

THE STATE OF TEXAS

COUNTY OF SABINE

On this the 9th day of May, 1983, the Honorable Commissioners" Court met in Regular Session with the following members present, to-wit:

Royce C. Smith	County Judge
R. E. Smith	Commissioner, Precinct No. 1
Billy Joe McGee	Commissioner, Precinct No. 2
Eldridge Ellison	Commissioner, Precinct No. 3
Chester D. Cox, Sr.	Commissioner, Precinct No. 4
Minnie Gooch	Clerk of the Court

Also present at the court meeting were: Lewis C. Headrick, Travis Smith, Mrs. E. C. Bird, Betty Harper, Joe Williams, Annie L. Williams, Kerney D. LeBlanc, Emery E. Campbell, N. R. Oswalt, Clarice Sobota, Annie Laura Campbell, Loudena LeBlanc, Eleanor Smith, Edna M. Headrick, Evelyn Guidry, Avor Harper, Sarah Crowell, John Strain, Ercil Langham, and Ernie Musick.

Mr. E. C. Bird spoke concerning the Source and Application of Funds in Precincts 1-2-3-4. He requested the following forms be filed out and published each week/ⁱⁿthe Sabine County Reporter. No action was taken at this time. Forms are marked "Exhibit A" and attached to minutes of this date.

By request of a group appearing before the court, a Motion was made by Commissioner Chester D. Cox, Sr., seconded by Commissioner Billy Joe McGee and with all voting in favor it was directed that a letter be written to include the following: Stating that this road is referred to as the Scrapping Valley Road that would offer additional mail service. Also that these roads are comparable to other County roads that Mail Service travels over and that additional maintenance will continue.

Tax Assessor-Collector, Marie White turned in a monthly report of fees turned in to the Treasurer.

The Quarterly Report was approved and signed. Marked "Exhibit E" and attached to minutes of this date.

Motion by Commissioner R. E. Smith, seconded by Commissioner Billy Joe McGee to divide the R. & B. Special money in the amount of \$13,956.59 and the R. & B. Tax in the amount of \$876.72 percentage wise between the four commissioner precincts. All voted in favor of the motion.

Next bids were called for which had been advertised in the newspaper. A Speed-Message from Hemphill Insurance Agency was read to the court which is marked "Exhibit B" and attached to minutes of this date.

Mr. John Strain spoke to the court with a Proposal from Blue Cross-Blue Shield Hospital Insurance, effective until June 1, 1983. Marked "Exhibit C"

Mr. Ercil Langham representative of American Security Insurance gave the Proposal from his company. Marked "Exhibit D"

Motion by Commissioner R. E. Smith, seconded by Commissioner Billy Joe McGee to take these bids under advisement. Motion carried.

Mr. Ernie Musick appeared before the court concerning the bill submitted from the Jail Construction Company in the amount of \$7,419.00 This added expense was outlined in a Change Order. The questions were concerning Items 12 and 13 in this list. Motion by Commissioner Billy Joe McGee to pay 50% on the dollar on these two items because the court did not agree that the county was responsible for this extra charge/ and to pay the balance in full. Seconded by Commissioner Chester D. Cox, Sr. and all voted in favor of the motion. Marked "Exhibit F" and attached

Motion by Commissioner Billy Joe McGee, seconded by Commissioner R.E. Smith to pay Advance Construction \$46,166.00, subject to approval of Judge Smith. Motion carried.

Motion by Commissioner Billy Joe McGee, seconded by Commissioner Eldridge Ellison to pay monthly bills. Motion carried.

There being no further business, the court adjourned.


COUNTY JUDGE



SABINE COUNTY
SOURCE AND APPLICATION OF FUNDS
PRECINCTS 1 - 2 - 3 - 4

Proposal to be published in Sabine County Reporter (Weekly)

SOURCE OF FUNDS: County Taxes _____ State _____
Federal _____ Other _____

BUDGET: Precinct 1 ----- Monthly _____ Yearly _____
Precinct 2 ----- Monthly _____ Yearly _____
Precinct 3 ----- Monthly _____ Yearly _____
Precinct 4 ----- Monthly _____ Yearly _____

WEEKLY DISBURSEMENT OF FUNDS ----- Precincts 1, 2, 3 & 4

Description and Location of Work Done _____

Project No. _____ Material \$ _____
Time on Project _____ Labor \$ _____
Estimated Cost \$ _____ Fuel \$ _____
Actual Cost \$ _____ Maintenance and Repair of Machines
and Vehicles \$ _____

OTHER (Explain) \$ _____

MONTHLY DISBURSEMENT OF FUNDS ----- Precincts 1, 2, 3 & 4

Number of Projects Started _____ Material \$ _____
Number of Projects Completed _____ Labor \$ _____
Total Time All Projects _____ Fuel \$ _____
Total Estimated Cost \$ _____ Maintenance and Repair of
Machinery & Vehicles \$ _____
Total Actual Cost \$ _____ Insurance \$ _____
OTHER (Explain) \$ _____

Long Range Project Plans (6 Mo. - 1 Yr.) (To be reported semi-annually)
Description & Location of Work to be done - Est. Cost \$ _____

Emergency Jobs

Description & Location of Work Done - Material \$ _____
Labor \$ _____
Fuel \$ _____
Other (Explain) \$ _____

Actual Cost As A Percent of Budget - Monthly % _____
Yearly % _____

"Exhibit A"

128-1

QUESTIONS

COMMISSIONERS COURT MEETING - Precinct #1

May 9, 1983

1. Geography of Precinct
2. Number of miles of hard surface road (Asphalt)
Number of miles of iron ore
Number of miles of dirt
Number of miles of oiled
How many bridges major culverts
(Any State or Federal help other than normal source?)
3. Number of employees in Precinct #1
4. Number of pieces of major equipment and machinery
(What is general condition of these items?)
5. Number of vehicles operated (general condition)
6. Types of materials used in road and bridge maintenance
 - A. Most Expensive
 - B. 2nd Most Expensive
 - C. 3rd Most Expensive
7. When and how are funds allocated to Precincts?
8. What funds are available to Precinct #1 at present time
9. How is priority established for projects in Precinct #1
(Number of people on road, traffic count, type of road, etc.)
10. If any of these questions cannot be answered today, would appreciate an answer at the next meeting.

Speed-Message

Date 5-5-83

Subject: Group Medical

Dear Judge Smith: We have submitted the Census Data for a quote on the County's Group Hospitalization. Hopefully, we'll have the proposal in a few days.

Sincerely,

Freddie Keel
Freddie Keel

kb

HEMPHILL INSURANCE AGENCY

FREDDIE KEEL, Agent

BOX 809 HIGHWAY 87

HEMPHILL, TEXAS 75948

Phone: 713 - 787-2331

Judge Royce Smith
Sabine County
County Courthouse
Hemphill, Texas 75948

TO

May 9th 1983

"Exhibit B"



PLAN 1

SUMMARY OF BENEFITS

Prepared by
BLUE CROSS & BLUE SHIELD OF TEXAS

Prepared for
SABINE COUNTY

HOSPITAL EXPENSES

- *1. Deductible per admission \$ **
- 2. Semi-private room with average semi-private toward private 80 %
- 3. All usual hospital services including blood, plasma and intensive care 80 %
- 4. Out-patient care 80 %
- 5. Number of days available other than for psychiatric care Unlimited
- 6. Number of days available for psychiatric care per calendar year 30 days
- 7. Maternity Applied for X Not Applied for 80%
- 8. Modified benefits paid for alcohol and drug abuse.

ALL OTHER MEDICAL EXPENSES

- *1. Deductible each calendar year, 3-month carryover included \$ **
- 2. Number of participants required for maximum family deductible 3
- 3. All other eligible expenses except psychiatric care 80 %
- 4. Maximum benefits for psychiatric care per calendar year \$ 1,000
- 5. For psychiatric care the Plan pays 50 %
- 6. For out-of-hospital drugs the Plan pays 80 %
- 7. Maternity Applied for XX Not Applied for 80%

*THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES. THE FIRST \$200 FILED IN ELIGIBLE HOSPITAL OR OTHER MEDICAL EXPENSES WILL BE APPLIED TO A CALENDAR YEAR DEDUCTIBLE, WITH 3 MO. CARRYOVER, AND 3 PER FAMILY.

ADDITIONAL ACCIDENT

DEDUCTIBLE WAIVED ON ACCIDENTS

Accidental Injury Benefit X Supplement \$ 300.00

Maximum benefits per accident

SECURITY PROVISION

Applied for XX Not Applied for Coinsurance Amount \$ 1,000

MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant \$ 1,000,000

RATES

	CHOICE OF RATE	STRUCTURE
	TWO RATE	FOUR RATE
Employee Only	\$ 54.73	\$ 54.73
Child or Children		+ 52.17
Spouse		+ 92.22
Spouse & Child(ren)	+ 100.36	+ 106.31

These rates are firm for an effective date of no later than June 1, 1983 and will be guaranteed for twelve months subject to Federal Regulations regarding Medicare Coordination.

Dependents may be covered to age 25; disabled dependents may be covered to any age. No pre-existing conditions, including maternity, for present or future employees. Deductible applied with previous carrier will be assumed.

"Exhibit C"

SUMMARY OF BENEFITS

PLAN 2

Prepared by
BLUE CROSS & BLUE SHIELD OF TEXAS

Prepared for
Sabine County

HOSPITAL EXPENSES

- | | |
|---|--------------------------------------|
| *1. Deductible per admission | \$ <u> </u> ** |
| 2. Semi-private room with average semi-private toward private | 80 % |
| 3. All usual hospital services including blood, plasma and intensive care | 80 % |
| 4. Out-patient care | 80 % |
| 5. Number of days available other than for psychiatric care | Unlimited |
| 6. Number of days available for psychiatric care per calendar year | 0 days |
| 7. Maternity | Applied for XXX Not Applied for |
| 8. Modified benefits paid for alcohol and drug abuse. | 80% |

ALL OTHER MEDICAL EXPENSES

- | | |
|--|-------------------------------------|
| *1. Deductible each calendar year, 3-month carryover included | \$ <u> </u> ** |
| 2. Number of participants required for maximum family deductible | 3 |
| 3. All other eligible expenses except psychiatric care | 80 % |
| 4. Maximum benefits for psychiatric care per calendar year | \$ none |
| 5. For psychiatric care the Plan pays | none % |
| 6. For out-of-hospital drugs the Plan pays | 80 % |
| 7. Maternity | Applied for XX Not Applied for |

*THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES. THE FIRST \$200 FILED IN ELIGIBLE HOSPITAL OR OTHER MEDICAL EXPENSES WILL BE APPLIED TO A CALENDAR YEAR DEDUCTIBLE, WITH 3 MO. CARRYOVER. MAX. OF 3 PER FAMILY. ADDITIONAL ACCIDENT WAIVED ON ACCIDENTS

- | | | |
|-------------------------------|-----------|---------------|
| Accidental Injury | Benefit X | Supplement |
| Maximum benefits per accident | | \$ <u>300</u> |

SECURITY PROVISION

- | | | |
|----------------|-----------------|--------------------|
| Applied for XX | Not Applied for | Coinsurance Amount |
| | | \$ <u>1,000</u> |

MAXIMUM BENEFITS

- | | |
|---|---------------------|
| Maximum Lifetime Benefits available to each participant | \$ <u>1,000,000</u> |
|---|---------------------|

RATES

	CHOICE OF RATE STRUCTURE	
	TWO RATE	FOUR RATE
Employee Only	\$ 51.95	\$ 51.95
Child or Children	+	49.55
Spouse	+	87.97
Spouse & Child(ren)	+ 95.72	+ 101.35

These rates are firm for an effective date of no later than June 1, 1983 and will be guaranteed for twelve months subject to Federal Regulations regarding Medicare Coordination.

Dependents may be covered to age 25; disabled dependents may be covered to any age. No pre-existing conditions, including maternity, for present or future employees. Deductible applied with previous carrier will be assumed.

1785.240-N181

PLAN 3

SUMMARY OF BENEFITS

Prepared by
BLUE CROSS & BLUE SHIELD OF TEXAS

Prepared for
SABINE COUNTY

HOSPITAL EXPENSES

- *1. Deductible per admission \$ 100.00
- 2. Semi-private room with average semi-private toward private 80 %
- 3. All usual hospital services including blood, plasma and intensive care 80 %
- 4. Out-patient care 80 %
- 5. Number of days available other than for psychiatric care Unlimited
- 6. Number of days available for psychiatric care per calendar year 0 days
- 7. Maternity Applied for XX Not Applied for 80%
- 8. Modified benefits paid for alcohol and drug abuse.

ALL OTHER MEDICAL EXPENSES

- *1. Deductible each calendar year, 3-month carryover included \$ 100.00
 - 2. Number of participants required for maximum family deductible 3
 - 3. All other eligible expenses except psychiatric care 80 %
 - 4. Maximum benefits for psychiatric care per calendar year \$ none
 - 5. For psychiatric care the Plan pays none %
 - 6. For out-of-hospital drugs the Plan pays 80 %
 - 7. Maternity Applied for XX Not Applied for 80%
- *THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES.

ADDITIONAL ACCIDENT

Accidental Injury Benefit XX Supplement
 Maximum benefits per accident \$ 300.00

SECURITY PROVISION

Applied for XX Not Applied for Coinsurance Amount \$ 1,000

MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant \$ 1,000,000

RATES

	CHOICE OF RATE TWO RATE	RATE	STRUCTURE FOUR RATE
Employee Only	\$ 57.95		\$ 57.95
Child or Children		+	54.89
Spouse		+	97.55
Spouse & Child(ren)		+ 105.34	111.50

These rates are firm for an effective date of no later than June 1, 1983 and will be guaranteed for twelve months subject to Federal Regulations regarding Medicare Coordination.

Dependent may be covered to age 25; disabled dependents may be covered to any age. No pre-existing conditions, including maternity, for present or future employees. Deductible applied with previous carrier will be assumed.

GROUP TERM LIFE INSURANCE

	THE COST		
	<u>TERM LIFE</u>	<u>24-HOUR AD&D</u>	<u>COMBINED</u>
1. Number of Employees	47	47	47
2. Amount of Insurance	\$470,000	\$470,000	\$940,000
3. Average Monthly Cost Per \$1,000	\$.96	\$.05	\$1.01
4. Total Monthly Premium	\$451.20	\$23.50	\$474.70

The above rates were based upon the number of lives, the age distribution, and amounts of insurance from the census data made available. To the extent that these factors vary on the actual employees insured, so will the rate vary.

Rates based on enrollment will be guaranteed for a term of 12 months beginning on the policy date selected.

A minimum enrollment of 75% of the eligible employees will be required if the program is contributory. A minimum enrollment of 100% of the eligible employees will be required if the program is non-contributory.



COST ANALYSIS

FOR
SABINE COUNTY

CURRENT COST TO COUNTY	\$ 49.54	Health
	11.60	Life \$10,000
	61.14	Total per employee
	x 47	employees
TOTAL MONTHLY COST TO COUNTY	\$2,873.58	

<u>BLUE CROSS PLAN I</u>	\$ 54.73	Health
	10.10	Life \$10,000
	64.83	Total per employee
	x 47	employees
TOTAL MONTHLY COST TO COUNTY.....	\$3,047.01	

<u>BLUE CROSS PLAN II</u>	\$ 51.95	Health
	10.10	Life \$10,000
	62.05	Total per employee
	x 47	employees
TOTAL MONTHLY COST TO COUNTY.....	\$2,916.35	

<u>BLUE CROSS PLAN III</u>	\$ 57.95	Health
	10.10	Life \$10,000
	68.05	Total per employee
	x 47	employees
TOTAL MONTHLY COST TO COUNTY.....	\$3,198.35	

Frank Pyle
Employee number of 1153 (copy, number of 3)

JFF/jdic

J. Frank Pyle

Sincerely yours,

We appreciate being afforded the opportunity to provide this valuable protection for your employees and regret the necessity of increasing the cost for it.

	Present	Effective June 1, 1983
Life (Per \$1,000)	\$ 1.10	\$ 1.10
ALAC (Per \$1,000)	\$.06	\$.06
Weekly Income (Per \$10)	N/A	N/A
Employee Medical	\$49.54	\$54.47
Dependent Medical	\$78.44	\$81.91

The premium rates for your medical insurance have been re-determined also. Partial or full pooling with similar groups is required due to the size of your group. Thus, the new rates are based on current annual rates for your plan of insurance, which consider not only the present composition of your group but also the constantly rising inflation/utilization trend factors. The increasing cost of medical care and expanded technology makes health insurance a much more costly but necessary product. Accordingly, billing rates must be adjusted as follows:

This review included recalculation of the life insurance rate. Based on the age, sex, and amount of insurance currently in force for each insured, the change, if any, is reflected in the schedule shown below.

The current underwriting review of your group coverage has just been completed.

Gentlemen:

RE: Group No. 7446

April 26, 1983

County of Sabine
County Courthouse
Hemphill, Texas 75948

Insurance Security Advance
May 9, 1983

TREASURER'S QUARTERLY REPORT
FOR THE MONTHS OF
JANUARY, FEBRUARY AND MARCH 1983

<u>FUND</u>	<u>BALANCE LAST QUARTER</u>	<u>RECEIPTS</u>	<u>DISBURSEMENTS</u>	<u>BALANCE</u>
OFFICERS SALARY	35,017.94	50,961.66	88,393.21	(2,413.61)
GENERAL COUNTY	(17,597.95)	90,927.32	55,975.94	17,353.43
PERMANENT IMPROVEMENT	1,726.04	7,936.95	1,424.94	8,238.05
JURY	6,949.81	8,025.00	3,222.50	11,752.31
RIGHT OF WAY	11,852.02	1,716.56	4,085.83	9,482.75
LATERAL ROAD	.03	.00	.00	.03
ROAD & BRIDGE SPECIAL	.00	34,477.12	34,477.12	.00
ROAD & BRIDGE TAX	.00	31,500.00	31,500.00	.00
R. & B. #1	25,111.71	14,794.55	9,555.04	30,351.22
R. & B. #2	52.37	19,100.00	10,400.72	8,751.65
R. & B. #3	18,284.70	13,358.68	12,492.54	19,150.84
R. & B. #4	9,498.99	20,621.97	23,905.03	6,215.93
REVENUE SHARING	185.05	8,224.65	8,295.55	114.15
REVENUE SHAR. PCT. 1	604.39	2,000.00	1,254.97	1,349.42
REVENUE SHAR. PCT. 2	6,145.36	2,000.00	6,485.42	1,659.94
REVENUE SHAR. PCT. 3	1,237.45	2,000.00	1,449.98	1,787.47
REVENUE SHAR. PCT. 4	530.78	2,000.00	.00	2,530.78
REVENUE SHAR. ADMIN.	10,096.02	295.55	10,395.00	(3.43)
LIBRARY	603.32	95.00	44.75	653.57
JAIL	.00	40,250.00	37,012.50	3,237.50

THE STATE OF TEXAS
COUNTY OF SABINE

I, Ullie Faye Sparks, County Treasurer for said County, do
solemnly swear that the above quarterly report is true and correct.

Ullie Faye Sparks

COUNTY TREASURER, SABINE COUNTY,
TEXAS

"Exhibit E"

A F F I D A V I T

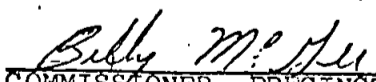
We, the County Judge and County Commissioners of Sabine County, Texas do hereby certify that Art. 1636 has been in all things complied with at the March Term 1983 of Commissioners Court and that we have counted the money held by the County Treasurer as reported to us in said Treasurer's Quarterly Report, and that we find the following amounts in each Fund to-wit:


OFFICERS SALARY	(2,413.61)
GENERAL COUNTY	17,353.43
PERMANENT IMPROVEMENT	8,238.05
JURY	11,752.31
RIGHT OF WAY	9,482.75
LATERAL ROAD	.03
ROAD & BRIDGE SPECIAL	.00
ROAD & BRIDGE TAX	.00
R. & B. #1	30,351.22
R. & B. #2	8,751.65
R. & B. #3	19,150.84
R. & B. #4	6,215.93
REVENUE SHARING	114.15
REVENUE SHAR. PCT. 1	1,349.42
REVENUE SHAR. PCT. 2	1,659.94
REVENUE SHAR. PCT. 3	1,787.47
REVENUE SHAR. PCT. 4	2,530.78
REVENUE SHAR. ADMIN.	(3.43)
LIBRARY	653.57
JAIL	3,237.50


COUNTY JUDGE



COMMISSIONER, PRECINCT NO. 1


COMMISSIONER, PRECINCT NO. 3


COMMISSIONER, PRECINCT NO. 2


COMMISSIONER, PRECINCT NO. 4

Sworn and subscribed before me this 9th day of May, A. D. 1983.


COUNTY CLERK

CHANGE ORDER

AIA DOCUMENT G701

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR
 FIELD
 OTHER

PROJECT: Sabine County Jail
 (name, address) Hemphill, Texas

CHANGE ORDER NUMBER: 1

TO (Contractor):

INITIATION DATE: January 24, 1983

Advance Construction, Inc.
 3890 Homewood Road
 Memphis, Tenn. 38118

ARCHITECT'S PROJECT NO: 2905
 CONTRACT FOR: New County Jail

CONTRACT DATE: April 12, 1983

You are directed to make the following changes in this Contract:

- | | |
|---|---------|
| 1. Add Chain Link Fence At Emeg.Gen. | \$425 ✓ |
| 2. Change Door #7 To 'B' Label | 25 ✓ |
| 3. Add Steel Beam At Detail 2/A2.2 | 206 ✓ |
| 4. Add Toilet Shield At Holding Cell | 449 ✓ |
| 5. Add Medical Supply Storage Cabinet | 364 ✓ |
| 6. Add Hose Bibb In North West Plumbing Chase | 27 ✓ |
| 7. Add Four(4) Smoke Detectors | 368 ✓ |
| 8. Add Exit Sign | 100 ✓ |
| 9. Add Security Door In Corridor 130. | 1995 ✓ |
| 10. Add 9 Night Lights | 195 ✓ |
| 11. Replace Acoustical Cieling In Security Corridor With Gold Bond Vinyl Rock | 115 ✓ |
| 12. Raise Building Elevation 1.00' | 1851 ✓ |
| 13. Relocate And Resize HVAC System | 1299 ✓ |

TOTAL ADD \$7,419

Not valid until signed by both the Owner and Architect.

Signature of the Contractor indicates his agreement herewith, including any adjustment in the Contract Sum or Contract Time.

The original (Contract Sum) (~~XXXXXXXXXXXXXXX~~) was \$ 413,205
 Net change by previously authorized Change Orders \$ -0-
 The (Contract Sum) (~~XXXXXXXXXXXXXXX~~) prior to this Change Order was \$ 413,205
 The (Contract Sum) (~~XXXXXXXXXXXXXXX~~) will be (increased) (~~decreased~~) (~~unchanged~~)
 by this Change Order \$ 7,419
 The new (Contract Sum) (~~XXXXXXXXXXXXXXX~~) including this Change Order will be ... \$ 420,624
 The Contract Time will be ~~XXXXXX~~ (~~XXXXXX~~) (~~XXXXXX~~) by () Days.
 The Date of Substantial Completion as of the date of this Change Order therefore is **unchanged**

Authorized:

Temple Associates, Inc. ARCHITECT 700 N. Temple Dr. Address Diboll, Texas 75941	Advance Construction, Inc. CONTRACTOR 3890 Homewood Road Address Memphis, Tenn. 38118	Sabine County, Texas OWNER Commissioners Court Address Hemphill, Texas
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BY <i>[Signature]</i>	BY <i>[Signature]</i> RVP.	BY _____
DATE 2/2/83	DATE 1/31/83	DATE _____

"Exhibit 3"

R. E. Smith
COMMISSIONER, PRECINCT NO. 1

G. J. Wison
COMMISSIONER, PRECINCT NO. 3

Billie M. H. W.
COMMISSIONER, PRECINCT NO. 2

Chester D. Cox Sr.
COMMISSIONER, PRECINCT NO. 4

Minnie Gosh
CLERK OF THE COURT

See exhibits