

Public Safety Committee
Warren County Office of Emergency Services
AGENDA
January 24, 2020

Committee Members: LEGGETT, Simpson, Braymer, Diamond, Driscoll, Seeber and Shepler

- 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 2020 budget to accommodate the FY18 State Homeland Security Grant Program in the amount of \$52,761.
Rationale: Resolution needed to carry over grant funds from 2019 to commence the purchasing process.
 2. **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 Tampa, FL on March 2-7, 2020.
Rationale: The annual EMS Today Conference is one of the top EMS conferences worldwide and one of two international EMS conferences that is offered within the United States. The networking and education allows our EMS Coordinators to bring back information on cutting-edge technology, patient care and education which directly impacts our local EMS systems. The conference registration fee of \$275 per person for the EMS Coordinator, 2nd Deputy EMS Coordinator and 3rd Deputy EMS Coordinator along with the hotel cost of \$254 per night for three nights for the EMS Coordinator and 3rd Deputy EMS Coordinator is to be paid out of the existing 2020 budget. The hotel (Embassy Suites) does not offer the GSA rate of \$158 however it was selected due to its close proximity to the Convention Center which will reduce transportation costs and allow more time to network and learn. The total cost to the County is \$2,349.
 3. **Request:** Resolution request to apply for the FY20 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.
 4. **Request:** Resolution request to apply for the FY20 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 FY20 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.).

6. **Request:** Resolution request for a new contract with the City of Glens Falls Fire Department to continue as the County's Hazardous Materials/Weapons of Mass Destruction First Responders.

Rationale: The Office of Emergency Services is working with the County Attorney's Office to update the original contract which has expired. The new agreement would commence upon execution and terminate upon sixty days written notice by either party. The agreement will automatically renew for successive one-year terms.

- 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

Attachments

- #1 Request to Amend County Budget
- #2 Requesting Approval for Out-of-State Travel
- #3 Request to Apply for a Grant Application and Grant Agreement
- #4 Request to Apply for a Grant Application and Grant Agreement
- #5 Request to Apply for a Grant Application and Grant Agreement
- #6 Request for New Contract

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 24, 2020

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

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

A.3645.4105 260 – FY18 State Homeland Security Program – Other Equipment	\$49,761.00
A.3645.4105 444 – FY18 State Homeland Security Program – Travel/Edu/Conf.	\$ 3,000.00

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

A.3645.4105 4380 – FY18 State Homeland Security Program – State Homeland Security Program	\$52,761.00
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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 24, 2020

- (a) Dates of Travel: March 2-7, 2020
- (b) Purpose (include complete name of any conference, school, etc.): To attend the EMS Today Conference & Exposition
- (c) City/Town & State: Tampa, Florida
- (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 \$275.00 per person and the hotel cost for three nights for Micki Guy, EMS Coordinator and Jack Tims, 3rd Deputy EMS Coordinator in the amount of \$254.00 per room per night. Total cost to the County is \$2,349 which is included in the existing 2020 budget.
- (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.

Event Schedule | EMS Today

Monday, March 2, 2020

11:00 AM	Vehicle Move-In
8:00 AM – 5:00 PM	Pre-Conference Workshops (<i>Must Register</i>)
1:00 PM – 5:00 PM	Exhibitor Move-In (Booths 400 sqf & Up)
3:00 PM – 6:00 PM	Registration Open

Tuesday, March 3, 2020

7:00 AM – 5:00 PM	Registration Open
8:00 AM – 5:00 PM	National Disaster Response Symposium
8:00 AM – 5:00 PM	JEMS Games Preliminary Competition
8:00 AM – 5:00 PM	Pre-Conference Workshops (<i>Must Register</i>)
8:00 AM – 5:00 PM	Exhibitor Move-In (All Exhibitors)

Wednesday, March 4, 2020

7:00 AM – 6:00 PM	Registration
8:00 AM – 9:30 AM	Opening Ceremonies & Keynote Session
8:00 AM – 12:00 PM	General Exhibitor Move-In
10:00 AM – 12:30 PM	Conference Sessions
1:00 PM – 2:00 PM	Lunch & Learn
12:30 PM – 5:00 PM	Exhibit Hall Open
2:30 PM – 3:30 PM	Conference Sessions
3:00 PM – 5:00 PM	Hands On Experience, Exhibit Hall
3:30 PM – 5:00 PM	Opening Networking Reception, Exhibit Hall
4:00 PM – 5:00 PM	Poster Gallery Walk
5:15 PM	Zoll Shockfest, Harpoon Harry's – Right Next Door to the Convention Center

Thursday, March 5, 2020

7:00 AM – 5:00 PM	Registration Open
8:00 AM – 10:30 AM	Conference Sessions
10:00 AM – 4:00 PM	Exhibit Hall Open
11:00 AM – 2:30 PM	Hands On Experience, Exhibit Hall
2:00 PM – 5:00 PM	Conference Sessions
5:15 PM – 7:30 PM	JEMS Games Final Competition & Awards Ceremony

Friday, March 6, 2020

7:30 AM – 12:30 PM	Registration Open
8:00 AM – 9:30 AM	Breakfast Roundtables (<i>Must Register</i>)
8:00 AM – 10:30 AM	Conference Sessions

9:00 AM – 12:00 PM Exhibit Hall Open
10:45 AM EMS Today Exhibit Floor Giveaway
11:15 AM – 1:45 PM Conference Sessions
12:00 PM – 8:00 PM Exhibitor Move Out

****Times are tentative and subject to change***

Crew Pricing

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

Alpha 3-5 \$1,200 (approx. \$300 a person)

Bravo 6-10 \$2,200 (approx. \$275 a person)

Charlie 11-19 \$3,200 (approx. \$213 a person)

For information about our larger crew pricing plans or to sign up contact Cynthia Meinke at cynthia.meinke@clarionevents.com.



Start Over

MAP



Hotel & Room

VIEW Available rooms only

SORT BY

EMS Today 2020
MAR 2, 2020 - MAR 6, 2020

MAKE A RESERVATION

FIND

Check-in: TUE, MAR 3, 2020

Checkout: FRI, MAR 6, 2020

Nights: 3

Rooms: 1

Guests: 1
Max guests per room

EMBASSY SUITES TAMPA -
DOWNTOWN CONVENTION
CENTER

Room(s) available at this hotel

Back to Hotels



EMBASSY SUITES TAMPA - DOWNTOWN CONVENTION...
513 South Florida Ave., Tampa, FL 33602, UNITED STATES

Complimentary Wifi **Free Made to order Breakfast***
***Complimentary Drinks**

0.1 Mile(s) from Tampa Convention Center

Select your room and stay dates

Available Not Available Wait Listed Selected



KING STANDARD SUITE (KNGN)

Max Guests: 4

USD 254.00

Average nightly rate
+ Taxes & Fees

Complimentary Wifi **Free Made to order Breakfast*** **Complimentary Drinks**

Rooms:	Guests:	MAR		
		T	W	T
1	1	3	4	5



TWO DOUBLES SUITE (TDBN)

Max Guests: 5

USD 254.00

Average nightly rate
+ Taxes & Fees

Complimentary Wifi **Free Made to order Breakfast*** **Complimentary Drinks**

Rooms:	Guests:	MAR		
		T	W	T
1	1	3	4	5

SELECT

**GROUP HOUSING
FORM**

Jul 1, 2019 - Jan 14, 2020
10+ Reservations

Show details

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: January 24, 2020

- (a) Purpose of Grant:
FY20 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:
Michael Tomaso, Public Safety Grants Representative 518-242-8293

- (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 24, 2020

- (a) Purpose of Grant:
FY20 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:
Michael Tomaso, Public Safety Grants Representative 518-242-8293

- (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 24, 2020

- (a) Purpose of Grant:
FY 2020 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:
Michael Tomaso, Public Safety Grants Representative 518-242-8293
- (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. 3

Request for New Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: January 24, 2020

- (a) Is this a Result of a Bid or Request for Proposal?
No
- (b) Purpose of Contract:
Request for the City of Glens Falls Fire Department to continue as the County's Hazardous Materials/Weapons of Mass Destruction First Responders.
- (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) 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:
60 days written notice of either party
- (i) 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.
- (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:

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