



CALAVERAS CONSOLIDATED FIRE PROTECTION DISTRICT
6501 Jenny Lind Road, Valley Springs, CA 95252
Telephone: (209) 786-2227
www.calcofire.org

Regular Meeting Agenda
March 25, 2024

- 1. CALL TO ORDER 5:00PM Closed Session**
- 2. ROLL CALL:**
BOARD MEMBER: Keith Hafley, Sam Harris, Ryan Hamre, Pat Sullivan.
Ken Glissman, Tim Runion, Garrett Robertshaw and Roberta M. Corso

STAFF: Fire Chief Rich Dickinson and Rose Beristianos
- 3. ADJOURN TO CLOSED SESSION:**
 - A.** Conference with Labor Negotiators (Gov. Code Section 54957.6)
District Designated Representatives
Employee Organization: Calaveras Professional Firefighters Union IAFF, Local 5149
- 4. CALL TO ORDER 6:00PM Regular Meeting**
- 5. PLEDGE OF ALLEGIANCE**
- 6. MOMENT OF SILENCE:** To recognize and honor the efforts of the American Service Member and Public Safety Personnel
- 7. REPORT OUT OF CLOSED SESSION**
 - A.** Conference with Labor Negotiations (Gov. Code Section 54957.6)
District Designated Representatives
Employee Organization: Calaveras Professional Firefighters Union IAFF, Local 5149
- 8. BADGE PINNING**

9. PUBLIC COMMENT: The public may address the Board on any item of interest that is not on the agenda and is within the District's jurisdiction. For items that are on the agenda, public comment will be heard when the item is discussed. The Chairman reserves the right to limit each speaker to three (3) minutes per person and 15 minutes per topic. Ralph M Brown Act Gov. (Code, § 54954.3(b).) By law, the Board of Directors cannot make decisions on matters not on the agenda. Ralph M Brown Act Gov. (Code, § 54954.2(a).)

10. CONSENT CALENDAR: The Consent Calendar includes routine financial and administrative actions and is usually approved by a single majority vote. There will be no discussion on these items prior to voting on the motion unless Board Members, the public or staff request specific items be discussed and/or removed from the Consent Calendar.

- A. Approval of Draft Minutes: February 26, 2024, Regular Meeting
- B. Approval of Regular Bills Transmittals OH180432, \$88,770.85
- C. Approval of CalCard Transmittal OH180433, \$7035.68

11. FINANCE BUSINESS

- A. Supplemental Transmittals –

12. FIRE CHIEF'S REPORT

13. CORRESPONDENCE:

14. UNFINISHED BUSINESS: Since this Old Business has been discussed in prior meetings, the Chairman reserves the right to limit each speaker to three (3) minutes per person per topic. Ralph M. Brown Act Gov. (Code, § 54954.3(b).)

- A. Discussion/Action

15. NEW BUSINESS:

- A. Discussion/Action – Memorandum Of Understanding 2024 Overhead Employees
- B. Discussion/Action – Allowing Chief Dickinson to sign the Master Service Agreement with Lexipol, Operations and Procedure Manual, Including Policy and Daily Training Bulletins
- C. Discussion/Action – Measure A, Next Steps
- D. Discussion/Action – Approval of Resolution No. 20240325A, Establishing Monthly Medical Benefit Payments to the Vendors by Calaveras County Auditor Controller on Behalf of Calaveras Consolidated Fire District
- E. Discussion/Action – CalPERS, Public Agency Applicant Questionnaire

16. COMMITTEE COMMENTS

17. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS

18. ADJOURNMENT:

Next Meeting Scheduled for April 22, 2024



CALAVERAS CONSOLIDATED FIRE PROTECTION DISTRICT
6501 Jenny Lind Road, Valley Springs, CA 95252
Telephone: (209) 786-2227
www.calcofire.org

Regular Meeting DRAFT Minutes
February 26, 2024

1. CALL TO ORDER 5:30PM Closed Session
2. ROLL CALL:
BOARD MEMBER PRESENT: Keith Hafley, Sam Harris, Ryan Hamre, Pat Sullivan.
Ken Glissman, Tim Runion, Garrett Robertshaw and Roberta M. Corso

BOARD MEMBER ABSENT: Pat Sullivan

STAFF PRESENT: Fire Chief Rich Dickinson and Rose Beristianos
3. ADJOURN TO CLOSED SESSION:
 - A. Conference with Legal Counsel – Potential Litigation
Significant Exposure to Litigation Pursuant to Gov. Code Section 54956.9 (d)(2)
One (1) Potential Case
4. CALL TO ORDER 6:00PM Regular Meeting
5. PLEDGE OF ALLEGIANCE
6. MOMENT OF SILENCE: To recognize and honor the efforts of the American Service Member and Public Safety Personnel
7. REPORT OUT OF CLOSED SESSION
 - A. Conference with Legal Counsel – Potential Litigation
Significant Exposure to Litigation Pursuant to Gov. Code Section 54956.9 (d)(2)
One (1) Potential Case

DIRECTION GIVEN TO STAFF

8. PUBLIC COMMENT:
FRANCISCO DE LA CRUZ SPOKE ABOUT FIRE WISE AND POSSIBLY ESTABLISHING A COMMITTEE ON THIS. MENTIONED CCWD AND THE COST THAT THE DISTRICT CHARGES FOR MAINTENANCE. SPOKE ABOUT NEXT DOOR AND THE DISTRICT IS CLOSE TO GETTING IT ESTABLISHED.

MIKE RODGERS SPOKE ABOUT THE TOWN HALL MEETING AND THE YOU TUBE CHANNEL WHICH HAS VIDEOS FROM THE TOWN HALL POSTED AND IN 48 HOURS THE VIDEOS WERE VIEWED 5500 TIMES
9. CONSENT CALENDAR: DISCUSSION ON ITEM B, MOTION TO APPROVE THE CONSENT CALENDAR BY KEN GLISSMAN, SECONDED BY GARRETT ROBERTSHAW, PASSED 7 YES
 - A. Approval of Draft Minutes: January 22, 2024, Regular Meeting
 - B. Approval of Regular Bills Transmittals OH179934, \$23,773.85
 - C. Approval of CalCard Transmittal OH179935, \$17,274.93
10. FINANCE BUSINESS
 - A. Supplemental Transmittals – **HDO, ARCHITECTS.PLANNERS INVOICE RECEIVED, MOTION TO APPROVE BY TIM RUNION, SECONDED BY KEN GLISSMAN, PASSED 7 YES**
11. FIRE CHIEF'S REPORT - **CHIEF GAVE HIS REPORT**
12. CORRESPONDENCE: **Chris Allen, Resignation**
13. UNFINISHED BUSINESS:
 - A. Discussion/Action - **NONE**
14. NEW BUSINESS:
 - A. Discussion/Action – Review Calco Financial Statement for Fiscal Year 2022/2023
Financial Statement Accepted by the Board
 - B. Discussion/Action – Audit Engagement Contract with Nicholson/Olson for Fiscal Years ending 2026
Motion to approve the Engagement Contract by Garrett Robertshaw, seconded by Ken Glissman, passed 7 yes
15. COMMITTEE COMMENTS – **Discussion only**
16. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS – **Round table comments**
17. ADJOURNMENT: **Motion to adjourn the meeting at 7:18pm by Ken Glissman, seconded by Ryan Hamre, passed 7 yes**

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 3/25/2024

MAIL ALL CHECKS

Contact: ROSE BERISTIANOS
Cell Phone: 482-3754

22030010
PO BOX 579
VALLEY SPRINGS CA 95252

Please initial any strikeovers/changes

| INVOICE AMOUNT | PEID # | OBJECT NO. | INVOICE NO. | VENDOR NAME/ADDRESS | DESCRIPTION | Rd for RTRN dept |
|----------------|--------|------------|-------------|---------------------|-------------|------------------|
| | | | | | | |
| | | | | OH180432 | | |
| | | | | REGULAR BILLS | | |
| | | | | | | |
| | | | | | | |

\$ 88,770.85 Grand Total

District agrees to retain original invoices for five years. Merchandise itemized above has been received or the services claimed have been performed and the expenditures are authorized and approved by

I hereby approved the above claim(s) and certify to the correctness of the computations.
Kathy Gomez, Auditor-Controller

CHRISTOPHER ALLEN _____
KEN GLISSMAN _____
KEITH HAFLEY _____
SAM HARRIS _____
RYAN HAMRE _____
PATRICK SULLIVAN _____
TIM RUNION _____
GARRETT ROBERTSHAW _____

By: _____
Deputy

CHIEF RICH DICKINSON

AP Entry Batch Proof

Batch ID: **OH180432**

Enter Date: 03/21/2024 Batch Status: BE User Total: 88,770.85

The undersigned, under penalty of perjury, states that the items on the attached claim are true and correct, that the amounts are properly due this claimant, and that no items have been previously paid. Furthermore, the articles or services specified in the attached claim were necessary, ordered for use by this department, and the articles or services have been delivered or performed as stated.

Authorized Signature: _____ Date: _____

| |
|--------------------|
| Audited: _____ |
| Distributed: _____ |
| Paid: _____ |

User: BERISTIANOS,ROSE Batch Created By: BERISROS Date: 03/21/2024
 Report: Batch Proof (Auditor) Time: 16:02:58

| | | | | | |
|--|---|-----------------------------|-----------------------|--------------------------|---|
| <i>Inv Amt</i> 1,110.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> <u>02/29/2024</u> | <i>Invoice #:</i> 171201 | 59075 | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> 0041566 RAINS LUCIA STERN PC | 2300 CONTRA COSTA BLVD STE 500 PLEASANT HILL CA 94523 | | | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 300.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> <u>03/05/2024</u> | <i>Invoice #:</i> 97800 | CALAVERAS CONSOLIDATED FIRE | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> 0041553 GEISZLER CPA, ANTIONET | 1743 GRAND CANAL BLVD STE 10 STOCKTON CA 95207 | | | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 3,390.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> <u>03/12/2024</u> | <i>Invoice #:</i> 100795691 | CALAVERAS CONSOLIDATED FIRE | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> 0037324 SAM'S HEATING & AIR IN | PO BOX 533 VALLEY SPRINGS CA 95252 | | | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 225.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> <u>03/08/2024</u> | <i>Invoice #:</i> 100783418 | CALAVERAS CONSOLIDATED FIRE | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> 0037324 SAM'S HEATING & AIR IN | PO BOX 533 VALLEY SPRINGS CA 95252 | | | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 490.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> <u>03/11/2024</u> | <i>Invoice #:</i> 7795 | CALAVERAS CONSOLIDATED FIRE | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> W014762 NELSON, JOHN | 2711 TEJON STREET LODI CA 95242 | | | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

AP Entry Batch Proof

Batch ID: **OH180432**

| | | | | | |
|---|------------------------------|-----------------------------|-----------------------|--------------------------|---|
| <i>Inv Amt</i> 7,280.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> 03/26/2024 | <i>Invoice #:</i> 7796 | CALAVERAS CONSOLIDATED FIRE | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> W014762 NELSON, JOHN | 2711 TEJON STREET | LODI | CA 95242 | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 490.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> 03/11/2024 | <i>Invoice #:</i> 7797 | CALAVERAS CONSOLIDATED FIRE | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> W014762 NELSON, JOHN | 2711 TEJON STREET | LODI | CA 95242 | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 700.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> 03/11/2024 | <i>Invoice #:</i> 7798 | CALAVERAS CONSOLIDATED FIRE | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> W014762 NELSON, JOHN | 2711 TEJON STREET | LODI | CA 95242 | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 400.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> 03/03/2024 | <i>Invoice #:</i> 114 | CALAVERAS CONSOLIDATED FIRE | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> W014515 GORE, MARK | PO BOX 355 | SAN ANDREAS | CA 95249 | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 284.50 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> 02/26/2024 | <i>Invoice #:</i> 96137 | CC0JLF | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> W000798 COLUMBIA | 22480 PARROTTTS FERRY ROAD | COLUMBIA | CA 95310 | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 2,601.35 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> 02/26/2024 | <i>Invoice #:</i> 96138 | CC0JLF | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> W000798 COLUMBIA | 22480 PARROTTTS FERRY ROAD | COLUMBIA | CA 95310 | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 70,000.00 | 22030010 CALCO-FHJLJPA | 5701 Capital Equipment | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> 02/29/2024 | <i>Invoice #:</i> 1920631 | 1193191-2 CONTRACT | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> 0041802 PNC BANK N.A. | 995 DALTON AVE | CINCINNATI | OH 45203 | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>Inv Amt</i> 1,500.00 | 22030010 CALCO-FHJLJPA | 5241 Office Expense | JL: | Separate Check: | Relate To: |
| <i>Invoice Date:</i> 02/29/2024 | <i>Invoice #:</i> 2203022924 | FEB 2024 SERVICES | <i>Secondary Ref:</i> | <i>PO#:</i> | |
| <i>Vendor:</i> 0041402 BERISTIANOS, ROSEMARIE | 3573 BERKESEY LANE | VALLEY SPRINGS | CA 95252 | REFUND | FY RETURN |
| Division Code: SPD2 | Check Stock: AP | Tax Code: | Contract: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

System Messages:

Total

88,770.85

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 3/25/2024

MAIL ALL CHECKS

Contact: ROSE BERISTIANOS
Cell Phone: 482-3754

22030010
PO BOX 579
VALLEY SPRINGS CA 95252

Please initial any strikeovers/changes

| INVOICE AMOUNT | PEID # | OBJECT NO. | INVOICE NO. | VENDOR NAME/ADDRESS | DESCRIPTION | Rd for RTRN dept |
|----------------|--------|------------|-------------|---------------------|-------------|------------------|
| | | | | BATCH OH180432 | | |
| | | | | CAL CARD | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

\$ 7,035.68 PLUS TAX IF NEEDED

District agrees to retain original invoices for five years. Merchandise itemized above has been received or the services claimed have been performed and the expenditures are authorized and approved by

I hereby approved the above claim(s) and certify to the correctness of the computations.
Kathy Gomez, Auditor-Controller

ROBERTA M CORSO
KEN GLISSMAN
KEITH HAFLEY
SAM HARRIS
RYAN HAMRE
PATRICK SULLIVAN
TIM RUNION
GARRETT ROBERTSHAW

By: _____
Deputy

CHIEF RICH DICKINSON

AP Entry Batch Proof

Batch ID: **OH180433**

Enter Date: Batch Status: BE User Total: 7,035.68

The undersigned, under penalty of perjury, states that the items on the attached claim are true and correct, that the amounts are properly due this claimant, and that no items have been previously paid. Furthermore, the articles or services specified in the attached claim were necessary, ordered for use by this department, and the articles or services have been delivered or performed as stated.

Authorized Signature: _____

Date: _____

Audited: _____

Distributed: _____

Paid: _____

User: BERISTIANOS,ROSE Batch Created By: BERISROS

Date: 03/21/2024

Report: Batch Proof (Auditor)

Time: 15:48:07

Inv Amt **7,035.68** 22030010 CALCO-FHJLJPA 5241 Office Expense **JL:** Separate Check: Relate To:
Invoice Date: Invoice #: 22030031524 March CalCard **Secondary Ref:** PO#:
Vendor: 0037446 **US BANK CORP PAYMENT** PO BOX 790428 SAINT LOUIS **MO** 63179-0428 REFUND FY RETURN
Division Code: SPD2 Check Stock: AP Tax Code: Contract:

System Messages:

Total **7,035.68**

Cal Card Summary

| Category | Date | Description | Person | Amount | Receipt |
|--------------|--------|----------------|-----------|----------|---------|
| | | | | | Y |
| | 19-Feb | APPLE | THOMAS | 5.99 | |
| MAINT EQ | 23-Feb | OREILLY | THOMAS | 69.37 | Y |
| | 26-Feb | APPLE | THOMAS | 5.99 | |
| | 29-Feb | RL RIGHETTI | THOMAS | -3.00 | |
| | 29-Feb | RL RIGHETTI | THOMAS | 343.25 | |
| MAINT EQ | 4-Mar | SENDERS | THOMAS | 59.60 | Y |
| | 4-Mar | APPLE | THOMAS | 5.99 | |
| | 5-Mar | RL RIGHETTI | THOMAS | -79.10 | |
| HOUSEHOLD | 5-Mar | SENDERS | THOMAS | 42.89 | Y |
| | 5-Mar | RL RIGHETTI | THOMAS | 191.86 | |
| | 11-Mar | APPLE | THOMAS | 5.99 | |
| FUEL | 19-Feb | EXXON | LAMPLEY | 45.00 | Y |
| | 4-Mar | ANTHEM | LAMPLEY | 56.00 | |
| | 4-Mar | ANTHEM | LAMPLEY | 18.53 | |
| | 4-Mar | ANTHEM | LAMPLEY | 569.23 | |
| | 14-Mar | AMAZON | LAMPLEY | 25.54 | |
| HOUSEHOLD | 20-Feb | GROCERY OUTLET | NORTE | 41.35 | Y |
| | 21-Feb | NEO INSURANCE | NORTE | 56.99 | |
| | 4-Mar | AMAZON PRIME | NORTE | 8.03 | |
| MED BENEFITS | 11-Mar | NEO INSURANCE | NORTE | 276.98 | Y |
| HOUSEHOLD | 26-Feb | MARVAL | ELZIG | 18.57 | Y |
| FUEL | 27-Feb | EXXON | ELZIG | 4.61 | Y |
| HOUSEHOLD | 4-Mar | SENDERS | ELZIG | 57.84 | Y |
| | 7-Mar | LIFE ASSIST | ELZIG | 15.14 | |
| HOUSEHOLD | 14-Mar | OREILLY | ELZIG | 30.00 | Y |
| HOUSEHOLD | 14-Mar | SENDERS | ELZIG | 118.97 | y |
| FUEL | 14-Mar | CHEVRON | ELZIG | 70.00 | Y |
| SAFETY CLOTH | 29-Feb | BOOTBARN | ZIMMERMAN | 230.59 | Y |
| UTILITY | 16-Feb | CAL TEL | DICKINSON | 42.18 | |
| FUEL | 19-Feb | HUNT N SONS | DICKINSON | 1,283.52 | |
| UTILITY | 21-Feb | PAYCLIX VSPUD | DICKINSON | 3.76 | |
| UTILITY | 21-Feb | VSPUD | DICKINSON | 115.28 | |
| UTILITY | 23-Feb | COMCAST | DICKINSON | 211.02 | |
| MAINT EQ | 26-Feb | ZIPPY MART | DICKINSON | 13.00 | |
| UTILITY | 27-Feb | DIRECT TV | DICKINSON | 152.99 | |
| MAINT EQ | 28-Feb | COLCOM PAGING | DICKINSON | 34.11 | |
| MAINT EQ | 1-Mar | OREILLY | DICKINSON | 108.23 | |
| UTILITY | 1-Mar | SILVER RAPIDS | DICKINSON | 100.00 | |
| FUEL | 4-Mar | HUNT N SONS | DICKINSON | 1,031.17 | |
| UTILITY | 4-Mar | VERIZON | DICKINSON | 193.57 | |
| UTILITY | 4-Mar | VONAGE | DICKINSON | 142.68 | |
| OFF EXP | 4-Mar | AMAZON | DICKINSON | 38.59 | |
| UTILITY | 7-Mar | VAN UNEN | DICKINSON | 515.51 | |
| UTILITY | 7-Mar | CALWASTE | DICKINSON | 188.94 | |
| UTILITY | 7-Mar | CALWASTE | DICKINSON | 95.97 | |
| UTILITY | 7-Mar | CALWASTE | DICKINSON | 108.48 | |
| OFF EXP | 11-Mar | GODADDY | DICKINSON | 23.17 | |
| OFF EXP | 15-Mar | RING | DICKINSON | 100.00 | |
| OFF EXP | 15-Mar | RING | DICKINSON | 241.31 | |
| | | | | 7,035.68 | |



Calaveras Consolidated Fire District

Phone: (209) 786-2227 Fax: (209) 920-4306
6501 Jenny Lind Road. Valley Springs, CA 95252
www.calcofire.org

2024 Overhead Employee MOU

Purpose:

This MOU is for explanation, clarification, and agreement between the Calaveras Consolidated Fire Protection District, hereafter known as (CCFPD) and its employees.

The Calaveras Consolidated Fire Protection District, hereafter known as (CCFD) employs trained and experienced personnel who may be compensated to protect and serve the Communities of Valley Springs, Burson, Wallace, Campo Seco, Milton, Rancho, and Jenny Lind. Activation of these employees may become necessary when the following conditions exist: Training, disaster planning, requests by Cooperating Agencies, requests for trained personnel during periods of extreme fire conditions, natural or humanmade disasters, significant public events, and civil unrest by the National Response Plan.

All employees shall be qualified for their position per the standards and requirements of the National Wildfire Coordinating Group, Incident Operations Standards Working Team Qualifications Guide PMS310-1, and the California Incident Command Certification System (CICCS) 2022 Edition.

Employees must follow all training requirements of their NWCG/CICCS position annually. These requirements may include training required by CCFPD for its employees as outlined in the Refresher Training and Mandatory Training sections of this document.

DISTRICT WORK ASSIGNMENTS

The Fire Chief or designee will assign each member projects or tasks based on expertise throughout the fiscal year. These work assignments may consist of but are not limited to:

| | | | |
|---------------------|--------------------------|--------------------|-----------------------|
| Fire Prevention | Fire Protection Planning | Public Education | Fuels Management |
| Support | Finance/Administration | Website Admin. | Technical Specialists |
| Grants/Agreements | Special Projects | Investigations | Duty Coverage |
| Incident/FF Support | Admin. Project | Incident Responses | Communication |
| Training | | | |



Calaveras Consolidated Fire District

Phone: (209) 786-2227 Fax: (209) 920-4306
6501 Jenny Lind Road. Valley Springs, CA 95252
www.calcofire.org

Employees may support cooperating agencies by providing expertise in various fields. A log and Timesheets of the hours spent working on the various tasks and projects assigned shall be kept.

The Fire Chief shall set meeting and training attendance requirements annually. All members are required to attend meetings and trainings. These meetings may consist of, but are not limited to, team meetings, ongoing training, new and refresher training, and general district meetings.

Assignment Procedures

Employees shall be considered 40-hour-a-week employees. A seven-day work period starts at 08:00 on Monday and ends at 00:01 on Sunday morning. The First 40 hours are paid at straight time. Overtime will be paid for any hours worked over the first 40 hours within the same 7-day work period. Straight time shall start again with every new 7-day work period. Personnel are paid portal to portal while assigned to an incident.

All CCFPD personnel shall be qualified for their position per the standards and requirements of the California Incident Command Certification System (CICCS). Those members previously qualified under NWCG 310-1 and/or CalFire 4039 shall complete the appropriate procedure for reciprocity through the Calaveras Operational Area Coordinator. CICCS differs slightly from 310-1 and 4339. If you have started a Trainee position in either of these systems, additional requirements may be needed to transfer to CICCS completely.

Trainees and qualified personnel for incident positions shall follow all refresher training required of the CICCS position annually. These requirements may include Annual Refresher Training, a Physical Ability Test if needed, and any additional training CCFPD requires for its personnel.

Personnel may be requested to respond for assistance to the community in any disaster and/or event within the Fire District's Sphere of Influence, including State and Federal Incidents. The district shall provide all CCFPD employees with the following items.

| ITEM | QTY |
|---|-------|
| CCFPD ID card | 1 |
| Incident Qualification Card | 1 |
| Cal-Osha PPE (as required for the position) | 1-set |
| Cal Card | 1 |



Calaveras Consolidated Fire District

Phone: (209) 786-2227 Fax: (209) 920-4306
6501 Jenny Lind Road, Valley Springs, CA 95252
www.calcofire.org

CCFPD Financial Procedures

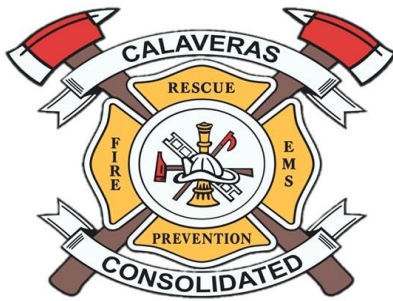
Employees may be compensated for their assigned duties based on the hourly rate identified in the CCFPD Salary Schedule adopted by the CCFPD Board of Directors. Employees who have agreed to participate in State and Federal Incidents beyond their scope of employment with the CCFPD will not receive payment until the District receives payment from the responsible agency. Upon receipt, employees will be issued a check on the NEXT scheduled district payroll for payment of the Incidents.

For Incidents, all employees shall utilize the Cal OES MARS system for their F-42, including the electronic Exhibit H-Travel Expense Claim Form, any supporting documents, such as an ICS 213 signed by the IC or Finance Section Chief, Incident issued "S" number (if applicable), Timecard and receipts for all expenses from the employee, must be uploaded before the billing can be completed. **If receipts and/or proper documentation are not submitted through MARS or received from personnel, CCFPD will charge expenses to the employee.** Employees are responsible for having the F-42 signed by a Cal OES representative and Finance on the incident. **All original documentation and paperwork for reimbursement MUST be forwarded to CCFPD within 10 days of demobilization from the incident.**

Employees should also know that the 14 or 21-day cycle does not apply to local government personnel. The incident may grant you one or two days of R&R, but it is not required under the California Fire Assistance Agreement (CFAA).

Dispatch Procedures

Resource orders will come through the CalFire Emergency Command Center (ECC) in San Andreas to the Calaveras Operational Area Coordinator to the CCFPD Duty Officer. The Resource Orders will be emailed to the employee and Fire Chief. When a team member gets a pre-alert that their team will activate, contact the Fire Chief with your ETD, ETA, and mode of transportation. This will ensure that the order gets filled on time. The pre-alert allows the ECC to watch for the orders. Upon release of the incident, personnel are responsible for ensuring that the incident has been "released" or placed "available" in IROC and that they are available for a new incident. **Personnel do not contact the CalFire ECC directly.**



Calaveras Consolidated Fire District

Phone: (209) 786-2227 Fax: (209) 920-4306

6501 Jenny Lind Road. Valley Springs, CA 95252

www.calcofire.org

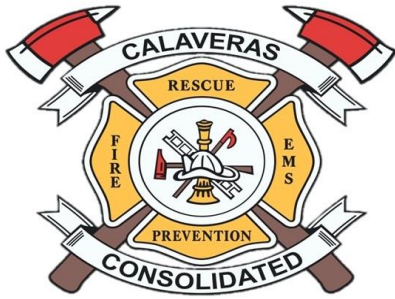
Orders placed for team members during the initial team order must be placed the following way: Your request needs to state IMT followed by your last name, comma, and first name, and ensure that CFAA approval is somewhere on the order. Tuolumne-Calaveras Unit ECC has all team members listed in IROC this way. Members shall check with their respective IMT to ensure this is entered correctly.

If you are a team member, the IMT should arrange travel by commercial aircraft. TCU ECC will not arrange flights for you. If you are a single resource flying out of state without a team to arrange your flight, you can make a reservation using your Cal Card. Ensure you obtain an incident-issued "S" number, correctly signed ICS 213, and a copy of the Resource Order—the **more items ordered and secured through the IMT, the less chance of delaying the reimbursement process.**

Qualifications

Each member must obtain annual refresher training and physical ability testing certification and notify the Fire Chief when training is complete. Members shall forward all training certificates earned to CCFPD. Upon notification of training completed, the district will issue a current Fireline Qualification card. A copy of all training records will remain on file with CCFPD. CCFPD will ensure any updates are completed in IROC. **Members shall not contact the TCU ECC for any reason. Any contact needed shall go through the Fire Chief.**

Individuals assigned to an Incident Management Team shall notify CCFPD of which team they are on and if any changes are to be made to their team position. Team positions will be the approved positions listed in the CICCS.



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Team Assignments

For all incident assignments, personnel should have completed an ICS 225 Personnel Evaluation signed by their supervisor and themselves. CCFPD must be kept informed of their performance. This document shall be sent to the Fire Chief and placed in the members' training file. Additional assignments may be denied or canceled until the district receives all paperwork, including the ICS 225.

Items allowed for reimbursement from the assignment must be included in the Resource Order. These items include but are not limited to POV, rental vehicle (Only rental class identified on the resource order will be reimbursed), laptop, etc. If a rental is not authorized and required, the employee is responsible for payment, and reimbursement will be claimed on the OES Travel Expense Claim Form, with all receipts to be reimbursed. All vehicles shall be rented from Enterprise using the CCFPD authorization number. Vehicle rental fees shall not be reimbursed for days other than those authorized on the ICS-213. Ensure the items claimed are in the Resource Order before leaving the assignment. This ensures reimbursement comes from the State or Federal agency and not CCFPD.

Any item requested for reimbursement except mileage and hourly pay must have an "S" number. The "S" number and/or signed ICS 213 shall be obtained from the incident before the employee leaves the incident. This number is for out-of-pocket expenses to and from the incident: rental, lodging, food, etc. Employees shall make every effort to have these purchases charged to their district-issued Cal Card. Mileage reimbursement for private vehicle use shall be reimbursed at the rate set by the most current CFAA Rate Letter.

I agree to the terms and conditions contained within this MOU.

Printed Name _____

Date_____

Signature _____



MASTER SERVICE AGREEMENT

Agency's Name: Calaveras Consolidated Fire Protection District
Agency's Address: 129 Hwy 12
Valley Springs, California 95252

Agency's Sourcewell Member ID: 1664

Attention: Fire Chief Richard Dickinson

Sales Rep: Ray Shanahan
Lexipol's Address: 2611 Internet Boulevard, Suite 100
Frisco, Texas 75034

Effective Date: _____
(to be completed by Lexipol upon receipt of signed Agreement)

This Master Service Agreement (the "Agreement") is entered into by and between Lexipol, LLC, a Delaware limited liability company ("Lexipol"), and the department, entity, or organization referenced above ("Agency"). This Agreement consists of:

- (a) this **Cover Sheet**
- (b) **Exhibit A** - Selected Services and Associated Fees
- (c) **Exhibit B** - Terms and Conditions of Service

This Agreement is entered into subject to the terms and conditions contained in **Sourcewell Contract Number 011822-LXP (the Sourcewell Contract)**. In the event of any conflict between the terms and conditions of this Agreement and the terms and conditions set forth in the Sourcewell Contract, the terms and conditions of the Sourcewell Contract shall control.

Each individual signing below represents and warrants that they have full and complete authority to bind the party on whose behalf they are signing to all terms and conditions contained in this Agreement.

Calaveras Consolidated Fire Protection District

Lexipol, LLC

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date Signed: _____

Date Signed: _____

Exhibit A

SELECTED SERVICES AND ASSOCIATED FEES

Agency is purchasing the following:

| QTY | DESCRIPTION | UNIT PRICE | SOURCEWELL DISC | DISC AMT | EXTENDED |
|-----|--|--------------|-----------------|-----------------------------|---------------------|
| 1 | Annual Fire Policy Manual & Daily Training Bulletins w/Supplemental Publication Service w/Fire Operations Procedures (12 Months) | USD 7,849.00 | 10% | USD 784.90 | USD 7,064.10 |
| 1 | Cordico Wellness App (12 Months) | USD 3,199.00 | 10% | USD 319.90 | USD 2,879.10 |
| | Subscription Line Items Total | | | USD 1,104.80 | USD 9,943.20 |
| | | | | USD 1,104.80 | USD 9,943.20 |
| | | | | Sourcewell Discount: | USD 1,104.80 |
| | | | | TOTAL: | USD 9,943.20 |

*Fire pricing is based on 15 Fire Authorized Staff.

Discount Notes
Sourcewell

CALAVERAS CONSOLIDATED FIRE PROTECTION DISTRICT

6501 Jenny Lind Road
Valley Springs, CA 95252

Resolution No. 20240325A

**RESOLUTION ESTABLISHING MONTHLY MEDICAL BENEFIT PAYMENTS TO THE VENDORS BY
CALAVERAS COUNTY AUDITOR CONTROLLER ON BEHALF OF CALAVERAS CONSOLIDATED
FIRE DISTRICT**

WHEREAS, Calaveras Consolidated Fire Protection District desires to utilize the services of Auditor-Controller to distribute funds for Medical Benefits; and

WHEREAS, payment processing to the vendors for medical benefits will be expedited by authorizing the Auditor Controller to issue District funds on a monthly basis; and

WHEREAS, the District allows for the Auditor Controller to process without board approval due to the urgency of the payment; and

WHEREAS, the District Board will recognize actual amounts paid to the medical benefit vendors by the Auditor Controller at the Districts next public meeting

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Calaveras Consolidated Fire Protection District adopts this resolution authorizing automatic payment by the Auditor Controllers office to the medical benefit vendors:

A motion by director _____, second by _____
the foregoing Resolution was duly passed and adopted by the Board of Directors of the Calaveras Consolidated Fire Protection District on this 25th day of March 2024 by the following vote:

Ayes: _____

Noes: _____

Absent: _____

Abstained: _____

Attest:

Ken Glissman, Clerk for the District



California Public Employees' Retirement System
Financial Office | Pension Contract Management Services &
Prefunding Programs
P.O. Box 942709
Sacramento, CA 94229-2709
TTY: (877) 249-7442
888 CalPERS (or 888-225-7377) phone • (916) 795-4673 fax
www.calpers.ca.gov

Public Agency Applicant Questionnaire

Thank you for your interest in the California Public Employees' Retirement System (CalPERS) benefit programs. Please complete this Public Agency Applicant Questionnaire (Application) as thoroughly as possible and provide supporting documentation for all responses. Your application cannot be reviewed until all requested information has been provided. We ask that you provide clear and complete answers to avoid delays in the review of your Application.

Once you submit your completed Public Agency Applicant Questionnaire, a CalPERS analyst will be assigned to your case and will be available to assist you in the contracting process. Keep in mind this Application is only the first step in the application process and we may require additional information or supporting documentation from you as part of the application process. CalPERS staff will contact you with more specific details on the contracting process after we receive your completed Application and be available to you throughout the process.

Before fully reviewing your application information, we cannot guarantee you will be eligible to contract with CalPERS for participation in the CalPERS benefit plans (CalPERS Plans). This Application is not an offer to contract. Therefore, do not withhold CalPERS retirement contributions from any of your employees in anticipation of eligibility to participate in the CalPERS Plans, nor should you report your employees under any other agency currently participating in the CalPERS Plans.

Agency Contact Information:

Official Agency: _____
Mailing Address: _____
Street Address: _____
City, State, Zip: _____
County: _____

Authorized Agency Representative:

Name: _____
Title: _____
Telephone: _____
E-mail: _____

Please provide complete copies of the Employer’s JPA agreement, Articles of Incorporation, Bylaws, any amendments, and any filings with the Secretary of State, as applicable. Please feel free to provide your answers on additional pages, if necessary.

Public Agency Applicant Questions:

1. Is the entity a City or County?

No.

Yes. If yes, you do not need to answer any additional questions. Please proceed to signing the attached “Employer Certification” on page 8 of this Application along with your supporting documentation (e.g. charter, formation documents).

2. What type of entity is the Employer?

Joint Powers Authority (JPA) Non-Profit Corporation, or

Other: If other, please describe:

3. Please list:

- the current members of the Employer’s governing board or body
- the date each individual was elected or appointed, and
- The individual’s current job/title.

| Current Members of Employer’s Governing Board or Body | Date Each Individual was Elected or Appointed | Current Job/Title |
|---|---|-------------------|
| | | |
| | | |
| | | |
| | | |

4. Please indicate whether the members of the Employer’s governing board or body are

Elected or

Appointed? If appointed, who has the power to appoint members of the Employer’s governing board or body?

5. Does any person or entity have the power to remove members of the Employer's Governing board or body?

No.

Yes. If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents:

6. Please list other individuals or entities that have control or voting powers or that have ownership or other interests in the Employer:

- describe the powers or interests in detail
- include references to Bylaws, contracts or agreements, or other governing documents.

| Individuals/Entities | Powers/Interests | References |
|----------------------|------------------|------------|
| | | |
| | | |
| | | |
| | | |

7. Please list:

- any entity(ies) or organization(s) that is/are related to or affiliated with the Employer
- describe the relationship between the Employer and such entity(ies) or organization(s) in detail.
- include references to Bylaws, contracts or agreements, or other governing documents.

| Affiliated Entities / Organizations | Relationship | References |
|-------------------------------------|--------------|------------|
| | | |
| | | |
| | | |
| | | |

8. Does the State (or a City or County or other political subdivision of the State) have fiscal responsibility for the general debts and other liabilities of the Employer?

No.

Yes. If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents:

9. Please describe in detail:

- All governmental or quasi-governmental powers exercised and functions performed by the Employer. Please make sovereign powers explicit (e.g. police, taxation, eminent domain)
- Include references to statutes, Bylaws, contracts or agreements, or other governing documents relating to the Employer's powers and functions.

| Sovereign Powers | Governmental Functions Performed | References Related to Powers/Functions |
|------------------|----------------------------------|--|
| | | |
| | | |
| | | |
| | | |

10. Was the Employer created by a specific enabling statute that prescribes the purposes, powers, duties, or obligations of the Employer?

No.

Yes. If yes, please describe in detail:

11. Does the State (or a City or County or other political subdivision of the State) exercise control over the Employer's operations or property or have the right to exercise such control?

No.

Yes. If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents:

12. Are the Employer's employees treated the same as State, City or County employees for purposes other than providing employee benefits? Please describe in detail.

Examples:

- Are the Employer's hiring practices subject to a competitive examination process? If so, please provide an example.
- Are employees subject to civil service law and rules
- Are employees subject to collective bargaining laws (e.g. Meyers-Milias-Brown Act)
- Are the Employer's employees' salaries and benefits subject to collective bargaining? If so, please provide the name of employee organization group(s) who represent the Employer's employees in collective bargaining.
- What grievance procedures and administrative appeals rights are made available by the Employer?

No.

Yes. If yes, please describe in detail:

13. Please provide a detailed description of all sources of revenue or funding, including a description of any non-public sources, received or expected to be received by the Employer to establish or operate the Employer.

- Please include the percentages of total funding coming from all sources.

| Sources of Revenue/Funding | Percentage of Total Funding (all) |
|----------------------------|-----------------------------------|
| | |
| | |
| | |
| | |
| | |
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| | |
| | |

14. Is the Employer treated as a governmental entity for any other purposes? Please describe in detail.

Examples:

- For federal employment or income tax purposes (such as the authority to issue tax-exempt bonds under Internal Revenue Code section 103(a))?
- Is the Employer subject to open meeting laws (such as the Brown Act), the California Public Records Act or similar laws?
- Are the Employer's employees subject to the California Political Reform Act?
 - Please provide a copy of the Employer's current Conflict of Interest Code.
- Does the State Attorney General represent the Employer in court under a statute that only permits representation of State entities?
- Has any State or federal court or administrative agency made a formal written determination that the Employer is a governmental entity for any purpose?

No.

Yes. If yes, please describe in detail:

15. Does the Employer currently have employees?

No.

Yes. If yes, please address the questions below:

- If yes, how many? Number of current employees:
- How many employees does the entity expect to have once it is fully operational?

16. Do any of the Employer's employees perform services for one or more other entities or organizations that are related to or affiliated with the Employer?

No.

Yes. If yes, please describe in detail:

17. Does any other entity perform Human Resources or Payroll functions for the Employer?

No.

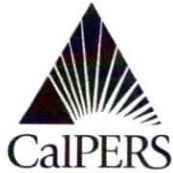
Yes. If yes, please describe in detail:

18. Are any of the Employer's employees currently participating in or reported to CalPERS by or through another entity?

No.

Yes. If yes, please explain the current arrangement and identify any other entity(ies) or organization(s) involved.

19. Please submit your recent Independent Auditor's Report.



California Public Employees' Retirement System
 Financial Office | Pension Contract Management Services &
 Prefunding Programs
 P.O. Box 942709
 Sacramento, CA 94229-2709
 TTY: (877) 249-7442
 888 CalPERS (or 888-225-7377) phone • (916) 795-4673 fax
 www.calpers.ca.gov

Employer Certification

The undersigned hereby agrees and acknowledges that Employer is aware and understands that the participation of its employees and retirees in one or more of the CalPERS benefit plans (the "CalPERS Plans") is subject to, among other things, the determination of Employer's eligibility to participate in a governmental plan pursuant to the Internal Revenue Code (the "Code"). Employer acknowledges that the Internal Revenue Service (the "IRS") is in the process of drafting regulations under Section 414(d) of the Code and that these regulations, when final, may impact Employer's eligibility to participate in the CalPERS Plans.

Employer understands that even if CalPERS determines that Employer is eligible to participate in the CalPERS Plans based upon its good faith interpretation of existing IRS guidance, upon publication of final Treasury Regulations pursuant to Section 414(d) of the Code (the "Final Regulations"), it may be determined that Employer would not be eligible to participate in a governmental plan under such Final Regulations. Employer further understands that in the event of such a determination, CalPERS will be obligated to comply with the Final Regulations and, if required, terminate the Employer's participation in the CalPERS Plans, including cancellation of all benefits for employees and retirees of the Employer (the "Termination").

By executing this Certification below, the undersigned certifies that all information provided to CalPERS in connection with Employer's application to contract, including all information provided in this Application, is true and correct. The undersigned agrees to update the information contained in this Application within ten (10) calendar days of the date the undersigned knows or should have known of any error or change to any information provided to CalPERS.

The undersigned certifies that he or she has been duly authorized by Employer to execute this Certification on behalf of Employer.

I, the official named below, acknowledge and declare I have read and understand the Application and Employer Certification. I am duly authorized to make this declaration on behalf of the above-named Employer, and declare the foregoing is true and correct as of the date of execution of this document. I further acknowledge my Employer's responsibility to provide updates in the event this information is determined to be incorrect or has changed.

Signature: _____
 Name: _____
 Title: _____
 Date: _____

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).