY m here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 27140 Serial Number: FB013562
Description (Manufacture, Make/Model): L-3 Communications Model FB04-M FLASH BACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: M.O.E
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Caudry Printed Name: Wayne Caudry
Date: 1-12-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
✓ Other (please specify Discontinued Asset - Service No Longer Support

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

E-Wing

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place PROPERTY OF ... m here.
24116
MCLENNAN COUNTY

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 24116 Serial Number: 672THCR351
Description (Manufacture, Make/Model): MOTOROLA HT-750 AAH25RDC9AA2AN

Transport of asset performed by: [signature] Printed Name: Wayne Canaday
Date: 1-6-16

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6 Jail

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 1-6-16

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen ✓ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): L-3 - Comm. Voice Plus Charger MV-VLP-DS-P
(Qty 31)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Conaday Printed Name: Wayne Conaday
Date: 1-12-16

Disposition Information:
Status of Asset:
___✓___ Operational _____ Damaged _____ Stolen ___✓___ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
___✓___ Other (please specify Discont. No-Longer-Service Support)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: 105A07 10015792
Description (Manufacture, Make/Model): AMERICAN DYNAMICS CAMERA

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: MOE
Current Location: Radio Shop

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: _____
Transfer Location: _____

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canady
Date: 11-28-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: 1Q21250518
Description (Manufacture, Make/Model): View Sonic Monitor VLCDS21457-2

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Bldg-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): MOTOROLA RADIO BRACKET

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: MOE
Current Location: 623 Washington Ave

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: _____
Transfer Location: _____

Department Head (or designee)
Signature accepting asset: Wayne Canady Printed Name: Wayne Canady
Date: 11-22-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: 004363
Description (Manufacture, Make/Model): STALKER RADAR ANTENNA DSR

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: _____
Transfer Location: _____

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
✓ Other (please specify NON-SERVICE)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: 425R
Description (Manufacture, Make/Model): STALKER RADAR ANTENNA

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: _____
Transfer Location: _____

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
✓ Other (please specify NON-SERVICE)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: 4311
Description (Manufacture, Make/Model): STALKER RADAR ANTENNA

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
✓ Other (please specify NON-SERVICE)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): 5-SET TURBO FLARE'S

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Pinnday
Date: 4-6-05

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Microphones + Misc Wiring - Whelen Strobe Power Supply

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: MOE
Current Location: 623 Washington

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Wayne Canaday
Date: 11-23-15

Transferred To: Department Name/Individual: _____
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: Wayne Canaday Printed Name: Wayne Canaday
Date: 11-28-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: N/A
Description (Manufacture, Make/Model): Tripp Lite UPS 750U

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Pinnday
Date: 11-6-05

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: 68129430215 9
Description (Manufacture, Make/Model): OPTI-UPS 1500C

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Pinnday Printed Name: Wayne Pinnday
Date: _____

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: 004363
Description (Manufacture, Make/Model): STALKER Radar Antenna

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: Wayne Canady Printed Name: Wayne Canaday
Date: 11-17-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
✓ Other (please specify NO-LONGER-SERVICE DISCONTINUED)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: -
Serial Number: 04714110088
Description (Manufacture, Make/Model): TRUVIEW TCM-1002

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Pinnday
Date: 11-6-18

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: –
Serial Number: 0471410126
Description (Manufacture, Make/Model): TRIVIEW CCTV MONITOR

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: CX04X064
Description (Manufacture, Make/Model): Wheelen

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Pawday Printed Name: Wayne Pawday
Date: 11-6-15

Disposition Information:
Status of Asset:
___✓___ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: POR 09591
Description (Manufacture, Make/Model): Whelen Siren Amp. BL-627

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: –
Serial Number: PLB R2624
Description (Manufacture, Make/Model): Whelen Siren Amp. BL-627

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-05

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed Name: _____
Signature releasing asset: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: PLB 02654
Description (Manufacture, Make/Model): Whelen Siren Amp. BL-627

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: PLB 02799
Description (Manufacture, Make/Model): Whelen Siren Amp. BG-627

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-18

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: N88643
Description (Manufacture, Make/Model): Wheller BL-627

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainday Printed Name: Wayne Ainday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: H/A Serial Number: PLB 02629
Description (Manufacture, Make/Model): Wheelen BL-627

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: S Reify
Current Location: 9th Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Ainday Printed Name: Wayne Ainday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: 201866
Description (Manufacture, Make/Model): Whelen 4-outlet Help Flasher BL-4054

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Pinnday Printed Name: Wayne Pinnday
Date: 12-6-13

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A
Serial Number: 01857
Description (Manufacture, Make/Model): Whelen 4-outlet Hal. Flasher BL 405A

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From:
Department Name/Individual: S. Shuff
Current Location: 624 Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To:
Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A
Serial Number: PLB 02625
Description (Manufacture, Make/Model): Whelen BL-627

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From:
Department Name/Individual: Sheriff
Current Location: 9th Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To:
Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-18

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A
Serial Number: PPC 54684
Description (Manufacture, Make/Model): Wheelen CS-240 Power Supply

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: S Sheff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-05

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: —
Description (Manufacture, Make/Model): Wheelen MPC01 Control Head (Qty 3)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th & Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: 5GW06381
Description (Manufacture, Make/Model): PANASONIC CCTV CAMERA WV-BP114

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 11-17-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: 55405038
Description (Manufacture, Make/Model): PANASONIC CCTV CAMERA WV-BP114

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: HWY-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 11-17-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: 59W08941
Description (Manufacture, Make/Model): Panasonic CCTV Camera WV-BP114

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Canaday
Date: 11-17-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: 59W06141
Description (Manufacture, Make/Model): PANASONIC CCTV CAMERA CW-BP114

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 11-17-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: 5GW06098
Description (Manufacture, Make/Model): PANASONIC CCTV CAMERA WV-BP114

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Crandall
Date: 11-17-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Brackets

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Pawlak
Date: 11-17-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: 101093
Description (Manufacture, Make/Model): MOBILE VISION VIDEO SYSTEM MV7A

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: SHERIFF
Current Location: 9th + WASHINGTON

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: WAYNE AINSDAY
Date: 10-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A
Serial Number: 801A1834801233
Description (Manufacture, Make/Model): AMERICAN DYNAMICS DVR ADDCRADVDV025Q

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: JAIL
Current Location: Hwy 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: WAYNE AINSDAY
Date: 11-6-05

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: ADA02270380
Description (Manufacture, Make/Model): View Sonic VE-170B

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hdy-c

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

9

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A
Serial Number: N/A
Description (Manufacture, Make/Model): AMERICAN DYNAMIC CAMERA MODEL ADSDU835N

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: WAYNE AINNDAY
Date: _____

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

10

Asset Information (must be filled out for transfer or disposition):

County Tag Number: —

Serial Number: 03B1E2

Description (Manufacture, Make/Model): Poly-Com View Station PVS-14xx

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: Child Support

Current Location: 7th + Washington

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington

Department Head (or designee) *Signature accepting asset:* Wayne Conaday Printed Name: Wayne Conaday

Date: 1-7-16

Disposition Information:

Status of Asset:

✓ Operational ____ Damaged ____ Stolen ✓ Pending Sale ____ Sold/Donated

✓ Scrap ____ Transfer to Inventory

____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): _____ Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:

Insurance Updated: Y / N

Asset System Updated: Y / N

Last updated:01/23/04

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

10

Asset Information (must be filled out for transfer or disposition):

County Tag Number: – Serial Number: 103F3236

Description (Manufacture, Make/Model): JVC VCR HR-VP450U

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: MOE

Current Location: 623 Washington

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: _____

Transfer Location: _____

Department Head (or designee) *Signature accepting asset:* Wayne Powell Printed Name: Wayne Powell

Date: 1-7-16

Disposition Information:

Status of Asset:

✓ Operational ____ Damaged ____ Stolen ✓ Pending Sale ____ Sold/Donated

____ Scrap ____ Transfer to Inventory

____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Signature releasing asset: _____ Printed Name: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

10

Asset Information (must be filled out for transfer or disposition):

County Tag Number: — Serial Number: 6340

Description (Manufacture, Make/Model): Wheelen Light Bar 9U724006

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: Sheriff

Current Location: 9th + Washington

Department Head (or designee) *Signature releasing asset:* X _____ Printed Name: X _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington

Department Head (or designee) *Signature accepting asset:* Wayne Conley _____ Printed Name: Wayne Conley

Date: 1-7-16

Disposition Information:

Status of Asset:

✓ Operational ____ Damaged ____ Stolen ✓ Pending Sale ____ Sold/Donated

____ Scrap ____ Transfer to Inventory

____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

10

Asset Information (must be filled out for transfer or disposition):

County Tag Number: N/A Serial Number: BW 23839

Description (Manufacture, Make/Model): MAENIE MIC/LINE MILER 1604-VLZ PRO

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: Commissioner's Court Rm

Current Location: 623 Washington

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington

Department Head (or designee) *Signature accepting asset:* Wayne Pinnday Printed Name: Wayne Pinnday

Date: 11-9-05

Disposition Information:

Status of Asset:

✓ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

_____ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:

Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

10

Asset Information (must be filled out for transfer or disposition):

County Tag Number: _____ Serial Number: 91197847

Description (Manufacture, Make/Model): BEHRINGER Equalizer PEQ 2200

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: Commissioners Court Rm

Current Location: 623 Washington

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington

Department Head (or designee) *Signature accepting asset:* _____ Printed Name: Wayne Pinnday

Date: _____

Disposition Information:

Status of Asset:

✓ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

_____ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Signature releasing asset: _____ Printed Name: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

10

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): JBL SPEAKERS

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainday
Date: _____

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

10

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): JBL SPEAKERS (Rtyp2)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Comm. Court Rm
Current Location: 623 Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-13

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

10

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: AH28150
Description (Manufacture, Make/Model): MACKIE M-1400 POWER AMP.

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: WAYNE RIVNDAY
Date: _____

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): (Qty 4) Havis Shield Cupholder Model C-CUP2-E-AS

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: MOE
Current Location: 623 Washington Ave

Department Head (or designee)
Signature releasing asset: Wayne Canady Printed Name: Wayne Canady
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Canady Printed Name: Wayne Canady
Date: 11-23-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): CABLES MISC

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: Wayne Ainday Printed Name: WAYNE AINDAY
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: -
Description (Manufacture, Make/Model): MOTOROLA RADIO CABINET

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: MOE
Current Location: 623 Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: WAYNE RINNDAY
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: Not on Equipment Serial Number: C30F934646300
Description (Manufacture, Make/Model): Sony ROR-GX257

Transport of asset performed by: #97 Printed Name: John Strunck
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Wayne Canaday
Current Location: M.O.E.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: Wayne Canaday Printed Name: Wayne Canaday
Date: 11-6-15

Disposition Information:
Status of Asset:
___ Operational ___ Damaged ___ Stolen ✓ Pending Sale ___ Sold/Donated
✓ Scrap ___ Transfer to Inventory
___ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): MOBILE VISION CABLES (BOX)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Ainsday
Date: _____

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): MOBILE VISION VIDEO CABLES BOX

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: Wayne Ainday Printed Name: Wayne Ainday
Date: _____

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: C37F9346
Description (Manufacture, Make/Model): Toshiba DVD DR430KU

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: -
Description (Manufacture, Make/Model): Federal UNITROL Model 750000-T2

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Canady Printed Name: Wayne Canady
Date: 11-23-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Whelen Head Light Flasher Model UHF 2150A (Qty 2)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Canaday Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Whelen Flasher Head Light (C.Vic) (Qty 10)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Canaday Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: —
Description (Manufacture, Make/Model): Motorola Speaker's Model HSN4031A (Qty 4)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: MOE
Current Location: 623 Washington Ave

Department Head (or designee)
Signature releasing asset: Wayne Canaday Printed Name: Wayne Canaday
Date: 11-23-15

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Canaday Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): Whelen 3-Terminal Flasher (Qty 2)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Crowley
Date: 11-23-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): Federal Rumbler Controller

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Nova Stable Power Supply

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Crowley Printed Name: Wayne Crowley
Date: 11-29-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

11

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): Radio Brackets MOE

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Canaday
Date: 11-23-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Aud[illegible] Place [illegible]em here.
PROPERTY OF
27630
McLENNAN COUNTY

Asset Information (must be filled out for transfer or disposition):

County Tag Number: 27630 Serial Number: 749 TZS 8125

Description (Manufacture, Make/Model): MOTOROLA HT-1250 AAH25KDF9AA5AN

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: _____

Current Location: _____

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington Ave.

Department Head (or designee) *Signature accepting asset:* Wayne Pinnaday Printed Name: Wayne Pinnaday

Date: _____

Disposition Information:

Status of Asset:

✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated

____ Scrap ____ Transfer to Inventory

____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): _____ Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:

Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag here.
PROPERTY OF 16802 McLENNAN COUNTY

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 16802 Serial Number: 722AWM0090
Description (Manufacture, Make/Model): MOTOROLA MCS2000 M01HX+8124

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Pinnday Printed Name: Wayne Pinnday
Date: 11-6-13

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Place pr PROPERTY OF 13660 McLENNAN COUNTY here.

Asset Information (must be filled out for transfer or disposition):

County Tag Number: 13660 Serial Number: 13660

Description (Manufacture, Make/Model): MOTOROLA MAXTRAC D43MJA7304BK

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: R&B PCT 2

Current Location: Battle Lake Rd

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington Ave.

Department Head (or designee) *Signature accepting asset:* Wayne Ainsday Printed Name: Wayne Ainsday

Date: 11-6-15

Disposition Information:

Status of Asset:

_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

✓ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:

Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):

County Tag Number: –

Serial Number: 1Q21250205

Description (Manufacture, Make/Model): View Sonic Monitor VG150B

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: _____

Current Location: _____

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington Ave

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: Wayne Lindsay

Date: _____

Disposition Information:

Status of Asset:

_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

_____ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:

Insurance Updated: Y / N

Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Lanier Microphone

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: MOE
Current Location: 623 Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-13

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: 18H43M1
Description (Manufacture, Make/Model): DELL Computer Model OPTIPLEX 780

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: ?
Current Location: —

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: 101061
Description (Manufacture, Make/Model): MOBILE VISION Video SYSTEM MV7A

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: SHERIFF
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Pinkday Printed Name: Wayne Pinkday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): APC UPS ES-550 (Qty 4)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-18

Disposition Information:
Status of Asset:
____ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
✓ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Havis-Shield Pull Out Tray

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Airhart Printed Name: Wayne Airhart
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: –
Serial Number: –
Description (Manufacture, Make/Model): APC UPS 750

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Pinnday
Date: 4-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): DELL Key Boards Qty 4

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: ?
Current Location: ?

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Pinnday Printed Name: Wayne Pinnday
Date: 11-6-18

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): Box Spot Light Parts

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 4-6-05

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed Name: _____
Signature releasing asset: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: CB1292400440
Description (Manufacture, Make/Model): UPS Model ES1500C

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Pinnday Printed Name: Wayne Pinnday
Date: 4-6-05

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): ARVINAIR SPACE HEATER

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: _____
Current Location: _____

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Pinnday Printed Name: Wayne Pinnday
Date: 11-6-05

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: 1015340
Description (Manufacture, Make/Model): Sony CCTV Monitor SSM-930

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: HWY-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 4-6-05

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed Name: _____
Signature releasing asset: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: M10700078
Description (Manufacture, Make/Model): PHILLPS CRTV MONITOR LTC 2009/61

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-21-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: -
Serial Number: M10700073
Description (Manufacture, Make/Model): PHILIPS CCTV MONITOR LTC-2009/61

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: —
Serial Number: 04714110119
Description (Manufacture, Make/Model): TPeVIEW CCTV MONITOR TCM-1002

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: –
Serial Number: 7N 020621
Description (Manufacture, Make/Model): CCTV Camera FC-62C

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: HWY-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 4-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):

County Tag Number: -

Serial Number: 7N 020622

Description (Manufacture, Make/Model): CCTV CAMERA FC-62C

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: Jail

Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday

Date: 11-6-05

Disposition Information:

Status of Asset:

_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

✓ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: –
Serial Number: 7A 030488
Description (Manufacture, Make/Model): CCTV CAMERA FC-62C

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-13

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: 7K-010381
Description (Manufacture, Make/Model): CCTV CAMERA FC-62

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainnday
Date: 11-6-06

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):

County Tag Number: _____ Serial Number: 7N - 019907

Description (Manufacture, Make/Model): CCTV CAMERA FC-62C

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: Jail

Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Ainsday

Date: 11-6-18

Disposition Information:

Status of Asset:

_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

✓ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: —
Serial Number: 714 - 030454
Description (Manufacture, Make/Model): CCTV CAMERA FC-62C

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Pinnday Printed Name: Wayne Pinnday
Date: 11-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: —
Serial Number: 7N 020630
Description (Manufacture, Make/Model): CCTV Camera FC-625

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N
Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):

County Tag Number: –

Serial Number: 714 020625

Description (Manufacture, Make/Model): CCTV CAMERA FC-62C

Transport of asset performed by: _____ Printed Name: _____

Date: _____

Transfer Information:

Transferred From: Department Name/Individual: Jail

Current Location: Hwy 6

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: MOE

Transfer Location: 623 Washington Ave.

Department Head (or designee) *Signature accepting asset:* Wayne Pinnday Printed Name: Wayne Pinnday

Date: 11-6-05

Disposition Information:

Status of Asset:

_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated

✓ Scrap _____ Transfer to Inventory

_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE
Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): SHOT GUN RACK

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: SHERIFF
Current Location: 9th & Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Pinnday
Date: 11-6-05

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): HAVE-SHIELD ARM REST W/CABINET

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: SHERIFF
Current Location: 9th & Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Ainday Printed Name: Wayne Ainday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

12

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): JOHO DESK CONSOLE (2ty 2)

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Sheriff
Current Location: 9th + Washington Ave

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: Wayne Ainsday Printed Name: Wayne Ainsday
Date: 11-6-15

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

12

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: N/a
Description (Manufacture, Make/Model): UPS-APC CS-500

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: Wayne Pinnday Printed Name: Wayne Pinnday
Date: 11-6-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Fixed Asset Transfer Form

Department: MOE

Location: 623 Washington

Audi... Plac... item here.

PROPERTY OF 18655 McLENNAN COUNTY

12

Asset Information (must be filled out for transfer or disposition):

County Tag Number: 18655 Serial Number: 428TYL6106

Description (Manufacture, Make/Model): Motorola MaxTrac - D43MJA7JA5AK

Transport of asset performed by: #97 Printed Name: JOHN STRUNCK

Date: 1-15-16

Transfer Information:

Transferred From: Department Name/Individual: _____

Current Location: _____

Department Head (or designee) *Signature releasing asset:* _____ Printed Name: _____

Date: _____

Transferred To: Department Name/Individual: _____

Transfer Location: _____

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: Wayne Swanday

Date: 1-15-16

Disposition Information:

Status of Asset:

✓ Operational ____ Damaged ____ Stolen ✓ Pending Sale ____ Sold/Donated

____ Scrap ____ Transfer to Inventory

____ Other (please specify Auction 2016)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____

Department Head (or designee): Printed Name: _____

Signature releasing asset: _____

Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:

Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

5

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

_____

Auditor's Use Only Place property tag of discarded item here.

@ 12-1956

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ——— Serial Number: ———
Description (Manufacture, Make/Model): Good year Fire 255/65/17 WRANGLER SR-A w/RIM

Transport of asset performed by: [signature] Printed Name: HARVEY MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: MARINE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

12-1956

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ——— Serial Number: 20100627A
Description (Manufacture, Make/Model): Scissor Type Vehical Jack

429

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: Strike Building

Department Head (or designee)
Signature accepting asset: Garett Bowdoin Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

12-1236

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ——— Serial Number: ———
Description (Manufacture, Make/Model): Two Red Brake Drums

430

Transport of asset performed by: [signature] Printed Name: Herbert Miller
Date: 2-10-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 02-10-15

Transferred To: Department Name/Individual: _____
Transfer Location: Shine Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDIN
Date: 2-18-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: 26415
Description (Manufacture, Make/Model): Airplus .5" air wrench

4152

Transport of asset performed by: [signature] Printed Name: HERSHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: STORE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: 012121
Description (Manufacture, Make/Model): Snap-On ~~[illegible]~~ Air chisel

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-6-15

453

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: [illegible]

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): 3/8" Air Ratchet Mac Tool

1/54

Transport of asset performed by: _____ Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: _____ Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: STORE BUILDING

Department Head (or designee)
Signature accepting asset: _____ Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): Hydraulic floor jack - MISSING LOWERING LIFT ROD

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

473

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2.16.15

Transferred To: Department Name/Individual: _____
Transfer Location: Shine Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARRETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Electric putting cup

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: MARINE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

10 - 12-25-34

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): hard hat

471

Transport of asset performed by: [signature] Printed Name: HERSHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.S.

Department Head (or designee) *Signature releasing asset:* [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: Storage Building

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

13

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

12-1333

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: Model # VR99
Description (Manufacture, Make/Model): mini TV

439

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: Sheriff Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

13-1179

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Screwdrivers, channel locks, wire cutters, Tool bits

437

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2.16.15

Transferred To: Department Name/Individual:
Transfer Location: SHAME BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARGTT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

12-2534

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model) Craftsman wet/dry vac mod: 113.177110

Transport of asset performed by: _____ Printed Name: HERCHEL MILLER
Date: 2-16-15

412 **Transfer Information:**
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: _____ Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: Storm Building

Department Head (or designee)
Signature accepting asset: _____ Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: Model # 200
Description (Manufacture, Make/Model): Craftsman Electric Soldering Gun

446

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHARE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3183
H0704

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ___ Serial Number: H0704
Description (Manufacture, Make/Model): Jitterbug Air Sander

457

Transport of asset performed by: [signature] Printed Name: Herschel Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: Shine Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOULDIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3183
Model #

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: HDXST9032
Description (Manufacture, Make/Model): HDX Staple Gun

4150

Transport of asset performed by: _____ Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: _____ Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: SHERIFF BUILDING

Department Head (or designee)
Signature accepting asset: _____ Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Makita Lithium-ion Tool bag

4/15

Transport of asset performed by: [signature] Printed Name: Hersche Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHARE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: 31499
Description (Manufacture, Make/Model): Dewalt Wireless Drill

449

Transport of asset performed by: _____ Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: _____ Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: SHARE BUILDING

Department Head (or designee)
Signature accepting asset: _____ Printed Name: GARETT BUNDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: —— Serial Number: 996920
Description (Manufacture, Make/Model): Porter Cable Router

456

Transport of asset performed by: [signature] Printed Name: HERSCEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: STRIKE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDEN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Straightline Sander

Transport of asset performed by: [signature] Printed Name: [illegible]
Date: 2-16-15

4/4/8

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: Shared Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ___ Serial Number: 351-18309
Description (Manufacture, Make/Model): Craftsman Staple gun

451

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: STORE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOW
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ~~_____~~ Serial Number: 94500911
Description (Manufacture, Make/Model): Craftsman Orbital Sander

447

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: SHADE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ——— Serial Number: ———
Description (Manufacture, Make/Model): DeWalt Drywall Screwdriver

4158

Transport of asset performed by: [signature] Printed Name: Herald Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: Shire Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDEN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

13-3183

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): Pipe Threader Type 62

455 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: STORE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

11-2713

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Skill saw Red and Gray

461

Transport of asset performed by: [signature] Printed Name: Hester Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: SD

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 02.16.15

Transferred To: Department Name/Individual:
Transfer Location: Share Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

14

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

11-2713

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: _____
Description (Manufacture, Make/Model): Back pack of misc tools
DICK B

462

Transport of asset performed by: [signature] Printed Name: Herschel Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: SO.

Department Head (or designee) *Signature releasing asset:* Jacque Baker Printed Name: Jacque Baker
Date: _____

Transferred To: Department Name/Individual: _____
Transfer Location: Strike Building

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: GARRET BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

15

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

09-2075

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Case Logic CD pack w/ misc cd's

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

465

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: SO

Department Head (or designee) *Signature releasing asset:* [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: [illegible]
Transfer Location: [illegible] BUILDING

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: GARETT BANDON
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

15

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

09-2075

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Eletronics, Camera and accesories

464 *Transport of asset performed by:* [illegible] Printed Name: Herbert Muller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: SO.

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHARE BUILDING

Department Head (or designee)
Signature accepting asset: [illegible] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

15

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

09-2075

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Cobra Radar Detector

1167

Transport of asset performed by: [signature] Printed Name: Hershel Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2.16.15

Transferred To: Department Name/Individual:
Transfer Location: Shine Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

15

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

09-2075

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: ~~[illegible]~~ 1DN019202
Description (Manufacture, Make/Model): Garmin GPS

469

Transport of asset performed by: [signature] Printed Name: Horacio Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: Storage Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

15

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

09-2075

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): MP3 Players

470

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: SO.

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2.16.15

Transferred To: Department Name/Individual:
Transfer Location: Bruce Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

15

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): Scuba light, misc items

Transport of asset performed by: [signature] Printed Name: Hershel Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: SO.

Department Head (or designee) *Signature releasing asset:* [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: Shine Building

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

15

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

12-1333

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: model # TOV2W
Description (Manufacture, Make/Model): Toastmaster Toaster oven

Transport of asset performed by: [signature] Printed Name: HERSHEL MILLER
Date: 2-16-15

441

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHERIFF BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

15

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

12-1333

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Gucci Mail bag

4413 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHERIFF BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDEN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): Lunch Box / Car HARDY BOYS

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

4116

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee) *Signature releasing asset:* Jacque Baker Printed Name: Jacque Baker
Date: 2.16.15

Transferred To: Department Name/Individual: _____
Transfer Location: DRIVE BUILDING

Department Head (or designee) *Signature accepting asset:* Garett Bowdon Printed Name: GARETT BOWDON
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): Clarinet in brown box

480 *Transport of asset performed by:* [signature] Printed Name: Herscel Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2.16.15

Transferred To: Department Name/Individual: _____
Transfer Location: BRIDGE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): ADOT toy pumpkin

481 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: MARINE BUILDING

Department Head (or designee)
Signature accepting asset: Garrett Bowdoin Printed Name: GARRETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

14-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): Candle holders / doll

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

477

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: MARINE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

12-1333

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Holy Bible & Case, King James Version

440

Transport of asset performed by: [signature] Printed Name: HERSHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHERIFF BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): Misc nick nacks

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

474

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee) *Signature releasing asset:* [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: Sabine Building

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13.3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): asst glass date mirror

484

Transport of asset performed by: [signature] Printed Name: HERSHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee) *Signature releasing asset:* Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: STATE BUILDING

Department Head (or designee) *Signature accepting asset:* Garett Bowdoin Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): 2 ship models

482 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee) *Signature releasing asset:* [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: Sabine Building

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

12-1333

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Athletic Cards

434

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: STORM BUNDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARRETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): figurine in styrofoam box

483 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee) *Signature releasing asset:* [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: STORE ROOM

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-3482

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: _____
Description (Manufacture, Make/Model): purple purse w/ asst jewelry

Transport of asset performed by: [signature] Printed Name: Hercie Miller
Date: 2-16-15

H79 **Transfer Information:**
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 2.16.15

Transferred To: Department Name/Individual: _____
Transfer Location: Office Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOUDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

16

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

12-1333

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): City of Waco Planning Map

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

435

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: STRINE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

17

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

11-1054

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ——— Serial Number: D2137-0287
Description (Manufacture, Make/Model): Stalker Bow w/Easton Epic Arrows

436 *Transport of asset performed by:* [signature] Printed Name: [illegible]
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-11

Transferred To: Department Name/Individual:
Transfer Location: Storage Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

17 B

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

12-1956

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Leather Horse Bridale and Rope

431 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: Jacque Baker Printed Name: Jacque Baker
Date: 02-16-15

Transferred To: Department Name/Individual: [illegible]
Transfer Location: [illegible]

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

17

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

12-1333

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ~~—~~ Serial Number: 4157864
Description (Manufacture, Make/Model): Black Binoculars

4442 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHARE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARRY BOWDEN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:	
Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

17

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

09-2075

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Bushnell Binoculars

468

Transport of asset performed by: [signature] Printed Name: Hersel Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2.16.15

Transferred To: Department Name/Individual: _____
Transfer Location: SHRIE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDEN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

17

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

12-1333

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Fowl Rifle Bag

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHRINE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDEN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

17

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

09-2075

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: —
Description (Manufacture, Make/Model): Jack Daniel's Pool Stick

463 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: SO

Department Head (or designee) *Signature releasing asset:* Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: SHIRE BUILDING

Department Head (or designee) *Signature accepting asset:* Garett Bowdoin Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

18

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

09-2075

Asset Information (must be filled out for transfer or disposition):
County Tag Number: ——— Serial Number: 118573
Description (Manufacture, Make/Model): Green DYE paintball gun w/ O2 tank

466

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: S.O.

Department Head (or designee) *Signature releasing asset:* Jacque Baker Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: STORE BUILDING

Department Head (or designee) *Signature accepting asset:* [signature] Printed Name: GARETT BOUDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee): Printed
Signature releasing asset: _____ Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

18

Department: _____

Location: _____

Auditor's Use Only Place property tag of discarded item here.

13-1855

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: — unreadable
Description (Manufacture, Make/Model): Black Mountain Bike

459

Transport of asset performed by: [signature] Printed Name: Herbert Miller
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: Strike Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only: Insurance Updated: Y / N	Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

18

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

13-1006

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: GS0703176416
Description (Manufacture, Make/Model): Orange and Silver bike

460

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 02.16.15

Transferred To: Department Name/Individual: _____
Transfer Location: SHARE BUILDING

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

BIKE W/O SEAT
+ BIKE SEAT (DOESN'T FIT)

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

18

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

08-1165

Asset Information (must be filled out for transfer or disposition):
County Tag Number: — Serial Number: T0386874
Description (Manufacture, Make/Model): Magnavox 20" Digital TV, VCR, DVD STILL IN BOX

432 *Transport of asset performed by:* [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual: _____
Transfer Location: _____

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

18

Department: _____

Location: _____

Auditor's Use Only
Place property tag of discarded item here.

06-6631

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: 065160720474
Description (Manufacture, Make/Model): 27" MTS Stereo Color TV

433

Transport of asset performed by: [signature] Printed Name: HERSCHEL MILLER
Date: 2-16-15

Transfer Information:
Transferred From: Department Name/Individual: Jacque Baker
Current Location: Sheriff's Office

Department Head (or designee)
Signature releasing asset: [signature] Printed Name: Jacque Baker
Date: 2-16-15

Transferred To: Department Name/Individual:
Transfer Location: Parking Building

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: GARETT BOWDOIN
Date: 2-16-15

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
_____ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

AUC-034

LOCATION: SHRINE BUILDING

LOT #	DESCRIPTION	CO TAG #	SERIAL #	MIN BID
19	BOOKSHELF - WOODEN - WOBBLY SHELVES			
SHORT	WOODEN STORAGE - (SILVER)	34 18		
	HI-LO METAL STAND TYPEWRITER STAND			
	SCRAP WOODEN DESK	09153		
	BROKEN METAL DESK	12769		
	WOODEN CHAIR - BROWN FABRIC	13788		
	" " - " "	13792		
	" " " " "	13812		
	" " " "	13787		
	" " " "	13808		
	MEDICAL BENCH, STEEL FRAME, REMOVABLE ARMRESTS			
	SMALL MEDIA CART, WHEELED	11648		
	SMALL, WOODEN DESK			
	" " "	13642		
-	VERY LARGE 2-DRAWER HOMEMADE DESK			
	" 3-DRAWER " "			
	SCRAP DESK MISSING 3 DRAWERS			
	3-DRAWER DESK W/ MATCHING ADD-ON			
	WOODEN DESK MISSING 3-DRAWERS			
	SCUFFED 4-DRAWER WOODEN DESK			
	GRAY OFFICE CHAIR (BROKEN)	18686		
	FABRIC GUEST CHAIR	12247		
*SCRAP	" "	12203		
	" "	12262		
	" "	12288		
	" "	12232		
	" "	12286		
+	~~MISC SCRAP CHAIRS~~			
	" "	12245		
	" "	12200		
	" "	12282		
	BROWN CHAIR	07730		
	RED CHAIR	17625		
	GRAY CHAIR	17706		
	BROWN CHAIR W/ METAL BASE	09616		
	(24) MISC & BROKEN CHAIRS			

AUC-034

20 - 31

LOCATION: HWY 6 JAIL

LOT #	DESCRIPTION	CO TAG #	SERIAL #	MIN BID
20	VULCAN VE40 BOILER, 480 VOLTS, 23 AMPS	23777	27-1166363 27-1177339	
21	VULCAN 936RX-1 FLAT GRILL 120V 60 CAST	24066	658110832	
22	NORLAKE REFRIGERATOR W/ 6 CASTER WHEELS	22801		
23	MONTAGUE EK-15A OVEN, 240V/, 5.9AMP	22805	D-57000A	
24	~~HOBART~~ VULCAN 427857-1 OVEN	2315?		
25	" "	24068		
26	" " MISSING HANDLE COVERS	23776		
27	MANITOWOC MODEL SDD692N ~~KLOP~~ ICE MAKER & CONDENSER MODEL JC0805 KLOPPENBERG ICE BUCKET MODEL 1045S	—	ICE MAKER 04086 0965 COND. 05039 0997 I 94002 4	
28	GS60E VULCAN STEAM KETTLE " " "	22802	271166162 271156366	
29	MONTAGUE GRIZZLY BURNER	22799		
30	VULCAN DEEP FRYER			
31	GROEN FRONT TILT BRAISER			

Vehicle/Equipment Information Sheet (VIS)

32

RENE BATES AUCTIONEERS, INC.

4660 CR 1006,
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Date: 2/4/16

Owner: FUV

Asset/Item/Unit or Vehicle Number: _____

Year: 2006 Make: Ford Model: CROWN VIC

VIN/Serial Number: 4146 (2FAFP71W96X144146)

Mileage: 125592 Hours (if applicable): _____

Engine Size: 4.6 Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: _____ Make:

Horse Power - equipment Diesel engines only - RBAI must know if it is 50 hp or above per Texas TERP Law: _____

Transmission: Automatic ☑ Manual ☐ Other: _____ Make: _____

Interior: Type of Seats Bucket ☐ 60-40 ☐ Bench ☑

Floor Mats: Rubber ☐ Carpet ☑

Vehicle Equipment:

	Yes	No		Yes	No
A/C	☑	☐	Radio	☑	☐
PS	☑	☐	CD	☐	☑
PB	☑	☐	PD Logos Removed	☑	☐
Air Brakes	☐	☑	PD Equip. Removed	☑	☐
Power Windows	☑	☐	Does it Run	☑	☐
Power Locks	☑	☐	Is it a Seized Vehicle	☐	☑
Spotlight	☐	☑	Does it have a Title	☑	☐
Rear Window Defogger	☑	☐	Is it a Salvage Title or	☑	☐
Trunk Release	☑	☐	Salvage/Rebuilt Title	☐	☑
			Does it have keys	☑	☐

Date Removed from Service: 2/3/16

Known Defects: CHIPPED PAINT BROKEN DASH COMPONENTS, ~~Broken hood release handle~~.

Other General Remarks or Descriptions: _____

Exterior Damage: _____

Repair Remarks (work done recently, include dates): _____

Location: _____

Contact Name/Email/Phone: _____

Vehicle/Equipment Information Sheet (VIS)

33

RENE BATES AUCTIONEERS, INC.

4660 CR 1006,
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Date: 2/4/16

Owner: JUV

Asset/Item/Unit or Vehicle Number: _____

Year: 2002 Make: Ford Model: Crown Vic

VIN/Serial Number: 4497 (2FAFP71W82X154497)

Mileage: 191479 Hours (if applicable): _____

Engine Size: 4.6 Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: _____ Make:

Horse Power - equipment Diesel engines only - RBAI must know if it is 50 hp or above per Texas TERP Law: _____

Transmission: Automatic ☑ Manual ☐ Other: _____ Make: _____

Interior: Type of Seats Bucket ☑ 60-40 ☐ Bench ☐

Floor Mats: Rubber ☑ Carpet ☐

Vehicle Equipment:

	Yes	No		Yes	No
A/C	☑	☐	Radio	☑	☐
PS	☑	☐	CD	☐	☑
PB	☑	☐	PD Logos Removed	☑	☐
Air Brakes	☐	☑	PD Equip. Removed	☑	☐
Power Windows	☑	☐	Does it Run	☑	☐
Power Locks	☑	☐	Is it a Seized Vehicle	☐	☑
Spotlight	☐	☑	Does it have a Title	☑	☐
Rear Window Defogger	☑	☐	Is it a Salvage Title or	☑	☐
Trunk Release	☑	☐	Salvage/Rebuilt Title	☐	☑
			Does it have keys	☑	☐

Date Removed from Service: 2/2/16

Known Defects: PAINT IS CHIPPED, BROKEN HOOD RELEASE HANDLE

Other General Remarks or Descriptions: _____

Exterior Damage: _____

Repair Remarks (work done recently, include dates): _____

Location: _____

Contact Name/Email/Phone: _____

McLennan County, Texas
Fixed Asset Transfer Form

34

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: N/A Serial Number: F052887
Description (Manufacture, Make/Model): Sony TV Model KV-27S45

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: JP 1 + 2 (C. Hawes)
Current Location: 5th + Washington

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Crowley
Date: 12-4-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

34

Department: MOE

Location: 623 Washington Ave

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: _____ Serial Number: —
Description (Manufacture, Make/Model): VITEK CCTV CAMERA VTC-C544

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington

Department Head (or designee)
Signature accepting asset: _____ Printed Name: Wayne Chuardy
Date: 02-4-16

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

34

Department: MOE

Location: 623 Washington Ave.

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: -
Description (Manufacture, Make/Model): Qty 2 Speaker

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: MOE
Current Location: 623 Washington

Department Head (or designee)
Signature releasing asset: Wayne Conaday Printed Name: Wayne Conaday
Date: 2-4-16

Transferred To: Department Name/Individual: _____
Transfer Location: _____

Department Head (or designee)
Signature accepting asset: Wayne Conaday Printed Name: Wayne Conaday
Date: 2-4-16

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

34

Department: 11 OE

Location: 623 C Washington

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: – Serial Number: –
Description (Manufacture, Make/Model): COBY T.V. Bldg 6

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Bldg - 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 C Washington

Department Head (or designee)
Signature accepting asset: Wayne Conaway Printed Name: Wayne Conaway
Date: 12-4-16

Disposition Information:
Status of Asset:
✓ Operational ____ Damaged ____ Stolen ____ Pending Sale ____ Sold/Donated
____ Scrap ____ Transfer to Inventory
____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

34

Department: MOE

Location: 623 Washington

Auditor's Use Only
Place property tag of discarded item here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: - Serial Number: 59W06142
Description (Manufacture, Make/Model): Panasonic Camera CCTV WV-BP114

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy-6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave.

Department Head (or designee)
Signature accepting asset: Wayne Conaway Printed Name: Wayne Conaway
Date: 12-4-16

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

McLennan County, Texas
Fixed Asset Transfer Form

34

Department: MOE

Location: 623 Washington

Audit Place PROPERTY OF 23882 McLENNAN COUNTY em here.

Asset Information (must be filled out for transfer or disposition):
County Tag Number: 23882 Serial Number: 8319023440
Description (Manufacture, Make/Model): ACER MONITOR V 173

Transport of asset performed by: _____ Printed Name: _____
Date: _____

Transfer Information:
Transferred From: Department Name/Individual: Jail
Current Location: Hwy 6

Department Head (or designee)
Signature releasing asset: _____ Printed Name: _____
Date: _____

Transferred To: Department Name/Individual: MOE
Transfer Location: 623 Washington Ave

Department Head (or designee)
Signature accepting asset: [signature] Printed Name: Wayne Pendergraft
Date: 12-4-16

Disposition Information:
Status of Asset:
_____ Operational _____ Damaged _____ Stolen _____ Pending Sale _____ Sold/Donated
✓ Scrap _____ Transfer to Inventory
_____ Other (please specify _____)

If Sale or Donated: Name and Address of: _____

Sale Price: _____ Estimated Value if Donated: _____
Department Head (or designee):
Signature releasing asset: _____ Printed Name: _____
Date: _____

Please make a copy of this form for your records. The original should be returned to the Auditor's Office.

Auditor Office Use Only:
Insurance Updated: Y / N Asset System Updated: Y / N

Last updated:01/23/04

Vehicle/Equipment Information Sheet (VIS)

RENE BATES AUCTIONEERS, INC.

4660 CR 1006,
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Purchasing

35

Date: 1-9-16

Owner: ____ Asset/Item/Unit or Vehicle Number: ____

Year: ~~98~~ 99 Make: CHEVY Model: SILVERADO

VIN/Serial Number: 4046 (2GCEC19V8X1164046)

Mileage: 092863 Hours (if applicable): ____

Engine Size: 4.8 Gas: ☑ Diesel: ☐ Propane: ☐ Other: ☐ Type: ____ Make:

Horse Power - equipment Diesel engines only - RBAI must know if it is 50 hp or above per Texas TERP Law: ____

Transmission: Automatic ☑ Manual ☐ Other: ____ Make: ____

Interior: Type of Seats Bucket ☐ 60-40 ☐ Bench ☑ Floor Mats: Rubber ☐ Carpet ☑

Vehicle Equipment:

	Yes	No		Yes	No
A/C	☑	☐	Radio	☑	☐
PS	☑	☐	CD	☑	☐
PB	☑	☐	PD Logos Removed	☑	☐
Air Brakes	☐	☑	PD Equip. Removed	☑	☐
Power Windows	☑	☐	Does it Run	☑	☐
Power Locks	☑	☐	Is it a Seized Vehicle	☐	☑
Spotlight	☐	☑	Does it have a Title	☑	☐
Rear Window Defogger	☐	☑	Is it a Salvage Title or	☐	☑
Trunk Release	☐	☑	Salvage/Rebuilt Title	☐	☐
			Does it have keys	☑	☐

Date Removed from Service: 1/1/16

Known Defects: BAD PAINT & INTERIOR DENT ON PASSENGER DOOR & REAR PANEL

Other General Remarks or Descriptions: ____

Exterior Damage: ____

Repair Remarks (work done recently, include dates): ____

Location: 623 Washington

Contact Name/Email/Phone: Wayne
757-5290

AUC-034

36-37

LOCATION: ROAD & BRIDGE, PRECINCT 1 YARD				
LOT #	**DESCRIPTION**	**CO TAG #**	**SERIAL #**	**MIN BID**
Lot 36	1996 Gradall XL4100; Diesel; Manual; 175HP		417248	$22,500
	AC; PS; Air Brakes; Has Keys and Runs			
Lot 37	1991 Ford Super Duty: 7.3 Diesel; Automatic;	VIN:	2FDLF47M8NCA0404	$3,150
	242,572 Miles; AC; PS; PB; AM/FM Radio;			
	Has Keys and Runs			

Vehicle/Equipment Information Sheet (VIS)

RENÉ BATES AUCTIONEERS, INC.

36

4660 CR 1006
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Date: 11-4-15

Owner: McLENNAN COUNTY

Asset/Item/Unit or Vehicle Number: _____

Year: 1996 Make: Gradall Model: XL4100

VIN/Serial Number: 417248

Mileage: NA Hours (if applicable): NA

Engine Size: NA Gas: ☐ Diesel: ☑ Propane: ☐ Other: ☐ Type: _____ Make:

Transmission: Automatic ☐ Manual ☑ Other: _____ Make: _____

Interior: Type of Seats Bucket ☐ 60-40 ☐ Bench ☐

Floor Mats: Rubber ☐ Carpet ☐

Vehicle Equipment:

	Yes	No		Yes	No
A/C	☑	☐	AM Radio	☐	☑
PS	☑	☐	FM Radio	☐	☑
PB	☐	☑	CD	☐	☑
Air Brakes	☑	☐	Cassette	☐	☑
Power Windows	☐	☑	Does it Run	☑	☐
Power Locks	☐	☑	Is it Road Worthy	☑	☐
Spotlight	☐	☑	Is it a Seized Vehicle	☐	☑
Rear Window Defogger	☐	☑	Does it have a Title	☑	☐
Trunk Release	☐	☑	Is it a Salvage Title	☐	☑
			Does it have keys	☑	☐

Exterior Damage: _____

Repair Remarks: (work done recently - include dates)

_____

Known Defects:

_____

Other General Remarks or Descriptions:

_____

Location: _____

Contact Name/Email/Phone: _____

Vehicle/Equipment Information Sheet (VIS)

RENÉ BATES AUCTIONEERS, INC.

37

4660 CR 1006
McKinney, Texas 75071
Phone 972-548-9636 • Fax 972-542-5495 • Email auction@renebates.com

Date: 11-4-15

Owner: McLENNAN COUNTY

Asset/Item/Unit or Vehicle Number: S10

Year: 91 Make: Ford Model: Super-Duty

VIN/Serial Number: 2FDLF47M8NCA04045

Mileage: 242572 Hours (if applicable): _____

Engine Size: 7.3 Gas: ☐ Diesel: ☑ Propane: ☐ Other: ☐ Type: _____ Make:

Transmission: Automatic ☑ Manual ☐ Other: _____ Make: _____

Interior: Type of Seats Bucket ☐ 60-40 ☐ Bench ☑

Floor Mats: Rubber ☑ Carpet ☐

Vehicle Equipment:

	Yes	No		Yes	No
A/C	☑	☐	AM Radio	☑	☐
PS	☑	☐	FM Radio	☑	☐
PB	☑	☐	CD	☐	☑
Air Brakes	☐	☑	Cassette	☐	☑
Power Windows	☐	☑	Does it Run	☑	☐
Power Locks	☐	☑	Is it Road Worthy	☑	☐
Spotlight	☐	☑	Is it a Seized Vehicle	☐	☑
Rear Window Defogger	☐	☑	Does it have a Title	☑	☐
Trunk Release	☐	☑	Is it a Salvage Title	☐	☑
			Does it have keys	☑	☐

Exterior Damage: _____

Repair Remarks: (work done recently - include dates)

_____

Known Defects:

_____

Other General Remarks or Descriptions:

_____

Location: _____

Contact Name/Email/Phone: _____

AUC-034

38-39

LOCATION: ROAD & BRIDGE, PRECINCT 4 YARD				
LOT #	DESCRIPTION	CO TAG #	SERIAL #	MIN BID
Lot 38	(6) 10.00R20 Semi Tires on Rims; Most Tires			$175
	w/75 Percent Tread Remaining			
Lot 39	(6) 10.00R20 Semi Tires on Rims; Most Tires			$175
	w/75 Percent Tread Remaining			

AUC-034

LOCATION: SHRINE BUILDING

LOT #	DESCRIPTION	CO TAG #	SERIAL #	MIN BID
40	CIRCULAR WOOD TABLE	01789		
	SMALL WOODEN DESK	13840		
	SMALL WOODEN 2-DRAWER DESK			
	SMALL WOODEN DESK w/ SLIGHT DAMAGE	13789		
	6-DRAWER WOODEN DESK - 4 LEGS (DETACHED)	36 481	(SILVER TAG)	
	(2) 6-FT TALL WOODEN BOOKCASES			
	SHELF UNIT W/ LIGHT			
	4-DRAWER WOODEN DESK	13794		
	SCRAP WOOD / METAL DESK			
	SCRAP 5-DRAWER DESK	06686		
	SCRAP DESK W/ NO DRAWERS			
	SCRAP BROKEN WOODEN DESK			
	VERY LARGE BOX OF OLD DISASSEMBLED DESK			
	SCRAP SMALL SHELF ON CASTERS MISSING WHEEL			
	SCRAP WOODEN DESK MISSING LEG			

FILED: FEB 16 2016

J.A. "ANDY" HAHWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

ORDER APPROVING:

AUTHORIZATION OF UPDATED PRIORITIZED LIST

RE: THE COUNTY ENERGY TRANSPORTATION REINVESTMENT ZONE (CETRZ)

On this the 16 day of February, 2016, came on for consideration the matter Regarding the County Energy Transportation Reinvestment Zone (CETRZ): Authorization of Updated Prioritized List. Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

TEXAS DEPARTMENT OF TRANSPORTATION

COUNTY TRANSPORTATION INFRASTRUCTURE FUND GRANT PROGRAM

COUNTY: McLennan

LIST OF TRANSPORTATION INFRASTRUCTURE PROJECTS (Prioritized List)

Make sure to prioritize your county's projects and put them in order of most importance to least importance. Total project cost will equal the total grant as reflected in the agreement (including engineering, right-of-way and utility costs, construction, inspection, etc., as applicable.)

TxDOT District: Waco

Economically Disadvantaged[1]: Yes

	PROJECT INFORMATION			EXISTING ROADWAY		IMPLEMENTATION SCHEDULE			ESTIMATE	FUNDING	
Project Priority Number	Roadway Name or Designation	Project Limits	Scope / Type of Work	Type of Facility	Existing Surface	Competitive Bid or County Forces?	Proposed Begin Construction Date (Mo./Yr.)	Proposed End Construction Date (Mo./Yr.)	Estimated Total Project Cost	State Share[1]	County Share
Your County's Prioritized Project List:											
1	Lincoln City Road	East property line of TX Prestress Concrete to I-35	Subgrade Stabilization, base additions, reclamation and two-co	2-lane Rural	Un-surfaced	County Forces	10/2014	9/2015	$ 69,334.00	$	$
2	Losak Road	Moonlight Drive (FM3148) to Cooksey Lane	Reclaim existing pavement, base additions, chip-seal surface c	2-lane Rural	Bituminous Chip-Seal	County Forces	2/2016	9/2016	$ 69,334.00	$	$
3	Olive Branch Road	From FM 2311 going west 4806 feet	Subgrade Stabilization, base additions, reclamation and two-co	2-lane Rural	Un-surfaced	County Forces	10/2014	9/2016	$ 69,334.00	$	$
4	Tom Ledbetter Road	Hwy 6 access road to McLennan Crossing Road	Base additions, reclamation, and two-course chip-seal	2-lane Rural	Un-surfaced and Bitumino	County Forces	4/2015	9/2016	$ 69,334.00	$	$
5									$	$	$
6									$	$	$
7									$	$	$
8									$	$	$
9									$	$	$
10									$	$	$
11									$	$	$
12									$	$	$
13									$	$	$
								Total	$ 277,336.00	$ 0.00	$ 0.00

[1]If your county is an "economically disadvantaged county" as determined by Transportation Code 222.053, the State Share will be 90% of the allowable Total Project Cost. If your county is not "economically disadvantaged," the State Share will be 80%. Upon selection of county name from drop down list, economically disadvantaged status populates atuomatically. A list of economically disadvantaged counties can be found at http://ftp.dot.state.tx.us/pub/txdot-info/energy/edc-2014.pdf.

Grant Award Amount (State Allocation):

Verify State Share equals Grant Award Amount: 0.00

Submittal Date: 02/04/2016

County Authorized Representative Signature: Scott M. Felton

County Authorized Representative Name: Scott M. Felton

The state acknowledges and concurs with the information stated herein as of: _____

The State of Texas

By: _____

Name: _____

Title: _____

Revised Oct. 1, 2014

County Name McLennan County Project Name Losak Road

CERTIFICATION

County Transportation Infrastructure Fund Grant Program

Environmental Permitting and Regulatory Issues

By submitting this form, signed and dated by an authorized representative of the County, the County certifies to TxDOT the following:

The County certifies that the Project consists of improving an existing county road that is part of the county road system and that has previously been maintained by the County. The improvements listed in the Project may include the resurfacing and repairing of the existing county road. The County is unaware of any applicable federal, state, and local environmental laws and regulations that would require permitting for the Project. Further, the County has no requirement for coordination and environmental clearance for the Project. The County has not identified any environmental problems associated with the Project that require costs for mitigation and/or remediation. Finally, the County is not required to provide any public meetings or public hearings for assessing and mitigating environmental issues for the Project.

County Authorized Representative Signature Scott M. Felton Date 2/16/16

County Authorized Representative Name Scott M. Felton Title County Judge

County Name McLennan County Project Name Losak Road

CERTIFICATION FORM 2

County Transportation Infrastructure Fund Grant Program

By submitting this form, signed and dated by an authorized representative of the county, the county certifies to TxDOT each item indicated below.

Please mark the appropriate certification block(s) below, sign and date the form, include attachments as noted and deliver to TxDOT's designated district representative.

Prior to Starting Construction on a Project

- [x] ***Acquisition of Right of Way and Real Property Acquisition*** — County certifies it has all required right of way or has obtained all necessary right of entry for performance of this project. County also certifies all right of way acquired for this project since award of County Transportation Infrastructure Fund Grant has been in accordance with applicable requirements of Title II and Title III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, Title 42 U.S.C.A., Section 4601 et seq. (no attachment required)
- [x] ***Relocation of Utilities*** — County certifies all impacted utilities have been relocated and identified on the plans. (no attachment required)
- [x] ***Environmental Permitting and Regulatory Issues*** — County has obtained written certification by a qualified professional that an appropriate level of environmental investigation and analysis has been performed for this project, all identified environmental problems have been remediated, and all required permits and clearances from appropriate regulatory agencies have been obtained. (attach certification)
- [x] ***Compliance with Texas Accessibility Standards and ADA*** — County certifies the plans for the transportation infrastructure project are in compliance with applicable Texas Accessibility Standards (TAS) issued by the Texas Department of Licensing and Regulation, under the Architectural Barriers Act, Texas Government Code, Chapter 469. TAS establishes minimum accessibility requirements to be consistent with minimum accessibility requirements of the Americans with Disabilities Act, Title 42 U.S.C., Section 12101 et seq. (no attachment required)
- [x] ***Material Testing*** — County certifies it will follow adopted quality assurance requirements during construction. (no attachment required)

County-Performed Work

- [x] ***Self-performed Design*** — County certifies no engineering, architectural or surveying consultants have been or will be used in performance of this project. (no attachment required)
- [x] ***Self-performed Construction*** — County certifies all maintenance and construction work on this project will be performed with county personnel and work will be performed in accordance with adopted design standards, specifications and quality assurance requirements. (no attachment required)

Contracted Work

- [ ] ***Selection of Engineering, Architectural and Surveying Consultants*** — County certifies procurement of engineering, architectural and surveying consultants have followed and will follow applicable state qualifications-based selection procedures. (no attachment required)
- [ ] ***Construction Documents*** — County has obtained written certification from a Texas Registered Professional Engineer that the construction documents were developed using the selected/adopted design criteria and specifications. (attach certification)
- [ ] ***Advertisement for Construction Work*** — County certifies it has followed and will follow state-required advertisement laws and regulations applicable to construction projects. (no attachment required)
- [ ] ***Construction Contract Procurement*** — County certifies it has followed and will follow state laws and regulations applicable to procurement and selection of a construction contractor for this project. (no attachment required)

County Authorized Representative Signature Scott M. Felton Date 2/16/14

County Authorized Representative Name Scott M. Felton Title County Judge

Counties are required to keep all program and project records related to the County Transportation Infrastructure Fund Grant Program for three years from its receipt of final payment from TxDOT.

FILED: FEB 1 6 2016'

J.A "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcedez Gowan DEPUTY

ORDER APPROVING:

AMENDED ORDER RE: THE REGULATION OF FOOD ESTABLISHMENTS INCLUDING FOOD SERVICE ESTABLISHMENTS, RETAIL FOOD STORES, MOBILE FOOD UNITS AND ROADSIDE FOOD VENDORS

On this the 16 day of February, 2016, came on for consideration the matter of Approval of Amended Order regarding the Regulation of Food Establishments Including Food Service Establishments, Retail Food Stores, Mobile Food Units, and Roadside Food Vendors. Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

AMENDED ORDER REGARDING THE REGULATION OF FOOD ESTABLISHMENTS INCLUDING FOOD SERVICE ESTABLISHMENTS, RETAIL FOOD STORES, MOBILE FOOD UNITS, AND ROADSIDE FOOD VENDORS

WHEREAS, as provided by Chapter 437 of the Texas Health and Safety Code, counties and public health districts have the authority to enforce state law and rules concerning food service establishments, retail food stores, mobile food units, and roadside food vendors, and

WHEREAS, on August 4, 1984, the City of Waco and McLennan County entered into a Cooperative Agreement to provide the administration of a local public health program through the Waco-McLennan County Public Health District, and

WHEREAS, said Cooperative Agreement was amended and joined by all of the municipalities located in McLennan County on June 21, 1988, and

WHEREAS, the Commissioner's Court finds it necessary and in the best interest of the public health and welfare of the citizens of McLennan County to adopt the regulations set forth herein, to set fees for issuing or renewing food establishment permits, and to authorize the Waco-McLennan County Public Health District to collect and retain those fees to fund the inspection and permitting activities of the Waco-McLennan County Public Health District pursuant to the Cooperative Agreement and this Order.

Therefore, it is ORDERED, that the McLennan County Commissioner's Court adopts the following Order:

Section 1. Enforcement of State Law and Rules and Definitions

McLennan County adopts by reference the provisions of Chapter 437 of the Texas Health and Safety Code applicable to counties/public health districts and the current rules or rules as amended by the Texas Board of Health found in 25 Texas Administrative Code, Chapter 228, Subchapters A through J ("Texas Food Establishment Rules") regarding the regulation of food establishments in this jurisdiction, including any applicable amendments thereto. This Order applies to the unincorporated areas of McLennan County, Texas. McLennan County appoints the Waco-McLennan County Public Health District as the regulatory authority to enforce this Order and the applicable Food Establishment Rules in the unincorporated areas of McLennan County.

The words "authorized agent or employee" mean the employees of the regulatory authority.

The words "food establishment" means an operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption as follows:

(A) a restaurant, retail food store, satellite or catered feeding location, catering operation if the operation provides food directly to a consumer or to a conveyance used to transport people, market, vending location, (machine), self-service food market, conveyance used to transport people, institution, or food bank;

(B) an establishment that relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers; and

(C) includes an element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location unless the vending or feeding location is permitted by the regulatory authority and an operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.

(D) food establishment does not include an establishment that offers only prepackaged foods that are not time / temperature controlled for safety food, a produce stand that only offers whole, uncut fresh fruits and vegetables, a food processing plant, a cottage food industry, an area where cottage food is prepared, sold or offered for human consumption, a Bed and Breakfast Limited facility as defined in this chapter, or a private home that receives catered or home-delivered food.

The words "state laws and rules" mean the state laws found in Chapter 437 of the Texas Health and Safety Code and the state rules found at 25 Texas Administrative Code Chapter 228, Subchapters A through J, including any applicable amendments thereto.

The words "regulatory authority" means the Waco-McLennan County Public Health District.

The words "non-profit organization" means an organization described in 25 U.S.C. §501(c)(3), (4), (8), (10), (13), or (19), an organization defined as a church in §170(b)(1)(A)(1) of the Internal Revenue Code, an organization set up for a charitable, educational, or religious purpose if organized and operated in a way that does not result in accrual of distributable profits, realization of private gain resulting from payment or compensation, other than reasonable compensation for services rendered by persons who are not members of the organization, or realization of any other form of private gain or distribution of net earnings for the benefit of a member or private individual. The term shall also include organizations engaged exclusively in providing athletic competition among persons under 19 years of age, organizations engaged exclusively in providing volunteer fire protection or emergency medical services, and parent-teacher association/organizations, if no financial benefit goes to an individual or shareholder.

Section 2. Permits and Exemptions

A person may not operate a food establishment in the unincorporated areas of McLennan County, Texas, without a permit issued by the regulatory authority. Permits are not transferable from one person to another or from one location to another location (no location restriction for mobile food unit or roadside food vendor), except as otherwise permitted by this Order. A valid permit must be conspicuously posted in or on every food establishment regulated by this Order.

A food establishment operated solely by a nonprofit organization as defined herein is exempt from the permitting requirements of this Order, but is not exempt from compliance with State laws and rules. The regulatory authority may require any information necessary to determine whether an organization is nonprofit for purposes of this exemption.

A bed and breakfast establishment with seven or fewer rooms for rent that serves only breakfast to its overnight guests is not a food establishment for purposes of this Order. Any other bed and breakfast is a food establishment and shall follow the applicable state rules and must obtain a permit under this Order.

As a condition of retaining a permit, the permit holder must comply with the applicable Texas Food Establishment Rules, and all conditions of 25 T.A.C. § 228.248, including providing access to the regulatory authority to the food establishment's operations.

Section 3. Application for Permit and Fees

Any person desiring to operate a food establishment in an unincorporated area of McLennan County, Texas must make a written application for a permit on forms provided by the regulatory authority. The application must contain the name and address of each applicant, the location and type of the proposed food establishment and the applicable fee. An incomplete application will not be accepted. Failure to provide all required information or falsifying information required may result in denial or revocation of the permit. Renewals of permits are required on an annual basis, except for temporary permits, and the same information is required for a renewal permit as for an initial permit.

Prior to the approval of an initial permit or the renewal of an existing permit, the regulatory authority shall inspect the proposed food establishment to determine compliance with state laws and rules. A food establishment that does not comply with state laws and rules may be denied a permit or the renewal of a permit. The regulatory authority shall process an application and inform the applicant as to whether a permit will be issued or denied within ten (10) business days of receipt of the application, unless time is extended by emergency circumstances or by the agreement of the applicant.

The Regulatory Authority may charge and collect fees including a fee for permits and permit renewals at the time of application in accordance to the fee schedule approved by the Commissioner's Court including any applicable amendments thereto.

Section 4. Review of Plans

Before issuing a permit, the regulatory authority may require an applicant to provide plans for the food preparation, storage, and sales areas to determine if the applicant is in compliance with state law and the rules adopted under state law governing the applicant. If, after initial inspection, it is determined that the applicant is not in compliance with the plans approved by the regulatory authority, the regulatory authority may deny the applicant a permit on that basis. If, after reinspection, the applicant is found to be in compliance, a permit will issue, if the applicant is otherwise eligible for the permit.

Section 5. Enforcement of Order

The regulatory authority may, after giving notice and providing an opportunity for hearing, deny, suspend, or revoke a permit for any violation of this Order, the state law, or the state rules.

The notice of the reasons for the proposed denial, suspension, or revocation of the permit shall be in writing and mailed by certified mail return receipt requested, or personally delivered to the permit holder or applicant at the address as shown on the permit application or renewal. The refusal to accept personal delivery of the notice or to accept or pick up the certified letter shall be considered a receipt of the letter. The reason for the proposed denial, suspension, or revocation shall be stated in the notice. The permit holder or applicant shall have twenty days from the receipt of the notice letter to request, in writing, a hearing on the proposed denial, suspension, or revocation. If no request for hearing is received by the regulatory authority within twenty days of receipt of the notice by the permit holder, or applicant, the regulatory authority may take the proposed action without a hearing. A suspended permit may be reinstated upon application, correction of all violations, payment of the reinspection fee, and verification of compliance by reinspection.

If a hearing is requested within the twenty-day period, the hearing shall be conducted by a hearing officer appointed by the regulatory authority within ten (10) business days of the regulatory authority's receipt of a written request for hearing. The hearing officer shall appoint a time, day, and location for the hearing and shall notify permit holder or applicant thereof. Both the regulatory authority and the permit holder or applicant shall have the right to present witnesses and evidence in the hearing. Based on the evidence presented at the hearing, the hearing officer shall make a final written decision in the matter within five (5) business days from the hearing date, and shall notify the regulatory authority and the permit holder or applicant. Any decision of the hearing officer may be appealed by the permit holder or applicant to the Commissioner's Court if a request for appeal is presented to the County Judge, in writing, within five (5) business days after notification by the hearing officer of his/her decision. The review by the Commissioner's Court will be limited to a determination of whether the hearing officer's decision was arbitrary or capricious, or whether the hearing officer has not properly applied this Order. If the Commissioners Court determines that the hearing officer's decision was arbitrary, capricious, or did not properly apply this Order, the Commissioners Court may either: (1) remand the matter to the regulatory authority with instructions to have the matter heard by a different hearing officer, which hearing officer may be appointed by the Commissioners Court; or (2) direct that the decision of the regulatory authority on which the hearing was based to be reversed or modified.

In enforcement of this Order and the Food Establishment Rules adopted hereunder, the regulatory authority shall have all powers of enforcement and administration provided by this Order, applicable State law and applicable provisions of the Food Establishment Rules, except where contrary to the Health and Safety Code or this Order with relation to County regulation of food establishments.

A person commits an offense under § 437.016 of the Health & Safety Code if the person operates a food service establishment, retail food store, mobile food unit or roadside food vendor without a permit required by the County. Each day of violation constitutes a separate offense. An offense under § 437.016 of the Health and Safety Code is a Class C misdemeanor.

Section 6. Reinspection Fees

If an establishment requires a reinspection for failure of the establishment to provide immediate correction of ~~multiple critical~~ inspection report items or imminent health hazards, failure to correct specific violations identified from any previous routine inspection, or when the total cumulative demerit values of an inspection report exceeds more than 30 demerits, a reinspection fee will be charged in the amount set out in the fee schedule.

Section 7. Severability

If any section, subsection, sentence, clause, phrase, or portion of this Order is, for any reason, held invalid or unconstitutional by a court of competent jurisdiction; such portion shall be deemed a separate, distinct, and independent provision and such holding shall not affect the validity of the remaining portions of this Order.

Section 8. Effective Date

The provisions of this Order shall take effect on passage. Food establishments that, on the date this Order is passed, hold a current, unexpired permit from the regulatory authority must apply for a renewal permit under this Order prior to expiration of the current permit. Food establishments in operation at the date this Order is passed, which are required to obtain a permit from the regulatory authority by this Order, and which do not hold an unexpired permit issued by the regulatory authority

at the date this Order is passed, will be allowed a sixty (60) day grace period to apply for the required initial permit. In that circumstance, after application, the Regulatory Authority shall make an initial inspection of the existing entity. The existing entity may continue to operate pending the initial inspection. If the Regulatory Authority determines on inspection that an entity does not meet the standards of the state laws and rules adopted by this Order, it may start revocation proceedings as if the entity had obtained a permit. Operation without a permit is a violation of this Order and applicable state law.

PASSED BY AN AFFIRMATIVE VOTE BY THE COMMISSIONER'S COURT OF McLENNAN COUNTY THIS 16th DAY OF FEBRUARY, 2016.

Scott M. Felton, County Judge, for and on
behalf of the Commissioner's Court of
McLennan County, Texas

ATTEST:

The foregoing Order was passed on the Motion of Commissioner Jones, the Second of Commissioner Snell and the vote of 3 ayes to 0 nays. The meeting at which the foregoing Order was adopted was open to the public and was preceded by 72 hours or more posted notice.

J.A. "Andy" Harwell, County Clerk
McLennan County, Texas, by and through
his Deputy, Myrce'tez Gowan

FOOD ESTABLISHMENT FEES
UNINCORPORATED AREAS of McLENNAN COUNTY

EFFECTIVE OCTOBER 1, 2010

Permit Fee
(Renewed annually using same fee schedule)

Seating capacity	
1-30	$150.00
31-100	$225.00
101 or more	$300.00 (capped)

If no seating in food establishment, fee based on square footage of building.	
Less than 2,500 square feet	$150.00
2,501- 10,000 square feet	$225.00
10,001 or more square feet	$300.00 (capped)

Mobile Food Vendor	$150.00 per vehicle /unit
School Food Service	based on square footage of kitchen/food operation areas only.

Childcare or adult care food service $20.00

Temporary food establishment permits	
Events 1 to 14 days	$40.00 each
Late payment fee	double normal fee amount if the application is received less than five (5) working days prior to event

Late payment fee	$20.00 per month
Re-inspection fee	$75.00
Reinstatement of suspended permit	$75.00
Additional pre-opening inspection or consultation (one free each per establishment)	$75.00

Nonprofit organizations as defined in the county food establishment order are exempt from permits and fees.

SUMMARY OF CHANGES TO TFER
PURPOSE & DEFINITIONS

General:

- Changed Chapter citations from §229 to §228.
- Changed format of definitions to reflect current rulemaking standards
- Updated agency information
- Updated definitions required by State statutes
- As per FDA, eliminated references to PHFs and included Time/Temp Control for Safety (TCS) food where applicable.
- Transition to Priority Item Violation and Priority Foundation Violation from Critical Violation. All terms will appear together.
- Transition from Non-Critical Violation to Core Item Violation. All terms will appear together

Subchapter A. General Provisions

§228.1 Purpose.

Changed purpose to include reference to State statutes and FDA.

§228.2 Definitions.

(1) Added FDA definition of "Accredited program"

(5) Added definition of "Asymptomatic"

(7) Added definition of "Balut"

(8) Added definition of "Bare hand contact"

(9), (10) & (11) Separated definitions of different Bed and Breakfast types.

(15) Added Definition "Central Preparation Facility"

Eliminated definition of "child care center".

(18) Added definition of "Clostridium botulinum".

Deleted definition of "Cottage food".

(20) Added definition of "Color Additive".

(24) Added definition of "Conditional Employee".

(27) Added definition of "Controlled atmosphere packaging".

(28) Added definition of "Cook chill packaging".

(29) Added definition for "Core Items".

(31) Added definition of "Counter-mounted equipment".

(34) Changed definition of "Cut leafy greens" to include "this does not include the harvest cut. See (75) – definition of "Leafy greens".

As per FDA deleted definition of "Enterohemorrhagic Escherichia col".

(43) Added definition of "Egg product".

(47) Changed the definition of Event to include the terms: civic, political, public or educational and changed wording to include "would" grant permission to clarify the term events.

Eliminated the definition "farmer's market".

(52) Amended the definition of food establishment to include micro-markets. (See definition (149) referring to vending machines.)

(53) Added definition of "Food Additive".

(57)(a) Changed definitions of food establishment to include terms: location, machine, micro-Market

(59) Added definition of "Food Protection Manager Certification".

(65) Changed the definition of "Handwashing sink" to limit use for handwashing only.

(67) Added definition of "Health Practitioner".

(75) Added definition of "leafy greens".

(76) Added definition for "License".

(77) Added definition for "License holder".

(79) Added definition for "Listeria monocytogenes".

(81) Added definition of "Major Food Allergen".

(82) Changed definition of "Meat" to remove reference to "wild game animals and to include reference to definition of "game animals".

(83) Added definition of "Mechanically tenderized".

(85) Added definition for "Mobile Food Unit"

(86) Added definition of "Modified atmosphere packaging".

(87) Added definition of "Molluscan shellfish".

(88) Added definition of "Non-continuous cooking".

(89) Included definition of Non-Time/Temperature control for safety food (NTCS)

(95) Added PIC to definition of "Person in charge".

(99) Added definition of "Plumbing code"

Eliminated definition of "Potentially hazardous foods".

(106) Added definition of "Priority item"

(107) Added definition for "Priority Foundation Item"

(109) Added a definition of "Psychrotrophic organisms".

(111) Added "is readily movable by one or two people and this type of mobile unit requires the support of central preparation facility" for "pushcart".

(112) Added definition for "ratite".

(118) Added Definition for "Re-Service"

(123) Included roadside food vendor as a mobile food establishment.

(128) Changed definition of "Service animal" to ADA definition.

(133) Added acronym "STEC"

(139) Added a definition of "Sous vide packaging".

(140) Added a definition of "Specialized processing method".

(144) Added Definition of Time/ Temperature control.

(147) Added definition of "Vacuum packaging".

(149) Changed definition of "Vending machine" and exclude vending machines with NTCS and pre-packaged NTCS foods.

Subchapter B - Management and Personnel

§228.33 Certified Food Protection Manager and Food Handler Requirements

- Added new requirements for Certified Food Protection Manager that requires a CFM on site for each licensed establishment.

- Added a new requirement that all food employees shall successfully complete a food handler training course, accredited by the department, within 60 days of employment. Takes effect on September 1, 2016.

- Added requirements for the "original" certified food protection manager certificate being posted conspicuous to customer's location.

- Added requirement for food handler certificates to be located on site.

§228.35 Responsibilities and Reporting Symptoms and Diagnosis

- This section was significantly revised to reflect the requirements for Conditions of Exclusions and Restrictions in accordance with the 2013 FDA Model Food Code by grouping together are responsibilities and requirements.

- Responsibility of Permit Holder, Person in Charge, and Conditional Employees now in 6 diagnosed illnesses. Norovirus, Hepatitis A, Shigella, STEC, and Salmonella typhi, now includes nontyphoidal Salmonella.

§228.36 Conditions of Exclusions and Restrictions

- This section was significantly revised to reflect the requirements for Conditions of Exclusions and Restrictions in accordance with the 2013 FDA Model Food Code.

§228.37 Managing Exclusions and Restrictions

- This section was significantly revised to reflect the requirements for Managing Exclusions and Restrictions in accordance with the 2013 FDA Model Food Code.

§228.38 Hands and Arms

- Provision added for the use of a disposable paper towel or similar clean barrier when touching surfaces such as manually operated faucets.
- Inclusion of "surrogate prosthetic devices" for hands and arms.
- Hand antiseptics must now meet specific requirement for use.
- Inclusion of using a "clean barrier" to touch surfaces after proper handwashing.

§228.45 Contamination Events

- Added new Section "Contaminations Events" for the clean-up of vomit and diarrheal events in a food establishment.

Subchapter C - Food

§228.62 Approved Sources

- Inclusion of "wild mushrooms" for sale or service by a food establishment.

§228.63 Specifications for Receiving

- Examples of evidence of previous temperature abuse provided.

§228.64 Molluscan Shellfish, Original Container and Records

- Shellstock tags must now be labeled with date the last shellstock from the container was served and maintain 90 days from that date.

§228.65 Preventing contamination by employees

- Added the requirement that the permit holder must obtain prior approval from the regulatory authority before conducting bare hand contact activities with ready-to-eat foods.

§228.66 Preventing food and ingredient contamination

- Frozen, commercially processed and packaged raw animal foods may now be stored or displayed with or above frozen, commercially processed and packaged ready-to-eat food.

§228.68 Preventing contamination from equipment, utensils, and linens.

- Single use disposable sanitizer wipes may now be used if done in accordance with EPA approved manufacturer's label use instructions. These may not be used in lieu of wash, rinse, and sanitizing.

- Take-home food establishment containers may now be reused if they are constructed for reuse, provided by the food establishment, returned to the food establishment after use, visually inspected by the food establishment before reuse and properly washed rinse, and sanitized before refilling.

- Take home containers for beverages may be refilled if it is a non-TCS food, the container is durable for cleaning at home or in food establishment, and is filled by the owner only if a system exists that allows a contamination free refill.

§228.71 Cooking

- Non-continuous cooking now only requires a re-heat, not to 165°F as previously required for all reheats, but only to the required cooking temperature for that particular food.

§228.72 Freezing

- Freezing for parasite destruction includes a new provision allowing storage for destruction at -20°F or below for a minimum of 24 hours.

- If specific fish, listed in (a)(2)(C) of this section, are raised and fed for service or sold as raw, raw-marinated, partially cooked, or marinated-partially cooked fish in ready-to-eat form, a written agreement or statement from the supplier or aquaculturist shall be provided and maintained for 90 days.

§228.75 Temperature and time control

- More requirements were added for "time as a public health control" for cold foods. Cold foods may now be held without temperature control for up to 6 hours or up to 70°F if removed from refrigeration at 41°F, documented and monitored.

§228.77 Clostridium botulinum and Listeria monocytogenes controls

- This section was significantly revised to reflect the requirements for Clostridium botulinum and Listeria monocytogenes control in accordance with the 2013 FDA Model Food Code

- Reduced oxygen packaging (ROP) previously had one category (double barrier) and is now divided into three categories; double barrier, single barrier (cook-chill and sous vide)

and 48 hour ROP. All categories would have previously required a HACCP plan but now 48 hour ROP does not.

§228.79 Labeling

- Added new requirements for food labeling for major food allergens to be in the ingredients unless stated in the common name.

Subchapter D. Equipment, Utensils, and Linens

§228.105 Accuracy of temperature measuring devices, food.

- Pressure measuring devices for mechanical warewashing equipment are now required to register in the range indicated on the manufacturer's data plate instead of previous being required to register in a range of 15-25.

§228.111 Equipment, maintenance and operation.

- Added requirements for sanitizing chemicals, constituted on site at the food establishment, meeting the concentration requirements of this section.

§228.112 Utensils and temperature and pressure measuring devices.

- Food temperature measuring devices now must calibrated in accordance with manufacturer's specifications.

§228.125 Preventing Contamination

- Exposed, unused tableware must now be changed between customers or washed, rinsed and sanitized if used.

- Added language for usage of chemically treated towelettes: "If approved by the regulatory authority, when no food exposure exists and handwashing sinks are not conveniently available, such as in some Mobile Food Units or temporary food establishments or at some vending machine locations, employees may use chemically treated towelettes for handwashing."

Subchapter E. Water, Plumbing, and Waste.

§228.146. Plumbing design, construction, and installation.

- Changed the requirement for plumbing systems from according to law to according to the plumbing code (see definitions section).

§228.147. Plumbing, numbers and capacities.

- Added a restriction that states toilets, urinals, and showers cannot be used as a service sink.

§228.149 Plumbing operations and maintenance.

- Mobile food establishment inlet tanks must now be labeled as "Potable Water".

Subchapter F. Physical Facilities.

§228.173 Floors, walls and ceilings.

- Added words "anti-slip floor coverings" requirements in food establishments.

§228.174. Functionality.

- Added section for toilet room exceptions that do not require a tight-fitting and self-closing door if located outside a food establishment or such as a shopping mall.

- Outdoor servicing areas will now require overhead protection.

§228.175. Handwashing sinks.

- New provisions allowing for automatic hand washing facilities if approved by the regulatory authority.

- For mobile food operations and temporary food operations, if approved by the regulatory authority, when food exposure is limited, employees may use chemically treated towelettes for handwashing.

- Hand drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures are now allowed.

§228.177 Lighting, intensity.

- Minimum light intensity requirements were changed for walk-in refrigeration units, dry storage areas, buffets, salad bars, reach-in and under counter refrigerators, area for ware washing, equipment storage and toilet rooms.

§228.186 Premises, building, systems, room, fixtures, equipment, devices, and materials.

- New language requiring plumbing fixtures such as handwashing sinks, toilets, and urinals to be cleaned as often as necessary to keep them clean.

- New language requiring the presence of insects, rodents, and other pests be controlled to eliminate their presence

Subchapter G. Poisonous or Toxic Materials.

§228.206 Chemicals.

- Chemicals used to wash or peel raw, whole vegetables must be approved additive and now include Ozone as an approved antimicrobial agent.

§228.210 First aid supplies. Availability.

- Added section requiring a first aid kit in food establishments.

Subchapter H. Requirements Applicable to Certain Establishments.

§228.221. Mobile Food Units, Requirements

- Added a paragraph requiring Mobile Food Units (MFU) to demonstrate they are readily moveable at license renewal.

- During the initial permitting of a mobile food establishment they must provide documentation of a Certified Food Protection Manager Certification, an approved central preparation facility, if needed, a copy of the last central preparation facility inspection report, a servicing area authorization, and a menu.

- MFU's must demonstrate equipment for cooling and heating food, and holding cold and hot food are sufficient in number and capacity to provide food temperatures.

- Mobile food establishment outlet tanks must now be labeled as "Waste Water".

- Toilet rooms shall be conveniently located and accessible to employees during all hours of operation.

- Removed requirement for a signed letter of authorization to "may" require, allowing the regulatory authority the ability to require signed letters of authorization.

§228.222. Temporary Food Establishments.

- Foods that are not prepared on site or that require extensive preparation or cooking must be prepared at a licensed food establishment.

- Temporary establishments may be required by the regulatory authority to have at least one person on site that has an accredited food handler certification.

- Added "tarps" as an example of suitable materials.

§228.223. Bed and Breakfast.

- Title of Section changed from Bed and Breakfast Extended Establishments to Bed and Breakfast.

- Added a Certified Food Manager requirement for Bed and Breakfast Limited Establishments.

§228.225 Micro Markets. - New Section Name change to Self Service Food Market

- New section added for Self-Service Food Markets (Micro Markets) and Requirements.

- Added requirement for providing video surveillance tapes for a period of fourteen (14) calendar days.

Subchapter I. Compliance

§228.244. Facility and Operating Plans

- Added new paragraphs that deal with plan review and the context of plans and specifications. The wording in these sections were changed from shall to may.

§228.249 Inspection Frequency performance-based and risk-based.

- Added new language changing to risk based inspection intervals to allow a risk-based inspection interval other than every 6 months as long as specific provisions are met.

- New language requiring the regulatory authority to periodically inspect temporary food establishments.

§228.251 Report of Findings.

- Critical items changed to "critical violations/priority items, priority foundation and /core/ non-critical items." Updated to use of priority items, priority foundation items and core items by removing "critical violations and non-critical items".

§228.253 Priority Item/Priority Foundation Item/Critical violations, time frame for correction.

- New requirement for permit holder to correct violations within 72 hours for priority items. Language changed to reflect three (3) days instead of 72 hours to be consistent throughout the document.

- New requirement for permit holder to correct violations within 10 days for priority foundation items.

§228.254 Core Items violations, time frame for correction.

- New requirement for permit holder to correct violation within 90 days or the next inspections (whichever comes first).

§229.173. Heimlich maneuver Poster. - Section Removed. (TFER 2006)

Subchapter J. Private Water Systems - New Subchapter provisions about Private Water Wells.

- The Texas Food Establishment rules contain no provisions to ensure safe drinking water systems at Food Establishments utilizing private, non-regulated water wells.

- Food Establishments with private water wells not regulated by the Texas Commission on Environmental Quality may need to upgrade their systems to meet new water supply regulations. This may include installing an automatic chlorinator and periodically testing the water quality (every months bacteriological testing estimated to be $10/month/operating month and $100/every three years for a chemical analysis).

FILED: FEB 16 2016
J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcellaz Gowan DEPUTY

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND/OR ACTION ON, THE FOLLOWING:

L. CONSENT AGENDA ITEMS:

3. ***Human Resources / Salary Matters: Benefits / Status Forms / Revisions to Salary Schedules; Authorizations Regarding Human Resources Issues / Revisions to Human Resources Policies; Compensation/ Classification Issues /Personnel Reviews/ Reclassifications, Administrative Guidelines; Consultant Reports, Recommendations, Job Descriptions / Posting/ Approvals Necessary for Statutory or Constitutional Qualifications / Acceptance of Resignations of Appointed or Elected Department Heads***

a. County Sheriff

1) Authorization to Shift Budgetary Funds (re: Investigator / Deputy)	**Approved**
2) Action to Rescind Request to Adjust Budgetary Funds for Jailer Positions Previously Approved on 1/19/16	**Pulled—No Action Taken**

7. ***Commissioners Court,*** Discussion on, Consideration of and/or Action on:

c. Regarding Americans with Disabilities Act Compliance Project

1) Approval re: Adoption of Annex Accessibility Policy	**Approved** ***(See beginning of meeting)***
d. Approval of Order Requiring Direct Deposit for Payment of Employee Payroll	**Approved**
e. Authorization re: Purchase of Radar Unit by China Spring ISD Police Department	**Approved**
g. Discussion and/or Action re: Justice of the Peace, Precinct 4 Security Equipment	**Approved** ***(See after Executive Session)***

CD-375, 10:27

ORDER APPROVING:

AUTHORIZATION TO SHIFT BUDGETARY FUNDS
(RE: INVESTIGATOR / DEPUTY)

RE: COUNTY SHERIFF
RE: HUMAN RESOURCES / SALARY MATTERS

On this the 16 day of February, 2016, came on for consideration the matter of Human Resources / Salary Matters: County Sheriff: Authorization to Shift Budgetary Funds (re: Investigator / Deputy). After discussion, Commissioner Snell made a motion to approve L. 3. a. 1. and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

- - - - - - - - - - - - - - - - - - - -

MCLENNAN COUNTY
Human Resources Department
214 N. 4th St., Suite 200
Waco, TX 76701 – 1366
Office: (254) 757-5158
Fax: (254) 757-5073
Job-Line: (254) 757-5073

Amanda M. Talbert
Human Resources Director

MEMORANDUM

Date: Tuesday, February 9, 2016
To: Commissioner's Court
From: Amanda Talbert, HR Director; Chief Deputy David Kilcrease, Sheriff's Office
Subject: Requesting Approval to Shift Budget Funds for Position Numbers

---

We are requesting the ability to shift budget allowance monies for two positions. The overall salary budget for the Sheriff's Office will be budget neutral. The Chief Deputy is simply requesting the ability to move monies from one position to another.

We are requesting to lower the budgeted amount for the Senior Investigator position and to change the title to Investigator. We would like to allocate the difference from the Senior Investigator budgeted amount to the Corporal Deputy amount as well as change the title to Field Deputy.

Job Title Existing Position	Senior Investigator	Title Requesting	Investigator
Position Number	100000742	Position Number	No Change
Pay Grade	S54	Pay Grade Requested	No Change
Pay Range	$38,453.20- $60,782.16	Pay Range	No Change
Current Budgeted Amount	$50,298.00	Requested Change	$49,098.00 (Difference of $1200 to be moved to Position #650)
Current Employee Pay	$50,298.00	Employee Pay	TBD

Job Title Existing Position	Corporal Deputy	Title Requesting	Field Deputy
Position Number	100000650	Position Number	No Change
Pay Grade	S54	Pay Grade Requested	S53
Pay Range	$38,453.20- $60,782.16	Pay Range	$35,662.07- $55,967.08
Current Budgeted Amount	$42,240.00	Requested Change	$43,440.00
Current Employee Pay	$42,240.00	Employee Pay	TBD

–Thank You.

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
Scott M. Felton
COUNTY JUDGE

PULLED AND NO ACTION TAKEN:

ACTION TO RESCIND REQUEST TO ADJUST BUDGETARY FUNDS FOR JAILER POSITIONS PREVIOUSLY APPROVED ON 1/19/16

RE: COUNTY SHERIFF

RE: HUMAN RESOURCES / SALARY MATTERS

On this the 16 day of February, 2016, came on for consideration the matter of Human Resources / Salary Matters: County Sheriff: Action to Rescind Request to Adjust Budgetary Funds for Jailer Positions Previously Approved on 1/19/16. Judge Felton directed the Clerk to show item as pulled and no action taken. No Action Taken.

* *

ORDER APPROVING:

ORDER REQUIRING DIRECT DEPOSIT FOR PAYMENT OF EMPLOYEE PAYROLL

On this the 16 day of February, 2016, came on for consideration the matter of Approval of Order Requiring Direct Deposit for Payment of Employee Payroll. After discussion, Commissioner Jones made a motion to approve the Order Requiring Direct Deposit for Payment of Employee Payroll and it was seconded Commissioner Snell. After further discussion, a vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Order be, and the same is hereby, approved by unanimous vote.

ORDER OF THE COMMISSIONERS COURT OF MCLENNAN COUNTY, TEXAS
REQUIRING DIRECT DEPOSIT FOR PAYMENT OF EMPLOYEE PAYROLL

WHEREAS, direct deposit of employee pay would substantially reduce the costs and administrative burdens of the County's payroll function and dramatically reduce the amount of paper records generated by the payroll function; and

WHEREAS, to continue the current system of payroll with the County's new depository would require expensive changes to the County's system; and

WHEREAS, direct deposit offers advantages beyond cost savings, including avoiding lost and stolen checks.

NOW, THEREFORE, BE IT ORDERED BY THE COMMISSIONERS COURT OF McLENNAN COUNTY, TEXAS that:

1. Beginning on the MARCH 4, 2016 payday, direct deposit of employee pay will become mandatory. Every employee must have an account with a financial institution into which their pay can be directly deposited, and account and routing information must be provided to the County Treasurer on the required forms sufficiently prior to that date in order for there not to be a delay in payment; and

2. A hardship exception may be granted by the Commissioners Court only in extreme circumstances. However, even then paper checks will not be issued; rather a payroll debit card will be made available by the County's depository. If the employee uses the card like a debit card instead of using it to completely withdraw his/her pay from the County's depository bank, certain bank service charges may apply.

Passed this 16 day of FEBRUARY, 2016.

Scott M. Felton, County Judge

Attest:
J.A. "Andy" Harwell, County Clerk
McLennan County Texas

By: Deputy County Clerk

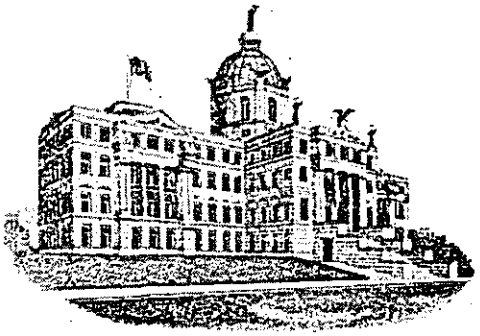
FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelez Gowan DEPUTY

ORDER APPROVING:

AUTHORIZATION RE: PURCHASE OF RADAR UNIT BY CHINA SPRING ISD POLICE DEPARTMENT

On this the 16 day of February, 2016, came on for consideration the matter of Authorization re: Purchase of Radar Unit by China Spring ISD Police Department. After discussion, Commissioner Snell made a motion to approve the Request for the Radar Unit by China Spring ISD for $10.00 and it was seconded Commissioner Jones. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Order be, and the same is hereby, approved by unanimous vote.



MCLENNAN COUNTY

WACO, TEXAS

Ken Bass
Director of Purchasing
214 North 5th Street
Waco, Texas 76701

Office: (254) 757-5016
Fax: (254) 757-5068
ken.bass@co.mclennan.tx.us

February 16, 2016

Re: Sale of Radar Unit

Commissioners,

DPS recently turned in some of the older Radar Units in their possession. Before doing so, they were contacted by Shana Sanders with the China Spring ISD Police Department expressing a desire to purchase one of the radar units. The Commissioners may sale without competitive bidding or auction to another county or political subdivision within the county. This is found in Sec. 263.152(a)(1). We contacted Shana and asked if she was willing to offer $10.00 for the Radar Unit. If the Commissioners Court elects to accept the offer, we will be selling the unit marked with our inventory tag 25964 (this unit contained a base unit with SN – DPO18106 and counter unit SN – D1006331). We respectfully submit this information to Commissioners Court for your consideration.

Thank You,

Ken Bass

APPROVED BY COMMISSIONERS COURT
THIS 16 DAY OF FEB 20 16
COUNTY JUDGE

China Spring ISD Police Department

7301 North River Crossing China Spring, TX 76633

Shanna Sanders, Chief of Police

(254) 836-1771 Fax (254)836-1418

February 2, 2016

McLennan County Purchasing Department

ATTN: Mr. Ken Bass

214 N. 5th St.

Waco, TX 76701

Mr. Bass,

It has recently been brought to my attention that DPS will be turning in some Stalker Radars that have been replaced in their inventory. I would like to inquire about the possibility obtaining one of those radars for use at my department. As the sole officer at the China Spring ISD Police Department, I am charged with the safety and security of approximately 2,800 students and faculty and cover five campuses. Within those campuses, I have two major thoroughfares, FM 1637 and FM 185 and one busy local road, Flatrock Road, that contain marked school zones. The beginning and ending of a school day poses one of the greater risks to the safety of our students and faculty just due to the shear amount of traffic on the roads at those times. Speed enforcement in those school zones is imperative and it can't be done without a radar. Since assuming my position at the China Spring ISD P.D in 2014, my patrol car has never had a working radar unit in it and with the small budget that I am afforded, the purchase of a new radar unit would be out of the picture. I would greatly appreciate your consideration in allowing my department to utilize one of the used radar units that are being turned in by DPS. If you have any questions or need any further information in regards to this matter, please feel free to contact me. Thank you again for your consideration in this matter.

Shanna Sanders, Chief

China Spring ISD Police Department

"Protecting Tomorrows Future Today"

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78773-0001
512/424-2000
www.dps.texas.gov

STEVEN C. McCRAW
DIRECTOR
DAVID G. BAKER
ROBERT J. BODISCH, SR.
DEPUTY DIRECTORS

COMMISSION
A. CYNTHIA LEON, CHAIR
MANNY FLORES
FAITH JOHNSON
STEVEN P. MACH
RANDY WATSON

February 3, 2016

Cody C. Sanders, Sergeant
Texas Department of Public Safety
1617 E. Crest Dr.
Waco, TX 76705
254-759-7145

McLennan County Purchasing Department
214 North 5th Street
Waco, TX 76701

Mr. Bass,

With the County's recent purchase of 6 new Stalker Radar systems for the Waco DPS office, we will be returning the following County Inventory items for removal from our inventory: #24519- missing tuning fork and one antenna, #24520- missing tuning forks and readout is bad, #24516- Working properly, #24514- Working properly, #25551- Works properly, #25553- Works properly, #25964-Works properly

A need has been brought to our attention and we would like to pass it along to you to see if your office can provide some assistance. The China Spring ISD Police Department is currently unable to work any school zone speed enforcement activities because their patrol unit is not equipped with a radar unit. As we are all aware, the safety of children as well as the faculty members in and around a school zone is very important. It would be a great service to all if the County would provide one of the returned Stalker Radar units to this Department to be placed immediately into service.

If you need any further information or have any questions, please feel to contact me. Thank you for your consideration in this matter.

Respectfully submitted

Cody C. Sanders

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

EQUAL OPPORTUNITY EMPLOYER
COURTESY • SERVICE • PROTECTION

The Court went to the Supplemental Agenda.

SUPPLEMENTAL AGENDA: FEBRUARY 16, 2016

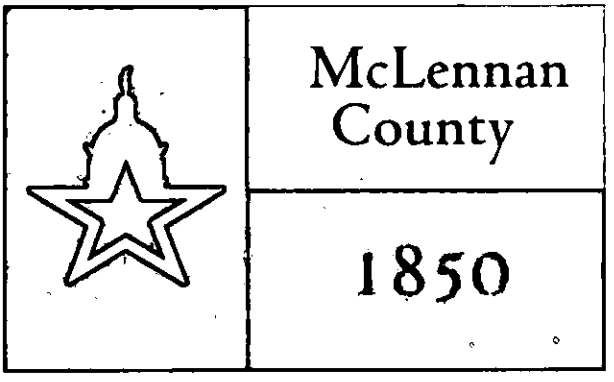
2. ***Regarding the McLennan County Employee Health Plan:*** Authorization of Summary Plan Description (SPD) Administered by Scott & White **Approved**

CD-375, 10:38

ORDER APPROVING:

AUTHORIZATION OF SUMMARY PLAN DESCRIPTION (SPD) ADMINISTERED BY SCOTT & WHITE

On this the 16 day of February, 2016, came on for consideration the matter of Authorization of Summary Plan Description (SPD) Administered by Scott & White. After discussion, Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.



McLennan County

Employee Benefit Plan

Summary Plan Description

Administered by:
Scott and White Health Plan

October 1, 2015

INTRODUCTION

McLennan County Employee Benefit Plan Booklet (also referred to as the Summary Plan Description or SPD) is issued to describe, in general, the Medical Benefits. This Booklet also describes the Plan's Prescription Drug (Pharmacy) Benefits. The services listed in this Booklet as being eligible for payment are referred to as Covered Services.

The Plan of benefits described in this Booklet are effective as of October 1, 2014. This Booklet has been updated to comply with federal requirements including applicable provisions of the recently enacted federal health care reform laws. The Plan is not considered a "Grandfathered Plan" as defined under the Affordable Care Act. As the Plan Administrator receives additional guidance and clarification on the new health reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Services, the Plan Administrator may be required to make additional changes to the Summary of Plan Description. See page iii for additional SPECIAL NOTICES.

In addition, this booklet's general information is not intended to be an exhaustive or all-inclusive description of services, which are covered, limited or excluded. It is only a simplified summary, and is subject to changes in the governing law and regulations. PLEASE CONTACT HUMAN RESOURCES FOR A COPY OF THE MOST CURRENT SUMMARY PLAN DESCRIPTION.

The benefits under McLennan County Benefit Plan are self-insured. These benefits are made available to you based upon your eligibility as defined by the Plan. McLennan County expects you to use your Benefit Plan to its full extent, in a prudent manner, when you or one of your covered dependents is ill or injured. McLennan County is the Trustee and Administrator of this self-funded benefit program and provides a major portion of the contributions necessary to properly fund these programs in order to make these benefits available to you.

This Plan is not a contract. The plan shall not be deemed to constitute a contract between McLennan County and any Employee or to be a consideration for, or an inducement or condition of, the employment of any Employee. Nothing in the Plan shall be deemed to give any Employee the right to be retained in the service of McLennan County or to interfere with the right of McLennan County to discharge any Employee at any time.

We recommend that you contact the Claims Administrator to verify that your Plan will cover the Medical expenses necessary to treat your illness or injury PRIOR to starting any suggested plan of Medical treatment.

Your Plan Administrator is McLennan County. They may be contacted at:

Human Resources Department
214 N. 4th Street, Suite 200
Waco, Texas 76701
(254)757-5158

CUSTOMER SERVICE HOURS
8:00 a.m.-5 p.m.
MONDAY-FRIDAY

Your Claims Administrator is Scott and White Health Plan (hereinafter Scott & White). They may be contacted at:

Scott and White Health Plan
P.O. Box 269006
Plano, Texas 75026
1-800-299-8640
www.swhp.org

CUSTOMER SERVICE is available 24/7

SPECIAL NOTICES

GENERAL HEALTH CARE REFORM NOTICE

This Booklet has been updated to comply with federal requirements including applicable provisions of the recently enacted federal health care reform laws. As the Plan Administrator receives additional guidance and clarification on the new health reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Services, the Plan Administrator may be required to make additional changes to the Summary of Plan Description. Please contact Human Resources for a copy of the most current Summary Plan Description.

NOTICE OF PATIENT PROTECTION RIGHTS

The Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

NOTICE CONCERNING RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

Group health plans and issuers are required to provide Coverage for the following services in connection with a mastectomy that has been performed and that is covered under the Plan:

1) All stages of reconstruction of the breast on which the mastectomy was performed;
2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3) Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The Plan is required to notify the Covered Person of his or her WHCRA rights each year.

NOTICE CONCERNING RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

Group health plans and issuers generally may not restrict benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the group health plan or issuer may pay for a shorter stay if the attending Health Care Provider (e.g. your Physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48 or 96-hour stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a group health plan or issuer may not, under federal law, require a Physician or other Health Care Provider to obtain authorization for prescribing a length of stay of up to 48 or 96-hours.

Effective date of the Plan: **October 1, 2015**

For Plan Sponsor:

Signature SCOTT M. FELTON, COUNTY JUDGE

2/16/16

Date

For Contract Administrator:
Marinan Williams, Interim President and CEO
Scott and White Health Plan

Signature

Date

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I. DEFINITIONS

ALLOWABLE AMOUNT
For Network Providers, the amounts such providers have agreed to accept from the Plan for Covered Expenses.

AMBULATORY SURGICAL CENTER
An institution or facility, either free-standing or as a part of a Hospital with permanent facilities, equipped and operated for the primary purpose of performing surgical procedures and to which a patient is admitted to and discharged from within a twenty-four (24) hour period. An office maintained by a Physician for the practice of medicine or dentistry, or for the primary purpose of performing terminations of Pregnancy, shall not be considered to be an Ambulatory Surgical Center.

CALENDAR YEAR
The 12-month consecutive period beginning on January 1st and ending on December 31st of each year.

COMPANY
The Company is McLennan County, Texas.

COVERED PERSON
Any Eligible Employee or Eligible Dependent, who has satisfied the Waiting Period, who has elected coverage under the Plan and who has made the required contribution for coverage, if any, under the Base Plan or the Consumer Driven Health Plan. A Covered Person may also be referred to as a Covered Spouse, Covered Dependent, Covered Retiree, or similar descriptive.

COSMETIC PROCEDURES
Cosmetic Procedures are the alteration of tissue (usually surgical) for the improvement of appearance, but which is not intended to effect a substantial improvement or restoration of bodily function. These procedures are:

1) Due to neither injury nor sickness;
2) Performed solely to improve the appearance rather than the function or usefulness of a structure of the body.

CUSTODIAL CARE
Care comprised of services and supplies provided primarily to assist in the activities of daily living.

DEDUCTIBLE
The amount of expenses a Covered Person must pay before benefits are payable under the Base and Consumer Driven Health Plans. The Deductible amount is applied on a Plan Year basis.

DRUGS
Please See "Prescription Benefits" section for complete information.

DURABLE MEDICAL EQUIPMENT
Durable Medical Equipment shall include equipment which:

1) Can withstand repeated use, and
2) Is primarily and customarily used to serve a medical purpose, and
3) Generally is not useful to a person in the absence of an illness or injury, and
4) Is appropriate for use in the home.

All requirements of the definition must be met before an item can be considered to be Durable Medical Equipment.

ELECTIVE SURGICAL PROCEDURE
A non-emergency surgical procedure scheduled at the patient's convenience without jeopardizing the patient's life or causing serious impairment to the patient's bodily function.

ELIGIBLE DEPENDENT

An Eligible Dependent shall mean the lawful spouse or common law spouse (with certificate of common law union) of an Eligible Enrolled Employee. It shall also mean the children of an Eligible Enrolled Employee who are:

1) Under age 26, are the natural children, legally adopted children, step children, or children for whom the employee is a legal guardian; or
2) Upon reaching the age of 26 and having been covered under this Plan as an Eligible Dependent, are mentally or physically handicapped and are incapable of earning a living, may continue to be covered as an Eligible Dependent. The Plan Sponsor may require the employee to furnish periodic proof of this individual's continued incapacity or dependency, but not more often than annually. If such proof is not satisfactory, and further proof, which is satisfactory, is not provided upon request, coverage for the individual will end immediately.

ELIGIBLE EMPLOYEE and ELIGIBLE ENROLLED EMPLOYEE

An Eligible Employee is any full time employee, including a county officer or county judicial officer who has satisfied the applicable Waiting Period and is eligible to Enroll in the Plan. Full time shall mean a minimum of 30 hours per week. An Eligible Employee shall also include retired employees choosing to continue benefits under the Plan at the time of retirement. Eligible Employee shall also include all State District Judges of judicial districts covering only McLennan County. An **ELIGIBLE ENROLLED EMPLOYEE is an Eligible Employee who has Enrolled in the Plan.**

EMERGENCY CARE

Emergency Care means health care services provided in a Hospital emergency facility or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in:

1) Placing the patient's health in serious jeopardy;
2) Serious impairment to bodily functions;
3) Serious dysfunction of any bodily organ or part;
4) Serious disfigurement; or
5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

EMPLOYER

The Employer is McLennan County.

ENROLL OR ENROLLMENT

Enrollment is the election by an Eligible Employee or Eligible Dependent for coverage under the Plan. Refer to the Section entitled Enrollment and Individual Effective Date for details concerning the Plan's enrollment requirements and when coverage becomes effective. A Timely Enrollee is an individual who enrolls in the Plan within the time period allotted by the Plan for enrolling for Coverage as an Eligible Employee or Eligible Dependent. Late Enrollee, as defined by HIPAA, is an individual who enrolls in the Plan after the first available enrollment period, not including an individual who is enrolling during a HIPAA Special Enrollment Period. The enrollment provisions of the Plan are explained in detailed in the section entitled "Enrollment and Effective Date."

EXPERIMENTAL OR INVESTIGATIONAL DRUG, DEVICE, TREATMENT OR PROCEDURE

1) A drug or device which cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and which has not been so approved for marketing at the time the drug or device is furnished; or
2) A drug, device, treatment or procedure which was reviewed and approved (or which is required by federal law to be reviewed and approved) by the treating facility's Institutional Review Board or other body serving a similar function, or a drug, device, treatment or procedure which is used with a patient informed consent document which was reviewed and approved (or which is required by federal law to be reviewed and approved) by the treating facility's Institutional Review Board or other body serving a similar function; or
3) A drug, device, treatment or procedure which Reliable Evidence shows is the subject of on-going phase I,

II or III clinical trials or is under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or

4) A drug, device, treatment or procedure for which the prevailing opinion among experts, as shown by Reliable Evidence, is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy as compared with a standard means of treatment or diagnosis.

Reliable Evidence means only published reports and articles in the authoritative medical and scientific literature; the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device, treatment or procedure; or the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, treatment or procedure.

EXTENDED CARE FACILITY

The term "Extended Care Facility" means an institution (or a distinct part of an institution) which:

1) Provides for inpatients 24 hours nursing care and related services for patients who require medical or nursing care, or service to the rehabilitation of injured or sick persons; and
2) Has policies developed with the advice of (and subject to review by) professional personnel to cover nursing care and related services; and
3) Has a physician, a registered professional nurse, or a medical staff responsible for the execution of such policies; and
4) Requires that every patient be under the care of a physician, and makes a physician available to furnish medical care in case of emergency; and
5) Maintains clinical records on all patients, and has appropriate methods for dispensing drugs and biologicals; and
6) Has at least one registered professional nurse on duty at all times; and
7) Provides for periodic review by a group of physicians to examine into the need for admissions, adequacy of care, duration of stay and medical necessity of continuing confinement of patients; and
8) Is licensed pursuant to law, or is approved by appropriate authority as qualifying for licensing.

However, such term does not include a place, which is primarily for Custodial Care.

FISCAL YEAR

The 12-month consecutive period ending on the last day in the month of September.

FREE STANDING FACILITY/SURGICAL AMBULATORY FACILITY

Stand-alone outpatient facility. Operates exclusively to patients not requiring hospitalization.

HEALTH CARE PROVIDER

A Health Care Provider is legally licensed in the USA and provides medical care or diagnostic treatment to individuals for a covered illness or injury. The requirement that the Health Care Provider be legally licensed in the USA will be waived when treatment is provided to a Covered Person by a Health Care Provider licensed in the country where services are provided, in an emergency while traveling outside the United States. Examples, though not an exhaustive list, of Health Care Providers are as follows:

1) Ambulatory Surgical Center
2) Extended Care Facility
3) Home Health Agency
4) Hospice
5) Hospital
6) Laboratory
7) Nurse
8) Nurse Practitioner
9) Midwife
10) Physician

11) Psychologist
12) Therapist
13) Master of Social Work
14) Licensed Clinical Social Worker

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
The Act establishes federal standards for the availability and portability of group and individual health insurance coverage. The provisions of the Act affect coverage whether the coverage is provided through self-insured plans, group health insurance, through individual policies or by HMO. The Act is designed to provide more options for maintaining health insurance for individuals that change jobs, lose jobs, become self-employed, or move to a company that does not provide health insurance. The Act also limits the ability of employers or insurance issuers to impose preexisting condition exclusions or to use an individual's health status to deny coverage.

HOME HEALTH AGENCY
A Home Health Agency means a public or private agency which:

1) Is certified as a Home Health Agency under Medicare or is licensed as a Home Health Agency by the state; and
2) Is primarily engaged in providing skilled nursing and other therapeutic services; and
3) Has its policies set by a professional group which governs the services provided; and
4) Maintains records for each patient.

HOSPICE
Hospice means a public or private entity, which is licensed or certified as a Hospice by Medicare and by the State. The care provided by a Hospice means the palliative, supportive and related care for the person diagnosed as terminally ill with a medical prognosis that life expectancy is six (6) months or less; but only where the Hospice:

1) Provides this care on a 24-hour basis to include providing control of symptoms associated with terminal illness; and
2) Has an interdisciplinary team consisting of at least one (1) Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.); at least one (1 Registered Nurse (R.N.); at least one (1) volunteer and a volunteer program; and
3) Maintains central clinical records on all patients; and
4) Provides appropriate methods of dispensing and administering drugs and medicines; and
   a) is not an organization or part thereof which is primarily engaged in providing custodial care; care for drug addicts and alcoholics; domestic services; or is a place for rest; a place for the aged; a hotel or similar institution.

HOSPITAL
An institution for care of the sick or injured, which is properly licensed to operate as such, and which has licensed graduate registered nurses on duty 24 hours a day, a "physician" on call at all times, and facilities for diagnosis of illness and related equipment for performing surgery. The requirement of surgical facilities shall not apply to a treatment center, which is duly licensed for, and specialized in, the care and treatment of those who are mentally ill. In no event will the term Hospital include an institution which:

1) Furnishes primarily domiciliary or custodial care; or
2) Furnishes training in the routines of daily living; or
3) Is operated primarily as a school.

For the treatment of chemical dependency, the term Hospital shall also include a Chemical Dependency Treatment Center. The term Chemical Dependency Treatment Center means a facility which provides a program for the treatment of alcohol and other chemical dependence pursuant to a written treatment plan approved and monitored by a physician and which facility is also:

1) Affiliated with a Hospital under the contractual agreement with an established system for patient referral, or
2) Accredited as such a facility by the Joint Commission on Accreditation of Hospitals, or

3) Licensed as an Chemical Treatment Program by the Texas Commission on Alcohol and Drug Abuse (TCADA), or
4) Licensed, Certified, or Approved as a Chemical Dependency Treatment Program or Center by any other State Agency having legal authority to so license, certify or approve.

HOSPITAL CONFINEMENT
A stay in a Hospital is considered a Hospital Confinement when a Covered Person is admitted as an inpatient, and is charged room and board for at least one full day.

INCURRED EXPENSES
An expense is deemed to be incurred on the date a service is rendered or a supply is furnished.

INJURY
Injury means an accidental bodily injury, which requires treatment by a physician. It must result in loss independently of sickness and other causes.

IN-NETWORK
In-Network shall mean treatment or services provided by Network Health Care Providers.

LABORATORY
A Laboratory means a public or private entity which is equipped for scientific experimentation, research, testing, or clinical studies of materials, fluids, or tissues obtained from patients and is properly approved or licensed as such by an agency of the governing jurisdiction.

LEAVE OF ABSENCE
A period of time during which the employee does not work but which is of stated duration; after which time, the employee is expected to return to regular, active, full time employment.

MEDICAL CASE MANAGEMENT PROGRAM
Medical Case Management Program shall mean a program, which provides for a nurse case manager to coordinate the medical services required by a Covered Person in the event such Covered Person suffers a serious Sickness or Injury which involves ongoing care or Hospital Confinement. The nurse case manager shall explore with the Covered Person (includes the Covered Employee's family) and the treating Physician, the availability and feasibility of possible alternative treatment plans.

MEDICALLY NECESSARY
Medically Necessary shall mean services, treatment, supplies or drugs ordered or authorized by a Physician and which is determined by the Claims Administrator to be:

1) Provided for the diagnosis or direct treatment of an injury or sickness;
2) Appropriate and consistent with the symptoms and findings or diagnosis and treatment of the Covered Person's injury or sickness;
3) Provided in accordance with generally accepted medical practice on a national basis; and
4) The most appropriate supply or level of service, which can be provided on a cost effective basis (including, but not limited to, inpatient versus outpatient care, electric versus manual wheelchair, surgical versus medical or other types of care).

The fact that the Covered Person's physician prescribes services or supplies does not automatically mean such services or supplies is medically necessary and **covered by the Plan.**

MEDICALLY APPROPRIATE
Medically Appropriate shall mean:
1) Required for the symptoms and diagnosis associated with the medical or psychological Sickness, Injury or Surgical Procedure of the Covered Person;
2) Provided in the facility, setting, or environment which can provide the most appropriate and cost effective

level of care for the Covered Person's medical or psychological Sickness, Injury or Surgical Procedure; and

3) Determined in the discretion of each of the applicable Administrators specified below to be within acceptable standards of medical or psychological practice for the specific Covered Person's medical or psychological Sickness, Injury or Surgical Procedure:
   a) The Claims Administrator for the Out-of-Area Plan and for treatment or services provided by Out-of-Network Health Care Providers under the Managed Care Plan;
   b) The designated Claims Administrator for treatment or services provided by Network Health Care Providers under the Plan.

MEDICARE
Medicare means the Part A and Part B Plans described in Title XVIII of the United States Social Security Act, as amended.

MIDWIFE
A registered nurse/Practitioner who has completed specialized theory and clinical courses in obstetrics and gynecology and is acting within the scope of applicable state licensure/certification requirements.

NEGOTIATED RATE
Negotiated Rate shall mean the amount, which a Network Health Care Provider has agreed to accept as payment in full for a specified treatment, service or supply provided to a Plan Covered Person, pursuant to a contract between the applicable Network Health Care Provider and the Network.

NETWORK
Network shall mean the Health Care Providers, which have contracted with the Network to provide medical services to Covered Persons who have elected to participate in the Plan.

NETWORK HEALTH CARE PROVIDER/OUT-OF-NETWORK HEALTH CARE PROVIDER
Network Health Care Provider shall mean a Health Care Provider who has contracted with the Network to provide treatment or services to Covered Persons under the Plan and to accept Negotiated Rates as payment in full for such treatment and services. Out-of-Network Health Care Providers shall mean a Health Care Provider who has not contracted with the Network to provide treatment or services to a Covered Person under the Plan.

NON-OCCUPATIONAL
A condition, which does not arise out of or in the course of employment for pay or profit and does not qualify under any Workers' Compensation law or similar legislation.

NURSE
A Nurse is a properly licensed person holding the degree of Registered Nurse (R.N.), Licensed Vocational Nurse (L.V.N.), or Licensed Practical Nurse (L.P.N.).

NURSE PRACTITIONER
A registered nurse with additional education, skills, and specialization in various fields of medicine. They must be licensed as an Advanced Nurse Practitioner.

OFFICE VISIT
Office Visit shall mean the following services provided by a Physician in his office or in an Outpatient setting:

1) Time spent with or on behalf of the patient;
2) Reviewing of patient history;
3) Examination of the patient;
4) Diagnosis;
5) Medical decision-making;
6) Counseling; and
7) Coordination of medical care.

OUTPATIENT
A Covered Person shall be considered to be an Outpatient if he/she is treated at a Hospital and is confined less than 24 consecutive hours.

OUTPATIENT HOSPITAL CO-PAYMENT
A separate co-payment applied to services rendered in the outpatient department of the Hospital, when applicable. Examples are Outpatient Lab, Outpatient MRI, Outpatient CT Scan, Outpatient Physical Therapy, Outpatient X-rays, and Outpatient Surgeries.

PHYSICIAN
Shall be a properly licensed person holding the degree of Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Podiatry (D.P.M.), Doctor of Dental Surgery (D.D.S.), Doctor of Chiropractic (D.C.), and Doctor of Optometry (O.D.).

PLAN
The Plan is the benefits and the provisions for payment of these same described benefits herein and is called McLennan County Health Plan. Options under the Plan include the Base and Consumer Driven Health Plans.

PLAN ADMINISTRATOR
The Plan Administrator is McLennan County, Texas. The Plan Administrator shall be the person or firm responsible for the day to day function and management of the Plan and shall act as agent for service of legal process.

As used herein, the person or firm providing technical services and advice to the Company in connection with the operation of the Plan and performing such other functions including processing any payment of claims as may be delegated to it, providing Network administration services and making Pre-Authorization, case management services and utilization review determinations shall mean the **Claims Administrator**. The Claims Administrator is currently Scott & White.

PLAN SPONSOR
The Plan Sponsor is McLennan County, Texas. The Plan Sponsor shall be the employer that maintains and sponsors the Plan.

PRE AUTHORIZATION
Pre-Authorization is a procedure, completed in advance of obtaining services, which justifies the Medical Necessity of specific types of care and services covered under this Plan. When utilizing an In-Network Medical Care Health Care Provider, it is that Health Care Provider's responsibility to handle Pre-Authorization. In order to pre-authorize or check on Pre-Authorization, please contact the Claims Administrator.

PREFERRED HOSPITAL
The benefits described in the schedule of benefits are payable to the preferred Hospitals in accordance with other plan provisions.

PREFERRED LAB
Designated laboratory entity that will offer the Plan maximum benefit in which contracted/negotiated fees are considered payment in full.

PREGNANCY
Shall include resulting childbirth, except for complications arising there from, as defined herein as Pregnancy Complications. If, while covered under the Plan, a female employee or a covered dependent wife or dependent daughter becomes pregnant and on account of such pregnancy incurs Hospital, surgical or other medical expense, the Plan shall pay such expense in the same manner as any other covered illness. Pregnancy is considered to have commenced nine months before its termination, unless a doctor's written statement to the company states otherwise. Hospital charges for well-baby care for a newborn child born to an *employee* or a *dependent wife* are

considered to be eligible charges of the mother during the Hospital stay. Charges for well -baby care for a child born to a dependent daughter are not eligible for payment under the plan.

PREGNANCY COMPLICATIONS
Shall include the following:

1) Conditions requiring Hospital confinement (when the pregnancy is not terminated) whose diagnosis are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, pre-eclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy, and
2) Non-elective Caesarean Section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible, a miscarriage or a non-elective abortion.

PSYCHOLOGIST
A Psychologist shall only include a practitioner who is duly licensed or certified in the state where the service is rendered and has a doctorate degree in psychology and has had at least two years clinical experience in a recognized health setting, or has met the standards of the National Register of Health Service Health Care Providers in Psychology.

QUALIFYING EVENT
SEE PAGE 14

RETIRED EMPLOYEE
A retiree is defined in the McLennan County Personnel Manual. The definition is subject to change.

PLEASE NOTE: Upon retirement of a participating employee, only the Eligible Dependents covered under the employee at the time of retirement will be allowed to continue coverage as Eligible Dependents under the retired employee's benefits.

SERVICE AREA
Service Area shall mean the geographic area composed of United States Postal Service Zip Codes in which the Networks have selected, established, and maintain a contracted network of Health Care Providers.

SURGICAL PROCEDURE
Surgical Procedure shall mean cutting, suturing, treating burns, correcting fractures, reducing a dislocation, manipulating a joint under general anesthesia, electrocauterizing, tapping (paracentesis), applying plaster casts, administering pneumothorax, endoscopy or injecting sclerosing solution.

TERMINATION OF EMPLOYMENT
Termination of Employment shall mean a COUNTY employee whose employment with the County ends, whether voluntarily or involuntarily.

THERAPIST
A Therapist shall include a person who is duly licensed or certified in the state where the service is rendered to provide services for Physical, Speech or Occupational Therapy.

TOTAL DISABILITY
Total Disability, as applied to the Employee, means the complete inability of the employee to perform all of the substantial and material duties and functions of his/her occupation or any other gainful occupation in which the employee earns substantially the same compensation earned prior to disability and, as applied to Dependent, means confinement as a bed patient in a Hospital.

WAITING PERIOD
The Waiting Period is the period of time an Employee must be employed prior to becoming eligible to Enroll in the Plan. The Waiting Period shall be 31days of continuous full-time employment.

REASONABLE AND CUSTOMARY
A Reasonable and Customary Charge shall be a charge which is less than the usual charges made by a Physician or supplier of services, medicines, or supplies and shall not exceed the general level of charges made by others rendering or furnishing such services, medicines, or supplies within the area* in which the charge is incurred for sickness or injuries comparable in severity and nature to the sickness or injury being treated.

Reasonable and Customary means the lesser:

1) Provider usual charge for furnishing the service or supply; or
2) the charge the claims administrator determines is reasonable based on the cost of providing the same or similar service or supply in the same geographical area.

To determine the reasonable charge for a service or supply that is unusual, not often provided in the area, or provided by only a small number of a Provider, the Claim Administrator will consider:

1) the complexity of the service or supply;
2) the degree of skill needed;
3) the Provider's specialty
4) the range of services or supplies provided by a facility; and
5) similar charges in other areas

If an Out-of-Network Exception applies (SEE MEDICAL BENEFIT INFORMATION UNDER THE PLAN), the Plan covers Covered Expenses up to the "reasonable and customary" amount when an Out-of-Network Provider is used.

*The term "Area" as it would apply to any particular service, medicine, or supplies means a county or such greater geographic area as is necessary to obtain a representative cross section of the level of charges. The Plan Administrator shall make the determination of Reasonable and Customary Charge based on established criteria in determining available benefits under the Plan.

With respect to a Network Health Care Provider, Network Health Care Provider the Reasonable and Customary charge shall be the Negotiated Rates. For a Network Health Care Provider, payment shall be based on the Allowable Amount.

II. MEDICAL BENEFITS

ELIGIBILITY

ELIGIBLE EMPLOYEE
An Eligible Employee is any full time employee, including a county officer or county judicial officer, who has satisfied the applicable Waiting Period and is eligible to Enroll in the Plan. Full time shall mean a minimum of 30 hours per week. An Eligible Employee shall also include retired employees choosing to continue benefits under the Plan at the time of retirement. Eligible Employee shall also include all state District Judges of judicial districts covering only McLennan County. An **ELIGIBLE ENROLLED EMPLOYEE is an Eligible Employee who has Enrolled in the Plan.**

ELIGIBLE DEPENDENT
An Eligible Dependent shall mean the lawful spouse or common law spouse (with certificate of common law union) of an Eligible Enrolled Employee. It shall also mean the children of an Eligible Enrolled Employee who are:

- Under age 26, are the natural children, legally adopted children, step children, or children for whom the employee is a legal guardian; or
- Upon reaching the age of 26 and having been covered under this Plan as an Eligible Dependent, are mentally or physically handicapped and are incapable of earning a living, may continue to be covered as an Eligible Dependent. The Plan Sponsor may require the employee to furnish periodic proof of this individual's continued incapacity or dependency, but not more often than annually. If such proof is not satisfactory, and further proof, which is satisfactory, is not provided upon request, coverage for the individual will end immediately.

DEPENDENT OF RETIRED EMPLOYEE
A retiree is defined in the McLennan County Personnel Manual. The definition is subject to change.

Upon retirement of a participating employee, only the Eligible Dependents covered under the employee at the time of retirement will be allowed to continue coverage as Eligible Dependents under the retired employee's benefits.

In the event of a covered retiree's death, the previously covered dependents of the deceased retiree shall have the right to continue benefits under the Plan, subject to further provisions hereof, until:

- The date benefits for all individuals in this class are terminated;
- If dependent children, the date that they do not meet the definition of an Eligible Dependent. In this case, continuation of coverage will be offered under COBRA.

RETURNING EMPLOYEE: A Returning Employee is an Eligible Employee who has left full time employment with the Employer, but returns as a full time Eligible Employee within 30 days from the effective date of the termination of their prior employment. If a Returning Employee was an Eligible Enrolled Employee, the Returning Employee, upon written request to Employer, may be reinstated as an Eligible Enrolled Employee without any break in coverage.

ENROLLMENT & INDIVIDUAL EFFECTIVE DATE

EMPLOYEE ENROLLMENT
An Eligible Enrolled Employee's coverage will become effective on the 1st or the 16th day following the satisfaction of the Waiting Period. An enrollment card must be completed by an employee to be enrolled for coverage or marked "waived" if this is the employee's choice.

The Waiting Period is the period of time an Employee must be employed prior to becoming eligible to elect coverage under the Plan. The Waiting Period shall be 31-days of continuous full-time employment.

If an Eligible Employee waives Coverage for himself/herself, no coverage is available for the dependent under the Plan. If an employee waives coverage, or simply does not enroll when initially eligible, and later wishes to be covered under the Plan, the employee must wait for the annual Open Enrollment unless (s)he becomes eligible for Coverage prior to Open Enrollment due to a Special Enrollment Period or Qualifying Event.

Where an individual is covered as an Eligible Enrolled Employee under this Plan, they may not be additionally covered under this Plan as the dependent of another Eligible Enrolled Employee of this Plan.

DEPENDENT ENROLLMENT

An Eligible Employee may elect coverage within 31 days following acquisition of a dependent through marriage, birth or adoption, as described below. If an Eligible Employee does not elect coverage within the 31 days that the employee first acquires Eligible Dependents, the employee will be required to wait for the annual Open Enrollment. If an employee elects coverage for Eligible Dependents and at a later time acquires additional Eligible Dependents, the employee must notify the Plan Administrator and properly complete and submit all necessary forms detailing the names and other information of these additional dependents within 31 days of the acquisition, (the qualifying event), in order for the newly acquired dependents to receive coverage.

Under HIPAA, marriage, birth of a child, adoption of a child and placement for adoption of a child constitute a Special Enrollment Period. A Special Enrollment Period is an additional enrollment opportunity for the Eligible Employee to enroll for Coverage following his or her initial eligibility date.

BIRTH OR ADOPTION

In the event of the birth of a child or adoption or placement for adoption of a child, the child will automatically be covered for the first 31 days following birth of adoption. For Coverage to continue beyond 31 days, you must notify the Employer of the birth/adoption, complete all necessary paperwork and pay any required premiums (premiums are required beginning the first of the calendar month following the birth/adoption month). If notification and required premiums are not made, Coverage will terminate at the end of the 31 days following the birth or adoption of the child. In addition, the Eligible Employee and Spouse, if not already covered, will also be eligible to enroll for Coverage. Please note, the claim for maternity care is not considered an enrollment application for enrollment of the newborn infant.

MARRIAGE

In the event a Covered Employee marries after his or her Coverage has become effective, the employee may add his or her spouse to the Coverage by submitting to the Employer a completed application within 31 days of the event. In this event, Coverage will be effective on the date of the marriage. In this instance, the Eligible Employee, the Spouse and any Dependent Children who are newly acquired as the result of the marriage, who did not enroll under the Plan when initially eligible or during a subsequent open enrollment period, if applicable, are permitted to enroll during this special enrollment period.

ENROLLMENT DUE TO BECOMING ELIGIBLE FOR MEDICAID OR CHIP COVERAGE

Becoming eligible for state premium assistance under Medicaid under Title XIX of the Social Security Act or the state children's health insurance program (CHIP) under Title XXI of the Social Security Act will result in a Special Enrollment Period under HIPAA. An employee who is eligible, but not enrolled, for Coverage under the Plan (or a Dependent who is eligible, but not enrolled)may enroll in the Plan upon becoming eligible for premium assistance provided enrollment is requested within 60 days of becoming eligible for the assistance.

ENROLLMENT DUE TO LOSS OF OTHER COVERAGE

Eligible Employees who are covered under another health plan and subsequently lose such coverage are eligible for Coverage following the loss of the other coverage provided they submit a completed application to the Employer within 31 days following termination of the other coverage. If an employee submits the application within this 31-day enrollment period, Coverage will be effective on the date of the loss of other coverage. The employee is eligible only if he submitted a written declination of Coverage to the Employer when he was initially eligible to enroll under the Plan. As used herein, loss of the other coverage must be due to: (a) exhaustion of

COBRA benefits; (b) Loss of Eligibility under the prior coverage; or (c) termination of contributions by the employer under the prior plan of coverage.

If the loss of other coverage is due to loss eligibility under Medicaid under Title XIX of the Social Security Act or the state children's health insurance program (CHIP), the individual has 60 days to request coverage under the Plan.

Enrollment due to loss of other coverage is also considered a Special Enrollment Period under HIPAA.

ENROLLMENT PERIOD FOR OTHER MID-YEAR ELECTION CHANGES

This provision applies if the Employer offers a Section 125 plan, including but not limited to a Section 125 Premium Only Plan, in which the employee is participating.

When the Covered Employee experiences an event ("Qualifying Event") that would allow him to make a mid-year election change to his current premium payment elections under his Section 125 Plan, the employee is also permitted to make a corresponding change under this medical Plan provided such change is permitted in accordance with the IRS regulations governing Section 125 Plans. For example, if the Covered Employee experiences a Qualifying Event that would permit him to revoke or change his election under the Section 125 Plan, he will be permitted to change his current elections under this Plan or cancel his Coverage under this Plan.

The Qualifying Events that would allow such a revocation or change include, but are not limited to the following types of events:

1) Change in Family Status (i.e. birth, adoption, marriage, divorce, legal separation, dissolution, death, child reaching limiting age). Some of these events may also be a HIPAA Special Enrollment under the Plan.
2) Change in Family Status Due to Change in Employment (i.e. change of employment for the Employee or the Spouse);
3) Change of address that results in a service area limitation: This applies only when a change of address renders Covered Persons ineligible for coverage (e.g., moving outside of an HMO coverage area). To revoke or change enrollment, an enrollment application should be completed indicating new address and new benefit option, if applicable.
4) Judgment, decree or order: If the Employee or Employee's spouse is subject to a judgment, decree or order resulting from a divorce or similar proceeding that affects the requirements for the Employee to provide medical coverage for a Dependent child, an enrollment form should be completed adding the Dependent child accordingly.
5) Medicare or Medicaid: If an Employee's covered spouse or covered child Dependent loses coverage under Medicare or Medicaid, coverage under this Plan may be obtained by an enrollment application being completed per the Special Enrollment provisions of the Plan. If an Employee or a covered Dependent gains coverage under Medicare or Medicaid, elections under this Plan may be revoked by completing a termination of coverage form (the Covered Person should refer to the Coordination of Benefits section for further information regarding dual coverage rules).
6) Eligibility of COBRA: If the Employee, Employee's spouse or Dependent becomes eligible for and elects COBRA under the Plan, the Employee may make a corresponding election to pay for the continuation coverage on a pre-tax basis.
7) Family and Medical Leave Act: If the Employee takes leave under the Family and Medical Leave Act ("FMLA"), he/she may revoke coverage under the Plan during the leave or may continue group health coverage as provided for by the Employer's FMLA policy.
8) Significant Cost Increases: If the cost of benefits significantly increases during a Plan Year, as determined by the Employer, the Employee may elect coverage under another benefit option, if any, that offers similar coverage, as determined by the Employer.
9) Coverage Changes: If coverage under a benefit option is significantly curtailed during a Plan Year, as determined by the Employer, the Employee may revoke his or her election or elect coverage under another benefit option that offers similar coverage. If the Employer adds a new benefit option during a Plan Year, the Employee may elect the new benefit option.

10) Changes Under Another Employer's Plan: The Employee may also change his or her elections to correspond to certain changes that the Employee's spouse or Dependent makes to his or her benefit elections under a benefit plan offered by his or her employer. These rights are subject to conditions or restrictions that may be imposed by the employer or any insurance company providing benefits under the plan.

Any change or revocation must be consistent with the events permitted as a mid-year change under the Section 125 Plan (as regulated by the IRS) to the extent that it is necessary or appropriate as the result of such change.

All requests for changes in relation to the Covered Employee experiencing a Qualifying Event must be submitted as a written request to the Employer no later than 31 days prior to making such change. If the request for change is submitted within this 31-day enrollment period, the change will be effective either as of the date of the qualifying event, or at the next pay period.

UNIFORMED SERVICES EMPLOYMENT AND RE-EMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

The Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to a Covered Employee's military leave of absence.

These requirements apply to medical and dental coverage for the Employee and his or her Dependents.
For leaves of less than 31 days, coverage will continue for the duration of such leave. For leaves of 31 days or more, the Employee may continue Employee and Dependent coverage by paying the required contribution to the Employer, until the earliest of the following: 24 months from the last day of employment with the Employer; the day after the Employee fails to return to work; or the date the Plan is canceled. The Employer may charge the Employee and his or her Dependents up to 102% of the total coverage cost.

If coverage ends during the leave of absence because the Employee does not elect USERRA and the Employee is reemployed by the Employer, coverage for the Employee and his or her Dependents may be reinstated if: (a) the Employee gave the Employer advance written or verbal notice of his or her military service leave; and (b) the duration of all military leaves while the Employee is employed with the Employer does not exceed 5 years. The Employee and his or her Dependents will be subject to only the balance of any waiting period that was not yet satisfied before the leave began. If coverage under this Plan terminates as a result of the Employee's eligibility for military medical and dental coverage and the Employee's order to active duty is canceled before active duty service commences, these reinstatement rights will apply.

TERMINATION OF COVERAGE

TERMINATION OF COVERAGE-GENERAL

The coverage of any Covered Person covered under the Plan shall terminate on the earliest of the following dates:

1) The date the Plan terminates ; or
2) The date a Covered Person ceases to qualify under the Plan, whether because his/her membership ceases in an eligible class or with respect to a dependent the date such dependent no longer is an Eligible Dependent; or
3) For a Covered Retiree, the date the Retiree attains age 65.
4) The date all coverage or certain benefits are terminated on his/her particular class by modification of the Plan; or
5) The date he/she fails to make a required contribution to the Plan, if any; or
6) After the 31st day following the birth of a child, with respect to such child, unless prior to the expiration of such 31 day period the Plan Administrator has been notified of the birth of such child and you have agreed to make any required contributions; or
7) The date on which full time employment with the County or eligible affiliate terminates; or
8) The date of termination pursuant to termination of coverage for false representations, fraud, or failure to pay premiums, as further described below; or

9) As otherwise allowed by law or regulation.

With the exception an employee's failure to pay the required premium, rescission or cancellation pursuant to termination for false representations, fraud, or failure to pay premiums, or as otherwise provided by law or regulation, termination of coverage must occur on a prospective basis and requires that the Plan Sponsor provide 30 days advance notice of the loss of coverage to the individual losing coverage.

TERMINATION OF COVERAGE FOR FALSE REPRESENTATIONS, FRAUD OR FAILURE TO PAY PREMIUMS

If any Eligible Enrolled Enrollee or Covered Person makes an intentional misrepresentation, or commits any fraud under or with respect to, the Plan, the Plan Administrator has the right to permanently terminate coverage for the Eligible Enrolled Enrollee, Covered Person and his or her Dependents, to the extent permitted by law. Intentional misrepresentation includes, but is not limited to, submitting falsified claims or obtaining coverage for an individual who is ineligible.

Any termination of coverage under this Section may be terminated by the Administrator on a retroactive basis (a "rescission" of coverage), in which case the individual will receive a notice of the rescission, as required by the Affordable Care Act.

To the extent permitted by law, the Plan Administrator may also seek reimbursement from the individual for all claims or expenses paid by the Plan as a result of the false representation or fraud, and may pursue legal action against the individual.

RECOVERY OF BENEFIT OVERPAYMENT

If any benefit from a Benefit Program paid to or on behalf of a Covered Person should not have been paid or should have been paid in a lesser amount, and the Covered Person or other recipient fails to repay the amount promptly, then the overpayment may be recovered by the Administrator to the extent permitted by law from any monies then payable, or which may become payable, in the form of salary, wages, or benefits payable under any Employer sponsored benefit programs, including the applicable Benefit Program.

The Plan Administrator may terminate coverage for a Participant or enrolled Dependent under any Benefit Program 90 days after the date the Administrator requests repayment from the Participant (or any Dependent) of amounts that are subject to reimbursement under any Benefit Program, overpayments or mistaken payments from a Benefit Program, unless such Participant (or Dependent) repays such amounts or sets up a repayment schedule for the same that is approved by the Administrator in its sole discretion. The Administrator also reserves the right to recover any such overpayment by appropriate legal action.

COBRA RIGHTS

COBRA CONTINUATION COVERAGE

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "Qualifying Event." Specific Qualifying Events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a Qualifying Event. Depending on the type of Qualifying Event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following Qualifying Events happens:

1) Your hours of employment are reduced, or
2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following Qualifying Events happens:

1) Your spouse dies;
2) Your spouse's hours of employment are reduced;
3) Your spouse's employment ends for any reason other than his or her gross misconduct;
4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following Qualifying Events happens:

1) The parent-employee dies;
2) The parent-employee's hours of employment are reduced;
3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
5) The parents become divorced or legally separated; or
6) The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a Qualifying Event. If a proceeding in bankruptcy is filed with respect to McLennan County and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the COBRA Administrator has been notified that a Qualifying Event has occurred. When the Qualifying Event is the end of employment or reduction of hours of employment, death of the employee commencement of a proceeding in bankruptcy with respect to the employer, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the COBRA Administrator of the Qualifying Event within 30 days of any of these events.

For the other Qualifying Events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the COBRA Administrator. The Plan requires you to notify the McLennan County within 60 days after the qualifying event occurs. You must send this notice to McLennan County. The notice needs to include name, address, and telephone number, plan name and the Qualifying Event. If the Qualifying Event is a divorce or legal separation, legal documentation must be furnished. Failure to notify the COBRA Administrator in the above stated time frames and prescribed manner will nullify your right to COBRA continuation of coverage.

Once the COBRA Administrator receives notice that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin this Plan on the date of the Qualifying Event

COBRA continuation coverage is a temporary continuation of coverage. When the Qualifying Event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the Qualifying Event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during COBRA continuation coverage and you notify the COBRA Administrator in a timely fashion, (within 60 days, in writing) you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the COBRA Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to McLennan

County. The notification should include name, address, telephone number, plan name, and a copy of the Social Security Administration's determination.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another Qualifying Event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the** COBRA **Administrator is notified of the second Qualifying Event within 60 days of the second Qualifying Event permitted under the terms this notice must be sent to McLennan County. The notification should include name, address, telephone number, plan name, and qualifying event. Copies of documentation such as death certificate, Medicare card, divorce decree or legal separation papers must be included with the notification.**

If you have questions about your COBRA continuation coverage, you should contact the Benefits Coordinator of McLennan County or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's web site at **www.dol.gov/ebsa**.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES AT ALL TIMES

In order to protect your family's rights, you should keep the COBRA Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the COBRA Administrator. **Please note that, as it is the sole responsibility of the Plan participants to notify the** COBRA **Administrator in writing of any address changes for all family members, you and/or your family members may lose their rights for continuation of coverage in the event documentation is not received or sent due to your failure to notify of an address change.**

HOW CAN YOU ELECT CONTINUATION COVERAGE?

Each qualified beneficiary listed on page one of this notice has an independent right to elect continuation coverage. For example, both the employee and the employee's spouse may elect continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

HOW MUCH DOES CONTINUATION COVERAGE COST?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage (or, in the case of an extension of continuation coverage due to a disability, 150 percent). The required payment for continuation coverage for the qualified beneficiaries

WHEN AND HOW MUST PAYMENT FOR CONTINUATION COVERAGE BE MADE?

FIRST PAYMENT FOR CONTINUATION COVERAGE

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within those 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact McLennan County's Human Resources Office to confirm the correct amount of your first payment.

Your first payment for continuation coverage should be sent to:

McLennan County
Benefits Administration
214 N. 4th Street, Suite 200
Waco, Texas 76701-1366

PERIODIC PAYMENTS FOR CONTINUATION COVERAGE

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the 1st of each month of coverage. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break. The Plan will send periodic notices of payments due for these coverage periods.

Currently, periodic payments for continuation coverage should be sent to:

McLennan County
Benefits Administration
214 N. 4th Street, Suite 200
Waco, Texas 76701-1366

GRACE PERIODS FOR PERIODIC PAYMENTS

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if you pay a periodic payment later than its due date but during its grace period, your coverage under the Plan will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

For more information about your rights, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA web site at www.dol.gov/ebsa.

McLennan County Employee Health Plan
2015 - 2016

Effective October 1, 2015	Plan 1 Base Plan-$1000 Deductible Plan	Plan 2 Consumer Driven Health Plan
Annual Deductible	$1,000 Individual	$3,500 Individual
(Deductible applies to Out-of-Pocket Max & **resets to zero Jan. 1st)**	$2,000 Family	$7,000 Family (Embedded)
Annual Out-of-Pocket Maximum	$4,500 Individual	$3,500 Individual
(Medical & Rx deductibles, copayments and coinsurance apply)	$9,000 Family	$7,000 Family (Embedded)
Outpatient Services		
Primary Care Office Visit	$30 Copay	$0 Copay after deductible
Specialty Care Office Visit	$50 Copay	$0 Copay after deductible
Preventive Services (including lab and x-ray)	No Charge	No Charge
Standard Lab and X-Ray	No Charge	0% after deductible
Diagnostic/Radiology (Limited to: angiograms, CT scans, MRIs, PET scans, myelography, stress tests, ultrasound)	20% After Deductible	0% after deductible
Outpatient Surgery	20% After Deductible	0% after deductible
Allergy Serum	20 % After Deductible	0% after deductible
Immunizations (Age appropriate)	No Charge	No Charge
Eye Exam (1 refraction annually)	$30 Copay	0% after deductible
Maternity (Pre- and Post-Natal Care)	No Charge	No Charge
Other Outpatient Services **(Including other services, treatments, or procedures received at time of visit)**	20% after deductible	0% after deductible
Outpatient Specialty Drugs (Deductible does not apply)		
Level 1	10% Copay	0% after deductible
Level 2 (Preferred)	20% Copay	0% after deductible
Level 3 (Premium Preferred)	30% Copay	0% after deductible
Level 4 (Non-Preferred)	50% of charges	0% after deductible
Inpatient Services		
Hospital Room, Semi-private	20 % After Deductible	0% after deductible
Intensive Care Unit	20 % After Deductible	0% after deductible
Other Hospital Services	20 % After Deductible	0% after deductible
Skilled Nursing Facility (Pre-Authorization Required)	20% After Deductible	0% after deductible
Therapeutic Services		
Speech & Hearing	$30 Copay (20 Visit Limit)	$0 Copay after deductible
Physical Therapy	$30 Copay (20 Visit Limit)	$0 Copay after deductible
Durable Medical Equipment		
Durable Medical Equipment	50% After Deductible	$0 after deductible

McLennan County Employee Health Plan 2015 - 2016		
Effective October 1, 2015	**Plan 1** **Base Plan-$1000 Deductible Plan**	**Plan 2** **Consumer Driven Health Plan**
Diabetic Supplies, Equipment and Self-Management Training (Unlimited Benefit) "Deductible Does Not Apply"		
Supplies	50% Copay	Same as DME or RX, as appropriate
Equipment	Same as DME or Rx, as appropriate	Same as DME or RX, as appropriate
Education/Nutrition Counseling	$30 Copay	$0 Copay after deductible
Outpatient - Mental Health/Substance Use Disorder Services		
Mental Illness (Requires referral and approval of medical director)	$30 Copay	$0 Copay after deductible
Substance Use Disorder	$30 Copay	$0 Copay after deductible
Inpatient - Mental Health/Substance Use Disorder Services		
Mental Illness (Requires referral and approval of medical director)	20% After Deductible	0% after deductible
Substance Use Disorder	20% After Deductible	0% after deductible
Home Infusion Therapy (requires authorization)		
Home Infusion Therapy	20%	0% after deductible
Home Health Services (Requires authorization)		
Home Health	$30 Copay	$0 Copay after deductible
Hospice	No Charge	0% after deductible
Emergency Care Services		
Emergency Room (In and out of area)	20% After Deductible	0% after deductible
Urgent Care (In and out of area)	$50 Copay	0% after deductible
Ambulance	20% After Deductible	0% after deductible
Prescription Drug Coverage (Can use any in-network Rx provider)		
		Copays only apply to preventive drugs (deductible does not apply) All non-preventive drugs are subject to the deductible.
Annual Benefit Maximum	Unlimited	Unlimited
Annual Deductible	None	Included with medical deductible
Retail Quantity (Up to a 30-day supply)		
Generic	$10 Copay	$10 Copay
Preferred Brand	$30 Copay	$30 Copay
Non-Preferred	Lesser of $55 or 50%	Lesser of $55 or 50%
Non-Formulary	Greater of $55 or 50%	Greater of $55 or 50%
Maintenance Quantity (Up to a 90-day supply) Maintenance quantities must be obtained from a Scott & White Health Plan pharmacy or Wal-Mart Mail Order)		
Generic	$20 Copay	$20 Copay
Preferred Brand	$60 Copay	$60 Copay
Non-Preferred	Lesser or $110 or 50%	Lesser or $110 or 50%
Non-Formulary	N/A	N/A

For more information, please refer to your Summary Plan Description.

To view a complete list of providers and other plan details, go to https://mclennan.swhp.org/.

Customer Service 800-299-8640

COVERED MEDICAL EXPENSES

COVERED EXPENSE

A Covered Expense under the medical portion of your Plan shall mean a service or supply which is provided to a Covered Person, and which service or supply is:

1) Received while a person is covered under the Plan; and
2) Recommended by a physician; and
3) Medically necessary for the care and treatment of a covered illness or injury of a Covered Person; and
4) Provided by a Health Care Provider of these services or supplies.

These services and supplies which are furnished by, and fall within the scope of the authorized practice of, a Health Care Provider must be recognized throughout the Health Care Provider's profession to be the usual and customary treatment for the illness or injury, and will be covered subject to the terms and conditions outlined in this Booklet.

PREVENTIVE CARE SERVICES means the following, as further defined and interpreted by appropriate statutory, regulatory, and agency guidance:

1) Evidence-based items or services with an "A" or "B" rating from the U.S. Preventive Services Task Force (USPSTF);
2) Immunizations for routine use in children, adolescents and adults with a recommendation in effect from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
3) Evidence-informed preventive care screenings for infants, children and adolescents provided in guidelines supported by the Health Resources and Services Administration (HRSA) Bright Futures Project; and
4) Evidence-informed preventive care and screening for women provided in guidelines supported by HRSA and not otherwise addressed by the USPSTF.

Covered Persons are entitled to the Medically Necessary Preventive Services of Network Physicians and Providers without being subject to a Copayment or Deductible. Medical Necessity is determined by the Physician or OB/GYN, subject to the review of the Medical Director.

Participants may access Preventive Health Care Services and health education programs as determined by Health Plan.

Examples of covered Preventive Care Services may include, but are not limited to, the following:

- one annual physical exam by a Physician or one annual well-woman exam by a Physician or OB/GYN,
- well child care,
- age-appropriate pediatric and adult immunizations and boosters as described in the Immunization Provision of this Agreement,
- newborn hearing screenings.

The determination of whether a service is a Preventive Care Service may be influenced by the type of service for which a Physician or Provider submits a claim. A service that was initially considered a Preventive Care Service may transform into a diagnostic service if a medical condition is discovered. In such a case, the Copayment for the applicable Medical Service may apply, rather than the Preventive Care Service Copayment. Other Medical Services rendered in connection with a Preventive Care Service may result in Member or Dependents being subject to additional Copayments as Medical Services.

AMBULANCE SERVICES

Covered Persons are covered for charges by a licensed ambulance service to or from the nearest hospital where the needed emergency medical care and treatment can be provided.

EMERGENCY/URGENT MEDICAL CARE

Services that are required to stabilize or initiate treatment in an emergency are eligible expenses. Emergency Services must be received on an outpatient basis at a hospital or alternate facility. The Plan covers the following expenses incurred in a doctor's office, ambulatory surgical center, or emergency room:

- emergency transportation charges,
- emergency room charges,
- doctors expenses for diagnosis and treatment, and
- diagnostic x-ray and laboratory tests.

In an emergency, the plan pays the in-network rate for eligible expenses provided that the visit qualifies as an emergency. If the Covered Person is admitted into the hospital due to the emergency, the emergency room Copayment is waived.

We realize that in emergency situations you may not have a choice about using a network hospital. Therefore, the same benefit level applies regardless of whether the services are provided by Network or Non-Network hospitals, provided that the visit is for a qualified emergency medical condition. Under an HMO Plan, if a Covered Person goes to an emergency room and the condition is not an emergency, expenses are not covered.

An emergency is a serious medical condition or symptom resulting from injury, sickness or mental illness, which arises suddenly and, in the judgment of a reasonable person, requires immediate care and treatment, generally received within 24 hours of onset, to avoid jeopardy to the life or health of a covered person.

Emergency care includes immediate mental disorder treatment when the lack of the treatment could reasonably be expected to result in the patient harming himself and/or other persons.

Examples of emergency conditions include: chest pain, severe bleeding, appendicitis, poisoning, seizures, strokes or loss of consciousness.

Examples of non-emergency conditions include: routine colds, flu, sore throat, ear infection, sprains, strains, cuts, fatigue, weakness, rashes or skin disorders, chronic pain or illness, or low pack pain.

HOSPITAL SERVICES

Covered Persons are entitled to the Medically Necessary services of any Hospital to which Covered Person may be admitted by a Physician. Health Plan will cover the cost of a semi-private room, or the equivalent thereof, for covered hospital admissions for routine acute care. For more intense levels of care, that level of care which is Medically Necessary will be covered.

MENTAL DISORDER AND SUBSTANCE USE DISORDER CARE

Treatment for mental disorder and substance use disorder is provided by providers specializing in mental health care management.

Services must be provided by a covered professional, which include: a psychiatrist, licensed clinical psychologist, a mental health care professional with a master's degree in social work (MSW), a certified alcoholism counselor (CAC) or certified marriage and family therapist (CMFT).

The medical plan options cover the treatment, evaluation and assessment, diagnosis, mediation management, crisis intervention, psychological testing, treatment planning, referral services and short-term individual, family and group therapeutic services for mental disorders and substance use disorder. Mental disorder means any disease or condition, regardless of whether the cause is organic, that is classified as a mental disorder in the current edition of International Classification of Diseases, published by the U.S. Department of Health and Human

Services, or is listed in the current edition of Diagnostic and Statistical Manual of Mental Disorders, published by the America Psychiatric Association. Substance use disorder is the abuse of or psychological or physical dependence on or addiction to alcohol, a toxic inhalant or a substance designated as a controlled substance in the Texas Health and Safety Code. A toxic inhalant is a volatile chemical or abusable glue or aerosol paint under the Texas Health and Safety Code. This does not include dependence on tobacco and ordinary caffeine – containing drinks.

The medical plan options also include benefits for detoxification from abusive chemicals or substances, which is limited to physical detoxification when necessary to protect your physical health and well-being.

INPATIENT CARE AND INTENSIVE OUTPATIENT MENTAL DISORDER AND SUBSTANCE USE DISORDER CARE

If Covered Persons are hospitalized or receive intensive outpatient treatment as a result of a psychiatric condition or for a condition related to substance use disorder, the following services are considered eligible expenses:

- semi-private room and board,
- services and supplies, and
- in-hospital doctors visits.

REHABILITATIVE THERAPY

Medically Necessary outpatient rehabilitative therapy services are available for services for physical, inhalation, speech, hearing, and occupational therapies.

HOME HEALTH SERVICES

Home health services consist of Medically Necessary nursing care that is approved in advance by the Medical Director, and provided by a licensed home health care agency . Home health services shall not be covered for Custodial Care or primarily for convenience, as determined by the Medical Director.

HOSPICE SERVICES

Hospice services consist of Medically Necessary Hospice care that is approved in advance by the Medical Director, and provided by a licensed Hospice agency.

MATERNITY SERVICES

Maternity services include physician obstetrical care, labor and delivery services, hospital room and board and the care of complicated pregnancies in conjunction with the delivery of a child or children a Covered Person.

Coverage includes a minimum of forty-eight (48) hours of inpatient care to a mother and her newborn child following an uncomplicated vaginal delivery and ninety-six (96) hours of inpatient care to a mother and her newborn following an uncomplicated delivery by caesarean section, if such inpatient care is determined to be Medically Necessary by a Physician or is requested by the mother.

The determination whether a delivery is complicated shall be made by the attending Physician. If the decision is made to discharge a mother or newborn child from inpatient care before the expiration of the above time frames, Health Plan shall provide coverage for timely post delivery care, to be provided by a Physician, registered nurse or other appropriate Health Care Professional, and may be provided at the mother's home, a health care provider's office, health care facility or other appropriate location. The mother has the option to have the care provided in the mother's home. The timeliness of the care shall be determined in accordance with recognized medical standards for that care.

FAMILY PLANNING AND INFERTILITY SERVICES

Family planning and services relating to the diagnosis and Treatment of infertility shall be provided as Medically Necessary. Examples of such services include:

- counseling,
- sex education, instruction in accordance with medically acceptable standards,

- contraceptive devices,
- placement of contraceptive devices,
- diagnostic procedures to determine the cause of infertility,
- vasectomies,
- tubal ligations, and
- laparoscopies.

DURABLE MEDICAL EQUIPMENT, ORTHOTICS, PROSTHETIC MEDICAL APPLIANCES
As approved by the Medical Director, Medically Necessary durable medical equipment may be covered under this Agreement. The Medical Director shall determine the conditions under which such equipment and appliances shall be covered. The conditions include, but are not limited to the following: the length of time covered, the equipment covered, the supplier, and the basis of coverage; i.e., rental, purchase, or loan.

Consumable supplies associated with the use of covered durable medical equipment and prosthetic medical appliances are covered under this Agreement only to the extent that such supplies are required in order to use the specific piece of durable medical equipment or prosthetic medical appliance. Repair, maintenance, and cleaning due to abnormal wear and tear or abuse is Covered Person's responsibility. Benefits for consumable supplies will be applied to the maximum benefit for the device with which the consumable supply is associated.

Orthotics may be covered under this Agreement if determined as Medically Necessary by the Medical Director. Orthotics is equipment intended for repeated use, primarily and customarily used to treat a medical condition covered under this Plan, and not customarily useful in the absence of a covered illness or injury. Rented or loaned equipment must be returned in satisfactory condition and Covered Person is responsible for cleaning and repair required due to abnormal wear and tear or abuse. *Coverage for rented or loaned* equipment is limited to the amount such equipment would have cost if purchased by Health Plan from a Network DME provider. Health Plan shall have no liability for installation, maintenance or operation of such equipment for home-based use.

Prosthetic Medical Appliances may be covered under the conditions determined by the Medical Director and as are Medically Necessary to replace defective parts of the body following injury or illness. Prosthetic Medical Appliances are artificial substitutes for missing body parts, such as an arm or leg, used for functional purposes. Health Plan shall cover the initial device, replacements due solely to growth, other Medically Necessary *replacements for medical* reasons and normal repairs.

OUTPATIENT RADIOLOGICAL AND DIAGNOSTIC EXAMS
Outpatient Radiological and Diagnostic exams shall be covered as Medically Necessary. Examples of such services include:

- Angiograms (but not including cardiac angiograms);
- CT scans;
- MRIs;
- Myelography;
- PET scans; and
- stress tests with radioisotope imaging.

Subject to the Radiology Daily Copayment Maximum listed in the Schedule of Benefits, Covered Person is required to pay the Copayments listed in the schedule of benefits for Outpatient Radiological or Diagnostic Examinations contained in this Section. In no event will the total Copayments Covered Person is required to pay for Covered Radiological or Diagnostic Examinations performed on the same calendar day exceed the Radiology Daily Copayment Maximum listed in the schedule of benefits.

An ultrasound or cardiac angiogram shall not be subject to a Radiological or Diagnostic Examination Copayment, but if performed in conjunction with an office visit or outpatient surgery, Covered Person will be responsible for the appropriate office visit or outpatient surgery Copayment as listed in the Schedule of Benefits.

BREAST RECONSTRUCTION BENEFITS

If Covered Person has had or will have a mastectomy, coverage for Breast Reconstruction incident to mastectomy shall be provided under the same terms and conditions of this Agreement as for the mastectomy, as deemed medically appropriate by Physician who will perform the surgery. Breast Reconstruction means surgical reconstruction of a breast and nipple areola complex to restore and achieve breast symmetry necessitated by mastectomy surgery. The term includes surgical reconstruction of a breast on which mastectomy surgery has been performed under the terms of this Plan as well as surgical reconstruction of an unaffected breast to achieve or restore symmetry with such reconstructed breast. The term also includes prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy. Once symmetry has been attained, the term does not include subsequent breast surgery to affect a cosmetic change, such as cosmetic surgery to change the size and shape of the breasts. However, the term shall include Treatment for functional problems, such as functional problems with a breast implant used in the Breast Reconstruction. Symmetry means the breasts are similar, as opposed to identical, in size and shape.

MINIMUM INPATIENT STAY FOLLOWING MASTECTOMY OR RELATED PROCEDURE

Coverage for the treatment of breast cancer includes coverage of a minimum of forty-eight (48) hours of inpatient care following a mastectomy and twenty-four (24) hours of inpatient care following a lymph node dissection for the treatment of breast cancer unless Covered Person, and the attending Physician determine that a shorter period of inpatient care is appropriate.

TRANSPLANT SERVICES

Covered transplants, using human tissue only, if determined Medically Necessary and approved by the Medical Director as not Experimental or not Investigational for the Covered Person's condition may include:

- kidney transplants;
- cornea transplants;
- liver transplants;
- bone marrow transplants for aplastic anemia, leukemia, severe combined immunodeficiency disease, and Wiskott-Aldrich syndrome;
- heart;
- heart-lung;
- lung;
- pancreas;
- pancreas-kidney.

Donor/procurement costs for covered transplants for matching, removal, and transportation of the organ are covered if:

1) the recipient of the organ is Covered Person, and
2) the donor/procurements costs are not covered by the donor's Health Benefit Plan.

If the donor's Health Benefit Plan does not cover donor/procurement costs, such costs will be covered.

BARIATRIC (WEIGHT LOSS) SURGERY:

Bariatric (weight loss) surgery may be considered medically necessary and a covered expense for carefully selected adults with clinically severe obesity, when less invasive methods of weight loss have failed and the individual is at high risk for obesity-related medical problems. Criteria for coverage include, but are not limited to;

- Age ≥ 18, and
- Body Mass Index (BMI) ≥ 40 or BMI ≥ 35 with associated co-morbidities, and
- Recent participation in a physician directed weight loss program, and
- Psychological evaluation, and
- Surgery performed at a Tier 1 facility.

There are numerous techniques for bariatric surgery and only certain of those with evidence based results will be considered for coverage. Bariatric surgery may result in redundant skin and fat deposits following significant weight loss. Surgical excision and/or liposuction, to treat such redundant skin and/or fat deposits, are not covered benefits.

CLINICAL TRIALS

Routine patient costs in correction with a phase I, II, III, or IV clinical trial, if the clinical trial is conducted in relation to the prevention, detection or treatment of a life – threatening disease or condition and is classified in an of the following sub paragraphs:

A) Federally funded trials. The study or investigation is approved or funded by one or more of the following:

1) the Centers for Disease Control and Prevention of the United States Department of Health and Human Services;
2) the National Institutes of Health;
3) the Agency for Health Care Research and Quality;
4) the Centers for Medicare and Medicaid Services;
5) cooperative group or center of any of the entities described in (1) - (5) or the Department of Defense or the Department of Veteran Affaires;
6) a qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants;
7) an institutional review board of an institution in this state that has an agreement with the office of Human Research Protections of the United States Department of Health and Human Services;
8) any of the following, if the study or investigation conducted by such Department has been reviewed and approved through a system of peer review that the Secretary of the Health and Human Services Department determines to be comparable to the system of peer review of studies and investigations used by the National Institutes of Health, and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review:
   - (i) the United States Department of Defense;
   - (ii) the United States Department of Veterans affairs; or
   - (iii) the United States Department of Energy

B) The study or investigation is conducted in relation to the prevention, detection or treatment of cancer or other life-threatening disease or condition under an investigational new drug application reviewed or approved by the United States Food and Drug Administration.

C) The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

We are **not** required to: reimburse the Research Institution conducting the clinical trial for the cost of routine patient care provided through the Research Institution unless the Research Institution, and each health care professional providing routine patient care through the Research Institution, agrees to accept reimbursement under this Plan, at the rates that are established under the Plan, as payment in full for the routine patient care provided in connection with the clinical trial.

This provision does not provide benefits for services that are a part of the subject matter of the clinical trial and that are customarily paid for by the Research Institution conducting the clinical trial.

Life-threatening disease or condition means a disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Research Institution means the institution or other person or entity conducting a phase I, phase II, phase III, or phase IV clinical trial.

Routine Patient Care Costs means the costs of any Medically Necessary health care service for which benefits are provided under this Plan, without regard to whether an Covered Person is participating in a clinical trail. Routine Patient Care Costs do not include:

- **(i)** the cost of an investigational new drug or device that is not approved for any indication by the United States Food and Drug Administration, including a drug or device that is the subject of the clinical trial;
- **(ii)** the cost of a service that is not a health care service, regardless of whether the service is required in connection with participation in a clinical trial;
- **(iii)** the cost of a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;
- **(iv)** a cost associated with managing a clinical trial; or
- **(v)** the cost of a health care service that is specifically excluded from coverage under this Plan.

SPECIALTY PHARMACY DRUGS
This Plan includes Specialty Pharmacy Drugs.

Covered Persons may be entitled to Medically Necessary prescription drugs depending upon the type of drug and the setting in which the drug is administered. This provision sets forth the circumstances in which prescription drugs are covered.

INPATIENT PRESCRIPTION DRUGS
Prescription Drugs, including Specialty Pharmacy Drugs, administered while admitted to an Inpatient facility will be covered as part of the Inpatient benefit, and no additional Copayments are required for prescription drugs so administered.

OUTPATIENT SPECIALTY PHARMACY DRUGS
Outpatient prescription drugs designated on the drug formulary as Specialty Pharmacy drugs are covered, subject to the Outpatient Specialty Pharmacy Copayments and Deductibles indicated in the Schedule of Benefits.
Covered Persons may contact Health Plan to obtain a copy of the Specialty Pharmacy Drugs appearing on the drug formulary.

All Specialty Pharmacy Drugs will require preauthorization by a Medical Director.

Copayments for Non-Preferred Specialty Pharmacy drugs will not be considered Out-of-Pocket Expenses for purposes of meeting Out-of-Pocket Maximums.

OUTPATIENT NON-SPECIALTY PHARMACY DRUGS ADMINISTERED IN OUTPATIENT SETTING
Outpatient Prescription Drugs which do not meet the definition of Specialty Pharmacy Drugs and which are dispensed and administered to a Covered Person in the office of a Provider or in another Outpatient setting, will be covered as a part of the Medical Services benefit, and no additional Copayments are required for outpatient prescription drugs so dispensed and administered. Outpatient Prescription Drugs which do not meet the definition of Specialty Pharmacy Drugs and which are dispensed and administered to a Covered Person in the office of a Provider or in another Outpatient setting which cost $175 or more for a single dose, and refillable prescriptions whose total cost during a twelve (12) month period could equal or exceed $1,000, will require preauthorization by a Medical Director.

Outpatient Prescription Drugs which do not meet the definition of Specialty Pharmacy Drugs and which are dispensed by a pharmacy and administered to a Covered Person in the office of a Provider, or in another Outpatient setting, require approval of a Medical Director in order to be covered as a part of the Medical Services benefit. Without the prior approval of a Medical Director, coverage for Outpatient Prescription Drugs which do not meet the definition of Specialty Pharmacy Drugs and are dispensed by a pharmacy and administered by a Provider will be excluded under this Agreement, unless covered under the Outpatient Prescription Drug Benefit.

Outpatient Specialty Pharmacy Drugs will be covered pursuant to the Outpatient Specialty Pharmacy Drugs benefit of this Agreement, regardless of whether or not the Specialty Pharmacy Drug is administered in the office of a Provider or other Outpatient setting.

OUTPATIENT PRESCRIPTION DRUGS

Except as covered by the Outpatient Prescription Drug Benefit, this Plan excludes Outpatient prescription drugs that:

1) do not meet the definition of Specialty Pharmacy Drugs,
2) are not dispensed and administered in the office of a Provider or other Outpatient setting; or
3) are dispensed at a pharmacy and administered in the office of a Provider, or other Outpatient setting, without prior approval of a Medical Director.

DETERMINATION OF COVERAGE LEVEL FOR PRESCRIPTION DRUG BENEFITS

The determination of the coverage level of prescription drugs under this Plan shall be assigned in the following order:

1) Prescription Drug administered while admitted in an inpatient setting;
2) Outpatient Specialty Pharmacy Drug;
3) Outpatient Prescription Drug that is not a Specialty Pharmacy Drug, administered in the office of a Provider or other Outpatient setting; or
4) Outpatient Prescription Drug that is not a Specialty Pharmacy Drug and is not administered in the office of a Provider, or other Outpatient setting, if covered under the Outpatient Prescription Drug Benefit.

NOTE: All Prescription Drug Coverage is subject to the Limitations provision.

MEDICAL BENEFIT INFORMATION UNDER THE PLAN

Refer to the Schedule of Benefits for Medical Benefits applicable to your respective Plan to determine the specific deductible, co-payment, coinsurance and maximum benefit amounts.

GENERAL

For Covered Persons in this Plan, the obligations of the Plan and the Employer shall be fully satisfied by the payment of Benefits in accordance with the Schedule of Benefits for the applicable Plan earlier described in this Summary Plan Description. Benefits shall be paid for the reimbursement of Medical Expenses incurred by a Covered Person if:

1) The Medical Expenses are included in Covered Medical Expenses Section; and
2) The Medical Expenses are not excluded under the General Limitations and Exclusions Section; and
3) This Plan's Benefits payable by this Plan are not reduced by the Coordination of Benefits and Order of Benefit Determination provisions;
4) The Claims Procedures have been followed; and
5) All other requirements of the Plan are satisfied.

HMO PLAN

Under a HMO plan, services must be provided through Network Providers. Unless one of the Out-of-Network exceptions described below exist, a Covered Person will not receive benefits if care is obtained from a Non-Network Provider.

OUT-OF-NETWORK EXCEPTIONS

Certain services when performed by an Out-of-Network Health Care Provider will be covered at the In-Network Provider Benefit level. These services are described below:

SERVICES NOT AVAILABLE IN-NETWORK

Benefits for Covered Medical Expenses incurred by a Covered Person shall be paid at In-Network benefit level if the type of services or supply for which the Medical Expense is incurred:

1) is not available within the Service Area; or
2) is available within the Service Area, but is not available within the Network.

The Benefits paid in accordance with this Section shall not exceed the Reasonable and Customary Charges for the Service Area.

MEDICAL EMERGENCIES

In the event that a Covered Person is admitted as an inpatient into an Out-of-Network facility through an emergency room due to a covered emergency or accident, benefits will be paid at the In-Network Benefit level for post-stabilization services originating in a Hospital emergency facility or comparable facility.

The Covered Person's Covered Medical Expenses will be reimbursed at the In-Network Benefit level for services rendered by an Out-of-Network Health Care Provider located either within or outside the Network Service Area, for those expenses, less any applicable deductibles, co-payments or cost sharing amounts described in the Plan, which are incurred up to the time the Covered Person is determined by the Plan Administrator to be medically able to travel or to be transported to a Network Health Care Provider.

In the event that the Covered Person elects to remain in the Out-of-Network Hospital or facility after the date that the Plan Administrator or the Claim Administrator? has determined and advised the Covered Person 1) that the

Covered Person no longer meets the criteria for continued inpatient confinement and 2) is able to travel or be transported to a Network Health Care Provider, the Covered Person shall be fully responsible for the appropriate deductibles, co-payments or cost sharing provisions of the benefit level associated with the Health Care Provider of the post emergency or accident services.

UTILIZATION MANAGEMENT AND PRE-AUTHORIZATION

The Covered Person must obtain Pre-authorization from the Claims Administrator for the certain covered services, procedures or supplies in order to receive Coverage Failure to receive the required pre-authorization will result in loss of coverage for the service, procedure or supply. The list of services which must receive Pre-authorization are available on the website.: www.swhp.org

Pre-authorization is not required for Covered Persons when Medicare is their primary coverage.

The Plan will also perform case management services through the Claims Administrator on an as needed basis.

DEDUCTIBLE

Depending upon which Plan is selected, a Covered Person may have to pay Covered Charges each Plan Year in the amount of the deductible before the Plan will pay Benefits for the Plan Year.

The deductible provision will apply to all Covered Charges unless explicitly modified in this Section. Refer to the Schedule of Benefits for the deductible amounts.

CO-PAYMENTS

The Plan requires that a Covered Person pay a Co-payment for certain services. Co-payments shall be used to satisfy out-of-pocket maximums.

CO-INSURANCE

The Plan will pay Benefits in the amount of percentage of Covered Charges. The coinsurance provision will apply to all Covered Charges unless explicitly modified in this Section. The Coinsurance is set forth in the Schedule of Benefits

OUT-OF-POCKET MAXIMUM

The Plan will pay 100% of Covered Charges after the Covered Person has paid Covered Charges in the amount of the Out-Of-Pocket Maximum for the Plan Year. The Out-Of-Pocket Maximum shall consist of the Covered Person's out-of-pocket expenses arising out of deductibles, co-payment and coinsurance payments.

LIFETIME MAXIMUM BENEFIT

There is an unlimited lifetime maximum benefit under the Plan. This means for all Covered Services combined; there is no limit on the Coverage.

GENERAL LIMITATIONS AND EXCLUSIONS

EXCLUDED EXPENSES

The term Excluded Expenses shall include any expense for a service or supply that is provided by someone other than a Health Care Provider or an expense (provided by a Health Care Provider) that does not meet the definition of Covered Expense. The term Excluded Expenses shall also include expenses for a service or supply which is provided by a Health Care Provider for any of the following items. The Plan does not cover, and the Plan and Claims Administrators will not pay for, the following expenses incurred by a Covered Person:

ABORTIONS

Elective abortions, which are not necessary to preserve Covered Person's, health are excluded.

ALTERED SEXUAL CHARACTERISTICS

Any procedures or treatments designed to alter physical characteristics of Covered Person from Covered Person's biologically determined sex to those of another sex, regardless of any diagnosis of gender role disorientation or psychosexual orientation, including treatment for hermaphroditism and any studies or treatment related to sex transformation or hermaphroditism, are excluded.

BLOOD AND BLOOD PRODUCTS

Blood, blood plasma, and other blood products are excluded.

BREAST IMPLANTS

Non-Medically Necessary implantation of breast augmentation devices, removal of breast implants, and replacement of breast implants are excluded, except as provided for Breast Reconstruction Benefits.

COSMETIC OR RECONSTRUCTIVE PROCEDURES OR TREATMENTS

Unless otherwise covered under this Agreement, cosmetic or reconstructive procedures or other Treatments which improve or modify a Covered Person's appearance are excluded. Examples of excluded procedures include, but are not limited to, liposuction, abdominoplasty, blepharoplasty, face lifts, osteotomies, correction of malocclusions, rhinoplasties, and mammoplasties. The only exceptions to this exclusion include certain procedures determined as Medically Necessary and approved by the Medical Director which are required solely because of any of the following: (1) an accidental bodily injury; (2) disease of the breast tissue; (3) a congenital or birth defect which was present upon birth; or (4) surgical Treatment of an illness. As medically appropriate and at the discretion of the Medical Director, any Treatment which would result in a cosmetic benefit may be delayed until such time as Covered Person has completed other alternative, more conservative Treatments recommended by the Medical Director.

COURT-ORDERED CARE

Health Care Services provided solely because of the order of a court or administrative body, which Health Care Services would otherwise not be covered under this Plan, are excluded.

CUSTODIAL CARE

Custodial Care as follows is excluded:

- Any service, supply, care or Treatment that the Medical Director determines to be incurred for rest, domiciliary, convalescent or Custodial Care;
- Any assistance with activities of daily living which include activities such as walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking drugs; or
- Any Care that can be performed safely and effectively by a person who does not require a license or certification or the presence of a supervisory nurse. Such services will not be Covered Services no matter who provides, prescribes, recommends or performs those services. The fact that certain Covered Services are provided while Covered Person is receiving Custodial Care does not require the Plan to cover Custodial Care.

DENTAL CARE
All dental care is excluded.

DISASTER OR EPIDEMIC
In the event of a major disaster or epidemic, services shall be provided insofar as practical, according to the best judgment of Health Professionals and within the limitations of facilities and personnel available; but neither Health Plan, nor any Health Professional shall have any liability for delay or failure to provide or to arrange for services due to a lack of available facilities or personnel.

ELECTIVE TREATMENT OR ELECTIVE SURGERY
Elective Treatments or Elective Surgery, and complications of Elective Treatments or Elective Surgery, are excluded.

EXCEEDING BENEFIT LIMITS
Any Services provided to Covered Person who has exceeded any Benefit Maximum is excluded from Coverage.

EXPERIMENTAL OR INVESTIGATIONAL TREATMENT
Any Treatments that are considered to be Experimental or Investigational are excluded.

FAMILY MEMBER (SERVICES PROVIDED BY)
Treatments or services furnished by a Physician or Provider who is related to Participant, by blood or marriage, and who ordinarily dwells in Covered Person's household, or any services or supplies for which Covered Person would have no legal obligation to pay in the absence of this Agreement or any similar coverage; or for which no charge or a different charge is usually made in the absence of health care coverage, are excluded.

FAMILY PLANNING TREATMENT
The reversal of an elective sterilization procedure; condoms, foams, contraceptive jellies and ointments are excluded.

GENETIC TESTING
Genetic tests are excluded.

HOUSEHOLD EQUIPMENT
The purchase or rental of household equipment which has a customary purpose other than medical, such as, but not limited to: exercise cycles, air purifiers, central or unit air conditioners, water purifiers, allergenic pillows, mattresses or waterbeds is excluded.

HOUSEHOLD FIXTURES
Fixtures, including, but not limited to, the purchase or rental of escalators or elevators, saunas, swimming pools or other household fixtures are excluded.

INFERTILITY DIAGNOSIS AND TREATMENT
The following infertility services are not covered:

- in vitro fertilization;
- artificial insemination;
- gamete intrafallopian transfer;
- zygote intrafallopian transfer, and similar procedures;
- drugs whose primary purpose is the Treatment of infertility;
- reversal of voluntarily induced sterility;
- surrogate parent services and fertilization;
- donor egg or sperm;
- abortions unless determined to be Medically Necessary or required to preserve the life of the mother.

MISCELLANEOUS
Artificial aids, corrective appliances, and medical supplies, such as batteries, condoms, dressings, syringes (except for insulin syringes), dentures, hearing aids, eyeglasses and corrective lenses, are excluded.

NON-COVERED BENEFITS/SERVICES
Treatments, which are excluded from coverage under this Agreement and complications of such Treatments, are excluded.

NON-PAYMENT FOR EXCESS CHARGES
No payment will be made for any portion of the charge for a service or supply in excess of the Allowable Amount.

PERSONAL COMFORT ITEMS
Personal items, comfort items, food products, guest meals, accommodations, telephone charges, travel expenses, private rooms unless Medically Necessary, take home supplies, barber and beauty services, radio, television or videos of procedures, vitamins, minerals, dietary supplements and similar products except to the extent specifically listed as covered under this Agreement, are excluded.

PHYSICAL AND MENTAL EXAMS
Physical, psychiatric, psychological, other testing or examinations and reports for the following are excluded:

- obtaining or maintaining employment,
- obtaining or maintaining licenses of any type,
- obtaining or maintaining insurance
- otherwise relating to insurance purposes and the like;
- educational purposes,
- services for non-medically necessary special education and developmental programs,
- premarital and pre-adoptive purposes by court order,
- elating to any judicial or administrative proceeding,
- medical research.

PRESCRIPTION DRUGS
Over-the-counter drugs are not covered. Coverage for drugs is limited to:

- those pharmaceutical products prescribed or ordered by a Physician, utilized by the Covered Person while in the hospital, approved by the Food and Drug Administration (FDA) to sell for the use in humans, and used for the purpose approved by the FDA.
- Specialty Pharmacy Drugs as provided in the Outpatient Specialty Pharmacy Drugs provision of this Plan.
- Non-Specialty Pharmacy Drugs that are dispensed and administered in the office of a Provider, or other Outpatient setting, pursuant to the Coverage of Prescription Drugs provision of this Plan.
- Non-Specialty Pharmacy Drugs that are dispensed at a pharmacy and administered in the office of a Provider, or other Outpatient Setting, with prior approval of a Medical Director pursuant to the Coverage of Prescription Drugs provision of this Agreement.

REFRACTIVE KERATOTOMY
Radial Keratotomy and other refractive eye surgery are excluded.

REIMBURSEMENT
Health Plan shall not pay any provider or reimburse Covered Person for any Health Care Service for which Covered Person would have no obligation to pay in the absence of coverage under this Plan.

ROUTINE FOOT CARE
Services for routine foot care, including, but not limited to, trimming of corns, calluses and nails, except those services related to systemic conditions are excluded.

SPEECH AND HEARING LOSS
Services for the loss or impairment of speech or hearing are limited to those rehabilitative services described in the Rehabilitative Therapy provision.

STORAGE OF BODILY FLUIDS AND BODY PARTS
Long term storage (longer than 6 months) of blood and blood products is excluded. Storage of semen, ova, bone marrow, stem cells, DNA, or any other bodily fluid or body part is excluded unless approved by Medical Director.

TRANSPLANTS
Organ and bone marrow transplants and associated donor/procurement costs for Covered Person are excluded except to the extent specifically listed as covered in this Agreement.

TREATMENT RECEIVED IN STATE OR FEDERAL FACILITIES OR INSTITUTIONS
No payment will be made for services, except Emergency Care, received in Federal facilities or for any items or services provided in any institutions operated by any state, government or agency when Member has no legal obligation to pay for such items or services; except, however, payment will be made to the extent required by law provided such care is approved in advance by Medical Director.

UNAUTHORIZED SERVICES
Non-emergency Health Care Services which are not provided, ordered, prescribed or authorized by a Provider are excluded.

VISION CORRECTIVE SURGERY, INCLUDING LASER APPLICATION
Traditional or laser surgery for the purposes of correcting visual acuity is excluded.

WAR, INSURRECTION OR RIOT
Treatment for Injuries or sickness as a result of war, riot, civil insurrection, or act of terrorism are excluded.

WEIGHT REDUCTION
Services for Gastric Bypass surgery are limited to those services specified in the Gastric Bypass surgery provision of this Agreement. Copayments for Gastric Bypass surgery do not apply to the Out of Pocket Maximum. Weight reduction programs, food supplements, services, supplies, surgeries including but not limited to gastric stapling, Vertical Banding, or gym memberships, even if the Covered Person has medical conditions that might be helped by weight loss; or even prescribed by a physician are not covered.

III. PRESCRIPTION BENEFITS

PRESCRIPTION DRUG BENEFITS

The Plan uses a formulary (a list of drugs) that has been selected by a committee of Physicians and Pharmacists. These medications are selected based on research that shows their safety and effectiveness. Since there can be many brands of similar prescription medicines, the formulary is used to select the medication that proves to be the most cost effective in treating an illness.

PRESCRIPTION DRUG BENEFIT LIMITATIONS

Scott & White Prescription Services will cover the cost of the generic medications when they are available. If a brand name drug is dispensed when there is a generic available, the member will pay a Non -Formulary Copayment equal to the greater of $55 or 50% of the drug cost.

PRESCRIPTION DRUG BENEFIT EXCLUSIONS

This drug benefit does not provide coverage for over-the-counter (OTC) medications and selected prescription drugs and therapeutic devices. Common examples include but are not limited to drugs used primarily for cosmetic purposes, drugs used primarily for the treatment of infertility, contraceptive devices or implants, and drugs used primarily for weight loss.

IV. CLAIMS

COORDINATION OF BENEFITS

The Plan has been designed to help meet the cost of sickness or injury. Since it is not intended that greater benefits be paid you than your actual medical expenses, the amount of benefits payable with the Plan will take into account any coverage a family member has with other "plans". The benefits under the Plan will be coordinated with the benefits of the other "plans".

The Plan will always pay either its regular benefits in full, or a reduced amount which, when added to the benefits payable by the other plan or plans, will equal 100 percent of "Allowable Expenses".

"Allowable Expenses" means any necessary, Reasonable and Customary expense, incurred while you are eligible for benefits under the Plan, part or all of which would be covered under any of the plans, but not any expenses contained in the list of Exclusions. "Plan" means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by group insurance, self-insurance, or any similar plan or program.

Other Plan or Another Plan shall mean any plan, other than This Plan, providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by any of the following:

1) Group, blanket or franchise insurance coverage;
2) Service plan contracts, group practice, individual practice or other prepayment coverage;
3) Any coverage under labor-management trusteed plans, union welfare plans, employer organization plans, or employee benefit organization plans;
4) Any coverage under governmental programs and any coverage required or provided by any statute;
5) Group or individual no-fault automobile contracts or group traditional automobile medical expense contracts; and
6) Student coverage obtained through an educational institution above the high school level.

The benefits of Another Plan will be ignored for the purposes of determining Benefits under This Plan if:

1) The Other Plan which contains a provision coordinating its benefits with those of This Plan would, according to its rules, determine its benefits after the Benefits of This Plan have been determined; and
2) The rules set forth in this Section would require This Plan to determine its Benefits before the Other Plan.

ORDER OF BENEFITS DETERMINATION & SUBROGATION

ORDER OF BENEFIT DETERMINATION

The following rules will be used to establish the order of benefit determination:

1) The benefits of a plan which covers the Covered Person as a dependent with the earliest birth date, month and date will determine its benefits first, except that when a claim is made for a dependent child of divorced or separated parents, the following rules will apply:
   - a) A plan which covers a child as a dependent of a parent who by court decree must provide health coverage will determine its benefits first;
   - b) When there is no court decree, which requires a parent to provide health coverage to a dependent child, the following rules will apply:
     - (i) When a parent who has custody of the child has not remarried, that parent's plan will determine its benefits first;
     - (ii) When a parent who has custody of the child has remarried:
       - (1) That parent's plan will determine its benefits first;
       - (2) The stepparent's plan will determine its benefits next; and
       - (3) The plan of the parent without custody will determine its benefits third.

2) When the rules explained in #1 (above) do not establish an order of benefit determination, the benefits of a plan which has covered the person on whose expenses claim is based for the longer period of time will be determined before the benefits of a plan which has covered the person the shorter period of time; and

3) When a plan does not contain a provision coordinating its benefits, that plan is always primary and always pays first.

RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION

For the purpose of determining the applicability of and implementing the terms of this provision of this Plan or any provision of similar purpose of any other plan, McLennan County may, without the consent of or notice to any person, release to or obtain from any Insurance Company or other organization or person any information, with respect to any person, which McLennan County deems to be necessary for such purposes. Any person, claiming benefits under this Plan shall furnish to McLennan County such information as may be necessary to implement this provision

FACILITY OF BENEFIT PAYMENT

Whenever payments which would have been made under this Plan in accordance with this provision have been made under any other plans, McLennan County shall have the right, exercisable alone and in its sole discretion, to pay over to any organization making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision, and amounts so paid shall be deemed to be benefits paid under this Plan and, to the extent of such payments, McLennan County shall be fully discharged from liability under this Plan.

SUBROGATION LIEN/ASSIGNMENT/REIMBURSEMENT

If the Plan pays or provides medical benefits for an illness or injury that was caused by an act or omission of any person or entity, the Plan will be subrogated to all rights of recovery of a Covered Person, to the extent of such benefits provided or the reasonable value of services or benefits provided by the Plan. The Plan, once it has provided any benefits, is granted a lien on the proceeds of any payment, settlement, judgment, or other remuneration received by the Covered Person from any sources, including but not limited to:

- a third party or any insurance company on behalf of a third party, including but not limited to premises, automobile, homeowners, professional, DRAM shop, or any other applicable liability or excess insurance policy whether premium funded or self insured;
- underinsured/uninsured automobile insurance coverage regardless of the source;
- no fault insurance coverage, such as personal injury or medical payments protection regardless of the source;
- any award, settlement or benefit paid under any worker's compensation law, claim or award;
- any indemnity agreement or contract;
- any other payment designated, delineated, earmarked or intended to be paid to a Covered Person as compensation, restitution, remuneration for injuries sustained or illness suffered as a result of the negligence or liability, including contractual, of any individual or entity;
- any source that reimburses, arranges, or pays for the cost of care.

ASSIGNMENT

Upon being provided any benefits from the Plan, a Covered Person is considered to have assigned his or her rights of recovery from any source including those listed herein to the Plan to the extent of the reasonable value of services as determined by the Plan or benefits provided by the Plan

No Covered Person may assign, waive, compromise or settle any rights or causes of action that he/she or any dependent may have against any person or entity who causes an injury or illness, or those listed herein, without the express prior written consent of the Plan and/or the Plan administrator.

REIMBURSEMENT

The Plan, by providing benefits, acquires the right to be reimbursed for the benefits provided or the reasonable value of services or benefits provided to a Covered Person, and this right is independent and separate and apart from the subrogation, lien and/or assignment rights acquired by the Plan and set forth herein.

The Plan is also entitled to recover from Covered Person the benefits provided or value of benefits and services provided, arranged, or paid for, by anyone including those listed herein.

If a Covered Person does not reimburse the Plan from any settlement, judgment, insurance proceeds or other source of payment, including those identified herein, the Plan is entitled to reduce current or future benefits payable to or on behalf of a Covered Person until the Plan has been fully reimbursed.

PLAN 'S ACTION

The Plan in furtherance of the rights obtained herein may take any action it deems necessary to protect its interest, which will include, but not be limited to:

- place a lien against a responsible party or insurance company and/or anyone listed herein;
- bring an action on its own behalf, or on the Covered Person's behalf, against the responsible party or his insurance company and/or anyone listed herein;
- *cease paying the Covered Person's* benefits until the Covered Person provides the Plan Sponsor with the documents necessary for the Plan to exercise its rights and privileges; and
- the Plan may take any further action it deems necessary to protect its interest.

OBLIGATIONS OF THE COVERED PERSON TO THE PLAN

- If a Covered Person receives services or benefits under the Plan, the Covered Person must immediately notify the Plan Sponsor of the name of any individual or entity against whom the Covered Person might have a claim as a result of illness or injury (including any insurance company that provides coverage for any party to the claim) *regardless of whether or not the* Covered Person intends to make a claim. For example, if a Covered Person is injured in an automobile accident and the person who h it the Covered Person was at fault, the person who hit the Covered Person is a person whose act or omission has caused the Covered Person's illness or injury.
- A Covered Person must also notify any third-party and any other individual or entity acting on behalf of the third-party and the Covered Person's own insurance carriers of the Plan's rights of subrogation, lien, reimbursement and assignment.
- A Covered Person must cooperate with the Plan to provide information about the Covered Person's illness or injury including, but not limited to providing information about all anticipated future treatment related to the subject injury or illness.
- The Covered Person authorizes the Plan and The Bratton Firm, to pursue, sue, compromise and/or settle any claims described herein, including but not limited to, subrogation, lien, assignment and reimbursement claims in the name of the Covered Person and/or Plan. The Covered Person agrees to fully cooperate with the Plan in the prosecution of such a claim. The Covered Person agrees and fully authorizes the Plan and the Bratton Firm to obtain and share medical information on the Covered *Person necessary to investigate,* pursue, sue, compromise and/or settle the above-described claims. The Plan and The Bratton Firm specifically are granted by the Covered Person the authorization to share this information with those individuals or entities responsible for reimbursing the Plan through claims of subrogation, lien, assignment or reimbursement in an effort to recoup those funds owed to the Plan. This authorization includes, but is not be limited to, granting to the Plan and The Bratton Firm the right to discuss the Covered Person's medical care and treatment and the cost of same with third and first-party insurance carriers involved in the claim. Should a written medical authorization be required for the Plan to investigate, pursue, sue, compromise, prosecute and/or settle the above-described *claims, the Covered Person* agrees to sign such medical authorization or any other necessary documents needed to protect the Plan's interests.
- Additionally, should litigation ensue, the Covered Person agrees to and is obligated to cooperate with the Plan and/or any and all representatives of the Plan, including subrogation counsel, in completing discovery, obtaining depositions and/or attending and/or cooperating in trial in furtherance of the Plan's subrogation, lien, assignment or reimbursement rights.
- The Covered Person agrees to obtain consent of the Plan before settling any claim or suit or releasing any party from liability for the payment of medical expenses resulting from an injury or illness. The Covered Person also agrees to refrain from taking any action to *prejudice the Plan's recovery rights.*

- Furthermore, it is prohibited for Covered Person to settle a claim against a third party for non-medical elements of damages, by eliminating damages relating to medical expenses incurred. It is prohibited for a Covered Person to waive a claim for medical expenses incurred by Covered Persons who are minors.
- To the extent that a Covered Person makes a claim individually or by or through an attorney for an injury or illness for which services or benefits were provided by the Plan, the Covered Person agrees to keep the plan updated with the investigation and prosecution of said claim, including, but not limited to providing all correspondence transmitted by and between any potential defendant or source of payment; all demands for payment or settlement; all offers of compromise; accident/incident reports or investigation by any source; name, address, and telephone number of any insurance adjuster involved in investigating the claim; and copies of all documents exchanged in litigation should a suit be filed.
- Nothing in these provisions requires the Plan to pursue the Covered Person's claim against any party for damages or claims or causes of action that the Covered Person might have against such party as a result of injury or illness.
- The Plan may designate a person, agency or organization to act for it in matters related to the Plan's rights described herein, and the Covered Person agrees to cooperate with such designated person, agency, or organization the same as if dealing with the Plan itself.

MADE WHOLE DOCTRINE

The Plan's right of subrogation, lien, assignment or reimbursement as set forth herein will not be affected, reduced or eliminated by the "made whole doctrine" and/or any other equitable doctrine or law which requires that the Covered Person be "made whole" before the Plan is reimbursed. The Plan has the right to be repaid 100% first from any settlement, judgment, remuneration, insurance proceeds or other source of funds a Covered Person receives. The Plan has the right to be reimbursed first whether or not a portion of the settlement, judgment, remuneration, insurance proceeds or other source of funds are identified as a reimbursement for medical expenses. The plan has the right to be reimbursed first whether or not a Covered Person makes a claim for medical expenses.

ATTORNEYS' FEES

The Plan will not be responsible for any expenses, fees, costs or other monies incurred by the attorney for the Covered Person and/or his or her beneficiaries, commonly known as the common fund doctrine. The Covered Person is specifically prohibited from incurring any expenses, costs or fees on behalf of the Plan in pursuit of his rights of recovery against a third-party or Plan's subrogation, lien, assignment or reimbursement rights as set forth herein. No court cost, filing fees, experts' fees, attorneys' fees or other cost of a litigation nature may be deducted from the Plan's recovery without prior, express written consent of the Plan.

A Covered Person must not reimburse their attorney for fees or expenses before the Plan has been paid in full. The Plan has the right to be repaid first from any settlement, judgment, or insurance proceeds a Covered Person receives. The Plan has a right to reimbursement whether or not a portion of the settlement, judgment, insurance proceeds or any other source or payment was identified as a reimbursement of medical expenses.

WRONGFUL DEATH/SURVIVORSHIP CLAIMS

In the event that the Covered Person dies as a result of his/her injuries and a wrongful death or survivorship claim is asserted the Covered Person's obligations become the obligations of the Covered Person's wrongful death beneficiaries, heirs and/or estate.

DEATH OF COVERED PERSON
Should a Covered Person die, all obligations set forth herein shall become the obligations of his/her heirs, survivors and/or estate.

CONTROL OF SETTLEMENT PROCEEDS
A Covered Person may not use an annuity or any form of trust to hold/own settlement proceeds in an effort to bypass obligations set forth herein. A Covered Person agrees that they have actual control over the settlement proceeds from the underlying tort or first party claim from which they are to reimburse the plan whether or not they are the individual or entity to which the settlement proceeds are paid.

PAYMENT
The Covered Person agrees to include the Plan's name as a co-payee on any and all settlement drafts or payments from any source.

The fact that the Plan does not assert or invoke its rights until a time after a Covered Person, acting without prior written approval of the authorized Plan representative, has made any settlement or other disposition of, or has received any proceeds as full or partial satisfaction of, Covered Person's loss recovery rights, shall not relieve the Covered Person of his/her obligation to reimburse the Plan in the full amount of the Plan's rights.

SEVERABILITY
In the event that any section of these provisions is considered invalid or illegal for any reason, said invalidity or illegality shall not affect the remaining sections of the Plan. The Plan shall be construed and enforced as if such invalid or illegal sections had never been inserted in the plan.

INCURRED BENEFITS
The Plan reserves the right to reverse any decision associated with the reduction or waiver of charges related to services or benefits provided if and when the Plan discovers that the Covered Person has been involved in an injury or accident and may be compensated by one of the sources set forth herein. Should this occur, the Covered Person is deemed to have incurred the full billed charges or the full cost of the benefits or services rendered.

NON-EXCLUSIVE RIGHTS
The rights expressed in this document in favor of the Plan are cumulative and do not exclude any other rights or remedies available at law or in equity to the Plan or anyone in privity with the Plan.

The provisions herein bind the Covered Person, as well as the Covered Person's spouse, dependents, or any members of the Covered Person's family, who receives services or benefits from the Plan individually or through the Covered Person.

CLAIMS PROCEDURES

QUESTIONS RELATING TO ELIGIBILITY, CLASSIFICATION, COVERAGE

All questions relating to eligibility, classification, or coverage under the Plan shall be submitted to the Plan Administrator. The Plan Administrator may make a determination on whether or not a particular medical service is covered by the Plan or is medically necessary either before services are rendered or after services are rendered.

When the Covered Person receives Covered Services, a claim must be filed on the Covered Person's behalf to obtain benefits. If the Health Care Provider is a Network Health Care Provider, the Network Health Care Provider will file the claim on your behalf. If you receive services from a Non-Network Health Care Provider, the Health Care Provider may not submit the claim on behalf of the Covered Person. If the Covered Person submits the claim, (s)he should use a claim form. It is in the Covered Person's best interest to ask the Health Care Provider if the claim will be filed on his or her behalf by the Health Care Provider.

CLAIM FORMS

When the Covered Person is submitting the claim on his or her own behalf, (s)he may obtain a claim form from the Employer. If forms are not available, send a written request for claim forms to Scott & White. Written notice of services rendered may also be submitted to Scott & White without the claim form. The same information that would be given on the claim form must be included in the written notice of claim. This includes:

1) Name of patient;
2) Patient's relationship to the Covered Employee;
3) Identification number;
4) Date, type and place of service;
5) Name of Health Care Provider;
6) The explanation of benefits worksheet from the Primary carrier when filing for secondary claim benefits. and
7) The Covered Person's signature and the Health Care Provider's signature.

TIME FRAME FOR SUBMITTING CLAIM

All claims for benefits must be submitted within 90 days of the date the claimed Expenses were incurred or as soon as is reasonably possible, but not later than one year from the date the claimed Expenses were incurred.

The claim form should be submitted to the address shown on the Covered Person's identification card.

CLAIMS REVIEW PROCEDURE

This section describes the claims review procedures under the Plan. A claim is defined as any request for a benefit made by a Covered Person or by a Health Care Provider on behalf of the Covered Person that complies with the Plan's reasonable procedure for making a claim for benefits. The times shown in this section are maximum times only. A period of time begins at the time the claim is filed. The days shown in this section are counted as calendar days.

Under the Plan, the Covered Person can check on the status of a claim at any time by contacting the Customer Service number appearing on the Covered Person's identification card.

There are different time frames for reviewing a claim and providing notification concerning the claim. The time frames are based on the category of the claim. For the purpose of this provision, there are three categories of claims: Pre-Service Claims, Urgent Care Claims and Post-Service Claims.

PRE-SERVICE CLAIMS
Pre-Service Claims are those claims for which the Plan requires prior notification and approval of the benefit prior to receiving the service. These are services, for example, that are subject to pre-authorization, pre-authorization or pre-determination. For Pre-Service Claims (other than Urgent Care Claims), the following time frames apply concerning review and notification of the benefit determination:

NOTIFICATION CONCERNING FAILURE TO FOLLOW PROCEDURE
In the event the Covered Person, or Health Care Provider on behalf of the Covered Person, fails to follow the proper procedure for providing notification of a Pre-Service Claim, the Covered Person or Health Care Provider will be notified within 5 days.

BENEFIT DETERMINATION PERIOD
The Covered Person will be notified of the benefit determination within 15 days following receipt of notification concerning the Pre-Service Claim.

EXTENSION OF BENEFIT DETERMINATION PERIOD
If a benefit determination cannot be made within the standard 15-day benefit determination period due to matters beyond the Plan Administrator's control, the period may be extended by an additional 15 days, provided the Covered Person is notified of the need to extend the period prior to the end of the initial 15-day benefit determination period. Only one extension is permitted for each Pre-Service Claim.

If a benefit determination cannot be made within the standard 15-day benefit determination period due to the Covered Person's failure to provide sufficient information to make the benefit determination, the benefit determination period may be extended, provided the Covered Person is notified of the need to extend the period. The Covered Person must be notified prior to the end of the initial 15-day benefit determination period. The notification must include a detailed explanation of the information needed in order to make the benefit determination. The Covered Person has 45 days following the receipt of the notification to provide the requested information.

As defined by the Department of Labor, decision an adverse benefit determination is a denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part) for, a benefit, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of a Covered Person's eligibility to participant in a Plan .

Urgent Care Claims
Urgent Care Claims are those **Pre-Service Claims** in which the time periods for making claim determinations for Pre- or Post-Service Claims could seriously jeopardize the Covered Person's life, health or ability to regain maximum function or when a Physician with knowledge of the Covered Person's medical condition determines that the Covered Person would be subject to severe pain that cannot be adequately managed or controlled without the treatment that is the subject of the claim. For Urgent Care Claims, the following time frame applies concerning review and notification concerning the benefit determination:

1) **Notification *Concerning* Incomplete Claim** - In the event the Covered Person, or Health Care Provider on behalf of the Covered Person, fails to submit complete information in connection with an Urgent Care Claim, the Covered Person or Health Care Provider will be notified of the specific information needed to complete the claim within 24 hours.

2) **Benefit Determination Period** – The Covered Person will be notified of the benefit determination concerning an Urgent Care Claim within 24 hours following receipt of notification concerning the Urgent Care Claim.

3) **Extension of Benefit Determination Period** - In the event additional information is needed in order to make a benefit determination, the Covered Person must be notified within 24 hours following receipt of

notification concerning the Urgent Care Claim. Notification of the extension will include a detailed explanation of the information needed to make the benefit determination. Upon receipt of the notification of the required extension, the Covered Person has 48 hours to provide the requested information. The determination will be made within 48 hours following receipt of the requested information from the Covered Person. If the Covered Person fails to provide the requested information, the benefit determination will be made within 48 hours following the end of the period allowed for providing said information.

4) **Benefit Determination Period For Request of Continuation of Treatment** - Any request to continue the course of treatment that is an Urgent Care Claim shall be decided as soon as possible. The Covered Person will be notified of the benefit determination within 24 hours of the receipt of the claim, provided that such claim is made at least 24 hours prior to the expiration of the prescribed period of time or number of treatments.

POST-SERVICE CLAIMS

Post-Service Claims are those claims for services, other than Pre-Service and Urgent Care Claims, which have been rendered by a Health Care Provider. For Post-Service Claims, the following time frames apply concerning review and notification of the benefit determination:

1) **Benefit Determination Period** - The Covered Person will be notified of the benefit determination within 30 days following receipt of notification concerning the Post-Service Claim.

2) **Extension of Benefit Determination Period** - If a benefit determination cannot be made within the standard 30-day benefit determination period due to matters beyond its control, the period may be extended by an additional 15 days, provided the Covered Person is notified of the need to extend the period prior to the end of the initial 30-day benefit determination period. Only one extension is permitted for each Post-Service Claim.

If a benefit determination cannot be made within the standard 30-day benefit determination period due to the Covered Person's failure to provide sufficient information to make the benefit determination, the benefit determination period may be extended, provided the Covered Person is notified of the need to extend the period. The Covered Person must be notified prior to the end of the initial 30-day benefit determination period. The notification must include a detailed explanation of the information needed in order to make the benefit determination. The Covered Person has 45 days following the receipt of the notification to provide the requested information.

CLAIMS APPEAL PROCESS

The Plan has a claims appeal process. The claims appeal process and the time limits associated with requesting and responding to a request for Claims Appeal is described in this section. The Covered Person and the Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact the local U.S. Department of Labor Office.

Under the Plan, the Covered Person can check on the status of a claim appeal at any time by contacting the Customer Service number appearing on the reverse side of the Identification Card.

REQUESTING A CLAIMS APPEAL

The Plan has a claims appeals process that allows the Covered Person to submit a request for appeal to the fiduciary who has been named by the Plan Administrator to review a claims appeal ("Named Fiduciary"). Under the Plan, the Plan Administrator will serve as the Named Fiduciary, unless the Plan Administrator has specifically delegated this responsibility to another party. The Named Fiduciary has the sole responsibility for making the decision on an appeal of an adverse benefit determination.

Under the claims appeal process, the Covered Person will be provided with a full and fair review of an adverse

benefit determination. This review of an adverse benefit determination must be done by an individual who is neither the individual who made the original adverse benefit determination nor the subordinate of such individual. In addition, if the adverse benefit determination is based in whole or in part on a medical judgment, including determinations with regard to whether a particular treatment, drug or other item is experimental, investigational, or not Medically Necessary, the Named Fiduciary shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment.

In the event the Covered Person disagrees with a claims decision concerning the denial of a benefit or scope of benefits, the Covered Person or the Covered Person's authorized representative may submit a request for appeal within 180 days from receipt of the notice of denial or adverse benefit determination. Absent an express written authorization by the Covered Person providing otherwise, the authorized representative includes a medical Health Care Provider only for an Urgent Care Claims Appeal.

Under the claims appeal process:

1) The Covered Person is permitted to submit written documents, comments, records, evidence, testimony and other information relating to the claim;
2) The Covered Person is allowed reasonable access to any copies of documents, records and other information relevant to the claim, including his or her claim file;
3) The Covered Person is permitted to request the name of the medical Health Care Provider used in making the initial adverse benefit determination; and
4) All comments, documents, records and other information submitted without regard to whether such information was submitted or considered in the initial determination will be taken into account.

The Covered Person's request for an appeal must be submitted in writing and should be submitted to:

Dispute Resolution Department
Scott & White Health Plan
1206 West Campus Drive
Temple, TX 76502

EXTERNAL APPEALS PROCESS

In cases where a denial is upheld in whole or in part, through the internal appeal review process above, a Covered Person may submit an appeal through the external review process.

REQUEST FOR EXTERNAL REVIEW

The Covered Person must file a request for an external review within four months after the date of receipt of a notice of an adverse benefit determination or final internal adverse benefit determination. If there is no corresponding date four months after the date of receipt of such a notice, then the request must be filed by the first day of the fifth month following the receipt of the notice. For example, if the date of receipt of the notice is October 30, because there is no February 30, the request must be filed by March 1. If the last filing date would fall on a Saturday, Sunday, or Federal holiday, the last filing date is extended to the next day that is not a Saturday, Sunday, or Federal holiday.

PRELIMINARY REVIEW

Within five business days following the date of receipt of the external review request, the Plan shall complete a preliminary review of the request to determine whether:

1) The claimant is or was covered under the Plan at the time the health care item or service was requested or, in the case of a retrospective review, was covered under the Plan at the time the health care item or service was provided;
2) The adverse benefit determination or the final adverse benefit determination does not relate to the claimant's failure to meet the requirements for eligibility under the terms of the group health plan (e.g., worker classification or similar determination);
3) The claimant has exhausted the Plan's internal appeal process, unless the claimant is not required to

exhaust the internal appeals process; and

4) The claimant has provided all the information and forms required to process an external review.

Within one business day after completion of the preliminary review, the Plan must issue a notification in writing to the claimant. If the request is complete but not eligible for external review, such notification must include the reasons for its ineligibility and contact information for the Staff Benefits Security Administration (toll-free number 866-444-EBSA (3272)). If the request is not complete, the written notification must describe the information needed to complete the request, and the claimant shall be permitted to perfect the request for external review within the four-month filing period or within the 48 hour period following the receipt of the notification, whichever is later.

REFERRAL TO INDEPENDENT REVIEW ORGANIZATION

The Plan shall assign an independent review organization (IRO) that is accredited by the Utilization Review Accreditation Committee ("URAC") or by a similar nationally-recognized accrediting organization to conduct the external review. The Plan will contract with at least three (3) IROs and rotate claims assignments among them (or incorporate other independent unbiased methods for selections of IROs such as random selection). The IRO may not be eligible for any financial incentives based on the likelihood that the IRO with support the denial of benefits.

The assigned IRO will timely notify the claimant in writing of the request's eligibility and acceptance for external review. This notice will include a statement that the claimant may submit in writing to the assigned IRO within 10 business days following the date of receipt of the notice, additional information that the IRO must consider when conducting the external review. The IRO is not required to, but may accept and consider additional information submitted after ten business days.

Within five business days after the date of assignment of the IRO, the Plan must provide to the assigned IRO the documents and any information considered in making the adverse benefit determination or final internal adverse benefit determination. Failure by the Plan to timely provide the documents and information must not delay the conduct of the external review. If the Plan fails to timely provide the documents and information, the assigned IRO may terminate the external review and make a decision to reverse the adverse benefit determination or final internal adverse benefit determination and provide coverage or payment. Within one business day after making the decision, the IRO must notify the claimant and the Plan.

Upon receipt of any information submitted by the claimant, the assigned IRO must within one business day forward the information to the Plan. Upon receipt of any such information, the Plan may reconsider its adverse benefit determination or final internal adverse benefit determination that is the subject of the external review. Reconsideration by the Plan must not delay the external review. The external review may be terminated as a result of the reconsideration only if the plan decides, upon completion of its reconsideration, to reverse its adverse benefit determination or final internal benefit determination and provide coverage or payment. Within one business day after making such a decision, the Plan must provide written notice of its decision to the claimant and the assigned IRO. The assigned IRO must terminate the external review upon receipt of the notice from the Plan.

The IRO will review all of the information and documents timely received. In reaching a decision, the assigned IRO will review the claim de novo and not be bound by any decisions or conclusions reached during the Plan's internal

claims and appeals process. In addition to the documents and information provided, the assigned IRO will consider the following in reaching a decision to the extent the information and documents are available and the IRO considers them appropriate:

1) The claimant's medical records;
2) The attending healthcare professional's recommendation;
3) Reports from appropriate health care professionals and other documents submitted by the plan or claimant or claimant's treating provider;
4) The terms of the Plan to ensure that the IRO's decision is not contrary to the terms of the Plan, unless the terms are inconsistent with applicable law;
5) Appropriate practice guidelines, which must include applicable evidence-based standards and may include any other practice guidelines developed by the Federal Government National or Professional Medical Societies, Boards, and Associations;
6) Any applicable clinical review criteria developed and used by the Plan, the criteria are inconsistent with the terms of the Plan or with applicable law;
7) The opinion of the IRO's clinical reviewer or reviewers after considering information described in this notice to the extent the information or documents are available and the clinical reviewer or reviewers consider appropriate.

The assigned IRO must provide written notice of the final external review decision within 45 days after the IRO receives the request for the external review. The IRO must deliver the notice of final external review decision to the claimant and the Plan.

REVERSAL OF PLAN'S DECISION

Upon receipt of a notice of a final external review decision reversing the adverse benefit determination or final internal adverse benefit determination, the Plan immediately must provide coverage or payment (including immediately authorizing or immediately paying benefits) for the claim.

REQUEST FOR EXPEDITED EXTERNAL REVIEW

The Plan shall allow a claimant to make a request for an expedited external review if the claimant receives:

1) An adverse benefit determination if the adverse benefit determination involves a medical condition of the claimant for which the timeframe for completion of an expedited internal appeal under the interim final regulations would seriously jeopardize the life or health of the claimant or would jeopardize the claimant's ability to regain maximum function and the claimant has filed a request for an expedited internal appeal; or
2) A final internal adverse benefit determination, if the claimant has a medical condition where the timeframe for completion of a standard external review would seriously jeopardize the life or health of the claimant or would jeopardize the claimant's ability to regain maximum function, or if the final internal adverse benefit determination concerns an admission, availability of care, continued stay, or health care item or service for which the claimant received emergency services, but has not been discharged from a facility.

Immediately upon receipt of the request for expedited external review, the Plan shall determine whether the request meets the reviewability requirements described above for standard external review. The Plan must immediately send a notice that meets the requirements set forth above for standard external review to the claimant of its eligibility determination.

Upon a determination that a request is eligible for external review following the preliminary review, the Plan will assign an IRO pursuant to the requirements set forth above for standard review. The Plan must provide or transmit all necessary documents and information considered in making the adverse benefit determination or final internal adverse benefit determination to the assigned IRO electronically or by telephone or facsimile or any other available expeditious method.

The assigned IRO, to the extent the information or documents are available and the IRO considers them appropriate, must consider the information or documents described above under the procedures for standard review. In reaching a decision, the assigned IRO must review the claim de novo and is not bound by any decisions or conclusions reached during the Plan's internal claims and appeals process.

The Plan's contract with the assigned IRO must require the IRO to provide notice of the final external review decision, in accordance with the requirements set forth above, as expeditiously as the claimant's medical condition or circumstances require, but in no event more than 72 hours after the IRO receives the request for an expedited external review. If the notice is not in writing, the assigned IRO must provide written confirmation of the decision to the claimant and the Plan within 48 hours after the date of providing that notice.

V. MISCELLANEOUS

GENERAL PROVISIONS

BOOKLETS
McLennan County will issue herewith to each Covered Employee under this Plan an individual booklet which summarizes the benefits to which the person is entitled, to whom benefits are payable, and the provisions of this Plan principally affecting said person and his/her dependents.

FUNDING
Medical and Dental claims are paid directly by McLennan County Health Fund. McLennan County has employed a Claims Administrator to assure accurate, impartial and timely payment of benefits to and in behalf of Covered Employees and Dependents. The contributions payable to the trust shall not exceed the Plan's qualified cost for the taxable year as provided by Internal Revenue Code Sections 419 and 419A; which limitations are hereby incorporated into this Plan by reference.

CONFORMITY WITH STATUTES
Any provision of the Plan, which on its Effective Date is in conflict with the statutes of the United States or of the jurisdiction of Texas, is hereby amended to conform to the minimum requirements of such statutes.

CLAIMS PROCEDURE
McLennan County, upon receipt of notice required by the Plan, will furnish to the Covered Person or to any other person notifying McLennan County of Claim such forms as usually furnished by it for filing proof of loss. Failure to furnish notice or proof of claim within the time provided in the Plan shall not invalidate or reduce any claims if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as possible.

REVIEW PROCEDURE
McLennan County or a person or persons authorized by County shall have the power to initiate a review of a claim made under this Plan. Such officer shall conduct the review in a manner in which he/she determines is in accordance with the best interests of the Plan and of the claimant and may utilize (but is not limited to) any or all of the following procedures:

1) Consulting with Plan Administrator with respect to such claim;
2) Requesting Plan Administrator to review all matters relevant to such claim;
3) Requesting Plan Administrator to furnish all records pertaining to such claim to County for County review;
4) Appointing a committee to review the claim (size and content of committee to be determined by McLennan County).

FACILITY OF PAYMENT
If, in the opinion of McLennan County, a valid release cannot be rendered for the payment of any benefit payable under this Plan, McLennan County may, at its option, make such payment to the individuals as have, in McLennan County's opinion, assumed the care and principal support of the Covered Person and are therefore equitably entitled thereto. In the event of the death of the Covered Person prior to such time as all benefit payments due him/her have been made, McLennan County may, at its sole discretion and option, honor benefit assignments, if any, prior to the death of such Covered Person.

Any payment made by McLennan County in accordance with the above provisions shall fully discharge McLennan County to the extent of such payment.

FIDUCIARY OPERATION
Each fiduciary shall discharge his/her duties with respect to the Plan solely in the interest of the participants and beneficiaries and

1) For the exclusive purposes of providing benefits to participants and their beneficiaries and defraying reasonable expenses of administering the Plan,
2) With care, skill, prudence and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of alike character and with like aims.

PLAN ADMINISTRATION
The Plan Administrator shall have full charge of the operation and management of the Plan.

The Plan Administrator and Plan Sponsor have contracted with the Claims Administrator to assist with the operation of the Plan including the performance of: claims administration services, network administration and Pre-Authorization, case management services and utilization review management, and such other services as may be delegated to it under the terms of the contract. Specifically, the Claims Administrator shall have the authority and responsibility to:

1) Adjudicate claims and make claim payments where appropriate;
2) Determine the eligibility, participation selection and participation termination of each Network Health Care Provider;
3) Determine whether treatment or service is due to a Medical Emergency or is Medically Necessary or Appropriate;
4) Provide Pre-Authorization, case management services and administration of the utilization review program.

In addition, the Plan Sponsor and Plan Administrator may designate any person or persons to carry out their respective responsibilities. Any person or group of persons may serve in more than one fiduciary capacity with respect to the Plan.

A Named Fiduciary, Employee, Agent, Representative or Other Person performing services to or for the Plan or County shall be entitled to reasonable compensation for services rendered, unless such person is McLennan County or already receives full-time pay from McLennan County, and for reimbursement of expenses properly and actually incurred.

PLAN MODIFICATION AND AMENDMENTS OF PLAN
The Plan and any provision thereof may be modified or amended at any time by McLennan County upon its due approval of such modification or amendment. The modification or amendment will be effective at the date of approval or at such later date as McLennan County may determine in connection therewith. Such modification or amendment shall be duly incorporated in writing into the master copy of the Plan on file with McLennan County or written copy thereof shall be deposited with such master copy of the Plan.

PLAN TERMINATION
The Plan may be terminated at any time by McLennan County upon due authorization of such termination effective as of the date of such authorization or at such later date as McLennan County may provide. In the event of such termination, McLennan County shall have no obligation under the Plan beyond paying the difference between the claims incurred (even though later filed) and expenses of the Plan due up to the date of termination. Such claims and expenses shall be paid from the funds as normal expenses of the Plan.

PHYSICAL EXAMINATION
The Plan Administrator, at the expense of the Plan, will have the right and opportunity to examine the person or any individual whose Injury or Sickness is the basis of a claim when and as often as it may reasonably require while the claim is pending.

FREE CHOICE OF PHYSICIAN
A claimant has free choice of any Physician, and the Physician-patient relationship will be maintained.

CONTRIBUTIONS
The Plan Sponsor shall determine the amount of contribution required for coverage for each Covered Person. Such determination shall be made within a reasonable time.

HIPAA PRIVACY

PRIVACY RIGHTS POLICY AND PROCEDURES

POLICY
McLennan County ["Health Plan"] has implemented policies and procedures to ensure privacy rights as required by and specified in the Privacy rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996.

PROCEDURES

PERMITTED AND REQUIRED USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
Subject to obtaining written certification pursuant to paragraph 3 (below) of the Plan, the Plan or a health insurance issuer or HMO with respect to the Plan, may disclose Protected Health Information to the Plan Sponsor, provided the Plan Sponsor does not use or disclose such Protected Health Information except for the following purposes:

a. To perform Plan administrative functions which the Plan Sponsor performs for the Plan;
b. Obtaining premium bids from insurance companies, HMOs or other health plans for providing health insurance coverage under the group health plan; or
c. Modifying, amending, or terminating the group health plan.

Notwithstanding the provisions of this Plan to the contrary, in no event shall the Plan Sponsor be permitted to use or disclose Protected Health Information in a manner that is inconsistent with 45 CFR §164.504(f).

Under the American Recovery and Reinvestment Act of 2009 (ARRA), the Health Plan will be required to limit its distribution, use or requests for protected health information, to the extent practicable, to a limited data set, or if more information is needed, to the minimum necessary amount of information needed to accomplish the intended purpose of the data use. The Secretary of HHS shall issue guidance on what constitutes minimum necessary for the purposes of this provision no later than 18 months following the enactment of this provision under ARRA.

CONDITIONS OF DISCLOSURE
The Plan or a health insurance issuer or HMO with respect to the Plan, shall not disclose Protected Health Information to the Plan Sponsor unless the Plan Sponsor agrees to:

a. Not use or further disclose the Protected Health Information other than as permitted or required by the Plan or as required by law.
b. Ensure that any agents, including a subcontractor, to whom it provides Protected Health Information received from the Plan, agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to Protected Health Information, including implementing reasonable and appropriate security measures to protect Electronic Protected Health Information.
c. Not use or disclose the Protected Health Information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.
d. Report to the Plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware.

e. Make available to a Plan participant who requests access the Plan participant's Protected Health Information in accordance with 45 CFR §164.524.
f. Make available to a Plan participant who requests an amendment the participant's Protected Health Information and incorporate any amendments to the participant's Protected Health Information in accordance with 45 CFR §164.526.
g. Make available to a Plan participant who request an accounting of disclosures of the participant's Protected Health Information the information required to provide an accounting of disclosures in accordance with 45 CFR §164.528. To the extent the Health Plan uses or maintains Electronic Health Records (EHRs), the Health Plan must be able to account for uses and disclosures of that information, even for treatment, payment and/or health care operations purposes. This detail must be retained for a period of at least three years. You have a right to obtain a copy of the record in an electronic format and to direct the Health Plan to transmit a copy of the record to any entity or person designated by you. This provision is effective January 1, 2014 or the date EHR is acquired for all EHRs acquired after January 1, 2009. For EHRs acquired on or before January 1, 2009, the provision will be effective January 1, 2014.
h. Make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with 45 CFR §164.504(f).
i. If feasible, return or destroy all Protected Health Information received from the Plan that the Plan Sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which the disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information feasible.
j. Ensure that the adequate separation between Plan and Plan Sponsor required in 45 CFR §164.504(f)(2)(iii) is satisfied, including ensuring reasonable and appropriate security measures.
k. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of the Plan.
l. Report to the Plan any security incident relating to Electronic Protected Health Information of which it becomes aware. A security incident is defined at 45 C.F.R. § 164.304 as "the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system."

CERTIFICATION OF PLAN SPONSOR

The Plan shall disclose Protected Health Information to the Plan Sponsor only upon the receipt of a Certification by the Plan Sponsor that the Plan has been amended to incorporate the provisions of 45 CFR § 164.504(f)(2)(ii), and that the Plan Sponsor agrees to the conditions of disclosure set forth in Section 2 of this section as contained in the Covered Person's Summary Plan Description.

PERMITTED USES AND DISCLOSURE OF SUMMARY HEALTH INFORMATION

The Plan or a health insurance issuer or HMO with respect to the Plan, may disclose Summary Health Information to the Plan Sponsor, provided such Summary Health Information is only used by the Plan Sponsor for the purpose of:

a. Obtaining premium bids from health plan Health Care Providers for providing health insurance coverage under the Plan; or
b. Modifying, amending, or terminating the Plan.

PERMITTED USES AND DISCLOSURE OF ENROLLMENT AND DISENROLLMENT INFORMATION

The Plan or a health insurance issuer or HMO with respect to the Plan, may disclose enrollment and disenrollment information and information on whether individuals are participating in the Plan to the Plan Sponsor, provided such enrollment and disenrollment information is only used by the Plan Sponsor for the purpose of performing administrative functions that the Plan Sponsor performs for the Plan.

ADEQUATE SEPARATION BETWEEN PLAN AND PLAN SPONSOR
The Plan Sponsor shall only allow certain employees, or classes of employees, access to the Protected Health Information. Such employees shall only have access to and use such Protected Health Information to the extent necessary to perform the administration functions that the Plan Sponsor performs for the Plan. In the event that any such employees do not comply with the provisions of this Section, the employee shall be subject to disciplinary action by the Plan Sponsor for non-compliance pursuant to the Plan Sponsor's employee discipline and termination procedures. The individuals or classes of employees who are permitted access to Protected Health Information as set forth in this paragraph are:

AUTHORIZED EMPLOYEES OF THE HUMAN RESOURCES AND COUNTY AUDITOR'S DEPARTMENTS

BREACH
The Covered Entity is required to notify each individual whose unsecured protected health information is the subject of a breach, or is reasonably believed to be subject of a breach. Notification must occur within 60 days of the discovery of the breach. In addition, the Health Plan must notify the Secretary of the Department of Health and Human Services. If the breach involves 500 or more individuals, the Covered Entity is also required to notify a local media outlet serving the state or jurisdiction in which the individuals reside. This provision will be effective 180 days after enactment date of the American Recovery and Reinvestment Act of 2009 (ARRA). The enactment date of ARRA is February 17, 2009.

NOTICE OF PRIVACY PRACTICES POLICY AND PROCEDURES

Policy
The privacy practices of McLennan County ["Health Plan"] designed to protect the privacy, use and disclosure of Protected Health Information (PHI), are clearly delineated in the [Health Plan's] Notice of Privacy Practices [Notice] which was developed and is used in accordance with the Privacy Rule.

Procedures
The privacy practices of McLennan County Health Plan are described in its Notice.

The Notice is distributed to all new Covered Persons at enrollment. All current Covered Persons received the Notice as of the compliance date. All Covered Persons receive a revised Notice within 60 days of any material revision to the Notice. The Notice is provided to the named Covered Person or employee for the benefit of all dependents.

The Notice is available to anyone who requests it. Covered Persons have the right to receive a paper copy of the Notice, even if they previously agreed to receive the Notice electronically.

All current Covered Persons are notified at least once every three years of the availability of the Notice and provided with instructions on how to obtain it.

The Notice is given to all Business Associates.

The Notice is reviewed with all current workforce members who perform Health Plan functions during their initial training and annually thereafter. The Notice is revised as needed to reflect any changes in the Health Plan's privacy practices. Revisions to the policies and procedures are not implemented prior to the effective date of the revised Notice.

When revisions to the Notice are necessary, all current Covered Persons, workforce members who perform Health Plan functions and Business Associates receive a revised copy of the Notice.

The Privacy Official retains copies of the original Notice and any subsequent revisions for a period of six (6) years from the date of its creation or when it was last in effect, whichever is later.

All workforce members who perform Health Plan functions and Business Associates are required to adhere to the privacy practices as detailed in the Notice, Privacy Policies and Procedures and Business Associate Contracts.

Violations of the Health Plan's privacy practices will result in disciplinary action up to and including termination of employment or contracts.

The Notice available electronically and hard copy.

NOTICE OF HEALTH PLAN'S PRIVACY PRACTICES
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION
McLennan County ("Health Plan") may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of making or obtaining payment for your care and conducting health care operations. Health Plan has established a policy to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed:

To Make or Obtain Payment
Health Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or Health Care Providers, for the care you receive. For example, Health Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

To Conduct Health Care Operations
Health Plan may use or disclose health information for its own operations to facilitate the administration of Health Plan and as necessary to provide coverage and services to all of Health Plan's Covered Persons. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting Health Care Providers and Covered Persons with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities. -Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Health Plan, including customer service and resolution of internal grievances.

Certain marketing activities.

For example, Health Plan may use your health information to conduct case management, quality improvement and utilization review, and Health Care Provider credentialing activities or to engage in customer service and grievance resolution activities. While Health Plan may use and disclose personal information for underwriting purposes, it is prohibited from using or disclosing genetic information of an individual for such purposes.

For Treatment Alternatives
Health Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Distribution of Health-Related Benefits and Services
Health Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

For Disclosure to the Plan Sponsor
Health Plan may disclose your health information to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of Health Plan. Health Plan also may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan.

When Legally Required
Health Plan will disclose your health information when it is required to do so by any federal, state or local law.

To Conduct Health Oversight Activities
Health Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Health Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings
As permitted or required by state law, Health Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Health Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes
As permitted or required by state law, Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if Health Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

In the Event of a Serious Threat to Health or Safety
Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if Health Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions
In certain circumstances, federal regulations require Health Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

For Worker's Compensation
Health Plan may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

LIMIT DISTRIBUTION, USE OR REQUESTS TO LIMITED DATA SET
Notwithstanding the provisions of this Plan to the contrary, in no event shall the Plan Sponsor be permitted to use or disclose Protected Health Information in a manner that is inconsistent with 45 CFR §164.504(f).

Under the American Recovery and Reinvestment Act of 2009 (ARRA), the Health Plan will be required to limit its distribution, use or requests for protected health information, to the extent practicable, to a limited data set, or if

more information is needed, to the minimum necessary amount of information needed to accomplish the intended purpose of the data use. The Secretary of HHS shall issue guidance on what constitutes minimum necessary for the purposes of this provision no later than 18 months following the enactment of this provision under ARRA.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, Health Plan will not disclose your health information other than with your written authorization. Specifically, Health Plan must have your written authorization to use or disclose psychotherapy notes except as permitted or required by law and personal information for marketing purposes, in most instances. In addition, we cannot sell your personal information unless we have your written authorization which must state that the disclosure of the information will result in remuneration to us. If you authorize Health Plan to use or disclose your health information, you may revoke that authorization in writing at any time, except to the extent that Health Plan has already relied on the authorization.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Health Plan maintains:

Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Health Plan's disclosure of your health information to someone involved in the payment of your care. However, Health Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact McLennan County.

Right to Receive Confidential Communications

You have the right to request that Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that Health Plan only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to McLennan County, Health Plan will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to McLennan County. If you request a copy of your health information, Health Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

Right to Amend Your Health Information

If you believe that your health information records are inaccurate or incomplete, you may request that Health Plan amend the records. That request may be made as long as the information is maintained by Health Plan. A request for an amendment of records must be made in writing to McLennan County. Health Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Health Plan, if the health information you are requesting to amend is not part of Health Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Health Plan determines the records containing your health information are accurate and complete.

Right to an Accounting

You have the right to request a list of disclosures of your health information made by Health Plan for any reason other than for treatment, payment or health operations. The request must be made in writing to McLennan County. The request should specify the time period for which you are requesting the information, but may not start earlier than **April 14, 2003**. Accounting requests may not be made for periods of time going back more than six (6) years. Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Health Plan will inform you in advance of the fee, if applicable.

The Health Plan is required to make available to a Covered Person who request an accounting of disclosures of the Covered Person's Protected Health Information the information required to provide an accounting of disclosures in accordance with 45 CFR §164.528. To the extent the Health Plan uses or maintains Electronic Health Records (EHRs), the Health Plan must be able to account for uses and disclosures of that information, even for treatment, payment and/or health care operations purposes. This detail must be retained for a period of at least three years. You have a right to obtain a copy of the record in an electronic format and to direct the Health Plan to transmit a copy of the record to any entity or person designated by you. This provision is effective January 1, 2014 or the date EHR is acquired for all EHRs acquired after January 1, 2009. For EHRs acquired on or before January 1, 2009, the provision will be effective January 1, 2014.

Right to a Paper Copy of this Notice

You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact McLennan County.

DUTIES OF HEALTH PLAN

Health Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. Health Plan is required to abide by the terms of this Notice, which may be amended from time to time. Health Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If Health Plan changes its policies and procedures, Health Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. Health Plan is required by law to notify affected individuals following a breach of unsecured health information. You have the right to express complaints to Health Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to Health Plan should be made in writing to McLennan County Health Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Health Plan has designated McLennan County, **Herman Kelly** as its contact person for all issues regarding patient privacy and your privacy rights. You may contact this person at 254-757-5158

EFFECTIVE DATE

This Notice is effective **October 1, 2015 and is amended as set forth herein.**

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT McLennan County 254-757-5158.

ADMINISTRATIVE INFORMATION

Name of Plan:	McLennan County Employee Benefit Plan
Plan Sponsor:	McLennan County Employee Benefit Plan
Address:	214 North 4th, #100 Waco, Texas 76701
Business Phone Number:	(254) 759-5614
Plan Sponsor ID Number (EIN):	74-6002492
Plan Number:	501
Plan Year:	October 1 2015 thru September 31, 2016
Plan Benefits:	Medical, Prescription Drug
Plan Administrator:	McLennan County Employee Benefit Plan
Address:	214 North 4th, #100 Waco, Texas 76701
Business Phone Number:	(254) 759-5614
Designated Legal Agent:	McLennan County Employee Benefit Plan
Address:	214 North 4th, #100 Waco, Texas 76701

(Legal process may also be served upon the Plan Administrator.)

Participating Employers:	McLennan County
Contract Administrator:	Scott and White Health Plan
Street Address:	1206 West Campus Drive Temple, TX 76501
Mailing Address:	1206 West Campus Drive Temple, TX 76501
Phone:	(254) 298-3000 / (800) 321-7947

FILED: FEB 16 2016
JA "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

AGENDA: FEBRUARY 16, 2016

III. CONSIDERATION OF, AND/OR ACTION ON, THE FOLLOWING:

M. ***Commissioners Court Work Session:*** Information Gathering, Discussions, Status Reports / Updates and / or Presentations on any or all of the items listed below (*no action will be taken by the Court on items presented in this part of the meeting*): Discussion / Suggestions regarding: *Future Work Session Items*

1. ***Discussion re: Criminal Justice Issues:*** Updates re: the Electronic Monitoring Program / Coordinating the McLennan County Criminal Justice System / Criminal Justice Process / Creation of a Criminal Justice Work Group/Discussion on Ways to Control the Jail Population/ MHMR Services at the County Jail / Pretrial Services / Veterans & Mental Health Courts / Courthouse Security / Video Conferencing Utilization / Public Nuisance Reporting & Enforcement Process / County Essentials Reimbursement, related matters	**Information Only**
2. ***Discussion re: Capital Expenditures***: including Discussion re: the Time Schedule for Capital Outlay / Recommendations from the Finance Committee Regarding the Spending Policy / Equipment Financing, related matters	**None**
3. ***Discussion re: County Property***, including Discussion regarding Space Availability & Utilization of County Buildings, Utilization Planning, Consultant, Joint Facilities Master Plan or Study / Updates regarding Maintenance of Hwy 6 or Downtown Jail/Maintenance at Tradinghouse Lake/Park / ADA Capital Improvements / Recommendations from Tradinghouse Lake / Park Advisory Committee / Tradinghouse Lake Pavilion Rental Issues / Policy for County Right of Ways / Themis Statue / Policy re: Office Remodeling / Discussion regarding Lincoln City Road Flooding and Matters Related Thereto	**None**
4. ***Discussion re: Texas Department of Transportation***: including Discussion re: Rural/Public Transportation, related matters	**None**
5. ***Discussion re: Upcoming Contracts***	**None**
6. ***Discussion re: Updated Jury Pay Donation Cards***	**None**
7. ***Discussion re: OpenGov:*** including Presentation regarding Services	**Discussion Only** ***(See beginning of meeting)***

CD-375, 10:41

INFORMATION ONLY:

COMMISSIONERS COURT WORK SESSION:
INFORMATION GATHERING, DISCUSSIONS, STATUS REPORTS / UPDATES AND / OR PRESENTATIONS ON ANY OR ALL OF THE ITEMS LISTED BELOW
(NO ACTION WILL BE TAKEN BY THE COURT ON ITEMS PRESENTED IN THIS PART OF THE MEETING):

***DISCUSSION RE: CRIMINAL JUSTICE ISSUES*: UPDATES RE: THE ELECTRONIC MONITORING PROGRAM / COORDINATING THE MCLENNAN COUNTY CRIMINAL JUSTICE SYSTEM / CRIMINAL JUSTICE PROCESS / CREATION OF A CRIMINAL JUSTICE WORK GROUP / DISCUSSION ON WAYS TO CONTROL OF JAIL POPULATION/ MHMR SERVICES AT THE COUNTY JAIL / PRETRIAL SERVICES / VETERANS & MENTAL HEALTH COURTS / COURTHOUSE SECURITY / VIDEO CONFERENCING UTILIZATION / PUBLIC NUISANCE REPORTING & ENFORCEMENT PROCESS COUNTY ESSENTIALS REIMBURSEMENT, RELATED MATTERS**

On this the 16 day of February, 2016, came on for consideration the matter of ***Commissioners Court Work Session***: Information gathering, discussions, status reports / updates and / or presentations on any or all of the items listed below (*no action will be taken by the Court on items presented in this part of the meeting*): Discussion / Suggestion regarding: *Future Work Session Items.* ***Discussion re: Criminal Justice Issues***: Updates regarding the Electronic Monitoring Program, Coordinating the McLennan County Criminal Justice System / Criminal Justice Process / Creation of a Criminal Justice Work Group / Discussion on Ways to Control of Jail Population / MHMR Services at the County Jail / Pretrial Services / Veterans & Mental Health Courts / Courthouse Security / Video Conferencing Utilization / Public Nuisance Reporting & Enforcement Process / County Essentials Reimbursement, related matters.

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Report Date:	2/12/2016

RECOVERY Healthcare Corporation
MCLENNAN COUNTY EM OFFICE
219 N. 6TH STREET
SUITE 100 ROOM 101
WACO, TEXAS 76701
PHONE: (254) 300-4277
EMAIL: MCLENNANEM@RECOVERYHEATHCARE.COM
FAX: (254) 313-1170

Total Client's in lieu of Jail:	53
Total Indigent Client's:	35
Total Double Client's:	26
Client's:	332
Total Client's:	358

GPS Totals:	
Sheriff:	53
CSCD:	2
COB:	18
Felony:	3
Other:	3
PTIP:	0
Child Support:	0
Total Clients:	79

SCRAM CAM Totals:	
Sheriff:	2
CSCD:	14
COB:	0
Felony:	0
Other:	9
PTIP:	5
Child Support:	0
Total Clients:	30

SCRAM Remote Breath Totals:	
Sheriff:	7
CSCD:	30
COB:	0
Felony:	0
Other:	4
PTIP:	49
Child Support:	0
Total Clients:	90

Soberlink Totals:	
Sheriff:	0
CSCD:	3
COB:	0
Felony:	0
Other:	0
PTIP:	1
Child Support:	0
Total Clients:	4

Drug Patch Totals:	
Sheriff:	12
CSCD:	8
COB:	0
Felony:	0
Other:	1
PTIP:	8
Child Support:	0
Total Clients:	29

UA Totals:	
Sheriff:	7
CSCD:	0
COB:	3
Felony:	0
Other:	0
PTIP:	90
Child Support:	0
Total Clients:	100

Judge Totals: (House Arrest Only)

Judge Cates	
GPS	42
SCRAM CAM	1
SCRAM RB	7
Soberlink	0
Drug Patch	12
UA	6
Indigent	25
Total in lieu of Jail:	42
Double:	24

Judge Freeman	
GPS	11
SCRAM CAM	1
SCRAM RB	0
Soberlink	0
Drug Patch	0
UA	1
Indigent	10
Total in lieu of Jail:	11
Double:	2

GPS Clients:

Judge Cates:

Clients:	Client ID #:	Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Barrientos, Jose M	2079366613	12/11/2015				2/7/2016	2/13/2016
Beard, Patrick W	2079364375	10/15/2015		Scram RB		5/18/2016	5/24/2016
Bethel, Michael L	2079368711	2/10/2016	Indigent	DP		10/3/2016	10/9/2016
Cardona, Arturo	2079335444	11/6/2015				3/26/2016	3/28/2016
Cominsky, Shawna M	2079367439	1/7/2016	Indigent	DP		4/3/2016	4/9/2016
Degrate, Dennis	2079366027	11/23/2015		UA		2/19/2016	2/25/2016
Diaz, Anthony M	2079366631	12/11/2015				3/7/2016	3/14/2016
Dominguez, Juan C	2079367449	1/7/2016			Mid-Level	3/19/2016	3/25/2016
Farr, Joshua A	2079368256	1/28/2016	Indigent			3/16/2016	3/22/2016
Garcia, Johnny G	2079367680	1/14/2016	Indigent	UA		2/23/2016	2/29/2016
Gonzales, Larry Jr.	2079367796	1/19/2016		UA		3/3/2016	3/10/2016
Harmon, Christopher D	2079368244	1/28/2016	Indigent	DP		5/4/2016	5/14/2016
Hubbard, Jimmy F	2079366370	12/3/2015	Indigent			2/14/2016	2/20/2016
Jackson, Myron T	2079367434	1/7/2016		Scram RB		3/5/2016	3/15/2016
Jenkins, Tanayiia V	2079355578	12/18/2015				3/15/2016	3/15/2016
Johnson, Leonard C	2079365896	11/19/2015	Indigent			2/15/2016	2/21/2016
Jones, Marilyn J	2079367445	1/7/2016	Indigent			2/18/2016	2/24/2016
Kato, Nicholas A	2079345109	1/15/2016	Indigent	DP		3/20/2016	3/25/2016
Lathern, Candice M	2079367731	1/15/2016	Indigent	Scram RB		3/2/2016	3/4/2016
Linder, Trey L	2079367667	1/14/2016				4/11/2016	4/17/2016
Long, Theresa	2079368468	2/4/2016	Indigent	DP		3/20/2016	3/27/2016
Miller, Donnie	2079343829	1/28/2016	Indigent			3/11/2016	3/17/2016
Moseley, Benson L	2079366371	12/3/2015		DP		2/13/2016	2/20/2016
Nicholes, Shakierra	2079345026	1/8/2016	Indigent	DP		3/21/2016	3/28/2016
Nunez, Marissa D	2079357355	1/8/2016	Indigent			3/21/2016	3/27/2016
Russell, Lewis J	2079367482	1/8/2016	Indigent			3/20/2016	3/26/2016
Ryals, Kevin W	2079365644	11/12/2015		DP		3/14/2016	3/21/2016
Salazar, Felipe	2079363563	9/24/2015		DP/ Scram RB		3/23/2016	4/2/2016
Sedberry, Willie T	2079367727	1/15/2016	Indigent			3/24/2016	4/1/2016
Sharp Jr., Francis M	2079344505	1/7/2016		Scram RB		3/20/2016	3/30/2016
Simmons, Susan L	2079367675	1/14/2016	Indigent	DP/ Scram RB		4/18/2016	4/26/2016
Skief, Michael L	2079368472	2/4/2016	Indigent			4/9/2016	4/15/2016
Smith, Kevin B	2079367436	1/7/2016	Indigent			2/24/2016	3/2/2016
Trate, Hannah R	2079367647	1/13/2016		DP		3/26/2016	4/5/2016
Trevino, Rafael	2079335703	1/7/2016		DP		8/5/2016	8/12/2016
Urbino, Francisco E	2079367527	1/11/2016		Scram RB		4/7/2016	4/13/2016
Walton, Lazarea T	2079343904	12/11/2015	Indigent	UA		2/19/2016	2/28/2016
Whigham, Cody L	2079368457	2/4/2016	Indigent	DP		4/2/2016	4/8/2016
Whitaker, Terence B	2079343990	2/5/2016	Indigent	UA		4/21/2016	4/30/2016
White Jr., John W	2079368474	2/4/2016	Indigent	UA		4/2/2016	4/2/2016
Williams, Tara N	2079367446	1/7/2016	Indigent			2/19/2016	2/19/2016
Willis Jr., Johnny D	2079349165	1/8/2016	Indigent			5/16/2016	5/23/2016

Judge Freeman:

Clients:	Client ID #:	Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Adams, Candace D	2079345663	2/5/2016		UA		2/17/2016	2/23/2016
Baggett, Larry G	2079368596	7/23/2016	Indigent	Scram CAM		2/21/2016	2/27/2016
Boteilo, Norma A	2079368747	2/11/2016	Indigent			4/24/2016	4/30/2016
Franklin, Jaimee C	2079367274	12/31/2015	Indigent			2/12/2016	2/18/2016
Garcia, Albert	2079368067	1/25/2016	Indigent			2/25/2016	3/2/2016
Hardin, Justin C	2079344862	12/18/2015	Indigent			4/8/2016	4/17/2016
Malone, Linda	2079344260	1/8/2016	Indigent			2/17/2016	2/25/2016
Morris, Charley K	2079366925	1/14/2016	Indigent			2/26/2016	3/4/2016
Robertson, Ivan T	2079368464	2/4/2016	Indigent			3/18/2016	3/24/2016
Rodriguez, Luke A	2079355781	2/4/2016	Indigent			3/18/2016	3/24/2016
Wright, April L	2079368257	1/28/2016	Indigent			2/18/2016	2/24/2016

Other Clients:

Felony:

Clients:	Client ID #:	Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Barnett, Denny H	2079367661	1/13/2016	Indigent	Scram CAM			
Kuykendall, Rodney	2079368647	2/8/2016	Indigent			5/31/2016	5/31/2016
Smith, Kelly R	2079368339	2/1/2016	Indigent			4/18/2016	4/18/2016

Condition of Bond:

Clients:	Client ID #:	Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Arnold, Jay	2079337597	1/6/2014					
Chambers, George B	2079367713	1/15/2016					
Davis, Michael J	2079362041	8/14/2015	Indigent				
Guajardo, Juan R	2079347809	8/11/2014					
Holmes, Roxanna	2079362406	8/25/2015					
Love, James E	2079362011	8/14/2015					
Martinez, David R	2079359018	6/1/2015					
McAlister, Cory D	2079365798	11/17/2015					
Mitchell, Marshall	2079359287	6/6/2015					
Pilkington, Marcus R	2079365127	11/2/2015					
Reeves, Owen	2079359902	6/19/2015					
Rudolph, James	2079359670	6/15/2015					
Sessions, Kaleigh A	2079364350	10/14/2015	Indigent				
Smith, Kyle	2079359798	6/17/2015					
Stone, Hazen	2079361215	7/24/2015					
Tunas, Ovidiu	2079357373	5/22/2015					
White, Phillip R	2079366689	12/14/2015					
Williams, Keithen	2079362727	9/3/2015	Indigent				

CSCD:

No Payout/Layout Dates			Judge:	PO:
Nelson, Joyce J	2079344370	11/19/2015		
Ramirez, Charles A	2079361821	10/22/2015		

Out of State:

Longoria, Andrew J	2079364498	10/19/2015	Bell County
Moore, Anjanette	2079366946	1/19/2016	Bell County
White, Robert L	2079368201	1/27/2016	Kansas County

Judge Holmes:

SCRAM Clients:

Sheriff:

Judge Cates:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Beard, Patrick W	2079364375	10/15/2015		Scram RB		5/18/2016	5/24/2016
Jackson, Myron T	2079367434	1/7/2016		Scram RB		3/5/2016	3/15/2016
Lathern, Candice M	2079367731	1/15/2016	Indigent	Scram RB		3/2/2016	3/4/2016
Salazar, Felipe	2079363563	9/24/2015		DP/ Scram RB		3/23/2016	4/2/2016
Sharp Jr., Francis M	2079344505	1/7/2016		Scram RB		3/20/2016	3/30/2016
Simmons, Susan L	2079367675	1/14/2016	Indigent	DP/ Scram RB		4/18/2016	4/26/2016
St. John, Kandi	2079364653	10/22/2015	Indigent	Scram CAM		3/18/2016	3/28/2016
Urbino, Francisco E	2079367527	1/11/2016		Scram RB		4/7/2016	4/13/2016

Judge Freeman:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Baggett, Larry G	2079368596	7/23/2016	Indigent	Scram CAM		2/21/2016	2/27/2016

Other Clients:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Barnett, Denny H	2079367661	1/13/2016	Indigent	Scram CAM			
Blanchard, Mark V	2079359068	11/17/2015		Scram RB	Coryell County		
Delaney, Kristen J	2079349262	11/6/2015		Scram RB			
Flanary Jr., Ronald E	2079360286	11/24/2015		Scram CAM	Bell County		
Frank, Joshua R	2079367543	1/11/2016		Scram CAM	Bell County		
Jackson, Gail	2079365713	11/16/2015		Scram CAM	Bell County		
Liendo Jr., Manuel	2079347316	9/23/2015		Scram RB			
Muncy, Mark L	2079361409	8/27/2015		Scram CAM	Bell County		
Ratcliff, Dee Ann	2079359241	6/5/2015		Scram CAM	Harris County		
Robb, Jonathan W	2079361944	8/13/2015		Scram CAM	Henderson County		
RODRIGUEZ , RONALD	2079349846	5/26/2015		Scram CAM			
SOMMERFELD, CHRISTOF	2079332807	4/23/2015		Scram CAM	Coryell County		

CAM

CSCD:

CABRALES, NATALIO	2079352372	9/25/2015
Castillo, Elisa	2079365838	1/19/2016
Dunn, Patrick C	2079353858	12/11/2015
Enriquez-Jerez, Marco	2079355514	12/28/2015
Fischer, Jeremy	2079358774	8/26/2015
Hardin, Anita L	2079350355	1/22/2016

RB

CSCD:

Alexander, James C	2079367468	1/8/2016
Anthony, Jessica	2079360679	7/10/2015
Barcomb, Richard L	2079364620	2/9/2016
Bloom, Brandi	2079350888	1/14/2015
Callaway, Kenny M	2079367459	1/7/2016
Fisher, Demear	2079358002	10/19/2015

Hyland Jr., Franz	2079355580	9/25/2015
Matus, Keith	2079351230	3/17/2015
Nelson, Joyce J	2079344370	11/19/2015
Pokluda, Damon C	2079358815	1/28/2016
Ramirez, Monica	2079332846	7/6/2015
Resendez, Roberto	2079347983	9/4/2015
Sczesny, Johnna	2079349429	7/10/2015
Symthe, Derek	2079357440	8/24/2015

Fritsche, Randall A	2079359878	1/5/2016
Garcia, Elias	2079367668	1/14/2016
Garcia, Michael A	2079343478	7/17/2015
Hall, Tyler C	2079345864	9/11/2015
Hardy, Taylor W	2079366372	12/3/2015
Harris, James B	2079365748	2/3/2016
Hernandez, Emiliano	2079354329	12/30/2015
Hurtado, Charles A	2079367442	1/7/2016
Martinez, Rodrigo P	2079343577	8/21/2015
Martinez, Salvador C	2079362272	10/12/2015
Moreno, Humberto	2079365197	12/18/2015
Nino, Enrique	2079367318	1/4/2016
Patena, Ricardo S	2079364617	1/4/2016
Sanchez, Ricardo A	2079368047	1/25/2016
Speights, Earnest R	4101972	12/23/2015
Staas, Tyler D	28362333	11/16/2015
Studer, Richard L	2079356349	7/7/2015
Tatro, Robert T	2079368700	2/10/2016
Thigpen, Michael	2079343692	2/2/2015
Tucker, Shane	2079357714	7/8/2015
Vera, Juan B	2079360407	8/25/2015
Wehunt, Jamie L	2079356970	8/27/2015
York, James E	2079360639	2/5/2016
Young, Terry L	2079366922	12/22/2015

COB:

Soberlink Clients:

Sheriff:

Judge Cates:

Clients:	Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:

Judge Freeman:

Clients:	Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:

Other Clients:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Gomez, Pedro	2079352835	2/17/2015					
Mitchell, Seth A	2079361547	10/7/2015			Tarrant County		
Tsuchiya, James	2079359943	6/22/2015					
Vannatta, Trey J	2079364880	10/28/2015					

Drug Patch Clients:

Sheriff:

Judge Cates:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Bell, Dereck L	2079345364	10/30/2015	Indigent	DP		2/16/2016	2/22/2016
Bethel, Michael L	2079368711	2/10/2016	Indigent	DP		10/3/2016	10/9/2016
Cominsky, Shawna M	2079367439	1/7/2016	Indigent	DP		4/3/2016	4/9/2016
Harmon, Christopher D	2079368244	1/28/2016	Indigent	DP		5/4/2016	5/14/2016
Kato, Nicholas A	2079345109	1/15/2016	Indigent	DP		3/20/2016	3/25/2016
Long, Theresa	2079368468	2/4/2016	Indigent	DP		3/20/2016	3/27/2016
Moseley, Benson L	2079366371	12/3/2015		DP		2/13/2016	2/20/2016
Nicholes, Shakierra	2079345026	1/8/2016	Indigent	DP		3/21/2016	3/28/2016
Ryals, Kevin W	2079365644	11/12/2015		DP		3/14/2016	3/21/2016
Salazar, Felipe	2079363563	9/24/2015		DP/ Scram RB		3/23/2016	4/2/2016
Trate, Hannah R	2079367647	1/13/2016		DP		3/26/2016	4/5/2016
Whigham, Cody L	2079368457	2/4/2016	Indigent	DP		4/2/2016	4/8/2016

Judge Freeman:

Clients:	Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:

Other Clients:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Anderson, Casey A	2079343393	11/20/2015					
Houk, Matthew P	2079345878	11/4/2015					
Oneal, Richard	2079366355	12/3/2015					
Romero, Lorena N	2079353514	12/4/2015					
Schafer, Robert I	2079364376	10/15/2015					
Smith, Reginisha N	2079359703	1/19/2016					
Walker, Ann K	2079366133	11/25/2015					
Williams, Alisha L	2079350042	9/18/2015			Milam County		
Wilson, Christopher L	2079366140	11/25/2015					

UA Clients:

Sheriff:

Judge Cates:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Degrate, Dennis	2079366027	11/23/2015		UA		2/19/2016	2/25/2016
Garcia, Johnny G	2079367680	1/14/2016	Indigent	UA		2/23/2016	2/29/2016
Gonzales, Larry Jr.	2079367796	1/19/2016		UA		3/3/2016	3/10/2016
Landrum, Richard T	2079368053	1/25/2016		UA		3/23/2016	3/29/2016
Whitaker, Terence B	2079343990	2/5/2016	Indigent	UA		4/21/2016	4/30/2016
White Jr., John W	2079368474	2/4/2016	Indigent	UA		4/2/2016	4/2/2016

Judge Freeman:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Adams, Candace D	2079345663	2/5/2016		UA		2/17/2016	2/23/2016

Other Clients:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:

COB:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Cruz, Israel	2079347723	8/8/2014					
Denson-Kratzer, John	2079360752	7/13/2015					
Helms, Stephen	2079362920	9/8/2015					

Double Clients:

Sheriff:

Judge Cates:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Beard, Patrick W	2079364375	10/15/2015		Scram RB		5/18/2016	5/24/2016
Bell, Dereck L	2079345364	10/30/2015	Indigent	DP		2/16/2016	2/22/2016
Bethel, Michael L	2079368711	2/10/2016	Indigent	DP		10/3/2016	10/9/2016
Cominsky, Shawna M	2079367439	1/7/2016	Indigent	DP		4/3/2016	4/9/2016
Degrate, Dennis	2079366027	11/23/2015		UA		2/19/2016	2/25/2016
Garcia, Johnny G	2079367680	1/14/2016	Indigent	UA		2/23/2016	2/29/2016
Gonzales, Larry Jr.	2079367796	1/19/2016		UA		3/3/2016	3/10/2016
Harmon, Christopher D	2079368244	1/28/2016	Indigent	DP		5/4/2016	5/14/2016
Jackson, Myron T	2079367434	1/7/2016		Scram RB		3/5/2016	3/15/2016
Kato, Nicholas A	2079345109	1/15/2016	Indigent	DP		3/20/2016	3/25/2016
Landrum, Richard T	2079368053	1/25/2016		UA		3/23/2016	3/29/2016
Lathern, Candice M	2079367731	1/15/2016	Indigent	Scram RB		3/2/2016	3/4/2016
Long, Theresa	2079368468	2/4/2016	Indigent	DP		3/20/2016	3/27/2016
Moseley, Benson L	2079366371	12/3/2015		DP		2/13/2016	2/20/2016
Nicholes, Shakierra	2079345026	1/8/2016	Indigent	DP		3/21/2016	3/28/2016
Ryals, Kevin W	2079365644	11/12/2015		DP		3/14/2016	3/21/2016
Salazar, Felipe	2079363563	9/24/2015		DP/ Scram RB		3/23/2016	4/2/2016
Sharp Jr., Francis M	2079344505	1/7/2016		Scram RB		3/20/2016	3/30/2016
Simmons, Susan L	2079367675	1/14/2016	Indigent	DP/ Scram RB		4/18/2016	4/26/2016
Trate, Hannah R	2079367647	1/13/2016		DP		3/26/2016	4/5/2016
Urbino, Francisco E	2079367527	1/11/2016		Scram RB		4/7/2016	4/13/2016
Whigham, Cody L	2079368457	2/4/2016	Indigent	DP		4/2/2016	4/8/2016
Whitaker, Terence B	2079343990	2/5/2016	Indigent	UA		4/21/2016	4/30/2016
White Jr., John W	2079368474	2/4/2016	Indigent	UA		4/2/2016	4/2/2016

Judge Freeman:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Adams, Candace D	2079345663	2/5/2016		UA		2/17/2016	2/23/2016
Baggett, Larry G	2079368596	7/23/2016	Indigent	Scram CAM		2/21/2016	2/27/2016

Other Clients:

Clients:		Enrollment:	Status:	Extra:	Specifications:	PO Date:	LO Date:
Barnett, Denny H	2079367661	1/13/2016	Indigent	Scram CAM			

Pre Trial Intervention Program:

GPS Clients:

SCRAM RB Clients:

Name:	Client ID #:	Enrollment:		
	2079357362	4/17/2015		4/17/2016
	2079365415	11/6/2015		5/4/2017
	2079364875	10/28/2015		5/28/2016
	2079359215	6/5/2015		9/5/2016
	2079368241	1/28/2016		1/28/2017
	2079368394	2/2/2016		2/2/2017
	2079366207	11/30/2015		5/30/2016
	2079362315	8/21/2015		4/21/2016
	2079367884	1/20/2016		5/20/2016
	2079360543	7/7/2015		7/7/2016
	2079365788	11/17/2015		11/17/2016
	2079365148	11/3/2015		5/3/2016
	2079367311	1/4/2016		1/4/2017
	2079367536	1/11/2016	UA 1x a Month and 24 M	1/11/2017
	2079361500	7/31/2015		4/30/2016
	2079368155	1/26/2016		7/26/2018
	2079358881	5/28/2015		8/28/2016
	2079358552	5/19/2015		5/19/2016
	2079352300	12/3/2014		12/3/2016
	2079367635	1/13/2016		1/13/2017
	2079368073	1/25/2016		1/25/2017
	2079367392	1/6/2016		10/6/2016
	2079362192	8/19/2015		2/19/2016
	2079361550	8/3/2015		8/3/2016
	2079364048	10/7/2015		4/7/2016
	2079366062	11/24/2015		2/24/2016
	2079360608	7/9/2015		4/9/2016
	2079361997	8/14/2015		8/14/2016
	2079364290	10/13/2015		4/13/2016
	2079364989	10/29/2015		5/29/2016
	2079368702	2/10/2016		2/10/2017
	2079367503	1/8/2016		10/8/2016
	2079357769	4/29/2015		4/29/2016
	2079365950	11/20/2015		5/20/2016
	2079366575	12/10/2015		12/10/2016
	2079361342	7/28/2015		7/8/2016
	2079367597	1/12/2016		7/12/2016
	2079364018	10/6/2015		10/6/2016
	2079366936	12/18/2015		12/18/2016
	2079360862	7/15/2015		4/15/2016
	2079360183	6/26/2015		6/26/2016
	2079364145	10/9/2015		10/9/2016
	2079367805	1/19/2016		1/19/2017
	2079362960	9/8/2015		9/8/2016
	2079359314	6/8/2015		3/8/2016
	2079362029	8/14/2015		8/14/2016
	2079367396	1/6/2016		4/6/2016
	2079366777	12/15/2015		3/15/2017
	2079360039	6/24/2015		2/24/2016

SCRAM CAM Clients:

Name:	Client ID #:	Enrollment:		
	2079355750	3/11/2015		3/11/2016
	2079357781	9/11/2015		4/29/2016
	2079353977	1/23/2015		4/10/2016
	2079358098	12/4/2015		12/4/2016
	2079351353	11/7/2014		11/16/2016

DP Clients:

Name:	Client ID #:	Enrollment:		
	2079360003	1/13/2016	DP 60 days- UA 2x a Mor	7/6/2017
	2079367128	12/23/2015	DP 1x - UA 1x Month Rer	12/23/2017
	2079367050	12/22/2015	DP for 10 days- UA 2x a I	12/22/2017
	2079364404	12/18/2015	DP 1st 30 days- UA/DP R	12/18/2017
	2079366298	12/2/2015	DP 1st 2 weeks- UA 1x a	12/2/2017
	2079364500	10/19/2015	DP 6 Months- UA 2x a M	10/19/2017
	2079361598	8/19/2015	DP 6 Months- UA 1x a M	11/19/2016
	2079368713	2/10/2016	DP 90 days- UA 2x a Mor	2/10/2018

Soberlink Clients:

Name:	Client ID #:	Enrollment:		
	2079356608	3/27/2015	SoberLink/ UA 2x a Month	3/27/2016

UA Clients:

Name:	Client ID #:	Enrollment:		
	2079367420	1/7/2016	1x a Month	1/7/2017
	2079358130	5/8/2015	1x a Month	5/8/2016
	2079355239	2/25/2015	1x a Month	2/25/2016
	2079363141	2/4/2016	1x a Month	2/4/2017
	2079357780	4/29/2015	1x a Month	4/29/2016
	2079367814	1/19/2016	1x a Month	1/19/2017
	2079366716	12/14/2015	1x a Month	6/14/2017
	2079362701	9/1/2015	1x a Month	3/1/2017
	2079361691	8/6/2015	2x-6 Months- 1x- Remai	2/7/2017
	2079366093	11/24/2015	1x a Month	11/24/2016
	2079360380	7/2/2015	2x- 6mths, 1x- 6mths	7/2/2016
	2079357931	5/4/2015	2x a Month for 12 Monti	5/4/2016
	2079357096	4/10/2015	1x a Month	7/9/2016
	2079351959	11/21/2014	1x a Month	11/21/2016
	2079363696	9/28/2015	1x a Month	9/28/2017
	2079365023	10/30/2015	2x a Month	10/30/2016
	2079367536	1/11/2016	1x a Month	1/11/2018
	2079358625	5/21/2015	2x a Month	3/21/2016
	2079358878	5/28/2015	2x- 6mths, 1x- 6mths	5/28/2016
	2079360003	7/6/2015	DP 60 days- UA 2x a Mor	7/6/2017
	2079366768	12/15/2015	1x a Month	12/15/2016
	2079358408	5/15/2015	1x a Month for 6 Month:	10/15/2016
	2079352456	10/19/2015	1x a Month	10/19/2017
	2079353131	12/29/2014	1x a Month	6/29/2016
	2079366560	12/9/2015	1x a Month	12/9/2016

2079366727	12/14/2015	2x a Month	12/14/2017
2079367590	1/13/2016	1x a Month	1/13/2018
2079358604	5/20/2015	1x a Month	5/20/2017
2079356348	3/24/2015	1x a Month	3/24/2016
2079365848	11/18/2015	1x a Month	11/18/2016
2079364844	10/27/2015	2x- 6mths, 1x- 6mths	10/27/2016
2079367793	1/19/2016	1x a Month	4/19/2017
2079357027	4/9/2015	1x a Month	4/9/2016
2079357584	4/23/2015	2x a Month for 12 Mths-	4/23/2017
2079357981	5/5/2015	2x a Month	5/5/2017
2079358321	5/13/2015	2x-6 Months- 1x- Remai	8/13/2016
2079357699	1/26/2016	2x a Month	1/26/2018
2079366433	1/13/2016	2x a Month	1/13/2018
2079356617	3/27/2015	2x a Month	6/27/2016
2079365807	11/17/2015	1x a Month	11/17/2016
2079358275	5/12/2015	1x a Month	5/12/2016
2079356037	3/18/2015	1x a Month	3/18/2016
2079367444	1/7/2016	1x a Month	1/7/2017
2079366583	12/10/2015	1x a Month	3/10/2017
2079364587	10/21/2015	2x a Month	10/21/2016
2079366047	11/23/2015	1x a Month	11/23/2017
2079352968	12/19/2014	2x a Month	12/19/2016
2079357079	4/9/2015	2x-6 Months- 1x- Remai	7/9/2016
2079358311	5/13/2015	1x a Month	5/13/2016
2079362958	9/8/2015	2x a Month	9/8/2017
2079367050	12/22/2015	DP for 10 days- UA 2x a f	12/22/2017
2079357393	4/17/2015	1x a Month	4/17/2016
2079363879	10/1/2015	1x a Month	12/1/2016
2079362777	9/2/2015	1x a Month	9/2/2017
2079368295	1/29/2016	Random UA	1/29/2018
2079358846	5/27/2015	2x a Month	5/27/2016
2079359992	6/23/2015	2x a Month For 10 Mont	4/23/2016
2079365235	11/4/2015	1x a Month	11/4/2016
2079366826	12/11/2015	1x a Month	12/11/2016
2079364384	10/15/2015	1x a Month	3/23/2017
2079358073	5/7/2015	1x a Month	5/7/2016
2079366651	12/11/2015	1x a Month	12/11/2016
2079358885	5/28/2015	2x a Month for 9 Mths	2/28/2016
2079366305	12/2/2015	1x a Month	12/2/2016
2079355180	2/27/2015	1x a Month	2/27/2016
2079359935	6/22/2015	1x a Month for 18 Montl	12/22/2016
2079368476	2/4/2016	1x a Month	2/4/2017
2079364885	10/28/2015	2x a Month	1/28/2017
2079365305	11/5/2015	1x a Month	11/5/2017
2079362951	9/8/2015	1x a Month	3/8/2017
2079364580	10/21/2015	1x a Month	10/21/2016
2079354423	2/4/2015	1x a Month	8/4/2016
2079366629	12/11/2015	1x a Month	12/11/2016
2079355194	2/24/2015	1x a Month	2/24/2016
2079366662	12/11/2015	1x a Month	12/11/2016
2079361731	8/7/2015	2x- 6mths, 1x- 9mths	11/7/2016
2079366202	11/30/2015	1x a Month	11/30/2016
2079361949	8/13/2015	1x a Month for 24 Montl	8/13/2017
2079358042	5/6/2015	1x a Month	5/6/2016
2079358559	5/19/2015	1x a Month	5/19/2016
2079368713	2/10/2016	DP 90 days- UA 2x a Mo	2/10/2018
2079362270	8/21/2015	1x a Month	8/21/2016
2079358607	5/20/2015	2x-6 Months- 1x- Remai	5/20/2017
2079367121	12/23/2015	1x a Month	12/23/2016
2079359028	6/1/2015	2x a Month for 12 Mths-	9/1/2016
2079359325	6/8/2015	2x- 12 Months- 1x remai	6/8/2017
2079353571	1/13/2015	1x a Month	1/13/2016
2079366400	12/4/2015	1x a Month	12/4/2016
2079356608	3/27/2015	2x a Month	6/27/2016
2079358567	5/19/2015	1x a Month	5/19/2016

Other Clients:

RB

Severe, Daniel	2079358545	5/19/2015

Scram CAM

SoberLink

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelez Sowan DEPUTY

ORDER RECESSING SPECIAL SESSION

On this the 16 day of February, 2016, at 10:42 o'clock a.m., the County Judge Scott M. Felton announced that this meeting of February 16, 2016 stands in recess for ten minutes.

- -

ORDER RECONVENING SPECIAL SESSION

On this the 16 day of February, 2016 at 10:52 o'clock a.m., the Court reconvened in Special Session; present and presiding the County Judge Scott M. Felton and Commissioners Kelly Snell, Will Jones and the Clerk thereof being in attendance, the following proceedings were had and done to-wit:

- -

ORDER RECESSING TO EXECUTIVE SESSION

On this the 16 day of February, 2016, at 10:52 o'clock a.m. the County Judge announced that at this time we will go into Executive Session in accordance with Section 551.076 of the Local Government Code (V.C.T.A.)

- -

ORDER RECONVENING SPECIAL SESSION

On this the 16 day of February, 2016, at 11:03 o'clock a.m. the Court reconvened in Special Session with County Judge Scott M. Felton presiding and Commissioners Kelly Snell, Will Jones and the Clerk thereof being in attendance, the following proceedings were had and done to-wit:

- -

The Court went back to G. 1. a. Re: the FY 16 Budget.

ORDER APPROVING FY 2016 BUDGET AMENDMENTS:

JUSTICE OF THE PEACE, PRECINCT 4 (FUND 130)

On this the 16 day of February, 2016, came on for consideration the matter Regarding the FY 16 Budget: Justice of the Peace, Precinct 4 (Fund 130). After discussion, Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said FY 2016 Budget Amendment be, and the same is hereby, approved by unanimous vote.

- -

BUDGET AMENDMENT REQUEST

McLennan County Commissioners Court
McLennan County Courthouse
Waco, Texas 76701

Re: Budget Amendment for: Fund 130 (Justice Court Building Security Fund)

Gentlemen:

I hereby request the following budget amendment for the fiscal year ending 09/30/16:

REQUESTED INCREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct:#)	Account Description	Current Budget	Requested Increase	Amended Budget
130	15	27	1641	JP 4	501000	Supplies	1	1,895	1,896
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
						Total Increases		1,895	

REQUESTED DECREASE(s)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct:#)	Account Description	Current Budget	Requested Decrease	Amended Budget
130	10	05	0190	Co Wide	999999	Contingencies	72,637	1,895	70,742
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
						Total Decreases		1,895	

BUDGET AMENDMENT JUSTIFICATION:

This budget amendment is requested for the purchase/installation of a security camera recording system at the Justice of the Peace Precinct 4 facility.

Respectfully Submitted Requestor:	Approved as to form County Auditor	Approved by Commissioners Court County Judge

2/16/16

L&M Electronics

QUOTE

EMAIL : TCALDWELL@LANDMELECTRONICS.COM

1700 w Waco Dr. Waco, TX.76701
Phone 254-754-4644 Fax 254-754-4041

INVOICE #
DATE: JANUARY 11, 2016

QUOTE GOOD FOR NINETY DAYS.

TO BRIAN RICHARDSON
JUSTICE OF THE PEACE
MCGREGOR,TX.

Bid consists of the following items and services:

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
THOMAS CALDWELL	CCTV SYSTEM UPGRADE	Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	FOUR CHANNEL DIGITAL VIDEO RECORDER 2MP WITH 1 TERA BYTE HARD DRIVE.		
3	2MP CAMERAS WITH IR FOR INSIDE COVERAGE OF FRONT LOBBY AND COURT ROOM		
1	POWER SUPPLY		
2	21" MONITORS		
1	LABOR AND WIRE TO INSTALL THE ABOVE EQUIPMENT		
		SUBTOTAL	1895.00
		SALES TAX	0.00
		TOTAL	1895.00

FILED: FEB 16 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcelez Gowan DEPUTY

The Court went to L. 7. g. Re: Justice of the Peace, Precinct 4 Security Equipment.

ORDER APPROVING:

ACTION RE: JUSTICE OF THE PEACE, PRECINCT 4 SECURITY EQUIPMENT

On this the 16 day of February, 2016, came on for consideration the matter of Discussion and/or Action re: Justice of the Peace, Precinct 4 Security Equipment. After discussion, Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Felton, Commissioner Snell and Commissioner Jones. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.

* *

ITEMS DEFERRED, AGENDA, FEBRUARY 16, 2016

On this the 16 day of February, 2016, upon motion made, seconded and duly passed by unanimous or majority vote, it is ordered by the Court that the following Items on the Agenda for February 16, 2016, be, and the same are hereby, deferred:

III. CONSIDERATION OF, AND / OR ACTION ON, THE FOLLOWING:

E. REGARDING COUNTY PROPERTY and/or CONSTRUCTION PROJECTS: Renovations, Repairs, Indemnification Regarding Cleaning / Maintenance Projects, Space Allocations / Furnishings / Equipment / Architectural Services / Invoices / Approval of Pay Applications / Change Orders / Contracts / Lease Agreements / Certifications of Substantial Completion / Authorizations Regarding Sale / Lease / Acquisition or Property

1. Authorization of License and Permit Agreement: City of Waco (re: Warren Road)

I. HEART O'TEXAS FAIR / EXTRACO EVENTS CENTER: Authorizations re: Contracts / Professional Services / Lease / Rental Agreements / Contract Addendums / Change Orders / Extensions; Property Transactions / Deeds, Insurances, Surveys / Proposals / HOT Fair, Equipment / Supplies; A*uthorizations re:* Purchases, Plan & Specifications, Construction, Operations, Pay Apps, Bids / RFP's; Repairs / Renovations, Expenditure Authorizations, related matters

2. Discussion and/or Action regarding Reimbursement of FY 14 Capital Improvement Projects

* *

ORDER ADJOURNING SPECIAL SESSION

On this the 16 day of February, 2016, at 11:04 o'clock a.m. County Judge Scott M. Felton announced that the meeting of February 16, 2016 is adjourned.

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APPROVAL OF MINUTES

The above and foregoing minutes having been read in open Court and found to be correct, the same are hereby, approved this the _____ day of _____, 2016.

_____	_____
Kelly Snell, **Commissioner Precinct 1**	**Lester Gibson,** **Commissioner Precinct 2**
_____	_____
Will Jones, **Commissioner Precinct 3**	**Ben Perry,** **Commissioner Precinct 4**

_____

Scott M. Felton,
County Judge

ATTEST: J. A. "Andy" Harwell,
McLennan County Clerk

By_____Deputy County Clerk

Myrce'tez Gowan