

Be it remembered that the Bedford County Commissioners, acting as the County Legislative Body met in a regular session in the Bedford County Courthouse in Shelbyville, Tennessee on Tuesday, December 17, 2019 at 7:00 PM. Meeting was postponed from December 10 due to inclement weather. Chairman Chad Graham called the meeting to order. Prayer was led by Attorney John T. Bobo. Sheriff Austin Swing opened the meeting. County Clerk Donna Thomas led the Pledge of Allegiance and called the roll.

LINDA YOCKEY	MARK THOMAS	BRENT SMITH
JIMMY PATTERSON	BILL ANDERSON	JULIE SANDERS
JANICE BROTHERS	DON GALLAGHER	PHILIP FARRAR
ANITA EPPERSON	GREG VICK	TONY SMITH
SYLVIA PINSON	CHASTITY GUNN	BRIAN FARRIS
ED CASTLEMAN	JEFF SWEENEY	JOHN BROWN

There were 18 commissioners present.

APPROVAL OF THE NOVEMBER 12, 2019 COMMISSION MINUTES

Motion to approve by Anderson. Second by Epperson. Passed by voice vote.

ELECTIONS & CONFIRMATIONS

1. Elect Notaries

County Clerk Donna Thomas put forth 2 names to be added to the list: Ashley Osgood and Anna-Katherine Frazier. Motion to approve by Vick. Second by Gunn. Passed by voice vote.

NAME		NEW/RENEW	RECOMMENDED BY
1.	Linda B. Howell	Renew	
2.	Ralph T. Allen	Renew	
3.	Christine Patricia Sims	Renew	
4.	James E. Farrar	Renew	
5.	Samantha J. Heslin	Renew	
6.	Jo Ann Fann	Renew	
7.	Tabitha R. Stem	Renew	
8.	Deborah B. Snell	Renew	
9.	Sandra E. Clanton	Renew	
10.	Garrett S. Gordon Jr.	Renew	
11.	Mary Kaye Jordan	Renew	
12.	Judy Garrett	Renew	
13.	Andrea Miller Davis	Renew	
14.	Mackenzie House	New	Thomas/Sweeney
15.	Magdalena Gomez	New	Thomas/Sweeney
16.	Edna I Biddy	New	Thomas/Sweeney
17.	L. Dione Sytnk	New	Thomas/Sweeney
18.	Tripp Womble	New	Thomas/Sweeney

FROM: BEDFORD COUNTY CLERK RE: NOTARY APPLICANTS FOR January 2020
TO: RULES AND LEGISLATIVE COMMITTEE DATE: 11-12-19

2. Appointments

Joint oversight committee for industrial recruitment and tourism development board members. Specifying length of terms as follows: Jeff Sweeney (2-year term), Sylvia Pinson (2-year term), and Don Gallagher (1-year term).

Motion to approve by Thomas. Second by Yockey. Passed by voice vote.

PRESENTATIONS

None

RESOLUTIONS

Resolution 20-16

Referred by the Rules and Legislative Committee.

A resolution regarding the ADA Transition Plan that is required by TDOT to be filed by December 31, 2019 in order to continue to receive federal funding.

Sponsor: Chad Graham

Chairman Graham asked to defer due to lack of notice of meeting because of the postponement of the regular meeting. Motion to defer by Thomas. Second by Sanders. Motion to defer passed by voice vote.

Resolution 20-17 & 20-18

Referred by the Financial Management Committee.

A resolution for benefits 401K and 457 to allow employees other options in addition to retirement..

Sponsor: Robert Daniel

Motion to approve by Brothers. Second by Sweeney. Passed by voice vote.

STATE OF TENNESSEE

DEFERRED COMPENSATION PLAN II

- 401(k) -

RESOLUTION AND

PARTICIPATING EMPLOYER AGREEMENT

County of Bedford

[Participating Employer]

Administered by:

Treasurer, State of Tennessee

502 Deaderick Street, 15th Floor

Andrew Jackson State Office Building

Nashville, Tennessee 37243

Telephone: 615-532-2347

Resolution 20-17 & 20-18 (continued)

RESOLUTION

County of Bedford

WHEREAS, _____, (hereinafter referred to as the "Employer") has determined that in the interest of attracting and retaining qualified employees, it wishes to offer a 401(a) or 401(k) defined contribution plan, funded by employee deferrals and, if elected pursuant to Section N, Q, or HH of the Participating Employer Agreement, employer contributions;

WHEREAS, Tennessee Code Annotated, Section 8-25-111(a) allows a Tennessee local governmental entity to participate in the State of Tennessee's 401(a)/401(k) defined contribution plan subject to the approval of the Chair of the Tennessee Consolidated Retirement System (hereinafter referred to as the "Chair");

WHEREAS, the liability for participation and the costs of administration shall be the sole responsibility of the Employer and/or its employees, and not the State of Tennessee;

WHEREAS, the Employer has also determined that it wishes to encourage employees' saving for retirement;

WHEREAS, the Employer has reviewed the State of Tennessee Deferred Compensation Plan II Adoption Agreement for a Section 401(k) Cash or Deferred Arrangement for Governmental Employers, as adopted by the State of Tennessee, as amended and restated effective January 1, 2010, as amended December 21, 2010, and as amended by Amendment Number Two dated January 4, 2012, as well as the Section 401(k) Cash or Deferred Arrangement for Governmental Employer Basic Plan Document (collectively known as the "Plan" or "Plan Document");

WHEREAS, the Employer wishes to provide certain benefits to its employees, reduce overall administrative costs, and afford attractive investment opportunities;

WHEREAS, the Employer is eligible to become a Participating Employer in the Plan, pursuant to Article XX of the Plan Document;

WHEREAS, the Employer is concurrently executing a Participating Employer Agreement for the Plan; and

WHEREAS, the _____ County Commission ("Governing Authority") of the Employer is authorized by law to adopt this resolution approving the Participating Employer Agreement on behalf of the Employer;

NOW, THEREFORE, the Governing Authority of the Employer hereby resolves:

1. The Employer adopts the Plan Document for its Employees; provided, however, that for the purpose of the Plan, the Employer shall be deemed to have designated irrevocably the Chair as its agent, except as otherwise specifically provided herein or in the Participating Employer Agreement.

2. The Employer acknowledges that the Plan does not cover, and the Trustees of the Plan ("Trustees") have no responsibility for, other employee benefit plans maintained by the Employer.
3. The Employer acknowledges that it may not provide employer contributions to the Plan on behalf of any of its employees that exceed three percent (3%) of the respective employees' salary if the employees are members of the Tennessee Consolidated Retirement System ("TCRS") or of any other retirement program financed from public funds whereby such employees obtain or accrue pensions or retirement benefits based upon the same period of service to the Employer, unless such employees are members of TCRS' local government hybrid plan established under Tennessee Code Annotated, Section 8-35-256 or TCRS' State hybrid plan established under Tennessee Code Annotated, Title 8, Chapter 36, Part 9. If such employees participate in either of those hybrid plans, the total combined amount of employer contributions to the Plan and to any one or more additional defined contribution plans may not exceed seven percent (7%) of the respective employees' salary. In no instance shall the total combined employer contributions to all defined contributions plans on behalf of a single employee exceed the maximum allowed under the Internal Revenue Code ("Code"), and shall conform to all applicable laws, rules and regulations of the Internal Revenue Service ("IRS") governing profit sharing and/or salary reduction plans for governmental employees.
4. The Employer hereby adopts the terms of the Participating Employer Agreement, which is attached hereto and made a part of this resolution. The Participating Employer Agreement (a) permits all employees of the respective entity to make elective deferrals; (b) sets forth the Employees to be covered pursuant to Section N, Q, or HH of the Participating Employer Agreement for employer contributions, if any; (c) outlines the benefits to be provided by the Participating Employer under the Plan; and, (d) states any conditions imposed by the Participating Employer with respect to, but not inconsistent with, the Plan. The Participating Employer reserves the right to amend its elections under the Participating Employer Agreement, so long as the amendment is not inconsistent with the Plan, the Code, Tennessee law, or other applicable law and is approved by the Chair.
5. The Chair may amend the Plan on behalf of all Employers, including those Employers who have adopted the Plan prior to a restatement or amendment of the Plan, for changes in the Code, the regulations thereunder, Tennessee law, revenue rulings, other statements published by the Internal Revenue Service ("IRS"), including model, sample, or other required good faith amendments, and for other reasons that are deemed at the Chair's sole discretion to be in the interest of the Plan. These amendments shall be automatically applicable to all Employers.

Resolution 20-17 & 20-18 (continued)

6. The Chair will maintain, or will have maintained a record of the Employers and will make reasonable and diligent efforts to ensure that Employers have received all Plan amendments.
7. The Employer shall abide by the terms of the Plan, including amendments to the Plan and Trust made by the Chair, all investment, administrative, and other service agreements of the Plan, and all applicable provisions of the Code, Tennessee law, and other applicable law.
8. The Employer accepts the administrative services to be provided by the Tennessee Treasury Department and any services provided by Plan vendors. The Employer acknowledges that fees will be imposed with respect to the services provided and that such fees may be deducted from the Participants' Accounts and/or charged to the Employer.
9. Subject to the provisions of Section 20.06 of the Plan, the Employer may terminate its participation in the Plan, including but not limited to, its contribution requirements pursuant to the Plan, if it takes the following actions:
 - a. A resolution must be adopted by the Governing Authority of the Employer terminating the Employer's participation in the Plan.
 - b. The resolution must specify the proposed date when the participation will end, which must be at least six calendar months after notice to the Chair and the Employer's employees.
 - c. The Chair shall (i) determine whether the resolution complies with the Plan, and all applicable federal and state laws, (ii) determine an appropriate effective date, and (iii) provide appropriate forms to terminate ongoing participation. Distributions under the Plan of existing accounts to Participants will be made in accordance with the Plan Document.
 - d. Once the Chair determines the appropriate effective date, the Employer shall immediately notify all its Employees participating in the Plan of the termination and the effective date thereof.
 - e. The Chair can, in the Chair's sole discretion, reduce the six month notice and withdrawal period to a shorter period if the Employer so requests, but in no event shall the period be less than three months.
10. The Employer acknowledges that the Plan Document contains provisions for Plan termination by the Trustees, subject to applicable Tennessee law.
11. The Employer acknowledges that all assets held in connection with the Plan, including all contributions to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, shall

be held in trust for the exclusive benefit of Participants and their Beneficiaries under the Plan. No part of the assets and income of the Plan shall be used for, or diverted to, purposes other than for the exclusive benefit of Participants and their Beneficiaries and for defraying reasonable expenses of the Plan. All amounts of compensation deferred pursuant to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights held as part of the Plan, shall be transferred to the Trustees to be held, managed, invested and distributed as part of the Trust Fund in accordance with the provisions of the Plan and subject to the vesting provisions of the Plan. All contributions to the Plan must be timely transferred by the Employer to the Trust Fund pursuant to and in the manner provided by the Chair. The Employer acknowledges that if the Employer fails to remit the requisite contributions in a timely manner, the Chair reserves the right, at the Chair's sole discretion, to terminate the Employer's participation in the Plan. In such event, the Chair shall notify the Employer of the effective termination date, and the Employer shall immediately notify all its employees participating in the Plan of the termination and the effective date thereof. Notwithstanding the foregoing, the Employer acknowledges that it is the sole responsibility of the Employer to remit the requisite reports and contributions to the Plan and that neither the State, the Chair, the Trustees, its employees, or agents shall have any responsibility or liability for ensuring or otherwise monitoring that this is done. All benefits under the Plan shall be distributed solely from the Trust Fund pursuant to the Plan.

12. The Employer agrees to offer and enroll only those persons, whether appointed, elected, or under contract, wherein an employee-employer relationship is established, providing service to the Employer for which compensation is paid by the Employer.
13. The Employer understands that IRS rules and Tennessee law limit participation in the Plan to governmental entities and their respective employees. The Employer will notify the Chair in writing within ten (10) calendar days if it ceases to be a governmental entity under applicable federal or Tennessee law, and/or if it discovers that it is transferring or having transferred employee deferrals and/or employer contributions to the Plan on behalf of an individual who does not meet the requirements in Paragraph 12 above.
14. The Employer acknowledges that the Chair and other Trustees are the fiduciaries of the Plan and have sole and exclusive authority to interpret the Plan and decide all claims and appeals for Plan benefits. The Employer agrees to abide by the Chair's decisions on all matters involving the Plan.
15. This resolution and the Participating Employer Agreement shall be submitted to the Chair for approval. The Chair shall determine whether the resolution and the Agreement comply with the Plan, and, if they do, shall provide appropriate forms to the Employer to implement participation in the Plan. The Chair may refuse to

Resolution 20-17 & 20-18 (continued)

approve a Participating Employer Agreement executed by an Employer that, in the Chair's sole discretion, does not qualify to participate in the Plan.

16. The Governing Authority hereby acknowledges that it is responsible to assure that this resolution and the Participating Employer Agreement are adopted and executed in accordance with the requirements of applicable law.

Adopted by the Governing Authority on Dec. 17, 2019, in accordance with applicable law.

By: Chad D. Graham
Signature
Chad D. Graham
Printed Name
County Mayor
Title

Attest: Donna Thomas

Date: 12-18-2019

[Governing Authority must assure that applicable law is followed in the adoption and execution of this resolution.]

Res. 20-18
TENNESSEE STATE

**EMPLOYEES DEFERRED COMPENSATION
PLAN AND TRUST**

- 457(b)

**RESOLUTION AND
PARTICIPATING EMPLOYER AGREEMENT**

County of Bedford
[Participating Employer]

Administered by:
Treasurer, State of Tennessee
502 Deaderick Street, 15th Floor
Andrew Jackson State Office Building
Nashville, Tennessee 37243
Telephone: 615-532-2347

Resolution 20-17 & 20-18 (continued)

RESOLUTION 20-18

County of Bedford

WHEREAS, "has determined that in the interest of attracting and retaining qualified employees, it wishes to offer a governmental 457(b) deferred compensation plan, funded by employee deferrals and, if elected pursuant to Section I and/or K of the Participating Employer Agreement, employer contributions;

WHEREAS, Tennessee Code Annotated, Section 8-25-111(a) allows a Tennessee local governmental entity to participate in the State of Tennessee's 457(b) deferred compensation plan subject to the approval of the Chair of the Tennessee Consolidated Retirement System (hereinafter referred to as the "Chair");

WHEREAS, the liability for participation and the costs of administration shall be the sole responsibility of the Employer and/or its employees, and not the State of Tennessee;

WHEREAS, the Employer has also determined that it wishes to encourage employees' saving for retirement;

WHEREAS, the Employer has reviewed the Tennessee State Employees Deferred Compensation Plan and Trust Adoption Agreement for a Section 457(b) Eligible Deferred Compensation Plan for Governmental Employers, as adopted by the State of Tennessee, as amended and restated effective December 22, 2010, and as amended by Amendment Number One signed December 22, 2010, Amendment Number Two signed February 8, 2012, Amendment Number Three signed February 26, 2015 and Amendment Number Four signed September 26, 2016 as well as the Section 457(b) Eligible Deferred Compensation Plan for Governmental Employer Basic Plan Document (collectively known as the "Plan" or "Plan Document");

WHEREAS, the Employer wishes to provide certain benefits to its employees, reduce overall administrative costs, and afford attractive investment opportunities;

WHEREAS, the Employer is concurrently executing a Participating Employer Agreement for the Plan; and

WHEREAS, the Employer is authorized by law to adopt this resolution approving the Participating Employer Agreement on behalf of the Employer;

County Commission

1. The Employer adopts the Plan Document for its Employees; provided, however, that for the purpose of the Plan, the Employer shall be deemed to have designated irrevocably the Chair as its agent, except as otherwise specifically provided herein or in the Participating Employer Agreement.

2. The Employer acknowledges that the Plan does not cover, and the Trustees of the Plan ("Trustees") have no responsibility for, other employee benefit plans maintained by the Employer.

3. The Employer acknowledges that it may not provide employer contributions to the Plan on behalf of any of its employees that exceed three percent (3%) of the respective employees' salary if the employees are members of the Tennessee Consolidated Retirement System ("TCRS") or of any other retirement program financed from public funds whereby such employees obtain or accrue pensions or retirement benefits based upon the same period of service to the Employer, unless such employees are members of the TCRS' local government hybrid plan established under Tennessee Code Annotated, Section 8-35-256 or TCRS' State hybrid plan established under Tennessee Code Annotated, Title 8, Chapter 36, Part 9. If such employees participate in either of the hybrid plans, the total combined amount of employer contributions to the Plan and to any one or more additional defined contribution plans may not exceed seven percent (7%) of the respective employee's salary. In no instance shall the total combined employer contributions to all defined contribution plans on behalf of a single employee exceed the maximum allowed under the Internal Revenue Code ("Code"), and shall conform to all applicable laws, rules and regulations of the Internal Revenue Service ("IRS") governing profit sharing and/or salary reduction plans for governmental employees.

4. The Employer hereby adopts the terms of the Participating Employer Agreement, which is attached hereto and made a part of this resolution. The Participating Employer Agreement (a) permits all employees of the respective entity to make elective deferrals; (b) sets forth the Employer's obligations pursuant to Section I and/or K of the Participating Employer Agreement for employer contributions, if any; (c) outlines the benefits to be provided by the Participating Employer under the Plan; and, (d) states any conditions imposed by the Participating Employer with respect to, but not inconsistent with, the Plan. The Participating Employer reserves the right to amend its elections under the Participating Employer Agreement, so long as the amendment is not inconsistent with the Plan, the Code, Tennessee law, or other applicable law and is approved by the Chair.

5. The Chair may amend the Plan on behalf of all Employers, including those Employers who have adopted the Plan prior to a restatement or amendment of the Plan, for changes in the Code, the regulations thereunder, Tennessee law, revenue rulings, other statements published by the Internal Revenue Service ("IRS"), including model, sample, or other required good faith amendments, and for other reasons that are deemed at the Chair's sole discretion to be in the interest of the Plan. These amendments shall be automatically applicable to all Employers.

6. The Chair will maintain, or will have maintained, a record of the Employers and will make reasonable and diligent efforts to ensure that Employers have received all Plan amendments.

7. The Employer shall abide by the terms of the Plan, including amendments to the Plan and Trust made by the Chair, all investment, administrative, and other service agreements of the Plan, and all applicable provisions of the Code, Tennessee law, and other applicable law.

8. The Employer accepts the administrative services to be provided by the Tennessee Treasury Department and any services provided by Plan vendors. The Employer acknowledges that fees will be imposed with respect to the services provided and that such fees may be deducted from the Participants' Accounts and/or charged to the Employer.

9. Subject to the provisions of Section 17.06 of the Plan, the Employer may terminate its participation in the Plan, including but not limited to, its contribution requirements pursuant to the Plan, if it takes the following actions:

Resolution 20-17 & 20-18 (continued)

- a. A resolution must be adopted by the Governing Authority of the Employer terminating the Employer's participation in the Plan.
 - b. The resolution must specify the proposed date when the participation will end, which must be at least six calendar months after notice to the Chair and the Employer's employees.
 - c. The Chair shall (i) determine whether the resolution complies with the Plan, and all applicable federal and state laws, (ii) determine an appropriate effective date, and (iii) provide appropriate forms to terminate ongoing participation. Distributions under the Plan of existing accounts to Participants will be made in accordance with the Plan Document.
 - d. Once the Chair determines the appropriate effective date, the Employer shall immediately notify all its Employees participating in the Plan of the termination and the effective date thereof.
 - e. The Chair can, in the Chair's sole discretion, reduce the six month notice and withdrawal period to a shorter period if the Employer so requests, but in no event shall the period be less than three months.
10. The Employer acknowledges that the Plan Document contains provisions for Plan termination by the Trustees, subject to applicable Tennessee law.
 11. The Employer acknowledges that all assets held in connection with the Plan, including all contributions to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, shall be held in trust for the exclusive benefit of Participants and their Beneficiaries under the Plan. No part of the assets and income of the Plan shall be used for, or diverted to, purposes other than for the exclusive benefit of Participants and their Beneficiaries and for defraying reasonable expenses of the Plan. All amounts of compensation deferred pursuant to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights held as part of the Plan, shall be transferred to the Trustees to be held, managed, invested and distributed as part of the Trust Fund in accordance with the provisions of the Plan. All contributions to the Plan must be timely transferred by the Employer to the Trust Fund pursuant to and in the manner provided by the Chair. The Employer acknowledges that if the Employer fails to remit the requisite contributions in a timely manner, the Chair reserves the right, at the Chair's sole discretion, to terminate the Employer's participation in the Plan. In such event, the Chair shall notify the Employer of the effective termination date, and the Employer shall immediately notify all its employees participating in the Plan of the termination and the effective date thereof. Notwithstanding the foregoing, the Employer acknowledges that it is the sole responsibility of the Employer to remit the requisite reports and contributions to the Plan and that neither the State, the Chair, the Trustees, its employees, or agents shall have any responsibility or liability for ensuring or otherwise monitoring that this is done. All benefits under the Plan shall be distributed solely from the Trust Fund pursuant to the Plan.
 12. The Employer agrees to offer and enroll only those persons, whether appointed, elected, or under contract, wherein an employee-employer relationship is established, providing service to the Employer for which compensation is paid by the Employer.

13. The Employer understands that IRS rules and Tennessee law limit participation in the Plan to governmental entities and their respective employees. The Employer will notify the Chair in writing within ten (10) calendar days if it ceases to be a governmental entity under applicable federal or Tennessee law, and/or if it discovers that it is transferring or having transferred employee deferrals and/or employer contributions to the Plan on behalf of an individual who does not meet the requirements in Paragraph 12 above.
14. The Employer acknowledges that the Chair and other Trustees are the fiduciaries of the Plan and have sole and exclusive authority to interpret the Plan and decide all claims and appeals for Plan benefits. The Employer agrees to abide by the Chair's decisions on all matters involving the Plan.
15. This resolution and the Participating Employer Agreement shall be submitted to the Chair for approval. The Chair shall determine whether the resolution and the Agreement comply with the Plan, and, if they do, shall provide appropriate forms to the Employer to implement participation in the Plan. The Chair may refuse to approve a Participating Employer Agreement executed by an Employer that, in the Chair's sole discretion, does not qualify to participate in the Plan.
16. The Governing Authority hereby acknowledges that it is responsible to assure that this resolution and the Participating Employer Agreement are adopted and executed in accordance with the requirements of applicable law.

Adopted by the Governing Authority on Dec. 17, 2019, in accordance with applicable law.

By: Chad D. Graham
Signature
Chad D. Graham
Printed Name
County Mayor
Title

Attest: Donna Thomas

Date: 12-18-2019

[Governing Authority must assure that applicable law is followed in the adoption and execution of this resolution.]

REPORTS BY STANDING COMMITTEES

Rules and Legislative Committee
None

Law Enforcement Committee

1. Animal Control Surplus List

Motion to approve by Epperson. Second by Thomas. Passed by voice vote.



Bedford County Animal Control
 205 Lane Parkway, Shelbyville, TN 37160
 Phone: (931)-685-1130 or Fax: (931)-685-1007
bcac@bedfordcountytn.org

9/23/19

BCAC Recommended Surplus List

- Four Feline Condos- White Aluminum
- 1994 Ford 150 XL with K9 Box
- 1978 Chevrolet Cargo Van
- 2002 Ford E 450 School Bus
- Livestock Trailer

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>1978</u> Make <u>Chevrolet</u> Model <u>Cargo van</u>		
VIN: <u>CPL3283302464</u>		Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N
Odometer: <u>01272</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers		Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N
Long Description: This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>1, V 8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ Exterior: Color: <u>White/Blue</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: <u>70</u> #Flat <u>0</u> Hubcaps # <u>4</u> Major Damage to: _____ Additional Damage: <u>0 Dents</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes Interior: Color <u>Worn/Red</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather <u>Worn</u> Damage to Seats: <u>None</u> Damage to Dash/Floor: <u>None</u> Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats Additional Equipment: <u>wiring for EMA equipment</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body Brand _____ <input checked="" type="checkbox"/> Hitch: Type <u>Bumper</u> Location of Asset: <u>Bedford Co Animal Control Shelbyville, TN 37160</u> For more information contact: _____ Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.		

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>2009</u> Make <u>Ford</u> Model <u>E450 mini bus</u> ^{super duty} <u>Powerstroke</u>		
VIN: <u>1FDWE45F6212302290</u> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Odometer: <u>173675</u> Miles <input checked="" type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine Type: <u>L, V</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is in unknown condition Repairs needed: _____ This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ Exterior: Color: <u>yellow/blk</u> Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>OK</u> Tread: <u>80%</u> #Flat <input checked="" type="checkbox"/> Hubcaps # <u>2</u> Major Damage to: _____ Additional Damage: <u>A few rust spots</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed <input type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes Interior: Color <u>Grey</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Driver seat cracked</u> Damage to Dash/Floor: <u>No damage</u> Radio: <input type="checkbox"/> Stock or <input checked="" type="checkbox"/> Brand & Model: <u>Panasonic</u> <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input checked="" type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control <u>Carrier mounted to roof A/C</u> Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats Additional Equipment: <u>Hydrolic wheel chair lift + tie downs</u> Manufacturer <u>Brown Corp</u> Model <u>L917</u> Serial # <u>A6-06395</u> <input type="checkbox"/> Tool Box <input checked="" type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ Hitch: Type _____ Location of Asset: <u>Bedford Co Animal control Shelbyville TN 37160</u> For more information contact: _____ Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.		

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>1994</u> Make <u>Ford</u> Model <u>F150 XL</u>		
VIN: <u>1FTEF2SN7RNB34329</u> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Odometer: <u>221733</u> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Long Description: This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine Type: <u>L, V 3.0</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> Is in unknown condition Repairs needed: <u>Fuel pump Tires Slips</u> <u>Flas hot</u> <u>NO A/C</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: <u>8/5/2016</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>Slips</u> Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Decent</u> Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>A little flat</u> Tread: <u>50%</u> #Flat <input type="checkbox"/> Hubcaps # <u>3</u> Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed <input type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes Interior: Color <u>Grey</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Leather Damage to Seats: <u>Small tear in driver side seam</u> Damage to Dash/Floor: _____ Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats Additional Equipment: <u>Dual Fuel tank, 6 bay dog box with caution light</u> Manufacturer <u>Swab</u> Model _____ Serial # <u>ARFL 4739188</u> <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ Hitch: Type _____ Location of Asset: <u>Bedford Co Animal Control Shelbyville, TN 37160</u> For more information contact: <u>S</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.		

2. EMA Surplus List

Motion to approve by Yockey. Second by Anderson. Passed by voice vote.

GovDeals Generic Inspection Form

Inventory ID:	Asset Number:	Anticipated Sale Price:
Short Description: <u>Travel Trailer</u>		
Year: <u>2004</u>	Manufacturer: <u>Gulf Stream</u>	Model: <u>Ameri Lite</u>
Please fill in or check if apply Long Description:		
This Equipment: <input type="checkbox"/> Is Operable <input type="checkbox"/> Is Not Operable <input type="checkbox"/> For Parts Only <input type="checkbox"/> Needs Repair <input type="checkbox"/> The Condition is Unknown		
<input type="checkbox"/> Hours: _____ This equipment was maintained every _____ <input type="checkbox"/> Hours <input type="checkbox"/> Days		
Serial #: <u>1NL1BJL2942056785</u>		
Repairs needed: <u>Roof leak, some water damage present.</u>		
Description of Use		
<u>Used as mobile command post</u>		
Color: _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Wood <input type="checkbox"/> Rubber		
Minor damage to: <u>Roof, water/rain damage</u>		
Major damage to: _____		
Size: Length: Feet: _____ Inches: _____ Width/Depth: Feet: _____ Inches: _____ Height: Feet: _____ Inches: _____		
Men's Size: _____ Women's Size: _____		
Additional Equipment: Manufacturer: _____ Model: _____		
Serial #: _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Unknown Condition		
Description: _____		
Additional Equipment: Manufacturer: _____ Model: _____		
Serial #: _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Unknown Condition		
Description: _____		
Additional Equipment: Manufacturer: _____ Model: _____		
Serial #: _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Unknown Condition		
Description: _____		
Comments: _____		
Location of Asset: <u>Bedford County Emergency Management</u>		
For more information contact: <u>Josh Taylor 931-684-5974</u>		

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: _____		
Year: <u>2001</u>	Make: <u>Expedition</u>	Model: <u>Ford</u>
VIN: <u>1FMPV26L221LB19304</u> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N		
Odometer: <u>251900</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Long Description:		
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only		
Engine- Type: <u>5.4 L V 8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid		
Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in unknown condition		
Repairs needed: <u>Buttly, does have electrical issues also</u>		
This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles		
Date Removed From Service: <u>2018</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition		
Repairs Needed: _____		
Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: _____		
Exterior: Color: <u>White</u> Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked		
Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # _____		
Major Damage to: _____		
Additional Damage: _____		
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions		
Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes		
Interior: Color: <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather		
Damage to Seats: <u>Normal wear & tear</u>		
Damage to Dash/Floor: <u>Normal wear & tear</u>		
Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD		
<input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual		
<input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control		
Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats		
Additional Equipment: _____		
Manufacturer: _____ Model: _____ Serial #: _____		
<input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____		
Location of Asset: <u>Bedford County Emergency Management</u>		
For more information contact: <u>Josh Taylor 931-684-5974</u>		
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.		

2. EMA Surplus List (continued)

Inventory ID: Asset Number: Fair Market Value: 9

Short Description: Year 2003 Make Freightliner Model Freightliner Box Truck

VIN: 2FVABSAK83HL88194 Title Restriction: ☐ Y ☐ N

Odometer: 165449 ☒ Miles ☐ Kilometers Odometer Accurate ☒ Y ☐ N

Long Description: This Vehicle: ☒ Starts ☐ Starts with a Boost & ☒ Runs/Driveable ☒ Engine Runs ☐ Does Not Run ☐ For Parts Only

Engine Type: 7.2 L V 6 ☐ Gas ☒ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid

Engine Condition: ☒ Runs ☐ Needs repair ☐ is in unknown condition

Repairs needed: None Known

This vehicle was maintained every ☐ Days ☐ Hours ☐ Miles

Date Removed From Service: 2019 Maintenance Records: ☐ Available ☐ Not Available For Inspection

Transmission: ☐ Automatic ☒ Manual Speed Condition: ☒ Operable ☐ Needs repair ☐ Is Unknown Condition

Repairs Needed: None Known

Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive Condition:

Exterior: Color: white Windows: ☒ No Cracked Glass ☐ Cracked

Minor: ☐ Dents ☐ Scratches ☐ Dings Tire Condition: Good Tread: #Flat Hubcaps #

Major Damage to:

Additional Damage:

Decals: ☐ None ☐ Have Been Sprayed or ☐ Have been Removed & ☐ Impressions Remain ☐ No Impressions

Emergency equip: ☐ None ☐ Has been removed & ☐ There are holes in the exterior ☐ There are no holes

Interior: Color Gray ☐ Cloth ☒ Vinyl ☐ Leather

Damage to Seats: Normal wear

Damage to Dash/Floor:

Radio: ☒ Stock or ☐ Brand & Model: ☐ AM ☒ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD

☒ AC (Condition: ☒ Cold ☐ Unknown) ☐ No AC Air Bags: ☐ Driver's Side ☐ Dual

☐ Cruise Control ☐ Tilt Steering ☐ Remote Mirrors ☐ Climate Control

Power: ☒ Steering ☐ Windows ☐ Door Locks ☐ Seats

Additional Equipment: Emergency equipment & decals may be removed.

Manufacturer Model Serial #

☐ Tool Box ☐ Light Bar ☐ Ladder Rack ☐ Utility Body: Brand ☐ Hitch: Type

Location of Asset: Bedford County Emergency Management

For more information contact: Josh Taylor 931-684-5974

Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.

* Includes 5500 watt on board generator.

Asking min \$7500.00

Vehicle Inspection Form

Minimum sale price of \$7,500.00

Courthouse and Property Committee
None

Financial Management Committee
1. County Clerk Surplus List

Motion to approve by Epperson. Second by Gunn. Passed by voice vote.

ITEMS SENT TO BEDFORD COUNTY SURPLUS TO BE TRANSFERRED OR SOLD

Sent From: County Clerk Site: Date: 11/21/2019

☐ Surplus ☐ Scrap ☒ Transfer

*Status Code: O=Operable, N=Not Operable, UN=Unknown, UNK=Unknown, UNK=Unknown, UNK=Unknown

Can be divided as: 15 items could be:

Qty	Label #	Item Description	Quantity	MFR	Model	Serial No.	Barcode #	Status
		Calculator	1	Canon	MP11DX	21018605		N
		Battery backup	1	APC	BR700G	4B1838P53214		N

I certify the above described equipment has been transferred, stolen/found, declared surplus, scrapped or disposed of by other means as indicated above. If the item was declared surplus, it is available for use by other County Offices or can be sold in the prescribed manner as surplus. If stolen, a stolen property report has been filed with the Police/Sheriff Dept.

Supervisor/Principal:

Donna Thomas

Contact Number:

931.684.1921

