

WARREN COUNTY OFFICE OF EMERGENCY SERVICES



Main Office
1340 State Route 9
Lake George, NY 12845
518-761-6240
Fax: 518-761-6402
oes@co.warren.ny.us

BRIAN A. LAFLURE
Director
Fire Coordinator

Divisions
EMS Coordinator
Gary Scidmore
Hazmat/WMD Coordinator
Jamie Schrammel

AMY J. DREXEL
Deputy Director
Emergency Services Coordinator

Public Safety Committee Agenda

October 1, 2012

1. Committee meeting called to order by Chairman.
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. **Request:** Travel approval for Brian LaFlure and Amy Drexel to attend the Governor's Summit on State Preparedness at the Empire State Plaza on October 28-30, 2012.

Rationale: This conference will highlight new leadership and direction in statewide planning and preparedness. Current risks, best preparation practices and strategies for planning, response and recovery will be addressed. Registration fees, lodging and meals will be provided for by New York State.

2. **Request:** Travel approval for Amy Drexel to attend the Instructor Development Workshop at the State Preparedness Training Center in Oriskany, NY on October 15-18, 2012.

Rationale: This workshop serves to improve the instructional skills in the areas of homeland security and emergency services. Teaching and training practices, instructor effectiveness and methods of instruction will be addressed. Lodging, registration fees and lunch will be provided for by New York State.

3. **Request:** Resolution request to amend the 2012 budget to remove from appropriation code A.3645 – Homeland Security the State Homeland Security Program FY11 grant and create its own revenue and expense codes.

Rationale: Per the request of New York State, open grants are to be moved to the new account structure.

4. **Request:** Resolution request for a transfer of funds from A.3645.4001 410 – FY09 State Homeland Security Program (SHSP)-Supplies to A.3645.4001 260 – FY09 SHSP-Other Equipment in the amount of \$251; from A.3645.4001 470 – FY09 SHSP-Contract to A.3645.4003 260 – FY09 SHSP-Other Equipment in the amount of \$32,742; from A.3645.4003 445 – FY11 SHSP-Foods to A.3645.4003 250 – FY11 SHSP-Technical Equipment in the amount of \$6,212; and from A.3645.4003 445 – FY11 SHSP-Foods to A.3645.4003 260 – FY11 SHSP-Other Equipment in the amount of \$5,977.

Rationale: To correct the 2012 budget due to grant amendments.

5. **Request:** Discussion and resolution request to apply for the FY12 Haz-Mat Grant Program.

Rationale: New York State now requires all hazmat teams to provide their own sustainment of equipment. The funds to take this over are available through this regionally submitted grant.

Old Business/Pending Items

Topics for Discussion

1. Update on Emergency Services Training Center
2. RACES Radio Officer – Notification of new officers
Radio Officer: Derrick Helms, KD2ALW
Deputy Radio Officer: David Gealt, KD2BVA
3. Update on Command Vehicle work

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Public Safety Committee hereby authorizes Brian LaFlure

(Supervisory Committee) (Employee Name)

to attend the Governor's Summit on State Preparedness

(Name of meeting or organization)

at Empire State Plaza - Albany, NY

(Address)

on October 28-30, 2012. Mode of transportation to be used County Vehicle

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

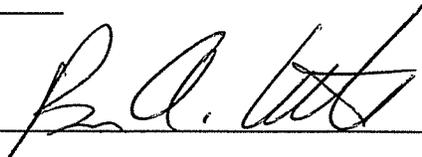
Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
 - Meal costs - GSA* per diem rate \$ _____
- *www.gsa.gov

Date: 10/02/12



Department Head Signature

Date: 10/01/12



Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Public Safety Committee hereby authorizes Amy Drexel

(Supervisory Committee) (Employee Name)

to attend the Governor's Summit on State Preparedness

(Name of meeting or organization)

at Empire State Plaza - Albany, NY

(Address)

on October 28-30, 2012. Mode of transportation to be used County Vehicle

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ _____ GSA * Rate \$ _____
 Meal costs - GSA *per diem rate \$ _____
* www.gsa.gov

Date: 10/01/12 _____

Department Head Signature

Date: 10/01/12 _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Public Safety Committee hereby authorizes Amy Drexel

(Supervisory Committee) (Employee Name)

to attend the Instructor Development Workshop

(Name of meeting or organization)

at Oriskany, NY

(Address)

on October 15-18, 2012. Mode of transportation to be used County Vehicle

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
 - Meal costs - GSA* per diem rate \$ _____
- *www.gsa.gov

Date: 10/01/12 _____

Department Head Signature

Date: 10/01/12 _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Office of Emergency Services

DATE: October 19, 2012

(a) Purpose of Amendment: Amending the 2012 budget to remove from appropriation code A.3645 - Homeland Security the State Homeland Security Program FY11 grant and create its own revenue and expense codes per the request of New York State.

(b) Appropriation Code, Object Code, Full Title and Amount:

A.3645.4003 240 – FY11 State Homeland Security Program – Highway Equipment	\$20,370
A.3645.4003 250 – FY11 State Homeland Security Program – Technical Equipment	\$14,788
A.3645.4003 260 – FY11 State Homeland Security Program – Other Equipment	\$42,023
A.3645.4003 445 – FY11 State Homeland Security Program – Foods	\$12,189
A.3645 240 – Homeland Security Program – Highway Equipment	(\$20,370)
A.3645 250 – Homeland Security Program – Technical Equipment	(\$14,788)
A.3645 260 – Homeland Security Program – Other Equipment	(\$42,023)
A.3645 445 – Homeland Security Program – Foods	(\$12,189)

(c) Revenue Code (with title), and Amount:

A.3645.4003 4380 – FY11 State Homeland Security Program –
State Homeland Security Program \$89,370

A.3645 3306 – Homeland Security Program – Homeland Security (\$89,370)

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Office of Emergency Services

SIGNED:

DATE: October 19, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3645.4001 410	FY09 SHSP - Supplies	A.3645.4001 260	FY09 SHSP - Other Equipment	\$251
A.3645.4001 470	FY09 SHSP - Contract	A.3645.4001 260	FY09 SHSP - Other Equipment	\$32,742
A.3645.4003 445	FY11 SHSP - Foods	A.3645.4003 250	FY11 SHSP - Tech. Equipment	\$6,212
A.3645.4003 445	FY11 SHSP - Foods	A.3645.4003 260	FY11 SHSP - Other Equipment	\$5,977

Please state reason for transfers requested: To correct the 2012 budget due to grant amendments.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: October 19, 2012

- (a) Purpose of Grant: FY12 Haz-Mat Grant Program
- (b) Name of Grantor: NYS Division of Homeland Security and Emergency Services
- (c) Address of Contractor: 1220 Washington Ave, Building 7A Suite 610, Albany, NY 12242
- (d) Grantor's Contact Person and Telephone Number: Director Steven Kuhr, 292-2301
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach?
- (f) - Effective Date of Grant: 1/1/13 -
- (g) Termination Date of Grant: 12/31/14
- (h) Total Dollar Amount Involved (not to exceed): \$91,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 10/19/12
- (j) Is a Budget amendment required? If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: No

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx