

# WARREN COUNTY OFFICE OF EMERGENCY SERVICES



**Main Office**  
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oes@warrencountyny.gov

**BRIAN A. LAFLURE**  
Director  
Fire Coordinator

**AMY J. DREXEL A.E.M.**  
Deputy Director  
Emergency Services Coordinator

**Divisions**  
EMS Coordinator  
*Micki Guy*  
Hazmat/WMD Coordinator  
*Jamie Schrammel*

## Public Safety Committee Agenda

March 3, 2014

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 Scott Combs to attend the NYS Fire Coordinators Conference at the New York State Fire Academy in Montour Falls on March 19-21, 2014.

**Rationale:** To get updates from the State on fire and hazmat related issues.

2. **Request:** Resolution request to approve the revision of the Warren County Comprehensive Emergency Management Plan.

**Rationale:** This document is the over-arching plan for all response plans within the County.

3. **Request:** Resolution request to approve the Mass Fatality Plan.

**Rationale:** This document will serve as an annex to the Warren County Comprehensive Emergency Management Plan and can be used for all-hazards mass fatality management.

4. **Request:** Resolution request to approve revisions to the Warren County Fire Mutual Aid Plan.

**Rationale:** The Warren County Fire Mutual Aid Plan establishes guidelines for the development of uniform agreements between fire and other emergency response agencies.

5. **Request:** Resolution request to apply for the FY2014 State Homeland Security Program grant in an amount not to exceed \$72,000.

**Rationale:** The State has not yet released the application documents however this office has been informed that the award is expected to increase by at least fifteen percent and not more than twenty percent over the FY2012 award of \$60,000.

6. **Request:** Resolution request to transfer funds from A.3645.4005 422 – FY12 Hazmat Grant Program-Repair/Maint-Equipment to A.3645.4005 260 – FY12 Hazmat Grant Program-Other Equipment in the amount of \$13,000.

**Rationale:** Transfer is needed purchase equipment for the Adirondack Regional Hazmat Consortium.

7. Discussion on setting a meeting for the full Board on EMS in Warren County.

### **Old Business/Pending Items**

- 1) Referral to County Facilities Committee requesting review of a proposal to construct a shelter to house OES vehicle and equipment. (09.25.13) Update: Various options to be researched including estimate of cost to construct a pole barn on County property, use of property at the Airport, at Perkins Recycling Building, or a building near Westmount Health Facility. (10.25.13)

### **Topics for Discussion**

1. Update on Communications Vehicle

**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 Scott Combs  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend the NYS Fire Coordinators Conference  
\_\_\_\_\_  
(Name of meeting or organization)

at the NYS Fire Academy in Montour Falls, NY  
\_\_\_\_\_  
(Address)

on March 19-21, 2014. 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 \$ \_\_\_\_\_

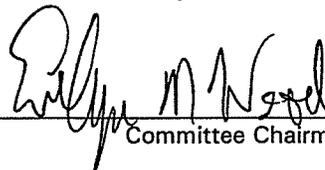
\* [www.gsa.gov](http://www.gsa.gov)

Date: 3/03/14

  
\_\_\_\_\_

Department Head Signature

Date: 3/03/14

  
\_\_\_\_\_

Committee Chairman Signature

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

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**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 NYS Fire Coordinators Conference  
\_\_\_\_\_  
(Name of meeting or organization)

at the NYS Fire Academy in Montour Falls, NY  
\_\_\_\_\_  
(Address)

on March 19-21, 2014 . 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 \$ \_\_\_\_\_

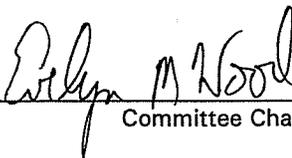
\* [www.gsa.gov](http://www.gsa.gov)

Date: 3/03/14

  
\_\_\_\_\_

Department Head Signature

Date: 3/03/14

  
\_\_\_\_\_

Committee Chairman Signature

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

\*\*\*\*\*

# ***RESOLUTION REQUEST FORM NO. 20***

## ***MISCELLANEOUS***

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: Office of Emergency Services**

**DATE: March 3, 2014**

- (a) Purpose of Request: To approve revisions to the Warren County Comprehensive Emergency Management Plan.
  
- (b) Details:
  
- (c) Previous Resolution Number: 777 of 2003, 87 of 2011 and 192 of 2013
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

# ***RESOLUTION REQUEST FORM NO. 20***

## ***MISCELLANEOUS***

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: Office of Emergency Services**

**DATE: March 3, 2014**

- (a) Purpose of Request: Approving the Mass Fatality Plan as an annex to the Warren County Comprehensive Emergency Management Plan.
  
- (b) Details:
  
- (c) Previous Resolution Number:
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

# ***RESOLUTION REQUEST FORM NO. 20***

## ***MISCELLANEOUS***

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: Office of Emergency Services**

**DATE: March 3, 2014**

- (a) Purpose of Request: Approving revisions to the Warren County Fire Mutual Aid Plan
  
- (b) Details:
  
- (c) Previous Resolution Number: 119 of 1959, 116 of 1979, 135 of 1986
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

# ***RESOLUTION REQUEST FORM NO. 5***

## ***Request to Apply for a Grant Application and Grant Agreement***

**DEPARTMENT NAME:** Office of Emergency Services

**DATE:** March 3, 2014

- (a) Purpose of Grant: FY14 State Homeland Security Grant Program.
- (b) Name of Grantor: NYS Division of Homeland Security and Emergency Services
- (c) Address of Contractor: 1220 Washington Ave, Building 7A, 6<sup>th</sup> Floor, Albany, NY 12242
- (d) Grantor's Contact Person and Telephone Number: Michael Heath, 518-242-5178
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Yes
- (f) Effective Date of Grant: TBD
- (g) Termination Date of Grant: TBD
- (h) Total Dollar Amount Involved (not to exceed): \$72,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: TBD
- (j) Is a Budget amendment required? At a later date 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**

\*as listed in budget and LOGOS

# 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: March 3, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3645.4005 422	FY12 Hazmat Grant Program - Repair/Maint-Equipment	A.3645.4005 260	FY12 Hazmat Grant Program - Other Equipment	\$13,000

Please state reason for transfers requested: To purchase equipment for the Adirondack Regional Hazmat Consortium

### 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.