

Public Safety Committee
Warren County Office of Emergency Services
AGENDA
November 30, 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 a one year extension of the existing Warren County Multi-Jurisdictional Hazard Mitigation grant program.
Rationale: The request is due to a change in staffing levels at the Warren County Planning Department which is undertaking the GIS mapping services for the Warren County Multi-Jurisdictional Hazard Mitigation Plan update. The extension would move the completion date from July 26, 2016 to July 26, 2017.
 2. **Request:** Resolution request for the transfer of funds from A.1990 469 Contingent Account – Other Payments/Contributions to A.3410 470 Fire Prevention & Control – Contract in the amount of \$4,000.
Rationale: Transfer is needed to fund cause and origin fire investigation reports through the end of 2015.
 3. **Request:** Resolution request to approve the proposed Bailment Agreement with Chemring Detection Services, Inc. for a term of 120 days at no cost to the County.
Rationale: The Office of Emergency Services, on behalf of the Adirondack Regional Hazmat Consortium, would take possession of and use one PGR-1064 system for a term of 120 days. This piece of equipment is used for chemical detection and is available to demo free of charge under the Bailment Agreement.
- IV. Referral/Pending Items
- V. Information for Discussion/Review
 1. Storm Ready Community
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

Attachments

1. Request to Amend or Extend Existing Grant
2. Request for Transfer of Funds
3. Request for New Contract

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: Office of Emergency Services

DATE: November 30, 2015

- (a) Purpose of Grant Amendment:
Grant extension

- (b) Resolution No. which Authorized Original Application and Grant:
529 of 2014
- (c) Name of Grantor:
NYS Division of Homeland Security and Emergency Services
- (d) Address of Grantor: **1220 Washington Avenue**
Building #22, Suite 101
Albany, NY 12226-2251
- (e) Grantor's Contact Person and Telephone Number:
Harry Bartik 518-292-2376
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? **Yes**
- (g) Effective Date of Amendment or Extension: **July 26, 2016**
- (h) Termination Date of Amendment or Extension: **July 26, 2017**
- (i) Total Dollar Amount Involved (not to exceed): **\$150,000 (unchanged)**
- (j) Is a Budget amendment required? **No** If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project?
If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? 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. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Office of Emergency Services

SIGNED:

DATE: November 30, 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 470	Fire Prev. & Control - Contract	\$4,000

Please state reason for transfer request:

Transfer needed for cause and origin fire investigation services through the end of 2015.

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: November 30, 2015

- (a) Is this a Result of a Bid or Request for Proposal?
No
- (b) Purpose of Contract:
The Office of Emergency Services is to take possession of and use a certain piece of equipment used for chemical detection. The "Bailment Agreement" is to demo the equipment for 120 days at no cost to the County.
- (c) Name of Contractor:
Chemring Detection Systems, Inc.
- (d) Address of Contractor: **4205 Westinghouse Commons Drive
Charlotte, NC 28273**
- (e) Contractor's Contact Person and Telephone Number:
Rich Bohm, Principal Contract Administrator 980-235-2254
- (f) Has or will the Contract be provided, if so, please attach:
Yes
- (g) Commencement Date of Contract:
December 21, 2015
- (h) Termination Date of Contract:
April 18, 2016
- (i) 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.
No cost to the County
- (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:**

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