

AGENDA TRANSMITTAL FORM

To: Amador Fire Protection Board of Directors

Date: 08/15/2017

From: David Bellerive
(Department Head - please type)

Phone Ext. 391

- ☒ Regular Agenda
☐ Consent Agenda
☐ Blue Slip
☐ Closed Session

Meeting Date Requested:

08/15/2017

Department Head Signature

David Bellerive

Agenda Title:

Correction to Meeting of 07/18/2017

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

During the closed session portion of the Board meeting on 07/18/2017 a motion was made in reference to an agreement with IDEA Inc. for Labor Negotiations. The motion needs to be announced during open session.

Motion: It was moved by Director Oneto, seconded by Director Morgan and unanimously carried to approve resolution allowing Board President to sign agreement with IDEA Inc. in the amount of \$16,500.00 for Labor Negotiation matters.

Recommendation/Requested Action:

Announce Motion in open session

Fiscal Impacts (attach budget transfer form if appropriate)

None

Staffing Impacts

None

Is a 4/5ths vote required?

Yes ☐

No ☒

Contract Attached:

Yes ☐

No ☐

N/A ☒

Resolution Attached:

Yes ☐

No ☐

N/A ☒

Ordinance Attached

Yes ☐

No ☐

N/A ☒

Comments:

Committee Review?

N/A ☒

Name

Committee Recommendation:

Request Reviewed by:

Chairman

Counsel

Auditor

GSA Director

CAO

Risk Management

Distribution Instructions:

FOR CLERK USE ONLY

Meeting Date

8-15-17

Time

10:30 am

Item #

1

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution

Ordinance

Other: _____

Noes: _____

Resolution

Ordinance

Absent: _____

Comments:

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A new ATF is required from

Department

For meeting

of

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador Fire Protection District.

ATTEST: _____

AFPD Board Clerk

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Agenda Title:

VEHICLE MAINTENANCE REPORT

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Report of expenses for maintenance and repair of District vehicle fleet.

Recommendation/Requested Action:

Review attached report

Fiscal Impacts (attach budget transfer form if appropriate)

None

Staffing Impacts

None

Is a 4/5ths vote required?

Yes ☐

No ☒

Contract Attached:

Yes ☐

No ☐

N/A ☒

Resolution Attached:

Yes ☐

No ☐

N/A ☒

Ordinance Attached

Yes ☐

No ☐

N/A ☒

Comments:

Committee Review?

N/A ☒

Name

Committee Recommendation:

Request Reviewed by:

Chairman

Counsel

Auditor

GSA Director

CAO

Risk Management

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10:30 am

Item #

3

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution _____

Ordinance _____

Other: _____

Noes _____

Resolution _____

Ordinance _____

Absent: _____

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AFPD Board Clerk

Vehicle Description	VIN License Number	Odometer Reading	Repair Hours / Comments (out of service, Misc., etc. if applicable)	Dates	Maintenance Performed (description)	JULY Total Cost this Month	Total Cost of Vehicle starting July 2016
E-113 1991 KME 4x4	1HTSEPCR4NH415881 {E} 349699	80,306		7/25/2017	Jackson Tire / 4 New Tires (\$1850.55)	\$1,850.55	\$8,825.79
SO-115 2008 Ford F350	1FDWX378X8EC15309 {E} 1281212	99,175				\$0.00	\$397.27
WT-5116 2015 Kenworth	2NKHJH8X9FM437394 {E} 1410351	3,489		7/25/2017	Doug Veerkamp / B Service (\$582.93)	\$582.93	\$562.31
WT-5126 2007 Kenworth	2NKMHZ8X67M1199258 {E} 1212617	16,891				\$0.00	\$2,126.68
E-141 2003 HME	44KFT42822W220024 {E} 1159077	82,595		7/10/2017	Riebes Auto Parts - Switch, Wiring, Fuse, etc. (\$117.15)	\$117.15	\$14,723.97
SO-145 2003 Ford F350 4X4	1FDWE37P23ED60337 {E} 1159107	42,236				\$0.00	\$1,011.24
WT-146 1996 International	1HTSDADR7TH397632 {E} 035872	38,174				\$0.00	\$3,422.32

Vehicle Description	VIN License Number	Odometer Reading	Repair Hours / Comments (out of service, Misc., etc., if applicable)	Dates	Maintenance Performed (description)	JULY Total Cost this Month	Total Cost of Vehicle starting July 2016
U-5210 2000 Ford Explorer 4x4	1FMPU16LXYLB4751 {E} 1022891			7/18/2017	Steins Auto Care (\$111.94)	\$111.94	\$0.00
E-5111 2015 Rosenbauer 4x4	5AF2CB417FWM1149 {E} 1488122	19,474				\$0.00	\$2,679.42
						\$0.00	
E-211 1991 KME	1HTSDPCR0NH416110 {E} 366231	33,432				\$0.00	\$4,271.66
E-214 2008 Ford F550	1PDAX7R56EB35812 {E} 1281210	28,278		7/10	Riebes Auto Parts - Light Bulbs (\$93.71)	\$93.71	\$2,831.03
WT-216 2015 Kenworth	2NKHJH8X7FM437393 {E} 1410352	3,030				\$0.00	\$530.53
E-5221 2003 HME	4AKFT42842WZ20025 {E} 1159078	97,576				\$0.00	\$8,347.04

Vehicle Description	VIN License Number	Odometer Reading	Repair Hours / Comments <small>(out of service, Misc., etc. if applicable)</small>	Dates	Maintenance Performed (description)	JULY Total Cost this Month	Total Cost of Vehicle starting July 2016
E-222 1991 KME	1HTSDPCR0NH416111 {E} 349698	5,432				\$0.00	\$936.18
E-223 1998 International	1HTSDADR6WH51543 {E} 993299	38,623				\$0.00	\$4,313.66
E-231 1992 Freightliner	1FV6HLBB8NL481046 {E} 352799	63,292		7/25/2017	Doug Veerkamp / B Service (\$525.94)	\$525.94	\$7,400.97
E-234 1992 Ford F350 4x4	2FDKF38G7NCA42025 {E} 292907	33,123		7/10/17	Jackson Tire - 4 new tires (\$727.63)	\$727.63	\$1,970.79
WT-236 2007 Kenworth	2NKKMHZ8X87M199259 {E} 1212616	9,833				\$0.00	\$852.39
E-5361 2016 Rosenbauer	54F2CA512GWM11580 {E} 1425867	8,502				\$0.00	\$467.28

Vehicle Description	VIN License Number	Odometer Reading	Repair Hours / Comments <small>(out of service, Misc., etc., if applicable)</small>	Dates	Maintenance Performed (description)	JULY Total Cost this Month	Total Cost of Vehicle starting July 2016
E-5364 2008 Ford 4x4	1FDAW57R38EC53893 (E) 1356272	32,581		7/10/2017 7/25/2017	Riebes - LED back up lights (\$56.75) Burtons - 2.5 30x400 Guage (\$67.59)	\$124.34	\$9,797.81
E-5368 2007 E-ONE	4ENGAA8371002458 (E) 1356273	62,266		7/18/17	Jackson Tire - Tire Rotation (\$70)	\$70.00	\$17,626.06
						\$5,230.13	\$104,515.55

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08/15/2017

Department Head Signature

David Bellerive

Agenda Title:

Update on Annual Benefit Assessments

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Report to Board on time analysis and final outcome of FY17/18 Benefit Assessments after procedural changes made by Administrative Technician.

Recommendation/Requested Action:

None

Fiscal Impacts (attach budget transfer form if appropriate)

None

Staffing Impacts

None

Is a 4/5ths vote required?

Yes ☐

No ☒

Contract Attached:

Yes ☐

No ☐

N/A ☒

Resolution Attached:

Yes ☐

No ☐

N/A ☒

Ordinance Attached

Yes ☐

No ☐

N/A ☒

Committee Review?

N/A ☒

Name

Committee Recommendation:

Comments:

Request Reviewed by:

Chairman

Counsel

Auditor

GSA Director

CAO

Risk Management

Distribution Instructions:

FOR CLERK USE ONLY

Meeting Date

8-15-17

Time

10:30 am

Item #

4

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution _____

Ordinance _____

Other: _____

Noes: _____

Resolution _____

Ordinance _____

Absent: _____

Comments: _____

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ATTEST: _____

AFPD Board Clerk

Completed by

AMADOR FIRE PROTECTION DISTRICT

810 Court Street, Jackson California 95642-2132 (209) 223-6391



MEMORANDUM

To : Honorable Board of Directors
From : David Bellerive, Fire Chief
Date : August 15, 2017
SUBJECT : **Benefit Assessment FY17/18 Update**

The review of the Benefit Assessments for FY17/18 is complete. The revenue from the assessments is \$612,542.

New changes in the review process of the Assessments were initiated by the District's Administrative Technician. In the past this process was one that was done manually by printing hundreds of pages of documentation and checking each property by hand which took more than 300 hours annually.

This year the Administrative Technician moved to a computer based process which eliminated the need to print any documentation and eliminating the need to check by hand. The new system allowed the Administrative Technician to flag any parcels with a change which allowed her to reduce the parcels needing review from 12,881 parcels to 1,273 parcels. As a result there was a decrease in labor time of approximately 200 hours.

Moving forward, the Administrative staff will continually look for time saving steps in the review process.

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08/15/2017

Department Head Signature David Bellerive

Agenda Title: VOLUNTEER FIRE ASSISTANCE GRANT AWARD

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Last June, AFDPD applied for a VFA Grant to buy mobile radios for our vehicles. This grant is administered by the State with the funding provided through the USDA Forest Service. We have been awarded a grant in the amount of \$9,771.69. The attached agreement is needed to proceed with the grant process.

Recommendation/Requested Action:

Approve resolution and authorize President to sign agreement.

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts n/a

Is a 4/5ths vote required?

Yes ☐

No ☒

Contract Attached:

Yes ☒

No ☐

N/A ☐

Resolution Attached:

Yes ☒

No ☐

N/A ☐

Ordinance Attached

Yes ☐

No ☐

N/A ☒

Comments:

Committee Review?

N/A ☒

Name _____

Committee Recommendation:

Request Reviewed by:

Chairman _____

Counsel _____

Auditor _____

GSA Director _____

CAO _____

Risk Management _____

Distribution Instructions:

4 originals to CAL FIRE for full execution

FOR CLERK USE ONLY

Meeting Date 8-15-17

Time 10:30 am

Item # 5

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution _____ Ordinance _____

Other: _____

Noes _____

Resolution _____ Ordinance _____

Absent: _____

Comments: _____

Distributed on

A new ATF is required from

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Completed by

Department
For meeting
of _____

ATTEST: _____

AFPD Board Clerk

**DEPARTMENT OF FORESTRY AND FIRE PROTECTION**

P.O. Box 944246
SACRAMENTO, CA 94244-2460
Website: www.fire.ca.gov
(916) 653-7772



August 3, 2017

Amador Fire Protection District
810 Court Street
Jackson CA, 95642-2132
ATTN: David Bellerive

Dear Fire Chief David Bellerive,

Congratulations! Amador Fire Protection District's 2017 Volunteer Fire Assistance (VFA) application has been selected for funding in the amount of \$9,771.69. Please be aware that due to the number of applications CAL FIRE received this year, we may have reduced your funding so that we could use the federal funds to the fullest.

Enclosed is your VFA Agreement 7FG17003 package to be completed and **returned to me no later than December 1, 2017** or the award will be forfeited. The package includes Instructions/Checklist, your department's VFA Agreement to be completed, your approved VFA award application, a copy of the CAL FIRE Board of Resolution template (if needed), the STD. 204 form with sample, and the AD 1048 form with sample. It is important that you read and follow the instructions carefully.

DO NOT purchase any items and or do any work until you receive a fully executed agreement signed by CAL FIRE with a letter advising you that you may purchase the items and /or begin work. Any items purchased and/or work done prior to the *last* CAL FIRE signature date will not be reimbursable.

If your governing body chooses not to accept the award, or your department cannot use any portion of the award, please notify me as soon as possible. This will enable us to reallocate the funds to another fire department.

Utilize the 2017 VFA Procedural Guide for important dates and instructions.

If you have any questions you may call me at (916) 653-3649 or email at **Megan.Esfandiary@fire.ca.gov**.

Sincerely,

Megan Esfandiary
Grant Analyst
Grants Management Unit

**BEFORE THE BOARD OF DIRECTORS OF THE
Amador Fire Protection District
COUNTY OF Amador, STATE OF CALIFORNIA**

IN THE MATTER OF:

Resolution Number: 17-09

Approving the Department of Forestry and Fire Protection Agreement # 7FG17003 for services from the date of last signatory on page 6 of the Agreement to June 30, 2018 under the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978.

BE IT RESOLVED by the Board of Directors of the Amador Fire Protection District, that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date on page 6 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this Agreement, under the Volunteer Fire Assistance Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2017-18 up to and no more than the amount of \$9,771.69.

BE IT FURTHER RESOLVED that Richard Forster, President of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the Amador Fire Protection District.

The foregoing resolution was duly passed and adopted by the Board of Directors of the Amador Fire Protection District, at a regular meeting thereof, held on the 15th day of August 2017, by the following vote:

AYES:

NAYS:

ABSENT:

Signature, Board of Directors Member

Richard Forster, President
Printed Name and Title

Signature, Board of Directors Member

Lynn Morgan, Vice President
Printed Name and Title

**-----CERTIFICATION OF RESOLUTION-----
ATTEST:**

I Lindsey Clark, Clerk of the Amador Fire Protection District,
County of Amador California do hereby certify that this is a true and correct copy of the
original Resolution Number 17-09.

WITNESS MY HAND OR THE SEAL OF THE Amador Fire Protection District, on
this 15th day of August, 2017.

**OFFICIAL SEAL
OR NOTARY CERTIFICATON**

Signature

Clerk of the Board, Amador Fire Protection District
Title and Name of Local Agency

**VOLUNTEER FIRE ASSISTANCE PROGRAM
AGREEMENT
PAGE 1 OF 6**

DEPARTMENT OF FORESTRY AND FIRE PROTECTION

**STATE OF CALIFORNIA
Natural Resources Agency**

Agreement for the Volunteer Fire Assistance Program of the
Cooperative Forestry Assistance Act of 1978

THIS AGREEMENT, made and entered into **ON THE LAST SIGNATORY DATE ON PAGE 6**, by and between the STATE of California, acting through the Director of the Department of Forestry and Fire Protection hereinafter called "STATE", and Amador Fire Protection District

_____ hereinafter called "LOCAL AGENCY", covenants as follows:

RECITALS:

1. STATE has been approved as an agent of the United States Department of Agriculture, (USDA), Forest Service for the purpose of administering the Cooperative Forestry Assistance Act (CFAA) of 1978 (PL 95-313, United States Code, Title 16, Chapter 41, Section 2010 et seq., Volunteer Fire Assistance Program), hereinafter referred to as "VFA", and
2. The VFA has made funds available to STATE for redistribution, under certain terms and conditions, to LOCAL AGENCY to assist LOCAL AGENCY to upgrade its fire protection capability, and
3. LOCAL AGENCY desires to participate in said VFA.

NOW THEREFORE, it is mutually agreed between the parties as follows:

4. **APPROVAL:** This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. LOCAL AGENCY may not commence performance until such approval has been obtained.
5. **TIMELINESS:** Time is of the essence in this Agreement.
6. **FORFEITURE OF AWARD:** LOCAL AGENCY must return this Agreement and required resolution properly signed and executed to STATE at the address specified in paragraph 11, with a postmark no later than December 1, 2017 or LOCAL AGENCY will forfeit the funds.
7. **GRANT AND BUDGET CONTINGENCY CLAUSE:** It is mutually understood between the parties that this Agreement may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds, to avoid program and fiscal delays that would occur if the Agreement were executed after that determination was made.

**VOLUNTEER FIRE ASSISTANCE PROGRAM
AGREEMENT
PAGE 2 OF 6**

This **Agreement** is valid and enforceable only if sufficient funds are made available to the STATE by the United States Government for the State Fiscal Year 2017 for the purpose of this program. In addition, this **Agreement** is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this **Agreement** in any manner.

The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, this **Agreement** shall be amended to reflect any reduction in funds.

The STATE has the option to invalidate the **Agreement** under the 30-day cancellation clause or to amend the **Agreement** to reflect any reduction in funds.

8. **REIMBURSEMENT:** STATE will reimburse LOCAL AGENCY, from funds made available to STATE by the Federal Government, an amount not to exceed **\$9,771.69** on a 50/50 matching funds basis, for the performance of specific projects and/or purchase of specific items identified in Exhibit(s) A, Application for Funding, attached hereto. **Reimbursement will be only for those projects accomplished and/or items purchased between THE LAST SIGNATORY DATE ON PAGE 6 and JUNE 30, 2018.** This sum is the sole and maximum payment that STATE will make pursuant to this Agreement. **LOCAL AGENCY must bill STATE at the address specified in paragraph 11, with a postmark no later than September 1, 2018 in order to receive the funds.** The bill submitted by LOCAL AGENCY must clearly delineate the projects performed and/or items purchased. A vendor's invoice or proof of payment to vendor(s) must be included for items purchased.
9. **LIMITATIONS:** Expenditure of the funds distributed by STATE herein is subject to the same limitations as placed by the VFA, upon expenditure of United States Government Funds. Pursuant to Title 7 of the Code of Federal Regulations, Section 3016.32 subject to the obligations and conditions set forth in that section; title to any equipment and supplies acquired under this **Agreement** vests with the LOCAL AGENCY. For any equipment items over \$5,000, the federal government may retain a vested interest in accordance with paragraph 16 below.
10. **MATCHING FUNDS:** Any and all funds paid to LOCAL AGENCY under the terms of this **Agreement**, hereinafter referred to as "VFA Funds", shall be matched by LOCAL AGENCY on a dollar-for-dollar basis, for each project listed on attachment(s) hereto identified as "Exhibit(s) A". No amount of unpaid "contributed" or "volunteer" labor or services shall be used or consigned in calculating the matching amount "actually spent" by LOCAL AGENCY. LOCAL AGENCY shall not use VFA Funds as matching funds for other federal grants, including Department of Interior (USDI) Rural Fire Assistance grants, nor use funds from other federal grants, including USDI Rural Fire Assistance grants, as matching funds for VFA Funds. **ADDRESSES:** The mailing addresses of the parties hereto, for all notices, billings, payments, repayments, or any other activity under the terms of the Agreement, are:

**VOLUNTEER FIRE ASSISTANCE PROGRAM
AGREEMENT
PAGE 3 OF 6**

LOCAL AGENCY: Amador Fire Protection District
810 Court Street
Jackson, CA 95642
Attention: David Bellerive
Telephone Number(s): 209-223-6391
FAX Number: 209-223-6646
E-mail dbellerive@amadorgov.org

STATE: **Department of Forestry and Fire Protection**
Grants Management Unit, Attn: Megan Esfandiary
P. O. Box 944246
Sacramento, California 94244-2460
PHONE: (916) 653-3649
FAX (916) 653-8957

12. **PURPOSE:** Any project to be funded hereunder must be intended to specifically assist LOCAL AGENCY to organize, train, and/or equip local firefighting forces in the aforementioned rural area and community to prevent or suppress fires which threaten life, resources, and/or improvements within the area of operation of LOCAL AGENCY.
13. **COMBINING:** In the event funds are paid for two or more separate, but closely related projects, the 50/50 cost-sharing formula will be applied to the total cost of such combined projects.
14. **OVERRUNS:** In the event that the total cost of a funded project exceeds the estimate of costs upon which this Agreement is made, LOCAL AGENCY may request additional funds to cover the **Agreement** share of the amount exceeded. However, there is no assurance that any such funds are, or may be, available for reimbursement. Any increase in funding will require an amendment.
15. **UNDERRUNS:** In the event that the total cost of a funded project is less than the estimate of costs upon which this **Agreement** is made, LOCAL AGENCY may request that additional eligible projects/items be approved by STATE for **Agreement** funding. However, there is no assurance that any such approval will be funded. Approval of additional projects/items, not listed on the Exhibit A application, made by STATE, will be in writing and will require an amendment.
16. **FEDERAL INTEREST IN EQUIPMENT:** The Federal Government has a vested interest in any item purchased with VFA funding in excess of \$5,000 regardless of the length of this **Agreement**, until such time as the fair market value is less than \$5,000. The VFA percentage used to purchase the equipment will be applied to the sale price and recovered for the Government during the sale. This percentage will remain the same even following depreciation. The Federal Government may not have to be reimbursed if the disposal sale amounts to a fair market value of less than \$5,000. LOCAL AGENCY will notify STATE of the disposal of such items.

**VOLUNTEER FIRE ASSISTANCE PROGRAM
AGREEMENT
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17. **EQUIPMENT INVENTORY:** Any single item purchased in excess of \$5,000 will be assigned a VFA Property Number by the STATE. LOCAL AGENCY shall forward a copy of the purchase documents listing the item, brand, model, serial number, any LOCAL AGENCY property number assigned, and a LOCAL AGENCY contact and return address to STATE at the address specified in paragraph 11. The STATE will advise the LOCAL AGENCY contact of the VFA Property Number assigned.
18. **AUDIT:** LOCAL AGENCY agrees that the STATE, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this **Agreement**. LOCAL AGENCY agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. LOCAL AGENCY agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, LOCAL AGENCY agrees to include a similar right of the State of California to audit records and interview staff in any subcontract related to performance of this **Agreement**. (GC 8546.7, PCC 10115 et seq., CCR Title 2, Section 1896).
19. **DISPUTES:** In the event of any dispute over qualifying matching expenditures of LOCAL AGENCY, the dispute will be decided by STATE and its decision shall be final and binding.
20. **INDEMNIFICATION:** LOCAL AGENCY agrees to indemnify, defend, and save harmless, the STATE, its officers, agents, and employees, from any and all claims and losses, accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this **Agreement**, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by LOCAL AGENCY in the performance of this **Agreement**.
21. **DRUG-FREE WORKPLACE REQUIREMENTS:** LOCAL AGENCY will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;

**VOLUNTEER FIRE ASSISTANCE PROGRAM
AGREEMENT
PAGE 5 OF 6**

- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed **Agreement** will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the **Agreement**.

Failure to comply with these requirements may result in suspension of payments under the **Agreement** or termination of the **Agreement** or both and LOCAL AGENCY may be ineligible for funding of any future State **Agreement** if the department determines that any of the following has occurred: (1) the LOCAL AGENCY has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

- 22. **TERM:** The term of the **Agreement** SHALL COMMENCE ON THE LAST SIGNATORY DATE ON PAGE 6 and continue through June 30, 2018.
- 23. **TERMINATION:** This **Agreement** may be terminated by either party giving 30 days written notice to the other party or provisions herein amended upon mutual consent of the parties hereto.
- 24. **AMENDMENTS:** No amendment or variation of the terms of this **Agreement** shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or **Agreement** not incorporated in the **Agreement** is binding on any of the parties.
- 25. **INDEPENDENT CONTRACTOR:** LOCAL AGENCY, and the agents and employees of LOCAL AGENCY, in the performance of this **Agreement**, shall act in an independent capacity and not as officers or employees or agents of the STATE or the Federal Government.

**VOLUNTEER FIRE ASSISTANCE PROGRAM
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IN WITNESS WHEREOF, the parties have executed this **Agreement** as of the last signatory date below.

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY
AND FIRE PROTECTION

LOCAL AGENCY

Amador Fire Protection District

By: _____
Signature

By: _____
*Signature

Dan Sendek
Printed Name

Richard Forster
Printed Name

Staff Chief
Title
Cooperative Fire Programs

President
**Title
Amador Fire Protection District Board of Directors

Last Signatory Date

08/15/2017
***Date

*Ensure that the officer signing here for LOCAL AGENCY IS THE SAME Officer authorized in the Resolution to execute this **Agreement**.

Ensure that the title entered here IS THE SAME title used in the Resolution for the Officer who is executing this **Agreement.

***Ensure that the date LOCAL AGENCY signs IS THE SAME DATE as the Resolution date OR LATER.

FOR STATE USE ONLY

AMOUNT ENCUMBERED BY THIS DOCUMENT \$9,771.69	PROGRAM/CATEGORY (CODE AND TITLE) Support	FUND TITLE Federal	Department of General Services Use Only DGS APPROVAL NOT REQUIRED PER SAM 1215		
(OPTIONAL USE) Vendor #					
PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT \$0	ITEM 3540-001-0001	CHAPTER 14		STATUTE 2017	FISCAL YEAR 17/18
TOTAL AMOUNT ENCUMBERED TO DATE \$9,771.69	OBJECT OF EXPENDITURE (CODE AND TITLE) 17-9214-418.99-92692				
<i>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.</i>					
SIGNATURE OF CDF ACCOUNTING OFFICER X			T.B.A. NO. B.R. NO. DATE		

☐ CONTRACTOR

☐ STATE AGENCY

☐ DEPT. OF GEN. SER.

☐ CONTROLLER

☐



CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
APPLICATION FOR FUNDING
COOPERATIVE FORESTRY ASSISTANCE ACT OF 1978
VOLUNTEER FIRE ASSISTANCE (VFA) PROGRAM
Agreement #7FG 17003



A. DEPARTMENT/ORGANIZATION:

Organization Name : Amador Fire Protection District

Contact's First Name : David Contact's Last Name : Bellerive

Street Address : 810 Court Street

Mailing Address : Same

City : Jackson County : Amador Zip Code : 95642-2132

State : California CAL FIRE Unit : AEU - Amador-El Dorado Unit

Phone Number : (209) 223-6391 Email Address : dbellerive@amadorgov.org

DUNS Number : 118001119 To check to see what your DUNS number is, or to apply for one, please go to:
<https://iupdate.dnb.com/iUpdate/companylookup.htm>

B. AREA TO BE SERVED BY AWARD (Include areas covered by contract or written mutual aid agreements).

Number of Communities : 14 Area : 605 sq. miles Congressional District # : CA-04

Population : 38,091 Annual Budget : 5,174,814

Latitude N 38 ° 24 ' 47 " Longitude W 120 ° 39 ' 32 "

Latitude must be between 32 and 42 degrees. Longitude must be between 114 and 125 degrees. Latitude and Longitude minutes and seconds must be between 0 and 60. Use a central point in the Applicant's service area for the general area covered by the project.

*All projects **must** have a project area.*

C. ACTIVITY : Annual number of emergency incidents.

Fire : 107 + EMS : 1,687 + Other : 612 = **TOTAL : 2,406**

D. INDIAN TRIBAL COMMUNITY (If project includes an Indian Tribal Community, please provide) :

Population : 50 Size (acres) : 1,500 # of structures : 37 Distance to nearest fire station (miles) : 0

CAL FIRE USE ONLY (Formula-driven)

Project Total Cost \$19,543.38 TOTAL APPLICATION REQUEST (up to 50% \$500 minimum, \$20,000 maximum) \$9,771.69

AMOUNT FUNDED FOR THIS AGREEMENT

9771.69

Organization Name : Amador Fire Protection District

E. Proposed Project (List individual items for funding. Please put in funding priority order) :

	Type	Item	Quantity	Unit Cost	Item Total
1.	Communications	Kenwood TK5710 P25Digital,Installed	4	\$2,941.47	\$11,765.88
2.	Equipment - Wildland	Timberline FF1-S Fire Hose Clamp	50	\$155.55	\$7,777.50
3.					
4.					
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18.					
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20.					
21.					
22.					

F. CAL FIRE USE ONLY (Formula-Driven) PROJECT TOTAL COST

\$19,543.38

G. ADDITIONAL INFORMATION 1. Briefly describe the area to be served: fire protection system, water system, equipment, facilities, staffing, hazards, etc. and purpose of proposed project. 2. How will the request(s) maintain or bring your organization into compliance with NFPA 1977 : Limited to space below.

Amador Fire Protection District's (Amador Fire) boundary is entirely within Amador County. The bounds encompass approximately 491 square miles, constituting 85 percent of the unincorporated area in the County. Amador Fire provides fire and rescues services to the communities of Amador Pines, Pine Acres, Fiddletown, Pioneer, Pine Grove, Volcano, Martell, Drytown, Willow Springs, River Pines, the Shenandoah Valley, the city of Plymouth, and the Jackson Rancheria. Amador Fire maintains mutual aid agreements that provide for dispatching of the closest resource regardless of jurisdictional authority.

Present land uses within the District's boundary area are primarily agricultural, with large areas of timber preserve zone and undeveloped, vacant land. Commercial land uses within the District are located in Martell, Buckhorn, Red Corral and the Pine Grove communities. Nearly all land in the east is forest land; this land is within the Mokelumne wilderness. Farming, ranching, and mining are the area's primary industries. Major employers within the District's primary service area are Sierra Pine (lumber manufacturing), Jackson Rancheria Casino and Hotel, 4 large retail stores, several restaurants, and Volcano Communications Group in Pine Grove.

Staffing for the District is composed of paid and volunteer firefighters with a minimum of 2 full-time paid firefighters on duty 24 hours per day throughout the year with additional staffing as needed. Seven fire stations are strategically placed within the District with available equipment for response by District volunteers and paid staff.

The first proposed plan will complete the purchase and installation of new Kenwood TK-5710 P25 digital mobile radios in all District fire apparatus; replacing analog technology and non-P25 compliant radios. This project has increased our communication compatibility with federal, state, and other local government resources and afforded the District the ability to keep up with current state radio loads and communications plans.

The second proposed plan will provide all District fire personnel with hose clamps that are more conducive to working with synthetic wild-land hose which is currently carried on all District apparatus. These clamps are easier to use (one motion to apply and release) thus providing additional safety to the firefighters. The clamp will reduce damage to the hose lay when applied incorrectly as the case with the clamps we currently use. These clamps will enhance the overall capabilities of the crews while deploying progressive hose lays.

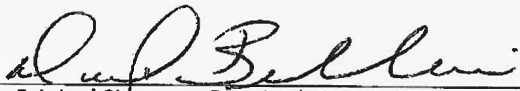
In addition to the original request(s), Applicants may list alternative projects for excess or unused funds, which the State will review during the initial application process. The State will determine which of the Applicant's projects are eligible for funding if excess or unused funds become available. Upon advanced written approval by the State, the applicant may use additional/excess funding up to the contract maximum amount to purchase State approved items in listed order of priority on their application.

Deviations from the original application are considered an amendment and require prior approval before the amended expenditures can be made.

The funds will be only for those projects accomplished and/or items purchased between Agreement Approval Date and June 30, 2018. The Recipient agrees to provide CAL FIRE with itemized documentation of the Agreement project expenditures and bill CAL FIRE as soon as the project is complete, but no later than September 1, 2018.

The Recipient gives CAL FIRE or any authorized representative access to examine all records, books, papers, or documents relating to the Agreement. The Recipient shall hold harmless CAL FIRE and its employees for any liability or injury suffered through the use of property or equipment acquired under this Agreement. The applicant certifies that to the best of applicant's knowledge and belief, the data in this application is true.

I certify that the above and attached information is true and correct:



Original Signature Required: Grantee's Authorized Representative

5/8/17

Date Signed

Printed Name

David Bellerive

Title

Fire Chief

Executed on: May 8, 2017

Date

at Jackson

City

Organization Name : Amador Fire Protection District

**Grant Assurances
for
Cooperative Forestry Assistance Act of 1978
Volunteer Fire Assistance (VFA)**

Organization Name : Amador Fire Protection District

Contact's First Name : David

Contact's Last Name : Bellerive

Street Address : 810 Court Street

Mailing Address : Same

City : Jackson

County : Amador

Zip Code : 956422132

State : California

CAL FIRE Unit : AEU - Amador-El Dorado Unit

Phone Number : 2092236391

Email Address : dbellerive@amadorgov.org

DUNS Number : 118001119

To check to see what your DUNS number is, or to apply for one, please go to:
<https://iupdate.dnb.com/iUpdate/companylookup.htm>

As the duly authorized representative of the applicant, I certify that the applicant named above:

1. Has the legal authority to apply for the Volunteer Fire Assistance grant, of the Cooperative Forestry Assistance Act of 1978 and has the institutional, managerial and financial capability to ensure proper planning, management and completion of the grant.
2. Will assure that grant funds are used only for items requested and approved in the application.
3. Assures that all wildland fire response employees (full-time, part-time or volunteer) are fully equipped with appropriate wildland fire response personal protective equipment that meets NFPA 1977, *Standard on Protective Clothing and Equipment for Wildland Fire Fighting*, and are trained to a proficient level in the use of the personal protective equipment. Wildland fire suppression safety clothing and equipment includes :
 - Safety helmet
 - Goggles
 - Ear Protection
 - Fire-resistant (i.e. Nomex) hood, shroud, or equivalent face and neck protection
 - Fire-resistant (i.e. Nomex) shirt and pants
 - Gloves
 - Safety work boots
 - Wildland fire shelter
 - Communications Equipment
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain for themselves or others, particularly those with whom they have a family, business or other ties.
6. Will comply with all applicable requirements of all other Federal laws, Executive orders, regulations, Program and Administrative requirements, policies and other requirements governing this program.
7. Will comply with USDA Forest Service Civil Rights requirements. See Forest Service Civil Rights literature [here](#).
8. Understands that failure to comply with any of the above assurances may result in suspension, termination or reduction of grant funds.


Organization Name : Amador Fire Protection District

☒ In compliance with NFPA 1977 and trained in the use of Wildland PPE.

☐ Not in compliance with NFPA 1977 but applying for grant funding to purchase Wildland PPE and/or provide required training.

The undersigned represents that he/she is authorized by the above named applicant to enter into this agreement for and on behalf of the said applicant.

Printed Name of Authorized Agent : David Bellerive

Signature of Authorized Agent : 

Title of Authorized Agent : Fire Chief

Date : May 8, 2017

U.S. DEPARTMENT OF AGRICULTURE

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Amador Fire Protection District

Organization Name

7FG17003

PR/Award Number or Project Name

Richard Forster, President

Name(s) and Title(s) of Authorized Representative(s)

08/15/2017

Signature(s)

Date

Instructions for Certification

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transaction and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 4/2017)

1	INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement. NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.					
2	PAYEE'S LEGAL BUSINESS NAME (As shown on your income tax return) Amador Fire Protection District					
	SOLE PROPRIETOR OR INDIVIDUAL— ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) N/A				E-MAIL ADDRESS dbellerive@amadorgov.org	
	MAILING ADDRESS 810 Court Street			BUSINESS ADDRESS 810 Court Street		
	CITY Jackson	STATE CA	ZIP CODE 95642	CITY Jackson	STATE ca	ZIP CODE 95642
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 2 7 - 2 0 2 9 6 1 7					NOTE: Payment will not be processed without an accompanying taxpayer identification number.
PAYEE ENTITY TYPE	<input type="checkbox"/> PARTNERSHIP CORPORATION: <input type="checkbox"/> ESTATE OR TRUST <input type="radio"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="radio"/> LEGAL (e.g., attorney services) <input type="radio"/> EXEMPT (nonprofit) <input checked="" type="radio"/> ALL OTHERS					
CHECK ONE BOX ONLY	<input type="checkbox"/> SOLE PROPRIETOR OR INDIVIDUAL Enter social security number (SSN) [] [] [] - [] [] - [] [] [] [] or Individual taxpayer identification number (ITIN) (SSN required by authority of California Revenue and Tax Code sections 18646 and 18661)					
4	PAYEE RESIDENCY STATUS <input checked="" type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding. <input type="radio"/> No services performed in California. <input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached.					
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.					
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Richard Forster			TITLE President		TELEPHONE (include area code) 209-223-6391
	SIGNATURE			DATE 08/15/2017	E-MAIL ADDRESS rforster@amadorgov.org	
6	Please return completed form to:					
	DEPARTMENT/OFFICE			UNIT/SECTION		
	MAILING ADDRESS			TELEPHONE (include area code)	FAX	
	CITY	STATE	ZIP CODE	E-MAIL ADDRESS		

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 4/2017)

1	<p>Requirement to Complete the Payee Data Record, STD 204</p> <p>A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.</p> <p>Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).</p>
2	<p>Enter the payee's legal business name. The name must match the name on the payee's tax return as filed with the federal Internal Revenue Service. Sole proprietorships must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence (i.e. 1099 form) and payments. The business address is the address of the business' physical location; do not enter the payment address or lock box information here.</p>
3	<p>Check only one box that corresponds to the payee business type. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by the R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.</p> <p>Payees must provide one of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships and individuals is the SSN or ITIN. Only partnerships, estates, trusts, and corporations will enter their FEIN.</p>
4	<p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.
6	This section must be completed by the state agency requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

AGENDA TRANSMITTAL FORM

To: Amador Fire Protection Board of Directors

Date: 08/15/2017

From: David Bellerive
(Department Head - please type)

Phone Ext. x391

- ☒ Regular Agenda
☐ Consent Agenda
☐ Blue Slip
☐ Closed Session

Meeting Date Requested:

08/15/2017

Department Head Signature

David Bellerive

Agenda Title:

MINUTES

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Review and approval of the Board of Directors regular minutes of July 18, 2017 as presented or revised.

Recommendation/Requested Action:

Approve minutes as presented or revised

Fiscal Impacts (attach budget transfer form if appropriate)

n/a

Staffing Impacts n/a

Is a 4/5ths vote required?

Yes ☐

No ☒

Committee Review?

N/A ☒

Name _____

Committee Recommendation: _____

Contract Attached:

Yes ☐

No ☐

N/A ☒

Resolution Attached:

Yes ☐

No ☐

N/A ☒

Ordinance Attached

Yes ☐

No ☐

N/A ☒

Comments: _____

Request Reviewed by:

Chairman _____

Counsel _____

Auditor _____

GSA Director _____

CAO _____

Risk Management _____

Distribution Instructions:

n/a

FOR CLERK USE ONLY

Meeting Date

8-15-17

Time

10:30 am

Item #

6

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution _____

Ordinance _____

Other: _____

Noes: _____

Resolution _____

Ordinance _____

Absent: _____

Comments: _____

Distributed on _____

Completed by _____

A new ATF is required from _____

Department _____

For meeting _____

of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador Fire Protection District.

ATTEST: _____

AFPD Board Clerk

**AMADOR FIRE PROTECTION DISTRICT
BOARD OF DIRECTORS**

Meeting Recorded
On MP3
No. AFD 17-07

Jackson, California
Tuesday July 18, 2017
10:33a.m.

The Board of Directors of the Amador Fire Protection District met in the County Administration Center, 810 Court Street, Jackson, California, on the above date pursuant to adjournment, and the following proceedings were had, to wit:

Present:

Richard M. Forster, President, Director
Lynn Morgan, Vice President, Director
Brian Oneto, Director
Pat Crew, Director
Frank Axe, Director

Staff:

David Bellerive, Fire Chief
Lindsey Clark, Clerk of the Board

AGENDA

MOTION: It was moved by Director Crew, seconded by Director Oneto, and unanimously carried to approve the agenda, as presented.

PUBLIC MATTERS NOT ON THE AGENDA: Chief Bellerive advised the Board of the recent promotion of Richard Essaff to Fire Captain and of hiring Ryan Hamre as the new Battalion Chief. Chief Bellerive also informed the Board on the status of personnel working on a Strike Team assigned to the Detwiler Fire in Mariposa.

CLOSED SESSION: At 10:37 a.m., the Board recessed into closed session. The following persons were present during portions of this closed session: Fire Chief David Bellerive. This portion of the meeting was not recorded on tape.

REGULAR SESSION: At 10:43 a.m., the Board reconvened into regular session. President Forster reported the following matters were reviewed during closed session:

Conference with Labor Negotiators: Discussion ensued and motion was approved relative to the subject matter.

Confidential Minutes:

MOTION: It was moved by Director Axe, seconded by Director Oneto, and unanimously carried to approve the confidential minutes of June 27, 2017, as presented.

ADMINISTRATIVE MATTERS

Vehicle Maintenance Report: The members of the Board reviewed the report. Discussion ensued regarding the tow and service bills for Engine 141.

Exhibit B Volunteer Compensation Justification and Outline of Procedures:

MOTION: It was moved by Director Morgan, seconded by Director Crew and unanimously carried to approve the subject policy as presented

Strategic Plan: Chief Bellerive presented and reviewed the District's five year strategic plan with the Board. Direction to staff to make the following revisions prior to the next print.

- Under Weaknesses: Change willingness to unwillingness
- Under Opportunities: Change Law to Law Enforcement, ALA to American Legion Ambulance, Public Health and Environmental Health.
- Under Goal 6: Bold Goal 6
- Under Implementation Process: Add "Board is to receive progress reports on a quarterly basis".

MOTION: It was moved by Direction Morgan, seconded by Director Axe and unanimously carried to approve the Strategic Plan with the above mentioned corrections.

MISCELLANEOUS MATTERS

Regular Minutes of June 27, 2017:

MOTION: It was moved by Director Axe seconded by Director Crew, and unanimously carried to approve the minutes of June 27, 2017 with minor corrections.

ADJOURNMENT: At 11:37a.m., President Forster adjourned the meeting until **Tuesday, August 15, 2017 at 10:30a.m.**

President, Amador Fire Protection District