

APPROVED
10.09.25



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee

Meeting Minutes

August 11, 2025

Hybrid Meeting

Morgan County Public Safety Complex/Zoom

Recording: <https://www.youtube.com/watch?v=mX3ZcVzR7aA>

Attachments: trauma.ga.gov

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Courtney Terwilliger, Chair, GTC Member	Scott Stephens, Region One
Lee Oliver, Vice-Chair, Region Five (via Zoom)	
Jeff Adams, Region Two (via Zoom)	
Pete Quinones, Region Three GTC Member (via Zoom)	
Scott Roberts, Region Four	
John Smith, Region Six	
Duane Montgomery, Region Seven	
Allen Owens, Region Eight (via Zoom)	
Brian Hendrix, Region Nine (via Zoom)	
Huey Atkins, Region Ten	
Terry Cobb, GTC Member	
Dr. James "J" Smith, GTC Member	

STAFF & OTHER ATTENDEES PRESENT	REPRESENTING
Elizabeth Atkins	Georgia Trauma Commission
Katie Hamilton	Georgia Trauma Commission
Gabriela Saye	Georgia Trauma Commission
Gina Solomon	Georgia Trauma Commission
Crystal Shelnutt	Georgia Trauma Commission
Richard Rhodes (via Zoom)	OEMS/T
Kelly Joiner	OEMS/T
Kristin Spires	Region 10 RTAC
Cathy White	GEMSA
Keith White	GEMSA
Chad Black	GEMSA

CALLED AGENDA ITEMS

CALL TO ORDER

Courtney Terwilliger called the meeting to order at 10:00 AM on Monday, August 11th, with 12 members present.

APPROVAL OF MAY 22, 2025 MEETING MINUTES

Presented By Courtney Terwilliger

After the call to order, Courtney Terwilliger requested a motion to approve the minutes from the previous meeting or advise of any changes.

MOTION GTCNC EMS COMMITTEE 2025-8-01:

Motion to approve the May 22, 2025 meeting minutes as submitted.

MOTION BY: Scott Roberts

SECOND BY: Lee Oliver

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions

GTC UPDATE

Presented By Liz Atkins, Crystal Shelnutt, and Gina Solomon

Staff are currently focused on finalizing hard edits to the FY26 contracts, which began with the Trauma Centers and has caused some delays. Additional priorities include preparation for FY27 planning and the upcoming legislative session beginning January 1.

Regional RTAC Updates:

- Trauma education remained a core focus statewide, with regions hosting pediatric trauma skills, burn training, airway courses, surgical skills labs, and simulation-based pop-up events. Several symposiums and conferences are scheduled, drawing national speakers and regional collaboration.
- Stop the Bleed (STB) initiatives continue to expand across schools, EMS agencies, law enforcement, and community groups, with thousands of trainees reached and new applications for kits submitted.
- Prehospital blood programs advanced significantly, with multiple agencies initiating or expanding use and several regions developing protocols, funding pathways, and physician partnerships.
- Injury prevention efforts addressed falls in older adults, teen and distracted driving, firearm safety, water safety, child passenger safety, and community outreach events in both urban and rural settings.
- Performance improvement (PI) initiatives grew through regional data projects, formation of QA/PI committees, and improved PCR submission rates. Several RTACs are now working with GQIP to ensure data-driven decision-making.
- Regional trauma system infrastructure strengthened with new or updated trauma plans, MCI committee launches, expanded partnerships, and renewed leadership in regions undergoing transition.

GQIP Update:

- The upcoming GQIP meeting will be held next week and will include a session with Dr. Eileen Bulger on Regional Medical Operations Coordination Centers (RMOCC), focusing on medical operational control centers with a robust panel discussion. This meeting will be closed to allow for a detailed data review.
- Second-quarter 2025 data is expected soon. First quarter data included 92 patients with prehospital blood administration, most involving ground transport. Whole blood was the predominant product used, now captured more accurately through recent registry updates.
- This is the first year the registry has required detailed documentation of blood products, providing a more comprehensive dataset for analysis and ongoing collaboration with RTACs.

AVLS UPDATE

Presented By Dr. Tim Boone

- The quarterly annual report and backup documentation were distributed.
- Several counties in South Central Georgia transitioned 911 services to AmeriPro, which uses the Samsara system rather than AVLS equipment. Efforts are underway to bridge Samsara and AVLS data streams to provide consolidated feeds to the State Operations Center and regional directors.
- MG90 gateways are reaching end of life. An inventory of 50 units has been secured to cover the next year or two, with MP70s and new XR series units planned for replacement as technology allows.
- Bluetooth is being phased out industry-wide for medical device connectivity; Wi-Fi is becoming the standard. Only ~10% of Georgia ambulances remain Bluetooth-dependent for 12-lead transmissions.
- A critical update is required before September 27, 2025, to renew security certificates on MG90s. Agencies were notified and provided support contacts. Some units must be tracked down and updated to avoid being taken offline.
- Older OMG gateways cannot be updated and are being phased out. Units from decommissioned fleets are being reallocated to other agencies as needed.
- Exploring new temperature monitoring solutions (LoRa-based sensors) for blood and drug boxes as a potential lower-cost, FDA-approved alternative to Bluetooth.
- Overall progress is being made on updates, with strong cooperation from fleet managers across the state.

GEMSA UPDATE

Presented By Cathy White

Cathy reported that as of July, 41 initial education classes had been completed under the grant-funded education program, with all but one skills lab finished and the final scheduled for October. Six initial education grants were returned after services declined to use them. Instructor Preparedness courses are ongoing, with one completed and additional sessions planned for August in Laurens, September in Douglas, and November in Houston County. EVOC Train-the-Trainer, Axioms of Leadership, Moulage, Farm Medic, Auto-Extrication with patient care, and Low Angle Ropes with patient care courses have all been completed, while three TECC courses remain scheduled for completion before November. Over 25 NAEMT programs were completed, along with the Intro to Leadership course and the first two modules of the Leadership Program, with the third module scheduled for August at Callaway Gardens. Eight Mental Health First Aid courses have been delivered,

with Region 7 to be rescheduled and Region 8 still pending. Equipment purchases for TECC and Farm medic courses are ongoing. In addition, approximately \$1,900 in supplemental EMT/EMTA grant payments will be distributed to eligible programs, with notification letters pending signature and approval.

EMS EQUIPMENT GRANT WORKGROUP

Presented By Lee Oliver

The workgroup discussed a proposal by Terry Cobb raising the minimum funding allocation for small EMS providers. A proposal was considered to establish a \$10,000 minimum (“floor”) for zoned 911 services, ensuring smaller providers with fewer trucks would receive a meaningful amount of funding for capital purchases. While the group supported the concept, it was noted that the original spending plan had already been approved, and adopting a \$10,000 minimum would exceed the current budget by \$65,000. Courtney reminded the group that Robert’s Rules would require a motion to rescind the previous budget approval. After discussion, the proposal was revised to a floor of \$9,275.50, which allowed the plan to remain within the approved budget.

MOTION GTCNC EMS COMMITTEE 2025-8-02:

Motion to approve a minimum EMS Equipment grant payment to zoned 911 services of \$9,275.50 per service.

MOTION BY: Terry Cobb

SECOND BY: John Smith

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions

Some members expressed concern that services might use grant funds for consumables or routine supplies rather than for equipment that meaningfully improves trauma care. The general consensus was that funding should prioritize capital equipment over supplies; however, the group acknowledged that the exact definition of “appropriate” expenditures may need further clarification. In addition, fluid warmers were discussed as a potential future requirement. While their benefits were recognized, members noted significant uncertainty regarding the shelf life of warmed fluids, ranging from 28 to 190 days depending on interpretation, and the obligation to keep fluids continuously warmed once placed in a warmer. These issues raised concerns about feasibility, particularly for smaller services, and the group agreed that further research and discussion will be necessary before fluid warmers can be established as a required item in future grant cycles. A follow-up meeting for the equipment workgroup will be scheduled to have an approved list amended in preparation for an October Equipment grant application to open.

The workgroup also discussed adding a 50% RTAC meeting attendance requirement (in-person or virtual) for services applying for future equipment grants. This recommendation reflects the increasing availability of hybrid meeting formats across nearly all regions and is intended to strengthen provider engagement and accountability in regional trauma system activities. In areas where a virtual option is not offered, those meetings would not be counted against the 50% attendance threshold.

MOTION GTCNC EMS COMMITTEE 2025-8-03:

Motion to require Zoned 911 EMS providers to maintain at least 50% participation in RTAC meetings (in-person or virtual) as a condition of eligibility for future EMS equipment grant funding.

MOTION BY: Lee Oliver

SECOND BY: John Smith

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions

PREHOSPITAL BLOOD SUBCOMMITTEE UPDATE

Presented By Chad Black

Chad Black provided an overview of the subcommittee's initial meeting and membership, which includes representatives from the Trauma Commission, Piedmont Athens, Northeast Georgia Medical Center, Grady, OEMS/T, and others with significant experience in blood product programs.

The committee's focus is on securing and standardizing the program, defining training requirements, equipment needs, and operational components. Crystal Shelnett and Hugh have compiled a recommended equipment list, with vendor quotes obtained from North American Rescue for Delta Coolers with integrated temperature monitoring and QuinFlow blood warmers. Bulk purchase discounts are available, though questions remain about optional add-ons such as LifeFlow.

Discussion included:

- **Hospital Coordination:** Concerns regarding blood bank policies, billing practices, and the role of hospital-based services. Experiences have varied across regions, with some hospitals welcoming partnerships while others raised accreditation barriers.
- **Training & Protocols:** Crystal, Heather, and Jesse are leading work on initial and ongoing training. Grady's transfusion protocols, already yielding strong outcomes (notably improved survival in penetrating trauma), were recommended as a model. A potential training partnership through the SPARC (Selected Prehospital Advanced Resuscitation Care) program was also highlighted.
- **Operational Considerations:** Regionalized deployment may be appropriate in rural areas to maximize use and ensure sustainability. Accountability is critical; noncompliant agencies could risk suspension or loss of equipment. RTACs may serve a coordinating/oversight role, including equipment monitoring and reporting.
- **Blood Bank Variability:** There is a lack of statewide consistency in blood bank policies, creating obstacles for services seeking to participate. Some require accreditation, while others are more flexible.
- **Costs & Sustainability:** The current unit cost of O-negative blood is approximately \$556. Start-up grants could cover equipment, but agencies must secure long-term sustainability for consumables and logistics. Proposed requirements include annual (or multiple) community blood drives to help offset costs and ensure supply.
- **Medical Director Involvement:** Emphasis was placed on ensuring medical directors are fully informed and engaged, given their critical oversight role.
- **Standardization & Technology:** Consensus emerged that standardizing equipment (temperature monitoring and warmers) is preferable to ensure quality and compatibility. Options such as Bluetooth-enabled monitoring and live tracking were reviewed.

In closing, Chad emphasized the importance of accountability, hospital buy-in, and long-term sustainability. The committee will continue to refine recommendations for the Commission, with an emphasis on standardized equipment, oversight mechanisms, and integration of proven training models.

EMS EDUCATION TOOLKIT SUBCOMMITTEE UPDATE

Presented By Scott Roberts

Scott reported that a committee has been formally established to guide instructor development, with the first official meeting scheduled for Friday. Members include representatives from the Trauma Commission, State Office of EMS, GEMSA, Southeastern Tech, and other training leaders, bringing diverse experience and expertise.

The group will focus on identifying best practices across the state, gathering curriculum materials from successful programs, and creating a standardized repository of lesson plans, audiovisual resources, and instructional tools. Funding may support the development of an online portal to house training videos and shared materials, ensuring statewide access.

Scott emphasized the importance of investing in curriculum development and supporting new instructors as they build teaching skills, noting that instructional ability takes time and practice to refine. The committee aims to strengthen consistency in EMS education while leveraging proven strategies from high-performing programs.

MARCH PAWS UPDATE

Presented By Courtney Terwilliger

Several training videos have been completed, with additional recordings scheduled with Dr. Ashley and Liz. Work is also underway with Dr. Mabes at Augusta University, who has already launched simulation labs in five rural hospitals, a project supported through partial funding from this initiative. Additional physicians are being contacted to participate, with Dr. Mabes already committed.

The MARCH PAWS slide deck is divided into three presentations (30–45 minutes each) to maintain engagement and improve learning outcomes. The project is progressing well, with the goal of completing remaining videos quickly.

NEW BUSINESS- GEMSA BUDGET REALLOCATIONS

Presented By Courtney Terwilliger

Courtney identifies the purpose of this discussion is to reallocate current-year GEMSA funds to complete Leadership Module 3 & Module 4. Later in the discussion, the need to fund a Region 2 Trauma Skills Lab was also identified. This budgetary shortfall was recently identified as GEMSA's contract with the GTC runs through November, requiring six modules of the leadership program instead of the planned four if the contract were in line with the fiscal year.

Key Cost Figures discussed in the conversation:

- Leadership Module 3: ~\$53,000 (higher due to GSU contract components; some references cited ~\$57,000 historically).
- Leadership Module 4: ~\$35,000.
- Combined M3 + M4: \$88,000–\$92,000 (working figure used: \$92,000).
- Region 2 Trauma Skills Lab: \$46,000.
- Trauma Skills Lab residual savings to date: ~\$27,902 (additional savings possible via donated supplies/equipment).

- EMT/EMR class budget vs. actuals: Budgeted \$8,300–\$8,340 per class; actual average payout ≈ \$6,100 (creating per-class residuals).
- Potential EMT/EMR classes launching now: 14 (many would straddle fiscal years if allowed to start late-FY25).

Funding Approaches Considered:

Plan A – presented by Terry Cobb

This plan will cancel/selectively reduce courses contracted but not currently listed on GEMSA’s website as accepting student enrollment (e.g., TECC, mental health, Instructor Prep) and potentially accelerate contract closure, allowing movement into the next contract sooner. It would enable ~\$96,000 for reallocation (plus the added \$27,902 lab residual once validated). It would require amending GEMSA deliverables, but would remove no money from the EMT/EMR or NAEMT programs that the EMS agencies receive.

Course	# Approved	Cost Per Course	Total Budget	Budget Remaining in Courses that have taught the contracted #	Dates Scheduled according to the website					Total # of Classes with no additional scheduled	Number Remaining Unscheduled	Savings if Remainder are Cancelled
Intro To Leadership	1	\$25,000.00	\$25,000.00	\$2,419.62						Complete		\$2,419.62
Leadership	1	\$155,925.00	\$155,925.00	\$6,344.05	Bibb	Crisp	Spalding	Columbia	Laurens			\$6,344.05
Trauma Skills Lab	10	\$46,000.00	\$460,000.00		6/13/25	6/27/25	7/18/25	8/8/25	9/4/25	10		
NAEMT	25	\$5,850.00	\$146,250.00							N/A		N/A
Farm Medic	8	\$7,040.00	\$56,320.00	\$7,665.13						Complete +1		\$7,665.13
Auto Extrication	4	\$21,500.00	\$86,000.00	\$5,269.26						Complete		\$5,269.26
Axioms	3	\$24,000.00	\$72,000.00	\$449.69	Henry	Rabun				Complete		\$449.69
TECC	12	\$8,800.00	\$105,600.00		Sept 6-7	Nov 15-16				10	2	\$17,600.00
EVOC	3	\$5,747.20	\$17,241.60		Jackson	Laurens	Douglas			Complete		
EMS Instructor	4	\$14,850.00	\$59,400.00		June 16-19	Aug 18-21	Sept 29-Oct 2			3	1	\$14,850.00
EMR/EMT	45	\$8,340.00	\$375,300.00							N/A		N/A
EMT/AEMT Instructor Cost	1	\$64,174.00	\$64,174.00							N/A		N/A
Ropes	2	\$8,800.00	\$17,600.00	\$5,969.00						Complete		\$5,969.00
Moulage	1	\$8,250.00	\$8,250.00	\$1,576.75						Complete		\$1,576.75
1 Day Consortium	2	\$10,000.00	\$20,000.00		Cobb	Columbia	Clarke	Tattnall		-1	1	\$11,163.66
Mental Health	10	\$4,166.00	\$41,660.00		7-Jul	2-Jul	10-Jul	24-Jul		8	2	\$8,332.00
Equipment	1	\$15,000.00	\$15,000.00							n/a		\$15,000.00
				\$29,693.50	Potentially Available to Reallocate							\$96,639.16

Cathy White indicated they had already contracted with an attorney for \$4,000 to speak at the one-day EMS educator consortium they plan to hold at the Jekyll Island conference, but they haven’t yet advertised.

Plan B- presented by Courtney Terwilliger

This plan does not edit course deliverables outside of adding two leadership classes but does reallocate residual funding, including \$38,000 from NAEMT grants since the deliverable of 25 classes has been exceeded, and cancels one EMT program. Courtney developed the spreadsheet, and GEMSA staff completed the content, ensuring it reflected current courses completed, even if those courses had yet to be invoiced to the GTC, and all courses they had committed to.

Description of Services	Amount per unit of Measure	Unit	# of units contracted	Units Completed	Spent but not GTC Invoiced or anticipate to be spent on Classes	Budget	Budget spent	Remaining Funds	Notes	Available?
GEMSA Introduction to EMS Leadership Program	25,000.00	Course	1	1	0.00	25,000.00	22,580.38	2,419.62		2,419.62
Leadership Program	155,925.00	Course	1	4 Modules		155,925.00	151,263.00	4,662.00	GSU money? Need funds for III & IV	4,662.00
Trauma Skills Lab	46,000.00	Course	10	9	215,263.86	460,000.00	216,834.00	27,902.14	Bibb, Spalding, Crisp Completed, Columbia Co - August, Laurens Co - September Hall County is wanting to do Lab in October 2025	
NAEMT	5,850.00	Course	25	29	0.00	146,250.00	108,229.09	38,020.91		38,020.91
Farm Medic	7,040.00	Course	8	9	0.00	56,320.00	48,760.00	7,560.00	Would like to do one more class - multiple request	7,560.00
Auto Extrication	21,500.00	Course	4	4	0.00	86,000.00	80,731.00	5,269.00	Elbert County would like to do this class	5,269.00
Axioms of Leadership	24,000.00	Course	3	3	0.00	72,000.00	71,550.00	450.00	Multiple Request for this class	450.00
TECC	8,800.00	Course	12	9	30,622.00	105,600.00	71,977.00	3,001.00	Planned, Bryan, Henry, Rabun	
EVOC	5,747.20	Course	3	3	0.00	17,242.00	18,800.00	-1,558.00	Bibb County has requested this class	
EMS Instructional Preparedness Course for Initial Credentials	14,850.00	Course	4	1	59,400.00	59,400.00	0.00	0.00	Laurens County, Douglas County and Houston County upcoming Jackson Co completed but have not invoiced	
EMT/EMR	8,340.00	Course	45	41 - 6 more given out not used	3,801.70	375,300.00	243,034.18	128,464.12	Projected and Ready to give out 14 more EMT Grants amount per class of	
EMT/AEMT Instructor	64,174.00	Course	1	in process	64,174.00	64,174.00	0.00	0.00	Preparing to send out these checks	
Patient Handling Low Angle	8,800.00	Course	2	2	0.00	17,600.00	11,631.00	5,969.00	Region 1 has requested this class	5,969.00
Moulage Course	8,250.00	Course	1	1	0.00	8,250.00	6,991.84	1,258.16		1,258.16
SOEMS Consortium	10,000.00	Course	2	1	11,153.00	20,000.00	8,847.00	0.00	October 2025 Next Course	
Mental Health First Aid	4,166.00	Course	10	8	15,748.00	41,660.00	9,984.00	15,928.00	Region 7 and Region 8 to Reschedule	15,928.00
Equipment	15,000.00	Equipment	1		15,000.00	15,000.00	0.00	0.00		
Course Cost					415,162.56	1,725,721.00	1,071,212.49	239,345.95		81,536.69

*The chart above was edited from Courtney's original proposal; edits were made during the discussion, which are ultimately reflected in the reallocated totals below.

Courtney identified the primary difference between the two plans as the reallocation of the NAEMT funding, totaling \$38,000, but he aimed to leave the EMT funding in place. A short discussion ensued on why 6 EMT grants were awarded and ultimately returned. Cathy stated that there were logistical issues with obtaining the 12-student minimum, difficulty with instructor availability, and other concerns.

Courtney reiterated that his spreadsheet doesn't do away with any classes that we are contracted to do. They would be expected to meet their contractual arrangements.

Questions arose on the totals and residuals for the Trauma Skills Labs courses and the nearly \$28,000 remaining. Cathy indicated they still had four labs that had been completed and not invoiced, some with precise costs and others (Columbia County) estimated at the full \$46,000 amount.

Some contractual conversations were had on future contracts aligning to prevent a 4-module leadership program from spanning multiple fiscal years. Katie indicated that an amendment would reconcile this change. The group discussed aligning future contracts with a calendar year and the unique structure of this contract extending through November.

The conversation returned to the trauma labs and how Region 2 was going to miss out on the opportunity for a trauma skills lab aligned with their regional symposium because of the contract date. Courtney recommends taking a little bit out of the EMR/EMT budget to provide trauma skills lab funding. Cathy recommended cancelling the final EMS Instructor program for an additional savings of \$14,850. This brings Courtney's spreadsheet working total for reallocation to \$96,386.69. Based on Cathy's estimates of \$53,000 for Module 3 and \$36,000 for Module 4, the total funding needed is \$89,000.

The conversation returned to the Region 2 Trauma skills lab, where Courtney indicated the only way to fund it was to reallocate EMT/EMR funding. Cathy indicates EMT funding is still available, but they have sent out additional grant opportunities for EMS agencies for 14 additional initial education classes. While they had many more applications, these were identified as course-ready in a reasonable timeframe, aligning with the current contract. Significant discussion ensued on future contract periods, funding across fiscal and calendar years, and future alignment of education goals. With many programs not completed before the end of November, Scott recommended considering allocating EMT funds to the Region 2 skills lab. It was reviewed that this lab would be the 11th lab of the contract, with two labs being completed in Region 5. Cathy indicates that a residual funding reallocation request from 2023 caused the extra lab this year.

The group returned to conversations comparing the two proposals in what would be cancelled, added, and amended based on each plan. Courtney reiterated that he strongly opposes cancelling classes. After discussion, an additional \$27,902.14 was added to Courtney's and Terry's sheet to reflect savings on the trauma skills lab to date. That increased the total for reallocation to for Courtney's plan to \$124,288.83 and Terry's to \$124,541.30. Courtney recommended that if one additional EMT class were removed, then this plan would cover the two leadership modules and the Region 2 trauma skills lab. Courtney again reiterated the need not to cancel courses across the program, with the exception of the additional EMT class and the instructor class.

MOTION GTCNC EMS COMMITTEE 2025-8-04:

Motion to authorize reallocation of \$124,288.83 (per Courtney's plan) plus funds equal to one EMT class to fully fund Modules 3 and 4 of the Leadership program and a Trauma Skills lab in Region 2.

MOTION BY: Scott Roberts

SECOND BY: Jeff Adams

VOTING: In favor: Lee Oliver, Jeff Adams, Pete Quinones, Scott Roberts. John Smith, Duane Montgomery, Brian Hendrix, and Courtney Terwilliger. Huey Atkins and Terry Cobb vote against.

ACTION: The motion **PASSED** with the majority in favor

The total for the amended spreadsheet and the additional funding for an EMT class is \$132,628.83. Cathy requested confirmation that she has approval to proceed with scheduling and funding the Region 2 Trauma Skills Lab, which Courtney confirmed.

Cathy was again asked to provide the list of EMT/EMR programs that initially applied for the grants but were unable to complete the course and to work with the RTACs to potentially identify partners in hosting initial education programs, specifically in our rural counties.

Courtney ended the meeting by asking the committee to consider long-range planning and ensure its actions align with improving trauma care outcomes.

Huey discussed recent conversations with statewide leaders on telemedicine related to an Emory grant. A brief discussion covered the history of uptake and challenges with telemedicine and a potential partnership with the EMS Committee. There is currently no financial ask from the group, only a partnership to ensure patients are transported to the correct location to assist in mitigating transfer delays. Huey will arrange for a presentation to the group at a later date.

Courtney then led a brief conversation about EMS trip reports and the difficulty of consistently making them available to the hospitals. Barriers in technology and staffing were discussed, and Kelly Joiner discussed some of her findings from OEMS&T.

MOTION GTCNC EMS COMMITTEE 2025-8-05:

Motion to adjourn.

MOTION BY: Terry Cobb

SECOND BY: Hury Atkins

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions