

Public Safety Committee
Warren County Office of Emergency Services
AGENDA
August 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 appoint/reappoint members to the Warren County Fire Advisory Board for the term May 1, 2020-April 30, 2021.
Rationale: All previous appointments expired on April 30, 2020.
 2. **Request:** Resolution request to appoint/reappoint members to the Warren County EMS Advisory Board for the term May 1, 2020-April 30, 2021.
Rationale: All previous appointments expired on April 30, 2020.
 3. **Request:** Resolution request for the appropriation of funds from the Computer Reserve Fund A.895.00 to A.3640 220 Civil Defense, Office Equipment in the amount of \$677.22.
Rationale: Due to the immediate need of a replacement computer, the transfer of funds was not requested prior to purchasing. We are now requesting the funds be appropriated from the computer reserve fund to A.3640 220 Civil Defense – Office Equipment to cover the cost of the computer.
 4. **Request:** Resolution request for a new contract with Black Laser Learning, Inc. in the amount of \$4,900.00 to provide Side Scan Sonar training to members of the Warren County Marine Rescue Team.
Rationale: The contract would commence upon execution and expire upon completion of services. The contract amount of \$4,900.00 will include a two-day training course and the travel costs for the trainer.
 5. **Request:** Resolution request to increase existing capital project H.254.9550 280 Fire Training Center Project – Project and funding source H.254.9550 2390 Fire Training Center Project – Share of Joint Activity, Gov't in the amount of \$12,907.93.
Rationale: Resolution needed to reflect 50% reimbursement payments from Washington County in the amount of \$12,907.93 for expenses paid in full by Warren County.
 6. **Request:** Resolution request to amend the 2020 budget in the amount of \$14,364 to accommodate the FY2020 Emergency Management Performance Grant COVID-19 Supplemental program.
Rationale: Resolution needed to commence the purchasing process for COVID-19 related disinfecting equipment.
 7. **Request:** Resolution request authorizing the Chairman of the Board to sign the Information Sharing Access Agreement (ISAA) between the Department of Homeland Security/Federal Emergency Management Agency Federal Insurance and Mitigation Administration and the County of Warren.

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: August 24, 2020

- (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 189 of 2019
- (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, 2020
- (h) Termination Date of Appointment: April 30, 2021
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: Election

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: August 24, 2020

- (a) Name of Appointee: Warren County EMS 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 190 of 2019
- (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: EMS Advisory Board Member
- (g) Effective Date of Appointment: May 1, 2020
- (h) Termination Date of Appointment: April 30, 2021
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: All appointments have expired

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: August 24, 2020

- (a) Purpose of Request: To appropriate funds from the Computer Reserve Fund for the purchase of a new computer

- (b) Details: A.3640 220 Civil Defense-Office Equipment \$677.22

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.895.00 Computer Reserve Fund \$677.22

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: August 24, 2020

- (a) Is this a Result of a Bid or Request for Proposal?
No
- (b) Purpose of Contract:
To provide Side Scan Sonar training to members of the Warren County Marine Rescue Team
- (c) Name of Contractor:
Black Laser Learning, Inc.
- (d) Address of Contractor: **P.O. Box 339
Hockessin, DE 19707**
- (e) Contractor's Contact Person and Telephone Number:
Vincent Capone, 302-379-2797
- (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:
Upon completion of services
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$4,900**
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:
A.3645.4108 470 FY19 State Homeland Security Program - 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

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: August 24, 2020

- (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):
\$12,907.93
- (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 \$12,907.93 through July 31, 2020.

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: August 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.3645.4111 260 – FY20 EMPG-S (COVID-19) – Other Equipment \$14,364.00

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

A.3645.4111 4305 – FY20 EMPG-S (COVID-19) – Local Emergency Management Performance Grant \$14,364.00

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: August 24, 2020

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3645.4109 110	FY19 LEMPG-Salaries-Regular	A.3640 110	Civil Defense-Salaries-Regular	\$861.51
A.3645.4109 810	FY19 LEMPG-Retirement	A.3640 810	Civil Defense-Retirement	\$158.40
A.3645.4109 830	FY19 LEMPG-Social Security	A.3640 830	Civil Defense-Social Security	\$89.62
A.3645.4109 831	FY19 LEMPG-Medicare	A.3640 831	Civil Defense-Medicare	\$21.46
A.3645.4109 860	FY19 LEMPG-Hospitalization	A.3640 860	Civil Defense-Hospitalization	\$113.01

Please state reason for transfers requested:

Transfer needed to correct grant award allocation

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.