

Public Safety Committee
Warren County Office of Emergency Services
AGENDA
April 27, 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 for the appointment/reappointment of the EMS Advisory Board.
Rationale: All appointments expire on April 30, 2015.
 2. **Request:** Resolution request to establish a new contract with Tetra Tech, Inc. in an amount not to exceed \$72,400.
Rationale: This is a result of Request for Proposal WC 32-15 to produce a hazard mitigation plan.
 3. **Request:** Resolution request to apply for the FY15 Local Emergency Management Performance Grant in the amount of \$29,723.
Rationale: This is a 50/50 grant that covers a portion of the salary and fringe of the Emergency Services Coordinator.
 4. **Request:** Resolution request to amend the dollar amount and termination date of the Hazardous Materials Emergency Preparedness Planning Grant as approved by Resolution 636 of 2014.
Rationale: For the FY14 Hazardous Materials Emergency Preparedness Planning Grant, Warren County will act as the fiduciary agent for the participating counties of the Adirondack Regional Hazmat Consortium. This will increase the grant award of an amount not to exceed \$10,000 to an amount not to exceed \$70,000. This resolution is also needed to correct the grant termination date of 9/30/15 to 1/31/16.
- 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

Attachments

- #1 Request to Appoint or Reappoint Member of Committee, Board or Agency**
- #2 Request for New Contract**
- #3 Request to Apply for a Grant Application and Grant Agreement**
- #4 Miscellaneous**

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: Office of Emergency Services

DATE: April 27, 2015

- (a) Name of Appointee: Warren County EMS Advisory Board (see attached)
- (b) Is this a Reappointment? Yes If so, please provide the Resolution No. which authorized the last appointment of this individual 235 of 2014
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title (see attached)
- (e) Address of Appointee: (see attached)
- (f) Title of Appointment: EMS Advisory Board Member
- (g) Effective Date of Appointment: May 1, 2015
- (h) Termination Date of Appointment: April 30, 2016
- (i) Name of Person Being Replaced (if applicable): (see highlighted rows)
- (j) Reason for Replacement: Turnover

Agency Contact List						
Last Name	First Name	Agency	Phone	Cell	E-Mail	
Guy	Micki	EMS Coordinator	636-5601	879-8503	medic103853@yahoo.com	
Mellon	Patrick	1st Dep. Coord.		361-1299	pwmellon@gmail.com	
Howe	Travis	2nd Dep. Coord		222-5399	thowe@yahoo.com	
Stebbins	Laura	Dir Emerg Prep	926-3122	791-8491	jstebbins@glensfallshosp.org	
Auer	Patricia	Dir of Public Health	761-6571		auerp@warrencountyny.gov	
LaFlure	Brian	Director OES	761-6537	361-0132	laflureb@warrencountyny.gov	
Ladd	Robert	Bay Ridge		796-5364	rob_laddemi234@yahoo.com	
Mikolosi	Earl	Bolton	644-9253	232-2392	emikolosi@boltonems.org	
Catalfamo	Eric	Empire	747-3576	488-1635	ecatalfamo@yahoo.com	
Schrammel	Jamie	Glens Falls	761-3822	260-0472	jschrammel@nycap.rr.com	
Swinton	Renee	Hague	543-8035	304-3080	swintonrenee@yahoo.com	
Fusco	Kevin	Johnsburg	251-2007	480-1119	kevinfusco@frontier.com	
Fitzgerald	Laurie	Lake George		361-6221	lgemscaptain@nycap.rr.com	
Stone	Scott	Luzerne		605-0445	tek811@hotmail.com	
Wright	Karen	Minerva		742-9036	kargreg@frontiernet.net	
Callahan	PJ	North Queensbury		307-8880	pjic19902004@yahoo.com	
LaVergne	Dave	North Warren		788-5335	DPL047@yahoo.com	
La Grasse	Peter	Stony Creek	696-2332		tsc_supvr@hotmail.com	
Emerson	Steve	Warrensburg		232-0817	tek910@nycap.rr.com	
Miller	Jason	West Glens Falls		232-4005	jason4685@gmail.com	

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: April 27, 2015

- (a) Is this a Result of a Bid or Request for Proposal? **Request for Proposal WC 32-15**
- (b) Purpose of Contract: **To produce a hazard mitigation plan**
- (c) Name of Contractor: **Tetra Tech Inc.**
- (d) Address of Contractor: **1000 The American Road, Morris Plains, NJ 07950**
- (e) Contractor's Contact Person and Telephone Number: **Jonathan Raser
973-630-8042**
- (f) Has or will the Contract be provided, if so, please attach: **Forthcoming**
- (g) Commencement Date of Contract: **May 15, 2015**
- (h) Termination Date of Contract: **Upon completion of the project**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$72,400**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Monthly**)
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: **Capital Project No. H358.9550 280 - Hazard Mitigation - Projects \$72,400****

Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx

*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: April 27, 2015

- (a) Purpose of Grant: Apply for the FY15 Local Emergency Management Performance Grant

- (b) Name of Grantor: NYS Division of Homeland Security and Emergency Services

- (c) Address of Contractor: 1220 Washington Ave, Building 7A, Suite 710, Albany, NY 12242

- (d) Grantor's Contact Person and Telephone Number: Shelley Wahrlich 242-5000

- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Forthcoming

- (f) Effective Date of Grant: 10/1/14

- (g) Termination Date of Grant: 9/30/16

- (h) Total Dollar Amount Involved (not to exceed): \$29,723

- (i) Deadline to Submit Grant Application and/or Grant Agreement: June 12, 2015

- (j) Is a Budget amendment required? No 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:

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

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

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: April 27, 2015

(a) Purpose of Request:

To amend Resolution 636 of 2014. The termination date of the grant has changed from 9/30/15 to 1/31/16. Additionally, the grant award is to be changed from an amount not to exceed \$10,000 to an amount not to exceed \$70,000.

(b) Details:

The increase in the award amount is due to Warren County acting as the fiduciary agent for participating Hazmat Consortium counties for the purpose of this grant.

(c) Previous Resolution Number:

636 of 2014

(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**

**Public Safety Committee
Sheriff's Committee Agenda
April 27, 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
 - A. Request permission to send Sgt. Ralph Bartlett & Patrol Officer Josh Lopez to Traffic Crash reconstruction at the NYSP Academy. Cost of \$825.00 per student.
 - B. Request permission to send Investigators Ed Affinito & Anthony Bruno to Cellular Phone Investigations in Lake Placid, NY. No cost.
 - C. Request resolution to delete Senior Account Clerk # 1 in corrections. Position has been vacant for 4 years.
 - D. Request resolution to permanently transfer funds from Sr. Account Clerk # 1 to Law Enforcement Part Time code to cover the security officer position at DMV.
 - E. Request resolution to ratify the actions of the Chairman pursuant to signing an MOU with the Adirondack Regional Interoperable Communication Consortium. Warren County participates in a regional partnership for communications operability and Homeland Security requests our participation.
- IV. Referral / Pending Items
 - A. XXXXX
- V. Topics for Discussion
 - A. Filled 3 positions in Corrections due to resignations. Impact to budget is a \$14,544.10 savings in the salary code.
- VI. Motion to adjourn

Attachments:

- #1. Authorization to attend meeting form.
- #2. Authorization to attend meeting form.
- #3. Form # 20 – Request to delete position.
- #4. Form # 10 –Request to transfer funds.

#5 Form # 4 - Amending Contract

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 Ralph Bartlett & Josh Lopez
(committee) (name)

To attend Human Factors in Traffic Crash Reconstruction
(name of meeting or organization)

At NYSP Academy
(address)

On July 27-31. Mode of Transportation to be used 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 \$ _____
(see www.gsa.gov)

Date: 4/22/15 Signature 
(department head)

Date: 4/27/15 Signature 
(Committee Chairman)

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 A Fleet Vehicle

Filing Instructions:

1. Original with voucher to Auditor
2. Copy to Frank Morehouse if fleet vehicle is requested
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to commissioner of Administrative and Fiscal Services if credit card will be used.

Lake George, New York 12845
 Phone: (518) 743-2500
 lee.corsones@sheriff.co.warren.ny.us

From: Bartlett, Ralph J.
Sent: Friday, January 30, 2015 8:06 PM
To: Corsones, Lee G.
Subject: FW: IPTM Training in the Northeast

Lieutenant,

Upcoming training at the NYSP. I have highlighted the course that no one has taken. It would be nice to get at least two of us in there. Also the first three courses are available if you were thinking of replacing Ken.

Bart

-----Original Message-----

From: IPTM [mailto:newsletter@iptm.info]
 Sent: Thursday, January 29, 2015 9:48 AM
 To: Bartlett, Ralph J.
 Subject: IPTM Training in the Northeast

Listed below are the courses IPTM will be conducting in the Northeast during 2015.

Albany, New York

03/16/15 - 03/27/15	At-Scene Traffic Crash/Traffic Homicide Investigation	\$950*
04/06/15 - 04/17/15	Advanced Traffic Crash Investigation	\$950*
04/27/15 - 05/08/15	Traffic Crash Reconstruction	\$950*
07/27/15 - 07/31/15	Human Factors in Traffic Crash Reconstruction	\$825*

Courses will be held at the:
 New York State Police Academy
 1220 Washington Avenue
 Albany, New York 12226-2252

Greensburg, Pennsylvania

04/06/15 - 04/10/15	Investigation of Motorcycle Crashes	\$795*
---------------------	-------------------------------------	--------

Course will be held at the:
 Pennsylvania State Police Training Center
 2900 Seminary Drive
 Greensburg, Pennsylvania 15601

* These courses qualify for an early registration discount. Simply register at least 30 days prior the start date of the course to receive the discount.

4/21/2015

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Sheriff (Supervisory Committee) hereby authorizes Inv Ed Affraro
Inv. Anthony Bruno (Employee Name)

to attend Cellular Phone Investigations
(Name of meeting or organization)

at Lake Placid NY
(Address)

on 5/14 (Dates) Mode of transportation to be used CV
(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: 4/21/15

[Signature]
Department Head Signature

Date: 4/27/15

[Signature]
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

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

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: *Sheriff*

DATE: *04/21/15*

- (a) Purpose of Request: *Delete SR. Account Clerk #1 position -*
- (b) Details: *HAS been vacant for 4 years*
- (c) Previous Resolution Number: *DNA*
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: *A 3150 110*

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

* 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: *Sheriff*

SIGNED: *[Signature]*

DATE: *4/21/15*

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
<i>A3150 110</i>	<i>Corrections Salary</i>	<i>A3110 130</i>	<i>L.E Part Time</i>	<i>\$ 37,269.00</i>

Please state reason for transfers requested: *To Fund a new part time position at Dmv.*

CONTINGENT FUND TRANSFER REQUESTS

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

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. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Sheriff's Office - Correction Division

DATE: 04-24-2015

- (a) Purpose of Contract Change: To add an addendum to the current contract to provide a description of cash handling responsibilities and vendor designation in accordance with federal mandates as reviewed and approved by the County Attorney.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 715 of 2011
- (c) Name of Contractor: Swanson Service Corporation
- (d) Address of Contractor: 6 Corporate Circle, Suite 1
East Syracuse, NY 13057
- (e) Contractor's Contact Person and Telephone Number: Kelley A. Dillon
(315) 431-9698
- (f) Commencement Date of Extension: Date of Execution
- (g) Termination Date of Extension: Term of Contract
- (h) Payment Provisions:
 - i) lump sum amount N/A
 - ii) hourly rate amount N/A
 - iii) total amount not to exceed N/A
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. N/A
- (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: N/A

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations**

*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: Sheriff Payroll Dept. No.:

Title of Position: Senior Account Clerk Base Salary of Position: \$35,269.36 Grade:

Filling at Step # (If Known): TBD Request to Back Due to Promotion: Yes No

Budget code and title: A.3150 Union Non-Union

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

Employee No: 10855 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. gsteren 4/21/15.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

Date 4/22/15

BUDGET OFFICER COMPLETES THIS SECTION

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 Frank E. Thomas

Date 4/22/15

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

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 [Signature]

Date 4/27/15