

Res 189

CONTRACT COVERSHEET

NOTE: Shaded areas are for County Executive review.

DEPARTMENT Emergency Management		CONTRACT/ADDENDUM #: 12012	
1. This contract, grant or addendum: <input type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS		Contract	Addendum
2. This contract is discretionary <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		If Addendum, please include original contract number	
3. Term of Contract or Addendum: From: <u>06/04/14</u> To: <u>09/30/14</u>		<input type="checkbox"/> POS	<input type="checkbox"/>
4. Amount of Contract or Addendum \$2,880.00		<input type="checkbox"/> Co Lesse	<input type="checkbox"/>
5. Purpose: HazMat Training Course: "Developing Incident Action Plans for HazMat Incidents"		<input type="checkbox"/> Co Lessor	<input type="checkbox"/>
		<input type="checkbox"/> Intergovernmental	<input type="checkbox"/>
		<input type="checkbox"/> Purchase of Property	<input type="checkbox"/>
		<input type="checkbox"/> Property Sale	<input type="checkbox"/>
		<input type="checkbox"/> Other:	<input type="checkbox"/>
6. Vendor or Funding Source: Wisconsin Emergency Management			
7. MUNIS Vendor Code: 1692			
8. Bid/RFP Number:			
9. If grant: Funds Positions? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Will require on-going or matching funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Are funds included in the budget? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. Account No. & Amount, Org. & Obj. _____		Amount \$ _____	
Account No. & Amount, Org. & Obj. _____		Amount \$ _____	
Account No. & Amount, Org. & Obj. _____		Amount \$ _____	
12. Is a resolution needed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please attach a copy of the Resolution. If Resolution has already been approved by the County Board, Resolution No. & date of adoption _____			
13. Does Domestic Partner equal benefits requirement apply? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14. Director's Approval <i>Charles A. Ibbotson Sr.</i>			

CONTRACT REVIEW/APPROVALS

VENDOR

Initials		Ftnt	Date In	Date Out
<i>mg</i>	Received	_____	<u>6-19-14</u>	_____
<i>ck</i>	Controller	_____	_____	<u>6-19-17</u>
<i>g</i>	Corporation Counsel	_____	<u>6-20-14</u>	<u>6/23/14</u>
<i>vt</i>	Risk Management	_____	<u>6/23/14</u>	<u>6/23/14</u>
<i>cl</i>	ADA Coordinator	_____	<u>6/23/14</u>	<u>6/23/14</u>
<i>cl</i>	Purchasing Agent	_____	_____	<u>6-19-14</u>
_____	County Executive	_____	_____	_____

Vendor Name & Address	
Contact Person	
Phone No.	
E-mail Address	

Footnotes:

- _____
- _____

Return To: Name/Title: <u>David M. Bursack, Hazardous Materials Planner</u> Dept.: <u>Emergency Management</u>
Phone: <u>608-266-9051</u> Mail Address: <u>115 W. Doty Street</u>
E-mail: <u>bursack@countyofdane.com</u> <u>Madison, WI 53703</u>

CERTIFICATION

The attached contract: *(Check as many as apply)*

- conforms to Dane County's standard Purchase of Services Agreement form in all respects
- conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy¹
- is a non-standard contract which has been reviewed or developed by corporation counsel which has not been changed since that review/development
- is a non-standard contract previously reviewed or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy¹
- is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision copy
- contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
- contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
- contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
- contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy¹

Date: 06/18/2014 Signed: *David M. Bursack*
 Telephone Number: 608-266-9051 Print Name: David M. Bursack

MAJOR CONTRACTS REVIEW (DCO Sect. 25.20) This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

EXECUTIVE SUMMARY *(Attach additional pages, if needed).*

1. **Department Head** Contract is in the best interest of the County.
 Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: _____ Signature: _____

2. **Director of Administration** Contract is in the best interest of the County.
 Comments:

Date: _____ Signature: _____

3. **Corporation Counsel** Contract is in the best interest of the County.
 Comments:

Date: _____ Signature: _____

¹A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract my means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

12012



STATE OF WISCONSIN
DEPARTMENT OF MILITARY AFFAIRS
DIVISION OF EMERGENCY MANAGEMENT

Brian Satula
Administrator

Scott Walker
Governor

DATE: June 4, 2014
TO: Charles Tubbs, Director
Dane County Emergency Management
FROM: Frank Docimo, State Hazardous Materials Coordinator
SUBJECT: TRAINING AWARD FOR FISCAL YEAR 2014

Your county's additional training request for Fiscal Year 2014 has been approved for the total amount of \$2,880.00, making your new award total: \$37,232.00. Approval has been given to Dane County to conduct the following training course:

- | | |
|----------------------------|--|
| 1. COURSE: | Developing Incident Action Plans for HazMat Incidents |
| LOCATION: | Madison Fire Dept. |
| CLASS DATES: | September 8-10, 2014 |
| NUMBER OF STUDENTS: | 45 |
| MAXIMUM EXPENSE: | \$2,880.00 (HMEP) |
| INSTRUCTOR: | Joe Bartholomew |

A close-out report will be submitted to the Training Division of Emergency Management, through your Regional Director, no later than 30-days after completion of your training. The close-out report will include a cover letter from the county director, a copy of the provider billing statement, a student roster, and an updated copy of your county's summary sheet as provided. (Please review the attached "Course Attendance Policy" and "Hazmat Training Policy."

All reimbursement checks will be made out to the County Treasurer, and mailed to your County Emergency Management Director. Because these courses are being funded under *HMEP*, this training approval will expire on SEPTEMBER, 30, 2014. Funds not expended by that time will be automatically withdrawn (no exceptions). As with any award/aid to a county, project activity and expenditure documentation should be maintained in accordance with the county fiscal document retention policy and audit requirements.

In the event that a pre-approved training course is cancelled locally, the county is required to notify Wisconsin Emergency Management Training Section, in writing, as soon as possible, making these funds available for other training opportunities. Training funds cannot be transferred and used for classes other than the class they were originally approved for.

If you should have any questions or concerns that you would like to discuss, please contact your Regional Director, or myself at (608) 242-3228; fax #: (608) 242-3249.

Encl: **DANE COUNTY Summary Sheet for FY2014**
Course Attendance Policy
Hazmat Training Policy

C: Southwest Regional Director

RECEIVED

JUN 06 2014

Dane County
Emergency Management