Agenda

Public Safety Committee

April 20, 2022, 4:00 p.m., Legislative Chambers

Livestreamed on Facebook

Gerace Office Building, Mayville, NY

- A. Call to Order
- B. Approval of Minutes (3/16/22)
- C. Privilege of the Floor
- 1. <u>Proposed Resolution FEMA Hazard Mitigation Grant Program (HMGP)</u>
- 2. <u>Proposed Resolution Amend 2022 Budget for Office of the Sheriff</u>
- 3. <u>Proposed Resolution</u> Authorize Agreement Renewal with Crown Castle International LLC for Lease of Space on Crown Castle's Tower in the Town of Sherman
- 4. <u>Proposed Resolution</u> Authorize Agreement with Town of Hanover for Enhanced Police Protection Services FY22
- 5. <u>Discussion Probation Department Discussion Chairman, Pierre Chagnon</u>
- 6. Other

CHAUTAUQUA COUNTY RESOLUTION NO.____

TITLE: FEMA Hazard Mitigation Grant Program (HMGP)

BY: Public Safety and Audit & Control Committees:

AT THE REQUEST OF: County Executive Paul M. Wendel, Jr.:

WHEREAS, the Office of Emergency Services was awarded funds from the New York State Division of Homeland Security and Emergency Services in the total amount of \$85,333.00, with a twenty-five percent (25%) in kind match from the County in the amount of \$21,333.00; and

WHEREAS, the award is to update the Chautauqua County Multi-Jurisdictional Hazard Mitigation Plan (HMP) and the award performance period runs from July 28, 2021 through June 17, 2024, or as maybe amended; and

WHEREAS, pursuant to Resolution No. 191-21 the County Executive was authorized to sign and execute the necessary agreements to accept the award and subsequent changes to the work plans; and

WHEREAS, the award was increased to a total amount of \$120,000.00, with an in-kind match from the County in the amount of \$37,500.00; now therefore be it

RESOLVED, That the County Executive is hereby authorized to sign and execute all necessary agreements to accept the increased award and any subsequent changes to end dates and work plans; and be it further

RESOLVED, That the Director of Finance is hereby directed to make the following changes to the 2022 Adopted Budget:

INCREASE APPROPRIATION ACCOUNT:

A.30101	Personal ServicesEmergency Services	\$ 7,500
A.30104	ContractualEmergency Services	\$112,500
	Total	\$120,000

INCREASE REVENUE ACCOUNT:

A.3010R430.5008	Federal AidFEMA - Pre-Disaster Mitigation	\$120,000

APPROVED	
VETOES (VETO I	MESSAGE ATTACHED)
County Executive	Date

FUNDING CHECKLIST

This form is to be prepared and signed by the County employee responsible for administering the contract for which this form is prepared.

Contractor:		
Contract Services:		
PLEASE CHECK THE BOX APPLICABLE TO	YOUR FUNDING SOURCE:	
This contract is funded entirely by County fun	ds.	
This contract is a revenue contract.		
This contract does not involve money.		
This is an amendment and the funding source	has not changed.	
The County receives grant funds or state/feder these "subcontracted" services. The County of this contract is/are:	ontract number(s) for the contract	et(s) which will pay for
This is a contract to accept grant funds or state is/are (select all that apply):	e/federal-aid. The source(s) of fu	nding for this contract
% NY State Funds	% Federal Funds	% Local Funds
% Other Funds (please specify:_)
GRANT-RELATED INFORMATION CHECKLIST SECTION OF LOGO person's reference. Cover letters/e-main Agreement section of Logos. Other Further Funding Checklist. Such items may inconformation, or other solicitation document on invitation or solicitation document requirements, resolutions, ordinances, standards, guidelines and guidance and Items attached:	S. Please identify all such items ls that accompany grant contract nding Checklist items should be clude: Grantor's bid, RFP, invitaments; County's funding applicant; funding award or offer notific policies, procedures, manuals, ci	below, for the data entry its must be attached in the uploaded with the tion, request for tion/request, or response ration; rules, regulations,
By signing this form, you are confirming that all docuce County's responsibilities in connection with receipt of will be provided to the individual entering the grant/convergence. Name	f this funding and contract are at	

	FEDERAL EME	ENT OF HOMELAND SECURI RGENCY MANAGEMENT AG ION-NONCONSTRUCTION	SENCY		erse for Paperwork Disclosure Notice	Page of page	es O.M.B. No. 1660-0025 Expires November 30, 2013
		2. FEDERAL GRANT OR OTHER ASSIGNED	R IDENTIFYING NUMBER	3. RECIPII	ENT ORGANIZATION (N	Name and complete address, in	ncluding zip code)
4. EMPLO	OYER IDENTIFICATION	5. RECIPIENT ACCOUNT NUMBE	ER OR I.D. NO.			7. Mark x in Appropriate Bo New Budget Revised Budget E Date of Budget Revision	Enter Grant Number in Box 2 above
8. FEDE	ERAL RATE SHARING (%)	(%)		(%)	(%)		(%) TOTAL
9.	PROGRAM ACRONYM CFDA NUMBER						
	a. Personnel						
10.	b. Fringe Benefits						
	c. Travel						
	d. Equipment						
01	e. Supplies						
Object Class	f. Contractual						
	g. Construction						
	h. Other						
	i. Total Direct Charges (10a to 10h)						
	j. Indirect Charges						
	k. Total (Sum of 10i & 10j)						
	I. Federal Share						
	Non-Federal Resources:						
	m. Applicant						
Source	n. State						
	o. Local						
	p. Other Sources						
l	q. Total (Sum of 10l to 10p)						
Income	r. Program Income						
	s. Detail on Indirect Cost						
Indirect Cost	Type of Rate (mark "X" in one b	,		termined		Carry Forward	
	Rate: %	I otal Amou	nt of Indirect Cost:		Base:		
11. Signa	ature of Authorizing Official	12. Name and Title (Type or	print)	13. Telephone I	Number (Area code, N	Number and Extension)	Date Report Submitted

Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to average 9.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless it displays a valid OMB control number. You may send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Act (1660-0025).**NOTE: Do not send your completed form to this address.**

INSTRUCTIONS

- Enter FEMA.
- 2. Enter grant or cooperative agreement identifier.
- 3. Enter the name of the rcipient to receive assistance.
- 4. Enter the number assigned to the recipient by the Internal Revenue Service. This number should be the same as the the number reported in item 6 of the applicant's Application for Federal Assistance, SF 424.
- 5. Enter recipient account number or identification number.
- 6. Enter the beginning and ending dates for the budget period submitted for approval.
- 7. Mark the appropriate box for budget submission and date of budget revision.
- 8. Enter Federal rate of sharing percentage.
- 9. Enter each program acronym and CFDA number in the horizontal columns. Columns are to be used to report by Program.
- 10. Enter the estimated amounts for:
- 10a. Personnel costs.
- 10b. Fringe benefits.
- 10c. Travel.
- 10d. Equipment to be purchased. Note: Rented or leased equipment amounts are listed in Other, Item (h).
- 10e. Expendable supplies.
- 10f. Contractual costs.
- 10g. Minor construction or renovation costs.
- 10h. Rent, reproduction, telephone, rented/leased equipment, janitorial and security services, etc.
- 10i. Enter the sum of items 10a through 10h.
- 10j. Enter amount for the indirect charges (applicant must include a copy of the approved indirect cost agreement with the application).
- 10k. Enter the sum of items 10i and 10i.
- 10l. Federal Share. Enter the Federal share amount.

Non-Federal Resources. Enter the non-Federal amounts in items 10m through 10p that are being contributed by:

- 10m. The applicant.
- 10n. The State.
- 10o. The local government.
- 10p. Sources other than State or local governments.
- 10g. Enter the sum of 10l through 10p.
- 10r. Enter the amount of program income. Report income expected to be generated during the grant period.
- 10s. Provide the details on type of rate, the rate or rates that are in effect during the funding period, the amount of base the rate is to be applied and the total amount of indirect costs. If additional space is required to provide an explanation, attach a schedule. Note: Each time a FEMA Form 20-20 is submitted, the applicant is to attach the most recent negotiated Indirect Cost Agreement.
- 11. The individual's signature who has the responsibility for the submission of the budget data.
- 12. Type or print the authorizing official's name and title.
- 13. Telephone Number. Type or print the authorizing official's telephone number. Date Report Submitted. Enter the date of submission.

CHAUTAUQUA COUNTY	
RESOLUTION NO.	

TITLE: Amend 2022 Budget for Office of the Sheriff

BY: Public Safety and Audit & Control Committees:

AT THE REQUEST OF: County Executive Paul M. Wendel, Jr.:

WHEREAS, some Office of the Sheriff expenses have exceeded initial budgetary estimates; and

WHEREAS, the Office of the Sheriff will receive revenues to offset said expenses; now therefore be it

RESOLVED, That the Director of Finance is hereby authorized and directed to make the following changes to the 2022 Adopted Budget:

INCREASE APPROPRIATION ACCOUNT:

A.3110.GRNT.2 Equipment – Sheriff - Sheriff Grants

\$47,444

INCREASE REVENUE ACCOUNT:

A.3110.GRNT.R438.9000 Federal Aid – Other Public Safety Aid \$47,444

APPROVED VETOES (VETO	MESSAGE ATTACHED)
County Executive	Date

CHAUTAUQUA COUNTY RESOLUTION NO.

TITLE: Authorize Agreement Renewal with Crown Castle International LLC for

Lease of Space on Crown Castle's Tower in the Town of Sherman

BY: Public Safety and Audit and Control Committees:

AT THE REQUEST OF: County Executive Paul M. Wendel, Jr.:

WHEREAS, the County has had an agreement for lease of space on the Town of Sherman Tower since October 12, 1999; and

WHEREAS, the County and Crown Castle International LLC desire to continue the use and lease of the space; and

WHEREAS, the Office of the Sheriff has negotiated with Crown Castle International LLC for a renewal of its existing agreement at a rate of \$16,680 per year for a term of September 10, 2022 through September 9, 2027; and

WHEREAS, this renewal includes no cost increase to the County, therefore the expense associated with this agreement is included in the 2022 Budget and requires no amendment; now therefore be it

RESOLVED, That the County Executive is hereby authorized and empowered to execute an agreement renewing the lease between Crown Castle International LLC and the County for use of space on the tower in the Town of Sherman.

APPROVED	
	MESSAGE ATTACHED
	MESSAGE ATTACHED
	MESSAGE ATTACHED Date

CHAUTAUQUA COUNTY	
RESOLUTION NO.	

TITLE: Authorize Agreement with Town of Hanover for Enhanced Police Protection Services FY22

BY: Public Safety and Audit & Control Committees:

AT THE REQUEST OF: County Executive Paul M. Wendel, Jr.:

WHEREAS, the Town of Hanover and the Village of Silver Creek have requested the Chautauqua County Office of the Sheriff provide enhanced police protection services within the geographical boundaries of the Town of Hanover and the Village of Silver Creek for the 2022 calendar year; and

WHEREAS, the Chautauqua County Office of the Sheriff has negotiated a tentative agreement with the Town of Hanover and the Village of Silver Creek for the period from January 1, 2022 through December 31, 2022 for an estimated cost not to exceed \$497,368; and

WHEREAS, this revenue is included in the 2022 Adopted Budget so no budget amendments are needed; now therefore be it

RESOLVED, That the County Executive is hereby authorized to and empowered to execute an agreement with the Town of Hanover for enhanced police protection services as set forth above with revenue to be credited to account A.3110.R226.0000.

MESSAGE ATTACHED
MESSAGE ATTACHED