

Criminal Justice & Public Safety Committee  
Warren County Office of Emergency Services  
AGENDA  
May 24, 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 for the appointment of the 2<sup>nd</sup> Deputy EMS Coordinator and the 3<sup>rd</sup> Deputy EMS Coordinator.  
**Rationale:** Resolution needed to appoint Travis Howe to the position of 2<sup>nd</sup> Deputy EMS Coordinator effective April 1, 2015 and to appoint John A. Tims to the position of 3<sup>rd</sup> Deputy EMS Coordinator effective April 3, 2017.
  2. **Request:** Resolution request to approve the Multi-Jurisdictional Hazard Mitigation Plan.  
**Rationale:** Resolution needed to adopt the Multi-Jurisdictional Hazard Mitigation Plan as this jurisdiction's Natural Hazard Mitigation Plan. This plan was prepared in accordance with the Disaster Mitigation Act of 2000 with assistance from Tetra Tech, Inc.
  3. **Request:** Resolution request for the transfer of funds to A.3640 418 Civil Defense – Insurance-General Liability in the amount of \$2,220.00. Funding source is to be determined.  
**Rationale:** Transfer needed to pay Rose & Kiernan invoice for inland marine insurance on the 2004 Spartan vehicle. The Office of Emergency Services did not anticipate this expense and therefore it was not included in the budget.
- 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 Miscellaneous**

**#2 Miscellaneous**

**#3 Request for Transfer of Funds**

# **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: May 24, 2017**

- (a) Purpose of Request: To appoint Travis Howe to the position of 2<sup>nd</sup> Deputy EMS Coordinator effective April 1, 2015 and to appoint John A. Tims to the position of 3<sup>rd</sup> Deputy EMS Coordinator effective April 3, 2017.
  
- (b) Details:
  
- (c) Previous Resolution Number:
  
- (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

# ***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: May 24, 2017**

- (a) Purpose of Request: Formal adoption of the Warren County Multi-Jurisdictional Hazard Mitigation Plan as approved by the Federal Emergency Management Agency
  
- (b) Details: (see sample resolution)
  
- (c) Previous Resolution Number: 88 of 2011
  
- (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

**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:** May 24, 2017

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
FUNDING SOURCE TBD		A.3640 418	Civil Defense - Insurance Gen. Liability	\$2,220.00

**Please state reason for transfers requested:**

Funds needed to pay insurance invoice to Rose & Kiernan in the amount of \$2,200.00. This bill is for inland marine insurance on the 2004 Spartan (Mobile Communications Vehicle). This expense was not anticipated was not included in the 2017 budget.

**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			

**Please state reason for transfer request:**

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