

Criminal Justice & Public Safety Committee
Warren County Office of Emergency Services
AGENDA
January 22, 2019

Committee Members: LEGGETT, Geraghty, Simpson, Wild, Magowan, Sokol, Hogan, Braymer,
Driscoll, Merlino, 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 2019 budget to accommodate the FY16 State Homeland Security Grant Program in the amount of \$18,270.33.
Rationale: Resolution needed to carry over grant funds from 2018 to commence the purchasing process.
 2. **Request:** Resolution request to amend the 2019 budget to accommodate the FY16 Hazmat Grant Program in the amount of \$112,701.82.
Rationale: Resolution needed to carry over grant funds from 2018 to commence the purchasing process.
 3. **Request:** Resolution request for out of state travel for Micki Guy, EMS Coordinator, Travis Howe, 2nd Deputy EMS Coordinator and Jack Tims, 3rd Deputy EMS Coordinator to attend the EMS Today Conference and Exposition in National Harbor, MD on February 19-23, 2019.
Rationale: The annual EMS Today Conference is one of the top EMS conferences worldwide and offers cutting edge training and information that directly impacts our local EMS systems. The conference registration fee and transportation for the EMS Coordinator, 2nd Deputy EMS Coordinator and 3rd Deputy EMS Coordinator along with the hotel cost for one night for the EMS Coordinator is to be paid out of the existing 2019 budget. The registration fee is \$333.00 per person, passenger van rental is \$160.50 per person and the hotel cost is \$209.00. The total cost to the County is \$1,689.50 which is included in the 2019 OES budget.
 4. **Request:** Resolution request to apply for the FY19 State Homeland Security Program grant in an amount not to exceed \$100,000.
Rationale: The Office of Emergency Services has been advised that the grant guidance will be released soon and the application period has been significantly compressed in recent years.
 5. **Request:** Resolution request to apply for the FY19 Local Emergency Management Performance Grant in the 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. This office has been advised that the grant guidance will be released soon and is anticipating a compressed application period.
 6. **Request:** Resolution request to apply for the FY19 Hazardous Materials Emergency Preparedness 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.).

7. **Request:** Resolution request for out-of-state travel for Amy Drexel, Emergency Services Coordinator to attend the Homeland Security Exercise and Evaluation Program course and Public Information and Warning course at the Emergency Management Institute in Emmitsburg, Maryland on March 24-29, 2019.

Rationale: These courses provide continuing training as part of a future mandate for the Emergency Management Program grant which funds part of the Emergency Services Coordinator's salary and fringe. The total cost to the County is not to exceed \$335.50 for meal and travel expenses. Funding is available in the 2019 OES budget.

8. **Request:** Resolution request to increase Capital Project H.254.9550 280 Fire Training Center Project – Projects in the amount of \$11,426.72.

Rationale: Resolution needed to reflect reimbursement payments from Washington County in the amount of \$3,926.72 plus the anticipated reimbursement of \$7,500.00 for 50% of engineering consulting services performed by Clark Patterson Lee.

IV. Referral/Pending Items

V. Information for Discussion/Review

1. Review prior month travel authorization

- Hazmat Leadership Forum – Utica, NY (October 2018)
- Communications Consortium Chair (C3) Meeting – Brooklyn, NY (October 2018)
- COMU Meeting – Oriskany, NY (November 2018)
- Regional Fire Administrators Conference – Montour Falls, NY (November 2018)

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to adjourn

Attachments

#1 Amend County Budget

#2 Amend County Budget

#3 Approve Out of State Travel

#4 Apply for Grant

#5 Apply for Grant

#6 Apply for Grant

#7 Requesting Approval for Out-of-State Travel

#8 Request to Increase or Decrease or Amend Existing Capital Project or Capital Reserve Project

#9 Authorization to Attend Meeting or Convention (*executed forms*)

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 22, 2019

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

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

A.3645.4018 220 – FY16 State Homeland Security Program – Office Equipment	\$ 319.00
A.3645.4018 250 – FY16 State Homeland Security Program – Technical Equipment	\$17,940.12
A.3645.4018 410 – FY16 State Homeland Security Program – Supplies	\$ 11.21

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

A.3645.4018 4380 – FY16 State Homeland Security Program – State Homeland Security Program	\$18,270.33
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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 22, 2019

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

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

A.3645.4100 230 – FY16 Hazmat Grant Program – Automotive Equipment	\$16,688.25
A.3645.4100 260 – FY16 Hazmat Grant Program – Other Equipment	\$27,438.85
A.3645.4100 410 – FY16 Hazmat Grant Program – Supplies	\$15,000.00
A.3645.4100 422 – FY16 Hazmat Grant Program – Repair/Maint Equipment	\$ 6,803.20
A.3645.4100 428 – FY16 Hazmat Grant Program – Data Processing & Internet	\$ 268.69
A.3645.4100 441 – FY16 Hazmat Grant Program – Auto Supplies & Repair	\$ 88.47
A.3645.4100 444 – FY16 Hazmat Grant Program – Travel/Edu/Conference	\$19,414.36
A.3645.4100 470 – FY16 Hazmat Grant Program – Contract	\$27,000.00

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

A.3645.4100 4382 – FY16 Hazmat Grant Program – Hazmat Grant Program	\$112,701.82
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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 22, 2019

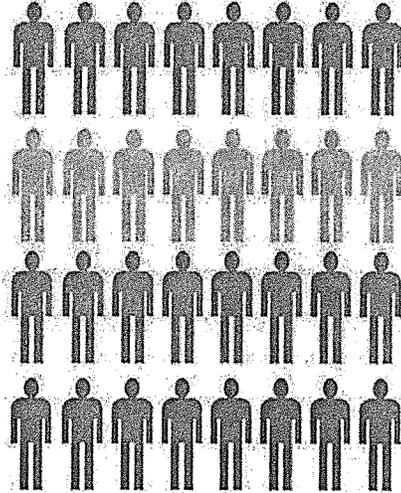
- (a) Dates of Travel: February 19-23, 2019
- (b) Purpose (include complete name of any conference, school, etc.): To attend the EMS Today Conference & Exposition
- (c) City/Town & State: National Harbor, Maryland
- (d) Employee(s) Traveling (include title(s): Micki Guy, EMS Coordinator
Travis Howe, 2nd Deputy EMS Coordinator, Jack Tims, 3rd Deputy EMS Coordinator
- (e) Is County paying the costs or is another Agency? The County is to pay for the conference registration fee of \$333.00 per person and passenger van rental of \$160.50 per person for Micki Guy, EMS Coordinator, Travis Howe, 2nd Deputy EMS Coordinator and Jack Tims, 3rd Deputy EMS Coordinator. The County will also pay for the hotel cost for one night for Micki Guy, EMS Coordinator in the amount of \$209.00. Total cost to the County is \$1,689.50 which is included in the existing 2019 budget.
- (f) Mode of Transportation to be Use: Vehicle Rental
(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.

(/content/emst/en/index.html)

SEND MORE /// SAVE MORE!

In 2018 we had over 85 crews registered!



2019 CREW PRICING

Register as a Crew and SAVE BIG! The more you send, the more you save!

Pricing Scale:

Alpha	3-5	\$1,000
Bravo	6-10	\$2,000
Charlie	11-19	\$3,000
Delta	20-29	\$4,000
Echo	30 or more	\$5,000

- L = \$333 per person

For more information, contact our Key Account Manager, Chris Marinaro at Chris.Marinaro@clarionevents.com (mailto:Chris.Marinaro@clarionevents.com), 203-580-1813

Crew Pricing Registration Includes Access to:

- All conference sessions
- Exhibition Hall
- Exhibit Floor Giveaway Opportunity
- Networking Reception
- Networking Party
- JEMS Games
- CEH
- Hands on Experience

#3

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index.html)

2019 EVENT SCHEDULE

Monday, February 18, 2019

11:00 am	Vehicle Move-In
1:00 pm - 5:00 pm	Exhibitor Move-In (booths 400 sq. ft. and up)
3:00 pm - 6:00 pm	Registration Open

Tuesday, February 19, 2019

7:00 AM - 5:00 PM	Registration Open
8:00 AM - 5:00 PM	JEMS Games Preliminary Competition
8:00 AM - 5:00 PM	Pre-Conference Workshops
8:00 AM - 5:00 PM	Exhibitor Move-In (all exhibitors)

Wednesday, February 20, 2019

7:00 AM - 6:00 PM	Registration
9:00 AM - 10:30 AM	Opening Ceremonies & Keynote Session
8:00 AM - 12:00 PM	General Exhibitor Move-In
11:00 AM - 12:00 PM	Conference Sessions
12:30 PM - 2:00 PM	Lunch & Learn
2:00 PM - 3:00 PM	Conference Sessions
3:00 PM - 6:00 PM	Exhibit Hall Open
3:00 PM - 5:00 PM	Hands On Experience, Exhibit Hall
4:30 PM - 6:00 PM	Opening Networking Reception - Exhibit Hall
6:15 PM - 10:00 PM	Zoll Shockfest

Thursday, February 21, 2019

7:00 AM - 5:00 PM	Registration Open
8:00 AM - 9:30 AM	Women in EMS Networking Breakfast (<i>must register</i>)
8:30 AM - 11:00 AM	Conference Sessions
10:00 AM - 5:00 PM	Exhibit Hall Open
11:00 AM - 1:30 PM	Hands On Experience, Exhibit Hall

#3

2:00 PM – 3:30 PM	Conference Sessions
5:15 PM – 7:30 PM	JEMS Games Final Competition & Awards Ceremony

Friday, February 22, 2019

7:30 AM – 12:30 PM	Registration Open
8:00 AM – 9:30 AM	Breakfast Roundtables (<i>must register</i>)
9:00 AM – 10:00 AM	Conference Sessions
10:00 AM – 1:00 PM	Exhibit Hall Open
10:30 AM – 11:30 AM	Conference Sessions
12:45 PM	EMS Today Exhibit Floor Giveaway
1:15 PM - 2:15 PM	Conference Sessions
1:00 PM – 8:00 PM	Exhibitor Move Out

**Times are tentative and subject to change*

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 (<http://www.pennwell.com/publications.html>) | PENNWELL EVENTS
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Event Info

Home (/content/emst/en/index.html)	Conference (/content/emst/en/conference.html)
About Us (/content/emst/en/event-information/about.html)	Schedule (/content/emst/en/event-information/event-schedule.html)
Contact Us (/content/emst/en/index/contact-us.html)	Attend (/content/emst/en/register/pricing.html)
Hands On Experience (/content/emst/en/exhibition/handson.html)	Registration (/content/emst/en/register.html)

Exhibitors

Exhibitor Center (/content/emst2/en/exhibition/exhibitor-center.html)
Book a Booth (/exhibition/become-an-exhibitor.html)
Sponsor (/exhibition/booth-information.html)
Registration (/content/emst/en/register.html)

Official Publication of EMS Today

JEMS (<http://www.jems.com/>)

#3

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: January 22, 2019

- (a) Purpose of Grant:
FY19 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. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: January 22, 2019

- (a) Purpose of Grant:
FY19 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

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: January 22, 2019

- (a) Purpose of Grant:
FY 2019 Hazardous Materials Emergency Preparedness 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

#6

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 22, 2019

- (a) Dates of Travel: March 24-29, 2019

- (b) Purpose (include complete name of any conference, school, etc.): To attend the Homeland Security Exercise and Evaluation Program course and the Public Information and Warning course at the Emergency Mangement Institute.

- (c) City/Town & State: Emmitsburg, Maryland

- (d) Employee(s) Traveling (include title(s): Amy Drexel, Emergency Services Coordinator

- (e) Is County paying the costs or is another Agency? The County will pay for travel and meal costs at an amount not to exceed \$335.50.

- (f) Mode of Transportation to be Use: County Vehicle
(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.

Ramsey, Jennifer

From: Hirsch, Amy
Sent: Monday, August 13, 2018 2:54 PM
To: Ramsey, Jennifer
Subject: FW: EMI Course Acceptance: E0146

Follow Up Flag: Follow up
Flag Status: Flagged

From: netc-admissnotifications [<mailto:netc-admissnotifications@fema.dhs.gov>]
Sent: Monday, August 13, 2018 1:44 PM
To: Hirsch, Amy
Subject: EMI Course Acceptance: E0146

DO NOT REPLY TO THIS EMAIL AS THIS ACCOUNT IS NOT MONITORED

Dear Ms. Hirsch,

Congratulations on your acceptance into the Emergency Management Institute course:

**Homeland Security Exercise and Evaluation Program (HSEEP)
(E0146)
Public Information and Warning
(E0105)**

Course dates: March 25-28, 2019
Travel dates: March 24 and March 29

We're looking forward to training with you!

Read the Welcome Package Linked Below

https://training.fema.gov/emiweb/downloads/netc_welcome_package.pdf

PDF ~1 MB

For specific information about travel arrangements, transportation, lodging, food service, on-campus services and reimbursement.

Watch this Student Orientation Linked Below

<https://www.youtube.com/watch?v=d60WJBmbyus>

For basic information about attending an on-campus course at the National Emergency Training Center.

#7

RESOLUTION REQUEST FORM NO. 9

***Request to Increase or Decrease or Amend Existing Capital Project or
Capital Reserve Project****

**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 22, 2019

- (a) Exact Title and Number of Project*:
H.254.9550 280 Fire Training Center Project - Projects
- (b) Is this a Capital Project?
Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):
\$11,426.72
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
H.254.9550 2390 - Fire Training Center - Share of Joint Activity, Gov't
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment:
To correct the Fire Training Center Project to reflect reimbursement receipts from Washington County in the amount of \$3,926.72.

To reflect anticipated reimbursement receipt from Washington County in the amount of \$7,500 for 50% of engineering consulting services performed by Clark Patterson Lee.

Total increase requested is \$11,426.72

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 Brian LaFlure & James Schrammel
(Supervisory Committee) (Employee Name)

to attend the annual HazMat Leadership Forum
(Name of meeting or organization)

at Utica, NY on October 19-20, 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 \$ No cost to County
*Sign-in sheet is attached (travel and meeting/convention cost)

For Overnight Travel

Room rate \$ Pd. by NYS GSA* Rate \$ 93.00/night Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
* www.gsa.gov *No cost to County

Date: 8/31/18



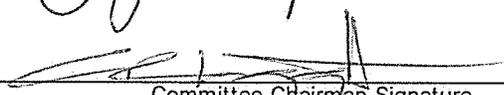
Department Head Signature

Date: 9/6/18



County Administrator Signature

Date: 9/19/18



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.

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 Brian LaFlure
 (Supervisory Committee) (Employee Name)

to attend the Communications Consortium Chair (C3) Meeting
 (Name of meeting or organization)

at Brooklyn, NY on October 22-24, 2018
 (Address) (Dates)

Meeting/Convention Cost: No Cost Mode of transportation to be used: County Vehicle/Mass Trans.
 (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 \$ No cost to County
 *Sign-in sheet is attached (travel and meeting/convention cost)

For Overnight Travel

Funding in Budget? Y N

Room rate \$ Pd. by NYS GSA* Rate \$ 288.00/night

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
 * www.gsa.gov *No cost to County

Date: 8/31/18


 Department Head Signature

Date: 9/6/18


 County Administrator Signature

Date: 9/19/18


 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**

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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.

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 (Supervisory Committee) hereby authorizes Brian LaFlure (Employee Name)

to attend the COMU (Communications Unit) meeting (Name of meeting or organization)

at Oriskany, NY (Address) on November 8-9, 2018 (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 \$ No cost to County (travel and meeting/convention cost)
*Sign-in sheet is attached

For Overnight Travel

Funding in Budget? Y N

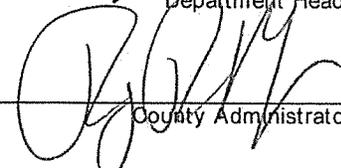
Room rate \$ Pd. by NYS GSA* Rate \$ 94.00/night

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
* www.gsa.gov *No cost to County

Date: 8/31/18


Department Head Signature

Date: 9/6/18


County Administrator Signature

Date: 9/19/18


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

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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.

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 Brian LaFlure
 (Supervisory Committee) (Employee Name)

to attend the Regional Fire Administrators Conference
 (Name of meeting or organization)

at Montour Falls, NY on November 15-16, 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 \$ No cost to County
 *Sign-in sheet is attached (travel and meeting/convention cost)

For Overnight Travel

Room rate \$ No Cost GSA* Rate \$ _____

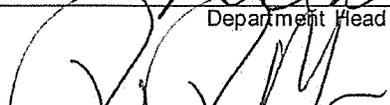
Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
 * www.gsa.gov *No cost to County

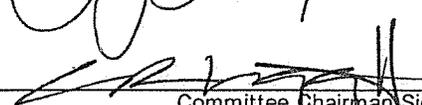
Date: 11/5/18


 Department Head Signature

Date: 11/6/18


 County Administrator Signature

Date: 11.19.18

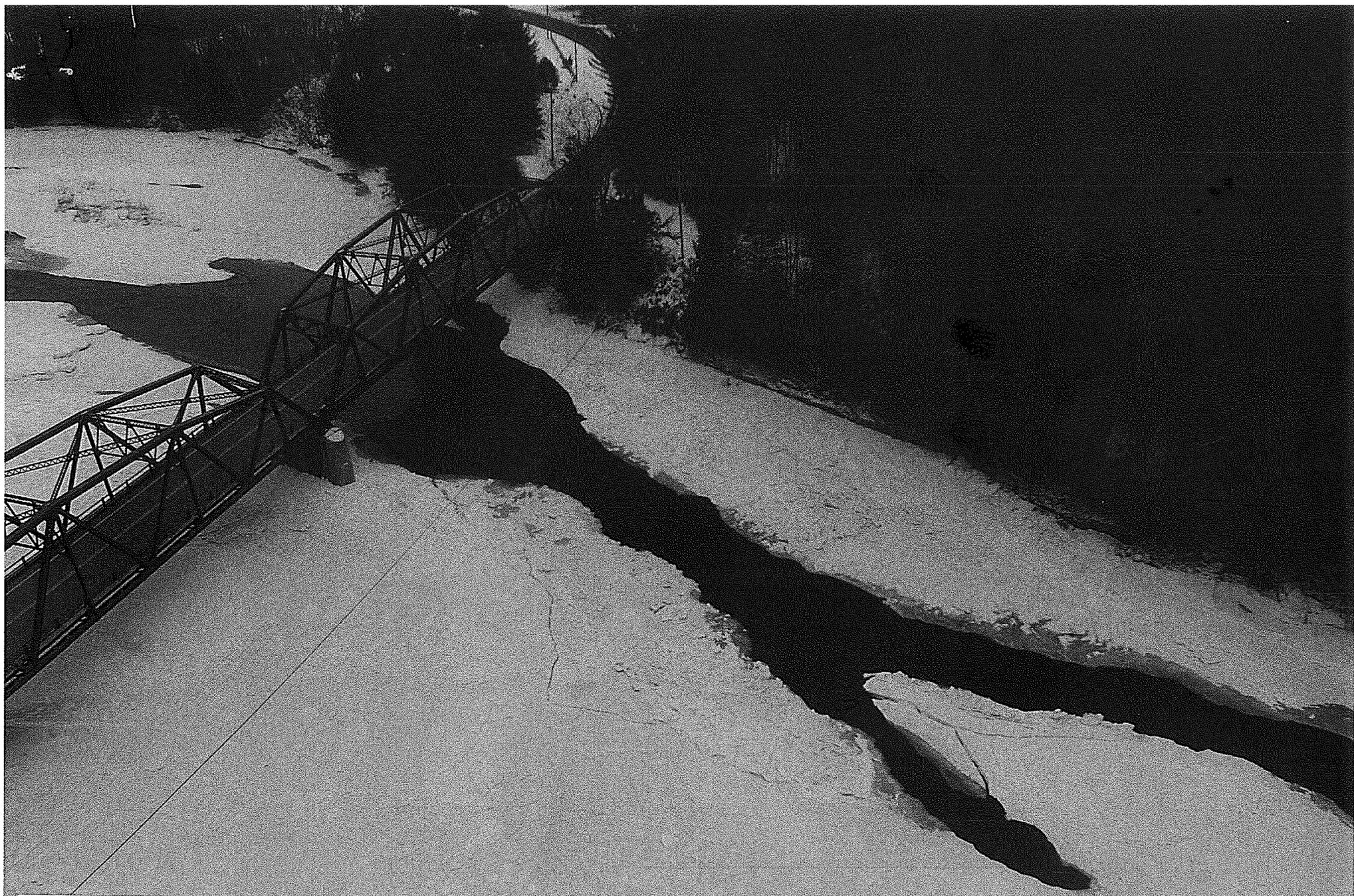

 Committee Chairman Signature

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Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

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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.



As of Friday afternoon

1 - 418 bridge

2 - Looking North towards 418

3 - Upriver pack

WC OES



