REVISED AGENDA

Requests for Budget Adjustments

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<th>Number</th>
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Capital Carry Forward Requests

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<tr>
<td>Project</td>
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| PW-7    | DPW         | $4,000,000 | Capital Carry Forward
          |             |         | O.G. Common Forcemain Reconstruction |
| PW-8    | DPW         | $300,000 | Capital Carry Forward
          |             |         | E-1 Grinder Pump Panel Upgrades |
| PW-9    | DPW         | $200,000 | Capital Carry Forward
          |             |         | O. G. Civic Ctr. Heating System |
| PW-10   | DPW         | $150,000 | Capital Carry Forward
          |             |         | Storm Water Program Compliance |
| PW-11   | DPW         | $295,000 | Capital Carry Forward
          |             |         | Street Lighting |
| PR-2    | Parks & Recreation | $18,000 | Capital Carry Forward
          |             |         | Park Lawn Mowers |
| PR-3    | Parks & Recreation | $25,000 | Capital Carry Forward
          |             |         | Leaf Collection Program |
| PR-4    | Parks & Recreation | $90,000 | Capital Carry Forward
          |             |         | Bible St. Fencing & Retaining Wall |
| PR-5    | Parks & Recreation | $25,000 | Capital Carry Forward
          |             |         | Replace Steel Work Boat |
| PR-6    | Parks & Recreation | $50,000 | Capital Carry Forward
          |             |         | Dock Safety Lighting & Deicing – Byram |
| FD-2    | Fire        | $250,000 | Continue in Force
          |             |         | Dry Hydrant Installation |

Old Business:

New Business:
- Report - Status of Current Economic Conditions

Approval of the May 13, 2014 – Regular BET Budget Committee Meeting

Adjournment
- Next meeting scheduled for July 15, 2014 at 6:30 P.M. in the Cone Room

Marc V. Johnson,
Chairman, BET Budget Committee
Department & Division: Health

Action Requested: Release of Conditions

Date of Submission: May 27, 2014

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From: NACCHO MRC Funds - Grant 3,500.00

Justification of Request:
This request is being made to accept funds from the National Association of County & City Officials (NACCHO) so the existing Greenwich Medical Reserve Corps (MRC) may be enhanced. This program was organized and is administered by the Department of Health for the Town of Greenwich.

Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: Comptroller:

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Vote Clerk of the Board:

Email this form as a PDF along with any supporting documentation (in PDF Format)
MEMORANDUM

May 29, 2014

To: Chairman and Members, BET Budget Committee

From: Caroline C. Baisley
      Director of Health

Subject: Medical Reserve Corps (MRC) – Town of Greenwich

Although the program has been operational for several years, I understand the Committee’s concern about potential liability to the Town when using MRC medical professional volunteers during a disaster or in non-emergency programs that help strengthen the public health infrastructure to respond to a public health emergency. It is my understanding there are several issues to be addressed, including potential liability exposure of the Town from activities MRC medical volunteers may perform and the Town’s insurance coverage or possible coverage it may be able to obtain against any such exposure, liability protection for all MRC volunteers (medical and non-medical) by state/federal laws (CT General Statutes (§28-13;§28-4), Federal Volunteer Protection Act of 1997 (FVPA) 42 U.S.C. 14501 et. seq.) and the Department of Health’s management of the MRC Program.

I would like to start off by giving a brief overview of the Department’s involvement in planning for community emergencies followed by an overview of the MRC Program and finally, the Town’s MRC Program administered by the Department of Health under the leadership of the Director of Health. I believe this will provide a more defined picture.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Shortly after the terrorist attack on our Nation (September 11, 2001) and other events that followed soon after, the federal government, as a matter of national security, assigned public health to the task of preparing for and responding to disasters (natural, radiological, bioterrorism (biological, chemical), etc.). As newly assigned first responders, all public health agencies (state and local) began the upward climb to get acquainted with their partners of fire, police and EMS. In 2003, federal funding (Public Health Emergency Preparedness (PHEP) Grant) became available to all state and local health
departments throughout the U.S. These funds were allocated to conduct training for public health staff, purchase needed equipment and above all, to hire a Public Health Emergency Preparedness Coordinator to develop public health emergency response plans. Today, the Department of Health still receives federal funding for this purpose and employs a part-time Public Health Emergency Preparedness Coordinator.

Today, after a decade of training, planning and responding to emergencies, the Department of Health is looked upon as a key component in the Town’s emergency response system. The emergency response plans (Pandemic Influenza Response Plan, Isolation/Quarantine Plan, Public Health Communication Plan, Mass Dispensing Plan and Anthrax Response Plan, etc.) that have been developed by the Department are approved by the state/federal government and have received high recognition. In addition, the Greenwich Department of Health is one of forty-one (41) Mass Dispensing Areas (MDA-1) in the state that has been designated to prophylax or provide counter measures during an emergency should it be needed to protect the public’s health. More recently, the Department has gotten involved in human sheltering operations during an emergency, since the local American Red Cross, Greenwich Chapter has merged their operations with communities in New York State and has left the Town with what it considered to be inadequate emergency service coverage.

MRC PROGRAM OVERVIEW

The Medical Reserve Corps (MRC) was designed by the federal government with the intent to promote volunteerism and service throughout the nation. It is a specialized component of Citizen Corps, a national network of volunteers dedicated to ensure hometown security. It serves as an arm of the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) which operates in the office of the U.S. Surgeon General. The DCVMRC functions to provide communities with best practices/information on establishing and maintaining MRC units nationwide. MRC medical volunteers often include licensed physicians, nurses (LPN, RN, APRN), paramedics, pharmacists, emergency medical technicians, physician assistants, dentists and public health professionals. The non-medical volunteers are members of the general public and can incorporate disciplines in areas such as law, communications, accounting, security, human resources, nutrition, IT, purchasing, school administration and office management, etc.

CONNECTICUT MRC UNITS

In Connecticut, under Title 28 of the Connecticut General Statutes, specifically, §28-1 (5), Medical Reserve Corps (MRC), members are under the auspices of the CT Department of Public Health and are considered “civil preparedness force” members. The responsibility for establishing qualifications of medical MRC members resides with the CT Department of Public Health and its local health departments.

Under the Connecticut Department of Emergency Management and Homeland Security (DEMHS), standard operating procedures are outlined for MRC activity approval so that its members can
receive benefits and protections provided under CT General Statutes Title 28. These standard operating procedures include the following:

- Approval process to activate the member of the MRC in the case of an actual emergency;
- Procedures to activate members of the MRC for training or in the case of a pre-planned large scale event;
- Responsibilities of the DEMHS Regional Coordinator and Director;
- Responsibilities of the CT Department of Public Health MRC Coordinator
- Procedures for filing a claim for workers’ compensation
- Procedure for administering the Loyalty Oath to Civil Preparedness Force Members (MRC medical and non-medical volunteers) CT General Statutes §28-12.

DEPARTMENT OF HEALTH MRC PROGRAM MANAGEMENT

Under the direct guidance, leadership and state authority, the Director of Health carries out public health emergency planning and response for the Town of Greenwich. All emergency response plans submitted by the Department to the state and federal government have been approved for activation and have been incorporated into the Town’s Emergency Operation Plan (EOP). All local departments of health in the state function under the umbrella of the CT Department of Public Health as it pertains to carrying out the mission of public health and to enforce public health laws/regulations.

In the state of Connecticut there are at least 18 MRC units with Greenwich being one of eight in Fairfield County. Greenwich is situated in CT Region I, which encompasses 14 towns. The MRC program is administered by using several guideline documents including CT Region I Medical Reserve Corps Volunteer Policy Handbook, Office of the Surgeon General MRC Core Competencies Matrix for Training, Department of Emergency Management and Homeland Security (DEMHS) Standing Operating Procedures for Activating MRC Units and the Loyalty Oath that needs to be signed yearly in order for all MRC members to be protected under Title 28. The Department is also guided by the many emergency response plans they have written and submitted to the state/federal government especially, those (Mass Dispensing Plan) that outline procedures to follow in vaccinating the public and administering medication. These plans are very detailed and include the needed risk reduction measures to ensure the lowest liability to the Town.

The Director and her medical staff ensure that all aspects of the plan are followed and that medical volunteers are trained (if needed) in the use of a specific piece of equipment. Medical volunteers are also managed carefully by medical staff of the Department during the process. The scope of practice for all medical professionals in the state is outlined by the Connecticut General Statute; however, the Department does ensure that all medical personnel have current licenses and certifications to work within their scope of practice/profession. In addition, the Department has a Physician of Record (Peter Arturi,
M.D.) who oversees all medical activities and provides Standing Orders so that medical professionals can vaccinate and dispense medication if needed. Finally, the use of MRC medical volunteers in sheltering operations has been one of just oversight. Many residents who come to the shelter during an emergency bring their personal belongings, which may include medication and needed equipment. If there should be an emergency within the shelter, 9-1-1 will be called and an ambulance will be dispatched. Lifesaving efforts can only be applied by those who are credentialed to do so. In the end, I believe the MRC medical volunteers are an asset to the Town since during an emergency, first responders can become easily overwhelmed during the first 12 to 22 hours and provide needed “surge” capacity during this critical period. They fill in the gaps when the normal system capacity is on overload and are used to augment medical staff shortages at local medical and emergency facilities. In some cases where the federal government needs to dispatch medication and/or vaccine, they assist local health departments at mass clinics.

CCB:aa
Mass Dispensing Plan

Town of Greenwich
Department of Health

Addendum U to the Town of Greenwich, CT
Emergency operation Plan
Annex Q
Public Health Preparedness – Terrorism

January 2011
(Updated March 2014)

(Formerly Plan for Mass Prophylaxis 2004)
Plan Revisions

This plan should be reviewed and/or updated:

- Annually, prior to the start of the influenza season.
- To reflect new developments in the future understanding of the influenza virus, its spread, prevention, and treatment.
- As required by lessons learned during emergency exercises, state public health organizational changes, revisions in federal or state planning guidance or as events warrant.

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MASS DISPENSING PLAN

1.0 INTRODUCTION

2.0 DECISION TO PROVIDE PROPHYLAXIS

3.0 SITUATIONS AND ASSUMPTIONS

4.0 STRATEGIC NATIONAL STOCKPILE (SNS)

5.0 LEGAL AUTHORITY AND REFERENCES

6.0 POINTS OF DISPENSING (PODS) - PLANNING
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- Order Form for RSS and Chain of Custody Form.doc
- SNS materiel request form.doc

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- Tactical Communications Protocol
- 800 MHz RADIO USE GUIDELINES
- Call Down List Quarterly Exercises
- Communication Equipment Quarterly Check
- Greenwich Communication Diagram
- Broadcast Fax Groups
- Contact Book Lists

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  - What to Expect in a Mass Dispensing Emergency?
  - What to Do in a Mass Dispensing Emergency?
  - After the POD: What to Do Next?
- POD signs
- Don’t Share Posters
- News release template
- Massage Development Guide
- Sample massages
- Alternate Methods to Disseminate Massages in Case of Electrical Outages

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- Primary POD EGCC Security Plan
- Back up POD WGCC Security Plan
- Back up POD Town Hall Security Plan

Appendix E – Staffing / ICS Chart/ Job Action Sheets
- Job Action Sheets
- MDA Distribution Site Org Chart
- ICS Mass Dispensing POD Organizational Chart
- 2012 Command and General Staff
- 2012 Distribution Site Staff
- ICS 202-POD Mass Dispensing Incident Objectives
- ICS 203-POD Mass Dispensing Organization Assignment List
- ICS 205.pdf
- ICS 206-POD Mass Dispensing Medical Plan
- ICS 209-POD Mass Dispensing Incident Status Summary
- POD Staff Registration Form
- Greenwich PHP Workforce

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- SAMPLE PAPER BASED Local Inventory Management Sheet

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- Training Plan
- MDA Distribution Site Just in Time Training Documentation
- Point of Dispensing Just in Time Training Documentation
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• JITT videos CD
• JITT check list
• JITT for Local Distribution
• General Briefing Outline
• Key ICS messages for JITT
• Self care for POD workers
• POD Layout and Flow
• Just-in-time training activity instructions
• JITT activity instructions
• JITT MDA Distribution Sign Off Sheet
• JITT POD Sign Off Sheet

Appendix H – Infection Control
• POD Infection Control Plan

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• Medical algorithms and forms
• Sample Standing Order
• First Aid Room Log
• Category A Agents Info

Appendix J – Protocols Specific to Smallpox
• Standing order
• Public Service Announcement for Smallpox Vaccination Clinic
• Informed Consent Process Flow Chart
• Listing of Smallpox Clinic Coordinators
• Smallpox information for medical and public health response personnel
• Smallpox clinic organization chart
• Public information officer—smallpox questions/message mapping
• CDC Smallpox emergency checklists
• CDC Smallpox vaccine clinic overview/evaluation form
• CDC Case investigation/screening/contact investigation forms
• CDC Smallpox information Packet-English
• CDC Smallpox information Packet-Spanish

Appendix K – Site Specific Documents / Maps / Directions
• Eastern Greenwich Civic Center Floor Plan
• Eastern Greenwich Civic Center Site Survey
• Western Greenwich Civic Center Site Survey
• Town Hall Site Survey
• Town Hall Floor Plan
• Directions from Mass Distribution Site (EGCC) to second POD location (Town Hall)
• Directions from Mass Distribution Site (EGCC) to third POD location (WGCC)
• Direction from 24hour Drop-off Location (Police Station) to Mass Distribution Site (EGCC)
• POD Layout
• MOU’s

Appendix L – Legal
• Frequently Asked Question for Mass Antibiotic Dispensing

Appendix M – POD Field Operation Guide (FOG)
Introduction

Welcome!

About This Handbook

Program Overview

Mission Statement

Benefits to the Community

Benefits to Our Volunteers

General Information

Length of Service

Position Descriptions

Volunteer Assignments

Identification Badges

Maintaining Readiness

Personal Contact Information

Funding

Web Site

Participation in Non-Emergency Events

Recommended Items to Bring with You when Activated

Training

Overview

Requirements

On-line Training Help

Liability Protections

Concept of Operations

National Incident Management System (NIMS) Basic Concepts

Activation of CT Region 1 MRCs

Public Health Operations

Field Medical Operations

Demobilization

MRC and Volunteers’ Rights and Responsibilities

MRC Unit’s Responsibilities to the Volunteer

Volunteer Rights

Volunteer Responsibilities

Region 1 MRC Policies

Volunteer Safety

Electronic Communications Policy

Drug and Alcohol Free Workplace

Use of IDs and Uniforms

Dealing with Medical Reserve Corps Funds

Media Inquiries

Emblem/Logo

Code of Conduct

Performance

Operation of Motor Vehicles

MRC Contact Information
Welcome!

Dear Medical Reserve Corps Volunteer,

On behalf of the Medical Reserve Corps (MRC), welcome and thank you for joining your local MRC team. Volunteers are needed to donate their time and talents to help local citizens in major emergencies and/or disasters. We need volunteers to accomplish our goals. Thank you so much for making the Medical Reserve Corps part of your volunteer activities.

In order to improve efficiency, your local MRC works collaboratively with other MRCs in Fairfield County and is a member of the Region 1 MRC. CT Region 1 is one of five geographic regions in the state designated by the Department of Emergency Management and Homeland Security for emergency preparedness planning. The Region 1 MRC organization is comprised of the Bridgeport MRC, Fairfield Easton MRC, Westport Weston Wilton MRC, Stamford MRC, and the Stratford-Trumbull-Monroe MRC. While it is anticipated that most of your assignments will pertain to your local MRC team, training and other larger scale projects may occur on a regional basis.

This handbook was created to provide you with information that will help to maximize your volunteer experience. Please take the time to read through it and refer back to it as questions arise.

Once again, welcome to the Region 1 Medical Reserve Corps!

Sincerely,

Region 1 MRC
About This Handbook

Your enrollment and orientation are important first steps to an exciting and rewarding volunteer experience, which offers a variety of opportunities to serve our community. The following pages describe the benefits to our community and volunteers, in addition to policies and procedures that provide a framework for the services we deliver.

The information in this handbook is extensive but not complete. Each position has policies and procedures specific to the function you will perform.

You will learn much of the information regarding your responsibilities on the job. If you have any questions along the way, please contact your local MRC by either phone or e-mail. Contact information is provided on the back cover.

We wish you a rewarding experience as a Medical Reserve Corps volunteer.
Program Overview

The Medical Reserve Corps (MRC) is a specialized component of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. Citizen Corps, along with AmeriCorps, Senior Corps, and the Peace Corps are part of the USA Freedom Corps, which promotes volunteerism and service throughout the nation. The Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) is headquartered in the Office of the U.S. Surgeon General. It functions as a clearinghouse for information and best practices to help communities establish, implement, and maintain MRC units nationwide. The OCVMRC sponsors an annual leadership conference, hosts a Web site (www.medicalreservecorps.gov), and coordinates with local, state, regional, and national organizations and agencies to help communities achieve their local visions for public health and emergency preparedness.

MRC units are community-based and function as a way to locally organize and utilize medical and non-medical volunteers who want to donate their time and expertise to prepare for and respond to emergencies and promote healthy living throughout the year. MRC volunteers supplement existing emergency and public health resources. MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Many community members with non-medical backgrounds—interpreters, chaplains, office workers, legal advisors, and others—can fill other key support positions.

The U.S. Surgeon General provides MRC units with specific areas to target that strengthen the public health infrastructure of their communities. These are outlined priorities for the health of individuals, and the nation as a whole, which also serve as a guide to the MRC. The overarching goal is to improve health literacy, and in support of this, the Surgeon General wants us to work towards increasing disease prevention, eliminating health disparities, and improving public health preparedness.

MRC volunteers can choose to support communities in need nationwide. When the southeast was battered by hurricanes in 2004, MRC volunteers in the affected areas and beyond helped communities by filling in at local hospitals, assisting their neighbors at local shelters, and providing first aid to those injured by the storms. During this 2-month period, more than 30 MRC units worked as part of the relief efforts, including those whose volunteers were called in from across the country to assist the American Red Cross (ARC) and the Federal Emergency Management Agency (FEMA).

Volunteers are key to making our community a safer place to live. We look forward to working with you in this important community effort. To learn more go to www.Medicalreservecorps.gov/QuestionsAnswers/Overview

Mission Statement

The mission of the Region 1 Medical Reserve Corps is to provide trained and prepared individuals, from both medical and non-medical backgrounds, who will respond to public health emergencies and other health related community needs, in an effort to save lives and reduce the threat of
disease or injury.

**Benefits to the Community**

Major emergencies can overwhelm the capabilities of first responders, particularly during the first 12 to 72 hours. Medical and other volunteers can provide an important "surge" capacity during this critical period. They also can augment medical staff shortages at local medical and emergency facilities. In short, communities often need medically trained individuals and others to fill in the gaps in their emergency response plans and to improve their response capabilities overall.

In addition to mass clinic operations that provide surge capacity to established health facilities, volunteers may also assist in point of dispensing (POD) operations, where medications or vaccines are dispensed on a mass scale, or support short-term sheltering centers. MRC volunteers also strengthen the overall health of Americans by participating in general public health initiatives such as flu vaccination clinics and diabetes detection programs. The U.S. Surgeon General encourages MRC volunteers to work toward increasing disease and injury prevention, eliminating health disparities, and improving public health preparedness to improve overall community health.

**Benefits to Our Volunteers**

As a member of the Medical Reserve Corps you are a part of a nationally recognized organization responsible for helping to protect the health of your community. Members will receive training ranging from core skills such as the Incident Command System to role specific tasks such as Smallpox vaccination administration.
General Information

**Length of Service**

While there is no binding agreement regarding a volunteer’s length of service with the CT Region 1 MRC, we hope you consider your volunteer service a serious commitment. Due to the investment of time, training and resources that the MRC will dedicate to each volunteer, we encourage volunteers to remain active in the Corps as long as possible. However, we welcome all approved volunteers and appreciate your skills, investment in time, and your dedication to your community, regardless of the amount of time you can commit.

**Position Descriptions**

Whenever possible, position descriptions will be provided in writing before or during an activation. In certain circumstances directions may be verbal. Your position description outlines the general and specific duties that you will be expected to perform. If appropriate, it will also outline any specialized training required in order to carry out your assigned duties.

**Volunteer Assignments**

Volunteer applications will be submitted to your individual local Medical Reserve Corps Leader for approval and credential verification. The validity of pertinent professional licenses and expiration dates will be confirmed with the issuing agency. Assignments will be based on need, interest, training and verification of credentials. Please notify us at any time of any physical limitations so that you can be appropriately assigned.

**Identification Badges**

Each local MRC will inform their members of specific badge requirements. Issued badges are to be used only for MRC activities and must be returned upon separation of volunteer service.

**Maintaining Readiness**

Regular training exercises are an essential element for ensuring readiness. Being ready to respond in an emergency does not happen by chance—readiness requires planning, organization and practice. The individual MRCs, as well as Region 1 as a whole, will conduct regular meetings, and participate in trainings and local drills to ensure maximum efficiency.

While understanding that time constraints and scheduling conflicts will arise, it is hoped that MRC volunteers will take advantage of as many of the training opportunities as possible. The trainings are geared specifically to address emergency situations that a MRC volunteer may encounter when responding to either a man-made or natural disaster, and are designed to build upon the volunteer’s existing skills and expertise.
All Medical Reserve Corps volunteers must have appropriate training and experience. Not all members of the MRC unit need the same level of training, although there are some common elements.

Preparedness is each individual’s responsibility. Ensuring you are prepared at home and at work will allow you to be ready to respond when you are needed. The Connecticut Department of Emergency Management and Homeland Security has information that can help you prepare for all hazards. The CT Guide to Emergency & Preparedness is available online at www.ct.gov/demhs. You may also check the Web sites of the Department of Homeland Security, FEMA, National Medical Reserve Corps, Ready.gov and the CDC for additional emergency preparedness information.

**Personal Contact Information**

Since the MRC must be able to rapidly summon volunteers in the event of a public health emergency, it is extremely important that the volunteers’ contact information is current and accurate. The MRC will notify volunteers that their services are needed by phone, using the work, cell, and home numbers provided. For non-emergency events, phone, regular mail and e-mail may be used. Please inform your local MRC listed on the back cover, of any changes in work, home, cell phone and FAX numbers as well as in work and home e-mail addresses. This contact information will only be used for MRC related business and will be forwarded to the Department of Public Health as required.

**Funding**

Your local Medical Reserve Corps is funded through federal grants from the Office of the Surgeon General, Department of Public Health, and Department of Emergency Management and Homeland Security as well as through local support from the housing agency. These funds enable the local MRC to provide supplies and other support that may include:

- Education and training
- Personal protective equipment and clothing
- Supplies
- Food and shelter
- Communication equipment

Your local MRC also works collaboratively and shares financial resources with other MRCs in Region 1.

**Web Site**

Region 1’s MRC Web site:  http://www.ct-mrc.org/
Region 1’s site contains a link to your local MRC unit that will keep you updated as to training schedules, events, and information of interest. Your friends, colleagues, and family can even apply to be volunteers by printing our application form.

**Participation in Non-Emergency Events**

Unless you have indicated otherwise, MRC volunteers may be notified, in advance, when any community event may require the need for MRC volunteers. MRC volunteers may decline to participate in non-emergency events and it will in no way impact their inclusion during an emergency activation. These events may include pre-planned flu clinics, health fairs, or health screenings.

**Recommended Items to Bring with You when Activated**

When you are notified to report to a local incident site or staging area, you should be prepared to be on site for at least 12 hours, just in case. We recommend that you prepare a “go-bag”, which is a tote bag that is already packed with items needed in case of activation. The following are some recommended items you may want to include in your go-bag to make your time volunteering more comfortable:

**Security Items:**

- MRC Identification Badge
- (1) Additional form of picture ID

**Clothing:**

*(It is important to be prepared for both indoor and outdoor working conditions)*

- MRC T-shirt
- Comfortable clothing
- Long pants
- Long-sleeved shirts
- MRC Hat
- Boots or comfortable walking shoes
- Warm jacket
- Rain gear
- Gloves (Leather gloves if physical labor will be performed or for warmth)

**Personal Items:**

- Cell Phone
- Sunglasses
- Nonperishable Snacks
- Bottle of water
- Sun block
- Lip balm
- Personal medication(s)
Training

Overview

Training is a basic tenet of preparedness. An organized, well trained Medical Reserve Corps unit means that volunteers can effectively respond to an emergency, are familiar with their community’s response plan, know what materials are available for their use, know who their partners in the response are, and know where their skills can be utilized to their best advantage and in a coordinated manner. As a part of preparedness efforts, Region 1 MRC will conduct drills that will help to train volunteers as to how to respond in the event of emergency.

In addition to these drills, volunteers will learn preparedness skills in a classroom or online environment. A presidential directive requires that all government agencies adopt the National Incident Management System (NIMS), which provides a structured framework for responding to crisis situations. Thus, all emergency responders must take certain courses that are available through the TRAIN learning management system. TRAIN is a centralized, searchable database of courses, web-based trainings, and on-site trainings and conferences. It is an interconnected network that allows users to access local, state, and national training. Users can register online for many courses, create a personal learning record, have access to continuing education credits and hundreds of public health and emergency preparedness courses from nationally recognized course providers. Volunteers can learn from their desk with web-based learning, web casts, and satellite broadcasts. Since some volunteers may not have internet access, training will also be conducted at local meetings.

Requirements

The Office of the Civilian Volunteers Medical Reserve Corps has identified three core competencies that will help to build conformity in MRC volunteer training capacity. These include the following objectives:

- Health, Safety, and Personal Preparedness
- Roles and Responsibilities of Individual Volunteers
- Public Health Activities and Incident Management

In order to satisfy the Health, Safety and Personal Preparedness objective, MRC volunteers will attend a worker’s safety course, sponsored by their local or regional MRC. To review roles and responsibilities and emergency preparedness procedures, volunteers will complete the introduction to the Incident Command System (FEMA course IS-100) and the National Incident Management System (FEMA course IS-700 a), that can be taken either in a class organized by the MRC or through the online TRAIN system. To support public health activities and incident management, the volunteer must also participate in a point of dispensing (POD) workshop that will be held by the MRC.

Volunteer trainings are recorded in the MRC database, which will assist in matching volunteers to their assignments/positions. Copies of completion records, certificates, cards, etc. must be
forwarded to your local MRC Leader for proper record keeping. If you have not completed these courses, your ability to be deployed in an emergency will be delayed and/or prevented.

On-line Training Help

WWW.MRC.TRAIN.ORG

Volunteers who do not already have an existing Train account, and have internet access, can create their own MRC training accounts by following these instructions.

To begin:
1. Go to “www.mrc.train.org”
2. Click “Create Account” underneath “Login”. (username and password are not case sensitive and can be changed at any time after initial login.)
3. You will first need to agree to the TRAIN policies before proceeding with the registration.
4. Fill out all necessary information on the subsequent pages. (Use the “Back” and “Next” buttons at the bottom of the pages and write down your User ID and Password in a secure place).

“My Learning Record” contains the following options:
- My Learning: lists courses you have registered to take.
- My Training Plan: lists courses that your MRC unit has assigned.
- Transcript: lists completed courses.
- Certificates: lists certificates awarded for certain completed courses.
- Course Archive: lists archived courses that were initiated or declined.
- My Account: shows the profile information entered upon registration.

To search for courses:
- If you know the Course ID, you can type it into the Course ID field in the bottom right hand corner of the screen labeled Search By Course ID. Or,
- Click on the “Course Search” option at the top of the screen. Here several different search options are available. Some allow you to enter your search criteria, while others contain pre-formulated search criteria.

To register for courses:

Once a desired course is located, choose it by clicking on the title. This will open the course description page, where you can learn how to register for that particular course. Some training programs require additional registration outside of the MRC.TRAIN website. Follow the on-screen instructions.
Liability Protections

The Medical Reserve Corps volunteers are protected from liability in varying degrees by state and federal laws. Both Connecticut’s Title 28-13 and the federal Volunteer Protection Act (codified at 42 U.S.C. §14501et. Seq.) shown below, provide qualified immunity for liability for volunteers. The federal law preempts any inconsistencies in state laws, except when state laws provide stronger protections than those contained in the Volunteer Protection Act.

Connecticut’s Liability Protection

Sec. 28-13. Immunity from liability. (a) Neither the state nor any political subdivision of the state nor, except in cases of willful misconduct, the agents or representatives of the state or any political subdivision thereof nor any member of the civil preparedness forces of the state nor any person authorized by such civil preparedness forces or by any member of such civil preparedness forces complying with or attempting to comply with this chapter or any order or regulation promulgated pursuant to the provisions of this chapter, or pursuant to any ordinance relating to blackout or other precautionary measures enacted by any political subdivision of the state nor any person employed by or authorized to assist any agency of the federal government in the prevention or mitigation of any major disaster or emergency, shall be liable for the death of or injury to persons or for damage to property as a result of any such activity. The Attorney General shall appear for and defend the state, any political subdivision of the state and the agents or representatives of the state or any political subdivision thereof or any member of the civil preparedness forces of the state or any other person exempted from liability for his acts under this section in any civil action brought for the death of or injury to persons or for damage to property as a result of any such activity.

Federal Liability Protection

Under the Volunteer Protection Act, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:

- The act or omission was within the scope of the volunteer’s responsibilities in the organization or entity.
- If required, the volunteer was properly licensed, certified or authorized by the appropriate state authorities for the activities or practice giving rise to the claim.
- The harm was not caused by “willful or criminal misconduct, gross negligence, reckless misconduct or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer.”
- The harm was not caused by the volunteer’s operation of a motor vehicle, vessel, aircraft or other vehicle for which the state requires the operator to possess a license or maintain insurance.
Concept of Operations

The Medical Reserve Corps will operate under the Incident Command System (ICS), a component of the National Incidence Management System. The use of this system allows Region 1 MRCs to be readily integrated into the emergency response system used by local emergency services agencies throughout the region. Below is a description of the basic philosophy behind ICS.

**National Incident Management System (NIMS) Basic Concepts.**

Most emergencies involve response from multiple disciplines and may involve more than one jurisdiction. The National Incident Management System (NIMS) addresses these issues and provides a standardized organizational structure and common terminology, providing a useful and flexible management system that is particularly adaptable to incidents involving multi-jurisdictional and multi-agency responses, particularly in the field. MRC members will be trained in this system.

The Incident Command System (ICS) provides the flexibility to rapidly activate and establish an organizational structure around the functions that need to be performed in order to efficiently and effectively mitigate an emergency. ICS can be utilized for any type or size of emergency, ranging from a minor incident involving only a few members of the emergency organization, to a major incident involving multiple agencies and/or jurisdictions. ICS allows agencies throughout the region, and at all levels of government, to communicate using common terminology and operating procedures. It also allows for the timely acquisition of a combination of resources during time of emergency.

ICS organizational structure develops in a modular fashion based upon the type and size of the incident. The organization’s staff is built from the top down. As the need arises, five separate sections can be developed, each with several units that may be established as needed. The specific organizational structure established for any given emergency will be based on the management and resource needs of the incident.

**Activation of CT Region 1 MRCs**

The decision to activate the MRC may be made independently by the director of the sponsoring agency, or upon request of emergency management or local officials. In the event MRC members were needed to respond on a broader regional or federal level, your service may be requested through your local MRC. All responses, whether local, regional, or federal, are ultimately the decision of both the unit leader and the individual volunteer.

In the event of an emergency, the Medical Reserve Corps personnel will contact volunteers by phone and provide you with information on the volunteer assignment along with details on how to notify the MRC of your availability. This call may be an electronic message that requests that you respond by pressing the number pad as instructed by the telephone prompts. Volunteers will be asked to assemble at a pre-designated location and prepare for deployment to an emergency scene. It may be necessary for elements of the MRC or volunteers with specialized skills to deploy in support of emergency response efforts, rather than the entire unit. MRC personnel may be deployed to an emergency scene in the field, to a specific facility, or to any other location where the services are needed. Upon arrival, MRC volunteers will check in with...
the appropriate officials (usually at a staging area) and unit personnel will be integrated into the emergency response effort as directed by Incident Command.

Public Health Operations

For mass immunizations or prophylaxis operations conducted by the Local Health Department, volunteer personnel will be needed to augment the public health staff in administering vaccines, handling patient education, screening patients, maintaining medical records and other activities that must be conducted in support of direct medical activities. In operations involving the deployment of the Strategic National Stockpile (SNS), local MRC pharmacists will oversee and assist with reformulations and breakdown of bulk packages to smaller, patient-specific prescriptions.

MRC personnel may also assist in staffing triage centers, alternate care sites, and call centers, consistent with CDC and/or public health agency protocols and local plans. Depending on their availability, MRC personnel may support and assist local agencies in other emergency operations for which they are properly licensed, trained and equipped.

Field Medical Operations

The MRCs in CT Region 1 will not act as a freestanding medical resource at incident scenes. Rather, unit personnel shall be integrated into the Incident Command System and, to the extent of their training and capabilities, provide assistance and support as needed.

Demobilization

The MRC personnel will support emergency medical, public health or hospital operations for the duration of an incident or as long as their assistance is required. It is possible that some unit personnel and resources are demobilized before others as their assignments are completed. Unit personnel will demobilize along with other on-scene personnel and resources, in accordance with the Incident Action Plan and/or the Incident Commander’s instructions. When demobilizing, unit personnel should ensure that the following actions are accomplished:

- Ensure all assigned activities are completed.
- Unit personnel should ask their immediate on-scene supervisor if additional assistance is required.
- Account for and return all equipment.
- Submit all required documentation.
- Clean up any debris or trash associated with the unit assignments.
- The Unit Leader and Transportation Officer should ensure availability of transportation home for unit personnel.
- Notify the Incident Commander (or similar hospital or public health agency official if operating within those settings) when unit personnel and resources depart the site.
MRC and Volunteers’ Rights and Responsibilities

MRC Unit’s Responsibilities to the Volunteer

The MRC Unit will provide training opportunities for all MRC volunteers in both classroom and online formats. Your local MRC Unit will provide appropriate equipment and supplies, such as identification badges and a uniform T-shirt.

MRC Units will not share volunteers’ contact information with outside agencies except for official emergency preparedness and response activities. Examples of such disclosure include, but are not limited to, (a) other local, regional, state, or federal MRC individuals authorized to coordinate emergency response, (b) State of Connecticut Department of Public Health MRC Coordinator, and (c) State of Connecticut Department of Emergency Management and Homeland Security officials.

The MRC Unit will strive to provide volunteers with opportunities to work within their own fields of expertise and preference during an emergency event. However, deployment assignments are ultimately made based upon the needs of the incident. Individuals may be assigned to tasks for which they are capable to perform but may not prefer.

Volunteer Rights

As a volunteer with the Medical Reserve Corps, you enjoy certain rights that should be recognized by your MRC Unit Leader and the staff at the MRC:

- Assignments that utilize and develop your skills whenever possible.
- Adequate information and training to carry out your assignments.
- Clear and specific directions.
- Recognition and appreciation for your contribution.
- Opportunities to offer feedback and ask questions.
- Feedback on your work performance.
- Adequate space, equipment and supplies to perform your job.
- The right to know as much about the organization as possible.
- Respect in your workplace.

Note: In some circumstances, MRC members may be requested to volunteer in austere conditions. During these circumstances, you will be advised in advance of this possibility and, to the extent known or expected, the nature of the severe working conditions. As always, it is ultimately your decision whether or not to accept a request to deploy.

Volunteer Responsibilities

Volunteers also have responsibilities to the Medical Reserve Corps. As a volunteer, you are free to set your own work schedule, but you must be prepared to fulfill the commitments you make.

- Once you have been scheduled for duty, recognize that you have made a commitment to the MRC unit and that Incident Command staff is expecting your skills for the success of the overall operation. Other than a personal emergency occurring, once you have made a commitment to your team, we ask that you honor that commitment.
• Arrive on time.
• You must be dependable, reliable, and businesslike, and abide by the policies of the MRC.
• Dress appropriately for the setting and the task at hand.
• Carry out duties in a safe, responsible way.
• Maintain the confidentiality of information revealed to you regarding clients and coworkers.
• Keep track of the hours you work on forms provided.
• You must be non-discriminatory in serving all people regardless of race, gender, age, religion, sexual orientation, or disability.
• Work within the guidelines of your job description and accept supervision.
• Offer feedback and suggestions when appropriate and at the right time.
• Be prepared for any regularly scheduled meetings.
• You must represent the Medical Reserve Corps appropriately in the community.
**Region 1 MRC Policies**

**Volunteer Safety**

All volunteers will receive safety training that is appropriate to their level of function in the Medical Reserve Corps. MRC members, who, in the course of their duties, may be at risk of exposure to bloodborne pathogens, will be advised of this risk. Members will receive training that discusses these risks and how their risks may be reduced, such as by using Personal Protective Equipment (PPE) such as gloves or masks. PPE will be provided by the MRC.

During an emergency drill or deployment, a supervisor or safety officer will discuss all the applicable safety and health rules with you. If you are unclear about any safety policies and procedures, ask your supervisor. Providing a clean, safe and healthful work environment is a primary goal of the MRC. No job is considered so important or urgent that volunteers cannot take time to perform their job safely.

As a MRC volunteer, you have a responsibility for your own safety and health. This includes using all required safety devices. You must also notify your supervisor of any physical conditions, illness or emotional strain, which may affect your performance and safety. You must immediately report all work-related accidents, injuries, illnesses and “near misses” to your supervisor.

**Electronic Communications Policy**

Electronic communication systems utilized by Region 1 MRCs, including but not limited to telephones, handheld two-way radios, e-mail, voice mail, faxes and Internet, are available to conduct business in a timely manner. All communications are to be professional and appropriate. Users are prohibited from using electronic communication systems for non-MRC related activities, political messages, or harassing or threatening messages. All communications systems remain the property of the MRC and are subject to monitoring. Any and all electronic data recorded are the property of the local jurisdiction and may be considered public records.

**Drug and Alcohol Free Workplace**

The Medical Reserve Corps is dedicated to a safe, healthy and drug-free work environment. All MRC volunteers are expected to report to duty free from drug and/or alcohol impairment and to remain in a condition that enables them to perform their job duties in a safe, efficient, legal and professional manner. You shall not accept deployment or report for duty if you have consumed alcohol within the last six hours, or have taken medications or any other substance that may currently impact your judgment or cause drowsiness. Volunteers who may have an alcohol and/or drug problem are encouraged to voluntarily seek evaluation and treatment that will lead to successful rehabilitation. Volunteers must abide by the provisions of this policy as a condition of volunteer service.
Use of IDs and Uniforms

Each local Medical Reserve Corps unit will establish their uniform requirements while participating in MRC events. The wearing of uniforms by unit volunteers serves several purposes. Uniforms clearly identify members of the MRC, enhance the esprit de corps of unit volunteers and facilitate a professional appearance. In the absence of a uniform, MRC members may be provided with an identification vest.

Use of MRC uniform apparel and/or ID badges when not representing the MRC is strictly prohibited.

Dealing with Medical Reserve Corps Funds

MRC operations are largely funded through federal MRC capacity building awards, public health emergency preparedness grants, and homeland security grants. Grant funds are administered by the local MRC unit leaders as part of their responsibilities as an employee of their host agencies (i.e. their local health department).

In the event that local MRC units were to solicit and/or accept donations, all activities must be coordinated through the local MRC leader. MRC members shall not independently solicit funds without the knowledge and permission of the local MRC leader.

During certain deployments, such as an influenza vaccination clinic, MRC members may be tasked with the collection of funds from clients/patients. Any handling of funds by such members shall be done using protocols prescribed by the local agency.

Media Inquiries

During emergency drills or deployments it is common for reporters to seek information from all responders, including MRC members. Unless specifically permitted by the Incident Commander, MRC volunteers shall not provide information to the media. MRC members who are approached by the media shall professionally and respectfully refer the reporter to the Public Information Officer. It is imperative that the Public Information Officer appointed by the Incident Commander handles all communication with the media.

Emblem/Logo

The Medical Reserve Corps logo is a legally protected service mark and trademark registered with the U.S. Patent and Trademark Office and is exclusively held by the U.S. Department of Health and Human Services. As owner of the Medical Reserve Corps marks, logos, and banners, the U.S. Department of Health and Human Services is legally responsible for protecting its trademark, in all of its various forms and from any intentional and unintentional misuse. Specific, prior approval must be obtained in writing for each individual use of the Medical Reserve Corps logo by applying to the Medical Reserve Corps. This is handled by the local MRC leader.

Anyone who receives permission to use the Medical Reserve Corps logo incurs an obligation and duty to maintain the integrity and consistency of the logo, marks, or banners. Use of the Medical Reserve Corps logo without approval or in an inappropriate manner may result in legal action. MRC members are NOT permitted to utilize the MRC logo, in any fashion, without express permission from the local MRC leader.
**Code of Conduct**

In an effort to maintain the high standard of conduct expected and deserved by the public and to enable the organization to continue to offer services required by those in need, the MRC operates under the following Code of Conduct, applicable to all volunteers.

No volunteer shall:

- Authorize the use of the name, emblem, endorsement, services, or property of the Medical Reserve Corps (MRC).
- Accept or seek on behalf of themselves or any other person, any financial advantage or gain of, other than nominal value, that may be offered because of the volunteer’s affiliation with the MRC.
- Publicly utilize any MRC affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official positions of the MRC.
- Disclose any confidential information that is available solely as a result of the volunteer’s affiliation with the MRC to any person not authorized to receive such information, or use to the disadvantage of the MRC any such confidential information, without the express authorization of the MRC.
- Knowingly take any action or make any statement intended to influence the conduct of the MRC in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
- Operate or act in any manner that is contrary to the best interests of the MRC.
- Function or perform in a way that is not consistent with this volunteer policy handbook.

In the event of the volunteer’s obligation to operate in the best interests of the MRC conflicts with the interests of any organization in which the individual has a financial interest or an affiliation, the individual shall disclose such conflict to the MRC unit leader upon becoming aware of it, shall recuse him/herself from any deliberations or discussions on the matter.

**Performance**

Volunteers are expected to comply with the policies, procedures, and standards of the Medical Reserve Corps (MRC) as explained at the beginning of their assignment, at volunteer orientations and in this volunteer policy handbook.

If the supervisor of an MRC member is dissatisfied with a volunteer’s performance, the first course of action is to communicate that concern directly to the volunteer. If they are unable to reach an understanding, the MRC Unit Leader will resolve the matter. In most cases, a volunteer will be given sufficient time to respond affirmatively or request reassignment to a more suitable placement. In some cases, however, immediate action may be required depending upon the severity of the issue. The MRC Unit Leader has final authority on all matters concerning MRC volunteers’ membership status.

**Operation of Motor Vehicles**

MRC volunteers participating in any drill, deployment, mission, training event, or other authorized activity shall possess a valid Connecticut motor vehicle operator’s license if they are assigned to operate vehicles during their duties. All MRC volunteers driving vehicles to or from an MRC mission...
must possess a valid driver’s license and required insurance with a minimum liability level of $100,000 per person and $300,000 per accident.

Use of private vehicles by MRC volunteers in any mission, training event, or other authorized activity without required liability insurance is prohibited unless specifically directed otherwise by an authorized official in accordance with current law.

MRC volunteers shall adhere to all applicable traffic laws and regulations during any mission, training event, or other authorized activity.
MRC Contact Information

**Bridgeport MRC**
Bridgeport Medical Reserve Corps Director
Bridgeport Department of Health and Social Services
752 East Main Street
Bridgeport, CT 06608
Phone: 203-576-7024
Fax: 203-332-5646
email: bridgeportmrc@bridgeportct.gov

**Fairfield Easton MRC**
Fairfield Easton Medical Reserve Corps Director
Sullivan Independence Hall
725 Old Post Road
Fairfield, CT 06824
Phone: 203-256-3020
Fax: 203-256-3080

**Stamford MRC**
Stamford Medical Reserve Corps Director
Stamford Department of Health and Social Services
888 Washington Boulevard
Stamford, CT 06904
Phone: 203-977-4369
Fax: 203-977-5882
www.stamfordmrc.org

**Stratford-Trumbull-Monroe**
Stratford-Trumbull-Monroe Medical Reserve Corps Director
Town of Stratford
468 Birdseye Street
Stratford, CT 06615
Phone: 203-385-4090
Fax: 203-381-2048
Email: mrc@townofstratford.com
www.townofstratford.com

**Westport Weston Wilton MRC**
Westport Weston Wilton Medical Reserve Corps Director
Westport Weston Health District
Phone: 203-221-7199
Fax: 203-221-7199
Email: mrc@wwhd.org
www.wwhd.org
The Budget Committee of the BET has asked for the Town Attorney's input on potential liability exposure of the Town from the activities of medical volunteers participating in emergency civil preparedness activities as part of the Greenwich Medical Reserve Corps ("MRC"). One of the concerns expressed was the possibility of a member of the public being injured as a result of the improper administration of medication by a medically trained volunteer and member of the MRC.

In order to respond to your question, we have reviewed State and Federal statutes, opinions of the Connecticut Attorney General and various procedures and protocols established by the Connecticut Department of Emergency Management and Homeland Security ("DEMHS"). We have also spoken with Ms. Caroline Baisley, Mr. Dan Warzoha and Mr. Robert F. Kenny, Jr., Region 1 Emergency Management Area Coordinator for DEMHS.

While Connecticut law provides varying degrees of protection from liability for municipal officers, agents and volunteers, of particular relevance to your inquiry is Connecticut General Statutes § 28-13 which states that:

Neither the state nor any political subdivision of the state nor, except in cases of willful misconduct, the agents or representatives of the state or any political subdivision thereof, nor any member of the civil preparedness forces of the state nor any person authorized by such civil preparedness forces or by any member...
Marc Johnson, Chairman, Budget Committee of the BET
Re: Greenwich Medical Reserve Corps.
May 29, 2014
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of such civil preparedness forces complying with or attempting to comply with this chapter or any order or regulation promulgated pursuant to the provisions of this chapter . . . shall be liable for the death of or injury to persons or for damage to property as a result of any such activity. The Attorney General shall appear for and defend the state or any political subdivision thereof or any member of the civil preparedness forces of the state or any other person exempted from liability for his acts under this section in any civil action brought for the death of or injury to persons or for damage to property as a result of any civil preparedness activity.

General Statutes § 28-13(a).

“Civil preparedness forces” have been defined as organized personnel engaged in carrying out civil preparedness functions, and include MRCs such as the Greenwich MRC. General Statutes § 28-1((e). The definition of “civil preparedness” includes measures taken to minimize or control the effects of a major disaster, measures taken in preparation for anticipated attacks, major disasters or emergencies, including rescue, emergency medical health and sanitation services. General Statutes § 28-1(d)

Based on our review of the above referenced statutory provisions and confirmed by our review of DEMHS procedures and protocols, it is our opinion that the Town and its medical volunteers acting during or in preparation for a civil preparedness emergency are exempt from liability for death of or injury to persons or property as long as their actions are not willful. However, this does not mean that the Town and its volunteers are exempt or immune from being sued. In the event that a lawsuit is filed against the Town and an individual volunteer, our defense would be that the Town and the individual are immune from liability under General Statutes § 28-13(a) and that our actions did not constitute willful misconduct. If there are allegations of willful misconduct and they are proven, the immunity from liability will not apply. General Statutes § 28-13 also states that the Attorney General’s office will appear for the municipality and the individual and defend their interests in Court.

It is important to keep in mind that the protections afforded by General Statutes § 28-13(a) apply only if the Town follows the standard operating procedure outlined by DEMHS prior to activating the MRC. DEMHS staff has reiterated that proper activation is essential. The request for activation must be initiated by the local Emergency Management Director. The process involves several layers of approval, starting with the DEMHS Regional Coordinator and ending with final approval from the Director of DEMHS. Also included in the process is the State Department of Public Health’s MRC Coordinator. As part of the approval process, the names of all the MRC volunteers who are being activated must be provided to DEMHS. If there is an imminent emergency, the request for activation may be made orally with a written request to follow. We were informed that the Town has had no issues in complying with this procedure on occasions when the MRC was activated.
Marc Johnson, Chairman, Budget Committee of the BET  
Re: Greenwich Medical Reserve Corps.  
May 29, 2014  
Page 3  

I trust we have answered your initial question. We will be available to answer any further questions you or other members of the Budget Committee or the BET may have.

AA:js

cc: Mary Lee Kiernan, BET Budget Committee  
Jeffrey S. Ramer, BET Budget Committee  
Leslie L. Tarkington, BET Budget Committee  
Michael S. Mason, Chairman, BET  
Peter Mynarski, Comptroller  
Caroline Baisley, Director of Health  
Dan Warzoha, Emergency Management Director  
Ron Lalli, Risk Management Director  
John Wayne Fox, Town Attorney
Department & Division: Health

Action Requested: Release of Conditions

Date of Submission: May 27, 2014

<table>
<thead>
<tr>
<th>Fund</th>
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<th>Project</th>
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<td>57050</td>
<td>Social Security</td>
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From: MRC Funds - Grant 4,000.00

Justification of Request:
This request is being made to fund the Greenwich Medical Reserve Corps (MRC) administered by the Department of Homeland Security through the Westport/Weston Health District. These funds will be used for the enhancement of the existing MRC program.

Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: Comptroller: _____________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Vote Clerk of the Board:

Email this form as a PDF along with any supporting documentation (in PDF Format)
Department & Division: Health

Action Requested: Release of Conditions

Date of Submission: May 27, 2014

<table>
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<tr>
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<tr>
<td>To:</td>
<td>A440</td>
<td>57225</td>
<td></td>
<td>Contribution to GEMS</td>
<td>2,309,955.00</td>
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From:  

2,309,955.00

Justification of Request:

Release of First Half Payment for GEMS for FY2014/2015 per attachments.

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: Comptroller: ____________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Vote: Clerk of the Board: ____________________

Email this form as a PDF along with any supporting documentation (in PDF Format)
May 13, 2014

Ms. Caroline Baisley
Department of Health
Greenwich Town Hall
101 Field Point Road
Greenwich, CT 06830

RE: 1st Half Town Fee Invoice 2014-2015

Dear Ms. Baisley:

This letter requests $2,309,955 representing the 1st Half payment of the town fee for fiscal year 2014-2015, audit fees of $24,000 and insurance costs of $93,000. The approved fee for the fiscal year 2014-2015 is $4,385,909.

Approved fee FY 2014-2015

<p>| | |</p>
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<tr>
<td>1st Half payment</td>
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<td>24,000</td>
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<td>Insurance</td>
<td>93,000</td>
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| Total Due        | $2,309,955    |

The remaining balance for the second payment is $2,075,954.

Sincerely,

John Strong
Fiscal Officer
GEMS Quarterly Report

TO:  C. Baisley, Director of Health
      J. Crary, Town Administrator
      P. Mynarski, Comptroller
      M. Mason, BET Chairman
      M. Johnson, BET Budget Chairman
      R. Gieger, Budget Director
      D. Flynn, Health Department
      A. Augustine, Health Department
      C. Budkins, Town Clerk

FROM: Charlee A. Tufts

RE: Financial and Quarterly Report

DATE: May 2014

Attached is GEMS' Operational and Financial Quarterly Report
<table>
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<tr>
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<td><strong>Total Number of Ambulance Calls by Branch</strong></td>
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<tr>
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<tr>
<td><strong>Type of Calls, by Medic Station</strong></td>
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<tr>
<td>Inter-Hospital Emergency Transports</td>
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<td>Patient Transports</td>
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<td>95</td>
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<td>67</td>
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<td><strong>Sub-Total</strong></td>
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<td>Assist</td>
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<td>28</td>
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<td>Canceled</td>
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<td>Fire/ Police Standby</td>
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<td>Public Stand-by</td>
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<td>28</td>
<td>11</td>
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<tbody>
<tr>
<td><strong>Breakdown of Response Times by Percentage For All Code-20 Calls Patient Transpoted</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 minutes or less</td>
<td>73%</td>
<td>20%</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 minutes - 8 minutes</td>
<td>121</td>
<td>33</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 8 minutes</td>
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<td></td>
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<tr>
<td><strong>Breakdown of Response Times by Percentage For Medic 1 Code-20 Patients Transpoted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 minutes or less</td>
<td>76%</td>
<td>20%</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 minutes - 8 minutes</td>
<td>45</td>
<td>12</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 8 minutes</td>
<td></td>
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<tr>
<td><strong>Breakdown of Response Times by Percentage For Medic 2 Code-20 Patients Transpoted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 minutes or less</td>
<td>85%</td>
<td>11%</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 minutes - 8 minutes</td>
<td>39</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 8 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tbody>
<tr>
<td><strong>Breakdown of Response Times by Percentage For Medic 3 Code-20 Patients Transpoted</strong></td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>5 minutes or less</td>
<td>16%</td>
<td>56%</td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 minutes - 8 minutes</td>
<td>4</td>
<td>13</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 8 minutes</td>
<td></td>
<td></td>
<td></td>
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<tbody>
<tr>
<td><strong>Breakdown of Response Times by Percentage For Medic 4 Code-20 Patients Transpoted</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5 minutes or less</td>
<td>87%</td>
<td>8%</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 minutes - 8 minutes</td>
<td>33</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 8 minutes</td>
<td></td>
<td></td>
<td></td>
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</table>
Extended Response Time Analysis

Study period: February 1 - February 28 2014

Total days studied: 28

Extended responses: 18*

Range: 8 minutes - 24 minutes

Distribution:

- 8 minutes - 4
- 9 minutes - 5
- 10 minutes - 3
- 11 minutes - 0
- 12 minutes - 1
- 13 minutes - 0
- > 13 min - 5

18 total

Distribution by unit:

- Medic 1 - 3
- Medic 2 - 3
- Medic 3 - 10
- Medic 4 - 2

Mean: 9.5 minutes

Mode: 9 minutes

- Definition of extended response time for this study – Dispatched code 20 with arrival time of 8 minutes or greater [all call locations are included in study, even those that are listed as exceptions within our Town contract]

1. Weather was a factor in 4 of the responses.
2. Medic 4 was back on station at King St location. Eight of 18 delays were on the King St. corridor
## Patient And Call Information
### Greenwich EMS

### Feb-14

<table>
<thead>
<tr>
<th>Branch #</th>
<th>Service Date</th>
<th>Incident #</th>
<th>Resp Time</th>
<th>Vehicle Description</th>
<th>Incident Address</th>
<th>Notes</th>
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<tr>
<td>1</td>
<td>02/01/2014</td>
<td>7483</td>
<td>10</td>
<td>Medic 1</td>
<td>RT15 NB PRIOR TO 31</td>
<td>from Glenville</td>
</tr>
<tr>
<td>3</td>
<td>02/02/2014</td>
<td>7690</td>
<td>8</td>
<td>Medic 3</td>
<td>1165 King street last unit</td>
<td></td>
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<tr>
<td>3</td>
<td>02/06/2014</td>
<td>8399</td>
<td>9</td>
<td>Medic 3</td>
<td>70 PARSONAGE RD snow</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>02/06/2014</td>
<td>8608</td>
<td>12</td>
<td>Medic 2</td>
<td>55 LOCUST ST M-3 busy, from Sta 2</td>
<td></td>
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<tr>
<td>1</td>
<td>02/07/2014</td>
<td>8833</td>
<td>9</td>
<td>Medic 1</td>
<td>3 RIVER AVE from GHA</td>
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<tr>
<td>3</td>
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<td>8902</td>
<td>17</td>
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<td>1165 KING ST from Hillside</td>
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<td>4</td>
<td>02/09/2014</td>
<td>9382</td>
<td>10</td>
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<td>114 PINE ST snow</td>
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<td>3</td>
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<td>9398</td>
<td>24</td>
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<td>6 FITCH LN snow</td>
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<td>3</td>
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<td>10</td>
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<td>4</td>
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<td>11728</td>
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<td>Medic 4</td>
<td>27 RT15 NB into NY and back</td>
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<td>2</td>
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<td>1188 King street from GHA</td>
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<td>1</td>
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<td>9</td>
<td>Medic 1</td>
<td>1165 KING ST M-4 busy, from GHA</td>
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<td>3</td>
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<td>11851</td>
<td>8</td>
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<td>195 at 4 NB wrong dispatch location</td>
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<td>Medic 3</td>
<td>69 TACONIC RD no house number</td>
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9.5 | Median |

9 | Mode |
### Total Number of Ambulance Calls by Branch

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<td>218</td>
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### Total Number of Code-20 Responses

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<th>MEDIC 2</th>
<th>MEDIC 3</th>
<th>MEDIC 4</th>
<th>ALL</th>
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<td>31</td>
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### ALS / BLS Breakout

<table>
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<th>MEDIC 1</th>
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<th>MEDIC 3</th>
<th>MEDIC 4</th>
<th>ALL</th>
</tr>
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### Type of Calls, by Medic Station

#### Inter-Hospital
- Emergency Transports: 0
- Patient Transports: 1
- Hospital Non-ED: 0
- Mutual Aid - other: 0

#### Sub-Total: 1

<table>
<thead>
<tr>
<th></th>
<th>BACKUP</th>
<th>MEDIC 1</th>
<th>MEDIC 2</th>
<th>MEDIC 3</th>
<th>MEDIC 4</th>
<th>ALL</th>
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</thead>
<tbody>
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<tr>
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<td>17</td>
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<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Fire/ Police Standby</td>
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<td></td>
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<td>23</td>
<td>12</td>
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### Number of Code-20 Responses with Patients Transported/ Avg. Response Time

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<th>MEDIC 2</th>
<th>MEDIC 3</th>
<th>MEDIC 4</th>
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</tr>
</thead>
<tbody>
<tr>
<td>min</td>
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<td>59</td>
<td>22</td>
<td>54</td>
<td>230</td>
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<tr>
<td>3.93 min</td>
<td>3.82 min</td>
<td>6.69 min</td>
<td>4.43 min</td>
<td>4.28 min</td>
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### Breakdown of Response Times by Percentage For All Code-20 Calls Patient Transpoted

<table>
<thead>
<tr>
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<th>6 minutes - 8 minutes</th>
<th>&gt; 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>81%</td>
<td>81%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>186</td>
<td>186</td>
<td>28</td>
<td>16</td>
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</tbody>
</table>

### Breakdown of Response Times by Percentage For Medic 1 Code-20 Patients Transported

<table>
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<th>6 minutes - 8 minutes</th>
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<tr>
<td>87%</td>
<td>87%</td>
<td>8%</td>
<td>4%</td>
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<tr>
<td>85</td>
<td>85</td>
<td>8</td>
<td>4</td>
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</table>

### Breakdown of Response Times by Percentage For Medic 2 Code-20 Patients Transported

<table>
<thead>
<tr>
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<th>6 minutes - 8 minutes</th>
<th>&gt; 8 minutes</th>
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</thead>
<tbody>
<tr>
<td>80%</td>
<td>80%</td>
<td>17%</td>
<td>3%</td>
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<td>47</td>
<td>47</td>
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<td>2</td>
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</table>

### Breakdown of Response Times by Percentage For Medic 3 Code-20 Patients Transported

<table>
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<th>6 minutes - 8 minutes</th>
<th>&gt; 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>55%</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>12</td>
<td>12</td>
<td>5</td>
<td>4</td>
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</tbody>
</table>

### Breakdown of Response Times by Percentage For Medic 4 Code-20 Patients Transported

<table>
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<th>6 minutes - 8 minutes</th>
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<tr>
<td>81%</td>
<td>81%</td>
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<td>6%</td>
</tr>
<tr>
<td>44</td>
<td>44</td>
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<td>5</td>
</tr>
</tbody>
</table>
Extended Response Time Analysis

Study period: March 1 – March 31, 2014

Total days studied: 31

Extended responses: 18*

Range: 8 minutes - 15 minutes

Distribution: 8 minutes - 2
9 minutes - 4
10 minutes - 3
11 minutes - 4
12 minutes - 1
13 minutes - 1
> 13 min - 3

18 total

Distribution by unit:

Medic 1 - 3
Medic 2 - 4
Medic 3 - 4
Medic 4 - 7

Mean: 10.5 minutes

Mode: 11 minutes

• Definition of extended response time for this study – Dispatched code 20 with arrival time of 8 minutes or greater [all call locations are included in study, even those that are listed as exceptions within our Town contract]

1. Two (2) responses to incorrect locations of MVA’s on limited access roads.
2. No extended responses on King St corridor with Medic 4 returned to normal station
**Patient And Call Information**

Greenwich EMS

Mar-14

<table>
<thead>
<tr>
<th>Branch #</th>
<th>Service Date</th>
<th>Incident #</th>
<th>Resp Time</th>
<th>Vehicle Description</th>
<th>Incident Address</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>03/01/2014</td>
<td>13901</td>
<td>11</td>
<td>Medic 4</td>
<td>149 GREENWICH AVE</td>
<td>M-1 busy, from Sta 4</td>
</tr>
<tr>
<td>3</td>
<td>03/03/2014</td>
<td>14321</td>
<td>11</td>
<td>Medic 3</td>
<td>131 MONICA RD</td>
<td>from Sta 3</td>
</tr>
<tr>
<td>4</td>
<td>03/05/2014</td>
<td>14695</td>
<td>8</td>
<td>Medic 4</td>
<td>1 RAILROAD AVE</td>
<td>from Glenville</td>
</tr>
<tr>
<td>3</td>
<td>03/07/2014</td>
<td>15288</td>
<td>13</td>
<td>Medic 3</td>
<td>31 RT15 SB</td>
<td>from Sta 3</td>
</tr>
<tr>
<td>4</td>
<td>03/07/2014</td>
<td>15327</td>
<td>14</td>
<td>Medic 4</td>
<td>27 RT15 SB</td>
<td>wrong location</td>
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<tr>
<td>3</td>
<td>03/09/2014</td>
<td>15757</td>
<td>11</td>
<td>Medic 3</td>
<td>74 HOWARD RD</td>
<td>from GHA</td>
</tr>
<tr>
<td>2</td>
<td>03/10/2014</td>
<td>16027</td>
<td>9</td>
<td>Medic 2</td>
<td>140 PECKSLAND RD</td>
<td>last unit</td>
</tr>
<tr>
<td>1</td>
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<td>16618</td>
<td>10</td>
<td>Medic 1</td>
<td>1 HIGH STREET</td>
<td></td>
</tr>
<tr>
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<td>03/15/2014</td>
<td>17110</td>
<td>14</td>
<td>Medic 1</td>
<td>27 BEDFORD RD</td>
<td>last unit from Hub</td>
</tr>
<tr>
<td>3</td>
<td>03/19/2014</td>
<td>18067</td>
<td>15</td>
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<td>36 ANGUS LANE</td>
<td>from Sta 3</td>
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<td>2</td>
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<td>94 PECKSLAND RD</td>
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<td>10</td>
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<td>12 RITCH AVE W</td>
<td>M-1 busy, from Sta 4</td>
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<td>2</td>
<td>03/24/2014</td>
<td>19116</td>
<td>8</td>
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<td>6 ROBIN PL</td>
<td>from Sta 2</td>
</tr>
<tr>
<td>2</td>
<td>03/24/2014</td>
<td>19199</td>
<td>9</td>
<td>Medic 2</td>
<td>22 DAIRY RD</td>
<td>from Sta 2</td>
</tr>
<tr>
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<td>64 JOHN ST</td>
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<tr>
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<td>19389</td>
<td>11</td>
<td>Medic 1</td>
<td>15 ONEIDA DR</td>
<td>from Glenville</td>
</tr>
<tr>
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<td>03/26/2014</td>
<td>19610</td>
<td>9</td>
<td>Medic 4</td>
<td>I95</td>
<td>from Glenville</td>
</tr>
<tr>
<td>4</td>
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<td>10</td>
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<td>wrong location</td>
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</table>

10.5 Mean

11 Mode
## Total Number of Ambulance Calls by Branch

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<th>MEDIC 2</th>
<th>MEDIC 3</th>
<th>MEDIC 4</th>
<th>ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>15</td>
<td>216</td>
<td>116</td>
<td>58</td>
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## Total Number of Code-20 Responses

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<th>Branch</th>
<th>BACKUP</th>
<th>MEDIC 1</th>
<th>MEDIC 2</th>
<th>MEDIC 3</th>
<th>MEDIC 4</th>
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## ALS / BLS Breakout

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<th>MEDIC 2</th>
<th>MEDIC 3</th>
<th>MEDIC 4</th>
<th>ALL</th>
</tr>
</thead>
<tbody>
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<td>ALS</td>
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<td>92</td>
<td>54</td>
<td>18</td>
<td>43</td>
<td>207</td>
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<tr>
<td>BLS</td>
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<td>61</td>
<td>31</td>
<td>7</td>
<td>22</td>
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<td>ALL</td>
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<td>153</td>
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<td>25</td>
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<td>328</td>
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</tbody>
</table>

## Type of Calls, by Medic Station

<table>
<thead>
<tr>
<th>Type</th>
<th>BACKUP</th>
<th>MEDIC 1</th>
<th>MEDIC 2</th>
<th>MEDIC 3</th>
<th>MEDIC 4</th>
<th>ALL</th>
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</thead>
<tbody>
<tr>
<td>Emergency Transports</td>
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<td></td>
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</tr>
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<td>Mutual Aid - other</td>
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<td></td>
<td></td>
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<td>25</td>
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<td>Assist</td>
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<td>1</td>
<td></td>
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<td></td>
<td>2</td>
</tr>
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<td>Cancelled</td>
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<td>Fire Police Standby</td>
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<td>6</td>
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</tr>
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<td>ALL</td>
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<td>502</td>
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## Number of Code-20 Responses with Patients Transported/ Avg. Response Time

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<thead>
<tr>
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<th>BACKUP</th>
<th>MEDIC 1</th>
<th>MEDIC 2</th>
<th>MEDIC 3</th>
<th>MEDIC 4</th>
<th>ALL</th>
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</thead>
<tbody>
<tr>
<td>min</td>
<td>3.92 min</td>
<td>4.32 min</td>
<td>6.04 min</td>
<td>5.24 min</td>
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</table>

## Breakdown of Response Times by Percentage For All Code-20 Calls Patient Transpoted

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<tr>
<th>Time</th>
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<th>6 minutes - 8 minutes</th>
<th>&gt; 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>as a %</td>
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<td>as a raw count</td>
<td>192</td>
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</tbody>
</table>

## Breakdown of Response Times by Percentage For Medic 1 Code-20 Patients Transported

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes or less</th>
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<th>&gt; 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>as a %</td>
<td>85%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>as a raw count</td>
<td>76</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

## Breakdown of Response Times by Percentage For Medic 2 Code-20 Patients Transported

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes or less</th>
<th>6 minutes - 8 minutes</th>
<th>&gt; 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>as a %</td>
<td>76%</td>
<td>16%</td>
<td>6%</td>
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<tr>
<td>as a raw count</td>
<td>40</td>
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<td>3</td>
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## Breakdown of Response Times by Percentage For Medic 3 Code-20 Patients Transported

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes or less</th>
<th>6 minutes - 8 minutes</th>
<th>&gt; 8 minutes</th>
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</thead>
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<tr>
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<td>6%</td>
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<tr>
<td>as a raw count</td>
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<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

## Breakdown of Response Times by Percentage For Medic 4 Code-20 Patients Transported

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes or less</th>
<th>6 minutes - 8 minutes</th>
<th>&gt; 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>as a %</td>
<td>65%</td>
<td>30%</td>
<td>5%</td>
</tr>
<tr>
<td>as a raw count</td>
<td>26</td>
<td>12</td>
<td>2</td>
</tr>
</tbody>
</table>
Extended Response Time Analysis

Study period: April 1 – April 30, 2014

Total days studied: 30

Extended responses: 19*

Range: 8 minutes - 15 minutes

Distribution:

- 8 minutes - 7
- 9 minutes - 4
- 10 minutes - 3
- 11 minutes - 1
- 12 minutes - 2
- 13 minutes - 1
- > 13 min - 1

19 total

Distribution by unit:

- Medic 1 - 5
- Medic 2 - 2
- Medic 3 - 3
- Medic 4 - 9

Mean: 9 minutes

Mode: 8 minutes

- Definition of extended response time for this study – Dispatched code 20 with arrival time of 8 minutes or greater [all call locations are included in study, even those that are listed as exceptions within our Town contract]

1. Nine (9) calls on the King Street corridor.
2. Four calls affected by Medic 4 being busy with other assignments
### Patient And Call Information

**Greenwich EMS**
**Apr-14**

<table>
<thead>
<tr>
<th>Branch #</th>
<th>Service Date</th>
<th>Incident #</th>
<th>Resp Time</th>
<th>Vehicle Description</th>
<th>Incident Address</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
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<td>15</td>
<td>Medic 3</td>
<td>56 BEDFORD RD</td>
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<tr>
<td>4</td>
<td>04/03/2014</td>
<td>21653</td>
<td>9</td>
<td>Medic 4</td>
<td>1188 KING ST</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>04/05/2014</td>
<td>22035</td>
<td>11</td>
<td>Medic 1</td>
<td>51 VIEW ST W</td>
<td>from GHA</td>
</tr>
<tr>
<td>1</td>
<td>04/06/2014</td>
<td>22250</td>
<td>8</td>
<td>Medic 1</td>
<td>5 I95 SB</td>
<td>from GHA</td>
</tr>
<tr>
<td>4</td>
<td>04/08/2014</td>
<td>22902</td>
<td>10</td>
<td>Medic 4</td>
<td>31 PUTNAM GREEN</td>
<td>M-1 busy, from Sta 4</td>
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<tr>
<td>4</td>
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<td>22915</td>
<td>8</td>
<td>Medic 4</td>
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<td>from GHA</td>
</tr>
<tr>
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<td>04/09/2014</td>
<td>23080</td>
<td>8</td>
<td>Medic 4</td>
<td>1165 KING ST</td>
<td>from GHA</td>
</tr>
<tr>
<td>4</td>
<td>04/11/2014</td>
<td>23565</td>
<td>8</td>
<td>Medic 4</td>
<td>47 MAYFAIR LN</td>
<td>from Sta 4</td>
</tr>
<tr>
<td>1</td>
<td>04/15/2014</td>
<td>24509</td>
<td>10</td>
<td>Medic 1</td>
<td>24 FLETCHER AVE</td>
<td>from Sta 1</td>
</tr>
<tr>
<td>1</td>
<td>04/17/2014</td>
<td>24952</td>
<td>9</td>
<td>Medic 1</td>
<td>1165 KING ST</td>
<td>M-4 busy, from Byram</td>
</tr>
<tr>
<td>4</td>
<td>04/17/2014</td>
<td>25100</td>
<td>13</td>
<td>Medic 4</td>
<td>28 RT15 SB</td>
<td>wrong location</td>
</tr>
<tr>
<td>2</td>
<td>04/19/2014</td>
<td>25414</td>
<td>12</td>
<td>Medic 2</td>
<td>5 I95 SB</td>
<td>wrong location</td>
</tr>
<tr>
<td>3</td>
<td>04/20/2014</td>
<td>25595</td>
<td>10</td>
<td>Medic 3</td>
<td>RTE 15 @KING ST</td>
<td>M-4 busy, from Sta 3</td>
</tr>
<tr>
<td>3</td>
<td>04/20/2014</td>
<td>25672</td>
<td>8</td>
<td>Medic 3</td>
<td>1165 KING ST</td>
<td>last unit</td>
</tr>
<tr>
<td>4</td>
<td>04/21/2014</td>
<td>25849</td>
<td>8</td>
<td>Medic 4</td>
<td>1188 KING ST</td>
<td>from Glenville</td>
</tr>
<tr>
<td>4</td>
<td>04/24/2014</td>
<td>26657</td>
<td>9</td>
<td>Medic 4</td>
<td>524 WLYON FARM DR</td>
<td>from Sta 4</td>
</tr>
<tr>
<td>2</td>
<td>04/25/2014</td>
<td>26811</td>
<td>8</td>
<td>Medic 2</td>
<td>1165 KING ST</td>
<td>M-4 busy, from Glenville</td>
</tr>
<tr>
<td>1</td>
<td>04/26/2014</td>
<td>27019</td>
<td>9</td>
<td>Medic 1</td>
<td>RT15 NB BETWEEN 27 AND 28</td>
<td>M-4 busy</td>
</tr>
<tr>
<td>4</td>
<td>04/29/2014</td>
<td>27915</td>
<td>12</td>
<td>Medic 4</td>
<td>1155 KING STREET</td>
<td>from Sta 2</td>
</tr>
</tbody>
</table>

| 9        | Mean         |           |           |                     |                  |       |
| 8        | Mode         |           |           |                     |                  |       |
## EXPLANATORY NOTES FOR FISCAL YEAR ENDED 4/30/14

<table>
<thead>
<tr>
<th>PAYOR</th>
<th>ACTUAL CALLS</th>
<th>BUDGETED CALLS</th>
<th>VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month YTD</td>
<td>Month YTD</td>
<td>Month YTD</td>
</tr>
<tr>
<td>Medicare</td>
<td>180 2136</td>
<td>172 2064</td>
<td>8 72</td>
</tr>
<tr>
<td>Self-Pay/Private</td>
<td>123 1783</td>
<td>158 1896</td>
<td>-35 -113</td>
</tr>
<tr>
<td>Medicaid</td>
<td>25 264</td>
<td>20 240</td>
<td>5 24</td>
</tr>
<tr>
<td>Total</td>
<td>328 4183</td>
<td>350 4200</td>
<td>-22 -17</td>
</tr>
</tbody>
</table>

1) In the month of April, transport calls were under budget by 22, and total calls for GEMS' fiscal year ended April 30, 2014 trailed budget by 17 calls. Budgeted calls were based on multi-year historical experience, and were adjusted downward for the fiscal 2014 budget. In the prior year (fiscal 2012-2013), actual calls trailed budget by 261 calls.

2) For the fiscal year, the change in net assets for GEMS' combined funds was higher by $81k. The change in operating net assets for the unrestricted fund was a positive $96k for the same period. On the capital side, contributions from donors restricted for capital purchases totaled $369k for the twelve months.

3) Patient care service revenue was $2,247k for the fiscal year ended April 30, under budget by $122k. The negative variance would have been smaller but for the 2% federal government spending sequester impacting Medicare funding. In addition, lower revenue Medicare ambulance calls were higher than anticipated.

4) On the Balance sheet, the account “Cash and Cash Equivalents-Unrestricted” reflects a balance of $259k. The Town fee is received semi-annually resulting in peaks and valleys in the cash position. Total receivables at April 30 were higher than at the end of fiscal 2013 by $23k. Deferred revenue in the liability section reflects town contract revenue to be recognized into income as earned. Payables and accrued expenses at April 30 were moderately higher than last year.

5) Expenses in total were under budget for the period by $196k. Salaries showed a favorable variance for the fiscal year.
Greenwich Emergency Medical Service, Inc.
Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th>Current Year As of 4/30/2014</th>
<th>Prior Year As of 4/30/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equiv.-Unrestricted</td>
<td>234,307</td>
<td>12,068</td>
</tr>
<tr>
<td><strong>Receivables:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Rec., less allowance</td>
<td>559,502</td>
<td>536,605</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>23,582</td>
<td>26,982</td>
</tr>
<tr>
<td>Other Receivables</td>
<td>40,103</td>
<td>49,035</td>
</tr>
<tr>
<td><strong>Total Receivables</strong></td>
<td>623,187</td>
<td>612,622</td>
</tr>
<tr>
<td><strong>Restricted Assets</strong></td>
<td>1,565,652</td>
<td>1,767,304</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>2,423,146</td>
<td>2,391,994</td>
</tr>
<tr>
<td><strong>Fixed Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment, net of depreciation</td>
<td>1,063,694</td>
<td>909,012</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td>1,063,694</td>
<td>909,012</td>
</tr>
<tr>
<td><strong>Other Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Assets</td>
<td>35,037</td>
<td>49,581</td>
</tr>
<tr>
<td><strong>Total Other Assets</strong></td>
<td>35,037</td>
<td>49,581</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>3,521,877</td>
<td>3,350,587</td>
</tr>
<tr>
<td><strong>Liabilities &amp; Fund Balance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable &amp; Accrued Exp.</td>
<td>767,832</td>
<td>713,423</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>712,427</td>
<td>640,994</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>1,480,259</td>
<td>135,417</td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Equipment Purchased</td>
<td>14,609</td>
<td>49,884</td>
</tr>
<tr>
<td><strong>Total Long Term Liabilities</strong></td>
<td>14,609</td>
<td>49,884</td>
</tr>
<tr>
<td><strong>Fund Balance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unrestricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Designated</td>
<td>440,451</td>
<td>515,451</td>
</tr>
<tr>
<td>Other</td>
<td>461,357</td>
<td>135,688</td>
</tr>
<tr>
<td><strong>Total Unrestricted</strong></td>
<td>901,808</td>
<td>651,139</td>
</tr>
<tr>
<td><strong>Temporarily restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temp. Restricted - Capital</td>
<td>865,201</td>
<td>1,037,877</td>
</tr>
<tr>
<td>Temp. Restricted - Scholarship</td>
<td>70,257</td>
<td>67,527</td>
</tr>
<tr>
<td><strong>Total Temporarily Restricted</strong></td>
<td>935,458</td>
<td>1,105,404</td>
</tr>
<tr>
<td><strong>Permanently Restricted</strong></td>
<td>189,743</td>
<td>189,743</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td>2,027,009</td>
<td>1,946,285</td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Fund Balance</strong></td>
<td>3,521,877</td>
<td>3,350,587</td>
</tr>
</tbody>
</table>
Greenwich Emergency Medical Service, Inc  
Statements of Changes in Net Assets  
Twelve Months Ending April 30, 2014

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Unrestricted Fund</th>
<th>Temporarily Restricted Fund</th>
<th>Permanently Restricted Fund</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Support Contributions (See Note)</td>
<td>4,203,167</td>
<td>376,587</td>
<td>-</td>
<td>4,203,167</td>
</tr>
<tr>
<td>Town Of Greenwich</td>
<td>91,000</td>
<td>91,000</td>
<td>-</td>
<td>91,000</td>
</tr>
<tr>
<td>Greenwich Hospital Grants</td>
<td>6,502</td>
<td>6,502</td>
<td>-</td>
<td>6,502</td>
</tr>
<tr>
<td>Total Public Support</td>
<td>4,300,669</td>
<td>376,587</td>
<td>-</td>
<td>4,677,256</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Revenue</th>
<th>Unrestricted Fund</th>
<th>Temporarily Restricted Fund</th>
<th>Permanently Restricted Fund</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Services, Net</td>
<td>2,246,530</td>
<td>2,246,530</td>
<td>-</td>
<td>2,246,530</td>
</tr>
<tr>
<td>Investment Income</td>
<td>2,464</td>
<td>-</td>
<td>-</td>
<td>2,464</td>
</tr>
<tr>
<td>Training Income</td>
<td>69,591</td>
<td>69,591</td>
<td>-</td>
<td>69,591</td>
</tr>
<tr>
<td>Stand-By Income</td>
<td>54,521</td>
<td>54,521</td>
<td>-</td>
<td>54,521</td>
</tr>
<tr>
<td>Total Public Revenue</td>
<td>2,373,106</td>
<td>-</td>
<td>-</td>
<td>2,373,106</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>6,673,775</td>
<td>376,587</td>
<td>-</td>
<td>7,050,362</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Unrestricted Fund</th>
<th>Temporarily Restricted Fund</th>
<th>Permanently Restricted Fund</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses</td>
<td>6,577,788</td>
<td>-</td>
<td>-</td>
<td>6,577,788</td>
</tr>
<tr>
<td>Life Support Services</td>
<td>6,577,788</td>
<td>-</td>
<td>-</td>
<td>6,577,788</td>
</tr>
<tr>
<td>Total Net Operating Expenses</td>
<td>6,577,788</td>
<td>-</td>
<td>-</td>
<td>6,577,788</td>
</tr>
<tr>
<td>Change in Operating Net Assets</td>
<td>95,987</td>
<td>376,587</td>
<td>-</td>
<td>472,574</td>
</tr>
<tr>
<td>Change in non-Operating Net Assets</td>
<td>(387,350)</td>
<td>(4,500)</td>
<td>-</td>
<td>(391,850)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(387,350)</td>
<td>-</td>
<td>-</td>
<td>(387,350)</td>
</tr>
<tr>
<td>Scholarships</td>
<td>(4,500)</td>
<td>-</td>
<td>-</td>
<td>(4,500)</td>
</tr>
<tr>
<td>Capital Purchases</td>
<td>542,032</td>
<td>(542,032)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Change in Non-Oper.Net Assets</td>
<td>154,682</td>
<td>(546,532)</td>
<td>-</td>
<td>(391,850)</td>
</tr>
<tr>
<td>Change Net Assets</td>
<td>250,669</td>
<td>(169,945)</td>
<td>-</td>
<td>80,724</td>
</tr>
</tbody>
</table>

Note:
Capital 369,357
Scholarship 7,230
376,587
Greenwich Emergency Medical Service, Inc.  
Statement of Operations

Unrestricted Fund

Twelve Months Ended April 30, 2014

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town of Greenwich</td>
<td>4,203,167</td>
<td>4,203,167</td>
<td>-</td>
</tr>
<tr>
<td>Greenwich Hospital</td>
<td>91,000</td>
<td>91,000</td>
<td>-</td>
</tr>
<tr>
<td>Grants</td>
<td>6,502</td>
<td>-</td>
<td>6,502</td>
</tr>
<tr>
<td>Total Public Support</td>
<td>4,300,669</td>
<td>4,294,167</td>
<td>6,502</td>
</tr>
<tr>
<td><strong>Public Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Services, Net</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Service Revenue</td>
<td>2,246,530</td>
<td>2,369,000</td>
<td>(122,470)</td>
</tr>
<tr>
<td>Total Patient Services, Net</td>
<td>2,246,530</td>
<td>2,369,000</td>
<td>(122,470)</td>
</tr>
<tr>
<td>Investment Income</td>
<td>2,464</td>
<td>4,000</td>
<td>(1,536)</td>
</tr>
<tr>
<td>Training Income</td>
<td>69,591</td>
<td>70,000</td>
<td>(409)</td>
</tr>
<tr>
<td>Stand-By Income</td>
<td>54,521</td>
<td>45,000</td>
<td>9,521</td>
</tr>
<tr>
<td>Total Public Revenue</td>
<td>2,373,106</td>
<td>2,488,000</td>
<td>(114,894)</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>6,673,775</td>
<td>6,782,167</td>
<td>(108,392)</td>
</tr>
</tbody>
</table>

**Expenses**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Support Services</td>
<td>6,577,788</td>
<td>6,773,600</td>
<td>195,812</td>
</tr>
<tr>
<td>Total Net Operating Expenses</td>
<td>6,577,788</td>
<td>6,773,600</td>
<td>195,812</td>
</tr>
</tbody>
</table>

**Change in Operating Net Assets**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Non-Oper. Net Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>(387,350)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Scholarships</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Capital Purchases</td>
<td>542,032</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Change in Non-Oper. Net Assets</td>
<td>154,682</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Change in Net Assets**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Net Assets</td>
<td>250,669</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
## Greenwich Emergency Medical Service, Inc.

### Statement of Functional Expenses

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Wages</td>
<td>3,831,683</td>
<td>3,980,100</td>
<td>3,980,100</td>
<td>3,803,352</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>936,711</td>
<td>938,400</td>
<td>938,400</td>
<td>954,966</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>295,566</td>
<td>308,200</td>
<td>308,200</td>
<td>292,803</td>
</tr>
<tr>
<td>Workers Compensation / Safety</td>
<td>279,173</td>
<td>266,000</td>
<td>266,000</td>
<td>268,749</td>
</tr>
<tr>
<td><strong>Total Personnel Related Expenses</strong></td>
<td>5,343,132</td>
<td>5,492,700</td>
<td>5,492,700</td>
<td>5,319,870</td>
</tr>
</tbody>
</table>

| Professional Fees                                 | 26,204                      | 34,000                      | 34,000                   | 27,080                     |
| Office Expenses                                   | 50,780                      | 51,000                      | 51,000                   | 33,475                     |
| Rent                                              | 233,860                     | 222,600                     | 222,600                  | 229,170                    |
| Telephone                                         | 25,778                      | 25,000                      | 25,000                   | 20,339                     |
| Utilities                                         | 5,575                       | 17,100                      | 17,100                   | 14,337                     |
| Insurance                                         | 94,917                      | 93,000                      | 93,000                   | 82,820                     |
| Fuel                                              | 63,457                      | 77,000                      | 77,000                   | 64,627                     |
| Repairs & Maint. - Vehicles                       | 117,943                     | 85,000                      | 85,000                   | 97,375                     |
| Repairs & Maint.- Other                           | 122,682                     | 129,900                     | 129,900                  | 125,649                    |
| Medical Supplies                                  | 59,557                      | 55,300                      | 55,300                   | 40,913                     |
| Uniforms                                          | 20,143                      | 21,800                      | 21,800                   | 19,168                     |
| Training                                          | 50,081                      | 67,400                      | 67,400                   | 49,183                     |
| Membership & Licenses                             | 7,861                       | 6,300                       | 6,300                    | 8,243                      |
| Public Ed/Promotional Events                      | 15,613                      | 32,000                      | 32,000                   | 51,169                     |
| Provision for Bad Debt                            | 250,146                     | 242,500                     | 242,500                  | 244,665                    |
| Collection Fees                                   | 10,936                      | 16,500                      | 16,500                   | 10,153                     |
| Capital Fundraising Expenses                      | 16,540                      | 25,200                      | 25,200                   | 21,999                     |
| Bank Charges                                      | 13,039                      | 13,000                      | 13,000                   | 11,635                     |
| Continuing Education/Seminars                     | 18,718                      | 15,300                      | 15,300                   | 17,376                     |
| Grant- Community CPR                              | 4,985                       | 10,000                      | 10,000                   | 6,161                      |
| Misc. & Contingency                               | 25,841                      | 41,000                      | 41,000                   | 19,529                     |
| **Total Other Expenses**                          | 1,234,656                   | 1,280,900                   | 1,280,900                | 1,195,066                  |

| Total Functional Expenses                         | 6,577,788                   | 6,773,600                   | 6,773,600                | 6,514,936                  |

| Other Expenses:                                   |                            |                            |                          |                            |
| Scholarships                                      | 4,500                      | -                           | -                        | 3,500                      |
| Depreciation                                      | 387,350                    | 387,350                     | 348,780                  | 365,459                    |
| **Total of All Expenses**                         | 6,969,638                  | 7,160,950                   | 7,122,380                | 6,883,895                  |
# Greenwich Emergency Medical Service, Inc.
## Patient Receivable Analysis

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<tr>
<td>May'10 - July'10</td>
<td>612,832</td>
<td>912,406</td>
<td>264,037</td>
<td>488,037</td>
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<td>284,627</td>
<td>511,470</td>
<td>61,488</td>
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<td>790,442</td>
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<td>494,784</td>
<td>48,503</td>
<td>674,205</td>
<td>132,519</td>
<td>541,686</td>
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<td>657,651</td>
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<td>776,365</td>
<td>266,370</td>
<td>457,908</td>
<td>63,991</td>
<td>646,698</td>
<td>142,611</td>
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<td>891,905</td>
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<td>73</td>
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<td>327,736</td>
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<td>66,100</td>
<td>682,647</td>
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<td>60,196</td>
<td>746,238</td>
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<td>Aug'13 - Oct'13</td>
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<td>871,123</td>
<td>320,695</td>
<td>501,234</td>
<td>60,790</td>
<td>734,642</td>
<td>162,692</td>
<td>569,852</td>
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<td>906,979</td>
<td>316,952</td>
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<td>63,800</td>
<td>774,342</td>
<td>169,006</td>
<td>602,806</td>
<td>54</td>
<td>82</td>
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<tr>
<td>Fen'14 - Apr'14</td>
<td>774,342</td>
<td>899,437</td>
<td>388,167</td>
<td>493,534</td>
<td>61,497</td>
<td>730,581</td>
<td>171,079</td>
<td>559,502</td>
<td>55</td>
<td>97</td>
<td>3.28</td>
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## Actual Financials and Operating Budgets

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
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<tr>
<td>Town of Greenwich</td>
<td>3,830,407</td>
<td>4,203,167</td>
<td>4,274,600</td>
<td>4,385,909</td>
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<tr>
<td>Patient Services</td>
<td>2,226,866</td>
<td>2,246,530</td>
<td>2,369,000</td>
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<td>Greenwich Hospital</td>
<td>91,000</td>
<td>91,000</td>
<td>91,000</td>
<td>91,000</td>
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<tr>
<td>Training Income</td>
<td>69,326</td>
<td>69,591</td>
<td>70,000</td>
<td>70,000</td>
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<td>Stand-by Fees</td>
<td>53,230</td>
<td>54,521</td>
<td>45,000</td>
<td>52,000</td>
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<tr>
<td>Interest Income</td>
<td>3,469</td>
<td>2,464</td>
<td>4,000</td>
<td>3,000</td>
<td>-25.0%</td>
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<tr>
<td>Grant</td>
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<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>6,274,298</td>
<td>6,673,775</td>
<td>6,853,600</td>
<td>6,998,575</td>
<td>2.1%</td>
</tr>
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</table>

|                         |                  |                  |                  |                  |                           |
| **EXPENSES**            |                  |                  |                  |                  |                           |
| Operating:              |                  |                  |                  |                  |                           |
| Personal Services       | 3,883,244        | 3,907,461        | 4,159,250        | 4,264,175        | 2.5%                      |
| Services Other Than Personal | 388,299  | 380,100        | 377,300           | 371,730           | -1.5%                     |
| Supplies and Materials  | 203,406          | 214,967          | 228,850          | 243,720          | 6.5%                      |
| Maintenance             | 223,024          | 228,938          | 214,900          | 220,500          | 2.6%                      |
| Patient Reserve for Bad Debts | 244,665  | 250,146        | 242,500          | 243,200          | 0.3%                      |
| Insurance               | 324,529          | 352,518          | 332,200          | 344,000          | 3.6%                      |
| Employee Benefits       | 1,247,769        | 1,243,658        | 1,218,600        | 1,311,250        | 7.6%                      |
| **TOTAL EXPENSES**      | 6,514,936        | 6,577,788        | 6,773,600        | 6,998,575        | 3.3%                      |

|                         |                  |                  |                  |                  |                           |
| **NET REVENUE / EXPENSE** | (240,638) | 95,987        | 80,000           | 0                |                           |

| CAPITAL (No Town Funding) | 210,610 | 542,032 | 448,556 | (In Process) |
Greenwich Emergency Medical Service, Inc.  
Actual Financials and Operating Budgets

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Personal Services:</strong></td>
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<tr>
<td><strong>Regular Salaries:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Administration Salaries</td>
<td>570,893</td>
<td>577,269</td>
<td>590,900</td>
<td>602,720</td>
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<td>Operations Management Salaries</td>
<td>690,612</td>
<td>797,274</td>
<td>761,080</td>
<td>775,020</td>
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<tr>
<td>Paramedics/EMT's Salaries</td>
<td>1,808,979</td>
<td>1,757,128</td>
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<td>2,102,775</td>
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<tr>
<td>Training Salaries</td>
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<td>120,065</td>
<td>117,700</td>
<td>120,100</td>
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<td><strong>Total Regular Salaries</strong></td>
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<td>3,251,735</td>
<td>3,493,150</td>
<td>3,600,615</td>
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<td><strong>Other Salary Expense</strong></td>
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<td>41,000</td>
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<td><strong>Overtime Services</strong></td>
<td>83,225</td>
<td>78,823</td>
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<td>86,400</td>
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<td>146,338</td>
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<td>144,900</td>
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<td><strong>Temporary Salaries</strong></td>
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<td>77,057</td>
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<td>81,160</td>
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<td>20,143</td>
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<td>2,204</td>
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<td>8,000</td>
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<tr>
<td><strong>Prof &amp; Other Svc-Audit</strong></td>
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<td>24,000</td>
<td>24,000</td>
<td>24,000</td>
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<tr>
<td><strong>Professional Medical &amp; Dental</strong></td>
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<td>21,572</td>
<td>26,800</td>
<td>27,000</td>
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<tr>
<td><strong>Prof &amp; Other Spec Srvs-Fees</strong></td>
<td>6,606</td>
<td>7,861</td>
<td>6,450</td>
<td>6,800</td>
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<td><strong>Total Personal Services</strong></td>
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<td>3,907,461</td>
<td>4,159,250</td>
<td>4,264,175</td>
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<tr>
<td><strong>Services Other than Personal:</strong></td>
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<td></td>
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<tr>
<td><strong>Bank and Collection Fees</strong></td>
<td>21,788</td>
<td>23,986</td>
<td>29,500</td>
<td>29,500</td>
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<td><strong>Postage</strong></td>
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<td><strong>Tuition Payment for Employees</strong></td>
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<td>8,180</td>
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<td><strong>Travel Expense</strong></td>
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<td><strong>Subscription to Professional Pubs.</strong></td>
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<td>25,778</td>
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<td><strong>Rental of Buildings and Other</strong></td>
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<td><strong>Cleaning Services</strong></td>
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<td><strong>Misc. Services Not Otherwise Class</strong></td>
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<td>214,967</td>
<td>228,850</td>
<td>243,720</td>
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% Change
Greenwich Emergency Medical Service, Inc.
Actual Financials and Operating Budgets

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<td>Maintenance - Build/Supplies 405</td>
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<td>Maintenance - Medical Equipment 495</td>
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<td>32,643</td>
<td>85,000</td>
<td>87,500</td>
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<td>223,024</td>
<td>228,938</td>
<td>214,900</td>
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<td><strong>Patient Reserve for Bad Debts</strong></td>
<td>244,665</td>
<td>250,146</td>
<td>242,500</td>
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<td>0.3%</td>
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<td>251,000</td>
<td>4.9%</td>
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<td></td>
<td>324,529</td>
<td>352,518</td>
<td>332,200</td>
<td>344,000</td>
<td>3.6%</td>
</tr>
<tr>
<td><strong>Employee Benefits</strong></td>
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<td>Retirement-401k Contribution 702</td>
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<td>80,347</td>
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<td>77,200</td>
<td>1.3%</td>
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<tr>
<td>Unemployment Ins 733</td>
<td>18,593</td>
<td>18,296</td>
<td>18,700</td>
<td>18,850</td>
<td>0.8%</td>
</tr>
<tr>
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<td>1,247,769</td>
<td>1,243,658</td>
<td>1,218,600</td>
<td>1,311,250</td>
<td>7.6%</td>
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<tr>
<td>Position</td>
<td>Full Time Employees</td>
<td>Part Time Equivalents</td>
<td>Total</td>
<td></td>
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<td>----------------------------------------------</td>
<td>---------------------</td>
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<tr>
<td>Executive Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Assistant/Fund Raising</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiscal Officer</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accts Receivable Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounting/AP/Payroll/Records Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing &amp; Scheduling Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deputy Director- Professional Standards and Training</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deputy Director IT/Operations</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Operations (Equiv. Captain)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation Managers (Equiv. Lieutenant)</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Only one per Shift)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paramedics &amp; EMT</td>
<td>29</td>
<td>8.4</td>
<td>37.4</td>
<td></td>
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</tr>
<tr>
<td>Training</td>
<td>1</td>
<td>0.4</td>
<td>1.4</td>
<td></td>
<td></td>
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<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>8.8</strong></td>
<td><strong>51.8</strong></td>
<td></td>
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</tr>
</tbody>
</table>

Part-time per diem paramedics and EMT's are a critical staffing component in reducing overtime. They receive no benefits, reducing costs.

Accounts receivable manager, accounting manager, and billing and scheduling coordinator report to Fiscal Officer and are not operational managers.

The ratio of top operations managers (Executive Director, Deputy Directors, Director of Operations) to the remaining staff is 4 to 43.8 or 1 to 10.9.

Shift operation managers (one per shift) to field staff supervised is a minimum of 1:8 and can range as high as 1:16 depending on stand-bys, special events, volunteers, student ride-alongs.

(*) No change from 2013-2014 Actual
Department & Division: First Selectman

Action Requested: Additional Appropriation

Date of Submission: June 3, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To:</td>
<td>P</td>
<td>935</td>
<td>57350</td>
<td>Settlement</td>
<td>XXXXX</td>
</tr>
</tbody>
</table>

From: Risk Fund Balance XXXXX

Justification of Request:

Re: Adam Bushnoe v. Town of Greenwich. We respectfully seek approval to settle this personal injury lawsuit.

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: __________ Comptroller: ____________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Vote: _______ Clerk of the Board: ____________________________

Email this form as a PDF along with any supporting documentation (in PDF Format)
Town Of Greenwich
Request Form For Budget Adjustments

Department & Division: Nathaniel Witherell

Action Requested: Transfer

Date of Submission: June 1, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To:</td>
<td>H</td>
<td>45020</td>
<td>54050</td>
<td>Maintenance Building</td>
<td>75,000</td>
</tr>
</tbody>
</table>

| From: | H    | 45050  | 51420   | Professional Medical Dental | 75,000 |

Justification of Request:

Please see attached for explanation of requested transfer between major object codes.

Board Chairman: Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: __________ Comptroller: ___________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Vote: __________ Clerk of the Board: __________

Email this form as a PDF along with any supporting documentation (in PDF Format)
Nathaniel Witherell  
NW4 – June 2014 Request for Budget Transfer

54000’s - Maintenance Expense $75,000

A variety of non-routine maintenance and repair expenses are necessary in advance of the completion of Project Renew:

- Repair/repaint fascia and pillars of Administration Building
- Repair brass gutters damaged by winter snow/ice
  o Administration Building
  o Pavilion
- Repaint/repair walls, following installation of new nurses stations
- Upgrade/install wiring for ADP time clocks.
- Sandblast/repaint railing along wheelchair ramp to rose garden.

We anticipate the costs related to these maintenance expenses will total $75,000.

51420 – Professional Medical Dental ($75,000)

Variable costs, due to change in construction phasing, are running favorable to Budget due to a lower available bed count (170 versus 184). Favorable expense variances are occurring in those costs that relate directly to short term census such as Rehabilitation Therapy, Oxygen, Pharmacy and Lab testing. The short term Rehab beds are currently at 16* and, upon completion at the end of June, will increase to 42.

*The 2014 Budget anticipated 28 Short Term beds in operation, 12 more than are currently available.
Department & Division: Fire Dept

Action Requested: Transfer

Date of Submission: June 3, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
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</thead>
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<tr>
<td>To:</td>
<td>A</td>
<td>201</td>
<td>52210</td>
<td>Water Services</td>
<td>90,000.00</td>
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<tr>
<td>From:</td>
<td>A</td>
<td>202</td>
<td>51100</td>
<td>OT</td>
<td>90,000.00</td>
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</tbody>
</table>

Justification of Request:

Shortfall in funds due to increase in rates from Aquarion

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

date: ____________________ Comptroller: ____________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Vote: ____________________ Clerk of the Board: ____________________

Email this form as a PDF along with any supporting documentation (in PDF Format)
## Appropriation Statement

**201 Fire Dept - Administration**

<table>
<thead>
<tr>
<th>Department</th>
<th>Original Budget</th>
<th>Revisions</th>
<th>Revised Budget</th>
<th>Expenditures</th>
<th>Encumbrances</th>
<th>Requisitions</th>
<th>Available Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 Regular Salaries</td>
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<td>428,220.00</td>
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<td>0.00</td>
<td>600.00</td>
<td>1,289.87</td>
<td>0.00</td>
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<td>-689.87</td>
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<tr>
<td>110 Overtime Services</td>
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<td>1,500.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1,500.00</td>
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<tr>
<td>117 Pay For Accum Vacation Leave</td>
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<td>0.00</td>
<td>1,000.00</td>
<td>4,849.28</td>
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<td>-3,849.28</td>
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<tr>
<td>130 Temporary Salaries</td>
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<td>0.00</td>
<td>-644.00</td>
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<tr>
<td>133 Uniform Allowance</td>
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<td>0.00</td>
<td>1,020.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1,020.00</td>
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<tr>
<td>142 Prof Medical &amp; Dental</td>
<td>1,200</td>
<td>0.00</td>
<td>1,200.00</td>
<td>600.00</td>
<td>0.00</td>
<td>0.00</td>
<td>600.00</td>
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<tr>
<td>146 Professional Svcs - Data/Word</td>
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<td>0.00</td>
<td>1,210.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-1,210.00</td>
</tr>
<tr>
<td>149 Prof&amp; Other Spec Serv- Noc</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
<td>750.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-750.00</td>
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<tr>
<td>201 Fire Dept - Administration Total</td>
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<td>433,540.00</td>
<td>405,329.53</td>
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<td>6.55</td>
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<td>993.45</td>
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<tr>
<td>209 Tuition Payments For Town Empl</td>
<td>1,000</td>
<td>0.00</td>
<td>1,000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1,000.00</td>
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<td>210 Travel Expense - Employees</td>
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<td>2,150.00</td>
<td>2,486.19</td>
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<td>801,767.51</td>
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<td>224 Telephone, Telegraph And Radio</td>
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<td>27,500.00</td>
<td>16,354.36</td>
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<td>232 Rental Of Other Equipment</td>
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<tr>
<td>295 Misc Svcs- Not Otherwise Class</td>
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<td>291.76</td>
<td>225.00</td>
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<tr>
<td>295 Misc Svcs- Not Otherwise Class Total</td>
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<td>302 Printed Stationery And Statist</td>
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<td>250.00</td>
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<td>250.00</td>
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<tr>
<td>307 Data/Word Processing Supplies</td>
<td>750</td>
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<td>750.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>750.00</td>
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<tr>
<td>330 Wearing Apparel (incl Material</td>
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<td>2,000.00</td>
<td>491.96</td>
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<td>392 Work Trans To/From Other Dept</td>
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<td>45.00</td>
<td>0.00</td>
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<td>-45.00</td>
</tr>
<tr>
<td>415 Maintenance Of Furniture, Fixt</td>
<td>4,500</td>
<td>0.00</td>
<td>4,500.00</td>
<td>2,314.90</td>
<td>0.00</td>
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<tr>
<td>415 Maintenance Of Furniture, Fixt Total</td>
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<td>300.00</td>
<td>238.41</td>
<td>0.00</td>
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<td>61.59</td>
</tr>
<tr>
<td>415 Maintenance Of Furniture, Fixt Total</td>
<td>300</td>
<td>0.00</td>
<td>300.00</td>
<td>238.41</td>
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<td>61.59</td>
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<td>Department Total</td>
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<td>1,232,160.67</td>
<td>407.05</td>
<td>0.00</td>
<td>243,523.28</td>
</tr>
</tbody>
</table>

**Thursday, May 29, 2014**

#Name?
## Town Of Greenwich
### Appropriation Statement

**Thursday, May 29, 2014**

**202 Fire Dept - Training**

<table>
<thead>
<tr>
<th>Department</th>
<th>Total</th>
<th>Original Budget</th>
<th>Revised Budget</th>
<th>Expenditures</th>
<th>Encumbrances</th>
<th>Requisitions</th>
<th>Available Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Salaries</td>
<td>101</td>
<td>190,533.00</td>
<td>224,487.19</td>
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<tr>
<td>Overtime Services</td>
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<td>Payments For Holiday Services</td>
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<td>12,421.00</td>
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<td>Paym For Extra Qualifications</td>
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<td>Payments For College Credits</td>
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<tr>
<td>Uniform Allowance</td>
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<td>Emt Credits</td>
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<td>465.00</td>
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<td>Prof Medical &amp; Dental</td>
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<td>0.00</td>
<td>900.00</td>
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</tr>
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<td>Prof&amp; Other Spec Serv- Noc</td>
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<tr>
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<td>534.07</td>
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<td>91.93</td>
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<tr>
<td>Tuition Payments For Town Empl</td>
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<td>6,705.00</td>
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<td>14,295.00</td>
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</tr>
<tr>
<td>Travel Expense - Employees</td>
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<td>12,000.00</td>
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<td>Mileage Allowance - Employees</td>
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<tr>
<td>Office Services</td>
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<td>Rental Of Automotive And Const</td>
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<td>Cleaning Services</td>
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<tr>
<td>Misc Svcs- Not Otherwise Class</td>
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<tr>
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### Town Of Greenwich

#### Appropriation Statement

**204 Fire Marshall**

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## Town Of Greenwich

### Appropriation Statement

#### Thursday, May 29, 2014

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<td>435 Maintenance Of Roads, Bridges</td>
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Department Total | 10,221,206 | 0.00 | 10,221,206.00 | 8,779,452.58 | 43,077.99 | 0.00 | 1,398,675.43 |
## Town Of Greenwich

### Appropriation Statement

**Thursday, May 29, 2014**

### 206 Fire Apparatus & Equipment

<table>
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<tr>
<th>Original Budget</th>
<th>Revisions</th>
<th>Revised Budget</th>
<th>Expenditures</th>
<th>Encumbrances</th>
<th>Requisitions</th>
<th>Available Budget</th>
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<td>0.00</td>
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**Department Total**

| | | | | | | 54,500 | 0.00 | 54,500.00 | 34,099.72 | 4,405.00 | 0.00 | 15,995.28 |

#Name?
# Town Of Greenwich

**Appropriation Statement**

**Thursday, May 29, 2014**

## 207 Fire Dept - Buildings

<table>
<thead>
<tr>
<th>Item</th>
<th>Original Budget</th>
<th>Revisions</th>
<th>Revised Budget</th>
<th>Expenditures</th>
<th>Encumbrances</th>
<th>Requisitions</th>
<th>Available Budget</th>
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## Town Of Greenwich

### Appropriation Statement

**Thursday, May 29, 2014**

### 208 Fire Dept - Volunteers

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<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Revisions</th>
<th>Revised Budget</th>
<th>Expenditures</th>
<th>Encumbrances</th>
<th>Requisitions</th>
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Department Total

| Department Total                  | 710,651         | 0.00      | 710,651.00     | 502,141.23   | 7,235.00     | 0.00         | 201,274.77       |

#Name?
## Town Of Greenwich
### Appropriation Statement

**Thursday, May 29, 2014**

<table>
<thead>
<tr>
<th>208 Fire Dept - Volunteers</th>
<th>Original Budget</th>
<th>Revisions</th>
<th>Revised Budget</th>
<th>Expenditures</th>
<th>Encumbrances</th>
<th>Requisitions</th>
<th>Available Budget</th>
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#Name?
Town Of Greenwich
Request Form For Budget Adjustments

BET Meeting Date: Jun-14
Application #: FD 3

Department & Division: Fire Dept.

Action Requested: Release of Conditions

Date of Submission: June 3, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
<th>Desc</th>
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<td>205</td>
<td>51100</td>
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<td>1,828,319.00</td>
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From:

Justification of Request:
The Fire Administration is requesting the release of conditions on the 205 Overtime Line. Attached you will see a copy of the Draft MOU that is being developed on certain operational, training and administrative provisions. These provision will improve communications, operations and training with the volunteer component of the Department. The training center is scheduled to be completed in the next 2-3 weeks. Saturday combined career and volunteer training will commence shortly thereafter.

Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: 
Comptroller: 

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Vote

Clerk of the Board:

Email this form as a PDF along with any supporting documentation (in PDF Format)
MEMORANDUM OF UNDERSTANDING BETWEEN
THE TOWN OF GREENWICH AND
THE VOLUNTEER FIRE COMPANIES
LOCATED WITHIN THE TOWN OF GREENWICH

This Memorandum of Understanding is made on __________________________, 2014, by and between the Town of Greenwich and BYRAM VOLUNTEER FIRE COMPANY, COS COB VOLUNTEER FIRE COMPANY, COS COB FIRE POLICE PATROL, SOUND BEACH VOLUNTEER FIRE COMPANY, GLENVILLE VOLUNTEER FIRE COMPANY, AMOGERONE VOLUNTEER FIRE COMPANY, VOLUNTEER HOSE AND CHEMICAL FIRE COMPANY AND ROUND HILL VOLUNTEER FIRE COMPANY (hereinafter the “Volunteer Fire Companies.”) for the purpose of memorializing the understanding regarding the utilization of Volunteer Fire Company personnel and apparatus.

WHEREAS, the Town of Greenwich Fire Department (“GFD”) is a Combination Fire Department consisting of Career firefighters and Volunteer Firefighters and support personnel; and

WHEREAS, the Town of Greenwich Fire Department, in conjunction with 7 private, not-for-profit Volunteer Fire Companies provides fire protection to the citizens and residents of Greenwich by staffing and operating 8 fire stations and houses within the Town of Greenwich; and;

WHEREAS, the GFD is committed to undertaking measures and operational actions that will ensure and maintain the viability, readiness and performance of the Volunteer Fire Companies and their personnel as an essential component in the delivery of fire protection and emergency response in the Town of Greenwich.

WHEREAS, the GFD seeks to utilize its Volunteer Fire Companies to bolster and enhance its response time capabilities and overall fire protection performance within the Town of Greenwich; and

NOW THEREFORE, the parties to this understanding express their mutual cooperation and understanding to undertake and achieve the following initiatives:

- **Joint Training.** The parties agree that Career Fire personnel and Volunteer Fire Companies and personnel should engage in joint training. Specifically, the parties endorse proposals involving the following to be implemented on a schedule agreed to by the parties to this MOU:
  -- Schedule combination training for Saturdays
  -- Modify Google calendar to include Volunteer training
  -- Implement mobile applications for the notification of training and incidents to the Volunteers within six months of the date of this MOU
--Implement mobile applications to enable Volunteers to document call participation (i.e. I AM Responding) within six months of the date of this MOU
--Schedule in-town Firefighter 1 & 2 class using Combination Instructors
--Develop Training Center Policy Manual that promulgates procedures for joint Career-Volunteer training
--Improve communication by establishing a training liaison from the Volunteers
--Create an Annual Training Schedule to assist in Volunteers attendance planning
--Research a way to determine how many Volunteers will show up for training on a particular evening

- **Joint Staffing of Apparatus.** The parties agree that Standard Operating Procedures and a Staffing Model should be developed to provide for four man engines, on those apparatus that have less than four career personnel assigned to them whereby the fourth or fifth spot is staffed by Volunteer personnel on a daily or shift or partial shift basis.

- **Mentoring Program.** The parties agree to develop Standard Operating Procedures and Guidelines for the development of a Mentoring Program whereby Volunteer probationary personnel are assigned to staff apparatus under the direction of the Shift Lieutenant on a scheduled basis.

- **Station Coverage by Volunteers.** The parties agree to develop Standard Operating Guidelines and Procedures for station coverage assignments for Volunteers during weather-related emergencies, long-term assignments, including requests for manpower for station coverage and major or extended emergencies.

- **Volunteer Assistant Chief.** The parties agree to develop a job description for a Volunteer Chief-Certified Departmental Officer position to be considered for incorporation into the administrative framework of the GFD on parity with the Career Assistant Chief Officer for involvement in the creation and implementation policies and procedures of the GFD.

- **Development of new Standard Operating Procedures** shall include a first step whereby a proposed SOP will be designated “interim” for a period of 60 days. This period will be for comment by Officers as to impact and changes on the fire department, including the volunteer companies that should be considered.

- **Volunteer Recruitment and Retention.** Working with the recruitment and Retention Officer and members of the volunteer leadership develop a cafeteria or menu plan of recruitment and retention benefits for volunteers.

- **Supplementary Provisions.** This MOU may be amended in writing by either party upon the collective agreement of the authorized representatives of the parties to this agreement.

This Memorandum of Understanding signed as of the _____ day of ______________, 2014.
TOWN OF GREENWICH
AMOGERONE

BYRAM

COS COB

GLENVILLE

SOUND BEACH

ROUND HILL

VOLUNTEER HOSE AND CHEMICAL
Good morning,

We have just a few capital projects to bring over into FY 14-15 this year, and have provided the official forms to Finance for your meeting on 3 June 2014. Ideally you will be happy enough to listen to just me, as you very recently heard about these projects during the budget process and folks are flat out. In a nutshell we have:

Sewer pump stations ($1,150 million) - you heard from Rich Feminella about how we revamped our designs to take into account necessary elevation changes. Designs for multiple stations have been proceeding quickly with bidding expected in 2014.

Old Greenwich force main ($4 million) - you heard about how we need to have funds to design and go to contract on our next segments - we've got the next design package well underway for fall bidding, as well as working on the phase after that, which is complicated given railroad routing and water crossing.

E/One grinder pumps ($300K) - we need to work out the details of how to best change out panels on individual homes - this takes a long time given potential liability issues / sensitivity of neighborhoods etc. - so we're still working out best way to execute.

Old Greenwich Civic Center heating system ($200K) - these funds are being managed to cover emergencies as the project to update the entire system is cancelled, as discussed extensively at the budget meetings.

Stormwater compliance ($150K) - these funds are being used for our Phase 2 MS4 stormwater compliance program. This is an annual program (eternal at this point!) and we have no new funds in 14/15 for it. Funds are used for mapping, inspection, sampling, and other compliance activities. Note that EPA has been in town asking questions about our stormwater program, as they have been ramping up their own reviews on top of the CTDEEP's program already in place.

If you or the group have specific questions, please let me know, so I can bring the materials to the meeting. Will folks have Rich's sewer budget handout possibly or shall we send that around again? He reviewed his projects extensively in it and it provides clear information on what we are doing in that arena, since those projects are the most significant in terms of $$$. 

I see the schedule still says Tuesday 3 June at 5 p.m. - so see you then.

Thanks,
Amy
Marc

Marc V. Johnson
Stone Harbor Land Company
30 Milbank Avenue, Greenwich, CT 06830
(203) 661-4105 x 112 (203) 661-0208 Fax
www.StoneHarborLand.com
Town Of Greenwich
Request Form To Carry over Funding for Capital Projects not started during the Fiscal Year

BET Meeting Date: Jun-14
Application #: PW 6

Department & Division: DPW
Action Requested: Continue In Force
Date of Submission: May 21, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>361</td>
<td>59650</td>
<td>13198</td>
<td>Pump Station Upgrades</td>
<td>1,150,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

This funding is for the construction of the electrical/instrumentation panel improvements at four pumping stations (Belle Haven, Club Road, Hill Top, and Central). Delays in the construction of these improvements are due to the need to address the new FEMA elevations. Addressing the new FEMA elevations has resulted in significant re-design of these upgrades. The new FEMA elevations will protect the electrical and instrumentation panels which are the heartbeat of these pumping stations. The re-design is currently being completed, and we expect to have this project out to bid by late 2014 with construction anticipated to begin in 2015.

First Selectman: ___________________ Department Head: ___________________

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: ________________ Comptroller: ___________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Approved Motion:
Disapproved
Modified as follows:
Second:

Clerk of the Board: ____________________________________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Town Of Greenwich
Request Form To Carry over Funding for Capital Projects not started during the Fiscal Year
BET Meeting Date: Jun-14
Application #: PW 7

Department & Division: DPW
Action Requested: Continue In Force
Date of Submission: May 21, 2014

<table>
<thead>
<tr>
<th>Fund</th>
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<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>361</td>
<td>59650</td>
<td>14208</td>
<td>Old Greenwich Common Forcemain Reconst.</td>
<td>4,000,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

This funding is to perform construction of the next segment of the Old Greenwich Common Force Main as required under the Consent Decree. After further design efforts of the next segments, we determined that there needed to be some minor revisions to the overall schedule for these segments. We recently received USEPA and CTDEEP approval in April 2014 for the revised schedule. This funding will handle the construction of the next segment which is being divided into two phases. The first phase will be bid in this summer and construction will begin in the Fall of 2014. The second phase of the next segment will be combined with two other downstream segments to achieve the design and operational goals of the overall project, as well as possibly resulting in overall project savings as the projects will be bundled together.

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: __________ Comptroller: __________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Approved: Motion:
Disapproved: Second:
Modified as follows: Clerk of the Board: __________________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Town Of Greenwich
Request Form To Carry over Funding for Capital Projects not started during the Fiscal Year

Department & Division: DPW
Action Requested: Continue In Force
Date of Submission: May 21, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>361</td>
<td>59650</td>
<td>14210</td>
<td>E-1 Grinder Pump Panel Upgrades</td>
<td>300,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

This funding is to replace the existing E/One grinder pump control panels in North Mianus to a new style that includes an external plug that will allow a portable generator to be connected when a power outage occurs. As the Town is responsible to pump out all of these 350 pumps, the use of Sewer Division personnel to pump out these units during a major storm event is intensive. The existing pumps require that staff remove three bolts from the top of the pump chamber (which is underground), then remove two smaller bolts from the pump cable inside the chamber to make the necessary electrical connection to the portable generator. In order to replace the existing electrical control panels, we need access to each individual property owner's residence in order to access the residence's electrical circuit breaker box. Sewer Division staff, in conjunction with the Commissioner are currently working with the Town Administrator and the Law Department to develop a procedure that will permit access to an individual's residence, while limiting the Town's liability/risk.

First Selectman: 
Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: Comptroller: 

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Approved
Disapproved
Modified as follows:
Second:

Clerk of the Board:

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Town Of Greenwich
Request Form To Carry over Funding for Capital Projects not started during the Fiscal Year

BET Meeting Date: Jun-14
Application #: PW 9

Department & Division: DPW
Action Requested: Continue In Force
Date of Submission: May 21, 2014

<table>
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<tr>
<th>Fund</th>
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<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>345</td>
<td>59560</td>
<td>14148</td>
<td>Old Greenwich Civic Center Heating System</td>
<td>200,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

These funds were originally appropriated as part of a multi-year program to replace the antiquated heating system at the Civic Center. Upon review of the program during the budget hearings in January 2014, the overall cost of this program without any improvements to the existing facility was deemed impractical. The program was cancelled, and direction was given to DPW and Parks & Recreation to replace the Civic Center. The funds in this account were designated at that time to be used to undertake emergency repairs to the heating system so that the facility can remain open.

First Selectman:
Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: __________ Comptroller: ______________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

[ ] Approved  [ ] Disapproved  [ ] Modified as follows:

Second:

Clerk of the Board: ____________________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Town Of Greenwich
Request Form To Carry over Funding for Capital Projects not started during the Fiscal Year

BET Meeting Date: Jun-14
Application #: PW 10

Department & Division: DPW
Action Requested: Continue In Force
Date of Submission: May 22, 2014

<table>
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<tr>
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<tr>
<td>Z</td>
<td>302</td>
<td>59660</td>
<td>12115</td>
<td>Storm Water Program Compliance</td>
<td>150,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

These funds are needed in order for the Town to meet compliance requirements of the Connecticut DEEP as it relates to the Town’s MS4 (Municipal Separated Storm Sewer Systems) Permit. Funds will be used for inspections, testing, and maintenance functions. Funds are expected to be spent by the end of FY 14/15.

First Selectman: ___________________________  Department Head: ___________________________

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: ___________________  Comptroller: ___________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

____ Approved  Motion: ___________________________

____ Disapproved

____ Modified as follows:  Second: ___________________________

Clerk of the Board: ___________________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Town Of Greenwich

Request Form To Carry over Funding for Capital Projects not started during the Fiscal Year

BET Meeting Date: Jun-14
Application #: PW 11

Department & Division: DPW
Action Requested: Continue In Force
Date of Submission: May 27, 2014

<table>
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<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>312</td>
<td>59600</td>
<td>13123</td>
<td>Street Lighting</td>
<td>295,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

The initial asking price that Connecticut Light and Power quoted the Town was significantly higher than the projected cost of acquiring the system. This caused the Town to push back and force the utility to provide sufficient justification for the considerable acquisition costs. In addition to negotiations on price, there has been limited staff capacity to effectively move this project forward beyond price negotiations. In the ensuing fiscal year, it is projected that there will be an increase in bandwidth that will allow this project to move forward. This project is being managed through the First Selectman's Office.

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: Comptroller:

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

Approved
Disapproved
Modified as follows:

Second:
Clerk of the Board:

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Department & Division: P&R

Action Requested: Continue In Force

Date of Submission: May 20, 2014

<table>
<thead>
<tr>
<th>Fund</th>
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<th>Object</th>
<th>Project</th>
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<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>822</td>
<td>59140</td>
<td>14183</td>
<td>Park Lawn Mowers</td>
<td>18,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

CAPITAL EQUIPMENT REQUEST: 1 John Deere diesel lawn grooming mower. 72 inch wide cut with 4 wheel drive. Bid price secured, purchase expected in June '14.

Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: ________ Comptroller: ____________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

- Approved
- Disapproved
- Modified as follows: Second:

Clerk of the Board: ____________________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Department & Division: P&R

Action Requested: Continue In Force

Date of Submission: May 20, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>822</td>
<td>59140</td>
<td>14184</td>
<td>Leaf Collection Program</td>
<td>25,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

CAPITAL EQUIPMENT REQUEST: 4 Leaf Blowing Machines: 3 to be installed on Bobcat work utility vehicles: 1 to be installed on a Cushman work utility vehicle. Bid prices for these units have been secured, Purchase will be done in June '14.

Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: __________ Comptroller: ________________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

____ Approved
____ Disapproved
____ Modified as follows:

Motion: ________________________________

Second: ________________________________

Clerk of the Board: ________________________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Town Of Greenwich
Request Form To Carry over Funding for Capital Projects not started during the Fiscal Year

BET Meeting Date: Jun-14
Application #: PR 4

Department & Division: P&R

Action Requested: Continue In Force

Date of Submission: May 20, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>822</td>
<td>59840</td>
<td>14185</td>
<td>Bible St. Fencing &amp; Retaining Wall</td>
<td>90,000</td>
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</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

CAPITAL IMPROVEMENT PROJECT: Fence price and retaining wall work cost needs to be secured. Project scheduled to begin Fall of 2014

Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: __________ Comptroller: ____________________________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

___ Approved
___ Disapproved
___ Modified as follows:

Motion: __________________________
Second: _________________________

Clerk of the Board: ____________________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement
**Town Of Greenwich**  
Request Form To Carry over Funding for Capital Projects not started during the Fiscal Year

**BET Meeting Date:**  Jun-14  
**Application #:**  PR 5

<table>
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<th>Object</th>
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<th>Desc</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>832</td>
<td>59260</td>
<td>14193</td>
<td>Replace Steel Work Boat</td>
<td>25,000</td>
</tr>
</tbody>
</table>

**Department & Division:**  P&R  
**Action Requested:**  Continue In Force  
**Date of Submission:**  May 20, 2014

**Justification of Request:**  
(Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

We looked into various options for a new vessel, including used vessels, but at this time nothing we could find currently in production fit the departments needs while staying within the budget. We hope to be able to put together a bid spec this summer and see if something can be found. We do not want to purchase a vessel which does not meet our needs.

Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date:       Comptroller:  

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

- Approved  
- Disapproved  
- Modified as follows:

Motion:  
Second:  

Clerk of the Board:  

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement
Department & Division: P&R

Action Requested: Continue In Force

Date of Submission: May 20, 2014

<table>
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<th>Fund</th>
<th>Dept</th>
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<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Z</td>
<td>834</td>
<td>59700</td>
<td>14201</td>
<td>Dock Safety Lighting &amp; Deicing - Byram</td>
<td>50,000</td>
</tr>
</tbody>
</table>

Justification of Request: (Discuss the reasons the project was not started during the current fiscal year and an estimate when the project will begin.)

The severe winter of 2013-2014, combined with the marina finger slip project, left us no time to conduct any electrical work at the Byram marina. Now that the marina is open for the 2014 season which was the priority, we will begin to look at improvements to the lighting and de-icing systems.

Department Head:

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: __________ Comptroller: __________________________________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

- Approved
- Disapproved
- Modified as follows:

  Motion:
  Second:

  Clerk of the Board: _______________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
Department & Division: Fire

Action Requested: Continue In Force

Date of Submission: June 3, 2014

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Object</th>
<th>Project</th>
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<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>206</td>
<td>59650</td>
<td>14109</td>
<td>Dry Hydrant Installation</td>
<td>250,000</td>
</tr>
</tbody>
</table>

Justification of Request: Extensive negotiations with the Autobon regarding the Cistern has extended the time frame for the project.

Certified correct as to computations and amounts shows as appropriations to date and unencumbered balances, with any changes given.

Date: ___________ Comptroller: __________________________________________

The following action was taken at a meeting of the Board of Estimate and Taxation held on:

____ Approved  
____ Disapproved  
____ Modified as follows:  

Second: __________________________________

Clerk of the Board: ________________________________

This form should be submitted with 35 blue copies in addition to a current Appropriation Statement.
## Town of Greenwich

### Capital Project Appropriation Statement

**Thursday, May 29, 2014**

### Capital Fund

<table>
<thead>
<tr>
<th>Capital Fund</th>
<th>Original Budget</th>
<th>Budget Revisions</th>
<th>Revised Budget</th>
<th>Prior Yrs Spending</th>
<th>Current Yr Spending</th>
<th>Encumbr</th>
<th>Available Budget</th>
</tr>
</thead>
</table>

## Fire Department

### 206 Fire Apparatus & Equipment

<table>
<thead>
<tr>
<th>Year</th>
<th>Code</th>
<th>Description</th>
<th>Original Budget</th>
<th>Budget Revisions</th>
<th>Prior Yrs Spending</th>
<th>Current Yr Spending</th>
<th>Encumbr</th>
<th>Available Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Z 21902</td>
<td>Dry Hydrants</td>
<td>250,000</td>
<td>0</td>
<td>158,764</td>
<td>0</td>
<td>0</td>
<td>91,236</td>
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<tr>
<td>2013</td>
<td>B 13106</td>
<td>Pierce Pumper</td>
<td>560,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>554,460</td>
<td>5,540</td>
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<tr>
<td>2013</td>
<td>Z 13107</td>
<td>Radio Repeater</td>
<td>130,000</td>
<td>0</td>
<td>13,288</td>
<td>74,965</td>
<td>0</td>
<td>41,747</td>
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<tr>
<td>2014</td>
<td>Z 14107</td>
<td>Ford Escape - 1</td>
<td>36,000</td>
<td>0</td>
<td>0</td>
<td>31,236</td>
<td>4,764</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>B 14108</td>
<td>Engine - 1</td>
<td>560,000</td>
<td>0</td>
<td>0</td>
<td>554,460</td>
<td>5,540</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>B 14109</td>
<td>Dry Hydrants</td>
<td>250,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>250,000</td>
</tr>
<tr>
<td>2014</td>
<td>B 14110</td>
<td>Self Contained Breathing Appar</td>
<td>250,000</td>
<td>0</td>
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<td>221,026</td>
<td>0</td>
<td>28,974</td>
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<td>Protective Clothing</td>
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<td>0</td>
<td>69,997</td>
<td>3</td>
<td></td>
</tr>
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</table>

| 8     | 2,106,000 | 0 | 2,106,000 | 172,051 | 295,991 | 1,210,153 | 427,804 |

### Total Fire Department

| 8     | 2,106,000 | 0 | 2,106,000 | 172,051 | 295,991 | 1,210,153 | 427,804 |
TOWN OF GREENWICH
BOARD OF ESTIMATE AND TAXATION BUDGET COMMITTEE

MINUTES
Cone Meeting Room
Tuesday, May 13, 2014

Committee
Present: Marc V. Johnson, Chairman; Jeffrey S. Ramer, Leslie L. Tarkington
Mary Lee Kiernan

Board: Michael Mason, BET Chairman, William Drake, William Finger, Arthur Norton,
Nancy Weissler

Staff: Peter Mynarski, Comptroller; Roland Geiger, Budget Director; Caroline Baisley,
Director of Health, Debbie Flynn, Business Office Manager, Department of
Health; Greg Hannigan, Director of General Services Greenwich Police
Department; Suzanne Carlin, TOG Animal Control Officer, Linda Bruno, SOS
Advisory Board Member

The meeting was called to order at 6:31 P.M.

Mr. Johnson began the meeting by expressing thanks and appreciation to Mr. Mynarski, Mr.
Geiger and the staff of the Finance Department for their support delivering the 2014-2015
Budget which was approved on May 12, 2014 by the RTM by a vote of 176-9-5.

Requests for Budget Adjustments

<table>
<thead>
<tr>
<th>HD-7</th>
<th>Health Approval to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,500</td>
<td>F 40340 &amp; various codes  Enhance Greenwich Medial Reserve Corps</td>
</tr>
</tbody>
</table>

Ms. Baisley requested that the Budget Committee approve the use of a Grant recently received
from the National Association of County and City Health Officials that would contribute to the
Greenwich Medical Reserve Corps (MRC) operating funds. Ms. Baisley reviewed the history of
the MRC, its 150 volunteers and medical and non-medical services provided in times of major
storms and disasters. Its volunteers participate in a readiness training programs and are
annually sworn in to meet federal and state insurability requirements.

Ms. Kiernan asked if TOG had any potential liability in connection with the activities of medical
volunteers during emergencies and Mr. Mynarski volunteered to check with TOG’s Risk
Manager and if needed, TOG’s Law Department to clarify if there is a liability issue.

On a motion by Mr. Ramer, seconded by Ms. Kiernan, the Committee voted 4-0-0
to approve this application and forward it to the Board of Estimate & Taxation
as a Routine Application.

<table>
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<tr>
<th>HD-8</th>
<th>Health Approval to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000</td>
<td>F 40339 51300 &amp; 57050  MRC Program Enhancement</td>
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</tbody>
</table>

BET Budget Committee Meeting Minutes May 13, 2014 - Subject to Approval
Ms. Baisley requested that the Budget Committee approve the use of a grant administered by the Department of Homeland Security through its regional fiduciary, the Westport-Weston Health District for operational support services of TOG’s Medical Reserve Corps.

Mr. Ramer asked if the part time salaries that would be supported by the grant would increase the number of employment hours beyond the maximum limit of part time employment. Ms. Baisley responded that the employee’s hours would not increase but rather that the grant would offset the expense of a portion of the current payroll cost.

On a motion by Mr. Ramer, seconded by Ms. Tarkington, the Committee voted 4-0-0 to approve this application and forward it to the Board of Estimate & Taxation as a Routine Application.

On a motion by Mr. Johnson, seconded by Mr. Ramer, the Committee voted 4-0-0 to approve this application and forward it to the Board of Estimate & Taxation as a Routine Application.

Mr. Hannigan requested that the Budget Committee approve the acceptance of support from Shelter-Our-Strays for enhancing TOG’s Animal Control facility with a Dog Run for the animals’ outdoor exercise. The proposed project will be built to the specifications of the CT Department of Agriculture and requirements of the Town’s P&Z Commission. The TOG Building Construction and Maintenance Department will supervise.

Ms. Tarkington pointed out that the facility had been built without outside access for the shelter’s animals because of its sensitive location next to the cemetery and North Street School and that a generator had been purchased for the facility to assure the facility’s ventilation. In response to her question on whether the generator had been installed, Ms. Carlin replied it was scheduled for installation but had not yet been installed. The Committee was assured that the BOE had signed off on the potential noise to the neighboring school as discussed in the P&Z hearing and was informed that a row of trees had been planted on the property line for privacy. Ms. Kiernan questioned the installation of artificial turf in the Dog Run and was told that it would be installed for sanitary reasons. She also asked about the maintenance and replacement of the turf. Mr. Hannigan estimated the turf would last about 10 years.

On a motion by Mr. Johnson, seconded by Mr. Ramer, the Committee voted 4-0-0 to approve this application and forward it to the Board of Estimate & Taxation as a Routine Application.

Old Business:

Update on Fire Administration/Volunteer Memorandum of Understanding

Mr. Johnson reported that he had had conversations with Mr. Kornberg and Chief Siecienski on their progress preparing the Memorandum of Understanding for more fully integrating volunteer and professional staff. He indicated that a full review of progress would be presented at the Budget Committee’s next meeting on June 3, 2014. Mr. Kiernan suggested that since TOG’s Fire Department would be committing to an agreement, it should also be reviewed by TOG’s Law Department.

New Business:
Report - Status of Current Economic Conditions

Mr. Geiger reported that conveyance tax revenues continue to exceed budget, especially with the recent record residential property sale for $120 million. An additional insurance reimbursement for Superstorm Sandy damage had also been received during the period.

There was a brief discussion on the responsibility of organizations leasing town properties and their ability to pay sewer taxes.

Approval of April 16, 2014 – Regular BET Budget Committee Meeting Minutes

On a motion by Ms. Tarkington, seconded by Mr. Ramer, the Committee voted 4-0-0 to approve the Minutes of the April 16, 2014 – Regular Monthly BET Budget Committee Meeting.

There being no further business before the Committee, the meeting was adjourned at 7:20 P.M. on a motion by Ms. Tarkington, seconded by Ms. Kiernan, by a vote of 4-0-0.

The next meeting will be Tuesday, June 3, 2014 at 5:00 P.M. in the Town Hall Lower Level Lounge.

Respectfully submitted,

SUBJECT TO APPROVAL

Catherine Sidor, Recording Secretary

Marc V. Johnson, Chairman