Resolution No. 2941

A Resolution of the City of Sanford, Florida, amending the City's annual operating budget for the fiscal year beginning October 1, 2020 and ending September 30, 2021; providing for implementing administrative actions; providing for a savings provision; providing for conflicts; providing for severability and providing for an effective date.

Whereas, the Commission of the City of Sanford, Florida has adopted an annual operating budget for the fiscal year beginning October 1, 2020 and terminating on September 30, 2021 specifying certain projected revenues and expenditures for the operations of Sanford municipal government; and

Whereas, the City's budget presumes that each department generally will, to the best of their ability, maintain its expenditures within its allocated budgeted level and exercise prudence in expending funds during the course of the City's fiscal year; and

Whereas, from time-to-time circumstances and events may require that the original City budget may need revision; and

Whereas, the City Commission, in its judgment and discretion, has the authority to adjust the budget to more closely coincide with actual and expected events.

Now, therefore, be it adopted and resolved by the City Commission of the City of Sanford, Florida as follows:

Section 1. Adoption of Budget Amendment.

The annual operating budget of the City of Sanford for the fiscal year beginning October 1, 2020 and terminating on September 30, 2021 is hereby revised and amended by Attachment "A". The Attachment is hereby incorporated into this Resolution as if fully set forth herein verbatim. Except as amended herein, the annual operating budget for the City of Sanford for fiscal year beginning October 1, 2020 and

terminating on September 30, 2021 shall remain in full force and effect.

Section 2. Implementing administrative actions.

The City Manager, or designee, is hereby authorized and directed to implement the provisions of this Resolution by means of such administrative actions as may be deemed necessary and appropriate.

Section 3. Savings.

The prior actions of the City of Sanford relating to the adoption of the City budget and related activities are hereby ratified and affirmed.

Section 4. Conflicts.

All resolutions or parts of resolutions in conflict with this Resolution are hereby repealed.

Section 5. Severability.

If any section, sentence, phrase, word, or portion of this Resolution is determined to be invalid, unlawful or unconstitutional, said determination shall not be held to invalidate or impair the validity, force or effect of any other section, sentence, phrase, word, or portion of this Resolution not otherwise determined to be invalid, unlawful, or unconstitutional.

Section 6. Effective Date.

This Resolution shall become effective immediately upon enactment.

Passed and adopted this 8th day of March 2021.

Attest:

Traci Houchin, MMC, FCRM, City Clerk

For use and reliance of the Sanford City Commission only.
Approved as to form and legality.

William L. Colbert, City Attorney

City Commission of the City of

Sanford

Art Woodruff, Mayor



WS RM XItem No. $2 \cdot A$

CITY COMMISSION MEMORANDUM 21-069 MARCH 8, 2021 AGENDA

To:

Honorable Mayor and Members of the City Commission

PREPARED BY:

Craig M. Radzak, Fire Chief

SUBMITTED BY:

Norton N. Bonaparte, Jr., City Manager

SUBJECT:

Resolution approving the Firefighter Cancer Decontamination Equipment

Grant Award

STRATEGIC PRIORITIES:

Unify Downtown & the Waterfront
Promote the City's Distinct Culture
Update Regulatory Framework
Redevelop and Revitalize Disadvantaged Communities

SYNOPSIS:

Approve Resolution No. 2940 to amend the budget and accept the Firefighter Cancer Decontamination Equipment Grant Award, to purchase two bunker gear washers/extractors, a Decon SCBA Washer, and the electrical and plumbing expenses required for installation is requested.

FISCAL/STAFFING STATEMENT:

The grant provides for 75% federal funding and City match of 25% to purchase the decontamination equipment requested. The total cost would be \$37,500 (state share of \$28,125 and City share of \$9,375) state share would be reimbursed at job completion. The City funds are available in the Fire Department Impact Fee fund.

BACKGROUND:

Purchasing the decontamination equipment will have an impact on reducing the exposure to carcinogens that cause cancer. The additional bunker gear washers/extractors would decrease the time it takes to wash the firefighter's bunker gear after fires, decrease the chance of exposure to carcinogens, and decrease down time of the units getting back in service after a fire. Currently all stations use one bunker gear washer/extractor for all City units.

The decon SCBA washer would be used specifically to decontaminate the firefighter's SCBAs, gloves, helmets, and face masks of cancer causing agents encountered fighting fires. This equipment would be an additional decontamination tool in an effort to further protect the firefighters from carcinogen exposer.

LEGAL REVIEW:

No legal review requested of the City Attorney.

RECOMMENDATION:

City staff recommends that the City Commission approve Resolution No. 2941 to amend the budget in the amount of \$37,500 and award the Firefighter Cancer Decontamination Equipment Grant.

SUGGESTED MOTION:

"I move to approve Resolution No. 2941.

Attachments: Firefighter Cancer Decontamination Equipment Grant

Resolution No. 2941



APPLICATION FOR FIREFIGHTER CANCER DECONTAMINATION EQUIPMENT GRANT PROGRAM

APPLIC	ANT INFORMATION	
Name of Fire Department: Sanford Fire Depa	rtment	
Name of Person Completing Form: Dave Fro	st	
Physical Address: 1303 william clark ave s	anford 32771	**************************************
(Street)	(City)	(Zip)
Mailing Address: 1303 william clark ave S	anford Florida 32771	
(Street)	(City)	(Zip)
EMAIL Address: Dave.Frost@sanfordfl.gov		
County (Reference the Table in Appendix A):	59	
Fire Department Telephone Number: 407-68	8-5040	
Fire Department Identification Number (FDID	#): 17012	
Federal Tax Identification Number: 59-60004	25	
What Year was Fire Department Established	: 1873	
Indicate whether you are a municipality or coincluding authorities and special districts:	ounty, the state, or any politica	I subdivision of the state,
	1	
Indicate the size of the population served: 61	1448	×
Indicate the number of square miles in your	area served: 26.19999999999	9999
Indicate the number of fire stations within vo	our iuriadiation: 2	

Indicate the number of certified firefighter personnel within your fire department listed on the Fire College Department of Insurance Continuing Education (FCDICE) roster:
86
Would decontamination equipment help you achieve the objectives of the Employer Cancer Prevention Best Practices, Rule 69A-62.025, F.A.C.?
1 = Yes Answer - 1 2 = No
Does your agency have post fire on-scene decontamination equipment and related practices on your suppression apparatus?
1 = Yes Answer - 1 2 = No
Do you presently submit fire incident data to the National Fire Incident Reporting Service (NFIRS)? (Awarding of this grant is conditional on your department submitting fire incident data.) 1 = Yes Answer - 1 2 = No
Do you presently have decontamination equipment that is designed to mitigate exposure to hazardous cancer-causing chemicals? Use additional sheets if necessary.
1 = Yes Answer - 1 2 = No
4- Post Fire Gross Decon Kits. 1 per fire apparatus 1- Dexter Commercial Washer Thoroughbred 600- for fire gear

FUNDING INFORMATION Directions: List the total funding received from ANY taxing authority in your current FISCAL YEAR, or in your current CALENDER YEAR. Include any funds and grants received from any local governing authority, County, Town, City, Municipality, Independent Special District, Dependent Special District, Special District, Municipal Service Taxing Unit (MSTU), or Municipal Service Benefit Unit (MSBU). DO NOT INCLUDE DONATIONS OF ANY TYPE. a. Annual Operating Budget: \$ 10,074,937.00 b. Total Grants Received \$ 0 c. Total Funds Received (a.+ b.): \$ 0 Calendar Year Fiscal Year Financial need must be documented in the Grant Narrative Section. rangungan bang banggan REQUESTING FUNDS FOR THE FOLLOWING EQUIPMENT. SUPPLIES, AND EDUCATIONAL TRAINING For which of the following items are you requesting funds? (Please select ALL that apply.) VEHICLE EXHAUST CAPTURE SYSTEMS (compliant with the standards of NFPA 1500 (2018 edition) incorporated by reference in Rule 69A-62.025, F.A.C) Please provide the following information in the Grant Narrative section: Description of the equipment Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals · Please include any documentation on usage PERSONAL PROTECTIVE EQUIPMENT EXTRACTOR UNITS Please provide the following information in the Grant Narrative section: Description of the equipment Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals Please include any documentation on usage HOODS, GLOVES, OR HELMET EARFLAPS (compliant with the standards of NFPA 1971 (2018 edition) incorporated by reference in Rule 69A-37.060, F.A.C) Please provide the following information in the Grant Narrative section: Description of the equipment Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals Please include any documentation on usage

	OTHER EQUIPMENT USED TO MITIGATE EXPOSURE TO HAZARDOUS, CANCER-CAUSING CHEMICALS Please provide the following information in the Grant Narrative section: Description of the equipment Explanation of how the equipment miligates exposure to hazardous, cancer-causing chemicals Please include any documentation on usage
	SUPPLIES USED TO MITIGATE EXPOSURE TO HAZARDOUS, CANCER-CAUSING CHEMICALS Please provide the following information in the Grant Narrative section: Description of the supplies Explanation of how the supplies mitigate exposure to hazardous, cancer-causing chemicals Please include any documentation on usage
	EDUCATIONAL TRAINING Please provide the following information in the Grant Narrative section: Description of educational training Explanation of how training contributes to decreasing exposure to hazardous, cancer-causing chemicals
hazar what t	re grant funding is allocated to the Division of State Fire Marshal to mitigate exposure to dous, cancer-causing chemicals and to protect the health and safety of Florida Firefighters, type of items would you be interested in obtaining? (Optional)
	MATCHING FUNDS: LEVEL OF NONSTATE MATCHING
	FUNDS, MINIMUM OF 25% OF NONSTATE FUNDING
	Percentage of matching funds:%
	Please attach documentation indicating the source of the matching funds.
ET:	

GRANT NARRATIVE (use additional sheets if necessary)

Directions:

Please contact the State Fire Marshal if you have any questions: firegrantquestion@myfloridacfo.com

Provide the required information for your grant request here. Include any additional information you feel is important to your grant request. This narrative must demonstrate the financial need of the department.

The National Institute for Occupational Safety and Health (NIOSH) recently undertook two large studies focused on firefighter cancer and concluded that firefighters face a 9 percent increase in cancer diagnoses, and a 14 percent increase in cancer-related deaths, compared to the general population in the U.S. The Sanford Fire Department has taken on the mission to decrease cancer risk of our firefighters while still providing protection for our citizens/ visitors and their property. In 2017, we placed post fire gross decontamination kits on all 4 of our firefighting apparatus. To further increase the success of our mission we are requesting funding to purchase two Extractor 22 commercial gear washers and a Solo Decon SCBA washer. The extractor 22 washers would be placed in the outlying station to relieve the dependence of the single washer we currently utilized. The Solo Decon SCBA washer would be placed at the main station used specifically to decontaminate the firefighters SCBA, Gloves, Helmets, and Face mask of cancer causing agents we may encounter fighting fire. The pass 10 years the fire department has historically only received approximately 25% of capital funding request which mostly funded vehicle replacement cost. Within our municipality the fire department is placed in the general fund causing competition amongst all other city department in receiving Capital purchase funding. This has led to the inability of being able to purchase cancer prevention equipment for the department. Our funding request will assist The Sanford Fire department and the state of Florida in better protecting its firefighters from cancer-causing contaminants, including toxic asbestos.

Provide an itemized list and costs of requested items:

Extractor 22 Washer - \$4950.00 Extractor 22 Washer- \$4950.00 Solo Decon SCBA Washer - \$26,900.00 Electrical - \$400.00 Plumbing - \$300.00 Total: \$37,500.00

AUTHORIZATION TO SUBMIT GRANT REQUEST

To be completed by the **Fire Chief or Fire Service Agency Head** of the municipality or county, the state, or any political subdivision of the state, including authorities and special districts, employing firefighters or utilizing firefighters to provide fire extinguishment or fire prevention services for the protection of life and property.

NOTE: Administration of resources awarded by the Department to the recipient may be subject to audits and/or monitoring by the Department.

Person Submitting Request	: Radzak, Crai	g	
	(La	st Name)	(First Name)
Mailing Address: 1303 Wil	liam Clark Sanf	ord, Florida 32771	
r	(Street)	(City)	(Zip)
Email Address: Craig.Rad	zak@sanfordfl.g	ov	
Telephone Number: 407-68	8-5040		A be
Craig Radzak - Fire Chief			
Printed Name 01/28/2021	(Last)	(First)	(Title)
(Date)		z in the second regression in the second regre	Signature

Review/Print Survey Response Print Name of Fire Department: Sanford Fire Department Name of Person Completing Form: First Name Dave Last Name Frost Physical Address: Address 1 1303 william clark ave Address 2 City sanford State florida Zip 32771 Malling Address: Address 1 1303 william clark ave Address 2 City Sanford State Florida Zip 32771 Email Address Dave.Frost@sanfordfl.gov County (Select from Drop-Down Menu):)) Seminole Fire Department Phone Number: 407-688-5040

Name and Telephone Number of the Safety Officer / Representative for Follow-up: First Name
Dave
Last Name
Frost
Phone
407-688-5046
Fire Department ID Number (FDID #):
17012
Federal Tax ID Number:
59-8000425
What Year was the Fire Department Established?
1873
Indicate whether you are a:
>> Municipality or County
Indicate the size of the population served: (Enter number only)
61448
Indicate the number of square miles in your area served: (Enter number only)
26.2
Indicate the number of fire stations within your jurisdiction: (Enter number only)
3
Indicate the number of certified firefighter personnel within your fire department listed on the Fire College Department of Insurance Continuing Education (FCDICE) roster: (Enter number only)
86
Would decontamination equipment help you achieve the objectives of the Employer Cancer Prevention Best Practices, Rule 69A-62.025, F.A.C.7
» Yes
Does your agency have post fire on-scane decontamination equipment and related practices on your suppression apparatus?
» Yes
Do you presently submit fire incident data to the National Fire incident Reporting System (NFiRS)? (Awarding of this grant is conditional on your department submitting fire incident data.)
» Yes
Do you presently have decontamination equipment that is designed to mitigate exposure to hezardous cancer-causing chemicals?
>> You /List type and quantity of equipment and how many fire station and personnel this services.

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List type and quantity of equipment.
 4- Post Fire Gross Decon Kits. 1 per fire apperatus 1- Dexter Commercial Washer Thoroughbred 600- for fire gear
How many fire stations does this equipment service? (Enter number only)
How many personnel does this equipment service? (Enter number only)
 86
Annual Operating Budget: (Enter numbers only - for example, 99999.99)
 10,074,937.00
>> Fiscal Year
Total Grants Received: (Enter numbers only - for example, 99999.99)
 302,076.00
» Fiscal Year
Total Grants Funding: (Enter numbers only - for example, 99999.99)
 402,768.00
>> Fiscal Year
>> PERSONAL PROTECTIVE EQUIPMENT EXTRACTOR UNITS
Will your department be providing more than 25% matching funds?
» No
Please provide the source of the matching funds.
 City of Sanford
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Please provide the required information for your grant request here. Include any additional information you feel is important to your grant request. This narrative must demonstrate the financial need of the department.

The National Institute for Occupational Safety and Health (NIOSH) recently undertook two large studies focused on firefighter cancer and concluded that firefighters face a 9 percent increase in cancer diagnoses, and a 14 percent increase in cancer-related deaths, compared to the general population in the U.S. The Sanford Fire Department has taken on the mission to decrease cancer risk of our firefighters white still providing protection for our citizens/ visitors and their property. In 2017, we placed post fire gross decontamination kits on all 4 of our firefighting apparatus. To further increase the success of our mission we are requesting funding to purchase two Extractor 22 commercial gear washers and a Solo Decon SCBA washer. The extractor 22 washers would be placed in the outlying station to relieve the dependence of the single washer we currently utilized. The Solo Decon SCBA washer would be placed at the main station used specifically to decontaminate the firefighters SCBA, Gloves, Helmets, and Face mask of cancer causing agents we may encounter fighting fire. The pass 10 years the fire department has historically only received approximately 25% of capital funding request which mostly funded vehicle replacement cost. Within our municipality the fire department is placed in the general fund causing competition amongst all other city department in receiving Capital purchase funding. This has led to the inability of being able to purchase cancer prevention equipment for the department. Our funding request will assist The Sanford Fire department and the state of Florida in better protecting its firefighters from cancer-causing contaminants, including toxic asbestos.

Provide an Itemized list and costs of requested Items:

Extractor 22 Washer - \$4950.00 Extractor 22 Washer - \$4950.00 Solo Decon SCBA Washer - \$26,900.00 Electrical - \$400,00 Plumbing - \$300.00 Total: \$37,500,00

Person submitting request: Last Name Radzak First Name Craig Address Line 1 1303 William Clark Address Line 2 City Sanford State Florida Zipcode 32771 **Email Address** Cralg.Radzak@sanfordfl.gov Phone 407-688-5040 Title Fire Chief Date (mm/dd/yyyy) 01/28/2021

Please sign here

4

https://www.questionpre.com/qp_userimages/aub-2/2440440/7000071/07055500/111069434-07055508-signature.prig

REQUEST FOR BUDGET ADMENDMENT

Fis	cal Ye	ear		20	21									
Department: Fire			Division: Operations					Date:	3/	8/2021				
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FINANCE APPROVAL: Cyn				Cyr	rthia Lindsay		- Landard Control				DATE:	_2	/24/2021	
CITY COMMISSION AGENDA DATE: March 8, 2021 APPROVED?									Y					
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