

Public Safety Committee  
Warren County Office of Emergency Services  
AGENDA  
June 29, 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 apply for the FY2015 Hazmat grant in the amount of \$182,000.  
**Rationale:** There is no local contribution to this grant. The purpose is to build and sustain hazmat capabilities within the established seven-county consortium with Warren County acting as the lead agency.
  2. **Request:** Resolution request to raise both sides of the 2015 budget in the amount of \$40,649.  
**Rationale:** Resolution needed to accommodate the FY2014 Hazardous Materials Emergency Preparedness Grant program.
  3. **Request:** Resolution request for the transfer of funds from A.1990 469 Contingent Account – Other Payments/Contributions to A.3410 422 – Fire Prevention & Control-Repair/Maint Equipment in the amount of \$2,825.00; to A.3640 422 – Civil Defense-Repair/Maint Equipment in the amount of \$5,175.00; and to A.4022 422 – Emergency Medical Services-Repair/Maint Equipment in the amount of \$500.00.  
**Rationale:** Request needed for installation of communications equipment in OES vehicles.
- IV. Referral/Pending Items  
No pending items this month.
- V. Information for Discussion/Review
  1. Proposed shelter to house OES vehicles and equipment
- 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 to Apply for a Grant Application and Grant Agreement**

**#2 Request to Amend County Budget**

**#3 Request for Transfer of Funds**

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

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

**DEPARTMENT NAME: Office of Emergency Services**

**DATE: June 29, 2015**

- (a) Purpose of Grant:  
**FY15 Hazmat 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:  
**Shelley Wahrlich, Director of Grants Program Administration 518-402-2123**
  
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Yes**
  
- (f) Effective Date of Grant: **9/1/15**
  
- (g) Termination Date of Grant: **8/31/18**
  
- (h) Total Dollar Amount Involved (not to exceed): **\$182,000**
  
- (i) Deadline to Submit Grant Application and/or Grant Agreement:  
**7/15/15**
  
- (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:

**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. 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: June 29, 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.3645.4013 470 – FY14 Hazardous Materials Emergency Preparedness - Contract \$40,649**

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

**A.3645.4013 4382 – FY14 Hazardous Materials Emergency Preparedness –  
Hazmat Grant Program**

**\$40,649**

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Office of Emergency Services

SIGNED:

DATE: June 29, 2015

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

### 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	A.3410 422	Fire Prev. & Control-Repair/Maint Equip	\$2,825.00
		A.3640 422	Civil Defense-Repair/Maint Equip	\$5,175.00
		A.4022 422	Emergency Medical Svs. Repair/ Maint. Equip.	\$ 500.00

Please state reason for transfer request: Transfer needed for installation of communications equipment in OES vehicles

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