

LOWNDES COUNTY BOARD OF COMMISSIONERS PROPOSED AGENDA

WORK SESSION, MONDAY, FEBRUARY 21, 2022, 8:30 AM REGULAR SESSION, TUESDAY, FEBRUARY 22, 2022 5:30 PM 327 N. Ashley Street - 2nd Floor

- 1. Call To Order
- 2. Invocation
- 3. Pledge Of Allegiance To The Flag
- 4. Award Presentation
 - a. GFOA Distinguished Budget Presentation Award

Recommended Action:

Documents:

5. Minutes For Approval

a. Work Session - February 7, 2022 & Regular Session - February 8, 2022

Recommended Action: Approve

Documents:

6. Appointment

a. Department of Behavioral Health and Developmental Disabilities (DBHDD)

Recommended Action: Board's Pleasure

Documents:

7. Public Hearing

a. Addition to Basic Decorative Street Lighting District: Cypress Lakes Subdivision, Phase IV (26 lots) and Plantation Point Subdivision (87 Lots)

Recommended Action: Approve

Documents:

8. For Consideration

 Beer and Wine License - Nehaben Patel of Hari Krupa 3663, LLC., DBA JP Foods 2 - 3663 New Statenville Hwy., Valdosta, GA

Recommended Action: Approve

Documents:

b. Beer and Wine License - Manishkumar Patel of Busy Stop, LLC., DBA Misha Food Mart - 5139 Madison Hwy., Valdosta, GA

Recommended Action: Approve

Documents:

c. Language Access Plan and Resolution for Federally Funded Grants and Programs

Recommended Action: Approve

Adopt

Documents:

9. Reports - County Manager

a. Metropolitan Planning Organization (MPO) Presentation/Update

Recommended Action:

Documents:

10. Citizens Wishing To Be Heard - Please State Your Name and Address

11. Adjournment

LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

SUBJECT: GFOA Dist	tinguished Budget Presentation Awa	rd
DATE OF MEETING:	February 22, 2022	Work Session/Regular Session
BUDGET IMPACT: FUNDING SOURCE:		
() Annual() Capital() N/A() SPLOST() TSPLOST		
COUNTY ACTION RE	EQUESTED ON: GFOA Distinguished E	Budget Presentation Award
County has received significant achieven budgeting. In order effective budget producement, a finance proficient in all four award. There are o	d GFOA's Distinguished Budget Presenent and reflects a commitment to not receive the award, a government esentation. These guidelines assessial plan, an operations guide and a concategories and in fourteen mandatory	ters Association is pleased to announce that Lownder thation Award for its budget. The award represents neeting the highest principles of governmental thas to satisfy nationally recognized guidelines for how well an entity's budget serves as a policy ommunications device. Budgets must be rated bry criteria within those categories to receive the program throughout the United States and exteen consecutive years.
OPTIONS:		
RECOMMENDED AC	CTION:	
DEPARTMENT: Fina	nce DEF	PARTMENT HEAD: Stephanie Black

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:

LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

SUBJECT: Department of Behavioral Health and Developmental Disabilities (DBHDD)	
DATE OF MEETING: February 22, 2022	Work Session/Regular Session
BUDGET IMPACT: FUNDING SOURCE: () Annual	
() Capital	
(X) N/A () SPLOST	

COUNTY ACTION REQUESTED ON: Department of Behavioral Health and Developmental Disabilities (DBHDD) - Expiring and Vacant Positions

HISTORY, FACTS AND ISSUES: Ms. Kelley Saxon's term on the Department of Behavioral Health and Developmental Disabilities (DBHDD) Board will expire March 8, 2022. Ms. Saxon has expressed an interest in being reappointed to the DBHDD board. There is also a vacant position on this board, and Mr. Carlton Richard has expressed an interest in being appointed to the position.

OPTIONS: 1. Board's Pleasure

() TSPLOST

RECOMMENDED ACTION: Board's Pleasure

DEPARTMENT: County Manager <u>DEPARTMENT HEAD</u>: Paige Dukes

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:

Date Submitted: 12/8/2021

Lowndes County Board/Agency Appointee Information Sheet - Submission #98

Date: **Board/Agency Applying For:** 12/8/2021 Department of Behavioral Health Development Disabilities **Last Name First Name** Richard Carlton Street Address City/State/Zip 4344 Dockside Drive Valdosta/ Georgia / 31602 **Phone Number Email Address** Occupation Public Health & Safety **Professional Experience** 12 years corrections and law enforcement. Former member of Autism Speaks Knowledge & Skills I work well with diverse groups and can lead and be lead effectively. What knowledge or skills do you possess that would contribute to the Board/Agency to which you are requesting to be appointed? Please list the Board/Agency that you have been or are currently a member of: Autism Speaks, Central Florida

xtra Activities & Community Organizations			
None			
Please list any extracurricular activities and/or community organizations you are affiliated with.			



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Mental Health, Developmental Disabilities & Addictive Diseases				
Advisory Council				
APPLICANT INFORMATION				
Name: Carlton Richar	۵			
O comment in distance in the control of the control	de Drive			
Apartment/Suite Number:				
City: Valdosta	State: GA	ZIP Code: 31602		
Region Number: 004	Race/Ethnicity (optional): BIK	Gender (optional):		
County of Residence:				
Day Phone:	E-Mail:			
Evening Phone: Same Fax Number: Non-L				
Cell Phone: SAM-2 Best Way to Contact You: Phon-2				
ADVOCACY/PROFESSIONAL GROUP EXPERIENCE Please list any current or past associations with advocacy and/or professional groups working in the area of behavioral health or developmental disabilities including any positions held (attach separate sheet, if necessary):				
		aks Central, Florida		
- Sent emails to Congressia				
- promoted Acutism awareness				

D.B.H.D.D

Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

ATTESTATION OF REGIONAL ADVISORY COUNCIL MEMBER

The purpose of this document is to certify that I am eligible for appointment to the Region	on 4
Regional Advisory Council.	

| Carlton Richard , do solemnly affirm the following:

- I am not a member of a community service board that serves this region
- I am not an employee or board member of a public or private entity that contracts with the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Human Services (DHS), or the Department of Public Health (DPH) to provide health, mental health, developmental disabilities, or addictive diseases services within this region
- I am not an employee of the regional field office of this region
- I am not an employee of this regional field office or employee or board member of any private or public group, organization, or service provider which contracts with or receives funds from this regional office
- I am not an employee or board member of DBHDD, DHS, or DPH
- I do not, on behalf of myself or any business, or for any business that I or my family has a substantial interest in, transact business with this region's Advisory Council
- I am not the spouse, parent, child, or sibling of a council member of the Advisory Council or of any of the members or employees mentioned above on this list
- I have no motivations of private or personal interest that would make my appointment improper or appear improper

SIGNATURE

I authorize the verification of the information provided and agree to the request of any additional information. I have received a copy of this application.

Signature of Applicant: / Gylske Russall Date: 1.5.22

IMPORTANT: Please return completed form to local Field Office.

Region 4 Field Office 400 S. Pinetree Boulevard Thomasville, Georgia 31792

LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

SUBJECT: Addition to Basic Decorative Street Lighting District: Cypress Lakes Subdivision, Phase IV (26 lots) and Plantation Point Subdivision (87 Lots)

DATE OF MEETING: February 22, 2022

Work Session/Regular Session

BU	DO	GET IMPACT:
FU	N	DING SOURCE:
()	Annual
()	Capital
()	N/A
()	SPLOST

() TSPLOST

COUNTY ACTION REQUESTED ON: Addition to Basic Decorative Street Lighting District: Cypress Lakes Subdivision and Plantation Point Subdivision

HISTORY, FACTS AND ISSUES: This request concerns petitions to add 26 lots of Cypress Lakes Subdivision, Phase IV and 87 lots of Plantation Point Subdivision into the County's basic decorative street lighting district under the Street Lighting Ordinance. For reference, staff has verified that the petitions are ready for the Commission's consideration, including the verification that at least 2/3 of the owners' signatures for the proposed lot additions have been obtained, and testing the financial solvency of the addition. Additionally, notice for the proposed district has been advertised in the Valdosta Daily Times and signs have been posted to advertise the public hearing on the petition. The current charge for the basic decorative street lighting district is \$61.50 per lot, per year. Staff recommends adding the 26 lots of the Cypress Lakes Subdivision, Phase IV, and the 87 lots of Plantation Point Subdivision as defined on the petitions to the County's basic decorative street lighting district through approval of the attached amendment to the current Street Lighting Ordinance.

OPTIONS: 1. Approve

2. Approve with Conditions

3. Table

4. Deny

RECOMMENDED ACTION: Approve

<u>DEPARTMENT</u>: Planning/Zoning <u>DEPARTMENT HEAD</u>: JD Dillard

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:



PETITION FOR ADDITION TO STREET LIGHTING DISTRICT

Basic Decorative Street Lighting District

This Petition is submitted pursuant to Section 6 of the Ordinance Creating Special Districts for Providing Street Lighting adopted by the Board of Commissioners March 17, 2018. Capitalized terms in this Petition have the meaning ascribed to them in the Ordinance.

This Petition is submitted for a proposed Addition to the Basic Decorative Street Lighting District.

Attachment 1 is a plat or map depicting the Lots in the proposed Addition, adjoining Streets, and locations of existing and/or proposed Street Lights in the proposed Addition.

Attachment 2 are Signatories to this Petition. A Petition for an Addition must be signed within 120 days preceding submission by the owners of record of at least 67% of the Lots in the proposed Addition.

Petitioner is authorized to represent each Signatory with regard to the Petition. The County Manager may communicate with each Signatory by communicating with Petitioner who shall be responsible for relaying all communications of the County Manger to each Signatory.

The annual assessment levied by the Ordinance against each Lot in the Basic Decorative Street Lighting District is \$61.50.

Concurrent with submitting a Petition, Petitioner shall pay the County a processing fee of \$200.

The County is not responsible to install or to pay the cost to install Street Lights in the Addition.

<u>YE</u>	Street Lights are installed in the pro	posed Addition.	<u>~</u>
	Street Lights are not installed in the	proposed Addition.	
		will install the Street Light	S.
		will pay the cost to install t	he Street Lights.
Petitioner:		Giovanni Panizzi	2/2/2022
	Signature	Printed Name	Date
	P O Box 3782 Valdosta, Ga. 31604		
	Mailing Address	Telephone	Email

The intent of this petition is to gather signatures from property owners indicating support of a Special Lighting District for the purpose of streetlights. An annual assessment in the amount of \$61.50 will be levied on each property in the District by way of the annual property tax statement. This petition requires the signatures of at least 2/3 (or 67%) of the property owners within the proposed district indicating support for the Special Lighting District.

E-Mail Address Date Signed	2/2/2022							
Daytime Telephone#	ı. Phase IV							
Street Address/Lot #	Cypress Lake Subdivision, Phase IV							f
Signature								
Printed Name	Giovanni Panizzi		-					



PETITION FOR ADDITION TO STREET LIGHTING DISTRICT

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Concurrent with submitting a Petition, Petitioner shall pay the County a processing fee of \$200.

The County is not responsible to install or to pay the cost to install Street Lights in the Addition.

Yes
Street Lights are installed in the proposed Addition.

Street Lights are not installed in the proposed Addition.

Street Lights are not installed in the proposed Addition.

will install the Street Lights.

will pay the cost to install the Street Lights.

Petitioner:

Signature

P O Box 3782 Valdosta, Ga. 31604

Mailing Address

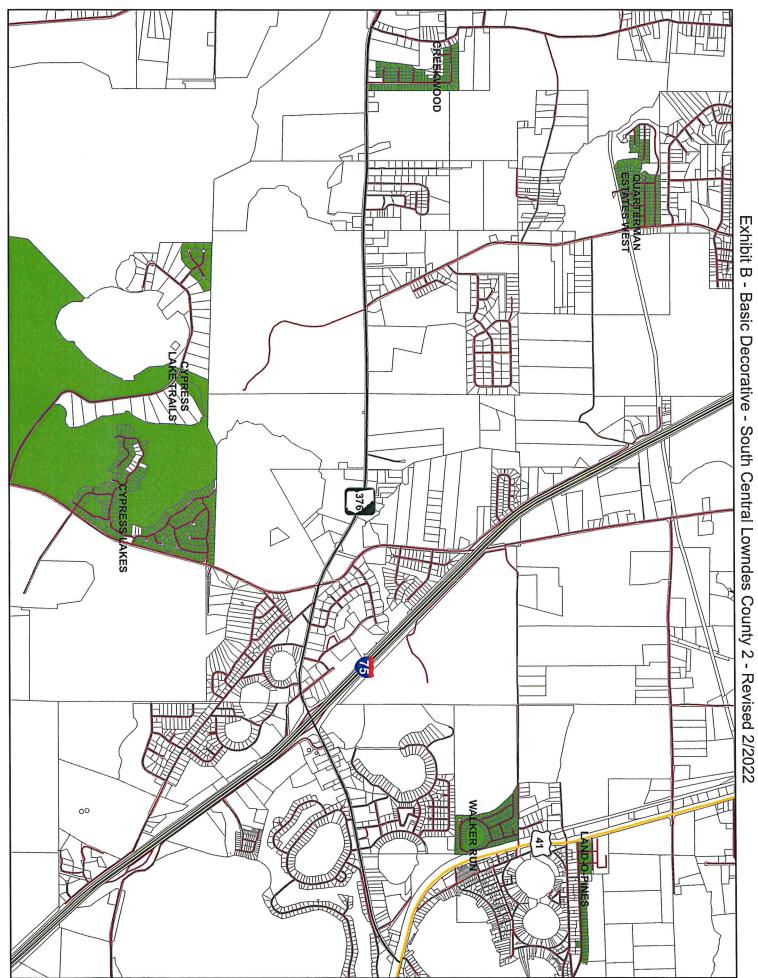
Telephone

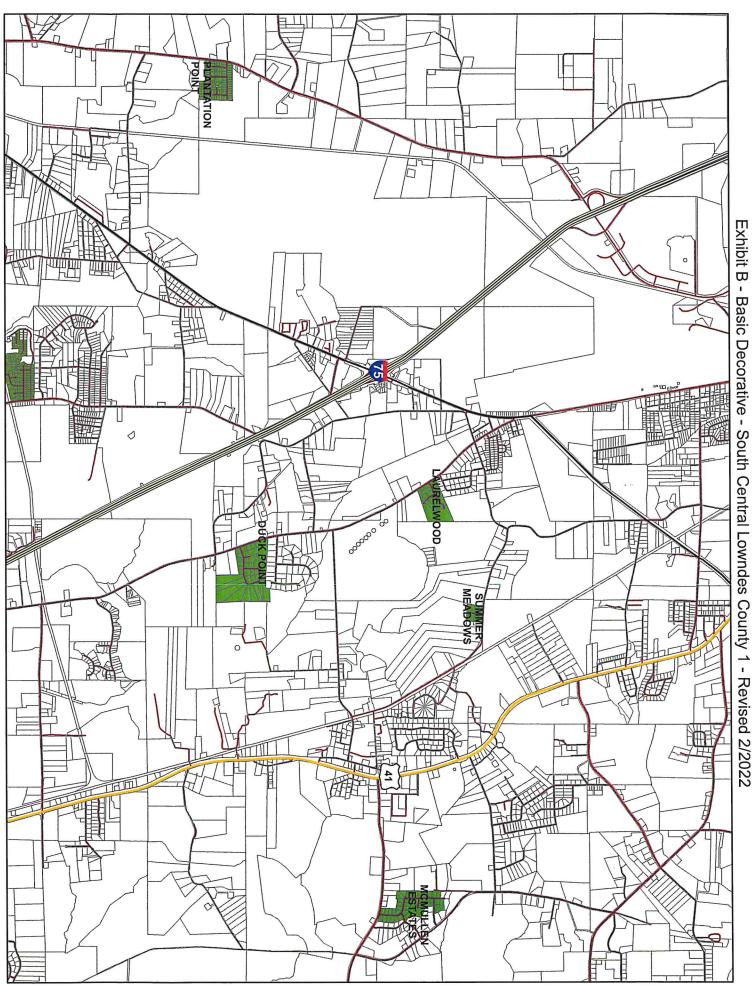
Email

The intent of this petition is to gather signatures from property owners indicating support of a Special Lighting District for the purpose of streetlights. An annual assessment in the amount of \$ 61.50 will be levied on each property in the District by way of the annual property tax statement. This petition requires the signatures of at least 2/3 (or 67%) of the property owners within the proposed district indicating support for the Special Lighting District.

Printed Name	Signature	Street Address/Lot #	Daytime Telephone#	E-Mail Address	Date Signed
Giovanni Panizzi		Plantation Point Subdivision	sion and uois		12/28/2021
				observator in the party and a factor of the state of the	
				AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	

ATTACHMENT 2





Ordinance	No.	

ORDINANCE

AN ORDINANCE ("EIGHTH AMENDMENT") BEING THE EIGHTH AMENDMENT TO THAT CERTAIN ORDINANCE ("STREET LIGHTING ORDINANCE") CREATING SPECIAL DISTRICTS FOR PROVIDING STREET LIGHTING THEREIN, FOR THE LEVY AND COLLECTION OF SPECIAL ASSESSMENTS TO PAY THE COST OF PROVIDING STREET LIGHTING THEREIN, AND FOR OTHER PURPOSES, ADOPTED BY THE BOARD OF COMMISSIONERS OF LOWNDES COUNTY ON MARCH 27, 2018.

WHEREAS, Giovanni Panizzi. ("Petitioner") submitted to the County Manager Petitions for the Addition of Lots 5, 9 through 13, and 19 through 38 of the Cypress Lakes Subdivision, Phase IV and Lots 1 through 16 of Block A, Lots 1 through 11 and 13 through 20 of Block B, and Lots 1 through 13 and 17 through 54 of Block C in the Plantation Point Subdivision to the Basic Decorative Street Lighting District for the purpose of such Lots receiving Basic Decorative Street Lighting (the "Petition"; copies of which are attached hereto as Attachment I);

WHEREAS, Notice of the Petitions and the public hearing before the Board of Commissioners at which the Petitions are presented was published in the official legal organ of Lowndes County at least one time no less than ten (10) days prior to such public hearing; and

WHEREAS, the Petitions are found to meet the requirements of the Street Lighting Ordinance for presentation to the Board of Commissioners for its consideration and approval, including without limitation pursuant to Section 7(t) of the Street Lighting Ordinance.

NOW, THEREFORE, BE IT ORDAINED by the BOARD OF COMMISSIONERS OF LOWNDES COUNTY, GEORGIA ("Board of Commissioners"), and it is hereby ordained by authority of the same, including without limitation, pursuant to the lawful authorities cited in the Street Lighting Ordinance, as follows:

- 1. The Street Lighting Ordinance is hereby amended as follows:
 - a. The Petitions are hereby accepted and approved, the Lots set forth in the Petition are hereby added to the Basic Decorative Street Lighting District, and such Lots shall receive as of the Commencement Date Basic Decorative Street Lighting pursuant to the terms, conditions and requirements (including without limitation the levy and collection of a special assessment which is a lien against each Lot) of the Street Lighting Ordinance.
 - b. To reflect such addition of the Lots set forth in the Petition to the Basic Decorative Street Lighting District, the page "Exhibit B Basic Decorative South Central Lowndes County 2 Revised 7/2021" of the Street Lighting Ordinance is hereby deleted in its entirety and replaced with the page "Exhibit B Basic Decorative South Central Lowndes County 2 Revised 2/2022" attached as Attachment II to this Eighth Amendment, and the page

"Exhibit B – Basic Decorative – South Central Lowndes County 1" of the Street Lighting Ordinance is hereby deleted in its entirety and replaced with the page "Exhibit B - Basic Decorative – South Central Lowndes County 1 – Revised 2/2022" attached as Attachment III to this Eighth Amendment.

- 2. Capitalized terms not otherwise defined in this Eighth Amendment shall have the same meaning as ascribed to them in the Street Lighting Ordinance, unless the context herein clearly requires otherwise.
- 3. The singular and plural in this Eighth Amendment each includes the other unless the other is expressly excluded.
- 4. Each separate provision of this Eighth Amendment is deemed independent of all other provisions herein so that if any portion or provision of this Eighth Amendment is declared invalid or unconstitutional by a court of competent jurisdiction, all other provisions therein shall remain valid and enforceable without regard to the section, subsection, paragraph, or part invalidated or held unconstitutional.
- 5. All terms, conditions, and provisions of the Street Lighting Ordinance as amended in and by this Eighth Amendment are hereby ratified and confirmed and shall remain in full force and effect.
- 6. All ordinances and resolutions of the Board of Commissioners, or parts of ordinances and resolutions of the Board of Commissioners, in conflict herewith are hereby repealed.
- 7. This Ordinance shall be effective as of the date it is approved by the Board of Commissioners.

IT IS SO ORDAINED, this	day of	, 2022.
	BOARD OF CO	OMMISSIONERS OF LOWNDES COUNTY
	BY: Bill Slaugh	nter, Chairman
	∆TTEST∙	e e en

Belinda Lovern, County Clerk

LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

SUBJECT: Beer and Wine License - Nehaben Patel of Hari Krupa 3663, LLC., DBA JP Foods 2 - 3663 New Statenville Hwy., Valdosta, GA

DATE OF MEETING: February 22, 2022 Work Session/Regular Session

BUDGET IMPACT:				
FUNDING SOURCE:				
() Ann	nual			
() Cap	ital			
(X) N/A	\			
() SPL	OST			
() TSP	LOST			

COUNTY ACTION REQUESTED ON: Beer and Wine License - Nehaben Patel of Hari Krupa 3663, LLC., DBA JP Foods 2 - 3663 New Statenville Hwy., Valdosta, GA

HISTORY, FACTS AND ISSUES: Beer and Wine License - Nehaben Patel of Hari Krupa 3663, LLC., DBA JP Foods 2 - 3663 New Statenville Hwy., Valdosta, GA is requesting a license for the sale of beer and wine for consumption off premise. This is due to a change of ownership. The ordinance and guidelines for approval of the license have been met. All forms are attached and upon approval by the Board the license will be granted.

OPTIONS: 1. Approval of the Beer and Wine License

2. Board's Pleasure

RECOMMENDED ACTION: Approve

<u>DEPARTMENT</u>: Finance <u>DEPARTMENT HEAD</u>: Stephanie Black

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:

Alcoholic Beverage License Application Lowndes County Board of Commissioners Finance Department – Licensing Division

++ 01355625

Before completing this application, you must verify that the proposed location of your establishment is located in unincorporated Lowndes County.

	1. TYPE OF LICENSE(s) APPLIED FOR (check all that apply):
	[] Retail Dealer - Off Premises Consumption (Distilled Spirits)
	Aetail Dealer - Off Premises Consumption (Malt Beverages)
	Retail Dealer – Off Premises Consumption (Wine)
	[] Retail Consumption Dealer – Consumption on Premises (Distilled Spirits)
	[] Retail Consumption Dealer - Consumption on Premises (Malt Beverages)
	[] Retail Consumption Dealer - Consumption on Premises (Wine)
	[] Wholesaler - Distilled Spirits with warehousing in Lowndes County
	[] Wholesaler – Distilled Spirits without warehousing in Lowndes County
	[] Wholesaler - Mait Beverages with warehousing in Lowndes County
	Wholesaler – Mait Beverages without warehousing in Lowndes County
	[] Wholeseler - Wine with warehousing in Lowndes County *
	() Wholesaler – Wine without warehousing in Lowndes County
	[] Alcoholic Beverage Catering License
	No retail dealer licensee shall hold any retail consumption dealer license for the same location, and vice verse; and no wholesale dealer licensee shall hold any retail dealer license or retail consumption dealer license for the same location.
2.	Official Legal Name of Entity or Person seeking the License(s) (the "Applicant"):

3. Applicant's Business or Trade Name (if different than official legal name);
JP Foods 2
4. List any aliases, tradenames, or other names under which the Applicant is known or conducting business, or has been known or conducted business during the past three years:
Shree 4946, LLC DBA Triangle Foods
Kesar Bhavani DBA Fast Stop
5. If Applicant is an Entity, Full Name of the Individual Making this Application for the Applicant: Nehaben Patel
6. Street Address of establishment for which license is sought: 3663 New Statenville Hwy
Valdosta GA 31606
7. Street Address of Applicant's Primary Place of Business, if different from question #6 above:
8. Describe the type of establishment to be operated pursuant to the license applied for and the category(les) of alcoholic beverage related functions and activities to be conducted at such establishment. (Attach additional pages if more space is needed)
Convenience Store with gas.
selling Beer + Wine off Premise
9. Lowndes County's alcohol ordinance prohibits the distribution, sale or consumption of alcoholic beverages within 300 feet of any church building. The ordinance also prohibits the distribution, sale or consumption of wine or mait beverages within 100 yards, or of distilled spirits within 200 yards, of any

school building, educational building, school grounds or college campus. Those distances are measured from the door of the licensed establishment to the nearest street, thence along said street to the nearest point of any church building, school building, educational building, school grounds or college campus. List below the name and street address of the nearest church and the nearest educational facilities to the proposed establishment including the address.

Church:		
	ther educational facility or grounds:	
10. Has the Applicant or the establishment to be licensed been denied or had revoked an alcohol license by Lowndes County within the preceding twelve (12) months? [] YES LINO if yes, please explain. [Attach additional pages if more space needed]		
suspended or revoked (e)	y person identified in question 12 below, ong sought ever been refused a license relat ther by Lowndes County or another jurisdiction, diverse needed)	ed to alcohol or had such license
12. Type of Legal Entity applying for license:	[] Individual	

If the Applicant is a partnership, joint venture or firm, list the names and addresses of all owners of the partnership, joint venture or firm. [Attach additional pages if more space is needed]

If the Applicant is a limited liability company, list the names and addresses of the three (3) members owning the largest amounts of ownership interest and the names and addresses of any managers or principal officers. [Attach additional pages if more space is needed]

Hari KruPa 3663 LLC	3663 New Stetinuill Hwy
Member Name	Hom Address Tara Dr. CH 31602 Vandos ta GA 3/60
Member Name	Address
Member Name	Address
Manager Name	Address
Manager Name	Address
Officer Name	Address
Officer Name	Address
If the Applicant is any other type of entity or non-imembers of its governing body, officers and other application.	natural person, list the names and addresses of all the s having management, control or dominion over such
Name	Address

- . 13. Has the Applicant, any person listed in question 12 above, or any employee of the applicant's establishment ever been convicted of a felony? [] YES [4 NO
- 14. Has the Applicant, any person listed in question 12 above, or any employee of the Applicant's establishment been convicted within the previous five (5) years of a misdemeanor or of any other violation involving gambling, the Georgia Controlled Substances Act (or similar laws of another jurisdiction), prostitution, sex offenses, adult entertainment laws, rules or regulations, alcohol control laws, rules or regulations, or offenses involving moral turpitude? (1) YESV 2 NO
- 15. Has the Applicant, any person identified in question 12 above and each employee of Applicant's establishment attach a fully completed and executed consent statement for necessary investigation reports? (see attachment A)
 - 16. If the establishment for which a license is sought is or was licensed under the Lowndes County Alcohol Ordinance (or any previous ordinances or resolutions pertaining to alcoholic beverages), present details of how the Applicant has or will acquire the establishment, including on what terms and conditions. Further, describe in detail any familial, business, investment, debtor/creditor, or other relationship the Applicant may have or have had during the past three (3) years with the current or former licensee or establishment owner, and in each case with any person identified in question 12 above. (Attach additional pages if more space is needed)

No Relo Etions Lip

NOTE: The Applicant may be required to submit further information or documentation as requested by the County,

^{17.} Has the individual making this application attached a fully completed and executed affidavit (see attachment B) verifying his or her legal presence in the U.S., and also presented as his or her identification an original of one of the following current and valid "secure and verifiable documents" under O.C.G.A. § 50-36-1: driver's license issued by one of the states or territories of the U.S. or Canada; of Original passport; picture I.D. issued by one of the states or territories of the U.S.; U.S. Certificate of Original Programment (See Secure 2019). The Canada of Original Programment (See Secure 2019) and Original Programment (See Secure 2019). The Canada of Original Programment (See Secure 2019) and of Original Programment (See Secure 2019). The Canada of Original Programment (See Secure 2019) and Original Programment (See Secure 2019). The Canada of Original Programment (See Secure 2019) and Original Programment (See Secure 2019). The Canada of Original Programment (See Secure 2019) and Origi

^{18.} Is there attached a fully completed and executed affidavit verifying compliance by the Applicant with the federal work authorization program? (see attachment C or D) * YES {] NO

CERTIFICATION REGARDING APPLICATION

Personally, appeared before the undersigned officer duly authorized to administer oaths, the undersigned affiant, who after first being duly sworn, hereby affirms, says and certifies that he/she is authorized to make and execute this application on behalf of the Applicant, and further hereby affirms, says and certifies as to each of the following:	
I have read and understand the Lowndes County Alcoholic Beverage Ordinance and will ensure that all employees of the establishment for which licensure is sought will be familiar with the provisions and regulations of that Ordinance.	
i will ensure that the establishment for which licensure is sought complies at all times with all applicable laws, rules and regulations of the United States, the State of Georgia and Lowndes County, now in force or which may hereafter be enacted as relates to the sale, distribution, or consumption of alcoholic beverages.	
I understand that any license issued is valid for a period of one year, beginning January 1^{π} and expiring December 31^{α} , that no license shall be assignable or transferrable either to a new licensee or for another location, and that no portion of the license fee shall be refunded should the license be revoked during the license year or should the establishment close.	
The information, documents and statements made or contained in this Application, or submitted as a part thereof or supplementary thereto is in each case accurate and complete. I further understand that making false or fraudulent statements and/or representations in or with respect to this Application may subject me to criminal and/or civil penalties including a fine and/or imprisonment.	
Submitted herewith is the sum of \$	
Petel Mcher A	
Signature of Individual Making this Application this	
PUBLICATION	

AFFIDAVIT OF COMPLIANCE WITH O.C.G.A. §50-36-1

By executing this affidavit under oath, as an Applicant for an alcoholic beverage license from the Lowndes County Board of Commissioners, the undersigned Applicant verifies one of the following with respect to my application:

_	
Li	I am a citizen of the United States.
	I am a legal permanent resident of the United States.
()	I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number is:
pro o chara	dersigned applicant also hereby verifies that he or she is 18 years of age or older and has do at least one secure and verifiable document, as required by O.C.G.A. §50-36-1, with this t. Form of secure and verifiable document:
of a viol	ng the above representations under oath, I understand that any person who knowingly and makes a false, fictitious or fraudulent statement, or representation in an affidavit may be guilty ation of O.C.G.A. §16-10-20 and face criminal penalties as allowed by such criminal statute. d in VAINGER (city), CRA and (state).
cue na ce	(city), Creorgio (state).
	Fetul Mehel A Signature of Applicant
	Nehaben Patel Printed Name of Applicant
Sworn to	and subscribed before me this 28 day of Juan 2021.
YOTARY PU	blic Muher Harrington F. Liter
му сотт	ission expires: Anni & 2028 = (Expires)

ATTACHMENT D

AFFIDAVIT OF PRIVATE EMPLOYER OF COMPLIANCE PURSUANT TO Q.C.G.A. §36-60-6

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90.

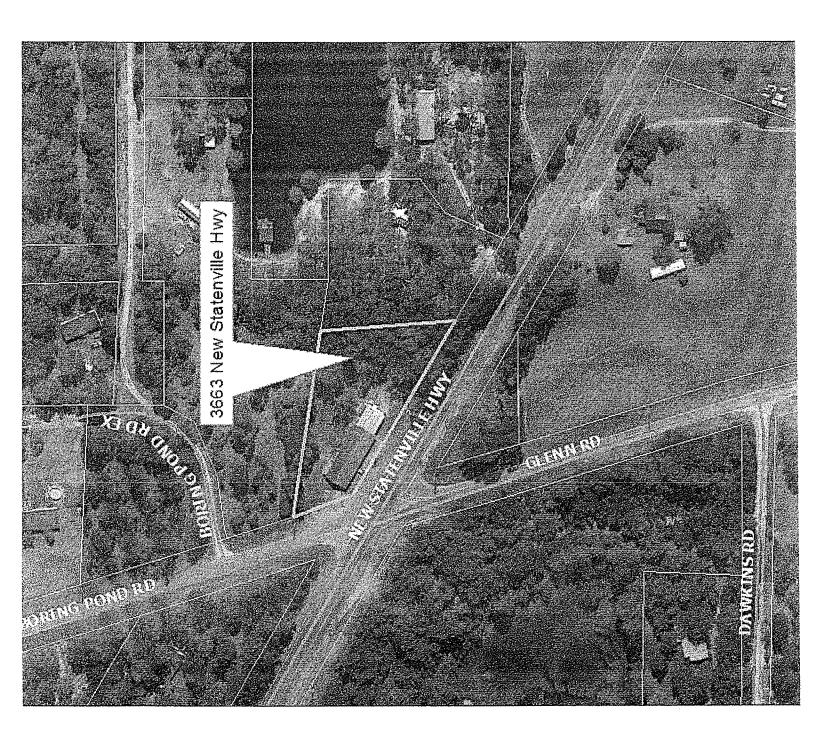
commonly known as E-Verify, or any subsequent replacement program applicable provisions and deadlines established in O.C.G.A. §13-10-90.
Signature of Exempt Private Employer
Printed Name of Exempt Private Employer
I hereby declare under penalty of perjury that the foregoing is true and correct
Executed on 28 December 2021 in VAIDOSH4 (city), Cree
Signature of Authorized Officer or Agent
Nehaben Patel Member Printed Name and Title of Authorized Officer or Agent
Sworn to and subscribed before me this 28 day of December 2021
Jasnina M. Feller Notary Public / Feller
My commission expires: MVII 8, 2025
PRINCIPARY EXPINES IA GEORGIA OFFICE OFFIC

APPENDIX A

FEES AND CHARGES

1. Alcoholic beverage licenses fees shall be as follows:

<u>License</u> (a) Rétail Dealer – Off Premises Consumption (Malt Beverages)	Annual Fee
(b) Retail Dealer - Off Premises Consumption (Wine)	\$500.00
(c) Retail Dealer - Off Premises Consumption (Distilled Spirits)	\$1,075.00
(d) Retail Dealer – Off Premises Consumption (Sunday Sales)	\$250.00 v
(e) Retail Consumption Dealer – Consumption on Premises (Malt	\$675.00
(f) Retail Consumption Dealer ~ Consumption on Premises (Wine)	\$675.00 >
(g) Retail Consumption Dealer – Consumption on Premises (Distilled (b) Retail 2	\$3,200.00 /
(h) Retail Consumption Dealer - Consumption on Premises (Sunday Sales)	\$250.00
(i) Wholesaler – Malt Beverages with warehousing in Lowndes County	\$300.00
(j) Wholesaler - Malt Beverage without warehousing in Lowndes	\$100.00
(k) Wholesaler – Wine with warehousing in Lowndes County	\$300.00
(i) Wholesaler – Wine without warehousing in Lowndes County	\$100.00
(m) Wholesaler - Distilled Spirits with warehousing in Lowndes County	\$500.00
 (n) Wholesaler - Distilled Spirits without warehousing in Lowndes 	\$100.00
(o) Alcoholic Beverage Catering License	\$250,00
 Event Permit (issued to alcoholic beverage caterer licensed by the County 	\$50.00
3. Event Permit (issued to alcoholic beverage caterer licenses by a municipality or county in Georgia other than the County	\$50.00
4. Administration Fee	\$150.00



Lorraine Taylor

From:

Ken Carter

Sent:

Wednesday, February 2, 2022 10:26 AM

To: Cc: Lorraine Taylor Mindy Bates

Subject:

JP Foods Distance Check

Distance check for JP Foods 3663 New Statenville Highway:

Nearest church Mt. Pleasant church of Christ 2.4 Mi Nearest school Moulton Branch Elementary 6.4 Mi

Ken

LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

SUBJECT: Beer and Wine License - Manishkumar Patel of Busy Stop, LLC., DBA Misha Food Mart - 5139 Madison Hwy., Valdosta, GA

DATE OF MEETING: February 22, 2022

Work Session/Regular Session

BUDGET IMPACT: FUNDING SOURCE:

() Annual

() Capital

(X) N/A

() SPLOST

() TSPLOST

COUNTY ACTION REQUESTED ON: Beer and Wine License - Manishkumar Patel of Busy Stop, LLC., DBA Misha Food Mart - 5139 Madison Hwy., Valdosta, GA

HISTORY, FACTS AND ISSUES: Beer and Wine License - Manishkumar Patel of Busy Stop, LLC., DBA Misha Food Mart - 5139 Madison Hwy., Valdosta, GA is requesting a license for the sale of beer and wine for consumption off premise. This is due to a change of ownership. The ordinance and guidelines for approval of the license have been met. All forms are attached and upon approval by the Board the license will be granted.

OPTIONS: 1. Approval of the Beer and Wine License

2. Board's Pleasure

RECOMMENDED ACTION: Approve

DEPARTMENT: Finance

DEPARTMENT HEAD: Stephanie Black

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:



Alcoholic Beverage License Application Lowndes County Board of Commissioners Finance Department – Licensing Division

Before completing this application, you must verify that the proposed location of your establishment is located in unincorporated Lowndes County.

1.	TYPE OF LICENSE(s) APPLIED FOR (check all that apply):
	Retail Dealer – Off Premises Consumption (Malt Beverages)
	Retail Dealer – Off Premises Consumption (Wine)
	[] Retail Dealer - Off Premises Consumption (Distilled Spirits)
	Retail Dealer – Off Premises Consumption (Sunday Sales)
	[] Retail Consumption Dealer – Consumption on Premises (Malt Beverages)
	[] Retail Consumption Dealer – Consumption on Premises (Wine)
	[] Retail Consumption Dealer – Consumption on Premises (Distilled Spirits)
	Retail Consumption Dealer – Consumption on Premises (Sunday Sales)
	[] Wholesaler – Malt Beverages with warehousing in Lowndes County
	[] Wholesaler – Malt Beverages without warehousing in Lowndes County
	[] Wholesaler – Wine with warehousing in Lowndes County
	[] Wholesaler – Wine without warehousing in Lowndes County
	[] Wholesaler – Distilled Spirits with warehousing in Lowndes County
	[] Wholesaler – Distilled Spirits without warehousing in Lowndes County
	[] Alcoholic Beverage Catering License

No retail dealer licensee shall hold any retail consumption dealer license for the same location, and vice versa; and no wholesale dealer licensee shall hold any retail dealer license or retail consumption dealer license for the same location.

2. Official Legal Name of Entity or Person seeking the License(s) (the "Applicant"):
Busy Stop LLC
0489 01013 666
3. Applicant's Business or Trade Name (if different than official legal name):
Misha Food Mart
1. 113Na 1000 11 1018T
4. List any aliases, tradenames, or other names under which the Applicant is known or conducting
business, or has been known or conducted business during the past three years:
5. If Applicant is an Entity, Full Name of the Individual Making this Application for the Applicant:
Manishkymas MPatel
- Comment of the Comm
6. Street Address of establishment for which license is sought:
5139 Madison Hwy,
Valdosta, GH 31601
7. Street Address of Applicant's Primary Place of Business, if different from question #6 above:
8. Describe the type of establishment to be operated pursuant to the license applied for and the
category(ies) of alcoholic beverage related functions and activities to be conducted at such establishment.
[Attach additional pages if more space is needed]
Convenie as State with age
convenience Store with gas selling beer & wine off premises
selling beer & wine off premises
'

school building, educational building, school grounds or college campus. Those distances are measured from the door of the licensed establishment to the nearest street, thence along said street to the nearest point of any church building, school building, educational building, school grounds or college campus. List below the name and street address of the nearest church and the nearest educational facilities to the proposed establishment including the address. Church: School, college or other educational facility or grounds: 10. Has the Applicant or the establishment to be licensed been denied or had revoked an alcohol license by Lowndes County within the preceding twelve (12) months? [] YES INO If yes, please explain. [Attach additional pages if more space needed] 11. Has the Applicant, any person identified in question 12 below, or any employee of the establishment for which licensure is being sought ever been refused a license related to alcohol or had such license suspended or revoked (either by Lowndes County or another jurisdiction)? [] YES [] NO If yes, state the month and year of such occurrence, the jurisdiction, and the circumstances. [Attach additional pages if more space needed] 12. Type of Legal Entity [] Individual [] Partnership applying for license: [] Joint Venture [] Corporation [] Firm [] Association Limited Liability Company (LLC) [] Other: ____

9. Lowndes County's alcohol ordinance prohibits the distribution, sale or consumption of alcoholic beverages within 300 feet of any church building. The ordinance also prohibits the distribution, sale or consumption of wine or malt beverages within 100 yards, or of distilled spirits within 200 yards, of any

If the Applicant is a limited liability company, list the names and addresses of the three (3) members owning the largest amounts of ownership interest and the names and addresses of any managers or principal officers. [Attach additional pages if more space is needed] Member Name Member Name Address Member Name Address Manager Name Address Manager Name Address Officer Name Address Officer Name Address If the Applicant is any other type of entity or non-natural person, list the names and addresses of all the members of its governing body, officers and others having management, control or dominion over such application. Name Address Name Address

Address

Address

Name

Name

- 13. Has the Applicant, any person listed in question 12 above, or any employee of the applicant's establishment ever been convicted of a felony? [] YES [] NO
- 14. Has the Applicant, any person listed in question 12 above, or any employee of the Applicant's establishment been convicted within the previous five (5) years of a misdemeanor or of any other violation involving gambling, the Georgia Controlled Substances Act (or similar laws of another jurisdiction), prostitution, sex offenses, adult entertainment laws, rules or regulations, or offenses involving moral turpitude? [] YES [] NO
- 15. Has the Applicant, any person identified in question 12 above and each employee of Applicant's establishment attach a fully completed and executed consent statement for necessary investigation reports? (see attachment A) [YES [] NO
- Alcohol Ordinance (or any previous ordinances or resolutions pertaining to alcoholic beverages), present details of how the Applicant has or will acquire the establishment, including on what terms and conditions. Further, describe in detail any familial, business, investment, debtor/creditor, or other relationship the Applicant may have or have had during the past three (3) years with the current or former licensee or establishment owner, and in each case with any person identified in question 12 above. [Attach additional pages if more space is needed]

My Parel is taking his name of so munish kumer

Bet EBT

17. Has the individual making this application attached a fully completed and executed affidavit (see attachment B) verifying his or her legal presence in the U.S., and also presented as his or her identification an original of one of the following current and valid "secure and verifiable documents" under O.C.G.A. § 50-36-1: driver's license issued by one of the states or territories of the U.S. or Canada; U.S. or foreign passport; picture I.D. issued by one of the states or territories of the U.S.; U.S. Certificate of Citizenship or Naturalization; or U.S. Permanent Resident Card or Alien Registration Receipt Card?

18. Is there attached a fully completed and executed affidavit verifying compliance by the Applicant with the federal work authorization program? (see attachment C or Q) [] YES [] NO

NOTE: The Applicant may be required to submit further information or documentation as requested by the County.

CERTIFICATION REGARDING APPLICATION

Personally, appeared before the undersigned officer du affiant, who after first being duly sworn, hereby of authorized to make and execute this application on be says and certifies as to each of the following:	affirms, says and certifies that he/she is the usy 5top LLC is
I have read and understand the Lowndes County Alco employees of the establishment for which licensure is regulations of that Ordinance.	
I will ensure that the establishment for which licensure laws, rules and regulations of the United States, the St or which may hereafter be enacted as relates to th beverages.	ate of Georgia and Lowndes County, now in force
I understand that any license issued is valid for a period December 31 st , that no license shall be assignable or tra- location, and that no portion of the license fee shall be license year or should the establishment close.	ansferrable either to a new licensee or for another
The information, documents and statements made or c thereof or supplementary thereto is in each case accura false or fraudulent statements and/or representations me to criminal and/or civil penalties including a fine an	te and complete. I further understand that making in or with respect to this Application may subject d/or imprisonment.
Submitted herewith is the sum of \$\frac{1400.cc}{000}\$ certified funds, or cash] which includes the license fee for fee. I understand that, should the Application be denified that the administration fee is non-refundable.	or the year, or partial year, plus the administration
Sworn to and subscribed before me	Signature of Individual Making this Application
this 31 day of 01 , 2022 .	Date: \32.21
Notary Public My commission expires: $06/27/2023$	EXPIRES GEORGIA JUNE 27, 2023

AFFIDAVIT OF COMPLIANCE WITH O.C.G.A. §50-36-1

By executing this affidavit under oath, as an Applicant for an alcoholic beverage license from the Lowndes County Board of Commissioners, the undersigned Applicant verifies one of the following with respect to my application:

[]	I am a citizen of the United States.
[]	I am a legal permanent resident of the United States.
M	I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number is:
at lea	ndersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided st one secure and verifiable document, as required by O.C.G.A. §50-36-1, with this affidavit. Form ure and verifiable document:
willfui of a vi	king the above representations under oath, I understand that any person who knowingly and ly makes a false, fictitious or fraudulent statement, or representation in an affidavit may be guilty olation of O.C.G.A. §16-10-20 and face criminal penalties as allowed by such criminal statute. ted in $\frac{\sqrt{a \cdot 4ac} + \sqrt{a \cdot 4ac}}{\sqrt{a \cdot 4ac}}$ (city), $\frac{\sqrt{a \cdot 4ac}}{\sqrt{a \cdot 4ac}}$ (state).
	Signature of Applicant Manishkumen Matt
Nøtan	to and subscribed before the this

ATTACHMENT D

AFFIDAVIT OF PRIVATE EMPLOYER OF COMPLIANCE PURSUANT TO O.C.G.A. §36-60-6

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90.

	Signature of Exempt Private Employer
	Printed Name of Exempt Private Employer
	I hereby declare under penalty of perjury that the foregoing is true and correct.
	Executed on Feb 1, 2022 in Valdosta (city), CA (state).
₩.	M. M. DAHL Signature of Authorized Officer or Agent
	Manishkyman M Patal, Member Printed Name and Title of Authorized Officer or Agent
	Sworn to and subscribed before me this 131- day of Feb, 20 27-
	Notary Pyblic Look
	My commission expires: 11-10-33
	GA CALLED CONTROL OF THE STATE

APPENDIX A

FEES AND CHARGES

1. Alcoholic beverage licenses fees shall be as follows:

	(a)	<u>License</u> Retail Dealer – Off Premises Consumption (Malt Beverages)	<u>Annual Fee</u> \$500.00	
	(b)	Retail Dealer – Off Premises Consumption (Wine)	\$500.00	/
	(c)	Retail Dealer – Off Premises Consumption (Distilled Spirits)	\$1,075.00	,
	(d)	Retail Dealer – Off Premises Consumption (Sunday Sales)	\$250.00	V
	(e)	Retail Consumption Dealer – Consumption on Premises (Malt Beverages	\$675.00	
	(f)	Retail Consumption Dealer – Consumption on Premises (Wine)	\$675.00	
	(g)	Retail Consumption Dealer – Consumption on Premises (Distilled Spirits)	\$3,200.00	
	(h)	Retail Consumption Dealer – Consumption on Premises (Sunday Sales)	\$250.00	
	(i)	Wholesaler - Malt Beverages with warehousing in Lowndes County	\$300.00	
	(j)	Wholesaler - Malt Beverage without warehousing in Lowndes County	\$100.00	
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	(i)	Wholesaler – Wine without warehousing in Lowndes County	\$100.00	
	(m)	Wholesaler – Distilled Spirits with warehousing in Lowndes County	\$500.00	
	(n)	Wholesaler – Distilled Spirits without warehousing in Lowndes County	\$100.00	
	(0)	Alcoholic Beverage Catering License	\$250.00	
2.	Eve Cou	nt Permit (issued to alcoholic beverage caterer licensed by the nty	\$50.00	
3.	Ever	nt Permit (issued to alcoholic beverage caterer licenses by a ricipality or county in Georgia other than the County	\$50.00	/
4.	Adn	ninistration Fee	\$150.00	/



Lorraine Taylor

From:

Mindy Bates

Lorraine Taylor

Sent:

Thursday, February 3, 2022 11:12 AM

To: Subject:

FW: DISTANCE CHECK

From: Ken Carter

Sent: Thursday, February 3, 2022 11:11 AM **To:** Mindy Bates <mbates@lowndescounty.com>

Subject: RE: DISTANCE CHECK

Nearest church: Clyattville Baptist Church .3 mile Nearest School: Clyattville Elementary School .7 mile

From: Mindy Bates <<u>mbates@lowndescounty.com</u>>
Sent: Wednesday, February 2, 2022 1:03 PM
To: Ken Carter <<u>kcarter@lowndescounty.com</u>>

Subject: Fwd: DISTANCE CHECK

Sent from my iPhone

Begin forwarded message:

From: Lorraine Taylor ltaylor@lowndescounty.com

Date: February 2, 2022 at 12:58:03 PM EST **To:** Mindy Bates < <u>mbates@lowndescounty.com</u>>

Subject: DISTANCE CHECK

COULD YOU PLEASE DO A DISTANCE CHECK ON

BUSY STOP, LLC DBA MISHA FOOD MART 5139 MADISON HWY VALDOSTA GA 31601

THANKS,

Lorraine Taylor
Lowndes County Board of Commissioners
Finance Dept.
Phone 229-671-2535
Fax 229-671-3410

etayeor@eowndescounty.com

LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

SUBJECT: Language Access Plan and Resolution for Federally Funded Grants and Programs	
DATE OF MEETING: February 22, 2022	Work Session/Regular Session
BUDGET IMPACT: N/A FUNDING SOURCE:	
() Annual	
() Capital	
(X) N/A	
() SPLOST	
() TSPLOST	

COUNTY ACTION REQUESTED ON: Language Access Plan and Resolution for Federally Funded Grants and Programs

HISTORY, FACTS AND ISSUES: The Language Access Plan (LAP) addresses Lowndes County's responsibilities as a recipient of Federal financial assistance as they relate to the needs of individuals with limited English language skills. The plan has been prepared to ensure compliance with Title VI of the Civil Rights Act of 1964, and its implementing regulations. Lowndes County must take reasonable steps to ensure meaningful access to their programs and activities by persons with Limited English Proficiency. Lowndes County adopted the LAP in May of 2020. The updated plan and resolution are attached.

OPTIONS: 1. Approve the Language Access Plan as presented, adopt the resolution as presented, and authorize the Chairman to sign the resolution.

2. Redirect.

RECOMMENDED ACTION: Approve

Adopt

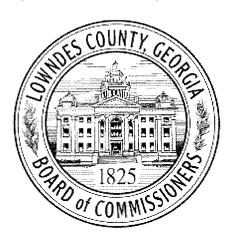
<u>DEPARTMENT</u>: Engineering <u>DEPARTMENT HEAD</u>: Chad McLeod

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:

Language Access Plan

Lowndes County, Georgia May 2020

Updated February 2022



327 N. Ashley Street Valdosta, GA 31601

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LANGUAGE ACCESS PLAN

I. GENERAL INFORMATION

Prepared By: Lindsay Ray

Southern GA Regional Commission

1937 Carlton Adams Drive

Valdosta, GA 31601 (229) 333-5277 lray@sgrc.us

List of Current Applicable HUD Funded Grants/Programs (to be automatically amended as projects are funded):

1. Lowndes County CDBG-EIP

Grantee: Lowndes County, GA

CDBG Grant Number: 19q-y-092-1-6102

(See Attached Map)

Lowndes County: Census Table S1601: Greater than 1,000 Spanish Language Group

LEP (2014-2018 ACS)

2. Lowndes County CDBG-CV

Grantee: Lowndes County, GA

CDBG Grant Number: 21cv-y-092-1-6247

(See Attached Map)

Lowndes County: Census Table S1601: Greater than 1,000 Spanish Language Group

LEP (2015-2019 ACS)

This Language Access Plan has been prepared to address Lowndes County's responsibilities as a recipient of Federal financial assistance as they relate to the needs of individuals with limited English language skills.

The plan has been prepared to ensure compliance with Title VI of the Civil Rights Act of 1964, and its implementing regulations. Lowndes County must take reasonable steps to ensure meaningful access to their programs and activities by persons with Limited English Proficiency (LEP).

Executive Order 13166, titled *Improving Access to Services for Persons with Limited English Proficiency*, indicates that differing treatment based upon a person's inability to speak, read, write or understand English is a type of national origin discrimination. It directs each agency to publish guidance for its respective recipients clarifying their obligation to ensure that such discrimination does not take place. This order applies to all state and local agencies which receive Federal funds, including Lowndes County.

Lowndes County has developed this Language Access Plan to help identify reasonable steps for providing language assistance to persons with Limited English Proficiency (LEP) who wish to access services provided through Federal or State programs. As defined by Executive Order 13166, LEP persons are those who do not speak English as their primary language and have limited ability to read, speak, write or understand English. This plan outlines how to identify a person who may need language assistance, the ways in which assistance may be provided, staff training that may be required, and how to notify LEP persons that assistance is available.

In order to prepare this plan, Lowndes County used a four-factor LEP analysis which considers the following factors:

- 1. The number or proportion of LEP persons eligible to be served or likely to be encountered by Lowndes County programs, activities or services;
- 2. The frequency with which LEP persons come in contact with Lowndes County programs, activities or services:
- 3. The nature and importance of Lowndes County's programs, activities or services provided by Lowndes County to the LEP population; and
- 4. The resources available to Lowndes County and overall cost to provide LEP assistance.

SAFE HARBORS

In accordance with Safe Harbors for LEP, Lowndes County will translate written documents for groups that are at least 5% of the population eligible (and more than 50 persons) or 1,000 persons, whichever is less. If there are fewer than 50 persons in a language group that reaches the 5% trigger above, Lowndes County will not translate the vital written materials, but provides written notice in the primary language of the LEP group of the right to receive competent oral interpretation of those written materials, free of cost.

The size of the language group determines the recommended provision for written language assistance.

Size of Language Group	Recommended Provision of Written
	Language Assistance
1,000 or more in the eligible population	Translated vital documents
More than 5% of the eligible population or	Translated vital documents
beneficiaries and more than 50 in number	
More than 5% of the eligible population or	Translated written notice of right to receive
beneficiaries and 50 or less in number	free oral interpretation of documents.
5% or less of the eligible population or	No written translation is required.
beneficiaries and less than 1,000 in number	

II. MEANINGFUL ACCESS: FOUR-FACTOR ANALYSIS

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the programs, activities or services.

Lowndes County staff reviewed Table S1601 in the 2015-2019 American Community Survey 5-year estimates and determined that of the population of 107,207 persons over 5 years of age, 6,189 persons in Lowndes County (5.8% of the total population) speak a language other than English. Of those 6,189 persons, 1,830 (1.7% of the total population & 29.6% of the population speaking a language other than English) have limited English proficiency; that is, they speak English less than "very well". Although the LEP percentage is less than 5%, there are 1,103 persons in the Spanish Language Group who speak English "less than very well".

This <u>does</u> meet the threshold described above for translating vital documents. Oral Interpretation Services are available for clients upon request. However, in the past, all clients have provided their own translator with whom they are comfortable sharing personal information.

Language Spoken at			Speaks I	English Less
Home*	5 Years o	f Age*	Than "Ve	ery Well"*
English	101,018	(94.2%)	N/A	
Spanish	3,873	(3.6%)	1,103	(1.02%)
Other Indo-European	877	(0.8%)	324	(0.30%)
Asian & Pacific	1,131	(1.1%)	391	(0.36%)
Other Languages	308	(0.3%)	12	(0.11%)
Total	107,207	(100.0%)	1,830	(1.79%)

^{*2014-2018} American Community Survey 5-year estimate Table S1601 rounded

2. The frequency with which LEP persons come in contact with Lowndes County programs, activities or services.

Lowndes County staff reviewed the frequency with which staff have, or could have, contact with LEP persons. This includes documenting phone inquiries or office visits, as well as public hearings and interactions during surveys. Over the past two years, Lowndes County staff have had no requests for interpreters and no requests for translated documents.

Frequency of Interaction: Daily

For Daily Activities:

- a. When interacting with the public by telephone;
- b. When interacting with the public during office visits; and
- c. When interacting with the public during field visits.

Frequency of Interaction: Annually

For Grant Projects:

- a. When notifying the public about a grant award application and its proposed activities;
- b. When notifying the public about the grant award and its funded activities;
- c. When seeking applicants to participate in the program (e.g., when seeking homeowners for rehabilitation assistance);
- d. When seeking qualified contractors;
- e. When working with homeowners selected for assistance;
- f. When seeking bids from builders to construct the homes; and
- g. When notifying the public about the grant award closeout and its accomplishments.

Typically, engagement with the public occurs for HUD CDBG programs in two (2) year cycles during Target Area selection (through public hearing), grant award (through public hearing), grant construction activities (individual engagement if required) and during grant closeout (through public hearing).

3. The nature and importance of programs, activities or services provided by Lowndes County to the LEP population.

Community Development and the availability of public safety & utilities play a critical role in maintaining quality of life. The primary objective of Community Development is the development of viable communities through improvement of living conditions, housing and expansion of economic opportunities in cities and counties. Outreach throughout the community helps to ensure awareness of our programs. The majority of the County's population (93.7%) speak English. Other than English speaking individuals, Lowndes County staff are most likely to encounter Spanish or Other Indo-European speaking LEP individuals through office visits, phone conversations, field visits and during surveys. Upon client request, Lowndes County will provide oral interpreters using bi-lingual employees or qualified contract interpreters. To date, all LEP individuals have provided their own interpreter-a child or friend.

Nature of the Program(s): Daily Activities, Public Safety, Housing Activities, Public Facilities and Community/Economic Development.

For the FY 2019 HUD CDBG EIP grant, the nature of the program is providing improved street and drainage conditions to support development of industry.

Importance of the Programs, Activities or Services: Denial or delay of access to services and information concerning the FY 2019 HUD CDBG would not have serious of life-threatening implications for the LEP individual.

Denial or delay of access to other programs, activities, services or information would not have serious or life-threatening implications for the LEP individual except in relation to public safety services.

4. The resources available to the Lowndes County, and overall cost to provide LEP assistance.

Lowndes County reviewed its available resources that could be used for providing LEP assistance, including which of its documents would be most valuable to be translated. An "I Speak" card/poster will be made available to determine needed language translations. A notice (see below) will be posted in all public meeting and event notices regarding who to contact should language assistance be needed. Language translation, if needed, would be provided through the available bi-lingual staff and/or the Language Line Solutions 1-800-752-6096 (or similar service) for which the Lowndes County would pay a fee.

III. LANGUAGE ASSISTANCE

A person who does not speak English as their primary language and who has a limited ability to read, write, speak or understand English may be a Limited English Proficient person and may be entitled to language assistance with respect to Lowndes County services. Language assistance can include interpretation, which means oral or spoken transfer of a message from one language into another language and/or translation, which means the written transfer of a message from one language into another language.

The Name of the individual at Lowndes County responsible for coordination of LEP Compliance is:

County Clerk Paige Dukes Lowndes County 327 N Ashley Street Valdosta, GA 31601

How the Lowndes County staff may identify an LEP person who needs language assistance:

- Post notice of LEP Plan and the availability of interpretation services free of charge in languages LEP persons would understand;
- Add statement (see below) to public meeting and event notices;
- All Lowndes County staff will be informally surveyed periodically on their experience concerning any contacts with LEP persons during the previous year; and
- When Lowndes County staff conduct a Public Hearing, an informational meeting or event, a staff person may greet participants as they arrive. By informally engaging participants in conversation it is possible to gauge each attendee's ability to speak and understand English. Although translation may not be able to be provided at the event (unless previously requested) it will help identify the need for future events; and
- Language Identification Cards/Posters will be used as necessary to determine a client's language needs.

Language Assistance Measures-As there is a large percentage in Lowndes of eligible LEP households, that is, persons who speak English "not well" or "not at all", it will offer the following measures:

1. Lowndes County staff will take reasonable steps to provide the opportunity for

meaningful access to LEP clients who have difficulty communicating English.

- 2. The following resources will be available to accommodate LEP persons:
- Interpreters for the Spanish, or other languages, if available, will be provided within a reasonable time period; or
- Language interpretation, particularly in emergency situations, will be accessed through Language Line Solutions at 1-800-752-6096 (or similar service).
- 3. Language Identification Cards/Posters will be used as necessary to determine a client's language needs
- 4. The following statements will be added to public meeting and event notices:

"Persons with special needs relating to handicapped accessibility or foreign language should contact County Clerk Paige Dukes at 229-671-2400 before ______. This person can be located at the Lowndes County Administration Building and is available between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, except holidays, or you may call 229-671-2400. Persons with hearing disabilities may consider using the Georgia Relay Service, at (TDD) 1-800-255-0056 or (Voice) 1-800-255-0135."

5. As Lowndes County documents are reprinted the following statement will be added in English and Spanish:

"If you require a free oral interpretation in a language other than English, please call 229-671-2400."

"Si necesita una interpretación oral libre en un idioma que no sea Ingles, por favor llame al 229-671-2400."

IV. STAFF TRAINING

The following training will be provided to all Lowndes County staff:

- Information on the Title VI Policy and LEP responsibilities;
- Description of language assistance services offered to the public;
- Documentation of language assistance requests; and
- How to handle a potential Title VI/LEP complaint.

All contractors, subcontractors and sub-recipients performing work for or receiving Federal funds for Lowndes County projects will be required to follow the Title VI/LEP guidelines.

V. TRANSLATION OF DOCUMENTS

• Lowndes County <u>is</u> required to translate vital documents because a large percentage and amount of its population is LEP (Spanish language).

- Lowndes County maintains an informal outreach procedure with area churches, ministers, religious and non-profit organizations. Information concerning the LAP policy will be posted on the Facebook page and at County Administration Building. Translation resources have been identified.
- When staff prepares a vital document, or schedules a meeting, then relevant vital documents, meeting notices, flyers, and agendas will be printed in an alternative language based on the known LEP population (Spanish language).

The following list of Vital HUD/CDBG Documents will be translated into the Spanish language and made available:

Vital Document	Timetable of Implementation
CDBG/CHIP Survey Forms	Prior to Pre-Application Public Hearing
CDBG Housing Rehabilitation/	Prior to Pre-Application Public Hearing
Reconstruction/Down-Payment	
Assistance Application Forms &	
Materials	
CHIP Housing	Within 60 Days of Award
Rehabilitation/Reconstruction/Down-	
Payment Assistance Application	
Forms & Materials	
CDBG/CHIP Meeting Ads, Agendas	Prior to any Public Hearings or Meetings
and Meeting Information	
GA DCA/HUD Brochures and	On Permanent Display and/or Printed As
Posters	Required
Fair Housing Materials	On Permanent Display and/or Printed As
_	Required
Contractor/Bid Documents	Printed As Required
Environmental Review Notices	Published as Required

Non-HUD/CDBG Vital documents that may require LEP Spanish language translation under Executive Order 13166 related to other departments and/or programs will be amended automatically to this LAP and listed as an Attachment to this original LAP, when submitted by the departments and/or programs.

As Lowndes County documents are reprinted the following statement will be added in English and Spanish:

"If you require a free oral interpretation in a language other than English, please call 229-671-2400."

"Si necesita una interpretación oral libre en un idioma que no sea Ingles, por favor llame al 229-671-2400."

VI. MONITORING AND UPDATING THE LAP PLAN

The Lowndes County will review the relevant census information yearly regarding the number of LEP persons and update the LAP Plan as required if additional thresholds are passed. At a minimum, the plan will be updated every five years using relevant census information, or when it is clear that higher concentrations of LEP individuals are present in the Lowndes County. Updates will include the following:

- The number of documented LEP person contacts encountered annually;
- How the needs of LEP persons have been addressed;
- Determination of the current LEP population in the service area;
- Determination as to whether the need for translation services has changed;
- Determine whether local language assistance programs have been effective and sufficient to meet the need;
- Determine whether Lowndes County's financial resources are sufficient to fund language assistance resources needed;
- Determine whether Lowndes County fully complies with the goals of this LAP Plan; and
- Determine whether complaints have been received concerning the agency's failure to meet the needs of LEP individuals.

VII. DISSEMINATION OF THE LOWNDES COUNTY LAP PLAN

The LAP Plan will be on Lowndes County's website page and provided to anyone requesting the information.

VIII. RECORDS

Lowndes County will maintain records in the County Clerk's office regarding its efforts to comply with Title VI LEP obligations. These records will be reviewed periodically and open to the public in an effort to improve service.

IX. COMPLAINTS/FINDINGS

Any person who believes they have been denied the benefits of this LAP or that the Lowndes County has not complied with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) and Executive Order 13166 regulations may file a complaint with the County LAP Coordinator. The County LAP Coordinator may be the first point of contact for any complaints or appeals, but the GA DCA LAP Coordinator must be informed of all complaints and appeals regarding GA DCA/HUD programs. The LAP Coordinator will provide oversight of the complaint/appeal resolution process. To file a complaint, submit the written complaint to:

County Clerk Paige Dukes Lowndes County

327 N Ashley Street Valdosta, GA 31601 (229) 671-2400

Or for GA DCA/HUD funded programs:

DCA 504 Coordinator 60 Executive Park South, N.E. Atlanta, Georgia 30329-2231 fairhousing@dca.ga.gov

X. AVAILABLE FEDERAL LEP RESOURCES

HUD's LEP Website:

http://www.hud.gov/offices/fheo/lep.xml

Federal LEP Website:

http://www.lep.gov/

LEP and Title VI Videos:

http://www.lep.gov/video/video.html

"I Speak" Card:

http://www.lep.gov/ISpeakCards2004.pdf

LANGUAGE SPOKEN AT HOME



Note: This is a modified view of the original table produced by the U.S. Census Bureau. This download or printed version may have missing information from the original table.

	Lowndes County, Georgia			
	Total	Percent	Percent of specified language speakers	
			Speak English less than "very well"	Percent speak English less than "very well"
Label	Estimate	Estimate	Estimate	Estimate
➤ Population 5 years and over	107,207	(%)	1,830	1.7%
Speak only English	101,018	94.2%	(%)	8
Speak a language other than English	6,189	5.8%	1,830	29.6%
SPEAK A LANGUAGE OTHER THAN ENGLISH				
≺ Spanish	3,873	3.6%	1,103	28.5%
5 to 17 years old	883	0.8%	227	25.7%
18 to 64 years old	2,846	2.7%	806	28.3%
65 years old and over	144	0.1%	70	48.6%
◆ Other Indo-European languages	877	0.8%	324	36.9%
5 to 17 years old	65	0.1%	22	33.8%
18 to 64 years old	705	0.7%	291	41.3%
65 years old and over	107	0.1%	11	10.3%
Asian and Pacific Island languages	1,131	1.1%	391	34.6%
5 to 17 years old	0	0.0%	0	,
18 to 64 years old	972	0.9%	253	26.0%
65 years old and over	159	0.1%	138	86.8%
✓ Other languages	308	0.3%	12	3.9%
5 to 17 years old	147	0.1%	9	6.1%
18 to 64 years old	152	0.1%	ω	2.0%
65 years old and over	9	0.0%	0	0.0%
◆ CITIZENS 18 YEARS AND OVER				
✔ All citizens 18 years old and over	85,847	\approx	618	0.7%
Speak only English	82,260	95.8%	(%)	8
Speak a language other than English	3,587	4.2%	618	17.2%
Spanish	2,188	2.5%	289	13.2%

Table Mates

LANGUAGE SPOKEN AT HOME

Survey/Program: American Community Survey Year: 2019 Estimates: 5-Year Table ID: \$1601

official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus variability, see ACS Technical Documentation). The effect of nonsampling error is not represented in these tables. the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling

instances, the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineation lists due to differences in the effective dates of the geographic entities The 2015-2019 American Community Survey (ACS) data generally reflect the September 2018 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain

Estimates of urban and rural populations, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization

Explanation of Symbols

An "**" entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.

one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution, or the margin of error associated with a median was larger than the median itself An "-" entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because An "-" following a median estimate means the median falls in the lowest interval of an open-ended distribution

An "+" following a median estimate means the median falls in the upper interval of an open-ended distribution.

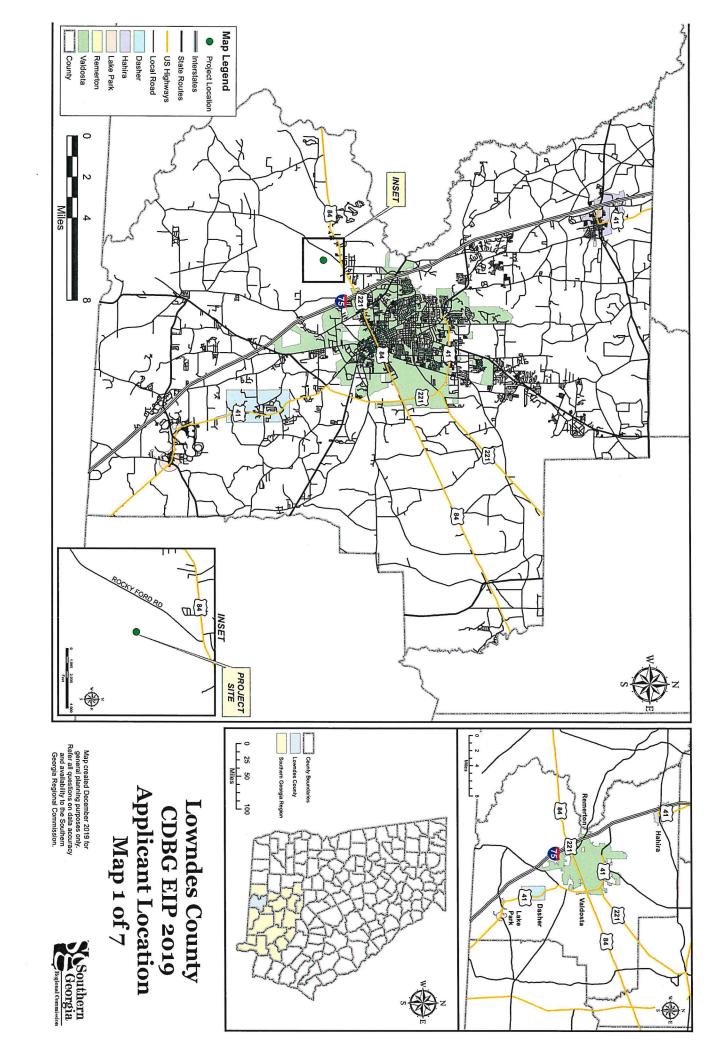
An "*****" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate. An "***" entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate

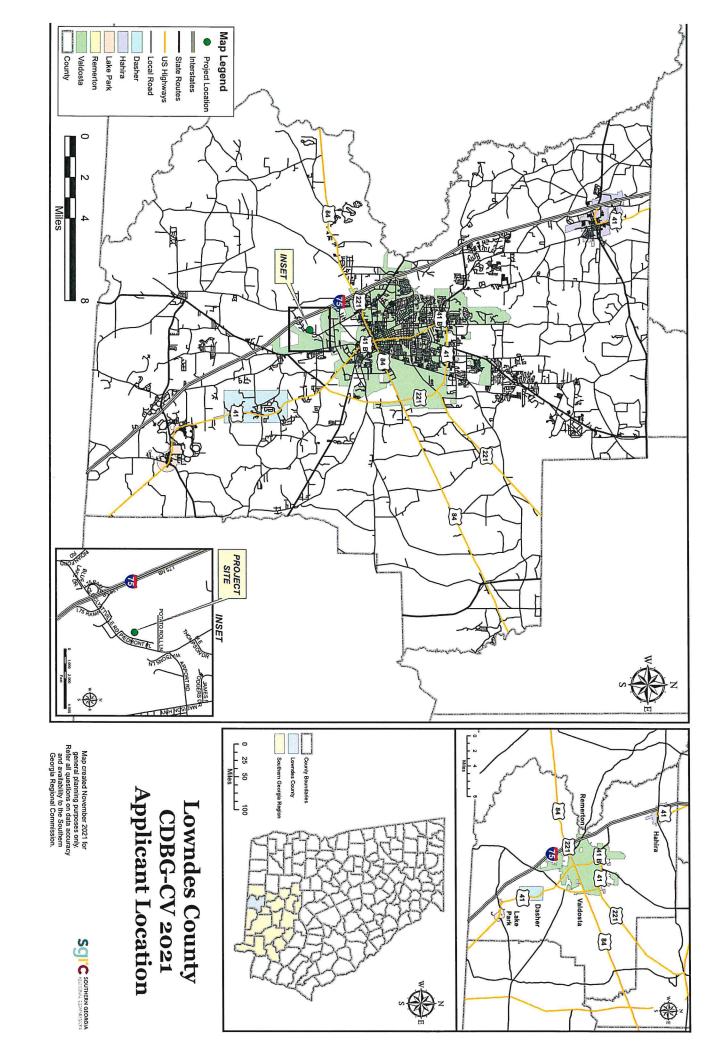
An "N" entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small

An "(X)" means that the estimate is not applicable or not available

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Technical Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.





RESOLUTION

LOWNDES COUNTY, GEORGIA ADOPTION OF A LANGUAGE ACCESS PLAN (LAP) FOR GA DCA & HUD FUNDED GRANTS & PROGRAMS

BE IT RESOLVED, by the Chairman and Commission Members and it is hereby resolved by authority of same.

WHEREAS, the Chairman and Commission Members have found it necessary to adopt a Language Access Plan (LAP) for the Community Development Block Grant (CDBG), and other Georgia Department of Community Affairs (GA DCA) & U.S. Department of Housing and Urban Development (HUD) funded grants & programs;

THEREFORE BE IT RESOLVED, by the Chairman and Commission Members that they have adopted the Lowndes County Language Access Plan (LAP) in accordance with the requirements of the Georgia Department of Community Affairs (GA DCA), U.S. Department of Housing and Urban Development (HUD) and other required federal and state regulations.

Adopted this	day of	, 2022
Bill Slaughter, Cha	airman	
Belinda C. Lovern	, County Clerk	

(SEAL)