

REQUESTS FOR COUNCIL ACTION/DISCUSSION

Finance Committee

- 20-181-9/28 – Budget Amendments
- 20-182-9/28 – Discuss uses of COVID-19/CARES Funds
- 20-183-9/28 – Then & Now – Ohio Alcohol Monitoring Systems, LLC – Municipal Court
- 20-184-9/28 – Increase P.O. #2020-721 – Davis Tree Farm – Forestry Dept.
- 20-185-9/28 – Discussion – Montville Twp./Medina Twp. Fire Contracts
- 20-186-9/28 – Increase P.O. #2020-625 – Walter Haverfield – Law Dept.
- 20-187-9/28 – Outfit two new 2021 Ford Explorers – Police Dept.
- 20-188-9/28 – Retro Pay / Healthcare Coverage – Probation Officers – Municipal Court
- 20-189-9/28 – Approve/Disapprove Draft Solid Waste Management Plan Update
- 20-190-9/28 – Fund Advance Request
- 20-191-9/28 – Fund Transfer Request – Parking Fund

9/28/20

Batch Number
(Finance use only)
Batch Posted?

RCA Number
(Council use only)

RCA 20-181-9/28
Finance

REQUEST FOR APPROPRIATION ADJUSTMENT

TYPE OF ADJUSTMENT
(CHECK ONE)

ADMINISTRATIVE
FINANCE COMMITTEE
COUNCIL

X
X

NO. 2020-034
(Finance use only)

FROM ACCOUNT NUMBER	ACCOUNT DESCRIPTION	TO ACCOUNT NUMBER	ACCOUNT DESCRIPTION	AMOUNT	TRANSFER OF EXISTING APPROPRIATION	UNAPPROPRIATED FUNDS
102-0620-50111		102-0145-53321		80,000.00	x	
102-0545-54417		102-0610-50111		5,000.00	x	
102-0615-50111		102-0610-51131		5,000.00	x	
102-0545-54417		102-0610-52213		8,000.00	x	
102-0545-54417		102-0610-52214		1,000.00	x	
102-0545-54417		102-0610-53311		1,000.00	x	
102-0615-53312		102-0610-53313		20,000.00	x	
102-0545-54417		102-0610-53315		15,000.00	x	
102-0615-53321		102-0610-53321		45,000.00	x	
102-0545-54417		102-0610-54413		20,000.00	x	
106-0101-52211		106-0190-50111		7,179.73	x	
		109-0659-54411		95,950.00		x
		001-0707-56615		95,950.00		x
		109-0726-54411		70,666.00		x
		001-0707-56615		70,666.00		x
		147-0659-54411		150,000.00		x
		001-0707-56615		150,000.00		x
		160-0705-53321		20,000.00		x
		168-0705-56611		\$ 38,500.00		x
		301-0210-52213		\$ 9,613.22		x
		301-0707-52215		\$ 8,560.19		x
		301-0707-54412		\$ 21,047.00		x
		301-0725-54412		\$ 75,000.00		x
		301-0726-54411		\$ 152,260.00		x
		418-0718-54411		\$ 253,849.00		x
		546-0530-53313		\$ 15,000.00		x
		546-0530-54413		\$ 10,832.57		x
		547-0658-54411		\$ 25,000.00		x

	547-0659-54411		\$ 53,050.00		x
	001-0707-56615		\$ 400,000.00		x
	001-0707-56611		\$ 60,000.00		x
		Total increases to fund:	1,775,943.98		
		Total reductions to fund:			
		Total transfers within fund:	207,179.73		

EXPLANATION:

Appropriations needed to cover negatives and for advances for grant projects

DEPARTMENT HEAD: LB

DATE: 09.23.20

MAYOR'S APPROVAL:
(WHEN NECESSARY) _____

DATE: _____

COUNCIL/COMMITTEE ACTION:

APPROVED: _____
DENIED: _____
RETURNED FOR EXPLANATION: _____
RETURNED TO USE EXISTING ACCOUNT FUNDS: _____

ORD. NO. 169-20 ✓

CLERK OF COUNCIL/DATE

ROUTING: ORIGINAL TO FINANCE
COPY TO DEPT. HEAD
COPY TO COUNCIL

REQUEST FOR COUNCIL ACTION

No. ^{RCA} 20-182-9/28

Committee: Finance

FROM: Keith H. Dirham
DATE: Friday, September 11, 2020
SUBJECT: Discuss uses of COVID-19/CARES Funds

SUMMARY AND BACKGROUND:

It is possible that not all of the City's allocation of CARES funds will be used up in time. If not, we should discuss potential alternative uses.

Estimated Cost:

Suggested Funding:

- sufficient funds in Account No.
- transfer needed from Account No. to Account No.
- NEW APPROPRIATION needed in Account No.

Emergency Clause Requested:

Reason:

COUNCIL USE ONLY:

Committee Action/Recommendation:

Council Action Taken:

Ord./Res.
Date:

Possible Uses for CARES Funds – Discussion 9/28/2020

The Ohio Municipal Clerks had an email asking for ways their cities were using CARES Funding. The following are some of the most helpful.

- Upgrade doors to be automatic (touchless); hands free toilets, paper towel dispenser, soap dispensers, sinks, etc.
- Purchasing quality equipment to live stream meetings held in Council Chambers.
- Upgrade water/sewer software to a system that allows for direct billing.
- Purchase new COVID Police SUV Interceptor – COVID Package installed, includes wipe down seat, divider, higher heating capacity, air system to kill germs
- Purchase Chrome Books for children in the community through civic centers (as well as desks, chairs, printers, nutritional needs, Wi-Fi hookups)
- Money to the United Way for assistance with rent and utilities.
- Money to Salvation Army to assist in the cost of additional meals as well as the extra cost of delivering meals.
- Updated technology around the City to encourage social distancing (laptops, Mondo Boards, iPads for City Council)
- PPE supplies
- Replacing Toughbooks in Police cruisers to encourage social distancing so reports and tickets can be filed electronically
- Replacement of Council Chairs (from cloth to heavy duty plastic for easier cleaning)
- Purchase of folding tables
- Installation of all new HVAC – air purifiers through AIRPHX.com
- Purchase off commercial hand dryers and the installation.
- Motion censored light switches.

Also, lots of suggestions for:

- Masks
- Disposable gowns
- Sanitizers
- Safety goggles
- Reusable coveralls for EMS staff
- Touchless thermometers for every department
- Laptops for those needing to work at home
- Teleconferencing systems

The City of Athens, Ohio implemented a COVID-19 City Utility Assistance Relief Grant Program – See a copy of their legislation attached.

Submitted by Kathy Patton, Clerk of Council

RECORD OF ORDINANCES

Example

BEAR GRAPHICS 800-325-8084 FORM NO. SHTR0011

Ordinance No. 0-101-20 Passed September 8, 2020

Introduced by Sam Crowl, Chair
Finance & Personnel Committee

AN ORDINANCE APPROVING THE CITY OF ATHENS COVID-19 CITY UTILITY ASSISTANCE RELIEF GRANT PROGRAM; AUTHORIZING THE MAYOR TO EXECUTE AN AGREEMENT WITH HOCKING ATHENS PERRY COMMUNITY ACTION (HAPCAP) TO ADMINISTER SAID PROGRAM; AND DECLARING AN EMERGENCY.

WHEREAS, the COVID-19 crisis has severely impacted many local residents who are struggling to pay their city utilities due to loss of employment; and

WHEREAS, the City of Athens COVID-19 City Utility Assistance Emergency Relief Grant Program ("the Program") is being created to assist City of Athens' residents who have been adversely affected by the COVID-19 pandemic and have demonstrated a financial need; and

WHEREAS, the City wishes to partner with HAPCAP to manage the Program in an amount not to exceed \$75,000.00 as set forth in the Grant Agreement;

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ATHENS, OHIO:

SECTION I: Athens City Council hereby approves the City of Athens COVID-19 City Utility Assistance Emergency Relief Grant Program, a copy of said guidelines are attached hereto and incorporated herein as Exhibit "A." Said guidelines may be amended from time to time in a manner not materially adverse to the City.

SECTION II: The Mayor is hereby authorized to enter into a grant agreement with HAPCAP to administer said Program, a copy of which is attached hereto and incorporated herein by reference, in an amount not to exceed \$75,000.00 in assistance grants of up to \$1,000.00 per household for eligible City of Athens' residents who have demonstrated a financial need for city utility assistance, and using substantially the same guidelines as the attached Exhibit "A."

SECTION III: The City Auditor is hereby authorized and directed to make the appropriate entries and issue warrants/vouchers pursuant thereof.

RECORD OF ORDINANCES

BEAR GRAPHICS 800-325-8094 FORM NO. SHTR0011

Ordinance No. 0-101-20 Page 2

Passed _____, 20____

SECTION IV: This Ordinance shall be an emergency measure necessary for the health, safety, and welfare of the residents of the City of Athens, Ohio to immediately authorize the City's financial assistance to residents who have been adversely affected by the COVID-19 pandemic, and it shall be in full force and effect upon its passage and approval by the Mayor.

Christine B. Kinsley
President of Council

ATTEST:

Debra G. Walker
Clerk of Council

APPROVED:
[Signature]
Mayor

Certificate of Publication

I certify that Ordinance 101-20 was published in

ATHENS NEWS on Sept 16th

Debra G. Walker
Clerk of Athens City Council

GRANT AGREEMENT

between the

CITY OF ATHENS

and

HOCKING ATHENS PERRY COMMUNITY ACTION (HAPCAP)

THIS GRANT AGREEMENT is made as of the date of the last signature below by and between the City of Athens (the "GRANTOR"), an Ohio Municipal Corporation with its residents located within the municipal Corporate limits and Hocking Athens Perry Community Action (the "GRANTEE"), an Ohio non-profit corporation, with its principal place of business located at 3 Cardaras Drive, Glouster, OH 45732.

WITNESSETH:

WHEREAS, the GRANTEE is managing the City of Athens COVID-19 City Utility Assistance Emergency Relief Grant Program (the "Program") pursuant to the guidelines set forth in Exhibit A, attached hereto and incorporated herein by reference (the "Guidelines"), to respond to the impact that the COVID-19 pandemic has had on residents struggling to pay their city utility bills due to loss of employment or other COVID-19 related impacts; and

WHEREAS, the GRANTOR has duly authorized a grant to the GRANTEE in an amount not to exceed \$75,000.00 in order for the GRANTEE to implement the Program;

NOW THEREFORE, in consideration of the mutual covenants, promises, conditions and terms to be kept and performed, it is agreed between the parties as follows:

SECTION 1 PURPOSE.

The GRANTOR agrees to pay to the GRANTEE an amount not to exceed \$75,000.00 for the GRANTEE to implement the Program pursuant to the Guidelines outlined in Exhibit "A." The GRANTEE agrees that all funds received pursuant to this GRANT AGREEMENT shall be distributed to eligible City of Athens' residents in accordance with the Guidelines, or returned to the GRANTOR due to lack of disbursement as set forth herein.

Additionally, the GRANTOR hereby provides the following specific direction for the use of its funds: Maximum amount of any single city utility assistance grant to a resident living within the City of Athens corporate limits: \$1,000.00.

SECTION 2 TERMINATION; RECOUPMENT.

Upon the breach of any term of this Grant Agreement by the GRANTEE or upon mismanagement of the grant funds or any misfeasance or malfeasance by the GRANTEE, which shall be determined in the GRANTOR'S sole discretion, the GRANTOR has the right to terminate the grant award, in whole or part; demand the immediate repayment of all grant money received by the GRANTEE from the GRANTOR that has not been disbursed; temporarily withhold cash payments pending correction of deficiency by the GRANTEE; or take all other actions available under Ohio law. Additionally, this Grant Agreement shall terminate as of November 30, 2020, and all grant funds that have not been disbursed by the GRANTEE to eligible residents under this Program will be repaid by the GRANTEE to the GRANTOR no later than December 28, 2020.

SECTION 3 DISSOLUTION.

If for any reason, the GRANTEE is ever dissolved, the GRANTOR has the absolute right to receive repayment by the GRANTEE of all grant monies disbursed to it by the GRANTOR remaining in the GRANTEE'S possession or control, including, but not limited to, the grant monies disbursed under this Grant Agreement.

SECTION 4 NON-DISCRIMINATION.

The GRANTEE, its employees, agents, representatives, and any other party working on its behalf shall not discriminate in any manner in its performance under this Grant Agreement by reason of race, color, sex, age, religion, national origin, ancestry, veteran status, disability, sexual orientation, gender identity or any other characteristic to the extent protected by law, and shall comply with all federal, State of Ohio and local non-discrimination and intimidation laws, as amended, and any applicable related rules, regulations and executive orders, as amended.

SECTION 5 WORKERS' COMPENSATION.

The GRANTEE shall provide Workers' Compensation Insurance coverage for all of its employees

involved in the performance of this contract.

SECTION 6 ACCOUNTABILITY FOR GRANT FUNDS.

The GRANTEE must maintain effective internal control and accountability for all grant funds. All grant funds must be only used for the purpose authorized in this Grant Agreement.

SECTION 7 PAYMENTS.

The GRANTOR will pay GRANTEE an amount not to exceed \$75,000.00 upon the execution of this Grant Agreement.

SECTION 8 REPORTS AND RECORDS.

The GRANTEE agrees to maintain and provide to the GRANTOR upon demand the following reports and records:

- Accounting and fiscal records adequate to allow the GRANTOR and/or State of Ohio to audit and verify that the funds provided under this Grant Agreement are used for the purpose(s) stated in this Grant Agreement.
- Other records and reports as required by the GRANTOR to enable it to comply with local, state, and federal statutes and regulations.
- The GRANTEE shall maintain all records related to this Grant Agreement and the administration of the program for 3 years after the GRANTOR makes final payment hereunder and all other pending matters are closed. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the 3-year period, the GRANTEE shall retain the records until completion of the action and all issues which arise from it or until the end of the 3-year period, whichever is later.
- Performance reports which include information regarding actual accomplishments established during the grant period and other pertinent information. Such report shall be in the form required by the GRANTOR.
- Final report of grant closeout.

The GRANTOR shall have the right of access to any pertinent book, document, paper or other

records of the GRANTEE which are pertinent to the grant in order to make audits or examinations.

SECTION 9 FEDERAL, STATE AND LOCAL LAWS.

The GRANTEE agrees to abide by all Federal, State and local laws, statutes, resolutions, ordinances, rules and/or regulations applicable to this Grant Agreement.

SECTION 10 HOLD HARMLESS

The GRANTEE hereby agrees to hold harmless, defend and indemnify the GRANTOR from any and all claims, actions, suits, losses and judgments (including attorney's fees and court costs) whatsoever that arise out of the GRANTEE'S performance or nonperformance of the services or subject matter called for in this Grant Agreement. Nothing herein shall be construed to make the GRANTEE liable for the negligence of the GRANTOR.

SECTION 11 INDEPENDENT CONTRACTOR.

Nothing contained in this Grant Agreement is intended to or shall be construed in any manner as creating or establishing the relationship of employer/employee between the parties. The GRANTEE shall at all times remain an 'independent contractor' with respect to its performance under this Grant Agreement.

SECTION 12 SUCCESSORS AND ASSIGNMENT.

The GRANTOR and the GRANTEE each binds itself and its successors, executors, administrators, and assigns to the terms, conditions, and covenants of this Grant Agreement. Neither the GRANTOR nor the GRANTEE shall assign or transfer its rights, interests, duties, or obligations under this Grant Agreement without the express written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of any public body which may be a party hereto.

SECTION 13 NOTICES.

Any notice required or permitted under this Grant Agreement shall be given in writing and shall be deemed to have been given when personally delivered to any officer of the party receiving notice or when posted in the United States mail by certified mail addressed to the last known

address of the party being served.

SECTION 14 LAW OF OHIO.

This Grant Agreement shall be construed and enforced in accordance with the laws of the State of Ohio, without giving effect to its conflict of laws principles. The parties agree that any legal action, suit, or proceeding that arises out of this Grant Agreement shall be brought solely and exclusively in the Athens County Court of Common Pleas.

SECTION 15 ENTIRE AGREEMENT, MODIFICATION AND SEVERABILITY.

This written Grant Agreement represents the entire agreement between the parties and supersedes all previous agreements, written and oral, between the parties. This Grant Agreement shall not be modified except in writing signed by both parties. In the event any provision of this Grant Agreement is determined to be invalid by a court of competent jurisdiction, such determination shall not affect the validity of other provisions in the Grant Agreement which shall be severable.

SECTION 16 PUBLIC RECOGNITION AND GRANTOR SUPPORT.

The GRANTEE shall recognize the GRANTOR on all printed materials and promotional media related to this grant. When there are press releases, photographs, newsletters or any published materials about this grant, the GRANTOR shall be included on any and all mailing distributions.

SECTION 17 COMPENSATION.

GRANTOR will compensate GRANTEE for administration services for project implementation based on actual expense, not to exceed 7% of the total grant award, or \$5,250.00.

(End of text. Execution on the following page.)

EXHIBIT A

**COVID-19 CITY UTILITY ASSISTANCE EMERGENCY RELIEF GRANT
PROGRAM GUIDELINES**

See attached.

The City of [City Name] is pleased to announce the availability of the COVID-19 City Utility Assistance Emergency Relief Grant. This grant is designed to provide financial assistance to eligible households that are experiencing financial hardship due to the economic impact of the COVID-19 pandemic. The grant is available to households that are currently receiving public benefits, such as Supplemental Security Income (SSI), Medicaid, or Temporary Assistance for Needy Families (TANF).

Eligible households may apply for the grant through the City's website at [City Website]. The grant is available to households that are currently receiving public benefits, such as Supplemental Security Income (SSI), Medicaid, or Temporary Assistance for Needy Families (TANF).

For more information, please contact the City at [City Contact Information].

The grant is available to households that are currently receiving public benefits, such as Supplemental Security Income (SSI), Medicaid, or Temporary Assistance for Needy Families (TANF). The grant is available to households that are currently receiving public benefits, such as Supplemental Security Income (SSI), Medicaid, or Temporary Assistance for Needy Families (TANF). The grant is available to households that are currently receiving public benefits, such as Supplemental Security Income (SSI), Medicaid, or Temporary Assistance for Needy Families (TANF).

**City of Athens COVID-19 City Utility
Assistance Emergency Relief Grant
Program**

PROGRAM GUIDELINES

The purpose of this Emergency Relief Grant Program is to assist citizens that otherwise would face city utility service interruption due to the COVID-19 pandemic.

I. General Description of the Program

The grantee (HAPCAP) will provide a one-time payment toward the applicant's city utility service so that the applicant may avoid city utility service interruption. This program is designed to prevent a household's inability to pay for city utilities which could result in service interruption. Applicants must:

- be a resident of the City of Athens;
- provide documentation of job loss, reduced hours, layoff, or other hardship due to COVID-19; and
- have a documented past due city utility bill.

The primary objective of the Program is to minimize long-term economic hardship to City of Athens' residents that may result from the COVID-19 pandemic. Applying does not guarantee assistance and will be available on a first come first serve basis. This assistance is not available to businesses. Payments will be made directly to the City of Athens on behalf of the client. Maximum amount of assistance to be provided per household is capped at \$1,000.00. Total amount obligated on behalf of applicants may not exceed \$69,750.00 or 7% less than total grant award of \$75,000. The program will operate until all funds are obligated or November 30, 2020.

REQUEST FOR COUNCIL ACTION

No. RCA 20-183-9/28

FROM: Medina Municipal Court

Committee: Finance

DATE:

SUBJECT: Authorization of payment greater than \$3,000 to Ohio Alcohol Monitoring Systems, LLC – Probation Department Monitoring Fees for defendants.

SUMMARY AND BACKGROUND:

Medina Municipal Court respectfully request that Council pass resolution authorizing payment to Ohio Alcohol Monitoring Systems, LLC for services in 2019 totaling \$4,336.00 (see attached invoices)

This request for Council Action shall serve as the Finance Director's certification that there was at the time of the making of this contract and there is at the time of the execution of this certificate a sufficient sum appropriated for the purpose of such contract and in the treasury or in process of collection to the credit of the appropriate fund free from any previous encumbrances

Two factors has caused 2019 invoices from being addressed previously, all of the Medina Municipal Court Adult Probation invoices from Ohio AMS were being sent to a closed email account and Ohio AMS has gone through staff changes in their Finance Dept. Probation Officer Amy Darr has been working directly with Ohio AMS to review past invoices, verifying defendant's treatment and addressing current billing challenges.

Estimated Cost:

Suggested Funding:

- sufficient funds in Account No. 166-0705-52226
- transfer needed from Account No. _____ to Account No. _____
- NEW APPROPRIATION needed in Account No. _____

Emergency Clause Requested:

Reason: Vendor is waiting for payment and we would appreciate the resolution being passed.

COUNCIL USE ONLY:

Committee Action/Recommendation:

Council Action Taken:

Ord./Res.
Date:

Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208477

Date 12/31/2019

SCRAM Monitoring Invoice

Court: Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256	Client: Watson, David
Case No. 19CRB00778	Rep 1

Month	From	To	Service	Days	Amount	Balance Due
December	12/16/2019	12/31/2019	Installation Fee		50.00	50.00
			Monitoring Fees/CAM	16	9.00	144.00
			Ethernet Service	16	0.00	0.00
Balance Due						\$194.00

Make payable to: Ohio AMS (within 30 days of invoice)

Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208475

Date 7/31/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:	
Thomas, Margret	
Case No.	18TRC03238
Rep	1

Month	From	To	Service	Days	Amount	Balance Due
July	7/24/2019	07/29/2019	Installation Fee		50.00	50.00
			Monitoring Fees/CAM	6	9.00	54.00
			Ethernet Service	6	0.00	0.00
	7/30/2019	07/31/2019	Remote Breath Monitoring	2	8.00	16.00

<u>Make payable to: Ohio AMS (within 30 days of invoice)</u>	Balance Due \$120.00
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Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208472

Date 10/31/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:	
Slama, Timothy	
Case No.	18TRC08012
Rep	1

Month	From	To	Service	Days	Amount	Balance Due
October	10/1/2019	10/31/2019	Monitoring Fees/CAM	31	9.00	279.00

<u>Make payable to: Ohio AMS (within 30 days of invoice)</u>	Balance Due \$279.00
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Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208469

Date 9/30/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:	
Robb, Jeffrey	
Case No.	18TRC04099
Rep	1

Month	From	To	Service	Days	Amount	Balance Due
September	9/23/2019	09/30/2019	Installation Fee		50.00	50.00
			Monitoring Fees/CAM	8	9.00	72.00
			Ethernet Service	8	0.00	0.00

<u>Make payable to: Ohio AMS (within 30 days of invoice)</u>	Balance Due \$122.00
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Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208466
 Date 10/31/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:
Mason, Brandon
Case No. 19CRB01204
Rep 1

Month	From	To	Service	Days	Amount	Balance Due
October	10/1/2019	10/31/2019	Monitoring Fees/CAM	31	9.00	279.00
			Wireless	31	0.00	0.00

Make payable to: Ohio AMS (within 30 days of invoice)	Balance Due	\$279.00
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Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208465

Date 9/30/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:	
Mason, Brandon	
Case No.	19CRB01204
Rep	1

Month	From	To	Service	Days	Amount	Balance Due
September	9/26/2019	09/30/2019	Installation Fee		50.00	50.00
			Monitoring Fees/CAM	5	9.00	45.00
			Wireless	5	0.00	0.00

Make payable to: Ohio AMS (within 30 days of invoice)	Balance Due \$95.00
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Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208460

Date 11/30/2019

SCRAM Monitoring Invoice

Court: Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256	Client: Mallery, Robert
Case No. 19CRB00610	Rep 1

Month	From	To	Service	Days	Amount	Balance Due
November	11/1/2019	11/11/2019	Monitoring Fees/CAM	11	9.00	99.00
Make payable to: Ohio AMS (within 30 days of invoice)					Balance Due	\$99.00

Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208459

Date 10/31/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:	
Mallery, Robert	
Case No. 19CRB00610	Rep 1

Month	From	To	Service	Days	Amount	Balance Due
October	10/1/2019	10/31/2019	Monitoring Fees/CAM	31	9.00	279.00
Make payable to: Ohio AMS (within 30 days of invoice)					Balance Due	\$279.00

Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208458

Date 9/30/2019

SCRAM Monitoring Invoice

Court:		Client:	
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256		Mallery, Robert	
Case No.	19CRB00610	Rep	1

Month	From	To	Service	Days	Amount	Balance Due
September	9/12/2019	09/30/2019	Installation Fee		50.00	50.00
			Monitoring Fees/CAM	19	9.00	171.00

Make payable to: Ohio AMS (within 30 days of invoice)	Balance Due	\$221.00
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Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208456

Date 12/31/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:	
Kelley, Brandon	
Case No. 19TRC00641	Rep 1

Month	From	To	Service	Days	Amount	Balance Due
December	12/1/2019	12/31/2019	Monitoring Fees/CAM	31	9.00	279.00
			Ethernet Service	31	0.00	0.00
					Balance Due	\$279.00

Make payable to: Ohio AMS (within 30 days of invoice)

Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208455

Date 11/30/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:	
Kelley, Brandon	
Case No.	19TRC00641
Rep	1

Month	From	To	Service	Days	Amount	Balance Due
November	11/11/2019	11/30/2019	Installation Fee		50.00	50.00
			Monitoring Fees/CAM	20	9.00	180.00
			Ethernet Service	20	0.00	0.00
					Balance Due	\$230.00

Make payable to: Ohio AMS (within 30 days of invoice)

Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208464

Date 11/30/2019

SCRAM Monitoring Invoice

Court:
Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256

Client:	
Preston, Teresa	
Case No. N/A	Rep 1

Month	From	To	Service	Days	Amount	Balance Due
November	11/1/2019	11/15/2019	Monitoring Fees/CAM	15	9.00	135.00
			Ethernet Service	15	0.00	0.00

Make payable to: Ohio AMS (within 30 days of invoice)	Balance Due	\$135.00
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Ohio Alcohol Monitoring Systems, LLC
 6479 Brecksville Road
 Independence, OH 44131
 Phone 216-328-1531 or 216-264-1117
 Fax 216-525-3116

Invoice # 208462
 Date 9/30/2019

SCRAM Monitoring Invoice

Court: Medina Municipal Court 135 North Elmwood Street Medina, Oh 44256	Client: Preston, Teresa <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Case No.</td> <td style="width: 20%;">N/A</td> <td style="width: 20%;">Rep</td> <td style="width: 10%;">1</td> </tr> </table>	Case No.	N/A	Rep	1
Case No.	N/A	Rep	1		

Month	From	To	Service	Days	Amount	Balance Due
September	9/17/2019	09/30/2019	Installation Fee		50.00	50.00
			Monitoring Fees/CAM	14	9.00	126.00
			Ethernet Service	14	0.00	0.00

Make payable to: Ohio AMS (within 30 days of invoice)	Balance Due \$176.00
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RCA 20-184-9/28

City of Medina

Board of Control/Finance Committee Approval

Administrative Code: 141

Finance Only

- Department Heads can authorize expenditures up to \$1,500.00 (requisition)
- Board of Control authorizes expenditures from \$1,500.01 to \$15,000.00 (BOC form).
- Finance Committee authorizes expenditures from \$15,000.01 to \$25,000.00 (BOC form).
- Council authorizes expenditures/bids over \$25,000.00 (RCA form). Board of Control awards all bids, unless otherwise specified in authorizing ordinance. (Ord. 101-05)

Date: 9/17/2020

Department: Forestry

Amount: \$5,000.00

B.O.C. Approval Date:

(Finance Use Only)

Account Number: 001-0420-54411

Vendor: Davis Tree Farm & Nursery Inc. #D00120

Department head/Authorized signature:

Item/Description:

Increase PO# 2020000721 by \$5,000.00 for fall tree planting project 2020. New PO total will be \$20,000.00

FINANCE COMMITTEE APPROVAL: (expenditures from \$15,000.01 to \$25,000.00)

Date Approved/Denied by Finance Committee:

Date to Finance:

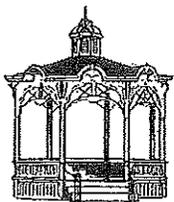
Clerk of council

- Please have all BOC items for the agenda to the Mayor's Office before 5 p.m. on Friday before the scheduled BOC meeting.
- Please have all Finance Committee items for the agenda to the Clerk of Council's Office before 5 p.m. on Tuesday before the scheduled Finance Committee meeting.

Thank you.

Revised:

6/1/2018



City of Medina

132 North Elmwood Ave P.O. Box 703
Medina, OH 44258
PH: 330-725-8861
FAX: 330-722-9058

PURCHASE ORDER

No. 2020000721

Show this Purchase Order Number on all correspondence, invoices, shipping papers and packages.

DELIVER AND SHIP TO THIS DEPT.

FORESTRY DEPARTMENT
CITY OF MEDINA
132 N ELMWOOD AVE
MEDINA OH 44256

NAME AND ADDRESS OF VENDOR

D00120
DAVIS TREE FARM & NURSERY INC
6126 NEFF RD
VALLEY CITY OH 44280-9530

PURCHASE ORDER DATE
01/27/20

TERMS:

1. City of Medina is exempt from excise or sales tax.
2. Purchase order number must appear on all invoices, packages, packing slips, shipping papers and all other correspondence.
3. Delivery must be prepaid to destination shown above or billed to same.
4. No change may be made in this order without consent of the Director of Finance.

DO NOT DUPLICATE THIS ORDER

LINE NO.	DESCRIPTION	ACCOUNT NUMBER	QUANTITY ORDERED	UNIT MEAS.	UNIT PRICE	EXTENSION
001	RB-TREES SPRING/FALL PLANTINGS REGULAR BLANKET BOC APPROVED 01/27/2020	001-0420-54411	0		.00	15000.00
				4/24	92681	7,710.00
				5/29	93596	500.00
						<u>7,290.00</u>
						<u>6,790.00</u>
TOTAL AMOUNT NOT TO EXCEED						15000.00

Order is to be entered in accordance with prices, delivery and specifications shown above.

ERAL TAX ID:
J4-6001856

THEN AND NOW CERTIFICATION

I hereby certify that the amount necessary to meet this obligation was then (at time of the order or contract) and is now lawfully appropriated for such purpose and was then and is now in the Treasury and free from previous encumbrances.

This amount has been lawfully appropriated for such purpose and is in the treasury or in process of collection.

SEND ALL INVOICES TO:
City of Medina
132 North Elmwood Ave
P.O. Box 703
Medina, OH 44258

Keith W. Dinkham
DIRECTOR OF FINANCE

AUTHORIZED SIGNATURE

Analysis of Current and Expanded Staffing
Medina Fire Department 9-17-20

CURRENT STAFFING		
Operating Budget		\$1,182,522
	Call Vol. %	
City	57%	\$666,667
Med. Twp	24%	\$286,389
Mont. Twp	19%	\$229,466

EXPANDED STAFFING (Majors/Weekends)		
Extra Costs		\$440,635
	Call Vol. %	
City	57%	\$248,416
Med. Twp	24%	\$106,715
Mont. Twp	19%	\$85,504

TOTAL COST 24/7 STAFFING		
Total Operating Budget		\$1,623,157
	Call Vol. %	
City	57%	\$915,084
Med. Twp	24%	\$393,104
Mont. Twp	19%	\$314,970

CURRENT STATION		
M-F	8a-4p	3 firefighters
M-F	4p-midnight	4 firefighters

EXPANDED STATION		
M-F	Midnight -8a	4 Firefighters
Saturday & Sunday	24 hours	4 Firefighters

INCIDENT RESPONSE			
	City	Med Twp	Mont Twp
2019	711	340	260
2020 (through August)	433	186	149

DRAFT ONLY

** Budget numbers and Staffing subject to City Council approval

2019
December

Calls by Incident Type

	2019			Total
	Medina City	Montville Township	Medina Township	
Alarm Drops	150	39	69	258
Electrical Problem	23	5	14	42
EMS Assist	136	35	53	224
Extrications	14	14	16	44
Fires	49	16	15	80
Good Intent Calls	109	61	59	229
Leaks, Spills	75	26	29	130
Lightning / Storm	1			1
Service Calls, Other	154	64	85	303
Grand Total	711	260	340	1,311

Call Volume by District

Calls by Hour

2019

	Medina City	Montville Township	Medina Township	Total
0	8	5	6	19
1	4	1	1	6
2	10	1	4	15
3	5	2	2	9
4	8	5	4	17
5	10	1	2	13
6	13	4	4	21
7	24	12	9	45
8	29	14	18	61
9	37	14	19	70
10	40	15	21	76
11	48	14	31	93
12	45	16	23	84
13	49	22	19	90
14	47	17	22	86
15	40	10	11	61
16	48	16	29	93
17	38	15	30	83
18	50	21	26	97
19	53	15	14	82
20	36	20	8	64
21	23	10	17	50
22	28	2	13	43
23	18	8	7	33
Grand Total	711	260	340	1,311

Call Volume by District

Calls by Day of Week

	2019			
	Medina City	Montville Township	Medina Township	Total
Sunday	59	27	29	115
Monday	113	37	49	199
Tuesday	110	39	57	206
Wednesday	112	39	64	215
Thursday	125	49	51	225
Friday	118	50	62	230
Saturday	74	19	28	121
Grand Total	711	260	340	1,311

Call Volume by District

1st Shift Calls Weekdays

2019

	Medina City	Montville Township	Medina Township	Total
January	17	6	7	30
February	32	9	11	52
March	19	4	19	42
April	21	6	6	33
May	13	10	10	33
June	20	5	10	35
July	34	11	12	57
August	28	10	10	48
September	28	13	7	48
October	23	12	13	48
November	29	14	18	61
December	23	6	19	48
Grand Total	287	106	142	535

Call Volume by District
Monday through Friday
Includes Non-Emergency Calls

2nd Shift Calls Weekdays

	2019			Total
	Medina City	Montville Township	Medina Township	
January	25	9	16	50
February	23	7	9	39
March	18	4	9	31
April	15	3	9	27
May	20	10	8	38
June	21	15	8	44
July	17	7	17	41
August	20	8	9	37
September	15	4	8	27
October	25	6	12	43
November	15	7	6	28
December	25	5	8	38
Grand Total	239	85	119	443

Call Volume by District
Monday through Friday
Includes Non-Emergency Calls

3rd Shift Calls Weekdays

2019

	Medina City	Montville Township	Medina Township	Total
January	5	8	3	16
February	6	2	1	9
March	4	1	2	7
April	4			4
May	3	3	1	7
June	4	2	2	8
July	6	3	2	11
August	1		1	2
September	1		1	2
October	5		1	6
November	7	1	5	13
December	6	3	3	12
Grand Total	52	23	22	97

Call Volume by District
Monday through Friday
Includes Non-Emergency Calls

Full Day Calls Weekdays

	2019			Total
	Medina City	Montville Township	Medina Township	
January	47	23	26	96
February	61	18	21	100
March	41	9	30	80
April	40	9	15	64
May	36	23	19	78
June	45	22	20	87
July	57	21	31	109
August	49	18	20	87
September	44	17	16	77
October	53	18	26	97
November	51	22	29	102
December	54	14	30	98
Grand Total	578	214	283	1,075

Call Volume by District
Monday through Friday
Includes Non-Emergency Calls

1st Shift Calls Weekends

	2019			
	Medina City	Montville Township	Medina Township	Total
January	3	1	2	6
February	4		1	5
March	3	2	2	7
April	6	1	1	8
May	3		2	5
June	2		2	4
July	4	1	2	7
August	7	1	6	14
September	4	1		5
October	4	4	2	10
November	3	2	1	6
December	5	3	1	9
Grand Total	48	16	22	86

Call Volume by District
Weekends
Includes Non-Emergency Calls

2nd Shift Calls Weekends

	2019			Total
	Medina City	Montville Township	Medina Township	
January	3	3		6
February	8	2	1	11
March	4		4	8
April	5	1	2	8
May	6	3	5	14
June	5		3	8
July	3	2	1	6
August	3	2	2	7
September	3	2	3	8
October	5	4	2	11
November	5	2	1	8
December	5	1	1	7
Grand Total	55	22	25	102

Call Volume by District
Weekends
Includes Non-Emergency Calls

3rd Shift Calls Weekends

2019

	Medina City	Montville Township	Medina Township	Total
January	2	1	2	5
February	1			1
March	2	1		3
April	2			2
May		1		1
June	9	1	1	11
July	4			4
August		1	1	2
September	3		2	5
October	3	2	1	6
November	1		2	3
December	3	1	1	5
Grand Total	30	8	10	48

Call Volume by District
Weekends
Includes Non-Emergency Calls

Full Day Calls Weekends

	2019			Total
	Medina City	Montville Township	Medina Township	
January	8	5	4	17
February	13	2	2	17
March	9	3	6	18
April	13	2	3	18
May	9	4	7	20
June	16	1	6	23
July	11	3	3	17
August	10	4	9	23
September	10	3	5	18
October	12	10	5	27
November	9	4	4	17
December	13	5	3	21
Grand Total	133	46	57	236

Call Volume by District
Weekends
Includes Non-Emergency Calls

1st Shift Response Times Weekdays

	2019			Total
	Medina City	Montville Township	Medina Township	
January	6.86	14.50	10.60	9.29
February	7.31	10.00	7.25	7.43
March	9.00	16.00	9.00	9.88
April	5.80	15.33	4.00	8.30
May	7.20	12.75	8.40	8.68
June	7.46	12.67	9.00	8.55
July	8.63	17.00	16.00	9.50
August	7.00	9.71	12.00	8.45
September	6.64	11.50	6.33	7.52
October	9.29	11.14	9.00	9.74
November	7.06	12.40	9.10	8.58
December	4.90	9.67	7.73	6.79
Grand Total	7.21	11.95	8.67	8.45

Average Call Response Times
Monday through Friday
Excludes Non-Emergency Calls

2nd Shift Response Times Weekdays

	2019			Total
	Medina City	Montville Township	Medina Township	
January	8.75	9.00	10.86	9.45
February	11.19	13.75	8.71	10.93
March	5.70	11.50	7.50	6.88
April	6.63	5.00	9.50	7.67
May	6.64	13.67	9.50	9.19
June	9.00	10.56	9.25	9.56
July	9.22	5.50	10.00	8.93
August	11.71	11.33	11.14	11.40
September	7.00	10.67	16.50	9.50
October	7.71	6.00	8.63	7.88
November	7.90	7.67	7.00	7.73
December	9.40	13.00	7.60	9.14
Grand Total	8.53	10.62	9.52	9.16

Average Call Response Times
Monday through Friday
Excludes Non-Emergency Calls

3rd Shift Response Times Weekdays

	2019			Total
	Medina City	Montville Township	Medina Township	
January	9.33	16.00	15.00	12.50
February	9.00	18.50		12.80
March		11.00	26.00	18.50
April	3.00			3.00
May	6.50	16.00	6.00	8.75
June	11.25	18.00	12.00	12.50
July	12.60	13.00		12.67
September	11.00			11.00
October	7.00		10.00	7.60
November	13.25		7.50	11.33
December	8.67	9.00	12.00	10.14
Grand Total	9.90	15.11	12.00	11.29

Average Call Response Times
Monday through Friday
Excludes Non-Emergency Calls

Full Day Response Times Weekdays

	2019			Total
	Medina City	Montville Township	Medina Township	
January	8.227	12.571	11.077	9.833
February	9.229	14.571	8.182	9.717
March	6.250	12.500	10.100	8.692
April	6.071	12.750	8.125	7.731
May	6.870	13.545	8.600	8.932
June	8.645	11.615	9.444	9.509
July	9.467	10.250	11.200	9.769
August	8.833	10.462	11.333	9.925
September	6.955	11.143	10.400	8.324
October	8.040	10.000	8.889	8.673
November	8.167	10.625	8.571	8.654
December	7.714	10.200	8.368	8.192
Grand Total	8.097	11.652	9.313	9.045

Average Call Response Times
Monday through Friday
Excludes Non-Emergency Calls

1st Shift Response Times Weekends

	2019			Total
	Medina City	Montville Township	Medina Township	
January	5.00			5.00
March		10.00		10.00
May	9.00			9.00
June	17.00			17.00
July	12.00	13.00		12.50
August			8.00	8.00
September	8.00			8.00
October	9.00			9.00
December	5.33			5.33
Grand Total	8.46	11.50	8.00	8.72

Average Call Response Times
Weekends
Excludes Non-Emergency Calls

2nd Shift Response Times Weekends

	2019			Total
	Medina City	Montville Township	Medina Township	
January	10.000			10.000
February	6.000	15.000	8.000	7.571
March	8.500			8.500
April	8.000			8.000
May			10.333	10.333
June	12.667		8.667	10.667
July	6.500			6.500
August		9.000		9.000
September	10.500		10.000	10.333
October	10.000		10.000	10.000
November	8.000	10.000		9.000
December	12.500			12.500
Grand Total	9.000	11.333	9.500	9.364

Average Call Response Times
Weekends
Excludes Non-Emergency Calls

3rd Shift Response Times Weekends

	2019			Total
	Medina City	Medina Township	Montville Township	
April	15.00			15.00
June	13.83			13.83
July	8.00			8.00
August		14.00		14.00
September	12.00	3.00		9.00
October	10.00		12.00	10.67
November	10.00	11.00		10.67
December	11.50			11.50
Grand Total	11.71	9.75	12.00	11.36

Average Call Response Times
Weekends
Excludes Non-Emergency Calls

Full Day Response Times Weekends

	2019			Total
	Medina City	Montville Township	Medina Township	
January	7.500			7.500
February	6.000	15.000	8.000	7.571
March	8.500	10.000		9.000
April	11.500			11.500
May	9.000		10.333	10.000
June	13.800		8.667	12.615
July	8.167	13.000		8.857
August		9.000	9.500	9.400
September	9.857		6.500	9.111
October	9.500	12.000	10.000	9.889
November	9.000	10.000	11.000	10.000
December	9.143			9.143
Grand Total	9.780	11.500	9.294	9.808

Average Call Response Times
Weekends
Excludes Non-Emergency Calls

Calls by Incident Type

	2020			Grand Total
	Medina City	Montville Township	Medina Township	
Alarm Drops	72	22	29	123
Citizen Complaints	2		1	3
Electrical Problem	10	5	2	17
EMS Assist	107	32	31	170
Extrications	6	6	11	23
Fires	35	7	9	51
Good Intent Calls	79	37	32	148
Leaks, Spills	30	8	18	56
Lightning / Storm	6			6
Service Calls, Other	85	32	53	170
Grand Total	432	149	186	767

Call Volume by District

2020
August

Calls by Hour

	2020			
	Medina City	Montville Township	Medina Township	Total
0	11	3	3	17
1	4	4	2	10
2	6	1	1	8
3	3	1	1	5
4	6	1	3	10
5	3		2	5
6	3	1		4
7	12	5	2	19
8	21	8	6	35
9	26	7	13	46
10	26	8	13	47
11	24	11	12	47
12	27	6	16	49
13	30	15	20	65
14	28	5	18	51
15	26	10	8	44
16	23	9	10	42
17	24	8	9	41
18	26	9	16	51
19	23	9	7	39
20	32	12	4	48
21	16	7	9	32
22	16	4	8	28
23	16	5	3	24
Grand Total	432	149	186	767

Call Volume by District

Calls by Day of Week

	2020			
	Medina City	Montville Township	Medina Township	Total
Sunday	29	10	14	53
Monday	75	19	24	118
Tuesday	67	32	33	132
Wednesday	84	29	31	144
Thursday	58	30	29	117
Friday	75	20	33	128
Saturday	44	9	22	75
Grand Total	432	149	186	767

Call Volume by District

1st Shift Calls Weekdays

	2020			Total
	Medina City	Montville Township	Medina Township	
January	30	7	12	49
February	22	10	18	50
March	21	8	12	41
April	19	4	8	31
May	22	8	5	35
June	28	12	10	50
July	16	13	12	41
August	18	2	8	28
Grand Total	176	64	85	325

Call Volume by District
Monday through Friday
Includes Non-Emergency Calls

2nd Shift Calls Weekdays

	2020			Total
	Medina City	Montville Township	Medina Township	
January	15	11	7	33
February	16	8	4	28
March	23	5	6	34
April	23	4	4	31
May	20	5	13	38
June	18	5	8	31
July	20	10	6	36
August	12	6	7	25
Grand Total	147	54	55	256

Call Volume by District
Monday through Friday
Includes Non-Emergency Calls

3rd Shift Calls Weekdays

	2020			Total
	Medina City	Montville Township	Medina Township	
January	1	3	1	5
February	4	2	1	7
March	3		1	4
April	13	3	2	18
May	5	1	1	7
June	1	2	3	6
July	6	1	1	8
August	3			3
Grand Total	36	12	10	58

Call Volume by District
Monday through Friday
Includes Non-Emergency Calls

Full Day Calls Weekdays

	2020			
	Medina City	Montville Township	Medina Township	Total
January	46	21	20	87
February	42	20	23	85
March	47	13	19	79
April	55	11	14	80
May	47	14	19	80
June	47	19	21	87
July	42	24	19	85
August	33	8	15	56
Grand Total	359	130	150	639

Call Volume by District
Monday through Friday
Includes Non-Emergency Calls

1st Shift Calls Weekends

	2020			Total
	Medina City	Montville Township	Medina Township	
January	3		1	4
February	8		7	15
March	1	1	1	3
April		1	2	3
May	3		3	6
June	7	2	1	10
July	3	1	5	9
August	7	1	1	9
Grand Total	32	6	21	59

Call Volume by District
Weekends
Includes Non-Emergency Calls

2nd Shift Calls Weekends

	2020			Total
	Medina City	Montville Township	Medina Township	
January	4	2	1	7
February	5	2	2	9
March	4	1		5
April	3		1	4
May	3	2		5
June	3	1	2	6
July	3		5	8
August	4	1		5
Grand Total	29	9	11	49

Call Volume by District
Weekends
Includes Non-Emergency Calls

3rd Shift Calls Weekends

	2020			Total
	Medina City	Montville Township	Medina Township	
January		1		1
February	1			1
March	1	1		2
April	2	1	1	4
May	4			4
June	1		3	4
July	2	1		3
August	1			1
Grand Total	12	4	4	20

Call Volume by District
Weekends
Includes Non-Emergency Calls

Full Day Calls Weekends

	2020			Total
	Medina City	Montville Township	Medina Township	
January	7	3	2	12
February	14	2	9	25
March	6	3	1	10
April	5	2	4	11
May	10	2	3	15
June	11	3	6	20
July	8	2	10	20
August	12	2	1	15
Grand Total	73	19	36	128

Call Volume by District
Weekends
Includes Non-Emergency Calls

1st Shift Response Times Weekdays

	2020			Total
	Medina City	Montville Township	Medina Township	
January	7.28	22.50	6.50	8.42
February	8.46	11.00	17.40	10.96
March	8.00	10.50	9.50	8.85
April	10.30	11.00		10.36
May	9.00	10.00	6.50	8.90
June	7.06	10.00	7.33	7.24
July	12.86	9.29	10.80	11.00
August	8.42	13.00	11.75	9.47
Grand Total	8.55	11.36	10.63	9.34

Average Call Response Times
Monday through Friday
Excludes Non-Emergency Calls

2nd Shift Response Times Weekdays

	2020			Total
	Medina City	Montville Township	Medina Township	
January	7.00	10.20	7.67	8.13
February	6.43	10.67	9.00	8.47
March	7.55	9.75	9.50	8.42
April	10.46	16.00	14.33	11.72
May	8.44	14.00	6.00	8.00
June	8.54	16.00	11.25	9.56
July	8.57	10.20	16.40	11.35
August	7.25	10.20	7.25	8.38
Grand Total	8.28	10.97	10.27	9.33

Average Call Response Times
Monday through Friday
Excludes Non-Emergency Calls

3rd Shift Response Times Weekdays

	2020			Total
	Medina City	Montville Township	Medina Township	
January		14.00	24.00	19.00
February	14.00			14.00
March	8.50		15.00	10.67
April	7.00		9.00	7.50
May	15.00			15.00
June		17.00	20.50	19.33
July	9.00	36.00		15.75
August	9.50			9.50
Grand Total	8.93	22.33	16.33	12.46

Average Call Response Times
Monday through Friday
Excludes Non-Emergency Calls

Full Day Response Times Weekdays

	2020			Total
	Medina City	Montville Township	Medina Township	
January	7.192	13.750	9.125	8.810
February	8.048	10.818	15.000	10.077
March	7.800	10.000	10.111	8.771
April	9.690	14.333	12.200	10.405
May	9.040	11.000	6.143	8.694
June	7.700	14.333	12.000	9.095
July	10.412	11.692	13.600	11.625
August	8.278	10.667	9.500	9.031
Grand Total	8.473	11.759	11.000	9.584

Average Call Response Times
Monday through Friday
Excludes Non-Emergency Calls

1st Shift Response Times Weekends

	2020			Total
	Medina City	Montville Township	Medina Township	
February	13.500			13.500
March		12.000	13.000	12.500
May	6.000			6.000
June	5.500			5.500
July	8.000		10.333	9.750
August	8.000	8.000		8.000
Grand Total	8.444	10.000	11.000	9.333

Average Call Response Times
Weekends
Excludes Non-Emergency Calls

2nd Shift Response Times Weekends

	2020			Total
	Medina City	Montville Township	Medina Township	
January	6.00		19.00	12.50
February		11.00		11.00
March	3.00			3.00
April	10.00			10.00
May		11.00		11.00
June	7.00	13.00	17.00	12.33
July			7.00	7.00
Grand Total	5.80	11.67	12.50	9.50

Average Call Response Times
Weekends
Excludes Non-Emergency Calls

3rd Shift Response Times Weekends

	2020		Total
	Medina City	Medina Township	
March	12.000		12.000
April	18.500	15.000	17.333
May	12.000		12.000
June	10.000	9.500	9.667
July	11.500		11.500
August	12.000		12.000
Grand Total	13.250	11.333	12.727

Average Call Response Times
Weekends
Excludes Non-Emergency Calls

Full Day Response Times Weekends

	2020			Total
	Medina City	Montville Township	Medina Township	
January	6.00		19.00	12.50
February	13.50	11.00		12.67
March	6.00	12.00	13.00	8.60
April	15.67		15.00	15.50
May	9.00	11.00		9.67
June	7.00	13.00	12.00	9.63
July	10.33		9.00	9.50
August	9.00	8.00		8.80
Grand Total	9.59	11.00	11.64	10.37

Average Call Response Times
Weekends
Excludes Non-Emergency Calls

REQUEST FOR COUNCIL ACTION

No. RCA 20-186-9/28
Committee: Finance

FROM: Gregory Huber
DATE: September 8, 2020
SUBJECT: Authorization of payment greater than or equal to \$20,000 in accordance with ORC 5705.41 (D) (1)

SUMMARY AND BACKGROUND:

In accordance with ORC 5705.41 (D) (1), I respectfully request that Council pass a ^{AN ORDINANCE} resolution authorizing the increase of purchase order 20-625 by \$30,000 to a total of \$45,000. Vendor number W00058 Walter Haverfield, LLP.

This request for Council Action shall serve as the Finance Director's certification that there was at the time of the making of this contract and there is at the time of the execution of this certificate a sufficient sum appropriated for the purpose of such contract and in the treasury or in process of collection to the credit of the appropriate fund free from any previous encumbrances.

ORC 5705.41 (D) (1):

Except as otherwise provided in division (D)(2) of this section and section 5705.44 of the Revised Code, make any contract or give any order involving the expenditure of money unless there is attached thereto a certificate of the fiscal officer of the subdivision that the amount required to meet the obligation or, in the case of a continuing contract to be performed in whole or in part in an ensuing fiscal year, the amount required to meet the obligation in the fiscal year in which the contract is made, has been lawfully appropriated for such purpose and is in the treasury or in process of collection to the credit of an appropriate fund free from any previous encumbrances. This certificate need be signed only by the subdivision's fiscal officer. Every such contract made without such a certificate shall be void, and no warrant shall be issued in payment of any amount due thereon. If no certificate is furnished as required, upon receipt by the taxing authority of the subdivision or taxing unit of a certificate of the fiscal officer stating that there was at the time of the making of such contract or order and at the time of the execution of such certificate a sufficient sum appropriated for the purpose of such contract and in the treasury or in process of collection to the credit of an appropriate fund free from any previous encumbrances, such taxing authority may authorize the drawing of a warrant in payment of amounts due upon such contract, but such resolution or ordinance shall be passed within thirty days after the taxing authority receives such certificate; provided that, if the amount involved is less than one hundred dollars in the case of counties or three thousand dollars in the case of all other subdivisions or taxing units, the fiscal officer may authorize it to be paid without such affirmation of the taxing authority of the subdivision or taxing unit, if such expenditure is otherwise valid.

Estimated Cost:

Suggested Funding:

- sufficient funds in Account No.
- transfer needed from Account No. to Account No.
- NEW APPROPRIATION needed in Account No.

Emergency Clause Requested: Yes

Reason: Vendor is waiting for payment. We would appreciate the resolution being passed through Finance Committee and Council at the meeting.

COUNCIL USE ONLY:

Committee Action/Recommendation:

Council Action Taken:

Ord./Res.

Date:

WALTER | HAVERFIELD^{LLP}
Attorneys At Law

P.O. Box 75568, Cleveland Ohio 44101
216-928-2906
billing@walterhav.com

LEADING EXPERTISE. EXCEPTIONAL VALUE.

August 26, 2020

Gregory A. Huber
Director of Law
132 N. Elmwood Avenue
P.O. Box 703
Medina, OH 44258

Invoice #: 403086
Client #: 17032
Matter #: 00004
Originating Attorney: RTH

INVOICE SUMMARY

For professional services rendered through July 31, 2020:

RE: General Municipal Matters

Professional Services	\$ 3,055.00
Expenses Advanced	<u>\$ 51.96</u>
TOTAL THIS INVOICE	\$ 3,106.96

PO # _____ Line # 2
Partial OK completed
Date: _____
Approved: [Signature]

WALTER | HAVERFIELD^{LLP}
Attorneys At Law

P.O. Box 75568, Cleveland Ohio 44101
216-928-2906
billing@walterhav.com

LEADING EXPERTISE. EXCEPTIONAL VALUE:

August 26, 2020

Gregory A. Huber
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132 N. Elmwood Avenue
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Invoice #: 403086
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INVOICE SUMMARY

For professional services rendered through July 31, 2020:

RE: General Municipal Matters

Professional Services	\$ 3,055.00
Expenses Advanced	<u>\$ 51.96</u>
TOTAL THIS INVOICE	\$ 3,106.96

LEADING EXPERTISE. EXCEPTIONAL VALUE!

August 26, 2020

Gregory A. Huber
Director of Law
132 N. Elmwood Avenue
P.O. Box 703
Medina, OH 44258

Invoice #: 403088
Client #: 17032
Matter #: 00023
Originating Attorney: RTH

INVOICE SUMMARY

For professional services rendered through July 31, 2020:

RE: State of Ohio ex rel. Save Your Courthouse Comm v. City of Medina, et al.

Professional Services	\$ 5,108.00
TOTAL THIS INVOICE	\$ 5,108.00

PO # _____ Line # _____
Partial _____ Complete _____
Date: _____
Approved: *JK* _____
LS

WALTER | HAVERFIELD ^{LLP}
Attorneys At Law

P.O. Box 75568, Cleveland Ohio 44101
216-928-2906
billing@walterhav.com

LEADING EXPERTISE. EXCEPTIONAL VALUE:

August 26, 2020

Gregory A. Huber
Director of Law
132 N. Elmwood Avenue
P.O. Box 703
Medina, OH 44258

Invoice #: 403088
Client #: 17032
Matter #: 00023
Originating Attorney: RTH

REMITTANCE ADVICE

RE: State of Ohio ex rel. Save Your Courthouse Comm v. City of Medina, et al.

BALANCE DUE THIS INVOICE

\$ 5,108.00

To pay by check send payment to:
(Please return this advice with payment)

Walter | Haverfield LLP
P.O. Box 75568
Cleveland, Ohio 44101

For Wire Transfers

Walter | Haverfield LLP
Huntington National Bank
Cleveland, Ohio 44114
Routing No.: 044000024
Account No.: 01668425521
Swift Code No.: HUNTUS33

For ACH and Other Funds Transfers

Walter | Haverfield LLP
Huntington National Bank
Cleveland, Ohio 44114
Routing No.: 041000153
Account No.: 01668425521
Swift Code No.: HUNTUS33

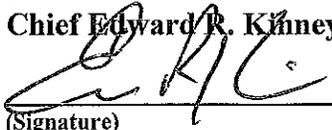
Please reference this invoice number with your remittance

FEDERAL TAX ID: 34-0602148

REQUEST FOR COUNCIL ACTION

No. RCA 20-187-9/28

**From: POLICE DEPARTMENT
Chief Edward R. Kinney**



(Signature)

Committee
Mayor's Initials: _____

Finance

Guidelines: See information on back of form

Date: 9/22/20

Subject: Outfitting of two new 2021 Ford Explorer

Summary and Background: Halls Public Safety has provided this estimate to outfit two new Ford Explorers for police department use.

Estimated Cost: \$24,355.12

Suggested Funding: 106-0101-53321

Sufficient Funds in Account: Yes

Transfer Needed From: _____ **To:** _____

New Appropriation Needed: N/A

Account No:

Emergency Clause Requested:

No **Yes** **If yes, reason:**

Council Use Only:

Committee Recommendation:

Council Action Taken:

Ord./Res.No:
Date:



Estimate
EST-8565

Hall Public Safety Upfitters
Corporate Office
8291 Darrow Rd.
Twinsburg, Ohio 44087
855-387-3911
Hallpublicsafety.com

Remit to/Mailing Address
12400 Beechlawn Ave. N.E.
Alliance, Ohio 44601

Customer
Medina City Police Department

Attn: Lt. Marcum
150 W. Friendship St.
Medina, Ohio 44256

Estimate Date : September 21, 2020
Expiration Date : October 21, 2020
Project : 2021 Ford PIU- car 105
and 107
Sales rep : Jason Hall

Ship To
Attn: Lt. Marcum
150 W. Friendship St.
Medina, Ohio 44256

#	Item & Description	Qty	Rate	Amount
1	**Reuse- front partition, gun rack, radio, radar, camera system and computer	1.00	0.00	0.00
2	Setina Tall Mans Partition Transfer Kit for a *2020 Utility Interceptor with Recess Panels and 2 PC Lower Extension Panels SKU : PT2185ITU20TM	2.00 EA	250.09	500.18
3	Setina Stand Alone OEM Replacement Transport Seat, with #12 Coated Polycarbonate Cargo Partition, Center Pull Seat Belt for 2020 Utility Interceptor SKU : QK0566ITU20	2.00 EA	1,056.83	2,113.66
4	Setina Aluminum Push Bumper for 2020 Utility Interceptor SKU : PB400SUV-UJINT20	2.00 EA	391.21	782.42
5	Whelen Cencom Core Amplifier Control Module SKU : C399	2.00 EA	993.52	1,987.04
6	Whelen Installation Kit for Cencom Core Series for 2020 Ford Interceptor Utility WITHOUT 61B Factory Option SKU : C399K4	2.00 EA	0.00	0.00
7	Whelen Core controller 8 push buttons, 4 position slide switch, 7 position rotary knob and traffic advisor buttons SKU : CCTL6	2.00 EA	0.00	0.00
8	Whelen WeCanX 16 Output Expansion Module SKU : CEM16	2.00 EA	167.04	334.08
9	Whelen Vehicle to Vehicle Module, Includes internal Antenna SKU : CV2V	2.00 EA	212.40	424.80
10	Whelen compact 100 W Composite Speaker SKU : SA315P	2.00 EA	197.82	395.64

#	Item & Description	Qty	Rate	Amount
11	Whelen SA315 Mount Kit, "2020 Utility Interceptor Driver Side SKU : SAK66D	2.00 EA	0.00	0.00
12	Whelen vertex LED light- Red SKU : VTX609R	2.00 EA	79.99	159.98
13	Whelen vertex LED light- Blue SKU : VTX609B	2.00 EA	79.99	159.98
14	Whelen vertex LED light- Clear SKU : VTX609C 4 corner	8.00 EA	79.99	639.92
15	Whelen ION Duo Red/White SKU : I2D front push bumper	2.00 EA	138.40	276.80
16	Whelen ION Duo Blue/White SKU : I2E front push bumper	2.00 EA	138.40	276.80
17	Whelen ION Duo Red/Blue SKU : I2J rear window and rear side windows	8.00 EA	138.40	1,107.20
18	Whelen ION T-Series Linear DUO Blue/White SKU : TL12E side of push bumper and rear gate	4.00 EA	125.60	502.40
19	Whelen ION-T Series Linear DUO Red/White SKU : TL12D side of push bumper and rear gate	4.00 EA	125.60	502.40
20	Whelen 54" Legacy DUO WeCanX Lightbar- Red/Blue with white front and amber rear SKU : EB25P3j	2.00 EA	1,999.99	3,999.98
21	Whelen Lightbar Mount Kit for 2020 Utility Interceptor SKU : MK105	2.00 EA	59.99	119.98
22	Hint Equipment Installation Case for SETINA Rear Cargo Partition with CUTOOUT for 2020 PIU only SKU : OEM-HALL-EIC-7712-20-SETINA	2.00 EA	296.25	592.50
23	Havis Charge Guard battery saver/timer SKU : CG-X	2.00 EA	75.43	150.86
24	Able 2 Accessory Triplet outlet SKU : 14.0553	2.00 EA	26.60	53.20
25	Secure Idle Ignition System for Interceptor Sedan and SUV with LED Round Switch SKU : SI240-T-IH-LED	2.00 EA	190.00	380.00
26	Sound Off Dome light- red/white LED light, universal mount SKU : ECVDMLTALOO office area	2.00 EA	72.54	145.08
27	Whelen 3' Round LED compartment light, white SKU : 3SC0CDRCR prisoner area	2.00 EA	54.00	108.00

#	Item & Description	Qty	Rate	Amount
28	Gamber Johnson Console with printer armrest and cup holder for 2020 Utility Interceptor SKU : 7170-0734-02	2.00 EA	649.92	1,299.84
29	Gamber Johnson Faceplate for Kenwood TK8360 SKU : 7140-0345	2.00 EA	0.00	0.00
30	Gamber Johnson Faceplate for Whelen Cencom SKU : 7160-0339	2.00 EA	0.00	0.00
31	Gamber Johnson 9" mongoose locking slide arm with motion device SKU : 7160-0220	2.00 EA	258.69	517.38
32	Labor - Mobile SKU : Labor - Mobile Remove needed equipment from old cruiser	2.00	250.00	500.00
33	Labor - Mobile SKU : Labor - Mobile Install lightbar, console, mobile radio and antenna, siren/lightbar controller, 6 corner LED kit, push bumper, grill lights, rear side window lights, rear deck lights, MDT system, camera system, front partition with gun rack, rear partition, rear seat and misc. other items, wire in and test.	2.00	2,700.00	5,400.00
34	Misc. wires Misc. wires, connectors, supplies and hardware	2.00 EA	225.00	450.00
			Sub Total	23,880.12
			Shipping charge	475.00
			Total	\$24,355.12

Notes

Thank you for your business !!

****Remit to/Mailing Address****
12400 Beechlawn Ave.
Alliance, Ohio 44601

Terms & Conditions

Estimate is good for 30 days

REQUEST FOR COUNCIL ACTION

No. RCA 20-188-9/28
Committee: Finance

FROM: Medina Municipal Court
DATE: September 21, 2020
SUBJECT: Retro Pay and Health Care Coverage

SUMMARY AND BACKGROUND:

Medina Municipal Court respectfully request that Council approve the retro pay for Probation Officer Amy Darr and Angela Kiss. PO Amy Darr and PO Angela Kiss positions are currently funded through the JRIG and CCA Grant. Retro pay would be from July 1, 2020, at the rate of \$26.24 and this would also reflect their pay rate until June 30, 2021.

Medina Municipal Court is also requesting Council approve health care coverage change for Probation Officer Angela Kiss. Angela Kiss is currently a full time employee and her salary is paid by the CCA Grant. Ms. Kiss currently receives health benefits through her spouse's employer. As of January 1, 2021, Angela Kiss and her family will not be receiving health insurance through her spouse's employer. Therefore, she will be receiving health coverage through the City of Medina. Angela's health care expenses will be covered by the CCA Grant for January 2021, and February 2021 through June 30, 2021 through JRIG Grant.

Estimated Cost:

Suggested Funding:

- sufficient funds in Account No.
- transfer needed from Account No. _____ to Account No. _____
- NEW APPROPRIATION needed in Account No. _____

Emergency Clause Requested: Yes

Reason: Retro pay for July, August and September. Health care coverage for Angela Kiss and her family to begin January 2021.

COUNCIL USE ONLY:

Committee Action/Recommendation:

Council Action Taken:

Ord./Res.
Date:

Section 1 - changes to the budget pages

CCA Grant

Identify Grant Agreement Budget Revision Request purpose by checking one or more boxes.

(Revisions)

Budget Revision - Line Item Revision (moving money between categories)

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Moving money within the same category

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Non-Monetary Changes (Substituting an item without changing the expense)

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Moving money between two or more applications (programs) within the same funding line (407 program to 407 program OR 408 program to 408 program or from CBCF Residential to CBCF Non-Residential)

Indicate if THIS application is Increasing or Decreasing its Budget: Increasing Decreasing

If the program is Increasing its budget, please indicate each program type and amount that is moving money INTO this application (Where is the money coming from to support this increase) :

\$0
\$0
\$0
\$0
\$0
\$0

Amount THIS application is Increasing or Decreasing: \$0

Cost Category	Approved Budget	Revision Difference	Revised Budget
Personnel Costs	\$229,818	\$1,181	\$230,999
General Operating Expenses	\$1,532	(\$1,181)	\$351
Program Expenses	\$32,178	\$0	\$32,178
Equipment	\$0	\$0	\$0
Total Budget	\$263,528	\$0	\$263,528

All numbers must be whole numbers

Budget Revision Justification. Provide a detailed justification of the proposed change(s) and the effect the change(s) will have on the project.

The CCA grant was written to include a 1.5% cost of living increase to the hourly salaries for Amy Darr and Angela Kiss for FY21. However, the City of Medina recently announced that the cost of living increase will be 2.5%. Therefore, funds will be reduced from General Operating Expenses and funds will be increased in Personnel.

The CCA grant was written to list the hourly salary for Amy Darr and Angela Kiss as \$25.96. With the 2.5% cost of living increase, the actual hourly salary will be \$26.24, and increase of \$.28/hour. The grant will be revised as follows:

DELETE the following expenses from General Operating Expenses:

\$363 from mileage

\$200 from office supplies

REDUCE \$618 from conference/seminar

Total Reductions from General Operating Expenses: \$1181

The above reductions will be used for Personnel, to fund the cost of living increase and resulting increase in fringe benefits for FY21 for Amy Darr and Angela Kiss as follows:

7/1/20-6/30/20

Salary increase

Amy Darr \$.28 x 1482 hours = \$415

Angela Kiss \$.28 x 2080 hours = \$582

Total Salary Increase = \$997

Fringe Benefits

PERS .14 x \$997 = \$140

Workers Comp .03 x \$997 = \$30

Medicare .0145 x \$997 = \$14

Total Fringe Benefit increase = \$184

Total Personnel Increase: \$1181

Section 2 - changes to the non-budget pages (application pages)

Identify Program Revision Request purpose by checking the following box.

Goals/Objectives/Program Changes (any changes to program description pages within the application)

Program Revision Justification. Provide a detailed justification of the proposed change(s) and the effect the change(s) will have on the project.

Section 3 - Supporting Documentation (if necessary)

Form/Document Upload(s). Use this section if providing additional justification or documents for the above request for both Section 1 and 2.

Title of Document

Section 1 - changes to the budget pages

Identify Grant Agreement Budget Revision Request purpose by checking one or more boxes.

Budget Revision - Line Item Revision (moving money between categories)

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Moving money within the same category

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Non-Monetary Changes (Substituting an item without changing the expense)

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Moving money between two or more applications (programs) within the same funding line (407 program to 407 program OR 408 program to 408 program or from CBCF Residential to CBCF Non-Residential)

Indicate if THIS application is Increasing or Decreasing its Budget: Increasing Decreasing

If the program is Increasing its budget, please indicate each program type and amount that is moving money INTO this application (Where is the money coming from to support this increase) :

\$0
\$0
\$0
\$0
\$0
\$0

Amount THIS application is Increasing or Decreasing: \$0

Cost Category	Approved Budget	Revision Difference	Revised Budget
Personnel Costs	\$230,999	(\$565)	\$230,434
General Operating Expenses	\$351	\$565	\$916
Program Expenses	\$32,178	\$0	\$32,178
Equipment	\$0	\$0	\$0
Total Budget	\$263,528	\$0	\$263,528

All numbers must be whole numbers

Budget Revision Justification. Provide a detailed justification of the proposed change(s) and the effect the change(s) will have on the project.

Angela Kiss is currently a full time employee, and her salary is paid by the CCA grant. She has received health insurance benefits from her spouse. Per City of Medina policy, Ms. Kiss has received a stipend in the amount of \$425/month, because she has chosen not to receive health insurance through the City of Medina. As of January 1, 2021, Ms. Kiss and her family will not be receiving health insurance through her spouse's employer. Therefore, she will be receiving health insurance through the City of Medina, paid by the CCA grant and the JRIG grant. The monthly cost of health insurance is \$1985.

CCA Grant Revision: Budget Revision 2

The grant was written to include 24 months of the stipend for alternate health insurance coverage. This amount will be reduced to 18 months (July 2019-December 2020). The money allocated for the stipend for alternate coverage for the six months from January 1, 2021 until June 30, 2021 ($\$425 \times 6 \text{ months} = \2550) will be used to pay the January payment for Ms. Kiss's health insurance.

The additional \$565 will be transferred to the "staff training and development" section of General Operating Expenses. This will be used to pay for training/online seminars for Angela Kiss and Amy Darr. This will allow them to meet their mandatory training hours for the year.

Section 2 - changes to the non-budget pages (application pages)

Identify Program Revision Request purpose by checking the following box.

Goals/Objectives/Program Changes (any changes to program description pages within the application)

Program Revision Justification. Provide a detailed justification of the proposed change(s) and the effect the change(s) will have on the project.

Section 3 - Supporting Documentation (if necessary)

Form/Document Upload(s). Use this section if providing additional justification or documents for the above request for both Section 1 and 2.

Title of Document

Fringe Benefits

Total Wages - autopopulated total salary amount from the Salary page(s) - This data is provided as information only and does NOT affect any calculations on the Fringe Benefits page. **\$184,583.0000**

			Rate	Wages	Total FY Expenditures
PERS/Other Retirement			0.14	\$184,583.0000	\$25,841.6200
Workers Comp			0.03	\$184,583.0000	\$5,537.4900
Unemployment					\$0
Medicare			0.0145	\$184,583.0000	\$2,676.4535
Health Insurance	Category	Number of Employees	Rate	Number of Months	
	Stipend for alternate coverage	1	425	18.00	\$7,650.0000
	Angela Kiss Health Insurance 1/1/21-1/31/21	1	1985	1.00	\$1,985.0000
		0			\$0
		0			\$0
		0			\$0
				Health Insurance Total	\$9,635.0000
Vision/Dental	Category	Number of Employees	Rate	Number of Months	
		0			\$0
		0			\$0
		0			\$0
		0			\$0
		0			\$0
				Vision/Dental Total	\$0
Life					\$0
					\$0
					\$0
Other	Category				
	Longevity Pay				\$2,160.00
					\$0
					\$0
				Fringe Benefits Total	\$45,851

Justifications

Per City of Medina salary and benefits code, the full time employee receives a monthly stipend for alternate insurance coverage. In addition, the full time employee receives longevity pay, paid out over the course of four payments during the grant cycle.

8/19/20: Stipend for alternate coverage was reduced to 18 months. January, 2021 health insurance for Angela Kiss, in the amount of \$1985, was added, per grant revision request.

Was any new information added to this page that was not included in the FY 19 application or was there information removed from this page that was included in the FY19 application?

Fringe Benefits

Yes No

If yes, please summarize below any information that was added or removed from this page.

5/19/20: "wages" were raised to \$184,583 (an increase of \$997) to reflect city of medina 2.5% cost of living increase for FY21. This resulted in an increase in fringe benefits in the amount of \$184. These funds will be transferred from General Operating Expenses, as detailed in that section.

General Operating Expenses

General Supplies	Total FY Expenditures
Office supplies	\$0
Copier supplies	\$0
Total Office Supplies	\$0

Communications	
Annual telephone	\$0
Telephone Repair / Installation	\$0
Annual Cell Phone	\$0
Annual Internet	\$0
Annual Postage	\$0
Other	\$0
Total Communications	\$0

Advertising/Printing	
Advertising	\$0
Printing	
Total Advertising/Printing	\$0

Insurance/Bonding	
Auto Insurance	\$0
Bonding/Liability	\$0
Total Insurance/Bonding	\$0

Transportation	Rate	Quantity	
Mileage Reimbursement	\$0	0	\$0
Actual gasoline			\$0
Vehicle Maintenance			\$0
Lodging and meals for non-training events	\$0		\$0
Other:	\$0		\$0
Total Transportation			\$0

Staff Training and Development	Rate	Quantity	
Conference/Seminar registration	\$916.00	1	\$916.00
Name:	\$0		\$0
Lodging and Meals	\$0		\$0
Membership Fees			\$0
			\$0
			\$0
Total Staff Training and Development			\$916.00

Rentals	Rate	# of months
----------------	-------------	--------------------

General Operating Expenses

Office Space	\$0	\$0
Copier Equipment		\$0
Urinalysis Equipment		\$0
Other	\$0	\$0
Total Rentals		\$0
Utilities		
Electricity		\$0
Gas		\$0
Water/Sewage		\$0
Total Utilities		\$0
Maintenance and Repair		
	Rate	Quantity
Copier Agreement		\$0
Office Equipment Repair		\$0
Urinalysis Equipment		\$0
General Repair		\$0
Other		\$0
Total Maintenance and Repair		\$0
Total General Operating Expense		\$916

Justifications:

8/19/20: Under "staff training and development", "conference/training" is increased to \$916. The additional \$565 was transferred from Personnel, after reducing the alternate coverage stipend to 18 months and paying for one month of health insurance for Angela Kiss, per grant revision request.

Was any new information added to this page that was not included in the FY 19 application or was there information removed from this page that was included in the FY19 application?

Yes No

If yes, please summarize below any information that was added or removed from this page.

5/19/20:
 DELETE the following expenses from General Operating Expenses:
 \$363 from mileage
 \$200 from office supplies
 REDUCE \$618 from conference/seminar
 Total Reductions from General Operating Expenses: \$1181

The above reductions will be used for Personnel, to fund the cost of living increase and resulting increase in fringe benefits for FY21 for Amy Darr and Angela Kiss as follows:

7/1/20-6/30/20
 Salary increase
 Amy Darr \$.28 x 1482 hours = \$415

General Operating Expenses

Angela Kiss $\$.28 \times 2080 \text{ hours} = \582
Total Salary Increase = \$997

Fringe Benefits

PERS $.14 \times \$997 = \140
Workers Comp $.03 \times \$997 = \30
Medicare $.0145 \times \$997 = \14
Total Fringe Benefit increase = \$184

(Revisions)

Section 1 - changes to the budget pages

Identify Grant Agreement Budget Revision Request purpose by checking one or more boxes.

Budget Revision - Line Item Revision (moving money between categories)

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Moving money within the same category

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Non-Monetary Changes (Substituting an item without changing the expense)

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Moving money between two or more applications (programs) within the same funding line (407 program to 407 program OR 408 program to 408 program or from CBCF Residential to CBCF Non-Residential)

Indicate if THIS application is Increasing or Decreasing its Budget:

Increasing Decreasing

If the program is Increasing its budget, please indicate each program type and amount that is moving money INTO this application (Where is the money coming from to support this increase):

\$0
\$0
\$0
\$0
\$0
\$0

Amount THIS application is Increasing or Decreasing:

\$0

Cost Category	Approved Budget	Revision Difference	Revised Budget
Personnel Costs	\$61,441	\$9,925	\$71,366
General Operating Expenses	\$0	\$0	\$0
Program Expenses	\$82,007	(\$9,925)	\$72,082
Equipment	\$0	\$0	\$0
Total Budget	\$143,448	\$0	\$143,448

All numbers must be whole numbers

Justice Reinvestment Incentive Grant 2020/21

Organization: Medina Municipal Court Adult Probation Department

JRIG-2020/21-MediMuniAPD-00137

JRIG Grant Revision: Budget Revision 6

Budget Revision Justification. Provide a detailed justification of the proposed change(s) and the effect the change(s) will have on the project.

Angela Kiss is currently a full time employee, and her salary is paid by the CCA grant. She has received health insurance benefits through her spouse's employer. As of January, 2021, Ms. Kiss and her family will not be able to receive health insurance through her husband's employer. She will be receiving health insurance through the City of Medina, paid by the CCA grant and the JRIG grant. The monthly cost of health insurance is \$1985. The CCA grant will pay for health insurance for January, 2021. The JRIG grant will pay for health insurance for five months, February 2021 through June 2021, for a total amount of \$9925. This money will be reallocated from "Electronic Monitoring" to "Personnel/Fringe Benefits."

In addition, as a result of Covid 19 and having some limitations on our in person counseling and groups, we have been assigning more self study courses than originally anticipated. The cost of each course is currently \$85. \$4250, the cost of 50 home study courses, will be reallocated from "Drug Tests" to "Educational Supplies/self study courses."

Section 2 - changes to the non-budget pages (application pages)

Identify Program Revision Request purpose by checking the following box.

Goals/Objectives/Program Changes (any changes to program description pages within the application)

Program Revision Justification. Provide a detailed justification of the proposed change(s) and the effect the change(s) will have on the project.

Section 3 - Supporting Documentation (if necessary)

Form/Document Upload(s). Use this section if providing additional justification or documents for the above request for both Section 1 and 2.

Title of Document

Section 1 - changes to the budget pages

Identify Grant Agreement Budget Revision Request purpose by checking one or more boxes.

Budget Revision - Line Item Revision (moving money between categories)

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Moving money within the same category

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Non-Monetary Changes (Substituting an item without changing the expense)

- Personnel Expenses
- General Operating Expenses
- Program Expenses
- Equipment Expenses

Budget Revision - Moving money between two or more applications (programs) within the same funding line (407 program to 407 program OR 408 program to 408 program or from CBCF Residential to CBCF Non-Residential)

Indicate if THIS application is Increasing or Decreasing its Budget:

Increasing Decreasing

If the program is Increasing its budget, please indicate each program type and amount that is moving money INTO this application (Where is the money coming from to support this increase) :

\$0
\$0
\$0
\$0
\$0
\$0

Amount THIS application is Increasing or Decreasing:

\$0

Cost Category	Approved Budget	Revision Difference	Revised Budget
Personnel Costs	\$61,331	\$110	\$61,441
General Operating Expenses	\$0	\$0	\$0
Program Expenses	\$82,117	(\$110)	\$82,007
Equipment	\$0	\$0	\$0
Total Budget	\$143,448	\$0	\$143,448

All numbers must be whole numbers

Justice Reinvestment Incentive Grant 2020/21

Organization: Medina Municipal Court Adult Probation Department

JRIG-2020/21-MediMuniAPD-00137

JRIG Grant Revision: Budget Revision 5

Budget Revision Justification. Provide a detailed justification of the proposed change(s) and the effect the change(s) will have on the project.

6/22/20: The City of Medina recently authorized a cost of living salary increase for employees in the amount of 2.5%. This grant was written based upon information received from the City that the increase would only be 2.0% for fiscal year 2021. The correct hourly pay for Amy Darr for FY21 is \$26.24. This raises the total salary paid by JRIG to \$23,764, which is an increase of \$93 in salary. This will also cause an increase of \$17 in fringe benefits, as detailed below.

Reduce drug screens (from Program Expenses): -\$110

The above reduction will be used to pay the .5% additional cost of living increase for Amy Darr as follows:
Hourly pay: \$26.24 (This is an increase of \$.15/hour for a total of 621 hours FY21) \$93

PERS \$93x.14 \$13

Workers Comp \$93x.03 \$3

Medicare \$93x.0145 \$1

Total Personnel (salary and fringe benefit) increase: \$110

Section 2 - changes to the non-budget pages (application pages)

Identify Program Revision Request purpose by checking the following box.

Goals/Objectives/Program Changes (any changes to program description pages within the application)

Program Revision Justification. Provide a detailed justification of the proposed change(s) and the effect the change(s) will have on the project.

Section 3 - Supporting Documentation (if necessary)

Form/Document Upload(s). Use this section if providing additional justification or documents for the above request for both Section 1 and 2.

Title of Document

Salaries: 1

If yes, please summarize below any information that was added or removed from this page.

See above. Ms Darr will be paid 11.5 hours/ week of salary from the JRIG grant, to supplement the 28.5 hours/week paid from the CCA grant.

7/6/20: Budget revised per revision request. Hourly wage 7/1/20-6/30/21 raised to \$26.24, due to cost of living increase.

Fringe Benefits

Total Wages - autopopulated total salary amount from the Salary page(s) **Total Wages**
 - This data is provided as information only and does NOT affect any calculations on the Fringe Benefits page. **\$23,764,4000**

	Rate	Wages	Total FY Expenditures
PERS/Other Retirement			
Workers Comp	0.14	\$23,943.00	\$3,352.02
Unemployment	0.03	\$23,943.00	\$718.29
Medicare	0.0145	\$23,943.00	\$0
			\$347.17
Health Insurance	Rate	Number of Employees	Number of Months
Amy Darr family coverage health insurance	1773	1	12.00
1/1/19-6/30/20			
Amy Darr family coverage health insurance	1985	1	6.00
7/1/20-6/30/21			
Angela Kiss family coverage health insurance	1985	1	5.00
2/1/21-6/30/21			
		0	
		0	
			Health Insurance Total
			\$0
			\$0
			\$43,111.00
Vision/Dental	Rate	Number of Employees	Number of Months
		0	
		0	
			\$0
			\$0

Fringe Benefits

Life	0	\$0
	0	\$0
	0	\$0
Vision/Dental Total		\$0

Other	Category		
		\$73.50	
		\$0	
		\$0	
		\$0	
		\$0	
		\$47,602	

Justifications
 This value is automatically rounding to the nearest dollar **Total Fringe Benefits \$47,602**
 Other categories of "vacation", "sick", and "holiday" are included as salary, per City of Medina, Ohio payroll.
 The project director recognizes that this is not proper accounting for grant funds, and this error will be fixed in a future revision.

In fringe benefit calculations, salary of \$33,186 was entered. This is the salary including vacation, sick, and holiday, as noted above. The City Of Medina used this salary when calculating PERS, Medicare, and Workers Compensation. This error will be corrected in the future revision.

1/13/20: Budget was revised per revision request.

7/6/20: Budget was revised per revision request.

8/31/20: Budget revised per revision request, Payment of family health insurance for Angela Kiss from 2/1/20 through 6/30/20, \$1985/month, total \$9925, Money will be reallocated from electronic monitoring.

Was the County a Grantee for the Probation Improvement and Incentive Grant in FY18/ 19?

✓
(If Yes, the below question is required. If No, do not answer the below)

Fringe Benefits

Was any new information added to this page that was not included in the FY 18 application or was there information removed from this page that was included in the FY18 application?

- ✓ Yes
- No

If yes, please summarize below any information that was added or removed from this page.

Fringe benefits and "other" (above) to fund Project Director Amy Darr to be a full time employee, when combined with salary and fringe benefits paid by the CCA grant.

1/13/20: Budget was revised per revision request. The reduction for Medicare was mistakenly entered as \$346. This reduction should be \$146. This will be addressed in a future revision.

7/6/20: Budget was revised per revision request. Salary increase caused increase to Workers Comp, Medicare, and PERS, in amount of \$17.

Program Expenses

Drug Tests	Unit Cost	Quantity	Total FY Expenditures
10 panel drug screens-American Court Services	\$20.00	520.15	\$10,403.00
SAM fee -American Court Services	\$8.50	317	\$2,694.50
Alcohol Testing	\$0	0	\$0
	\$0	0	\$0
Confirmation Testing	\$20.00	12	\$240.00
American Court Services	\$0		
Testing supplies (gloves, cups, etc.)			\$0
Waste Disposal			\$0
Total Drug Testing			\$13,337.50
Electronic Monitoring			
Standard EMHA-Ohio Alcohol Monitoring Systems	\$10.00	2816.4	\$28,164.00
EMHA with SCRAM	\$20.00	1025	\$20,500.00
Residential Beds	\$0	0	\$0
Assessments	\$0	0	\$0
GED classes/testing	\$0	0	\$0
Counseling			

Program Expenses

	\$0	0	\$0
	\$0	0	\$0
	\$0	0	\$0
	\$0	0	\$0
	\$0	0	\$0
	\$0	0	\$0
	\$0	0	\$0
Educational Supplies			
self study courses-	\$80.00	126	\$10,080.00
OCEPI			
Bus/transportation Passes for offenders	\$0	0	\$0
Other			
			\$0
			\$0
			\$0
Total Non Drug Testing Program Expenses			\$58,744.00
Total Program Expenses			\$72,082

Justifications:

8/1/19: We recognize the amount we are being charged for drug screens is significantly higher than the state average . We will investigate if we are under contract with American Court Services and attempt to get a lower rate on drug screens .

11/25/19: Budget was revised per revision request. We have removed funding from CBT Group and Individual counseling , per revision request.

1/13/20: Budget was revised per revision request. We reallocated funding from fringe benefits to Electronic Monitoring .

7/6/20: Budget was revised per revision request. 10 panel drug screens were reduced by \$ 110.

8/31/20: Budget revised per revision request. \$9925 removed from electronic monitoring and reallocated to fringe benefits to pay for family health insurance 2/1/21-6/30/21 for Angela Kiss. In addition, \$4250 was reallocated from drug tests to self study courses, to

Organization: Medina Municipal Court Adult Probation Department

Program Expenses

cover the cost of 50 additional home study workbooks for probationers.

REQUEST FOR COUNCIL ACTION

NO. PCA 20-189-9/28

FROM: Nino Piccoli
DATE: September 21, 2020
SUBJECT: Draft of the Solid Waste Management Plan Update

COMMITTEE REFERRAL: *Finance*

The City of Medina is located within the jurisdiction of the Medina County Solid Waste Management District. The District Policy Committee has prepared and adopted a final draft of the Solid Waste Management Plan. As such, the City of Medina must decide whether it approves or disapproves the aforementioned plan within ninety days of receipt of the Final Draft Plan.

Please note that the entire Solid Waste District Plan and all appendices may be viewed on the following link:
<https://recyclemedinacounty.com/adoptedplanupdate/>

ESTIMATED COST:

SUGGESTED FUNDING:

Sufficient Funds in Account Number:

Transfer Needed from Account Number:

To Account Number:

New Appropriation Account Number:

Emergency Clause Requested: No
Reason:

COUNCIL USE ONLY:

COMMITTEE RECOMMENDATION:

Council Action Taken:

Ord./Res. Number:

Date:



RECYCLE
MEDINA
COUNTY

A Division of the Medina County Sanitary Engineer

September 9, 2020

City of Medina
Kathy Patton, Clerk of Council
132 North Elmwood
Medina, Ohio 44256

Re: Medina County Solid Waste Management District (District)
Solid Waste Management Plan Update Ratification

Dear Mayor/Clerk/Council President:

Enclosed you will find a copy of the draft Solid Waste Management Plan for the Medina County Solid Waste Management District (District). The development of the solid waste plan is a requirement of Ohio law. Every solid waste management district in Ohio must periodically revise and update their solid waste management plan.

After developing an initial draft version of the plan where Ohio EPA reviewed and provided comments, the District held a thirty-day public comment period from August 1, 2020 to August 30, 2020, and a public hearing was held on September 3, 2020 for interested residents, businesses or political jurisdictions to provide comments on the Plan Update.

On September 3, 2020, the District Policy Committee met to discuss and address public comments on the solid waste plan. The District's Policy Committee then adopted the Plan Update with changes made based on public and Policy Committee comment. Once the Policy Committee adopts the Plan Update, Ohio law requires the District to deliver a copy to the County Commissioners and the legislative authority of each municipal corporation and township that are under the District's jurisdiction.

The link below is where you will find the entire solid waste plan and all appendices under:

<https://recyclemedinacounty.com/adoptedplanupdate/>

The Plan documents are presented in PDF format and will require the latest version of Adobe Reader in order to open the documents. You can go to the following web address to obtain a free copy of the latest Adobe PDF Reader at: <http://get.adobe.com/reader/otherversions>.

Also attached is a short summary of the Solid Waste Plan that should be distributed to all voting elected officials in your jurisdiction (i.e. 3 trustees, 9 council members, etc.).

RECEIVED

SEP 14 2020

BY: _____

RECEIVED

SEP 14 2020

BY: _____



A Division of the Medina County Sanitary Engineer

The District has chosen the ratification period to be: **September 14, 2020 until December 12, 2020**. **Within ninety days** of receiving a copy of the draft Plan, the Board of County Commissioners and the legislative authority of each municipal corporation and township in the District shall approve or disapprove the draft Plan by ordinance or resolution to the District. The District determines that the Plan has been ratified when a combination of municipal corporations and townships with a combined population comprising 60 percent of the District has approved the Plan. That combination must include the approval of the County Commissioners and the municipal corporation having the largest population within the county of the District.

Because of the 90-day timeframe, which cannot be extended, we would appreciate your immediate attention to this request. A sample resolution is attached for your convenience. Please mail your resolution or ordinance approving or disapproving the Plan to:

Mr. Jeremy Sinko, P.E.
Medina County Sanitary Engineer's Office
791 West Smith Road
Medina, Ohio 44256

Or, email to: MCSWD_PLAN_UPDATE@medinaco.org

We look forward to hearing from you between **September 14, 2020 until December 12, 2020**. Resolutions approving or disapproving the Plan enacted outside of the time period stated above cannot be counted toward the ratification of the Solid Waste Plan. Because of the 90-day timeframe which cannot be extended, we would appreciate your immediate attention to this request. Not taking action is like a no vote as we can not count your population toward the ratification assessment.

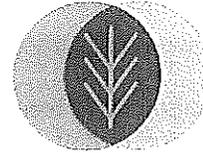
Please do not hesitate to contact me if you have any questions regarding the ratification process or the solid waste plan update document. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Beth Biggins-Ramer".

Beth Biggins-Ramer
District Coordinator
Medina County Solid Waste Management District

Medina County Solid Waste Management District



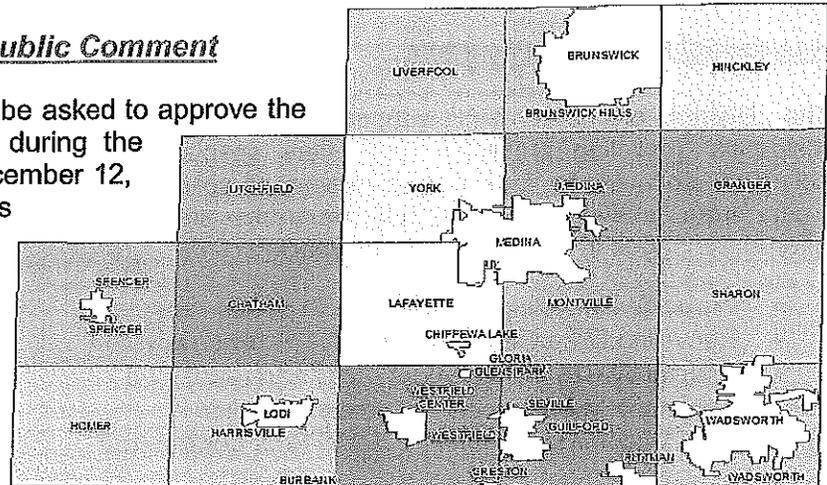
RECYCLE
MEDINA
COUNTY

Introduction

The Medina County Waste Management District (District), also known as Recycle Medina County, will submit its updated Solid Waste Management Plan to all cities, villages, and townships in Medina County for approval. This approval process, also known as ratification, is the final step before the District seeks final approval from Ohio EPA to implement this new Plan.

Your Community's Responsibility – Public Comment

Each community within Medina County will be asked to approve the District's Solid Waste Management Plan during the period of September 14, 2020 through December 12, 2020 (ratification period). The process requires each community to review a copy of the Plan, act on the Plan during the ratification period (90 days) and submit a certified copy of the resolution or legislation to the District. Failure to act on the plan is considered by the State of Ohio to be a negative vote.



What if the Plan is Not Ratified?

If local ratification does not occur, the Director of Ohio EPA is required by state statute to prepare a Solid Waste Plan for the District and order the District to implement the state's plan. This could negatively affect the District because local control of our Plan would be relinquished to Ohio EPA. The Plan you will vote on was developed through a local planning process and contains the recommendations, programs, and initiatives from the District's Policy Committee. These programs and initiatives will provide for a cost effective and environmentally sound solid waste management system for Medina County and are designed to enhance and expand recycling opportunities and recycling participation. The District urges communities to learn more about the Solid Waste Management Plan in order to make an informed decision.

Executive Summary of Solid Waste Management Plan

The following executive summary of the Solid Waste Plan has been created for elected officials in Medina County to demonstrate how the District's Solid Waste Plan benefits each community. The District offers a wide variety of programs and initiatives that offer real value to its communities. The District provides programs in solid waste management programming for hard to manage materials such as household hazardous waste, batteries, scrap tires, and electronics. The District also operates a highly successful education and awareness program and other effective solid waste management programs.

Solid Waste Disposal Capacity

This demonstration is one of the fundamental requirements of the Solid Waste Plan. The District conducted a regional capacity analysis and has demonstrated that there is sufficient disposal capacity for all solid waste generated by District residents, businesses, and industry for the planning period (2021-2035).

Goals

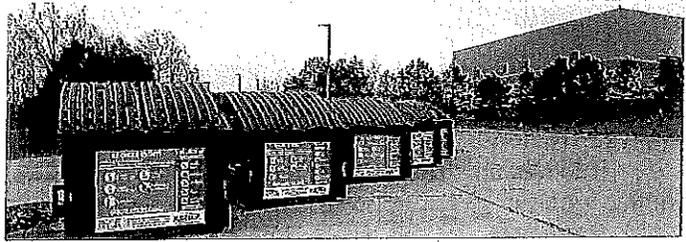
The District meets or exceeds all of the State Solid Waste Management Plan goals as required by Ohio EPA. The District has demonstrated that at least 90% of the District's population has access to recycling by curbside programs and single stream recycling drop-off programs.

Financing the Plan

The District will finance the updated Solid Waste Plan through apportionment of the tipping fees collected at the Recycle Medina County Campus located in Seville. Currently, the tipping fee is \$50.00 per ton of solid waste delivered. Tipping fees are projected to increase in this plan based on economic and other operating reasons.

Residential Recycling Programs

The District promotes and supports numerous residential recycling programs and offers special collection services to maximize diversion of solid waste from landfills. The following programs are offered (tonnages from 2018 reference year):



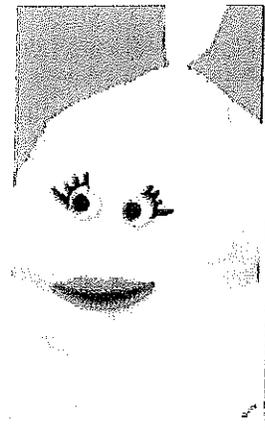
- Curbside Recycling Program – 2,718 tons recycled
- Recycling Drop Off Programs – 3,371 tons recycled
- Special Waste Management – 247 tons recycled
- Appliance Management – 54 tons recycled
- Yard Waste Management – 3,975 tons composted

Commercial / Industrial Recycling Programs

- Commercial Recycling – 49,926 tons recycled (2018)
- Industrial Recycling – 68,384 tons recycled (2018)

Residential/Commercial Recycling, Education and Awareness Programs

- Curbside Recycling
- Single Stream Recycling Drop-Off Program
- Yard Waste Management
- Household Hazardous Waste Management
- Lead-Acid Battery Management
- Electronics Recycling
- Market Development Support
- Education and Awareness
- Industrial Sector Data Collection
- Litter Collection
- Volume Based Rate Support
- District Facilities
- Scrap Tire Management



Key New Programs

- Non-subscription curbside programs (City of Brunswick, Brunswick Hills Township, Hinckley Township, and York Township)
- Assist Communities Interested in Curbside Contracts and RFPs
- Recycle Right Education Initiative
- District Competitive Bidding Processes
- Commercial Mixed Waste Processing
- Strategic Approach to Target Businesses for Assistance
- Invest in Infrastructure Improvements to Recycle Medina County Campus
- Single Stream Recycling Drop-Off Program Use Study

Key Performance Indicators

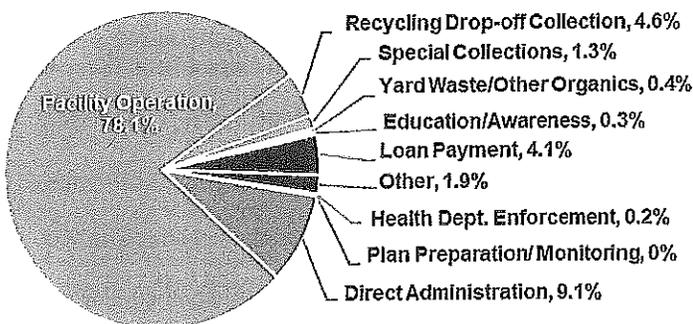
Ohio EPA Plan Format	Old Plan (2016-2030) Plan Format Version 3.0	New Plan (2021-2035) Plan Format Version 4.0
Reference Year (RY)	2012	2018
1 st Year of Planning Period (Y1)	2016	2021
RY Res/Com Recycling Tons	43,525 tons (37,975 tons without volume reduction which is not recognized by EPA as recycling) ²	49,926 tons ^{1,2}
Y1 Projected Res/Com Recycling Tons	55,439 tons (43,439 tons without projected By-Product Management which was not implemented) ²	61,845 tons ^{1,2}
RY Tipping Fee	\$61.00 ¹	\$42.00 ¹
Y1 Tipping Fee	\$42.00 ¹	\$52.00 ¹
Y1 Education and Awareness	\$25,000 ¹	\$100,000 ¹
RY Revenues	\$7,951,273 ¹	\$7,127,880 ¹
Y1 Revenues	\$7,775,536 ¹	\$8,700,249 ¹
RY Expenditures	\$7,813,753 ¹	\$8,067,870 ¹
Y1 Expenditures	\$7,898,226 ¹	\$8,966,312 ¹

¹Projections and budgets are based on a required 15 year planning period with 5 year updates per Ohio EPA format requirements. Actual budgets and fee changes will be made by the County Commissioner on an annual basis as needed that includes a separate public process before being approved.

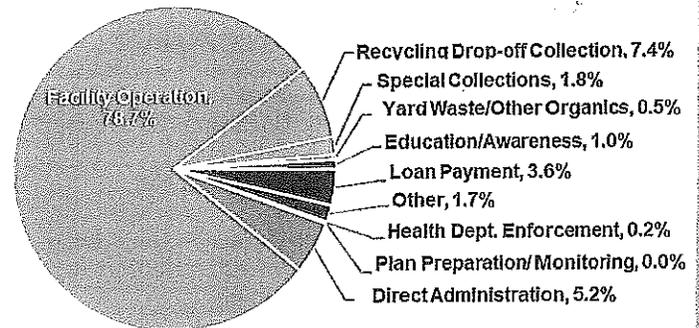
²Recycling programs covered under the old and new plans must send collected materials to a legitimate recycling facility, as defined by Ohio EPA, to ensure recycling is occurring.

The following charts compare the expenses to implement each plan as a percent of total expenses:

First Year of Old Plan (2016-2030)



First Year of New Plan (2021-2035)



For more information, contact the District at 330-769-0289, www.recyclemedinacounty.com, or email: MCSWD_PLAN_UPDATE@medinaco.org

Programs in Plan Update

Old Plan (2016-2030)

- Medina County CPF
- Drop-Off Recycling
- Yard Waste Management
- MSW Composting
- Household Hazardous Waste
- Lead-Acid Battery Collection
- Scrap Tire Program
- Appliance Collection
- Electronics Recycling
- Fluorescent Bulb Recycling
- Education & Awareness
- Initiative MC-11.1 Developing a Performance Measurement System
- Initiative MC-11.2 Rebranding
- Health Department Funding
- Equipment Replenishment
- Commercial/Industrial Surveying
- Advertising Analysis
- Grant Applications
- Engineered Fuel
- By-Product Management
- Alternative and Complimentary Service Model Opportunities
- MC-18: 2016 Work Group

New Plan (2021-2035)

- Existing: Curbside Recycling Programs
- New: Assist communities with single hauler contracts and RFPs.
- New: Assist communities interested in curbside consortium contracts and RFPs.
- New: Meet with all communities that do not have non-subscription curbside recycling to determine pathway to program development.
- Existing: Multi-Material Recycling Drop-Offs
- New: Audit drop-off contractor annually for contract performance.
- New: Drop-Off Program End Use of Collected Materials Evaluation
- New: Drop-Off Program Use Study
- New: Promote Drop-Off and Paper Retriever Locations
- Existing: Other Commercial/Institutional Programs: Commercial/Institutional Recycling
- New: Mixed Waste Processing for Targeted Commercial and Industrial Materials
- New: Strategic Approach to Target Businesses for Assistance
- New: Commercial Sector Consortia
- Existing: Electronics: Electronics Collection (year-round)
- Existing: HHW: HHW Collection (year-round)
- Existing: Batteries: Lead Acid Battery Collection (year-round)
- Existing: Other: Fluorescent Bulb Collection (year-round)
- Existing: Scrap Tires: Scrap Tire collection (year-round at the Recycle Medina County Campus)
- Existing: Yard Waste: Yard Waste Collection - Recycle Medina County Campus: Yard Waste Management Area
- Existing: Appliances: Freon-containing and non-Freon appliances accepted year-round at Recycle Medina County Campus
- New: Yard Waste User Fee Adjustments
- New: Target High Volume Food Waste Generators
- New: At-Home Compost Education and Compost Bin Sales for Residents
- New: HHW Audit
- New: Scrap Tire Audit
- New: E-waste Audit
- Existing: Commercial/Institutional Sector Education and Outreach: Technical Assistance
- Existing: Residential Sector Education and Outreach: Public Awareness and partnerships with MC Soil and Water (booklet).
- Existing: Residential Sector Education and Outreach: Education & Awareness Program (Outreach activities, website, social media platforms, flyers/brochures, advertising, tours, and other awareness activities)
- Existing: Residential Sector Education and Outreach: Development of a Performance Measurement System for Education & Awareness
- New: Advertise Curbside Recycling and PAYT Assistance
- New: Conduct seminars and workshops on backyard composting. Work with Soil and Water.
- New: Customizable Materials for Curbside and Drop-Off Program Education
- New: Recycle Right Education Initiative
- Existing: Pass-through Grants: Grant Assistance for OEPA Market Development Grants
- New: PAYT: Provide technical assistance
- New: Grants: Assist Communities with Grant Applications
- Existing: Health Dept. Funding: Health Department Financial Assistance
- New: Medina County Health District: Identifying Open Dump and Scrap Tire Dump Facilities
- Existing: Equipment Replenishment Fund and Infrastructure improvement fund
- Existing: Data Collection Efforts: Commercial and Industrial Surveying
- Existing: Other Programs: By-Product Management Program
- New: Data Collection: Efforts Securing required report data and information from the hauler.
- New: Other Programs: Annual Budget Meetings for Loan Evaluation
- New: User Fees: Review
- New: Generation Fee Compliance Audit
- New: Residential Sector: New Curbside Program Recycling and Disposal Data
- New: Commercial/Institutional Sector: Online Survey
- New: Special Materials Processing Capacity: Long-term Effectiveness
- Potential: Residential Sector: Drop-off Estimated Tonnage
- Potential: Special Materials Processing Capacity: Regional Capacity Evaluation
- New: Invest in Infrastructure Improvements to Recycle Medina County Campus

Date: _____

Resolution No. _____

Title: Approval of the Medina County Solid Waste Management District's Amended Draft Solid Waste Management Plan

District Community (City, Village, Township): _____

Contact: _____

Summary/Background: The Plan is prepared in accordance with Ohio Revised Code ("ORC") Section 3734, the State of Ohio's Solid Waste Management Plan and the Ohio Environmental Protection Agency's guidelines. The Plan also describes strategies and programs that will be implemented to meet or exceed the minimum state waste reduction goals and objectives. The Medina County Solid Waste Management District ("District") completed the draft amended Solid Waste Management Plan ("Plan") and submitted it to the Ohio Environmental Protection Agency for review and comment on March 30, 2020 and the Ohio Environmental Protection Agency provided comments in a non-binding advisory opinion on May 13, 2020. The District's Policy Committee has reviewed the non-binding advisory opinion received from the Ohio Environmental Protection Agency and taken these comments into consideration and incorporated changes into the amended Plan as appropriate. The District has conducted a 30-day comment period from August 1, 2020 to August 30, 2020 and a public hearing was held on September 3, 2020 to provide the public an opportunity to comment on the Plan

Budget Impact: The Plan provides for a fee schedule that generates the required revenue to cover the costs of implementing the strategies and programs designed to meet or exceed the minimum state waste reduction goals and objectives.

Statutory Authority/ORC: 3734.50

Committee Member _____ offered the following resolution:

WHEREAS, in consideration of the above, NOW, THEREFORE BE IT RESOLVED that the (City, Village, Township): _____, located within the jurisdiction of the Medina County Solid Waste Management District, that:

Section 1. These Members hereby acknowledge receipt of the amended draft plan.

Section 2. The _____ (city, village, township) either (please indicate):

- a. _____ approves the District Solid Waste Management Plan; or
- b. _____ disapproves the District Solid Waste Management Plan

Section 3. The Clerk is hereby directed to **send the District a copy of this resolution to the attention of Mr. Jeremy Sinko P.E., Medina County Sanitary Engineer's Office, 791 West Smith Road, Medina, Ohio 44256.**

Section 4. That it is found and determined that all formal actions of this _____ (Board, council or trustees) concerning and relating to the passage of this resolution/ordinance were adopted in an open meeting of this _____ (Board, council or trustees) and of any of its committees that resulted in such formal actions were in meetings open to the public in compliance with all legal requirements including Sections 121.22 of the Ohio Revised Code.

Section 5. That this resolution shall be in full force and effect immediately upon its adoption.

Action Taken:

Committee Member voted
Committee Member voted

Clerk

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REQUEST FOR COUNCIL ACTION

No. RCA 20-190-9/28

FROM: Keith Dirham, Finance Director
Lori Bowers, Deputy Finance Director
DATE: September 22, 2020
SUBJECT: Advance Request

Committee: Finance
+ Council

SUMMARY AND BACKGROUND:

The Finance Department respectfully requests Council to authorize the Finance Director to make the following fund advances:

Advance From:	Advance To:	Amount	Purpose
General Fund (#001)	Grants Fund (#109)	\$95,950	Airport – Airport Remarketing, ODOT Funds (Acct. No. 109-0659)
General Fund (#001)	Grants Fund (#109)	\$70,666	Mid Block Crossing Project, OFCC Funds (Acct. No. 109-0726)
General Fund (#001)	Fed Airport Grant Fund(#147)	\$150,000	FY 20 Land Improvements- #1070 Obstruction Removal Study (Acct No 147-0659)
General Fund (#001)	Airport Fund (#547)	\$400,000	Airport- to cover various projects in Fund 547-0658, 547-0659

These advances (loans) are necessary to cover expenditures until the City receives reimbursement from the grantor agency and / or when the fund has enough to repay.

Estimated Cost: \$716,616 from the General Fund. General Fund to be reimbursed once grant funds are received.

Suggested Funding: See above.

Sufficient funds in Account No.:

Transfer needed: From Account No.:
To Account No.:

NEW APPROPRIATION needed in Account No.:

refer to app:2020-038

Emergency Clause Requested: No

Reason:

COUNCIL USE ONLY:

Committee Action/Recommendation:
Council Action Taken:

Date:

Ord./Res.

Ord. 170-20
9-28-20

REQUEST FOR COUNCIL ACTION

No. RCA 20-191-9/28
Committee: Finance + Council

FROM: Keith Dirham, Finance Director
Lori Bowers, Deputy Finance Director
DATE: September 22, 2020
SUBJECT: Annual Transfer Request – Parking Fund

SUMMARY AND BACKGROUND:

The Finance Department respectfully requests Council to authorize the Finance Director to transfer \$60,000 from the General Fund (#001) to the Parking Fund (#140) to cover operating expenses.

Estimated Cost: \$60,000
Suggested Funding: General Fund
Sufficient funds in Account No.: 001-0707-56611
Transfer needed: From Account No.:
To Account No.:

NEW APPROPRIATION needed in Account No.:

Emergency Clause Requested: No

Reason:

COUNCIL USE ONLY:
Committee Action/Recommendation:

Council Action Taken:

Ord./Res. Ord. 171-20
Date: 9-28-20