

Criminal Justice &
Public Safety Committee
Warren County Office of Emergency Services
AGENDA
January 25, 2016

Committee Members: WOOD, Dickinson, Girard, Frasier, Brock, Seeber, Simpson, Vanselow,
Montesi, Braymer, MacDonald

- 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, 2016-December 31, 2016.
 2. **Request:** Resolution request to fill the position of Building Maintenance Helper due to creation.
Rationale: The Fire Training Center requires upkeep and routine maintenance. This position will help to fulfill these needs and was approved and included in the 2016 budget. Washington County will be billed for \$2,500 of the \$5,000 per year salary.
 3. **Request:** Travel approval for Brian LaFlure and Amy Hirsch to attend the New York State Emergency Management Association Winter Conference in Syracuse, NY on February 22-25, 2016.
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 2016 budget.
 4. **Request:** Travel approval for Brian LaFlure and Scott Combs to attend the County Fire Coordinator Conference in Montour Falls, NY on March 16-18, 2016.
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.
 5. **Request:** Resolution request to amend the 2016 budget to accommodate the FY14 State Homeland Security Grant Program in the amount of \$8,862.80.
Rationale: Resolution needed to carry over grant funds from 2015 to commence the purchasing process.
 6. **Request:** Resolution request to amend the 2016 budget to accommodate the FY14 Hazmat Grant Program in the amount of \$54,450.45
Rationale: Resolution needed to carry over grant funds from 2015 to commence the purchasing process.
 7. **Request:** Resolution request to amend the 2016 budget to accommodate the FY15 State Homeland Security Grant Program in the amount of \$1,879.91
Rationale: Resolution needed to carry over grant funds from 2015 to commence the purchasing process.
 8. **Request:** Resolution request to amend the 2016 budget to accommodate the FY15 Hazardous Materials Emergency Preparedness Grant Program in the amount of \$7,925.00.
Rationale: Resolution needed to reflect actual award of \$34,630.00.

9. **Request:** Resolution request to apply for the FY16 Local Emergency Management Performance Grant in the amount not to exceed \$30,000.

Rationale: This is a 50/50 grant that covers a portion of the salary and fringe of the Emergency Services Coordinator.

10. **Request:** Resolution request for out of state travel for Micki Guy, EMS Coordinator and Travis Howe, 2nd Deputy EMS Coordinator to attend the EMS Today Conference and Exposition in Baltimore, Maryland on February 24-27, 2016.

Rationale: The EMS Today Conference provides EMS updates and educational workshops as well as the opportunity to view the latest EMS equipment from leading manufacturers. The conference registration fee of \$250.00 per person is to be paid of the existing 2016 budget.

IV. Referral/Pending Items

1. Continuing discussion on OES storage building.

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 for Extending, Rescinding or Amending Existing Contract

#2 Notice of Intent to Fill Vacant Position

#3 Authorization to Attend Meeting or Convention

#4 Authorization to Attend Meeting or Convention

#5 Request to Amend County Budget

#6 Request to Amend County Budget

#7 Request to Amend County Budget

#8 Request to Amend County Budget

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

#10a Requesting Approval for Out-of-State Travel

#10b Authorization to Attend Meeting or Convention

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: January 25, 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, 2016**

- (g) Termination Date of Extension: **December 31, 2016**

- (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. 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:

Title of Position: **Building Maintenance Helper**

Base Salary of Position: **\$5,000.00**

Grade:

Filling at Step # (If Known):

Request to Backfill Due to Promotion: Yes No

Budget code and title: **A.3642 Fire Training Center**

Union

Non-Union

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

Employee No.:

Is this position mandated? Yes No

Is the position reimbursable? Yes No

Source of reimbursement: Federal

% State

% Other

50% Share of Joint activity - Washington County

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

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

The Administrator objects to the filling of the vacancy.

Administrator Signature _____ Date _____

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 _____ Date _____

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 _____ Date _____

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 and Amy Hirsch
(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 22-25, 2016. 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 \$ Pd. for by NYS GSA* Rate \$ _____

Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: _____

Department Head Signature

Date: _____

Committee Chairman Signature

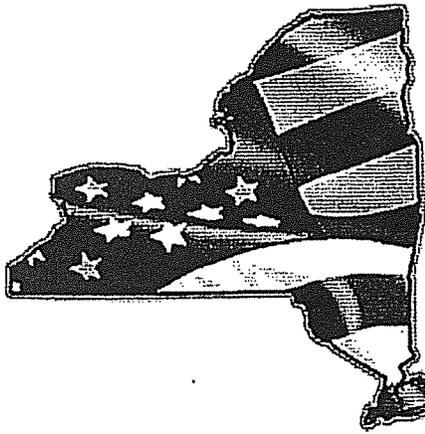
Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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 County Administrator if credit card will be used.



NYSEMA

*New York State Emergency
Management Association*

WINTER CONFERENCE FEBRUARY 23-25, 2016 EMBASSY SUITES, SYRACUSE, NY

**Registration Form
(Due by February 1, 2016) \$125.00**

**Vouchers accepted-must accompany registration form.

Late Registration Fee (any registrations made after February 1, 2016) - \$ 250.00

**PLEASE FILL OUT A SEPARATE REGISTRATION FORM FOR
EACH ATTENDEE.**

(All fields are required. Please fill out the registration form in its entirety.)

First Name:

Last Name:

Title:

County/Town/City/Village/Agency:

Primary Address:

City:

State:

New York

Zip Code:

Email Address:

Phone Number:

Fax:

Attending Wednesday Evening Dinner (price included):

Payment Method (Choose One):

Once you submit the form you will be given the option to pay dues online through PayPal or by check.

New York State Emergency Management Association

 MEMBER LOGIN (<members/mindex.php>)

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 & J. Scott Combs
(Supervisory Committee) (Employee Name)

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

at Montour Falls, NY
(Address)

On March 16-18, 2016. 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 \$ Pd. for by NYS 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

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 County Administrator if credit card will be used.

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 25, 2016

(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	\$3,252.41
A.3645.4010 260 – FY14 State Homeland Security Program – Other Equipment	\$ 493.74
A.3645.4010 423 – FY14 State Homeland Security Program – Telephone	\$3,281.24
A.3645.4010 428 – FY14 State Homeland Security Program – Data/Internet	\$1,835.41

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

A.3645.4010 4380 – FY14 State Homeland Security Program – State Homeland Security Program	\$8,862.80
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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 25, 2016

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

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

A.3645.4011 220 – FY14 Hazmat Grant Program – Office Equipment	\$ 4.44
A.3645.4011 250 – FY14 Hazmat Grant Program – Technical Equipment	\$ 8,400.00
A.3645.4011 260 – FY14 Hazmat Grant Program – Other Equipment	\$20,434.81
A.3645.4011 410 – FY14 Hazmat Grant Program – Supplies	\$ 5,948.45
A.3645.4011 422 – FY14 Hazmat Grant Program – Repair/Maint. Equipment	\$ 8,193.41
A.3645.4011 428 – FY14 Hazmat Grant Program – Data Processing/Internet	\$ 3,618.88
A.3645.4011 444 – FY14 Hazmat Grant Program – Travel/Edu/Conference	\$ 7,850.46

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

A.3645.4011 4382 – FY14 Hazmat Grant Program – Hazmat Grant Program	\$54,450.45
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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 25, 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.3645.4014 230 – FY15 State Homeland Security Program – Auto. Equipment	\$1,708.00
A.3645.4014 250 – FY15 State Homeland Security Program – Technical Equipment	\$ 135.00
A.3645.4014 260 – FY15 State Homeland Security Program – Other Equipment	\$ 36.91

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

A.3645.4014 4380 – FY15 State Homeland Security Program – State Homeland Security Program	\$1,879.91
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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 25, 2016

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

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

A.3645.4017 470 – FY15 HazMat Emerg Preparedness Grant Program - Contract \$7,925.00

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

**A.3645.4017 4382 – FY15 HazMat Emerg Preparedness Grant Program –
Hazmat Grant Program \$7,925.00**

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: January 25, 2016

- (a) Purpose of Grant: Apply for the FY16 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: 10/1/15

- (g) Termination Date of Grant: 9/30/17

- (h) Total Dollar Amount Involved (not to exceed): \$30,000

- (i) Deadline to Submit Grant Application and/or Grant Agreement: To be determined

- (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? 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. 15

Requesting Approval for Out-of-State Travel*

****If the conference announcement or details are available in writing, please attach.***

DEPARTMENT NAME: Office of Emergency Services

DATE: January 25, 2016

- (a) Dates of Travel: **February 24-27, 2016**

- (b) Purpose (include complete name of any conference, school, etc.):
To attend the EMS Today Conference & Exposition

- (c) City/Town & State:
Baltimore, MD

- (d) Employee(s) Traveling (include title(s):
Micki Guy, EMS Coordinator
Travis Howe, 2nd Deputy EMS Coordinator

- (e) Is County paying the costs or is another Agency?
The County is to pay for the conference registration fee of \$250 per attendee.

- (f) Mode of Transportation to be Use: **Mass transportation**
(County Vehicle or Mass Transportation)

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.

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 Micki Guy and Travis Howe
(Supervisory Committee) (Employee Name)

to attend the EMS Today Conference and Exposition
(Name of meeting or organization)

at Baltimore, Maryland
(Address)

On February 24-27, 2016. Mode of transportation to be used Mass Transportation
(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

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 County Administrator if credit card will be used.

EVENT REGISTRATION PRICING

Gold Passport (3-Day)	Early-Bird: \$440	Regular: \$540
Silver Passport (2-Day)	Early-Bird: \$320	Regular: \$420
Single Day Full Conference	Early-Bird: \$205	Regular: \$305
Exhibitor Full Conference	Early-Bird: \$175	Regular: \$175
Exhibit Hall Visitor Only	Early-Bird: \$30	Regular: \$40

PRE-CONFERENCE WORKSHOPS

Please select the Pre-Conference Workshop you would like to attend and add the price to your registration total. All are at a first-come, first-served basis. Lunch is included with all 8-hour (full day) workshops and two, 4-hour (half day) workshops. **Early Bird Rates expire: January 15, 2016**

WEDNESDAY, FEBRUARY 24, 2016

HALF-DAY WORKSHOPS

- Boosting Your Organization's Recruitment, Retention & Reputation**
8:00AM – 12:00PM or 1:00PM – 5:00PM
Early Bird: \$125.00 Regular: \$150.00
- EMT "Design It Yourself" Refresher Workshop**
8:00AM – 12:00PM or 1:00PM – 5:00PM
Early Bird: \$125.00 Regular: \$150.00
- NEMSMA's Pressing Topics in EMS Management**
8:00AM – 12:00PM
Early Bird: \$125.00 Regular: \$150.00
- Self Defense Tactics for EMS Providers**
8:00AM – 12:00PM or 1:00PM – 5:00PM
Early Bird: \$125.00 Regular: \$150.00
- Cadaver Lab**
1:00PM – 5:00PM
Early Bird: \$75.00 Regular: \$75.00
- Emergency Medical Response to the Active Shooter**
1:00PM – 5:00PM
Early Bird: \$125.00 Regular: \$150.00

FULL-DAY WORKSHOPS

- Active Shooter Simulation Lab**
8:00AM – 5:00PM
Early Bird: \$215.00 Regular: \$240.00
- Community Paramedicine Preconference Workshop**
8:00AM – 5:00PM
Early Bird: \$215.00 Regular: \$240.00
- EMS Compass Town Hall Meeting: How Performance Measures Could Transform EMS**
8:00AM – 5:00PM
Early Bird: \$215.00 Regular: \$240.00

LUNCH & LEARNS

- Medtronic Lunch & Learn**
A Critical New Role for EMS in Improving Stroke Outcomes
Thursday, February 25, 2016 12:00PM – 1:30PM Fee: \$10
- Zoll Lunch & Learn**
Friday, February 26, 2016 12:00PM – 1:30PM Fee: \$10

CREW PRICING

More People = More Savings!

Amount of people	Price	Name of reg type
3 – 5	\$1,000	CODE ALPHA
6 – 10	\$2,000	CODE BRAVO
11+	\$2,500	CODE CHARLIE

**Please check EMSToday.com for a list of
Ride Along opportunities available.
All are complimentary.**

MILITARY PRICING

Price	Early Bird Rate - before 1/15/16	Regular Rate - after 1/15/16
3-Day Pass	\$275	\$325
2-Day Pass	\$200	\$250

REGISTRATION INCLUDES

**1-Year subscription to JEMS (\$44 Value)
Your registration fee includes a 1-year
print subscription to JEMS magazine.**

- Check here if you do not wish to receive JEMS.
You will not be refunded the subscription rate.



TOTAL PAYMENT DUE

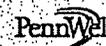
Please add all selections and total here: \$

PROMO CODE:

Payment must be received by published date to receive early registration discounts.
Cancellations must be received in writing by February 8, 2016 to receive a refund minus a \$75.00 administrative fee. NO REFUNDS will be permitted after February 8, 2016.
Substitutions may be made at any time by written notification to the registration office.

METHOD OF PAYMENT

- Payment must be received prior to conference
- Check Enclosed (U.S. funds only. Checks payable to PennWell/JEMS Today 2016)
 - Wire Transfer (wiring info provided upon confirmation)
 - Credit Card:
 - Amex Visa MasterCard Discover Diners Club
- Card Number
Exp. Date
Name on Card
Signature



REGISTRATION FORM

First Name _____ Last Name _____

Job Title _____ Organization _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Postal Code _____

Country _____

Telephone (+) _____ Fax (+) _____

Email _____

4 WAYS TO REGISTER:

1. Online:

www.emstoday.com

2. Email:

Registration@pennwell.com

3. Fax:

(US Only) 888-299-8057
+1-918-831-9161

4. Mail:

PennWell Registration/EMS Today 2016
PO Box 973059,
Dallas, TX 75397-3059 USA

*Your individual email address is required – confirmation is sent via email and is needed for CEH certificate login.
If you have multiple licenses or an NREMT#, please contact registration via phone or email.*

Certification/License #: _____ License State: _____ Date of Birth: _____

License Type (E.G., EMT-B, EMT-P) _____ License Category (BLS, ALS, or Other) _____ License Expiration Date: _____

PROMO CODE*

*What's this? Promo codes are on direct mail pieces, emails and advertisements. They are used to provide attendees with discounts and/or special offers.

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. OCCUPATION/POSITION (CHOOSE ONLY 1)

- A. Paramedic
- B. EMT Basic
- C. EMT-I, EMT-D
- D. First Responder
- E. Emergency/Public Safety Manager
- F. Physician
- G. Medical Director
- J. Registered Nurse
- K. Instructor/Coordinator/Trainer
- L. Administrator/ Supervisor
- M. EMS Chief
- N. Fire Chief
- P. Other Chief
- R. Pres, Dir, CEO, VP, Mgr
- S. Captain/Lt/Commander/Other Officer
- T. Student
- O. Other (Specify) _____

2. EMPLOYER/AFFILIATION (CHOOSE ONLY 1)

- 1. Hospital
- 2. Private Ambulance
- 3. Volunteer Fire Dept./Rescue Squad
- 4. Paid Fire Dept./Rescue Squad
- 5. Combination Fire Dept./Rescue Squad
- 6. Third Service/Municipal Agency
- 7. Industrial/Commercial
- 8. Educational Institution
- 9. Military/Government
- 10. Other _____

3. PURCHASING ROLE

(CHOOSE ALL THAT APPLY)

- FA Purchase
- FB Approve
- FC Recommend
- FD Specify
- FE Influence