

Criminal Justice & Public Safety Committee  
Warren County Office of Emergency Services  
AGENDA  
March 27, 2017

Committee Members: MONTESI, Geraghty, Girard, Brock, Simpson, Vanselow, Braymer, Seeber,  
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 apply for the FY17 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.
  2. **Request:** Resolution request to apply for the FY17 Hazardous Materials Emergency Preparedness Planning grant in an amount not to exceed \$50,000.  
**Rationale:** The purpose of this grant is to conduct hazardous materials planning and training. Warren County will act as the fiduciary agent for the participating counties of the Adirondack Regional Hazmat Consortium. There is a 25% local soft match in which existing budgetary items can be used (salaries, travel, office supplies, etc.).
  3. **Request:** Resolution request to apply for the FY17 State Homeland Security Program grant in the amount not to exceed \$100,000.  
**Rationale:** The Office of Emergency Services has not received grant guidance for this program however the Office has been informed that the turnaround time for applications will be compressed.
  4. **Request:** Resolution request for the appointment/reappointment of the Fire Advisory Board.  
**Rationale:** All appointments are to expire on April 30, 2017.
  5. **Request:** Resolution request for a new contract with Dival Safety Equipment, Inc. to repair and calibrate various gas monitors for the Adirondack Regional Hazmat Consortium.  
**Rationale:** The agreement would commence upon execution and terminate on December 31, 2017 with the possibility of two annual extensions. The rate shall be \$110.00 per hour and the total amount expended is not to exceed \$5,000 per calendar year. Available funding exists in various hazmat consortium budget codes.
- IV. Referral/Pending Items
- 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 to Apply for a Grant Application and Grant Agreement
- #2 Request to Apply for a Grant Application and Grant Agreement
- #3 Request to Apply for a Grant Application and Grant Agreement
- #4 Request to Appoint or Reappoint Member of Committee, Board or Agency
- #5 Request for New Contract

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

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

**DEPARTMENT NAME: Office of Emergency Services**

**DATE: March 27, 2017**

- (a) Purpose of Grant:  
**FY17 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, 6th Floor, 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? **To be provided**
- (f) Effective Date of Grant: **To be determined**
- (g) Termination Date of Grant: **To be determined**
- (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? **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**

\*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: March 27, 2017**

- (a) Purpose of Grant:  
**FY 2017 Hazardous Materials Emergency Preparedness Planning grant**
  
- (b) Name of Grantor:  
**NYS Division of Homeland Security and Emergency Services**
  
- (c) Address of Contractor: **1220 Washington Avenue  
State Campus, Building 7A  
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? **To be provided**
  
- (f) Effective Date of Grant: **To be determined**
  
- (g) Termination Date of Grant: **To be determined**
  
- (h) Total Dollar Amount Involved (not to exceed): **\$50,000**
  
- (i) Deadline to Submit Grant Application and/or Grant Agreement:  
**To be determined**
  
- (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? **Yes** 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:

### **Various budget codes**

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. 5***

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

**DEPARTMENT NAME: Office of Emergency Services**

**DATE: March 27, 2017**

- (a) Purpose of Grant:  
**FY17 State Homeland Security Program Grant**
  
- (b) Name of Grantor:  
**NYS Division of Homeland Security and Emergency Services**
  
- (c) Address of Contractor: **1220 Washington Ave, Building 7A, 6th Floor, 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? **To be provided**
  
- (f) Effective Date of Grant: **To be determined**
  
- (g) Termination Date of Grant: **To be determined**
  
- (h) Total Dollar Amount Involved (not to exceed): **\$100,000**
  
- (i) Deadline to Submit Grant Application and/or Grant Agreement:  
**To be determined**
  
- (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

\*as listed in budget and LOGOS

## ***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: March 27, 2017**

- (a) Name of Appointee: Warren County Fire 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 206 of 2016
- (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: Fire Advisory Board Member
- (g) Effective Date of Appointment: May 1, 2017
- (h) Termination Date of Appointment: April 30, 2018
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: Election

## WARREN COUNTY FIRE ADVISORY BOARD - MEMBER CONTACT LIST

Name	Address	Phone	Fire Dept/Co
Chief John Harrington			So. Queensbury FD
Chief Jeremy Bradway			Thurman FC
Chief Jeff Dailey			West Glens Falls FD
Chief Adam Norton			Queensbury Central FD
Chief Jason Berry			Lake George FD
Chief Robert Frevele			Riverside FC
Chief Justin Hull			Warrensburg FD
Chief John Donohue			North River FD
Chief Jeremy Coon			Bolton Landing FD
Chief Pat Mellon			Bay Ridge FC
Chief Fred Comstock			Garnet Lake FD
<b>Coordinators</b>			
Ted Little			Deputy Coordinator
Brian LaFlure			Fire Coordinator
Jamie Schrammel			Deputy Coordinator/HAZMAT
Scott Combs			Deputy Coordinator
Charles Mellon, Jr			Deputy Coordinator
Micki Guy			EMS Coordinator
<b>Communications</b>			
Larry Jeffords			WCSC Communications Supervisor
Evan Donegan			DEC

# **RESOLUTION REQUEST FORM NO. 3**

## **Request for New Contract**

**DEPARTMENT NAME:** Office of Emergency Services

**DATE:** March 27, 2017

- (a) Is this a Result of a Bid or Request for Proposal?  
**No**
- (b) Purpose of Contract:  
**To provide equipment service/maintenance for the Adirondack Regional Hazmat Consortium.**
- (c) Name of Contractor:  
**Dival Safety Equipment, Inc.**
- (d) Address of Contractor: **1721 Niagara Street  
Buffalo, NY 14207**
- (e) Contractor's Contact Person and Telephone Number:  
**Mike Sciortino 716-874-9060 msciortino@divalsafety.com**
- (f) Has or will the Contract be provided, if so, please attach:  
**To be provided**
- (g) Commencement Date of Contract:  
**Upon execution**
- (h) Termination Date of Contract:  
**December 31, 2017 with the possibility of two annual extensions**
- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount **\$110.00**  
iii) total amount not to exceed **\$5,000 per year**  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.  
**Upon completion of services**
- (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:

### **Various Hazmat Consortium budget codes**

**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



The #1 Name in Safety & Industrial Supplies



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DiVal is devoted to the safety of your employees and committed to the bottom line of our clients.

Quotation

Page 1 of 1 | Date: 03/21/2017

Customer Information

ATTN: Jennifer Ramsey
Customer: WARREN CO. EMERGENCY SERVICES
Customer #: 01-110830
Address: 1340 STATE ROUTE 9
LAKE GEORGE, NY 12845
E-Mail: ramseyj@co.warren.ny.us
Phone: 518-761-6240

Quote Information

Quote Number: DS-86794-G1F7
Expiration Date: 12/29/2017
Terms: NET 30 DAYS
Lead Time: TBA
Carrier: OUR DELIVERY
CSR Rep: Kris Overfield
koverfield@divalsafety.com
Sales Rep: Jim Dick
jdick@divalsafety.com

Table with 6 columns: ITEM #, DESCRIPTION, QTY, PRICE, U/M, TOTAL. Row 1: GDRL, Gas Monitor Calibration/Repair, 1.00, \$110.00, HR, \$110.00

\*\*\*\*COMMENT\*\*\*\* Sensors or other accessories will be quoted by repair shop on case to case basis

Quote Total: \$110.00

Rochester
845 West Avenue, Building 7
Rochester, NY 14611

Syracuse
301 Stoutenger St.
E. Syracuse, NY 13057

Albany
170A Columbia Turnpike
Rensselaer, NY 12144

Boston
31 Loring Drive
Framingham, MA 01702

Pittsburgh
311 S. Central Avenue
Canonsburg, PA 15317

Fort Lauderdale
2207 Stirling Road
Fort Lauderdale, FL 33312

Houston
3131 Federal Road
Pasadena, TX 77504