

**MINUTES
GENERAL OPERATIONS COMMITTEE
DAVID KLEIN, CHAIRMAN
SEPTEMBER 7, 2023**

Present:

David Klein, Chairman
Chrissi Miller, Vice-Chairman
Mark Harrison
Deborah Holmes
Tim Jones
Terry Moss
Don Schmit

Also Present:

John Isbell, County Mayor
Eric Sitler, Law Director
Steve Weiner, Staff Attorney
Merrol Hyde, Commission Chairman
Jennifer Mitchell, minute taker

Chairman Klein brought the regular scheduled meeting of the General Operations Committee to order with an invocation by Comm. Harrison on Thursday, September 7, 2023, at 8:35 p.m. in the Sumner County Administration Building. Chairman Klein declared a quorum present to conduct business.

3. Approval of Agenda.

Without objection, Chairman Klein added item 10e: Security of Draper House. Also noted Adjournment should be item 11 and removed item 10d from the agenda.

Comm. Harrison moved, seconded by Comm. Schmit, to approve the agenda as amended. The motion carried unanimously.

4. Approval of the Minutes of August 7, 2023.

Upon motion of Comm. Schmit, seconded by Comm. Miller, the Committee voted to approve the minutes of August 7, 2023. Comm. Harrison abstained from the vote because he was not on the Committee in August.

5. Election of Chairman and Vice-Chairman.

Comm. Miller nominated Comm. Klein for Chairman, seconded by Comm. Schmit. Hearing no other nominations, the Committee voted unanimously to elect Comm. Klein as Chairman.

Comm. Moss nominated Comm. Harrison for Vice-Chairman. Chairman Klein nominated Comm. Miller for Vice-Chairman. With five votes for Comm. Miller and two votes Comm. Harrison, Comm. Miller was elected as Vice-Chairman by roll call vote.

6. Report of Chairman. No report

7. Report of County Mayor. County Mayor Isbell reported on old business items and stated the archive building roof is out to bid with bids due September 21, 2023. Working on contract with legal for the jail roof. Courthouse parking structure is on schedule as of now and slated to open in April 2024. No reported problems with work order system, will make sure everything is uploaded.

Commission Chairman Hyde mentioned the Committee might want to start thinking about what to do with the old courthouse. Chairman Klein recommended conducting a tour after building is vacated.

8. Recognition of the Public.

Tracy Finegan of 737 Shun Pike, Cottontown turned in invoices for roof repairs and securing the door along with a check in the amount of \$3,515.00 payable to Sumner County to cover the expense.

9. Old Business.

- a. Progress on Roof and Parapets of Archive Building.
No action taken

County Mayor addressed under his report.

- b. Progress on repairing roof on for Sumner County Jail.
No action taken

County Mayor addressed under his report

- c. Update on New Courthouse and Parking Structure.
No action taken

County Mayor addressed under his report

- d. Update on Access to Mayor's Work Order System.
No action taken

County Mayor addressed under his report.

- e. Status on Touring the Volunteer Fire Departments.
No action taken

Chairman Klein moved, seconded by Comm. Miller, to keep items 9a, 9b and 9c under old business and remove item 9d and 9e. The motion carried unanimously.

10. New Business.

a. Discuss Proposal from Hal Hendricks (SCHD) for a New Control Module at 1005 Union School Road, Gallatin, TN 37066.

Chairman Klein moved, seconded by Comm. Schmit, to suspend the rules to allow Hal Hendricks to explain request. The motion carried unanimously.

Mr. Hendricks explained the mother board is no longer functioning and needs to be replaced so the fire alarms work properly.

Steve Weiner, Staff Attorney pointed out there is a problem with the contract listing a provision for attorney fees and suggested asking them to remove wording from contract.

After discussion, Comm. Harrison moved, seconded by Comm. Miller, to approve with contingency upon revised contract and forward to Budget Committee. The motion carried unanimously.

Comm. Jones moved, seconded by Comm. Miller, to bring meeting back into session. The motion carried unanimously.

b. Surplus Inventory, Room 302

Comm. Miller moved, seconded by Comm. Harrison, to approve surplus inventory from Room 302. The motion carried unanimously.

c. Gallatin Library – New Flooring First Floor

Comm. Jones moved, seconded by Comm. Schmit, to discuss. The motion carried unanimously.

County Mayor John Isbell explained there was no allocation for the first floor when the 2nd floor was completed.

Comm. Miller moved to approve and start the process to receive bids.

Comm. Harrison moved, seconded by Comm. Schmit, to approve and forward to Budget Committee.

After discussion, Comm. Miller withdrew the motion. Comm. Harrison also withdrew his motion, seconder Comm. Schmit agreed.

Without objection, Chairman Klein moved to old business for next month's meeting.

- d. Hendersonville Library – Geothermal HVAC System
Removed from agenda
- e. Security of Draper House

County Mayor John Isbell agreed to get with the Law Director and Finance Director to get repairs started.

Commission Chairman Hyde commended the Community non-profit for following through with doing what they said they would do.

11. Adjournment. Upon motion of Comm. Miller and seconded by Comm. Harrison, the Committee adjourned at 9:08 p.m.

Prepared by Jennifer Mitchell

1 Tracy Finegan ~~XXXXXXXXXX~~
737 Shun Pilce Cottontown TN



273 West Main Street
 Hendersonville, TN 37075
 (615) 824-8100
 ContactUs@MrGoodRoof.com
 mrgoodroof.com

John Stillman
 865-335-4356

ADDRESS

Tracy Finegan
 Draper House
 2315 Hwy 25
 Cottontown, TN 37048

Estimate 6849

DATE 08/17/2023

EXPIRATION DATE 09/30/2023

JOB LOCATION

same

| DESCRIPTION | AMOUNT |
|--|----------|
| To install matching metal panels on the rear porch of house. To repair any decking issues. | 2,985.00 |
| To clean up and haul off all related debris | |
| To install 3 doors provided by customer. | 630.00 |
| Draper house donation from Mr GoodRoof., 1 @ \$ -100.00 | -100.00 |
| Payment Terms: | |
| Half down upon acceptance of contract | 0.00 |
| Balance due upon completion of job | |

To accept this estimate & enter into a binding contract, please sign & date below, as "Accepted".

TOTAL \$3,515.00

Accepted By

Accepted Date

Work detailed above is based on what can be physically seen. Changes of any kind will affect the total cost. A 50% deposit or an amount equal to initial insurance proceeds is required upon acceptance. Balance due upon completion. This estimate becomes a binding contract with signature & date above. Initial: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|---|----------------------------------|
| PRODUCER Capital Risk Management Group, LLC 518 W. Main Street Gallatin, TN 37066 | | CONTACT NAME: Kim Crick | |
| | | PHONE (A/C, No, Ext): 6152307704 | FAX (A/C, No): 6152309317 |
| | | E-MAIL ADDRESS: kim@crmgtm.com | |
| INSURER(S) AFFORDING COVERAGE | | | |
| INSURED Mr. Good Roof, Inc. 273 W. Main St. Hendersonville, TN 37075 | | INSURER A: Western World Insurance Company | NAIC # 13196 |
| | | INSURER B: Liberty Mutual | 23043 |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|-------------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY PRO-JECT LOC OTHER: | | | NPP6001038 | 06/20/2023 | 06/20/2024 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | UMBRELLA LIAB EXCESS LIAB OCCUR DED RETENTION \$ CLAIMS-MADE | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | WC5-39S364206-023 | 04/17/2023 | 04/17/2024 | <input checked="" type="checkbox"/> PER STATUTE OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Email: lolly@mrgoodroof.com

Mr. Good Roof
273 W. Main Street
Hendersonville, TN 37075

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

State of Tennessee

13173940

BOARD FOR LICENSING CONTRACTORS
HOME IMPROVEMENT CONTRACTOR
MR. GOOD ROOF, INC

This is to certify that all requirements of the State of Tennessee have been met.



ID NUMBER: 6132
LIC STATUS: ACTIVE
EXPIRATION DATE: December 31, 2024

IN-1313
DEPARTMENT OF
COMMERCE AND INSURANCE

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Mr. GoodRoof, inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

5 Address (number, street, and apt. or suite no.) See instructions.
273 West Main St.

6 City, state, and ZIP code
Hendersonville, TN 37075

7 List account number(s) here (optional)

Requester's name and address (optional)

(Applies to accounts maintained outside the U.S.)

Print or type.
 See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

| | | | | | | | | | | |
|--|--|--|---|--|--|--|---|--|--|--|
| | | | - | | | | - | | | |
|--|--|--|---|--|--|--|---|--|--|--|

or

Employer identification number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 2 | - | 3 | 8 | 5 | 7 | 7 | 8 | 1 |
|---|---|---|---|---|---|---|---|---|---|

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Carlin L. Markie*

Date ▶ *8-7-23*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
 If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

D&H ELECTRONIC SYSTEMS, INC.



TN GC-29762

TN Alarm C-0141

Metro LV 46

P.O. Box 377, Mt. Juliet, TN 37121-0377
276 Business Park Drive, Lebanon TN 37090

Tel: 615-754-5692
Tel: 615-449-7772

Fax: 615-773-1945
Fax: 615-449-4442

September 6, 2023

Hal Hendricks
Email: hal.hendricks@tn.gov
Phone: 615-206-1100

Project: Sumner County Health Department
1005 Union School Road, Gallatin, TN 37066

Replacement of the existing FCI-7100 and front lobby annunciator with Gamewell/FCI S3.

Installed

D&H will furnish and install a new fire alarm control panel to replace the existing and program, test and certify the replacement.

Customer will need to supply the monitoring information and allow access to all areas with fire alarm devices for testing.

\$8,955.00

n

All pricing includes applicable taxes. Bid is valid for 15 days from date of bid.

Thank you,
D&H Electronic Systems, Inc.

Submitted by: Mike Hall

Acceptance of Quotation

The undersigned customer hereby accepts the above prices, specifications and conditions, and hereby authorizes D & H Electronic Systems, Inc. ("D & H") to do the work as specified. The undersigned customer agrees that, in the event of the undersigned customer's failure to pay D & H for any furnished materials and services, the undersigned customer shall be liable to D & H for interest of 1.5% per month on all outstanding balances that are 30 days or more past due and the undersigned customer shall be liable to D & H for all attorney's fees and expenses incurred by D & H in the collection of any outstanding balances. In the event the customer cancels the project after authorizing D&H to proceed, customer will be liable for any costs incurred by D&H. This includes engineering, drawings and administrative fees. Additionally if D&H has purchased any equipment, customer is liable for the cost of any special order items and a 15% restocking fee for any standard items that can be returned to the manufacturer.

Accepted by: _____
(signature)

Title: _____

Name: _____
(printed)

Date: _____