

STATE OF ALABAMA)

JEFFERSON COUNTY) August 30, 2011

The Commission convened in special session at the Birmingham Courthouse at 2:02 p.m., David Carrington, President, presiding and the following members present:

- District 1 George F. Bowman
- District 2 Sandra Little Brown
- District 3 James A. (Jimmie) Stephens
- District 4 Joe Knight
- District 5 David Carrington

Commission President, David Carrington, presiding and with the following members present: Commissioner George Bowman, Commissioner Sandra Little Brown, Commissioner Joe Knight and Commissioner Jimmie Stephens, Commissioner Carrington called the County Commission into a special meeting to consider action about which Commissioner Carrington has determined, in the best interest of citizens of Jefferson County, must not be delayed until the next regular meeting of the County Commission. Commissioner Carrington stated following items were time sensitive and needed to be acted upon today.

Aug-30-2011-680-SP-MTG

BE IT RESOLVED BY THE JEFFERSON COUNTY COMMISSION that the Commission hereby acknowledges its understanding of the following described matter and approves or ratifies the action of JOE KNIGHT as its representative on the Jefferson County Emergency Management Agency (“EMA”) Council.

Cooperative Agreement with Alabama Emergency Management Agency to receive federal funding increase for the Fiscal Year 2010 Emergency Management Performance Grant in the amount of \$11,753. This funding is being awarded to Jefferson County in support of our local emergency management director obtaining and/or verifying his certification for Fiscal Year 2010.

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting “Aye” Stephens, Brown and Carrington. Voting “Nay” Knight. Commissioner Bowman abstained.

Aug-30-2011-681-SP-MTG

BE IT RESOLVED BY THE JEFFERSON COUNTY COMMISSION that the following health insurance plan design changes will be implemented for the active and retiree plans during plan year 2011-2012.

ACTIVE PLAN

Non-Grandfathered Preventive Costs	\$494, 278
Office Visit Copays	(\$215,303)
Emergency Room Facility Charges	(\$63, 303)
Deductible & 80% Coinsurance - Other	
Covered with few annual limits	(\$1,863,018)
Prescription Option 3	(\$2,300,000)
TOTAL	(\$3,947,346)

RETIREE PLAN

Non-Grandfathered Preventive Costs	\$102,317	
Office Visit Copays	(\$37,276)	
Emergency Room Facility Charges	(\$10,960)	
Deductible & 80% Coinsurance - Other		
Covered with few annual limits	(\$322,551)	
Prescription Option 3		Savings included above with active plan
TOTAL	(\$268,470)	

The total County savings to the plan due to the recommended plan design changes is \$4,215,816.

- Non-Grandfathered Preventive Costs - The Affordable Care Act allows employers to, among other things, raise premiums to reasonably keep pace with health care costs; make some changes in the benefits that they offer; increase deductibles and other out-of-pocket costs within limits; and continue to enroll new employees and new family members. Plans will lose their grandfathered status if they choose to make significant changes that reduce benefits or increase costs to consumers/employees. If a plan loses its grandfathered status, then consumers/employees in these plans will gain additional new benefits such as coverage of recommended prevention services with no cost sharing. If the County implements the changes outlined above, it will lose its grandfathered status. This means the County will pay more of the cost for certain benefits in the current plan. The increased cost is \$494,278 for our Active Plan and \$102,317 for our Retiree Plan.
- Office Visit Co-pays - Active Plan: Employee currently pays \$20.00; proposed change, employee will pay \$25.00. Retiree Plan: Same as Active
- Emergency Room Facility Charges - Active Plan: Employee currently pays \$100 per visit; proposed change, employee will pay \$150.00; waived if admitted. Retiree Plan: Same as Active
- Deductible & 80% Co-insurance - Other Covered with few annual limits - Active Plan: Employee currently pays \$20.00; after which the County pays 100%; few limits; proposed change, employee pays 20% of claims after \$200 calendar year deductible with annual limits (max. amt. County will pay); per person. Annual limits are: chiropractic \$500 per year; allergy testing & treatment \$500 per year; Durable Medical Equipment (DME) no annual limit; occupational therapy, physical therapy, speech therapy - 20 visits each person per year; skilled nursing facility no annual limit; temporomandibular joint services (TMJ) \$500. Retiree Plan: Same as Active
- Prescription Option 3 - Active Plan: Employee currently pays \$5.00 for Generic, \$20.00 for Preferred Brand, \$45.00 for Non-Preferred Brand. Proposed change, employee pays \$5.00 for Generic, \$40.00 for Preferred and \$90.00 for Non-Preferred. Retiree Plan: Same as Active

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting "Aye" Stephens, Brown and Carrington. Voting "Nay" Knight. Commissioner Bowman abstained.

Aug-30-2011-682-SP-MTG

BE IT RESOLVED BY THE JEFFERSON COUNTY COMMISSION that the President be, and hereby is, authorized to execute a Contract for Professional Services with The Guardian Life Insurance Company of America to provide voluntary group dental insurance coverage to participating employees of Jefferson County. Said Contract is for one year from October 1, 2011 to September 30, 2012. Rates are as follow:

Dental	FY 2011-2012
Employee Only	\$19.63
Employee + 1	\$38.28
Employee + 2 (Family)	\$55.42

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting "Aye" Stephens, Brown and Carrington. Voting "Nay" Knight. Commissioner Bowman abstained.

Aug-30-2011-683-SP-MTG

BE IT RESOLVED BY THE JEFFERSON COUNTY COMMISSION that the President be, and hereby is, authorized to execute a Contract for Professional Services with Humana Specialty Benefits, owned by Humana, Inc., to provide voluntary group vision insurance (CompBenefits) coverage to participating employees of Jefferson County. Said Contract is for one year from October 1, 2011 to September 30, 2012 with the option by the County to renew the contract for two additional one-year periods at the same rates of:

Vision	FY 2011-2012
Employee Only	\$ 6.14
Single + 1	\$12.28
Family	\$18.06

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting "Aye" Stephens, Brown and Carrington. Voting "Nay" Knight. Commissioner Bowman abstained.

Aug-30-2011-684-SP-MTG

BE IT RESOLVED BY THE JEFFERSON COUNTY COMMISSION that the President be, and hereby is, authorized to execute a Contract for Professional Services with Dearborn Life to provide County-paid Basic Life insurance coverage of \$50,000 and Employee-paid Supplemental Life to full-time employees of Jefferson County. Said Contract is for one year from October 1, 2011 to September 30, 2012.

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting "Aye" Stephens, Brown and Carrington. Voting "Nay" Knight. Commissioner Bowman abstained.

Aug-30-2011-685-SP-MTG

WHEREAS, The Jefferson County Commission (the "Commission" previously exercised its discretionary authority to establish the Jefferson County Active Employee Group Health Care Plan (the "Plan") to provide group hospital, physician, major medical, and prescription drug benefits for certain eligible Jefferson County employees and their eligible family members; and

WHEREAS, the Commission periodically issues a booklet (the "Plan Booklet" that sets out effective Plan rules, procedures, features and benefits and that has a Table of Contents including one or more (or all) of the following topics: (1) Summary Of Health Benefits; (2) Eligibility; (3) COBRA Coverage; (4) Benefit Conditions; (5) Health Benefits; (6) Coordination Of Benefits (COB); (7) Subrogation; (8) Claims And Appeals; (9) General Information; (10) Customer Service; (11) Health Benefit Exclusions; and (12) Definitions; and

WHEREAS, the Plan is maintained on a twelve (12) consecutive calendar month accounting period that begins on October 1 and ends on September 30 (a "Plan Year"); and

WHEREAS, the Commission desires to acknowledge employee contributions and dedicated service by continuing the Plan for the October 1, 2011 through September 30, 2012 Plan Year.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSION that the Plan shall continue in effect for the October 1, 2011 through September 30, 2012 Plan Year, with the Plan Booklet and this Resolution (including, without limitation, the immediately following Paragraphs 1-4 hereof) to constitute the operative terms and provisions of the Plan:

1. Employee Contributions. Plan participant contributions by employees for single and family Plan coverage shall be determined on a monthly basis for the October 1, 2011 through September 30, 2012 Plan Year by the Director of the Human Resources Department of Jefferson County (the "Director") on the following basis:

Single Coverage for 10/01/11 - - 09/30/12: \$117.92 per month

Family Coverage for 10/01/11 - - 09/30/12: \$341.01 per month

2. Current Mailing Address. Covered employees shall be responsible for at ai times maintaining on file with the Director their own current mailing address and the current mailing address of each of their covered dependents(s).

3. Administrative Services. Blue Cross and Blue Shield of Alabama shall continue to provide Plan administrative services for the October 1, 2011 through September 30, 2012 Plan Year.

4. Effective Date. Following its enactment by the Commission, this Resolution shall be effective as of October 1, 2011; provided however, that this Resolution is limited to authorizing the Plan to continue only for the October 1, 2011 through September 30, 2012 Plan Year; therefore, further Commission action shall be required to continue the Plan in effect beyond September 30, 2012.

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting "Aye" Stephens, Brown and Carrington. Voting "Nay" Knight. Commissioner Bowman abstained.

Aug-30-2011-686-SP-MTG

WHEREAS, The Jefferson County Commission (the "Commission's" previously exercised its discretionary authority to establish the Jefferson County Retiree Group Health Care Plan (the "Retiree Health Plan") to provide group hospital, physician, major medical, and

prescription drug benefits for certain eligible retirees and their eligible family members; and

WHEREAS, the Retiree Health Plan provides group health insurance coverage to certain eligible individuals prior to age 65 who are vested and thus entitled to receive, either currently or in the future, a monthly benefit under the rules and regulations of The General Retirement System for Employees of Jefferson County (a "Pension") and to eligible dependents of such individuals; and

WHEREAS, the Commission periodically issues a booklet (the "Plan Booklet") that sets out effective Retiree Health Plan rules, procedures, features and benefits and that has a Table of Contents including one or more (or all) of the following topics: (1) Summary of Health Benefits; (2) Eligibility; (3) COBRA Coverage; (4) Benefit Conditions; (5) Lifetime Maximum; (6) Health Benefits; (7) Coordination of Benefits (COB); (8) Subrogation; (9) Claims and Appeals; (10) General Information; (11) Customer Service; (12) Health Benefit Exclusions; and (13) Definitions; and

WHEREAS, the Retiree Health Plan is maintained on a twelve (12) consecutive calendar month accounting period that begins on October 1 and ends on September 30 (a "Plan Year") and is a discretionary program that may be terminated or amended by the Commission; and

WHEREAS, the Commission desires to acknowledge employee contributions and years of dedicated service by continuing the Retiree Health Plan for the October 1, 2011 through September 30, 2012 Plan Year; provided, however, that the Commission shall retain authority to terminate or amend the Retiree Health Plan.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSION that this Resolution and those Plan Booklet terms and provisions that are consistent with this Resolution shall constitute the operative terms and provisions of the Retiree Health Plan, and the Retiree Health Plan shall be administered in accordance with such operative terms and provisions, including the following Paragraphs 1-10 of the Resolution:

1. Eligible Retiree Coverage. Subject to the operative terms and provisions of the Retiree Health Plan, an individual who (i) has not reached age sixty five (65), (ii) is vested and thus entitled to receive, either currently or in the future, a pension benefit, and (iii) is covered by the Jefferson County active employee group health insurance plan for hospital, physician, major medical, and prescription drug benefits immediately before the date the Pension becomes payable or, for an employee who is involuntarily retired, is covered by the Jefferson County active employee group health insurance plan as of the employee's date of separation from employment (an "Eligible Retiree") will, following his or her timely completion of any enrollment or application forms required by the Director of the Human Resources Department of Jefferson County (the "Director"), be eligible to begin Retiree Health Plan coverage as of the date the Pension becomes payable. Regardless of any other operative terms and provisions of the Retiree Health Plan, an Eligible Retiree shall not be eligible for late enrollment in the Retiree Health Plan; accordingly, an Eligible Retiree must enroll in the Retiree Health Plan as of his or her earliest date of coverage eligibility. The Retiree Health Plan coverage of an Eligible Retiree shall terminate in accordance with the applicable terms and provisions of the Plan Booklet and/or due to non-payment of required participant contributions.

2. Eligible Dependent Coverage. Subject to the operative terms and provisions of the Retiree Health Plan, an Eligible Retiree who is himself or herself eligible for Retiree Health Plan coverage may enroll each eligible dependent of his or hers as defined by the Plan Booklet (an "Eligible Dependent") in Retiree Health Plan coverage by timely completing any enrollment or application forms required by the Director; provided, however, that an Eligible Dependent will be ineligible for Retiree Health Plan enrollment if he or she has reached age sixty-five. Regardless of any other operative terms and provisions of the Retiree Health Plan, an Eligible Dependent shall not be eligible for late enrollment in the Retiree Health Plan; accordingly, an Eligible Dependent must be enrolled in the Retiree Health Plan as of his or her earliest date of coverage eligibility. The Retiree Health Plan coverage of an Eligible Dependent shall terminate in accordance with the applicable terms and provisions of the Plan Booklet (without regard to whether the Retiree Health Plan coverage of his or her related Eligible Retiree has terminated) and/or due to non-payment of required participant contributions.

3. Eligible Retiree's Medicare Eligibility. Regardless of any operative terms or provisions of the Retiree Health Plan, (i) an individual who is eligible for Medicare enrollment on the date he or she is eligible to receive a Pension shall be ineligible for Retiree Health Plan enrollment as an Eligible Retiree (but such individual shall be treated as an Eligible Employee solely for the purposes of the Retiree Health Plan enrollment of Eligible Dependents), and (ii) an Eligible Retiree's Retiree Health Plan coverage shall terminate if he or she becomes eligible for Medicare enrollment (but the coverage of his or her Eligible Dependents may continue in accordance with the following Paragraphs 4 and 6 of this Resolution). Prior to and as a condition of enrollment as an Eligible Retiree in the Retiree Health Plan, an individual who is eligible to receive a Pension due to a disability (a "Disability Pensioner") shall provide such information and documentation as is requested by the Director regarding his or her date of eligibility for Medicare enrollment and/or actual enrollment in Medicare.

Following the Retiree Health Plan enrollment of a Disability Pensioner as an Eligible Employee, he or she shall (a) notify the Director of his or her eligibility date for Medicare enrollment within 30 days or his or her receipt of notice of such eligibility date and (b) provide such information and documentation as is requested once during a Plan Year by the Director in writing regarding eligibility for Medicare enrollment and/or actual enrollment in Medicare (a "Medicare Information Request"). Failure to provide a complete response to a Medicare Information Request within 30 days after it is mailed to the Disability Pensioner's current mailing address on file with the Director will result in termination

of the Disability Pensioner's Retiree Health Plan coverage; provided, however, that such coverage may be retroactively reinstated if within 60 days after such mailing of the Medicare Information Request a complete response thereto is provided to the Director showing that the Disability Pensioner is eligible for Retiree Health Plan coverage. No loss of Medicare coverage shall result in the resumption of Retiree Health Plan coverage as an Eligible Retiree.

4. Eligible Dependent's Medicare Eligibility. Regardless of any operative terms or provisions of the Retiree Health Plan, (i) an individual who is eligible for Medicare enrollment on the date he or she otherwise would be eligible for Retiree Health Plan enrollment as an Eligible Dependent shall be ineligible for Retiree Health Plan enrollment, and (ii) the Retiree Health Plan coverage of an Eligible Dependent shall terminate if he or she becomes eligible for Medicare enrollment. Prior to and as a condition of enrollment as an Eligible Dependent in the Retiree Health Plan, an individual shall provide such information and documentation as is requested by the Director regarding his or her date of eligibility for Medicare enrollment and/or actual enrollment in Medicare. Following the Retiree Health Plan enrollment of an Eligible Dependent, he or she shall (a) notify the Director of his or her eligibility date for Medicare enrollment within 30 days of his or her receipt of notice of such eligibility date and (b) respond to each Medicare Information Request. Failure to provide a complete response to a Medicare Information Request within 30 days after it is mailed to the Eligible Dependent's current mailing address on file with the Director will result in termination of the Eligible Dependent's Retiree Health Plan coverage; provided, however, that such coverage may be retroactively reinstated if within 60 days after such mailing of the Medicare Information Request a complete response thereto is provided to the Director showing that the Eligible Dependent is eligible for Retiree Health Plan coverage. No loss of Medicare coverage shall result in the resumption of Retiree Health Plan coverage as an Eligible Dependent.

5. Act 03-343. The Commission's Resolution No. 2006-683, Minute Book 151, Pages 214-216, which was enacted on June 7, 2006 ("Resolution 2006-683"), made changes to the coverage eligibility rules of the Retiree Health Plan that shall remain in effect for the October 1, 2011 - September 30, 2012 Plan Year. Regardless of any operative terms or provisions of the Retiree Health Plan to the contrary, no individual may enroll (or be enrolled) under Paragraph 1 or 2 above, if he or she is an "Electing Individual" as defined by Resolution 2006-683 and/or has otherwise elected to become such an Electing Individual by submitting an application to The General Retirement System for Employees of Jefferson County to convert Unpaid Service to Paid Service pursuant to Act -03-343.

6. Participant Contributions and Current Mailing Addresses. Retiree Health Plan participant contribution levels shall be determined on a monthly basis for the October 1, 2011 - September 30, 2012 Plan Year by the Director per the rate table attached to this Resolution (the "Rate Table") and be based upon an Eligible Retiree's age as of the date that Retiree Health Plan coverage first becomes effective and the Eligible Retiree's years of service with Jefferson County. To the extent the Rate Table does not specify a participant contribution level for an Eligible Employee's age and/or years of service, the Director shall determine a participant contribution level for the Eligible Employee based upon the same formula(s) that were used to set the contribution levels in the Rate Table. The participant contribution level for a Disability Pensioner and his or her Eligible Dependents shall be determined under the Rate Table based upon 30 years of service and an Eligible Employee age of 64 years (the "Disability Rate"). When a Medicare-eligible individual is treated as an Eligible Employee under the preceding Paragraph 3 of this Resolution solely for the purposes of Retiree Health Plan enrollment of Eligible Dependents, (i) the Disability Rate shall apply, (ii) the single coverage amount shall apply when one Eligible Dependent is covered, and (iii) the family coverage amount shall apply when more than one Eligible Dependent is covered. When the Retiree Health Plan coverage of a Disability Pensioner terminates due to Medicare eligibility and one or more of his or her Eligible Dependents) continue(s) to be covered, (a) the Disability Rate shall apply, (b) the single coverage amount shall apply when one Eligible Dependent is covered, and (c) the family coverage amount shall apply when more than one Eligible Dependent is covered. All participant contributions shall be due on a monthly basis and paid in accordance with procedures implemented by the Director. Eligible Retirees (including Disability Pensioners) and Eligible Dependents shall be responsible for maintaining their current mailing address on file with the Director at all times.

7. 2011-2012 Plan Year. The Retiree Health Plan will continue to be maintained on an October 1 through September 30 Plan Year for the October 1, 2011 through September 30, 2012 Plan Year as a discretionary program that may be terminated or amended by the Commission. This Resolution is limited to authorizing the Retiree Health Plan to continue only for the October 1, 2011 through September 30, 2012 Plan Year; therefore, further Commission action shall be required to continue the Retiree Health Plan in effect beyond September 30, 2012.

8. COBRA Coverage. Following the termination of the Retiree Health Plan coverage of an Eligible Retiree or an Eligible Dependent, such Eligible Retiree or Eligible Dependent shall not thereafter be eligible to re-enroll for Retiree Health Plan coverage but may exercise any Retiree Health Plan coverage continuation rights that he or she has under COBRA.

9. Severability. The foregoing terms and provisions hereof are severable; accordingly, the invalidity or unenforceability of any such term or provision shall not affect the other terms or provisions hereof, and any invalid or unenforceable term(s) or provision(s) shall be treated as though they have been omitted.

10. Effective Date. Following its enactment by the Commission, this Resolution shall be effective as of October 1, 2011.

JEFFERSON COUNTY RETIREE HEALTH OPTIONS

10/1/2011 through 9/30/2012

RETIREE COSTS PER MONTH

Retiree Cost Per Month with 30+ Service Blue Cross Blue Shield	AGE AT RETIREMENT 60-64		AGE AT RETIREMENT 55-59		AGE AT RETIREMENT 50-54		AGE AT RETIREMENT 45-49	
	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY
	\$ 117.93	\$ 341.01	\$ 117.93	\$ 341.01	\$ 117.93	\$ 341.01	\$ 383.25	\$ 1,108.28
25-29 Years Blue Cross Blue Shield	\$ 207.54	\$ 647.92	\$ 273.58	\$ 826.95	\$ 339.62	\$ 1,005.98	\$ 405.65	\$ 1,185.01
20-24 Years Blue Cross Blue Shield	\$ 286.79	\$ 862.76	\$ 333.01	\$ 988.08	\$ 379.24	\$ 1,113.40	\$ 425.46	\$ 1,238.72
15-19 Years Blue Cross Blue Shield	\$ 342.26	\$ 1,013.14	\$ 374.61	\$ 1,100.87	\$ 406.97	\$ 1,188.59	\$ 439.33	\$ 1,276.32
10-14 Years Blue Cross Blue Shield	\$ 381.09	\$ 1,118.41	\$ 403.74	\$ 1,179.82	\$ 426.39	\$ 1,241.23	\$ 449.04	\$ 1,302.63
	AGE AT RETIREMENT 40-44							
Retiree Cost Per Month with 30+ Service Blue Cross Blue Shield	\$ 400.94	\$ 1,159.43						
25-29 Years Blue Cross Blue Shield	\$ 418.86	\$ 1,220.82						
20-24 Years Blue Cross Blue Shield	\$ 434.71	\$ 1,263.78						
15-19 Years Blue Cross Blue Shield	\$ 445.80	\$ 1,293.86						
10-14 Years Blue Cross Blue Shield	\$ 453.57	\$ 1,314.91						

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting "Aye" Stephens, Brown and Carrington. Voting "Nay" Knight. Commissioner Bowman abstained.

Aug-30-2011-687-SP-MTG

BE IT RESOLVED BY THE JEFFERSON COUNTY COMMISSION that the President be, and hereby is, authorized to change the current payroll deductions for employee contributions to the Medical Reimbursement, Dependent Care, and Outside Medical Premiums flexible benefits spending accounts from the second pay period each month, to both the first and second, bi-weekly and semi-monthly pay periods each month. Said change will be effective October 1, 2011.

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting "Aye" Stephens, Brown and Carrington. Voting "Nay" Knight. Commissioner Bowman abstained.

Aug-30-2011-688-SP-MTG

BE IT RESOLVED BY THE JEFFERSON COUNTY COMMISSION that the President is authorized to execute an amendment to the agreement by and between Jefferson County, Alabama through the Office of Senior Citizens Services (OSCS) (hereinafter referred to as "the County") and Birmingham Regional Para Transit Consortium (d/b/a/ Clastran).

AMENDMENT TO CONTRACT

This is an Amendment to the Contract by and between Jefferson County, Alabama through the Office of Senior Citizens Services (OSCS) (hereinafter referred to as "the County") and Birmingham Regional Para Transit Consortium (d/b/a/ Clastran)(hereinafter referred to as "Clastran"). The effective date of this agreement shall be August 29, 2011.

WITNESSETH:

WHEREAS, the County desires to amend the contract; and

WHEREAS, Clastran wishes to amend the contract.

NOW THEREFORE, in consideration of the above, the parties hereto agree as follows:

The contract between the parties which was approved by the Jefferson County Commission on November 23, 2010 at M.B. 161, Pgs. 28-30, amended by the parties on July 12, 2011, at M.B. 162, Pgs. 40, is hereby amended as follows:

Clastran consents to continue providing transportation to the Senior Centers in accordance with the contracts authorized by the parties on November 23, 2010 and Amended on July 12, 2011 through the end of the contract period on September 30, 2011, with the following modifications:

Clastran will not provide transportation on four (4) days August 31, September 2, 6, 14, 2011 to the Clay, Hoopersville, New Hope-South, St. Joseph and Hoover Senior Centers.

All other terms and conditions of the original contract remain the same.

JEFFERSON COUNTY, ALABAMA

W. D. CARRINGTON, President

CLASTRAN:

_____, Executive Director

Motion was made by Commissioner Stephens seconded by Commissioner Brown that the above resolution be adopted. Voting "Aye" Stephens, Brown and Carrington. Voting "Nay" Knight. Commissioner Bowman abstained.

Thereupon the Commission Meeting was adjourned to meet Tuesday, September 13, 2011, at 9:00 a.m. in Commission Chambers.

President

ATTEST

Minute Clerk