

Public Safety Committee
Warren County Office of Emergency Services
AGENDA
January 21, 2015

Committee Members: WOOD, Girard, Taylor, Frasier, Brock, Seeber, Simpson

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior committee meeting
- III. Action Agenda/New Business
 1. **Request:** Resolution request to extend the existing contract with the Glens Falls Fire Department for cause and origin investigation services.
Rationale: This is an annual contract that needs to be extended for the provision of fire cause and origin investigation services for the period of January 1, 2015-December 31, 2015.
 2. **Request:** Resolution request to approve the Hazardous Weather Annex.
Rationale: This annex is needed to complete the Storm Ready Community application.
 3. **Request:** Resolution request to fill the position of Second Deputy EMS Coordinator due to resignation.
Rationale: This position needs to be filled to maintain our current capabilities in our EMS division.
 4. **Request:** Travel approval for Brian LaFlure and Amy Drexel to attend the New York State Emergency Management Association Winter Conference in Syracuse, NY on February 10-12, 2015.
Rationale: This annual conference provides updates from the State on various emergency response projects and grants. The conference registration fee of \$125.00 per person is to be paid for out of the existing 2015 budget.
 5. **Request:** Travel approval for Brian LaFlure and Scott Combs to attend the County Fire Coordinator Conference in Montour Falls, NY on March 19-20, 2015.
Rationale: To participate in current updates to the fire service in New York State. A county vehicle will be used for travel with the county incurring no other costs.
 6. **Request:** Resolution request to amend the 2015 budget to accommodate the Local Emergency Planning Committee grant in the amount of \$6,847.67.
Rationale: Resolution needed to carry over grant funds from 2014 to commence the purchasing process.
 7. **Request:** Resolution request to amend the 2015 budget to accommodate the FY13 State Homeland Security Grant Program in the amount of \$22,521.02.
Rationale: Resolution needed to carry over grant funds from 2014 to commence the purchasing process.
 8. **Request:** Resolution request to amend the 2015 budget to accommodate the FY13 Hazmat Grant Program in the amount of \$32,198.63.
Rationale: Resolution needed to carry over grant funds from 2014 to commence the purchasing process.
 9. **Request:** Resolution request to amend the 2015 budget to accommodate the FY14 State Homeland Security Grant Program in the amount of \$59,399.85.
Rationale: Resolution needed to carry over grant funds from 2014 to commence the purchasing process.

- IV. Referral/Pending Items
No pending items this month.
 - V. Information for Discussion/Review
 - VI. Privilege of the Floor to discuss any additional items to come before the Committee
 - VII. Motion to adjourn
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Attachments

#1 Request for Extending, Rescinding or Amending Existing Contract

#2 Miscellaneous

#3 Notice of Intent to Fill Vacant Position

#4 Authorization to Attend Meeting or Convention

#5 Authorization to Attend Meeting or Convention

#6 Request to Amend County Budget

#7 Request to Amend County Budget

#8 Request to Amend County Budget

#9 Request to Amend County Budget

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: January 21, 2015

- (a) Purpose of Contract Change:
Contract extension
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
408 of 2006 & 653 of 2010
- (c) Name of Contractor:
Glens Falls Fire Department
- (d) Address of Contractor: **134 Ridge Street, Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number:
Chief James Schrammel 518-761-3822
- (f) Commencement Date of Extension: **January 1, 2015**
- (g) Termination Date of Extension: **December 31, 2015**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount:
A.3410 470 - Fire Prevention & Control, Contract
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. 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: January 21, 2015

- (a) Purpose of Request:
To approve the Hazardous Weather Annex.

- (b) Details:
Approval of this annex is needed to move forward with the application for the Storm Ready Community.

- (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. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: **Office of Emergency Services**

Payroll Dept. No: **36.08**

Title of Position: **Second Deputy EMS Coordinator**

Annual Salary: **\$5,028.00**

Grade:

Budget code and title: **A.4022 Emergency Medical Services**

Union

Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No.: **12343**

Is this position mandated? Yes No

Is the position reimbursable? Yes No

Source of reimbursement: Federal

% State

% Other

%

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date _____

The Administrator has no objection to the filling of the vacancy.

The Administrator objects to the filling of the vacancy.

Administrator Signature _____

BUDGET OFFICER COMPLETES THIS SECTION

Date _____

The Budget Officer has no objection to the filling of the vacancy.

The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____ Date _____

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy.

In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.

In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature _____

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 New York State Emergency Management Association Winter Conference
(Name of meeting or organization)

at Syracuse, NY
(Address)

on February 10-12, 2015. 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: _____

Department Head Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

- REQUEST FOR USE OF FLEET 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 Amy Drexel
(Supervisory Committee) (Employee Name)

to attend the New York State Emergency Management Association Winter Conference
(Name of meeting or organization)

at Syracuse, NY
(Address)

on February 10-12, 2015. 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: _____

Department Head Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

- REQUEST FOR USE OF FLEET 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 Brian LaFlure
(Supervisory Committee) (Employee Name)

to attend the County Fire Coordinator Conference
(Name of meeting or organization)

at Montour Falls, NY
(Address)

on March 19-20, 2015. 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: _____

Department Head Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET 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 County Fire Coordinator Conference
(Name of meeting or organization)

at Montour Falls, NY
(Address)

on March 19-20, 2015. 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: _____

Department Head Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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: January 21, 2015

(a) Purpose of Amendment: **Increase both sides of the 2015 budget to accommodate grant funds.**

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

A.3641 210 - Local Emergency Planning – Furniture	\$2,500
A.3641 220 - Local Emergency Planning - Office Equipment	\$2,843.03
A.3641 410 - Local Emergency Planning - Supplies	\$237.60
A.3641 423 - Local Emergency Planning - Telephone	\$209.20
A.3641 428 - Local Emergency Planning - Data Processing/Internet	\$206.44
A.3641 444 - Local Emergency Planning - Travel/Edu./Conference	\$584.90
A.3641 445 - Local Emergency Planning - Foods	\$266.50

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

A.3641 4306 – Local Emergency Planning – Local Emergency Plan – Fed	\$6,847.67
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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: January 21, 2015

(a) Purpose of Amendment: **Increase both sides of the 2015 budget to accommodate grant funds.**

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

A.3645.4007 240 – FY13 State Homeland Security Program – Highway Equipment	\$14,500
A.3645.4007 250 – FY13 State Homeland Security Program – Technical Equipment	\$1,954.93
A.3645.4007 260 – FY13 State Homeland Security Program – Other Equipment	\$3,681.09
A.3645.4007 422 – FY13 State Homeland Security Program – Repair/Maint Equip.	\$385
A.3645.4007 441 – FY13 State Homeland Security Program – Auto Supplies/Repair	\$2,000

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

A.3645.4007 4380 – FY13 State Homeland Security Program – State Homeland Security Program	\$22,521.02
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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: January 21, 2015

(a) Purpose of Amendment: **Increase both sides of the 2015 budget to accommodate grant funds.**

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

A.3645.4009 260 – FY13 Hazmat Grant Program – Other Equipment	\$2,270.84
A.3645.4009 410 – FY13 Hazmat Grant Program – Supplies	\$5,700
A.3645.4009 422 – FY13 Hazmat Grant Program – Repair/Maint Equip	\$13,560.85
A.3645.4009 423 – FY13 Hazmat Grant Program – Telephone	\$4,182.56
A.3645.4009 428 – FY13 Hazmat Grant Program – Data Processing/Internet	\$1,079.52
A.3645.4009 441 – FY13 Hazmat Grant Program – Auto Supplies/Repair	\$2,404.86
A.3645.4009 444 – FY13 Hazmat Grant Program – Travel/Edu/Conference	\$3,000

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

A.3645.4009 4382 – FY13 Hazmat Grant Program – Hazmat Grant Program	\$32,198.63
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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: January 21, 2015

(a) **Purpose of Amendment: Increase both sides of the budget to accommodate grant funds.**

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

A.3645.4010 250 – FY14 State Homeland Security Program – Technical Equipment	\$13,400
A.3645.4010 260 – FY14 State Homeland Security Program – Other Equipment	\$26,200
A.3645.4010 423 – FY14 State Homeland Security Program – Telephone	\$6919.94
A.3645.4010 428 – FY14 State Homeland Security Program – Data/Internet	\$639.91
A.3645.4010 470 – FY14 State Homeland Security Program – Contract	\$12,240

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

A.3645.4010 4380 – FY14 State Homeland Security Program – State Homeland Security Program	\$59,399.85
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