

Criminal Justice & Public Safety Committee
Warren County Office of Emergency Services
AGENDA
March 20, 2018

Committee Members: LEGGETT, Geraghty, Simpson, Wild, Magowan, Diamond, Sokol, Hogan,
Braymer, Driscoll, VACANT

- 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 amend the existing contract with the U.S. Geological Survey (USGS) for the continued use of the USGS Schroon River gage as authorized by Resolution 290 of 2015.
Rationale: Resolution needed to increase the Warren County share of the joint funding agreement from \$5,508 per year to \$7,140 for the period October 1, 2017 – September 30, 2018 (FY18) and \$7,350 for the period October 1, 2018 – September 30, 2019 (FY19). The increased cost corresponds to quality assuring and publishing continuous stage data for the Schroon River gage.
 2. **Request:** Resolution request for a transfer of funds, with the funding source to be determined, to G/L account A.3640 470 Civil Defense – Contract in the amount of \$1,000.
Rationale: Transfer needed due to increased costs associated with the continued operation and maintenance of the Schroon River gage.
 3. **Request:** Resolution request for a new contract with NY Fire & Signal to provide hydrostatic testing services for scuba cylinders.
Rationale: The contract would commence upon execution and terminate on December 31, 2018 with the possibility of two (2) annual extensions. The cost for hydrostatic testing services is \$19.95 per cylinder and the contract amount would not exceed \$5,000 per year. Funding is available in the existing budget.
 4. **Request:** Resolution request to apply for the FY18 Local Emergency Management Performance Grant in an amount not to exceed \$35,000.
Rationale: This is a 50/50 grant that covers a portion of the salary and fringe of the Emergency Services Coordinator.
 5. **Request:** Resolution request to apply for the FY18 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.).
 6. **Request:** Resolution request to apply for the FY18 State Homeland Security Program grant in an amount not to exceed \$100,000.
Rationale: The grant guidance has not been released however the application period has been significantly compressed in recent years.
- IV. Referral/Pending Items
- V. Information for Discussion/Review

1. Review prior month travel authorization

- 2018 Water Quality Symposium – Syracuse, NY

- 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 Extend, Rescind, Amend Existing Contract
- #2 Request for Transfer of Funds
- #3 Request for New Contract
- #4 Apply for Grant
- #5 Apply for Grant
- #6 Apply for Grant
- #7 Authorization to Attend Meeting or Convention (*executed form*)

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: March 20, 2018

- (a) Purpose of Contract Change:
Request increase in cost to \$7,140 for the period 10/1/17-9/30/18
Request increase in cost to \$7,350 for the period 10/1/18-9/30/19
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
290 of 2015
- (c) Name of Contractor:
United States Geological Survey (USGS)
- (d) Address of Contractor: 425 Jordan Road, Troy, NY 12180
- (e) Contractor's Contact Person and Telephone Number:
Gerard Butch 518-285-5673
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (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.
Quarterly
- (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.3640 470 - Civil Defense, 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

From: Butch, Gerard
To: [Ramsey, Jennifer](#)
Cc: [Tracy Bristol-Strock](#); [Gerard Butch](#)
Subject: Re: Schroon R at Riverbank (01317000) -- Cooperative agreement needs to be amended for FY 18-19
Date: Wednesday, March 14, 2018 5:45:42 PM

Hello Jennifer,

Will do. Tracy Bristol (cc'd above) will amend the agreement and send it to you. The increased cost corresponds to quality assuring and publishing continuous stage data for the Schroon R at Riverbank gage (01317000). If convenient, USGS can also extend the end date of the agreement beyond FY 19 at the same time (i.e. FY 2022) or we can wait to establish a new agreement before the current agreement expires after FY 2019. Either way is fine, let me know.

Total FY 18 O&M = \$ 8,920 (\$7,140 = Warren Co's share).
Total FY 19 O&M = \$ 9,190 (\$7,350 = Warren Co's share).

Sincerely,
Jerry

Gerard K. Butch | Associate Director for Data
U.S. Geological Survey | New York Water Science Center
425 Jordan Road | Troy, NY 12180
office: 518-285-5673 | mobile: 518-469-1965
gkbutch@usgs.gov | [NYWSC Webpage](#)
[USGS Professional Page](#)

On Wed, Mar 14, 2018 at 3:18 PM, Ramsey, Jennifer <ramseyj@warrencountyny.gov> wrote:

Jerry,

We are submitting the request to amend this contract to increase the annual fee. Would you please provide a new agreement that includes the cost increase beginning on October 1, 2017 through the contract end date of September 30, 2019?

Thank you.

Jennifer Ramsey

Warren County Office of Emergency Services

1340 State Route 9

Lake George, NY 12845

518-761-6240 (tel)

518-761-6402 (fax)

#1

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: March 20, 2018

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
FUNDING SOURCE TBD		A.3640 470	Civil Defense - Contract	\$1,000.00

Please state reason for transfers requested:

Funds needed to pay for the increased costs associated with the maintenance and operation of the Schroon River gage.

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.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: March 20, 2018

- (a) Is this a Result of a Bid or Request for Proposal?
No
- (b) Purpose of Contract:
To provide hydrostatic testing for scuba cylinders at a cost of \$19.95 per cylinder
- (c) Name of Contractor:
New York Fire & Signal Corp.
- (d) Address of Contractor: 4 Glens Falls Technical Park Road
Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number:
Scott Canavan, President 518-798-9551
- (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, 2018 with the possibility of two annual extensions
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
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 department 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

#3

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: March 20, 2018

- (a) Purpose of Grant:
FY18 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): **\$35,000**
- (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? 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

#4

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: March 20, 2018

- (a) Purpose of Grant:
FY 2018 Hazardous Materials Emergency Preparedness Planning grant for the Local Emergency Planning Committee.
- (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

#5

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: March 20, 2018

- (a) Purpose of Grant:
FY18 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

#6

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Public Safety Committee hereby authorizes Amy Hirsch
(Supervisory Committee) (Employee Name)

to attend the 2018 Water Quality Symposium
(Name of meeting or organization)

at Syracuse, NY on March 13-16, 2018
(Address) (Dates)

Meeting/Convention Cost: No Cost Mode of transportation to be used: County Vehicle
(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. Total Cost of Travel \$ Not to exceed \$537.00
(travel and meeting/convention cost)

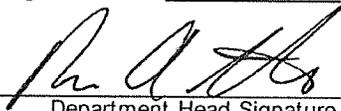
For Overnight Travel

Room rate \$ 120/night GSA* Rate \$ \$103/night

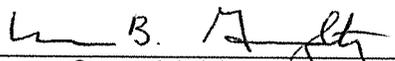
Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 59/day Budget Code: A.3640 444
* www.gsa.gov

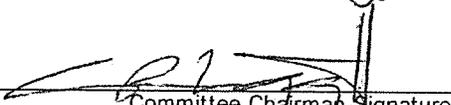
Date: 1/26/18


Department Head Signature

Date: 1/26/18


County Administrator Signature

Date: 1/26/18


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 Buildings & Grounds 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 Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

#7