

NOTICE OF REGULAR MEETING
OF THE CHICKASHA CITY COUNCIL
VIA TELECONFERENCE

In compliance with Title 25, Oklahoma Statutes, Section 301-314, the Oklahoma Open Meeting Act, including the posting of notice and agenda, be advised that the Chickasha City Council, Chickasha Municipal Authority, and Chickasha Municipal Airport Authority of the City of Chickasha, Oklahoma, will conduct a **REGULAR MEETING ON TUESDAY, SEPTEMBER 8, 2020, AT 6:30 PM.** Said meeting will be held via teleconference.

The City of Chickasha encourages participation from all its citizens. If participation is not possible due to a disability, notification to the City Clerk at least 48 hours prior to the scheduled meeting is encouraged to make the necessary accommodations. The City may waive the 48-hour rule if signing is not the necessary accommodation.

Agenda items are attached.

If you would like to **WATCH** the City Council meeting, watch on the City of Chickasha's YouTube Channel, accessible at chickasha.org/YouTube.

If you would like to **LISTEN** to the City Council meeting, dial in using one of the following numbers:

- 1 669 900 9128
- 1 253 215 8782
- 1 346 248 7799
- 1 646 558 8656
- 1 301 715 8592
- 1 312 626 6799

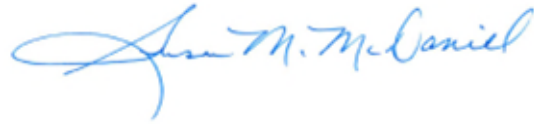
Then, use webinar ID 957 6115 0336 and password 090820

If you would like to **PARTICIPATE** in the Citizen Comments portion of the City Council Meeting, you will need to log in to Zoom and join the meeting via the Zoom Desktop or Mobile App.

- Visit <http://bit.ly/CHK-91> and use password 090820
- Or, log in to the Zoom Desktop or Mobile App and use webinar ID 957 6115 0336 and password 090820.

Please note: you must create a free Zoom account and log in to participate. You can raise your hand using the app during Citizen Comments and be called on when it is your turn to speak.

I, Susan M. McDaniel, City Clerk, posted this Agenda on the official City of Chickasha bulletin board in the Municipal Building, 117 North 4th Street Chickasha, OK, 73018, which is accessible to the public twenty-four hours each day at 4:30 p.m. on Wednesday, September 2, 2020.



Susan M. McDaniel

Sworn to and subscribed before me on this the day 2nd of September 2020.

My Commission Expires: 10-1-2022



Notary Commission
14008829

Notary Public, State of Oklahoma

CHICKASHA CITY COUNCIL

AGENDA

VIA TELECONFERENCE

TIME OF MEETING

6:30 PM

DATE OF MEETING

SEPTEMBER 8, 2020

1. **Call to Order / Roll Call**
2. **Citizen Comments.**
3. **Council Communications.**
4. **Consent Docket:**
 - a. Acceptance of the Minutes of the August 17, 2020 regular meeting.
 - b. Acceptance of Claims List.
 - c. Acceptance of a Health Literacy Grant.
 - d. Acceptance of Resolution No. 2020-19R amending the FY 20-21 Budget.
5. **Discussion/Approval of Items Removed from Consent Docket:**
6. **Discussion and Consideration**
 - a. Discussion, consideration and possible action to approve the 2020 Emergency Management Performance Grant (EMPG) agreement.
 - b. Discussion, consideration and possible action to declare as surplus books that have been withdrawn from the collection, and donations that are not needed, and authorize donating to the Friends of the Library.

- c. Discussion, consideration and possible action to approve Resolution 2020-18R for the State of Oklahoma 911 Management Authority Grant Application.
- d. Consideration, discussion and possible action to release lien on 105 E. Iowa
- e. Discussion, consideration and possible action to approve engineering change order number 1 for the 1st Street sidewalk project.
- f. Discussion, consideration and possible action to accept the 1st Street Sidewalk Project as complete and authorize the final payment to Luckinbill Development, INC in the amount of \$138,621.98.
- g. Discussion, consideration and possible action to approve the appointment of Miranda Molder to the Library Board, replacing Betsy Philips, with term expiring June 30, 2023.
- h. Discussion, consideration and possible action to approve the re-appointment of Gisell Durbin as a member for the Library Board for a term ending June 30, 2023.
- i. Discussion, consideration and possible action to accept the award of the Gary Sinise Foundation First Responder Grant.
- j. Discussion, consideration, and possible action to approve the re-appointment of Jeff McClure as a member for the Board of Adjustment/Floodplain Board of Appeals for a term June 30, 2023.
- k. Discussion, consideration, and possible action to approve the re-appointment of Joe Hutmacher as a member for the Board of Adjustment/Floodplain Board of Appeals for a term ending June 3, 2023.
- l. Discussion, consideration, and possible action to approve the re-appointment of John Grote as a member for the Board of Adjustment/Floodplain Board of Appeals for a term ending June 30, 2023.
- m. Discussion, consideration, and possible action to approve the re-appointment of Glen Vernon as a member for the Historic Preservation Commission for a term ending June 30, 2023.
- n. Discussion, consideration, and possible action to approve the re-appointment of John Feaver as a member for the Historic Preservation Commission for a term ending June 30, 2023.
- o. Discussion, consideration, and possible action to approve the re-

appointment of Joyce Sanders as a member for the Historic Preservation Commission for a term ending June 30, 2023.

- p. Discussion, consideration, and possible action to approve the re-appointment of Bob Hunter as a member for the Historic Preservation Commission for a term ending June 30, 2023.
- q. Discussion, consideration, and possible action to approve the re-appointment of Pam McKissack as a member for the Historic Preservation Commission for a term ending June 30, 2023.
- r. Discussion, consideration, and possible action to approve the re-appointment of Tim Smith as a member for the Planning Commission for a term ending June 30, 2023.
- s. Discussion, consideration, and possible action to approve the re-appointment of Mike Mosley as a member for the Planning Commission for a term ending June 30, 2023.
- t. Discussion, consideration and possible action on a tort claim filed by Juanita Robles.

7. Executive Session:

8. Motion to Adjourn.

Chris Mosley, Mayor attending via teleconference
Kimberly Loggins, Vice-Mayor attending via teleconference
Jim Hopkins, Member attending via teleconference
Oscar Nelson, Member attending via teleconference
David Sikes, Member attending via teleconference
Zachary Grayson, Member attending via teleconference
R.P. Ashanti-Alexander, Member attending via teleconference
Brian Gerdes, Member attending via teleconference
Clark VanDyck, Member attending via teleconference

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City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 4.a.

AGENDA ITEM: Acceptance of the Minutes of the August 17, 2020 regular meeting.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept Minutes of the August 17, 2020 regular meeting.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. City 8-17-2020

August 17, 2020

The **REGULAR** meeting of the **CHICKASHA CITY COUNCIL** was held via videoconference on the 17th day of August 2020 as specified by advance public notice with a properly prepared agenda stating the subject matter or matters to be discussed at said meeting. Mayor Mosley called the meeting to order at 6:36 p.m.

ITEM 1. **Call to Order / Roll Call / Opening Prayer / Pledge of Allegiance**

MAYOR AND COUNCIL

PRESENT: Chris Mosley, Mayor via videoconference
 Jim Hopkins via videoconference
 Oscar Nelson via videoconference
 David Sikes via videoconference
 Zachary Grayson via videoconference
 Ashanti-Alexander via videoconference
 Clark VanDyck via videoconference
 Brian Gerdes via videoconference

ABSENT: Kimberly Loggins, Vice-Mayor
.

STAFF

PRESENT: John Noblitt, City Manager via videoconference
 Amanda Mullins, City Attorney via videoconference
 Susan McDaniel, City Clerk via videoconference

ITEM 2. **Citizen Comments:**

None.

ITEM 3. **Council Communications:**

None.

ITEM 4. **Consent Docket: ITEM 4a through ITEM 4e.**

ITEM 4a. **Acceptance of the Minutes of the August 3, 2020 regular meeting.**

City Council Meeting 8-17-2020
6:36 p.m.

- ITEM 4b. Acceptance of Claims Lists.**
- ITEM 4c. Acceptance of Financials for July 2020.**
- ITEM 4d. Consent to allow Mayor to sign endorsement for grant funding for Washita Valley Transit.**
- ITEM 4e. Consent to Assignment and Assumption of Contract for CDBG administrative services to Parkhill, Smith, & Cooper (PSC) dba Cardinal Engineering.**

*Motion by Council Member Hopkins, second by Council Member Grayson to approve the Consent Docket: ITEM 4a thru Item 4e.

Roll call vote:

Ayes:"	Hopkins, Nelson, VanDyck, Grayson, Gerdes, Sikes, and Mosley.
"Nays:"	Ashanti-Alexander
"Abstain:"	None
Motion carried.	7-1

ITEM 5. **Discussion/Approval of Items Removed from Consent Docket:**

No Action Taken on Item 5.

ITEM 6. **Consideration and Discussion Items:**

- ITEM 6 a. Discussion, consideration and possible action to approve sale contract for Lot #4 of Apache Cove in the amount of \$40,000.00.**

Item pulled from Agenda.

ITEM 7. **Executive Session:**

- ITEM 7 a. Discussion, consideration and possible action to enter into Executive Session to conduct confidential communications between the public body and its attorney concerning a pending investigation, claim, or action if the public body, which the advice of its attorney, determines that disclosure will seriously impair the ability of the public body to process the claim or conduct a pending investigation, litigation, or proceeding in the public interest under the provision of 25 O.S. 307B(4).**

*Motion by Council Member Hopkins, second by Council Member Sikes to enter into Executive Session:

Roll call vote:

City Council Meeting 8-17-2020

6:36 p.m.

Ayes:" Hopkins, Nelson, VanDyck, Grayson, Gerdes, Sikes, Ashanti-Alexander and Mosley.

"Nays:" None.

"Abstain:" None

Motion carried. 8-0

Entered into Executive Session at 6:40 p.m.

Reconvene open session at 8:07 p.m.

Roll Call:

Chris Mosley, Mayor via videoconference - Present

Jim Hopkins via videoconference - Present

Oscar Nelson via videoconference - Present

David Sikes via videoconference - Present

Zachary Grayson via videoconference - Present

Ashanti-Alexander via videoconference - Present

Clark VanDyck via videoconference - Present

Brian Gerdes via videoconference - Present

ITEM 7 b. Discussion, consideration and possible action to reconvene open session and take appropriate action on any matter discussed in executive session.

No action taken.

ITEM 8. Motion to Adjourn:

Motion by Council Member Hopkins and seconded by Council Member Grayson adjourn.

Meeting adjourned.

TIME: 8:08 P.M.

Chris Mosley, Mayor

ATTEST:

Susan M. McDaniel, City Clerk

Approved this 8th day of September 2020.



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Finance

Agenda Item No. 4.b.

AGENDA ITEM: Acceptance of Claims List.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept Claims List.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Leasa Furr, Asst. City Manager	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. September 8, 2020 Claims List

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
NON-DEPARTMENTAL	GENERAL FUND	MISC ONE-TIME V RODNEY PALESANO	REFUND	300.00
		BONNIE MORSE	REFUND	150.00
		ROCKY HODGES	REFUND	150.00
		CALANDRA ALEXANDER	REFUND	150.00
		MARION TRAMMELL	REFUND	150.00
		CITY OF CHICKASHA	CITY OF CHICKASHA	36,689.25_
			TOTAL:	37,589.25
ADMINISTRATION	GENERAL FUND	CARD SERVICES CENTER	CARD SERVICES CENTER	76.39
		STANDLEY SYSTEMS	STANDLEY SYSTEMS	376.62
		AT&T MOBILITY	AT&T MOBILITY	239.56
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	101.88
			DELTA DENTAL/FAMILY	101.88
			DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EE & FAMILY	1,273.84
			BU6U/EE & FAMILY	1,273.84
		OKLAHOMA MUNICIPAL RETIRE	OMRF2	780.77
			OMRF	319.87
			OMRF	325.96
		TRANSFER ACCOUNT	FICA	537.36
			MEDICARE	125.68
		OPTIONS COUNSELING SERVICE, INC.	OPTIONS COUNSELING SERVICE	360.00_
			TOTAL:	6,306.37
FIRE ADMINISTRATION	GENERAL FUND	FUELMAN	FUELMAN	114.32
		VERIZON WIRELESS	VERIZON WIRELESS	120.03
		STANDLEY SYSTEMS	STANDLEY SYSTEMS	300.81
		AT&T MOBILITY	AT&T MOBILITY	41.23
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	24.08
			PUBLIC SERVICE COMPANY OF	1,133.50
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	152.82
			DELTA DENTAL/FAMILY	152.82
			BU6U/EE & FAMILY	1,910.76
			BU6U/EE & FAMILY	1,910.76
		OKLAHOMA FIREFIGHTERS	FIRE PENSION	874.42
		OKLAHOMA MUNICIPAL RETIRE	OMRF	93.31
			OMRF	93.31
		FIREFIGHTERS SEC LOCAL 20	FIR/EECH OPTION A	95.76
			FIRE EE/CHILD(REN) DENTAL	4.59
			FIR/EE/CH VISION	2.21
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	124.23
		AT&T	AT&T	164.38
		TRANSFER ACCOUNT	FICA	48.19
			MEDICARE	95.84_
			TOTAL:	7,457.37
POLICE ADMINISTRATION	GENERAL FUND	FUELMAN	FUELMAN	34.30
		STANDLEY SYSTEMS	STANDLEY SYSTEMS	677.82
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	1,563.92
		CKENERGY ELECTRIC COOPERATIV	CKENERGY ELECTRIC COOPERAT	143.50
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/EE & SPOUSE	62.88

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
			DELTA DENTAL/EE & SPOUSE	62.88
			BU6V/EE & SPOUSE	402.44
			BU6V/EE & SPOUSE	402.44
			BU6U/EMPLOYEE ONLY	382.52
			BU6U/EMPLOYEE ONLY	382.52
		OKLAHOMA POLICE PENSION &	POLICE PENSION	400.00
		OKLAHOMA MUNICIPAL RETIRE	OMRF	527.74
			OMRF	527.74
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	32.28
		TRANSFER ACCOUNT	FICA	521.67
			MEDICARE	122.00
		GRADY MEMORIAL HOSPITAL	BLOOD KIT-MILLER	23.00
			BLOOD KIT	23.00
		UNIFIRST HOLDINGS, L.P.	UNIFIRST HOLDINGS, L.P.	19.97_
			TOTAL:	6,342.82
CEMETERY SERVICES	GENERAL FUND	AT&T MOBILITY	AT&T MOBILITY	42.53
		OKLAHOMA ELECTRIC COOP	OKLAHOMA ELECTRIC COOP	56.89
		WYNN, JEFFREY	WYNN, JEFFREY	3,468.75
			WYNN, JEFFREY	8,048.49_
			TOTAL:	11,616.66
HUMAN RESOURCES	GENERAL FUND	STANDLEY SYSTEMS	STANDLEY SYSTEMS	6.55
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	50.94
			DELTA DENTAL/FAMILY	50.94
			BU6U/EE & FAMILY	636.92
			BU6U/EE & FAMILY	636.92
		OKLAHOMA MUNICIPAL RETIRE	OMRF	109.61
			OMRF	109.61
		KENDALL'S FLOWERS & GIFTS	FLOWER ARRANGEMENT	50.00
		TRANSFER ACCOUNT	FICA	60.37
			MEDICARE	14.12_
			TOTAL:	1,725.98
LIBRARY	GENERAL FUND	STANDLEY SYSTEMS	STANDLEY SYSTEMS	224.52
		AT&T MOBILITY	AT&T MOBILITY	56.14
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	1,303.51
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	30.20
			DELTA DENTAL/SINGLE	30.20
			DELTA DENTAL/EE & SPOUSE	62.88
			DELTA DENTAL/EE & SPOUSE	62.88
			BU6V/EE & CHILD(REN)	300.99
			BU6V/EE & CHILD(REN)	300.99
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EMPLOYEE ONLY	166.30
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EE & SPOUSE	925.72
			BU6U/EE & SPOUSE	925.72
		OKLAHOMA MUNICIPAL RETIRE	OMRF	657.79
			OMRF	657.04
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	89.49
		A ALERT ALARM CO	A ALERT ALARM CO	35.00
		TRANSFER ACCOUNT	FICA	444.98
			MEDICARE	104.08
		INGRAM BOOK SERVICE	JULY BOOK ORDER	1,027.21

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
		CRANTON, BETH	REIMBURSEMENT: CAR USAGE	23.46_
			TOTAL:	7,977.92
STREET & STORM DRAINAG	GENERAL FUND	GW VAN KEPPEL COMPANY	FRONT WINDOW PARTS	972.88
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	6,755.63
			PUBLIC SERVICE COMPANY OF	993.75
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	50.94
			DELTA DENTAL/FAMILY	50.94
			DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/EE & SPOUSE	31.44
			DELTA DENTAL/EE & SPOUSE	31.44
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EE & FAMILY	553.76
			BU6V/EE & FAMILY	553.76
			BU6V/EE & SPOUSE	402.44
			BU6V/EE & SPOUSE	402.44
			BU6U/EE & CHILD(REN)	346.19
			BU6U/EE & CHILD(REN)	346.19
		OKLAHOMA MUNICIPAL RETIRE	OMRF	500.72
			OMRF	597.57
		STANDRIDGE EQUIPMENT CO	RUBBER TRACKS	2,200.00
		TRAFFIC SIGNALS INC	SERVICE CALL/ CAMERA	650.00
		LUTHER SIGN CO	SIGN BRACKETS	484.90
		TRANSFER ACCOUNT	FICA	360.74
			MEDICARE	84.36
		UNIFIRST HOLDINGS, L.P.	UNIFIRST HOLDINGS, L.P.	260.91
		DOLESE BROS CO	1 1/2 CRUSHER RUN	647.19_
			TOTAL:	17,640.99
FLEET MAINTENANCE	GENERAL FUND	CITY OF CHICKASHA	DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
		OKLAHOMA MUNICIPAL RETIRE	OMRF	171.53
			OMRF	151.03
		TRANSFER ACCOUNT	FICA	92.62
			MEDICARE	21.66_
			TOTAL:	849.56
ACCOUNTING SERVICES	GENERAL FUND	FUELMAN	FUELMAN	44.48
		STANDLEY SYSTEMS	STANDLEY SYSTEMS	287.06
		AT&T MOBILITY	AT&T MOBILITY	56.14
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	30.20
			DELTA DENTAL/SINGLE	30.20
			DELTA DENTAL/EE & SPOUSE	31.44
			DELTA DENTAL/EE & SPOUSE	31.44
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EMPLOYEE ONLY	166.30
			BU6U/EE & SPOUSE	462.86
			BU6U/EE & SPOUSE	462.86
		OKLAHOMA MUNICIPAL RETIRE	OMRF	510.38
			OMRF	559.92
		CULLIGAN/WRIGHT WATER	CULLIGAN/WRIGHT WATER	9.00
		TRANSFER ACCOUNT	FICA	363.24

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
			MEDICARE	84.94
		CRAWFORD AND ASSOCIATES PC	Professional Services	1,600.00_
			TOTAL:	4,896.76
COMM DEVEL/PLANNING SE GENERAL FUND		EXPRESS STAR	PUBLICATION FOR PC	30.95
		STANDLEY SYSTEMS	STANDLEY SYSTEMS	191.08
		RICHARD'S PRINTING	BUSINESS CARDS	88.50
		AT&T MOBILITY	AT&T MOBILITY	116.24
		CITY OF CHICKASHA	DELTA DENTAL/EE & SPOUSE	31.44
			DELTA DENTAL/EE & SPOUSE	31.44
			BU6U/EE & SPOUSE	462.86
			BU6U/EE & SPOUSE	462.86
		OKLAHOMA MUNICIPAL RETIRE	OMRF	312.79
			OMRF	319.87
		TRANSFER ACCOUNT	FICA	206.77
			MEDICARE	48.36_
			TOTAL:	2,303.16
GENERAL GOVERNMENT	GENERAL FUND	COLLINS, ZORN & WAGNER, PC	LEGAL FEES	839.12
			LEGAL FEES	6,446.55
		IRON MOUNTAIN INC.	IRON MOUNTAIN INC.	70.37
		CHAFFIN, MICHAEL R.	CHAFFIN, MICHAEL R.	1,800.00
		OK MUNICIPAL MANAGEMENT SERVICES	MEMBERSHIP RENEWAL	4,000.00
		FRAILEY, CHAFFIN, CORDELL	LEGAL FEES	19.10
			LEGAL FEES	13,127.80
			CIA LEGAL FEES	280.50
			LEGAL FEES	6,038.90
		STANDLEY SYSTEMS	STANDLEY SYSTEMS	9,352.00
		QUADIENT LEASING USA, INC	QUADIENT LEASING USA, INC	324.93
		OKLAHOMA MUNICIPAL LEAGUE	MAYORS COUNCIL REGIST	300.00
		PALMER BINDING SYSTEMS	1 CASE NARROW BINDER SPIN	189.90_
			TOTAL:	42,789.17
BUILDING SERVICES	GENERAL FUND	FUELMAN	FUELMAN	93.09
		CITY OF CHICKASHA	BU6V/EE & CHILD(REN)	300.99
			BU6V/EE & CHILD(REN)	300.99
		OKLAHOMA MUNICIPAL RETIRE	OMRF	225.59
			OMRF	225.59
		TRANSFER ACCOUNT	FICA	190.20
			MEDICARE	44.49
		OKLAHOMA UNIFORM BUILDING CODE COMMISS	STATE FEES	280.00
			STATE FEES	420.00_
			TOTAL:	2,080.94
FIRE OPERATIONS	GENERAL FUND	FUELMAN	FUELMAN	513.12
		WRIGHT DAVID	Mileage Reimbursement	148.68
		OKLAHOMA FIREFIGHTERS	FIRE PENSION	9,615.03
		FIREFIGHTERS SEC LOCAL 20	FIR/EECH OPTION A	1,638.64
			FIR/EECH OPTION A	1,734.40
			FIRE EE/CHILD(REN) DENTAL	78.61
			FIRE EE/CHILD(REN) DENTAL	83.20
			FIRE EE DENTAL	80.00
			FIRE EE DENTAL	80.00
			FIRE FAMILY DENTAL	332.00
			FIRE FAMILY DENTAL	332.00
			FIRE EE/SPOUSE DENTAL	162.40

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
			FIRE EE/SPOUSE DENTAL	162.40
			FIR/EE OPTION A	995.20
			FIR/EE OPTION A	995.20
			FIR/EE OPTION B	228.80
			FIR/EE OPTION B	228.80
			FIR/FAM OPTION A	7,282.00
			FIR/FAM OPTION A	7,282.00
			FIR/EESP OPTION A	2,923.20
			FIR/EESP OPTION A	2,923.20
			FIR/EE/CH VISION	37.79
			FIR/EE/CH VISION	40.00
			FIR/EE VISION	21.60
			FIR/EE VISION	21.60
			FIR/FAM VISION	193.60
			FIR/FAM VISION	193.60
			FIR/EESP VISION	78.40
			FIR/EESP VISION	78.40
		CLIFT JOHN	Mileage Reimbursement	71.76
		TRANSFER ACCOUNT	MEDICARE	1,028.52_
			TOTAL:	39,584.15
PATROL SERVICES	GENERAL FUND	AT&T	AT&T	22.57
			AT&T	379.36
		FUELMAN	FUELMAN	1,844.71
		C.O.P.S. PRODUCTS LLC	SHOULDER PATCHES	540.00
		VERIZON WIRELESS	VERIZON WIRELESS	612.75
		AT&T MOBILITY	AT&T MOBILITY	164.92
			AT&T MOBILITY	27.53
			AT&T MOBILITY	259.53
		JENNAFER HITT	MEAL REIMBURSEMENT	125.61
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	579.15
			DELTA DENTAL/FAMILY	560.34
			DELTA DENTAL/SINGLE	75.50
			DELTA DENTAL/SINGLE	75.50
			DELTA DENTAL/EE & SPOUSE	94.32
			DELTA DENTAL/EE & SPOUSE	94.32
			BU6V/EE & CHILD(REN)	300.99
			BU6V/EE & CHILD(REN)	300.99
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EE & FAMILY	553.76
			BU6V/EE & FAMILY	553.76
			BU6U/EE & CHILD(REN)	346.19
			BU6U/EE & CHILD(REN)	346.19
			BU6U/EMPLOYEE ONLY	765.04
			BU6U/EMPLOYEE ONLY	765.04
			BU6U/EE & FAMILY	5,967.48
			BU6U/EE & FAMILY	5,732.28
			BU6U/EE & SPOUSE	1,388.58
			BU6U/EE & SPOUSE	1,388.58
		OKLAHOMA POLICE PENSION &	POLICE PENSION	5,670.62
		TRANSFER ACCOUNT	FICA	2,999.81
			MEDICARE	701.56
		ASSESSMENT, INC	COUNSELING SESSIONS	160.00_
			TOTAL:	33,729.58

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
INVESTIGATIONS	GENERAL FUND	CITY OF CHICKASHA	DELTA DENTAL/FAMILY	83.07
			DELTA DENTAL/FAMILY	101.88
			BU6U/EE & CHILD(REN)	346.19
			BU6U/EE & CHILD(REN)	346.19
			BU6U/EE & FAMILY	401.72
			BU6U/EE & FAMILY	636.92
		OKLAHOMA POLICE PENSION & TRANSFER ACCOUNT	POLICE PENSION	843.48
			FICA	440.43
			MEDICARE	103.00_
		TOTAL:		3,302.88
ANIMAL CONTROL	GENERAL FUND	VERDEN VET	AUGUST VET SERVICE	900.00
			STANDLEY SYSTEMS	148.06
			AT&T MOBILITY	90.71
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	470.57
			DELTA DENTAL/SINGLE	22.65
			DELTA DENTAL/SINGLE	21.87
		CITY OF CHICKASHA	BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
			OMRF	263.09
		OKLAHOMA MUNICIPAL RETIRE	OMRF	265.63
			FICA	169.75
			MEDICARE	39.70
		TRANSFER ACCOUNT	AUGUST PEST CONTROL	50.00_
			TOTAL:	2,824.55
MUNICIPAL COURT	GENERAL FUND	CITY OF CHICKASHA	DELTA DENTAL/EE & SPOUSE	31.44
			DELTA DENTAL/EE & SPOUSE	31.44
			BU6U/EE & SPOUSE	462.86
			BU6U/EE & SPOUSE	462.86
		OKLAHOMA MUNICIPAL RETIRE	OMRF	119.39
			OMRF	119.39
		TRANSFER ACCOUNT	FICA	69.96
			MEDICARE	16.36_
		TOTAL:		1,313.70
DISPATCH SERVICES	GENERAL FUND	PUBLIC SERVICE COMPANY OF OKLAHOMA	1158.93	1,158.93
			DELTA DENTAL/FAMILY	101.88
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	101.88
			DELTA DENTAL/SINGLE	7.55
			DELTA DENTAL/SINGLE	8.33
			DELTA DENTAL/EE & SPOUSE	31.44
		OKLAHOMA MUNICIPAL RETIRE	DELTA DENTAL/EE & SPOUSE	31.44
			BU6U/EE & FAMILY	1,273.84
			BU6U/EE & FAMILY	1,273.84
			OMRF	409.57
		DEPARTMENT OF PUBLIC SAFETY	OMRF	471.77
			OLETS FEE-JULY 20	350.00
			OLETS FEE-AUG. 20	350.00
			FICA	309.03
		TRANSFER ACCOUNT	MEDICARE	72.28_
			TOTAL:	5,951.78
NEIGHBORHOOD SERVICES	GENERAL FUND	FUELMAN	FUELMAN	126.50
		GRADY COUNTY CLERK	ABATEFEES FOR JULY	18.00
			ABATEFEES FOR JULY	18.00

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
			ABATEFEES FOR JULY	180.00
			PAST DUE ABATEMENT FEES	40.00
			PAST DUE ABATEMENT FEES	72.00
			PAST DUE ABATEMENT FEES	18.00
			PAST DUE ABATEMENT FEES	162.00
			PAST DUE ABATEMENT FEES	90.00
			PAST DUE ABATEMENT FEES	18.00
			PAST DUE ABATEMENT FEES	36.00
			PAST DUE ABATEMENT FEES	36.00
			PAST DUE ABATEMENT FEES	18.00
			PAST DUE ABATEMENT FEES	20.00
			PAST DUE ABATEMENT FEES	18.00
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
		OKLAHOMA MUNICIPAL RETIRE	OMRF	199.04
			OMRF	199.04
		TRANSFER ACCOUNT	FICA	127.05
			MEDICARE	29.71_
			TOTAL:	1,838.06
PARK MAINTENANCE	GENERAL FUND	AT&T MOBILITY	AT&T MOBILITY	49.50
			AT&T MOBILITY	78.67
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	897.75
			PUBLIC SERVICE COMPANY OF	2,207.92
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	101.88
			DELTA DENTAL/FAMILY	101.88
			DELTA DENTAL/SINGLE	30.20
			DELTA DENTAL/SINGLE	30.20
			DELTA DENTAL/EE & SPOUSE	31.44
			DELTA DENTAL/EE & SPOUSE	31.44
			BU6V/EE & FAMILY	553.76
			BU6V/EE & FAMILY	553.76
			BU6U/EMPLOYEE ONLY	382.52
			BU6U/EMPLOYEE ONLY	382.52
			BU6U/EE & FAMILY	636.92
			BU6U/EE & FAMILY	636.92
			BU6U/EE & SPOUSE	462.86
			BU6U/EE & SPOUSE	462.86
		OKLAHOMA MUNICIPAL RETIRE	OMRF	792.12
			OMRF	772.89
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	79.32
		AT&T	AT&T	181.13
		TRANSFER ACCOUNT	FICA	476.84
			MEDICARE	111.52
		ALERT 360	ALERT 360	42.00
		UNIFIRST HOLDINGS, L.P.	UNIFIRST HOLDINGS, L.P.	154.05_
			TOTAL:	10,242.87
SPORTS COMPLEX	GENERAL FUND	JW CONCESSION	CONCESSIONS REBATE	112.33
		MISC ONE-TIME V NICK JONES	JERSEY'S	405.00
		AT&T MOBILITY	AT&T MOBILITY	64.23
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	2,150.67
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EMPLOYEE ONLY	166.30
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
		OKLAHOMA MUNICIPAL RETIRE	OMRF	324.00
			OMRF	309.24
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	29.37
		TRANSFER ACCOUNT	FICA	235.60
			MEDICARE	55.10_
			TOTAL:	4,430.86
NON-DEPARTMENTAL	EMERGENCY MED SERV CITY OF CHICKASHA		CITY OF CHICKASHA	450.00_
			TOTAL:	450.00
EMERGENCY MEDICAL SERV	EMERGENCY MED SERV	ZOLL MEDICAL CORPORATION	CIRCUIT VENT	448.50
		FUELMAN	FUELMAN	736.60
			FUELMAN	555.15
		AT&T MOBILITY	AT&T MOBILITY	78.55
		OKLAHOMA FIREFIGHTERS	FIRE PENSION	2,209.81
		FIREFIGHTERS SEC LOCAL 20	FIRE FAMILY DENTAL	99.60
			FIRE FAMILY DENTAL	99.60
			FIRE EE/SPOUSE DENTAL	69.60
			FIRE EE/SPOUSE DENTAL	69.60
			FIR/FAM OPTION A	1,324.00
			FIR/FAM OPTION A	1,324.00
			FIR/FAM OPTION B	597.20
			FIR/FAM OPTION B	597.20
			FIR/EESP OPTION A	1,461.60
			FIR/EESP OPTION A	1,461.60
			FIR/FAM VISION	35.20
			FIR/FAM VISION	35.20
			FIR/EESP VISION	33.60
			FIR/EESP VISION	33.60
		TRANSFER ACCOUNT	MEDICARE	268.03
		GRADY MEMORIAL HOSPITAL	MEDICAL SUPPLIES	324.35
		RAM SOFTWARE SYSTEMS	JULY REVENUE BILLING	5,154.45_
			TOTAL:	17,017.04
CHICKASHA INDUSTRIAL A	CHICKASHA INDUST A	OKLAHOMA HIGH SCHOOL RODEO ASSOCIATION	CIA FUNDS	5,000.00
		ECONOMIC DEVELOPMENT COUN	ECONOMIC DEVELOPMENT COUN	30,866.66
			ECONOMIC DEVELOPMENT COUN	30,866.66
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	36.54
			PUBLIC SERVICE COMPANY OF	86.51
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	30.20
			DELTA DENTAL/SINGLE	30.20
			BU6U/EMPLOYEE ONLY	382.52
			BU6U/EMPLOYEE ONLY	382.52
		OKLAHOMA MUNICIPAL RETIRE	OMRF	722.08
			OMRF	616.73
		TRANSFER ACCOUNT	FICA	406.99
			MEDICARE	95.19_
			TOTAL:	69,522.80
ED-DEDICATED SALES TAX	ED-DEDICATED SALES	MISC ONE-TIME V DAVID PAYNE	DAVID PAYNE	50.00
		TERRELL TROTTER	TERRELL TROTTER	50.00
		RAMON ROMERO JR	RAMON ROMERO JR	50.00

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
		BRIAN ZALEWSKI	BRIAN ZALEWSKI	50.00
		MICHAEL GORHAM	MICHAEL GORHAM	50.00
		PATRICIA A MILLER	PATRICIA A MILLER	50.00
		PATRICIA A SAMPSON	PATRICIA A SAMPSON	50.00
		REWA BLACKSTAR	REWA BLACKSTAR	50.00
		DANA ALEXANDER	DANA ALEXANDER	50.00
		LORI WILKINSON	LORI WILKINSON	50.00
		TAMARA D OWENS	TAMARA D OWENS	50.00
		NANCY JARNAGIN	NANCY JARNAGIN	50.00
		JERRY L ARTHUR	JERRY L ARTHUR	50.00
		JERRY DIBENEDETTO	JERRY DIBENEDETTO	50.00
		MARTIN GREEN	MARTIN GREEN	50.00
		PAIGE DUNGAN	PAIGE DUNGAN	50.00
		LINDA H HERNDON	LINDA H HERNDON	50.00
		JESSIE THOMAS	JESSIE THOMAS	50.00
		DONALD HORN	DONALD HORN	50.00
		NEELY CROSS	NEELY CROSS	50.00
		STEPHANIE STUCKERT	STEPHANIE STUCKERT	50.00
		ELIZABETH TROUT	ELIZABETH TROUT	50.00
		BLAKELY MCARTER	BLAKELY MCARTER	50.00
		KIM POWELL	KIM POWELL	50.00
		LISA CATES	LISA CATES	50.00
		ROBERT LADD	ROBERT LADD	50.00
		JONATHAN KEITH	JONATHAN KEITH	50.00
		THEDESA REYES	THEDESA REYES	50.00
		LYNN WALDON	LYNN WALDON	50.00
		ELIZABETH KETCHUM	ELIZABETH KETCHUM	50.00
		MARIE B WHEELER	MARIE B WHEELER	50.00
		RETTA J WOODS	RETTA J WOODS	50.00
		RICKEY KEEF	RICKEY KEEF	50.00
		ELIJAH BADILLO	ELIJAH BADILLO	50.00
		FREDA T TATE	FREDA T TATE	50.00
		JACK COLE	JACK COLE	50.00
		SUMIL PATEL	SUMIL PATEL	50.00
		LINDA CARPENTER	LINDA CARPENTER	50.00
		DOUGLAS PRINCE	DOUGLAS PRINCE	50.00
		PAMELA DORMAN	PAMELA DORMAN	50.00
		STEPHEN MCMAHAN	STEPHEN MCMAHAN	50.00
		MELISSA G SANDERS	MELISSA G SANDERS	50.00
		JEFFERY KING	JEFFERY KING	50.00
		GINGER D LOVELACE-GORD	GINGER D LOVELACE-GORDON	50.00
		ALISA VOEGELI	ALISA VOEGELI	50.00
		KEITH BRUSH	KEITH BRUSH	50.00
		TERESA POWERS	TERESA POWERS	50.00
		JOSH BRUMMETT	JOSH BRUMMETT	50.00
		SARA DOUGHTY	SARA DOUGHTY	50.00
		DUSTIN WHITE	DUSTIN WHITE	50.00
		JAMES HOFFMAN	JAMES HOFFMAN	50.00
		BUFFIE HOUSE	BUFFIE HOUSE	50.00
		CINDY HOFFMAN	CINDY HOFFMAN	50.00
		TERRY JUAN BIRGE	TERRY JUAN BIRGE	50.00
		BRISCO D MCPHERSON	BRISCO D MCPHERSON	50.00
		SIMONA JIMENEZ AVILA	SIMONA JIMENEZ AVILA	50.00
		PETER THOMAS	PETER THOMAS	50.00
		GARY BEGGS	GARY BEGGS	50.00
		SHERRI K LEWIS	SHERRI K LEWIS	50.00

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
		BARBARA A KOEHLER	BARBARA A KOEHLER	50.00
		CLARENCE WALTMAN	CLARENCE WALTMAN	50.00
		PATRICIA CHAMBERS	PATRICIA CHAMBERS	50.00
		WILLIAM WADE CHAMBERS	WILLIAM WADE CHAMBERS	50.00
		DAVID SHEPHERD	DAVID SHEPHERD	50.00
		LENA M JOHNSON	LENA M JOHNSON	50.00
		SAM OLADIPO	SAM OLADIPO	50.00
		ALEX BALDAZO	ALEX BALDAZO	50.00
		BOBBIE BOELEN	BOBBIE BOELEN	50.00
		JULIE MCCOY	JULIE MCCOY	50.00
		ERIC R FORD	ERIC R FORD	50.00
		KELLIE BURGESS	KELLIE BURGESS	50.00
		SHIRLEY CAMPOPIANO	SHIRLEY CAMPOPIANO	50.00
		PATRICK CAMPOPIANO	PATRICK CAMPOPIANO	50.00
		JESSICA DESPAIN	JESSICA DESPAIN	50.00
		CHRISTA JONES C/O PATS	CHRISTA JONES C/O PATSY JO	50.00
		MARY PARRISH	MARY PARRISH	50.00
		OMEGA GLASS	OMEGA GLASS	50.00
		ANNE STUBBLEFIELD	ANNE STUBBLEFIELD	50.00
		LEXIS LYNNETTE WILLIAM	LEXIS LYNNETTE WILLIAMS	50.00
		VERLA JO VERNON	VERLA JO VERNON	50.00
		JUDITH M JERNIGAN	JUDITH M JERNIGAN	50.00
		WARREN K SPELLMAN	WARREN K SPELLMAN	50.00
		MARTY BROWNE	MARTY BROWNE	50.00
		KEVIN SCHUPP	KEVIN SCHUPP	50.00
		JESSE LILLARD	JESSE LILLARD	50.00
		RUSSELL JOHNSON	RUSSELL JOHNSON	50.00
		DONETTA TREADAWAY	DONETTA TREADAWAY	50.00
		WILLIAM WADE	WILLIAM WADE	50.00
		STARLYA BADILLO	STARLYA BADILLO	50.00
		AMBER RACHELLE DAME	AMBER RACHELLE DAME	50.00
		DERRICK THORNTON	DERRICK THORNTON	50.00
		BETTY SEELY	BETTY SEELY	50.00
		MARSHA SIKES	MARSHA SIKES	50.00
		JULIA QUINTERO-CRUZ	JULIA QUINTERO-CRUZ	50.00
		LINDA ROPER	LINDA ROPER	50.00
		JOHNNA STEPHENS	JOHNNA STEPHENS	50.00
		PATRICIA SCHWENK	PATRICIA SCHWENK	50.00
		TERRI MOORE	TERRI MOORE	50.00
		HAROLD MOELLING	HAROLD MOELLING	50.00
		BRETT MIDDLETON	BRETT MIDDLETON	50.00
		CAITLYN THORNTON	CAITLYN THORNTON	50.00
		ANNABELLE ROBINSON	ANNABELLE ROBINSON	50.00
		JENNIFER L DUKE	JENNIFER L DUKE	50.00
		BRANDON HAWKINS	BRANDON HAWKINS	50.00
		SANDY GUY	SANDY GUY	50.00
		ELLEN MICHELLE ELLIOTT	ELLEN MICHELLE ELLIOTT	50.00
		LAURA WIJKOWSKI	LAURA WIJKOWSKI	50.00
		ANTHONY SCOTT KILE	ANTHONY SCOTT KILE	50.00
		SUSIE MILLER	SUSIE MILLER	50.00
		JOSHUA RUNION	JOSHUA RUNION	50.00
		SANDY MCCRACKIN	SANDY MCCRACKIN	50.00
		JIMMY WILSON	JIMMY WILSON	50.00
		ZAC ROBBINS	ZAC ROBBINS	50.00
		OLLIE PARKER	OLLIE PARKER	50.00
		JOE DON FATHEREE	JOE DON FATHEREE	50.00

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
		MARY JEFFRIES	MARY JEFFRIES	50.00
		DIANA MARZANO	DIANA MARZANO	50.00
		ALLEN LONG	ALLEN LONG	50.00
		RUSSELL COLEMAN	RUSSELL COLEMAN	50.00
		DEVIN CARPENTER	DEVIN CARPENTER	50.00
		DEBORAH DEHART	DEBORAH DEHART	50.00
		JEREMY OWENS	JEREMY OWENS	50.00
		TERI BITSCHKE	TERI BITSCHKE	50.00
		FAITH GIVENS	FAITH GIVENS	50.00
		TERRY HOLT	TERRY HOLT	50.00
		HELEN FOLEY	HELEN FOLEY	50.00
		LARRY ROBERSON	LARRY ROBERSON	50.00
		BRITTNIE HOUSE	BRITTNIE HOUSE	50.00
		THERESA SANDERS	THERESA SANDERS	50.00
		KATHRYN R MCMAHAN	KATHRYN R MCMAHAN	50.00
		WELMAN W WOLF JR	WELMAN W WOLF JR	50.00
		CHRIS FERGUSON	CHRIS FERGUSON	50.00
		RHONDA SNEED	RHONDA SNEED	50.00
		AUBREY MILLS	AUBREY MILLS	50.00
		CAROL SITES	CAROL SITES	50.00
		ALTON FOX	ALTON FOX	50.00
		STEVEN CHALEPAH	STEVEN CHALEPAH	50.00
		DANNY DEES	DANNY DEES	50.00
		VANESSA ELLIOTT	VANESSA ELLIOTT	50.00
		BILLY JONES	BILLY JONES	50.00
		MELISSA TARVER	MELISSA TARVER	50.00
		WILLIAM NEWTON	WILLIAM NEWTON	50.00
		MAHONNA MCSTOTTS	MAHONNA MCSTOTTS	50.00
		WHITNEE BROOKS	WHITNEE BROOKS	50.00
		MISTY YARBROUGH-LAFAVE	MISTY YARBROUGH-LAFAVE	50.00
		CLIFFORD R SMITH	CLIFFORD R SMITH	50.00
		LINDA BRISCOE	LINDA BRISCOE	50.00
		GARY GOFORTH	GARY GOFORTH	50.00
		DIANA GROSSNICKLAUS	DIANA GROSSNICKLAUS	50.00
		TY G HURST	TY G HURST	50.00
		KEN MCNABB	KEN MCNABB	50.00
		ALICIA MUSSHAFEN	ALICIA MUSSHAFEN	50.00
		TERRI THOMAS	TERRI THOMAS	50.00
		JOHN WILLIAMS	JOHN WILLIAMS	50.00
		DEARELL JONES	DEARELL JONES	50.00
		CHRISTINA THOMPSON	CHRISTINA THOMPSON	50.00
		CAMERON M JOHNSTON	CAMERON M JOHNSTON	50.00
		PATRICIA A BENRUD	PATRICIA A BENRUD	50.00
		WILLIAM BOYD	WILLIAM BOYD	50.00
		NANSI EUWINS	NANSI EUWINS	50.00
		DAVE HILL	DAVE HILL	50.00
		MICHAEL J RILEY	MICHAEL J RILEY	50.00
		MELINDA LOONEY	MELINDA LOONEY	50.00
		SHARON HICKS	SHARON HICKS	50.00
		LARRY KENT YORK	LARRY KENT YORK	50.00
		GINA CROSLEY	GINA CROSLEY	50.00
		ARVILLA MANUEL	ARVILLA MANUEL	50.00
		RANELTA CARTER	RANELTA CARTER	50.00
		JACKIE COLE	JACKIE COLE	50.00
		DALE RODGERS	DALE RODGERS	50.00
		MARK STALLBAUMER	MARK STALLBAUMER	50.00

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
		TRENTON ROACH	TRENTON ROACH	50.00
		MARSHA STRUNK	MARSHA STRUNK	50.00
		BILLY CARLISLE	BILLY CARLISLE	50.00
		DALE THOMPSON	DALE THOMPSON	50.00
		GEORGE W BURNS	GEORGE W BURNS	50.00
		JOSE A HENANDEZ	JOSE A HENANDEZ	50.00
		KIMBERLY HERNANDEZ	KIMBERLY HERNANDEZ	50.00
		MARIO HERNANDEZ	MARIO HERNANDEZ	50.00
		SHANN SMITH	SHANN SMITH	50.00
		JEFFREY KNOKE	JEFFREY KNOKE	50.00
		TERRI LARABEE	TERRI LARABEE	50.00
		MICHAEL L HARRIS	MICHAEL L HARRIS	50.00
		SHERRY L HURLEY	SHERRY L HURLEY	50.00
		LAUREN P FIXICO	LAUREN P FIXICO	50.00
		EUGENE CARR	EUGENE CARR	50.00
		SHIRLEY A MILLER	SHIRLEY A MILLER	50.00
		ALISSA JACKSON	ALISSA JACKSON	50.00
		PAULA LISTER	PAULA LISTER	50.00
		DOUGLAS MARSHALL	DOUGLAS MARSHALL	50.00
		ANGELIA WINDOM	ANGELIA WINDOM	50.00
		STACY BROWN	STACY BROWN	50.00
		GLENDA TRUJILLO	GLENDA TRUJILLO	50.00
		BARBARA PELLEY	BARBARA PELLEY	50.00
		LAWRENCE RICHARDSON	LAWRENCE RICHARDSON	50.00
		JUSTINE STEWART	JUSTINE STEWART	50.00
		LENA MARTIN	LENA MARTIN	50.00
		ROSHANNON STEPHENS	ROSHANNON STEPHENS	50.00
		SILVIA EUWINS	SILVIA EUWINS	50.00
		KIRK WALSH	KIRK WALSH	50.00
		DIANA CARROLL	DIANA CARROLL	50.00
		TARYN SETZER	TARYN SETZER	50.00
		NATALIE GOLDBERG	NATALIE GOLDBERG	50.00
		TIMMY TINSLEY	TIMMY TINSLEY	50.00
		RACHELLE GALL	RACHELLE GALL	50.00
		THREESA COPELAND	THREESA COPELAND	50.00
		RUBY DREADIN	RUBY DREADIN	50.00
		MARY WALLACE	MARY WALLACE	50.00
		MARK MCKEAN	MARK MCKEAN	50.00
		GRACE OKPAN	GRACE OKPAN	50.00
		JENNIE CANNON	JENNIE CANNON	50.00
		STEVEN LAYMAN	STEVEN LAYMAN	50.00
		EDWARD CARTER	EDWARD CARTER	50.00
		GREGORY HAYS	GREGORY HAYS	50.00
		VANESSA PALMER	VANESSA PALMER	50.00
		MARCELINDA KAY MALOYED	MARCELINDA KAY MALOYED	50.00
		CATHERINE BURNETT	CATHERINE BURNETT	50.00_
			TOTAL:	10,850.00
EMERGENCY 911	E-911 FUND	SUDDENLINK	SUDDENLINK	360.42
		AT&T	AT&T	200.00
		SUDDENLINK B2B DEPT 1264	SUDDENLINK B2B DEPT 1264	806.96
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	16.90
			PUBLIC SERVICE COMPANY OF	24.75
		AT&T	AT&T	1,279.93
			AT&T	83.04_
			TOTAL:	2,772.00

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
NON-DEPARTMENTAL	CHICKASHA MUNICIPA	CITY OF CHICKASHA	CITY OF CHICKASHA	14,953.75_
			TOTAL:	14,953.75
UTILITY BILLING	CHICKASHA MUNICIPA	US PAYMENTS LLC	US PAYMENTS LLC	195.00
			FEE CHANGE ON LATE NOTICE	125.00
		DATAPROSE	DATAPROSE	3,890.21
			DELTA DENTAL/FAMILY	50.94
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	50.94
			DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10
			BU6U/EMPLOYEE ONLY	382.52
			BU6U/EMPLOYEE ONLY	382.52
			OMRF	204.20
		OKLAHOMA MUNICIPAL RETIRE	OMRF	193.66
			FICA	154.01
		TRANSFER ACCOUNT	MEDICARE	36.01_
			TOTAL:	5,695.21
CMA - CAPITAL PROJECTS	CHICKASHA MUNICIPA	SMITH ROBERTS BALDISCHWIL	WATER MASTER PLAN	4,224.40
			WATER MASTER PLAN	10,280.00_
			TOTAL:	14,504.40
CMA GENERAL	CHICKASHA MUNICIPA	OMEGA RAIL MANAGEMENT, INC	ANNUAL W LINE AGREEMENT	535.36
			STANDLEY SYSTEMS	149.03
			TYLER TECHNOLOGIES	797.67
			TYLER TECHNOLOGIES	6,561.11_
			TOTAL:	8,043.17
PUBLIC WORKS ADMIN	CHICKASHA MUNICIPA	FUELMAN	FUELMAN	93.27
			DELTA DENTAL/SINGLE	30.20
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	30.20
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EMPLOYEE ONLY	166.30
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
			OMRF	415.69
		OKLAHOMA MUNICIPAL RETIRE	OMRF	419.17
			FICA	265.99
		TRANSFER ACCOUNT	MEDICARE	62.21
			CANADIAN VALLEY TECHNOLOGY	35.00
		CANADIAN VALLEY TECHNOLOGY CENTER	CANADIAN VALLEY TECHNOLOGY	35.00
			CANADIAN VALLEY TECHNOLOGY	35.00
			CANADIAN VALLEY TECHNOLOGY	105.00_
			TOTAL:	2,241.85
SANITATION DEPARTMENT	CHICKASHA MUNICIPA	CITY OF CHICKASHA	DELTA DENTAL/FAMILY	50.94
			DELTA DENTAL/FAMILY	50.94
			BU6V/EE & FAMILY	553.76
			BU6V/EE & FAMILY	553.76
		OKLAHOMA MUNICIPAL RETIRE	OMRF	125.28
			OMRF	115.03
		RALPH AND SONS TIRE CENTE	FRONT AND REAR TIRES	620.04
			FICA	65.70
		TRANSFER ACCOUNT	MEDICARE	15.37
			UNIFIRST HOLDINGS, L.P.	36.18_
			TOTAL:	2,187.00

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
WATER PLANT	CHICKASHA MUNICIPA	FT COBB RES MAS CONS DIST	FT COBB RES MAS CONS DIST	25,565.35
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	9,507.99
			PUBLIC SERVICE COMPANY OF	328.03
		CKENERGY ELECTRIC COOPERATIV	CKENERGY ELECTRIC COOPERAT	6,899.59
		OKLAHOMA ELECTRIC COOP	OKLAHOMA ELECTRIC COOP	81.87
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	94.82
			CENTERPOINT ENERGY	77.04
			TOTAL:	42,554.69
WASTEWATER PLANT	CHICKASHA MUNICIPA	PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	9,599.75
			PUBLIC SERVICE COMPANY OF	689.85
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	28.56
			TOTAL:	10,318.16
LINE MAINTENANCE DEPT	CHICKASHA MUNICIPA	LUCKINBILL	JETTER SERVICES	1,199.00
		FUELMAN	FUELMAN	125.58
		VERIZON WIRELESS	VERIZON WIRELESS	274.11
			VERIZON WIRELESS	1,502.03
		MARSHALL AUTO PARTS	FILTERS & PRESSURE SENSOR	186.20
		AT&T MOBILITY	AT&T MOBILITY	292.76
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	101.88
			DELTA DENTAL/FAMILY	101.88
			DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/EE & SPOUSE	31.44
			DELTA DENTAL/EE & SPOUSE	31.44
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EMPLOYEE ONLY	166.30
			BU6V/EE & FAMILY	1,107.52
			BU6V/EE & FAMILY	1,107.52
			BU6V/EE & SPOUSE	402.44
			BU6V/EE & SPOUSE	402.44
		OKLAHOMA MUNICIPAL RETIRE	OMRF	685.88
			OMRF	642.23
		C L BOYD	SWITCH & KEYS	79.98
		TRANSFER ACCOUNT	FICA	376.71
			MEDICARE	88.09
		MCI WORLDCOM	MCI WORLDCOM	86.73
		UNIFIRST HOLDINGS, L.P.	UNIFIRST HOLDINGS, L.P.	139.62
			TOTAL:	9,328.28
LAKE CHICKASHA	CHICKASHA MUNICIPA	CKENERGY ELECTRIC COOPERATIV	CKENERGY ELECTRIC COOPERAT	3,755.11
		UNIFIRST HOLDINGS, L.P.	UNIFIRST HOLDINGS, L.P.	206.38
			TOTAL:	3,961.49
BUILDING MAINTENANCE	CHICKASHA MUNICIPA	SUDDENLINK	SUDDENLINK	180.41
		AT&T	AT&T	817.47
		FUELMAN	FUELMAN	102.35
		TDS TELECOM	TDS TELECOM	51.91
		VERIZON WIRELESS	VERIZON WIRELESS	1,053.34
			VERIZON WIRELESS	80.04
		PEAK UPTIME	Phone Support Renewal	2,672.00
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	1,562.85
			PUBLIC SERVICE COMPANY OF	1,076.45
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
		OKLAHOMA MUNICIPAL RETIRE	OMRF	124.33
			OMRF	114.66
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	261.21
		AT&T	AT&T	9,544.04
			AT&T	2,226.12
		TRANSFER ACCOUNT	FICA	70.82
			MEDICARE	16.56
		ALERT 360	ALERT 360	38.85
		UNIFIRST HOLDINGS, L.P.	UNIFIRST HOLDINGS, L.P.	20.40
		AT&T	AT&T	19,676.29
		STORAGE 'R' US	STORAGE 'R' US	165.00_
			TOTAL:	40,267.82
NON-DEPARTMENTAL	AIRPORT	CITY OF CHICKASHA	CITY OF CHICKASHA	74,273.85
		CITY OF CHICKASHA	CITY OF CHICKASHA	2,564.83_
			TOTAL:	76,838.68
AIRPORT	AIRPORT	STANDLEY SYSTEMS	STANDLEY SYSTEMS	17.44
		PUBLIC SERVICE COMPANY OF OKLAHOMA	PUBLIC SERVICE COMPANY OF	872.26
		CITY OF CHICKASHA	DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/SINGLE	15.10
			DELTA DENTAL/EE & SPOUSE	31.44
			DELTA DENTAL/EE & SPOUSE	31.44
			BU6V/EE & SPOUSE	402.44
			BU6V/EE & SPOUSE	402.44
			BU6U/EMPLOYEE ONLY	191.26
			BU6U/EMPLOYEE ONLY	191.26
		OKLAHOMA MUNICIPAL RETIRE	OMRF	228.71
			OMRF	220.46
		CENTERPOINT ENERGY	CENTERPOINT ENERGY	29.26
		CULLIGAN/WRIGHT WATER	CULLIGAN/WRIGHT WATER	9.00
		CONTECH CONST PRODUCTS	TAXILANE CONSTRUCT	410,224.25
		TRANSFER ACCOUNT	FICA	132.55
			MEDICARE	31.00
		WILLIAM MARVIN JOHNSON LLC	WILLIAM MARVIN JOHNSON LLC	300.00
		UNIFIRST HOLDINGS, L.P.	UNIFIRST HOLDINGS, L.P.	85.04
		EPIC AVIATION, LLC	AIRPORT FUEL	16,289.51
		CEC CORPORATION	TAXI LANE ENGINEERING	25,420.00_
			TOTAL:	455,139.96
CAPITAL PROJECTS	CAPITAL PROJECTS F	CHISHOLM TRAIL CONSULTING, LLC	US 81 REALIGNMENT PROJECT	4,661.25_
			TOTAL:	4,661.25
STREET & ALLEY	STREET AND ALLEY F	CHISHOLM TRAIL CONSULTING, LLC	Design Services	2,556.25
		SILVER STAR CONSTRUCTION CO, INC	2020 ASPHALT OVERLAY	109,828.61_
			TOTAL:	112,384.86
NON-DEPARTMENTAL	POLICE BOND FUND	MISC ONE-TIME V [REDACTED]	Bond Refund:334161 -01	100.00
		[REDACTED]	Bond Refund:120702 -01	100.00_
			TOTAL:	200.00
POLICE BOND	POLICE BOND FUND	CITY OF CHICKASHA	CITY OF CHICKASHA	842.53
		CITY OF CHICKASHA	CITY OF CHICKASHA	15,623.27
		CLEET	OPEN PO-CLEET FEES AUG 20	1,036.74

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
		OSBI	AFIS FEES JULY 20	755.85
			FORENSIC FEES JULY 20	724.14_
			TOTAL:	18,982.53
COMBINED INSURANCE	COMBINED INSURANCE	METLIFE	METLIFE	118.29
		UHS	UHS	71,220.56
		DELTA DENTAL PLAN OF OKLAHOMA	DELTA DENTAL PLAN OF OKLAH	3,538.08
		DEARBORN NATIONAL	DEARBORN NATIONAL	1,410.44
		OMAG WORKERS' COMPENSATION	WORKERS' COMP PREMIUM	136,568.75_
			TOTAL:	212,856.12
NON-DEPARTMENTAL	AP/PAYROLL CASH FU	COLONIAL LIFE & ACCIDENT INSURANCE COM	COLONIAL ACCIDENT	7.50
			COLONIAL ACCIDENT	7.50
			COLONIAL GROUP ACCIDENT	564.86
			COLONIAL GROUP ACCIDENT	564.86
			COLONIAL CANCER	295.71
			COLONIAL CANCER	295.71
			COLONIAL CRITICAL ILLNESS	138.26
			COLONIAL CRITICAL ILLNESS	138.26
			COLONIAL DISABILITY	224.98
			COLONIAL DISABILITY	224.98
		CITY OF CHICKASHA	UNION ASSESSMENT FEE	10.54
			UNION ASSESSMENT FEE	10.54
			GARNISHMENT FEE	20.00
			GARNISHMENT FEE	20.00
		WASHINGTON NATIONAL INS. CO	GROUP #20057	252.45
			GROUP #20057	252.45
		TRIBAL CHILD SUPPORT	JOHANNTOBERNS MTS:577	25.00
		CITY OF CHICKASHA	DELTA DENTAL/FAMILY	210.00
			DELTA DENTAL/FAMILY	210.00
			DELTA DENTAL/SINGLE	67.50
			DELTA DENTAL/SINGLE	67.50
			DELTA DENTAL/EE & SPOUSE	56.25
			DELTA DENTAL/EE & SPOUSE	56.25
			DEARBORN VOLUNTARY LIFE	608.24
			DEARBORN VOLUNTARY LIFE	608.24
			BU6V/EE & CHILD(REN)	225.75
			BU6V/EE & CHILD(REN)	225.75
			BU6V/EMPLOYEE ONLY	290.99
			BU6V/EMPLOYEE ONLY	290.99
			BU6V/EE & FAMILY	830.64
			BU6V/EE & FAMILY	830.64
			BU6V/EE & SPOUSE	402.44
			BU6V/EE & SPOUSE	402.44
			BU6U/EE & CHILD(REN)	259.65
			BU6U/EE & CHILD(REN)	259.65
			BU6U/EMPLOYEE ONLY	1,004.22
			BU6U/EMPLOYEE ONLY	1,004.22
			BU6U/EE & FAMILY	3,025.37
			BU6U/EE & FAMILY	3,025.37
			BU6U/EE & SPOUSE	1,041.48
			BU6U/EE & SPOUSE	1,041.48
			METLIFE VISION	543.76
			METLIFE VISION	543.76
		DEPARTMENT OF HUMAN SERVICES	000830562001	180.00
			00069027300	169.23

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
			000360456003	151.75
			000360456002	187.56
			000360456004	100.00
		OKLAHOMA FIREFIGHTERS	FIRE PENSION	8,163.79
		OKLAHOMA POLICE PENSION &	POLICE PENSION	4,254.84
		OKLAHOMA MUNICIPAL RETIRE	CMO LOAN REPAYMENT	251.44
			OMRF2	446.15
			OMRF	3,400.72
			OMRF	3,394.32
		FIREFIGHTERS SEC LOCAL 20	FIRE CANCER	68.46
			FIRE CANCER	68.46
			FIR/EECH OPTION A	433.60
			FIR/EECH OPTION A	433.60
			FIRE EE/CHILD(REN) DENTAL	20.80
			FIRE EE/CHILD(REN) DENTAL	20.80
			FIRE EE DENTAL	20.00
			FIRE EE DENTAL	20.00
			FIRE FAMILY DENTAL	107.90
			FIRE FAMILY DENTAL	107.90
			FIRE EE/SPOUSE DENTAL	58.00
			FIRE EE/SPOUSE DENTAL	58.00
			FIR/EE OPTION A	248.80
			FIR/EE OPTION A	248.80
			FIR/EE OPTION B	57.20
			FIR/EE OPTION B	57.20
			FIR/FAM OPTION A	2,151.50
			FIR/FAM OPTION A	2,151.50
			FIR/FAM OPTION B	149.30
			FIR/FAM OPTION B	149.30
			FIRE GROUP LIFE	50.99
			FIRE GROUP LIFE	50.99
			FIRE HARTFORD	37.06
			FIRE HARTFORD	37.06
			FIRE INSURANCE FEE	150.00
			FIRE INSURANCE FEE	150.00
			FIR/EESP OPTION A	1,096.20
			FIR/EESP OPTION A	1,096.20
			FIRE UNION DUES	1,155.00
			FIRE UNION DUES	1,155.00
			FIR/EE/CH VISION	10.00
			FIR/EE/CH VISION	10.00
			FIR/EE VISION	5.40
			FIR/EE VISION	5.40
			FIR/FAM VISION	57.20
			FIR/FAM VISION	57.20
			FIR/EESP VISION	28.00
			FIR/EESP VISION	28.00
		FIREMENS SPECIAL FUND	FIRE SPECIAL FUND	195.50
			FIRE SPECIAL FUND	195.50
		FRATERNAL ORDER OF POLICE	POLICE UNION	630.00
			POLICE UNION	630.00
		TRANSFER ACCOUNT	ENTITY 0037102001	3,741.97
			FEDERAL WITHHOLDING	24,256.95
			STATE INCOME TAX	8,438.00
			FICA	9,127.38
			MEDICARE	3,515.74

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT_
		AFLAC	AFLAC/PRETAX #K5881	71.62
			AFLAC/PRETAX #K5881	71.62
		CITY OF CHICKASHA FLEX SPENDING ACCOUT	UNREIMBURSED MEDICAL 23-19	1,468.75
		IAFF - FIREPAC	IAFF FIREPAC	165.00
			IAFF FIREPAC	165.00_
			TOTAL:	105,369.83

===== FUND TOTALS =====

11	GENERAL FUND	252,795.38
23	EMERGENCY MED SERV FUND	17,467.04
25	CHICKASHA INDUST AUTH	69,522.80
26	ED-DEDICATED SALES TAX	10,850.00
27	E-911 FUND	2,772.00
31	CHICKASHA MUNICIPAL AUTH	154,055.82
39	AIRPORT	531,978.64
52	CAPITAL PROJECTS FUND	4,661.25
54	STREET AND ALLEY FUND	112,384.86
64	POLICE BOND FUND	19,182.53
71	COMBINED INSURANCE	212,856.12
99	AP/PAYROLL CASH FUND	105,369.83

 GRAND TOTAL: 1,493,896.27

TOTAL PAGES: 18

SELECTION CRITERIA

SELECTION OPTIONS

VENDOR SET: 99-AP VENDOR LIST
VENDOR: All
CLASSIFICATION: All
BANK CODE: All
ITEM DATE: 0/00/0000 THRU 99/99/9999
ITEM AMOUNT: 99,999,999.00CR THRU 99,999,999.00
GL POST DATE: 0/00/0000 THRU 99/99/9999
CHECK DATE: 8/18/2020 THRU 9/08/2020

PAYROLL SELECTION

PAYROLL EXPENSES: NO
CHECK DATE: 0/00/0000 THRU 99/99/9999

PRINT OPTIONS

PRINT DATE: None
SEQUENCE: By Department
DESCRIPTION: Distribution
GL ACCTS: NO
REPORT TITLE: COUNCIL REPORT 09/08/2020
SIGNATURE LINES: 0

PACKET OPTIONS

INCLUDE REFUNDS: YES
INCLUDE OPEN ITEM:NO



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Library

Agenda Item No. 4.c.

AGENDA ITEM: Acceptance of a Health Literacy Grant.

I. BACKGROUND/DESCRIPTION:

Chickasha Public Library has been awarded a Health Literacy Grant for \$5,990 from the Institute of Museum and Library Services (IMLS) through the Library Services and Technology Act (LSTA). This is the third year the library has been awarded this grant. With this money the library will provide classes and programs to encourage a healthy lifestyle.

II. RECOMMENDED ACTION:

Accept the Health Literacy Grant and authorize the Mayor, City Manager, and Library Director to execute appropriate documents.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: NAME, TITLE	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. LSTA Terms and Conditions form 2020-2021
2. Health Literacy contract 2020-2021

LSTA Terms and Conditions Agreement

It is understood that participation in this grant involves an agreement to accept and adhere to the following regulations and conditions:

The sub-recipient will fulfill the grant described in the contract. In fulfilling this grant, the sub-recipient shall follow all state and local laws, rules, regulations, standards, and procedures required subject to Federal statutes, and regulations including, but not limited to, those enumerated in these Terms and Conditions.

Nondiscrimination Statutes

The sub-recipient must have a nondiscrimination policy in place that prohibits discrimination on the basis of disability, sex, age, race, color or national origin. Sub-recipient's policies must comply with federal statutes and regulations for programs or activities funded in whole or in part by the Institute of Museum and Library Services.

Drug-free Workplace

Maintenance of a drug free workplace is the responsibility of the sub-recipient. All sub-recipients are prohibited from unlawfully manufacturing, distributing, dispensing, possessing or using a controlled substance in or on workplace facilities or property. Additionally, this applies to all individuals or entities under contract using grant funds.

Debarment and Suspension

The sub-recipient's Director certifies that to the best of his/her knowledge that neither the applicant nor any of its principals or contractors are presently excluded or disqualified or have been convicted within the preceding three years of any offenses listed in 2 C.F.R., or have been criminally or civilly charged by a government entity.

Limited English Proficiency

Federal regulations require that sub-recipients take reasonable steps to ensure meaningful access to the information, program, and services they provide to people with limited English proficiency (LEP). Any future possible sub grants and programs should consider language assistance services, if appropriate, when designing projects and requesting funds.

Conflict of Interest

The sub-recipient must maintain written standards of conduct covering conflicts of interest and governing the performance of their employees engaged in the selection, award, and administration of sub-awards and contracts. Employees may not participate in the selection, award, or administration of a sub-award or contract paid with Federal award funds if they have a real or apparent conflict of interest. A conflict of interest would arise when the employee, any member of their immediate family, a partner, or an organization has a financial or other interest in or a tangible personal benefit from an organization considered for a sub-award or contract.

Grant Funds Expenditures

Federal funds for the purchase of materials as part of a grant must be used specifically for instituting new services or to supplement present services as required by the project.

Indirect Costs

When acting as a pass-through entity, the State Library Administration Agency (SLAA) is required to honor a sub-recipient's federally negotiated indirect cost rate if one already exists. If no such rate exists, the SLAA must honor either a rate negotiated between the SLAA and the sub-recipient (in compliance with federal guidelines) or the minimum rate of 10 percent of the sub-recipient's modified total direct costs (MTDC). Sub-recipients may elect not to claim any indirect costs. See 2 CFR 200.331

Certification of Indirect Costs must be provided if sub-recipient claims a negotiated indirect cost rate. If an indirect cost rate of up to 10 percent is claimed, charges must directly relate to the project and an itemized budget must be provided.

Grant Amount Payment

The Federal share of expenditures under this grant may not exceed the amount granted unless such expenditures have been approved by the Lead Officer.

Accounting and Record Keeping

The sub-recipient will account separately for all funds expended for the project. All records and final expenditures and grant information must be kept readily available for five years. Accounting records shall be supported by source documentation such as canceled checks, paid bills, contracts, etc. A copy of all invoices paid shall be kept in the file. The invoices must be marked with the check number for identification.

Federal or State Monitoring

The Federal grantor agency, the Comptroller General of the U.S. or other duly authorized representative, the Governor and the State Auditor or their designees shall have the right at reasonable notice to examine the books, records and other compilations of data of the sub-recipient which pertain to the performance of the provisions and requirements of this Agreement per 45 CFR 1183.36 and Executive Order 195 of April 27, 1981.

Oklahoma Department of Libraries Monitoring

The Oklahoma Department of Libraries (ODL) may conduct on-site or off-site monitoring reviews of the project during the term of this agreement and up to ninety (90) days after it expires or is otherwise terminated. The sub-recipient shall extend its full cooperation and give full access to the project site and to relevant documentation to the State or its authorized designees for the purpose of determining, among other things:

- a. whether project activities are consistent with those set forth in the grant contract and the grant application;
- b. that actual expenditure of state, local and/or private funds expended to date on the project is in conformity with the amounts for each budget line item and that unpaid costs have been properly accrued;
- c. that sub-recipient is making timely progress with the project, and that its project management, financial management, control systems, and procurement requirements are fully and accurately reflected in project reports submitted to ODL; and/or

- d. that sub-recipient is retaining copies of all informational materials, surveys, videos, and advertising in an organized fashion for a period of five years.

Acknowledgments

Any publication or presentation resulting from this grant must contain the following acknowledgment:

- a. "This project was supported in whole or in part by the Institute of Museum and Library Services. Opinions expressed in this publication or presentation do not necessarily reflect the position or policy of the Oklahoma Department of Libraries or IMLS and no official endorsement by those entities should be inferred."
- b. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use for Federal government purposes, the copyright of any work developed as a part of this grant.

Advertisements

The sub-recipient will acknowledge, according to regulations, Federal funding in all printed materials, newspaper coverage and interviews, program notes, catalogs, annual reports and other publicity pertaining to the project. In all cases, the following phrase must be used:

"This project is funded through the Oklahoma Department of Libraries with a federal grant from the Institute of Museum and Library Services through the Library Services and Technology Act."

Note: You may add "in part" if there are multiple funding partners.

Record Retention

The sub-recipient will retain for five years a minimum of one copy of all publications, informational materials, surveys, videotapes, films, union list, or other such materials produced as a result of this LSTA project.

Future Eligibility

In order to maintain eligibility for future grants, the sub-recipient must submit a final narrative and financial report as required by the Oklahoma Department of Libraries. The sub-recipient will retain copies of all reports for a period of five years.

Grant Close-out

Close-out of the grant does not affect regulations concerning retention of all programmatic and financial records (45 CFR 1183.42), recovery of disallowed expenditures resulting from an audit, and equipment responsibilities.

Suspension or Termination

This agreement may be suspended or terminated upon the recommendation of the ODL Lead Officer or LSTA Coordinator and the approval of the Director of the Oklahoma Department of Libraries if there is failure to comply with the terms of the contract or Terms and Conditions Agreement. Should the project be suspended or terminated, no additional ODL grants will be awarded unless specifically authorized by the ODL Director.

Authority

Each signatory to this document declares that he/she has legal authority for obligating the entity he/she represents for the benefits and/or liabilities resulting under said agreement and accepts liability for any misrepresentation of such authority.

Date

Date

CONTRACT
BETWEEN THE OKLAHOMA DEPARTMENT OF LIBRARIES
AND CHICKASHA PUBLIC LIBRARY

I. CONTRACTING PARTIES

The contracting parties are the Oklahoma Department of Libraries, a state agency (Department) Chickasha Public Library (Contractor), collectively known as the Parties.

II. TERM OF THE CONTRACT

This Contract shall begin on the date of execution and shall terminate on August 16, 2021

- a. In the event the Contractor fails to comply with the terms and conditions of this Contract, the Department may, upon written notice of such non-compliance to the Contractor, cancel the Contract effective upon receipt of notice. Such cancellation shall be in addition to any other rights and remedies provided for by law.
- b. The Parties of this Contract understand and acknowledge any future contracts or renewals are not automatic nor implied by this Contract.

III. OBLIGATIONS OF THE CONTRACTOR

The Contractor shall render diligently and competently the services as indicated and in the manner set forth herein which shall be binding on the Parties of this Contract.

The Contractor shall:

- a. Use grant funds to provide resources, information, and training to promote health and wellness in the community as described in the approved health literacy proposal.
- b. Collaborate with a minimum of four community partners such as county health department, hospital, Cooperative Extension Service, or similar organizations.
- c. Agree to and sign the *LSTA Terms and Conditions Agreement*.
- d. Publicize receipt of LSTA grant and project activities in at least three formats (newspaper, social media, website, presenter, etc.) to reach a minimum of 500 community members.
- e. The Institute of Museum and Library Services (IMLS) and ODL must be referenced in all publicity.
- f. Maintain signed contracts for all presenters and instructors paid with grant funds.
- g. Follow conflict of interest policy when selecting presenters, instructors, and vendors.
- h. Participate in health literacy networking calls, meetings, and training provided by the Department.
- i. Collect required statistics and maintain copies of all related print information.

- j. Grant funds must be spent or encumbered by June 5, 2021. Funds not spent or encumbered must be returned to the Department no later than June 11, 2021.
- k. Submit the Final Report to the Department by noon on August 16, 2021. The report will include a Narrative, Expenditure Report, and Programs and Statistics Report.

IV. OBLIGATIONS OF THE DEPARTMENT

The Department shall carry out the subsequent administrative responsibilities:

- a. Approve proposal, and provide a contract, *LSTA Terms and Conditions Agreement*, and claim form to the Contractor.
- b. Process grant payment to the Contractor upon receipt of notarized claim form.
- c. Provide professional development opportunities for health literacy grantees.
- d. Provide technical assistance and resources as needed.
- e. Provide a means for health literacy grantees to network and exchange information.
- f. Review and approve the Final Report.

V. PROJECT FUNDING

In accordance with the terms of this Contract, the Department will grant **Five Thousand Nine Hundred and Ninety Dollars (\$5,990)** for the provision of health literacy services through Chickasha Public Library.

- a. Expenditures for this project must conform to the approved budget and to applicable local, state, and federal laws and regulations, and are subject to all conditions of this Contract. Any deviations from the approved budget must be approved by the Department.
- b. Grant funds may not be used medical treatment, medication, refreshments, or giveaways.
- c. Payment will be made via electronic deposit within 30 days of receipt of the notarized claim form.
- d. The Contractor assures that expenditures under this Contract will be included in its next regular audit.

VI. GENERAL PROVISIONS

a. Notices

Any notices to be given herein are deemed to be given when deposited with the United States Postal Service, certified or registered mail, return receipt requested, with sufficient postage prepaid, addressed as specified below. Either party may at any time designate any other address by giving written notice to the other party.

As to the Department:

Oklahoma Department of Libraries
Attn: Leslie Gelders
200 NE 18 Street
Oklahoma City, OK 73105-3205

As to the Contractor:

Chickasha Public Library
Attn: Courtney Mayall
527 W Iowa Ave
Chickasha OK 73018

b. No Grant of Authority

Nothing herein shall be construed as conferring upon Contractor the authority to assume or incur any liability or obligation of any kind, expressed or implied, in the name of or on behalf of the Department. The Contractor agrees not to assume or incur any such liability without the prior written consent of the Department.

c. Performance Suspension

Performance may be suspended by either party for any act of God, war, riots, fire, explosion, strike, injunction, inability to obtain fuel, power, labor, or transportation, accident, national defense requirements, or any cause beyond the control of such party, which prevents the performance of such party. An alleged breach of this Contract by either party shall be grounds for immediate suspension of performance.

d. Liability

The Department shall not be liable for any injuries or damages to persons or property resulting from acts or omissions of the Contractor, its officers, employees, agents, or trustees, in carrying out the activities of this Contract.

e. Accident or Illness

The Contractor agrees that any accident or illness during the performance of this Contract will not be the responsibility of the Department and in no way holds the Department liable for such accident or illness.

f. Understanding of Terms

The Parties hereto have read and fully understand the terms of this Contract and the *LSTA Terms and Conditions Agreement* and agree to be bound by the same.

VII. RECORDS MAINTENANCE AND ACCESS REQUIREMENTS

The Contractor agrees to keep and maintain appropriate books and records reflecting the services performed and costs and expenses incurred in connection with its performance of the services, including accounting procedures, practices or any other items relevant to this Contract, for a period of five (5) years from the ending date of this Contract. Upon reasonable notice, the Department, Office of the Attorney General (OAG), the State Auditor's Office, the State Purchasing Director, or their representatives, shall be entitled to any books, records, and other documents and items for purpose of audit and examination at Contractor's premises during normal business hours. The Contractor further agrees to provide appropriate access by the aforementioned parties to any subcontractor's associated records. In the event any audit, litigation, or other action involving these pertinent records is started before the end of the five (5) year period, the Contractor agrees to retain these records until all issues arising out of the action are resolved or until the end of the five (5) year period, whichever is later.

VIII. VENUES AND APPLICABLE LAW

If any legal action is taken to enforce the terms of this contract, the Parties agree that the venue for all legal action is Oklahoma City, Oklahoma. This contract shall be governed by and construed in accordance with the laws of the State of Oklahoma.

IX. ADDITIONAL REQUIRMENTS

- a. It is expressly agreed that the Contractor under this contract is an independent Contractor and under no circumstances shall any owners, officers, employees or volunteers of the Contractor be considered employees of the Department or the State of Oklahoma. The Contractor is responsible for all types of claims due its volunteers, employees, or any third parties. The Contractor will indemnify and hold harmless the Department and the State of Oklahoma from and against any and all claims arising out of the Contractor's, or any of the

Contractor's employees' or volunteers' performance, including but not limited to the use of automobiles or other transportation.

- b. Include the following acknowledgment on any publication or presentation resulting from Contractor's participation in this grant: "This activity is supported by the Institute of Museum and Library Services (IMLS) and the Oklahoma Department of Libraries. The opinions and content of activities and materials do not necessarily reflect the position or policy of the Oklahoma Department of Libraries or IMLS, and no official endorsement should be inferred."
- c. In the event the Contractor does not comply with the terms of this contract, including the timetable, budget, and objectives, the Contractor will be given written notification of such noncompliance by the Department. The Contractor may appeal for reconsideration by giving written evidence of compliance within twenty (20) days following receipt of such notification. Should noncompliance be confirmed, the Department may take possession of items purchased under this contract for reassignment to other programs and projects.
- d. Evidence of failure to comply with the above policies shall result in a hold being placed on pending payments for all future grants until compliance can be assured.
- e. It is expressly agreed that any solicitation for, or receipt of, funds of any type by the Contractor is for the sole benefit of the Contractor and is not a solicitation for, or receipt of, funds for the Department.
- f. The Contractor will comply with regulations under the Open Meetings Act and the Open Records Act.

X. AMENDMENTS

Any alterations, additions, or deletions to the terms of this Contract shall be in writing and executed by all Parties.

XI. ENTIRE CONTRACT

This instrument, consisting of six pages, constitutes the entire Contract between the Parties. All oral or written agreements between the Parties relating to the subject matter of this Contract have been reduced to writing and are contained herein.

XII. EXECUTION OF CONTRACT

The Contractor affirms that all information, documentation, and representations submitted in securing this Contract are true and correct to the best of their knowledge.

The Contractor certifies that neither the Contractor, nor anyone subject to the Contractor's direction or control, has paid, given, or donated, or agreed to pay, give, or donate to any officer or employee of the Department or the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this Contract.

Each signatory to this Contract declares that he/she has legal authority for obligating the entity he/she represents for the benefits and/or liabilities resulting under said Contract and accepts liability for any misrepresentation of such authority.

IN WITNESS WHEREOF, the Contractor and the Department have each caused this Contract to be executed in their behalf.

SIGNATURES

Lillie Huckaby, Director
Chickasha Public Library

Melody A. Kellogg, Director
Oklahoma Department of Libraries

Date

Date

FOR USE BY THE OKLAHOMA DEPARTMENT of LIBRARIES
Assurances: Fund 2551121 400–20 is encumbered for this Contract

Lead Officer approval:	_____	Date	_____
LSTA Coord. approval:	_____	Date	_____



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Finance

Agenda Item No. 4.d.

AGENDA ITEM: Acceptance of Resolution No. 2020-19R amending the FY 20-21 Budget.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept Resolution No. 2020-19R amending the FY 20-21 Budget and authorize the Mayor and City Clerk to execute the same.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Leasa Furr, Asst. City Manager	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Res. 2020-19R Budget Amendment
2. Exhibit A

RESOLUTION NO. 2020-19R

**A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF CHICKASHA,
GRADY COUNTY, STATE OF OKLAHOMA, AMENDING THE CITY OF
CHICKASHA ADOPTED BUDGET FOR FISCAL YEAR 2020-21**

WHEREAS, pursuant to the Oklahoma Municipal Budget Act, 11 O.S. Section 17-201 through 17-216, all steps in the process of developing the City's Budget for FY 2020-21 were followed, culminating the adoption of the Budget by the Mayor and Council on June 8, 2020; and

WHEREAS, Sections 17-215 and 17-216 of the Oklahoma Municipal Budget Act specifically authorizes amendments to the adopted budget; and

WHEREAS, the Mayor and Council have determined a need to amend the adopted budget; and

NOW THEREFORE, be it resolved by the Mayor and Council of the City of Chickasha, Grady County, Oklahoma, that:

Section 1. The adopted FY 2020-21 Budget for the E-911 Fund #27 is hereby amended and attached hereto as "Exhibit A".

This Resolution shall be in full force and effect from and after the passage and approval by the Mayor and Council of the City of Chickasha, Grady County, Oklahoma.

Adopted this 8th day of September 2020.

Chris Mosley, Mayor

ATTEST:

Susan M. McDaniel, City Clerk

(SEAL)

"Exhibit A"

CITY OF CHICKASHA

BUDGET AMENDMENT FORM

<u> X </u> INCREASE	<u> </u> DECREASE	<u> </u> TRANSFER
-----------------------	------------------------	------------------------

Fund: E-911
Fund No.: 27
Amendment No.: 2
Fiscal Year: 2020-2021

Account #	Account Name	Estimated Revenue(s)		Appropriation(s)	
		Increase	Decrease	Increase	Decrease
4700-001	AVAILABLE FUND BALANCE	9,000.00			
527-5302-019.1	COMPUTER SOFTWARE-CODE			9,000.00	
TOTALS		9,000.00	-	9,000.00	-

EXPLANATION:

Budget Revision to accommodate matching share of grant for E911 computer

Approved by City Manager:

8-26-20
Date

[Signature]
Signature

Approved by City Council:

Date

Signature



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Fire Department

Agenda Item No. 6.a.

AGENDA ITEM: Discussion, consideration and possible action to approve the 2020 Emergency Management Performance Grant (EMPG) agreement.

I. BACKGROUND/DESCRIPTION:

- Fire Department/Emergency Management Staff have secured a \$10,000 performance based grant from the Oklahoma Department of Emergency Management (OEM)
- Grant is used to supplement to the existing Emergency Management budget
- Performance criteria is based on attending meetings, training sessions, and contributing to the Emergency Management programs, both local and state wide.

II. RECOMMENDED ACTION:

Staff recommends approving the 2020 Emergency Management Performance Grant (EMPG) agreement and authorizing the Mayor to execute the agreement.

- III. FISCAL INFORMATION** - This grant is used to supplement the Emergency Management budget with funding not to exceed \$10,000 per contract year. A revenue/expenditure line will need to be created as this grant should continue each year based on meeting performance indicators.

IV. FUND INFORMATION:

Dept. Director: Brian Zalewski, Fire/Emergency Management	Fund	Account	Amount
	(To) 11-04	TBD	\$10,000
	FUND	ACCOUNT	AMOUNT
Meeting Date: Chickasha City Council	(From) 11-04	TBD	\$10,000

September 9th, 2020 Item Number 386		
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V. ATTACHMENTS:

1. EMPG-999-S-Application---Chickasha--City-of-89133-91630



**PREPAREDNESS
RESPONSE
RECOVERY
MITIGATION**

July 31, 2020

Jurisdiction: City of Chickasha

Subject: EMPG-999 NOI Approval

The Oklahoma Department of Emergency Management (OEM) would like to thank you for your interest in the Emergency Management Performance Grant (EMPG). Your Notice of Interest (NOI) for EMPG-999 has been approved. \$10,000 has been obligated to the City of Chickasha pending the completion of the attached application. Once your application is completed and approved, an award letter will be issued by the OEM Director. **The initial application must be submitted by August 31st, 2020** to be eligible for the award. The application must be finalized by September 30th, 2020 to be awarded. Time extensions may be granted with a written request.

NOTE: This award is being made out of the EMPG-Supplemental COVID-19 grant. It requires slightly different requirements than our regular EMPG grant. These requirements are explained in the application.

Should you have questions, comments, or concerns, please contact the EMPG team at EMPG@oem.ok.gov or call 405-521-2481 and ask for the EMPG team.

Thank you,

Daniel Piltz,
Director of Grants Management

Emergency Management Performance Grant Program

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Sub – Grant Agreement

This agreement is entered into by and between The State of Oklahoma Department of Emergency Management (OEM), and the City of Chickasha, Oklahoma, hereinafter referred to as the “Subrecipient”. The Oklahoma Department of Emergency Management shall pay the Subrecipient for required works performed under the EMPG - S application and this contractual agreement the sum of \$10,000 dollars in **agreement with the following terms and conditions:**

Article 1. Purpose

The purpose of this agreement is to provide a 50/50 sub-grant with a portion of the funds awarded to the State of Oklahoma under the Federal Emergency Management Agency (FEMA)’s Emergency Management Performance Grant COVID – 19 Supplemental (EMPG - S) program. The EMPG – S program encourages development of emergency management activities regarding the prevention of, preparation for, and response to the Coronavirus Disease 2019 (COVID – 19) public health emergency by the State and local governments, as defined by the FEMA Fiscal Year 2020 EMPG COVID – 19 Supplemental Notice of Funding Opportunity (NOFO).

Article 2. Eligibility Criteria

To be eligible for an Emergency Management Performance Grant (EMPG) Sub-grant, a local Subrecipient must meet the following eligibility requirements:

1. The Subrecipient must have a current existing Emergency Management program. Refer to **Article 3: Scope of Work** for additional information.
2. The Subrecipient must have a paid Emergency Management Director, either full or part time, who works at least 20 hours a week and is employed as defined under Oklahoma State Statute, Title 63-683.11 to 13, Emergency Management Compact and the Fair Labor Standards Act.
3. The Emergency Management Program budget must exceed the Emergency Management Performance Grant dollar amount and cover the entire cost of the Subrecipient’s emergency management office, independent of any sub-grant monies. The Emergency Management Performance Grant is based on a 50/50 match (50% local and 50% federal). A certified copy of the Emergency Management Budget for the Subrecipient must be included with the application. For the Emergency Management Performance Grant closeout, during the 4th quarter only, provide a notarized copy of the local Subrecipient’s year end emergency manager’s treasurer’s / county clerk’s report. Please note: The

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Subrecipient cannot replace the Emergency Management program's budget with EMPG or EMPG - S funds. The EMPG - S funds are supplemental funds for improving and/or increasing the Subrecipient's Emergency Management Program only and cannot be used to supplant existing funds.

4. Grant funds and/or grant matching funds may not be used for costs to support hiring sworn public safety officers for the purposes of fulfilling traditional public safety duties or to supplant traditional public safety positions and responsibilities.
5. Should have a facility or location designated as the Subrecipient's Emergency Operations Center (EOC) with the capacity to coordinate response efforts and resource capabilities in the event of an incident.
6. A list of your Subrecipient All Hazard, Whole Community Planning Group Annexes or Emergency Support Function (ESF) representatives, Tribal representatives, Higher-Education representatives, business partners as well as any other persons the Planning Group deems necessary to promote the "whole community" concept of planning. The Planning Group list will include name, position, email and phone number.
7. Maintain a 24-hour point of contact who will promptly report to the State EOC Watch Officer at 1-800-800-2481, all significant events happening within the jurisdiction. (Per State Statute, Title 63–683.11. E)
8. Maintain a Current Emergency Operations Plan (EOP) to be updated/reviewed annually (Per State Statute, Title 63–683.11. D)
9. National Incident Management System (NIMS) Compliance Certificate

Article 3: Scope of Work

Advancing the Whole Community approach reinforces the concept that it is the community's responsibility to take necessary and appropriate actions to protect people and property from the consequences of local emergencies and disasters. Communities are challenged to develop collective local abilities to withstand the potential impacts of these events, respond quickly, and recover in a way that sustains or improves the community's overall well-being. Achieving this collective capability calls for innovative approaches across the community. The efforts of the Oklahoma Department of Emergency Management are to assist a local Subrecipient's Emergency Management with the capabilities to prevent, protect against, respond to and recover from natural disasters, threats of terrorism, and attacks both foreign and domestic. This includes

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enhancing local Subrecipient's Emergency Management existing practices, programs, institutions and organizations.

With the ongoing impact of COVID – 19 and the threat of future pandemic concerns, Emergency Management is providing further roles in supporting state, tribal, and local health departments and public health entities in the ways of planning and operational readiness for preparedness and response of the disease, developing tools and strategies to prevent, prepare for, and to respond to pandemics, and provide ongoing communication and coordination among partners throughout the response. The efforts of OEM are to assist a local Subrecipient with these capabilities and to expand on their capabilities and capacity throughout the response period.

The following nine (9) activities are the minimum task requirements that shall be completed by the Subrecipient. All deliverables will be submitted to OEM via OK EMGrants.

Preparedness and Planning

1. Quarterly ALL Hazard, Whole Community Planning Group Meetings

An All-Hazard, Whole Community Planning group within your jurisdiction will be formed consisting of all Annexes or Emergency Support Function (ESF) representatives, Tribal representatives, Higher Education representatives, Public Health representatives, and business partners as well as any other persons the Planning Group deems necessary to promote the “whole community” concept of planning to meet quarterly.

Measurement Methods:

- a. A meeting invitation letter for each meeting to include a mailing list (can be an email copy).
- b. An agenda
- c. Minutes for each quarterly meeting should reflect EOP and Pandemic planning.
- d. Sign-in sheets for each quarterly meeting (dated).

2. Current List of Ongoing Whole Community and Coronavirus Preparedness Projects

Activities could include, newspaper articles, talks on preparedness to schools and or civic groups, programming weather radios, etc. Remember to include all the Emergency Response Agencies'/Organizations' preparedness efforts in the reports.

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Measurement Methods:

- a. Submit a summary of your anticipated Emergency Management whole community preparedness activities for the current grant year. Must be submitted with your application.
- b. On a quarterly basis, submit progress reports for preparedness activities within your jurisdiction. Examples of appropriate preparedness projects include, but are not limited to, outreach at the Subrecipient's events, social media presence, and other activities.
- c. Copies of articles, agendas, sign in sheets, pictures, journal of actions taken depending on community preparedness actions taken.

3. *Emergency Operations Plan*

The Subrecipient must have an Emergency Operations Plan (EOP) to participate in the EMPG program. The All Hazard, Whole Community Planning Group will be directly involved in the quarterly planning and updates of the Subrecipient's EOP. The EOP will be updated according to CPG 101-v.2.

Measurement Methods:

- a. The All-Hazard, Whole Community Planning quarterly report submitted to OEM.
- b. Coronavirus / Pandemic Annex must be included in the Emergency Operations Plan by the 4th quarter report and no later than **October 10, 2021**.
- c. Sign-in Sheet from Quarterly Planning Meetings.
- d. An EOP approval page signed annually by each of the Annexes or ESF representatives and the Subrecipient's highest elected official(s) by the 4th quarter report and no later than **October 10, 2021** (form provided).

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Training

4. *Current list of Pandemic Preparedness and Response Training*

The current Training plans pertaining to coronavirus and / or pandemic preparedness and response.

Measurement Methods:

- a. A list of the training produced by all Annex or ESF agencies will be submitted to Oklahoma Department of Emergency Management quarterly.

5. *EMPG Required Online Independent Study (IS) Courses*

All paid emergency management staff working for the Subrecipient are required to complete eleven (11) FEMA IS Courses **within one (1) year of their hire date**. This includes all courses listed in Group 1 and either Group 2 (Professional Development Series) or Group 3 (Basic Academy) courses (See Table on next page).

Measurement Methods:

The submission of either FEMA transcript(s) and/or FEMA Course certificates proving the completion of course work for all paid emergency management staff must be turned in with the application, with the exception of personnel that have not reached their one (1) year anniversary as a paid employee. FEMA transcript(s) and/or FEMA Course certificates for these personnel must be turned in within the one-year mark of their hire date.

Group 1	
• IS – 100 (Any Version)	• IS – 700 (Any Version)
• IS – 200 (Any Version)	• IS – 800 (Any Version)
Group 2	Group 3
• IS – 120. a, b, or c	• IS – 230.d
• IS – 230.d	• E / L 101
• IS – 235. b or c	• E / L 102
• IS – 240.b	• E / L 103
• IS – 241.b	• E / L 104

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-
- IS – 242.b
 - E / L 105
 - IS – 244.b
-

6. *Attendance of the Strategic Regional Planning Workshop*

The OEM Regional Coordinator, in conjunction with local Emergency Managers, will host a Regional Planning Workshop. The Emergency Management Director or designee must attend their Region's Workshop in its entirety.

Measurement Methods:

A copy of the certificate or other appropriate documentation (such as sign-in sheets) shall be submitted to OEM by the 4th quarter report and no later than **October 10, 2021**.

7. *Attendance of the Annual Oklahoma Emergency Management Conference*

The Emergency Management Director or designee must attend the Annual Oklahoma Emergency Management Conference.

Measurement Methods:

A copy of the certificate or other appropriate documentation (such as sign-in sheets) shall be submitted to OEM by the 4th quarter report and no later than **October 10, 2021**.

Article 4. Event Reporting

Pursuant to Oklahoma Statute Title 63–683.11. E, all significant events within the Subrecipient's jurisdiction resulting in a threat to life safety or public health, an adverse impact on the local economy, or stress placed on local and regional resources must be reported to the Oklahoma Department of Emergency Management (OEM). This may be done by calling the State EOC Watch Officer at 1-800-800-2481 and/or by submitting a report through the State of Oklahoma WebEOC.

Article 5. Authorized Representatives

The Agency Director of the Oklahoma Department of Emergency Management and the Subrecipient's Director of Emergency Management shall be the authorized representatives to complete work and negotiate changes to this agreement. On a form provided by OEM, the Subrecipient will identify a Director of Emergency Management, an alternate point-of-contact

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(such as a deputy director), and the Subrecipient's official mailing address. The Director of Emergency Management for the Subrecipient will serve as the official point-of-contact (POC), responsible for reporting on, or responding to inquiries regarding the six (6) phases of emergency management (mitigation, preparedness, response, recovery, prevention, and protection) to include incident reporting.

Article 6. Funding Guidelines

EMPG Sub-Grant funds can only be used for the purposes set forth in this contract. All EMPG Sub-Grant fund expenditures must be accounted for and follow this funding guidance. Grant funds may not be used for matching funds for Federal grants, cooperative agreements, lobbying or intervention in Federal regulatory or adjudicatory proceedings. Additionally, EMPG Sub-Grant funds may not be used to sue the Federal government or any other government entity. It is the Oklahoma Department of Emergency Management's (OEM) intent to supplement (NOT supplant) city, county and tribal Emergency Management program funds. This can only be achieved by the commitment and compliance of EMPG Subrecipients.

Authorized Expenditures:

1. Operations

EMPG 999 – S Sub-Grant funds may be used for local Emergency Management operations activities pertaining to the ongoing Coronavirus – 19 pandemic response that may include, but are not limited to:

- a. Staffing including salary and personnel costs, as long as their proposed staffing activities are linked to accomplishing activities pertaining to COVID – 19
- b. Compensatory time off
- c. Overtime
- d. Day-to-day activities in support of Emergency Management
- e. Associated fringe benefits

2. Planning

EMPG 999 – S Sub-Grant funds may be used for a range of Emergency Management planning activities pertaining to the ongoing Coronavirus -19 pandemic preparedness and response that may include, but are not limited to:

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- a. Community based planning to support COVID – 19 prevention, preparedness, and response.
- b. Maintaining current Emergency Operations procedures that conform to the guidelines outlined in CPG 101 v.2.
- c. Developing and/or enhancing comprehensive Emergency Management plans such as Distribution Management Plans and Communication Plans
- d. Supporting the development of Public Health plans pertaining to COVID – 19 health and safety plans for first responders

3. Training

EMPG 999 – S Sub-Grant funds may be used for a range of Emergency Management related training activities for the purposes of enhancing local Emergency Management's personnel capabilities. Training related expenses may include, but are not limited to:

- a. Training development, delivery and/or evaluation
- b. Overtime
- c. Travel
- d. Hiring of full or part-time staff, contractors or consultants
- e. Certification or recertification of Instructors

4. Equipment

In accordance with 2 CFR 200.310, 200.313, and 200.316 allowable equipment categories for the EMPG 999 – S program are listed on the web-based version of the Authorized Equipment List (AEL) at <https://www.fema.gov/authorized-equipment-list>. Unless otherwise stated, equipment must meet all mandatory, regulatory and/or FEMA adopted standards to be eligible for purchase using these funds. Additionally, agencies will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment. Allowable equipment includes equipment from the following AEL sections:

- Personal Protective Equipment (PPE) (Section 1)
- Information Technology (Section 4)
- Interoperable Communications Equipment (Section 6)

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- Detection Equipment (Section 7)
- Decontamination Equipment (Section 8)
- Medical Equipment (Section 9)
- Power Equipment (Section 10)
- Physical Security Enhancement Equipment (Section 14)
- CBRNE Logistical Support Equipment (Section 19)
- Other Authorized Equipment (Section 21)

Unauthorized Expenditures:

- a. Reimbursement for the maintenance and/or wear and tear costs of general use vehicles (e.g. construction vehicles). The only vehicle costs that are reimbursable are fuel and/or mileage.
- b. Equipment that is purchased for permanent installation and/or use beyond the scope of exercise conduct (e.g. electronic messaging signs).
- c. Durable and non-durable goods purchased for installation and/or use beyond the scope of exercise conduct.
- d. Grant funds must comply with IB 426 and may not be used for the purchase of the following equipment: firearms, ammunition, grenade launchers, bayonets, or weaponized aircraft, vessels, or vehicles of any kind with weapons installed.
- e. Expenditures for weapons systems and ammunition.
- f. Planning or conduction of exercises
- g. Costs to support the hiring of sworn safety officers (sworn law enforcement officers).
- h. Activities unrelated to the completion and implementation of the EMPG.
- i. Other items not in accordance with the aforementioned authorized expenses.

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Article 7. Authorities

The authorities for this award are:

- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 42 U.S.C. § 5121 et. Seq. (the Stafford Act)
- Title 2, Code of Federal Regulations (CFR), U.S. Department of Homeland Security Presidential Directive 5 (HSPD-5)
- Oklahoma Emergency Management Act 2003, 63 O.S. 683. 1 et. Seq.
- State Administrative Plan adopted by the Oklahoma Department of Emergency Management.

Article 8. National Environmental Policy Act (NEPA)

The Subrecipient shall comply with all applicable Federal, State, and local environment and historic preservation (EHP) requirements and shall provide any information requested by FEMA to ensure compliance with applicable laws including: National Environment Policy Act, National Historic Preservation Act, Endangered Species Act, and Executive Orders on Floodplains (11990) and Environmental Justice (12898). Failure of the Subrecipient to meet Federal, State, and local EHP requirements and obtain applicable permits may jeopardize Federal funding.

Subrecipients shall not undertake any project having the potential to impact EHP resources without the prior approval of FEMA, including but not limited to communications towers, physical security enhancements, new construction, and modifications to buildings that are 50 years old or greater. Subrecipients must comply with all conditions placed on the project as the result of the EHP review.

Any change to the approved project scope of work will require re-evaluation for compliance with these EHP requirements. If ground disturbance activities occur during project implementation, the Subrecipient must ensure monitoring of ground disturbance and if any potential archeological resources are discovered, the recipient will immediately cease construction in that area and notify FEMA and the appropriate State Historic Preservation Office.

Any construction activities that have been initiated prior to the full environmental and historic preservation review could result in non-compliance finding. The Screening Form is available at: (<https://www.fema.gov/media-library/assets/documents/90195>).

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For these types of projects, grantees must complete the FEMA EHP Screening Form (OMB Number 1660-0115/FEMA Form 024-0-01) and submit it, with all supporting documentation, to Oklahoma Department of Emergency Management. Subrecipients should submit the FEMA EHP Screening Form for each project as soon as possible upon receiving their grant award.

Article 9. Sub-Grant Administration Requirements

1. Any tasking the Oklahoma Department of Emergency Management receives from the U.S. Department of Homeland Security, FEMA or any other federal agency that is Emergency Management related and requires the assistance of the Subrecipient shall also be considered as part of the required tasking elements under the EMPG – S Sub-Grant.
2. If the Subrecipient receives \$750,000 or more in Federal funds in Subrecipients EMPG 999 – S, they are responsible for compliance with the provisions of 2 CFR 200.501. The Subrecipient shall submit a copy of their audit letter signed by the auditor to the Oklahoma Department of Emergency Management and/or uploaded into the Federal Audit Clearinghouse.
3. The EMPG 999 – S Sub-Grant is a performance-based grant. To ensure EMPG requirements compliance, each Subrecipients performance shall be monitored. The Subrecipient should be visited a minimum of four (4) times each year by a Regional Coordinator or other representative of the Oklahoma Department of Emergency Management. The field visits shall be conducted at a mutually agreed date, time and location during each quarter.
4. Within ten (10) days following the end of each quarter the EMPG Subrecipient will submit via OK EMGrants a progress report to Oklahoma Department of Emergency Management. Submitted documentation shall be maintained by the Subrecipient and the Department of Emergency Management for a minimum of three (3) years and shall be compliant with 2 CFR 200.333. In the event the receipt of the progress report is 30 or more days delinquent, it may result in notification of Chief Elected Official. If the reporting for two (2) quarters is simultaneously delinquent or incomplete, it can result in Award Reduction or administrative close – out of the grant.

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* Please Note

1st Quarter: October 1, 2020 – December 31, 2020

2nd Quarter: January 1, 2021 – March 31, 2021

3rd Quarter: April 1, 2021 – June 30, 2021

4th Quarter: July 1, 2021 – September 30, 2021

Article 10. Payment Terms

All payments will be contingent upon the Subrecipient's payment requests and supporting documentation the Oklahoma Department of Emergency Management review of required tasks. Should the Subrecipient meet the EMPG Sub-Grant performance requirements, the following shall occur:

1. Payment in the amount of 25% of the awarded EMPG 999 – S Sub-Grant will be made by the Oklahoma Department of Emergency Management for the First Quarter, after January 10, 2021. This is contingent upon receipt of the fully executed agreement and request for reimbursement from the Subrecipient. Documentation of the first quarter's tasks and supporting documentation for expenditures and match requirements are required. Payment will not be made until the terms of the agreement have been met and affirmed by The Oklahoma Department of Emergency Management.
2. Payment in the amount of 25% of the awarded EMPG 999 – S Sub-Grant will be made for the Second Quarter after April 10, 2021. This is contingent upon receipt of request for reimbursement from the Subrecipient. Documentation of the second quarter's tasks and supporting documentation for expenditures and match requirements are required. Payment will not be made until terms of the agreement have been met and affirmed by the Oklahoma Department of Emergency Management.
3. Payment in the amount of 25% of the awarded EMPG 999 – S Sub-Grant will be made for the Third Quarter after July 10, 2021. This is contingent upon receipt of request for reimbursement from the Subrecipient. Documentation of the third quarter's tasks and supporting documentation for expenditures and match requirements are required. Payment will not be made until terms of the agreement have been met and affirmed by the Oklahoma Department of Emergency Management.

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4. Final payment in the amount of 25% of the awarded EMPG 999 – S Sub-Grant will be made for the fourth quarter after October 10, 2021. This is contingent upon receipt of request for reimbursement from the Subrecipient. Documentation of the fourth quarter's tasks and supporting documentation for expenditures and match requirements are required. Payment will not be made until terms of the agreement have been met and affirmed by the Oklahoma Department of Emergency Management.

Any payment requests received on or prior to the 10th day of any month will be processed the same month. Any payment requests submitted after the 10th day of any month will be processed the same month or the following month.

Article 11. Overmatch Funds

The Subrecipient will provide quarterly payroll and fringe benefit reports with each request for reimbursement. Salary and fringe benefits amounts will be used to meet Subrecipients' 50/50 match requirements. The Subrecipient agrees that OEM may use the documented salary and fringe benefits in excess of its match / Overmatch to meet its own match requirements. The Subrecipient may request to retain a portion of its Overmatch by written request and written approval by OEM. The Subrecipient agrees to follow Code of Federal Regulations (2 CFR) and the Emergency Management Preparedness Grant Notice of Funding Opportunity (NOFO) guidelines. The jurisdiction further agrees that overmatch funds provided to OEM cannot be used to match any other Federal Funds.

Article 12. Time of Completion

The Subrecipient shall complete all work from October 1, 2020 through September 30, 2021, with the exception that the auditor's opinion letter, which accompanies the Subrecipient's annual audit, must be submitted within nine months of the Subrecipient's fiscal year.

Article 13. General Provisions

1. All work shall be completed in a professional manner and in compliance with all applicable laws.
2. To the extent required by law, individuals duly licensed and authorized by law to do so shall perform all work.
3. The Subrecipient warrants that it is adequately insured for injury to its employees and others incurring loss or injury as a result of the acts of the Subrecipients or its employees or agents.

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4. The Subrecipient agrees that neither it nor its employees or agents are covered under insurance paid for by the State of Oklahoma and are not authorized to obligate the State of Oklahoma, its employees or agents.
5. The Standard Assurances for Federal Funds submitted by the Subrecipient, as part of their application package, are hereby referenced and incorporated into this agreement.

Article 14. Amendments

Any alterations or deviations to this agreement shall be executed only upon written agreement of both parties, and if there is a change to the agreement award for such alteration or deviation, it shall be noted.

Article 15. Waiver of Scope of Work Line Items

Upon completion of a Request for Exception (Appendix 1) and subject to approval by OEM, one (1) waiver relieving the Subrecipient from having to complete a basic scope of work line item (Article 1 Scope of Work 1-9) may be approved.

Article 16. Award Reduction

If the Subrecipient fails to complete or adhere to the financial or performance based Sub-Grant requirements, the award amount is subject to a reduction.

Article 17. Suspension of Sub-Grant/Debarment from Future Awards

If the Subrecipient fails to complete the agreed scope of work, they may be barred from participation in the sub-grant program for the following Federal Fiscal Year. Subrecipient will maintain active status in SAM.gov.

Article 18. Duration and Closeout

This agreement shall be in full force and effective on October 1, 2020 for both parties and terminate on September 30, 2021. Either party may cancel this agreement by providing 15 days' notice in writing to the other party. OEM may at its discretion extend the term of the closeout of this agreement. If approved, extensions are typically approved for no more than a 30-day period.

Article 19. Audit Clause

In accepting this agreement, the Subrecipient agrees to this audit clause which provides that books, records, documents, accounting procedures, practices, or any other items of the Subrecipient relevant to the agreement are subject to examination by the Federal Emergency

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Management Agency, the Oklahoma Department of Emergency Management, the State of Oklahoma and the State Auditor and Inspector.

Article 20. Non-Collusion

In accepting this agreement, the Subrecipient acknowledges that they have not paid, given, or donated or agreed to pay, give, or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this agreement.

Article 21. Required Application Documents

Listed below are the documents required for the successful completion of the FY 2020 EMPG application. All applications and documents are to be uploaded into OK EMGrants. To register or to obtain access to OK EMGrants, please navigate to <https://ok.emgrants.com/>.

1. Sub-Grant Funding Worksheet (See accompanying Excel Spreadsheet)
2. Summary of your jurisdictions' anticipated Emergency Management whole community preparedness activities for the current grant year.
3. All Hazard, Whole Community Planning Group Member's List
4. State of Oklahoma Designation of Subrecipient Agent
5. Delegation of Authority for request for payment (optional)
6. EMPG Training Checklist for all paid emergency management personnel listed on the Sub – Grant Funding Worksheet
7. Certification Regarding Lobbying
8. Disclosure of Lobbying Activities (SF – LLL)
9. Certifications Regarding Lobbying; Debarment, Suspension and other Responsibility Matters; and Drug-Free Workplace Requirements
10. Summary Sheet for Assurances and Certifications
11. OK EMGrants Authorization Form
12. Elected Official, City Manager, Tribal Officials Signature Page

Please supply the following documents.

13. Certified Subrecipient's Official Emergency Management Program Budget

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14. Subrecipient's NIMS Compliance Certificate
15. FEMA transcript(s) and/or FEMA Course certificates for all paid emergency management staff employed for the jurisdiction for excess of one (1) year.

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Emergency Support Function Annex

Roles and Responsibilities of the ESFs

ESF	Scope
ESF#1: Transportation	• Transportation Safety • Restoration/recovery of transportation infrastructure • People, equipment and commodities movement
ESF#2: Communications	• Coordination with telecommunications and information technology • Restoration and repair of telecommunications infrastructure • Protection, restoration, and sustainment of cyber and information technology resources • Oversight of communications within the incident management and response structures
ESF#3: Public Works &/or Road Foreman	• Infrastructure protection and emergency repair • Infrastructure restoration • Engineering services and construction management
ESF #4: Firefighting	• Coordination of firefighting activities • Support to wildland, rural, and urban firefighting ops
ESF#5: Emergency Management	• Coordination of preparedness, EOC response, recovery, and mitigation operations • Resource and human capital • Incident action planning • Financial management • Damage and Impact Assessment
ESF#6: Mass Care	• Mass care Emergency assistance • Disaster housing • Human services
ESF#7: Logistics Management & Resource Support	• Comprehensive incident logistics planning, management, sustainment capability • Resource Support (facility space, office equipment and Supplies, contracting services, etc.)
ESF#8: Public Health & Medical Services	• Public health • Medical • Mental health services • Mass fatality management
ESF#9: Search & Rescue	• Life-saving assistance • Search and rescue operations

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ESF	• Scope
ESF#10: Oil & Hazardous Materials Response (Private Partners)	• Oil and hazardous materials (chemical, biological, radiological, etc.) • Environmental short – long-term cleanup
ESF#11: Agriculture & Natural Resources	• Animal and plant disease and pest response • Food safety and security • Natural and cultural resources and historic properties protection and restoration Safety and well-being of household pets
ESF#12: Utilities	• Energy infrastructure assessment, repair, and restoration • Energy industry utilities coordination
ESF#13: Public Safety (Local Sheriff or Police Department)	• Facility and resource security • Security planning and technical resource assistance • Public safety and security support • Support to access, traffic, and crowd control
ESF#14: Long – Term Community Recovery (Local VOAD)	• Social and economic community impact assessment • Long-term community recovery assistance • Analysis and review of mitigation program implementation
ESF#15: External Affairs (PIO & Social Media)	• Emergency public information and protective action guidance • Media and community relations

ESF Member Roles and Responsibilities

Each ESF Annex identifies the coordinator/liaison and the primary and support agencies pertinent to the ESF. Several ESFs incorporate multiple components, with primary agencies and secondary agencies designated for each component to ensure seamless integration of the transition between preparedness, response, and recovery activities. ESFs with multiple primary agencies designate an ESF coordinator for the purposes of pre-incident planning and coordination of primary and supporting agency efforts throughout the incident

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All Hazard, Whole Community Planning Group Member's List

Annex/ESF	Name	Phone	E-mail	Agency Organization
Transportation				
Communications				
Public Works & Engineering				
Firefighting				
Emergency Management				
Mass-Care, Housing & Human Services				
Logistics Management & Resource Support				
Public Health & Medical Services				
Search & Rescue				
Oil & Hazardous Materials Response				
Agriculture & Natural Resources				
Energy				
Public Safety & Security				
Long-Term Community Recovery				
External Affairs				
Higher Ed				
Tech Centers				
Secondary Schools				
Tribal Member				
Private Partners				
(Other)				

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State of Oklahoma Designation of Subrecipient Agent

Subrecipient Information			
Name of Subrecipient:			
Physical Address:			
Mailing Address (if different from above):			
Employer's Identification (EIN):		FIPS#:	
Duns #:			

Subrecipient Emergency Management Director (Primary Contact)			
Name:		Agency:	
Physical Address:			
Office #:		Cell#:	
Email:			

Subrecipient Emergency Management Alternate (Secondary Contact)			
Name:		Agency:	
Physical Address:			
Office #:		Cell#:	
Email:			

Certification			
The above Primary and Secondary contacts are hereby authorized as the Subrecipient's point of contact (POC) for the purpose of reporting disaster and emergencies and the extent associated with them to Oklahoma Department Emergency Management (OEM). The above designated point of contacts are further authorized to take such action, prepare required documentation and attend meetings (i.e., applicant briefing or kick off meetings) as may be required on behalf of the Subrecipient. Until contrary notice is given to the Oklahoma Department of Emergency Management.			
Governing Body:			
Certifying Official:			
Title:			
Office #:		Cell#:	
Email:			

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EMPG Training Checklist

Employee Name: _____

Employee Start Date: _____

Attach Supporting Documents - (Such as course certificates, FEMA transcript, or a combination of both)

Table 1: NIMS Training	Date Completed
IS-100 (Any Version)	
IS-200 (Any Version)	
IS-700 (Any Version)	
IS-800 (Any Version)	

Table 2: Professional Development Series (PDS)	Date Completed
IS-120.a (Listed/Current Version Only)	
IS-230.d (Listed/Current Version Only)	
IS-235.b (Listed/Current Version Only)	
IS-240.b (Listed/Current Version Only)	
IS-241.b (Listed/Current Version Only)	
IS-242.b (Listed/Current Version Only)	
IS-244.b (Listed/Current Version Only)	

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EMI Independent Study Program Transcript Request Form

A transcript of your Independent Study course completions will be emailed to you (the student) and sent by postal mail to any Institutions you indicate below. Please type or write your information legibly.

****If you are requesting transcripts for 10 or more students, please contact our office at 301-447-1200 or Independent.Study@fema.dhs.gov for additional completion verification options.***

Student Name (required):
Address (required):
City, State & Zip Code (required):
Phone Number:
Email Address (required):
Social Security Number OR FEMA Student ID (SID) (1 required):
Please see our website at https://training.fema.gov/is/privacystatement.aspx for information on why the ssn is required.
*Student Signature (handwritten or authentic digital signature required):
For information on how to create digital signatures, visit https://acrobat.adobe.com/us/en/sign/capabilities/digital-signatures-faq.html
<i>*Only you (the student) can authorize the release of your training record(s). By signing this form you grant permission for the FEMA Independent Study program to release your information to the designated third-party organizations or agencies indicated below.</i>

Institutions to receive Official Transcripts(s):

*As the requestor, you automatically receive a student copy of your transcript via email. Official transcripts are printed, sealed and mailed via the US Postal Service. Please allow 10 business days for delivery.

Institution Name (required):
Attention to (required):
Address (required):
City, State & Zip Code (required):
Institution Name (required):
Attention to (required):
Address (required):
City, State & Zip Code (required):

Submit your request to:

National Emergency Training Center
EMI Independent Study Program
16825 South Seton Avenue
Emmitsburg, MD 21727-8998

Independent.Study@FEMA.DHS.gov

Fax to: (301) 447-1201

Rev 07/30/2019

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FEDERAL EMERGENCY MANAGEMENT AGENCY SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS																		
FOR FY 2020	CA FOR (Name of Applicant)																	
This summary sheet includes Assurances and Certifications that must be read, signed, and submitted as a part of the application for Federal assistance. An applicant must check each item that they are certifying to: <table><tbody><tr><td>Part I</td><td>☐</td><td>FEMA Form 20-16A, Assurances - Non-construction Programs</td></tr><tr><td>Part II</td><td>☐</td><td>FEMA Form 20-16C, Certification Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements</td></tr><tr><td>Part III</td><td>☐</td><td>SF LLL, Disclosure of Lobbying Activities (if applicable)</td></tr></tbody></table> As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the identified attached assurance and certifications. <table><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>Typed Name of Authorized Representative</td><td>Title</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>Signature of Authorized Representative</td><td>Date</td></tr></tbody></table> PLEASE NOTE: By signing the certification regarding debarment, suspension, and other responsibility matters for primary covered transaction, the applicant agrees that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by FEMA entering into this transaction.		Part I	☐	FEMA Form 20-16A, Assurances - Non-construction Programs	Part II	☐	FEMA Form 20-16C, Certification Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements	Part III	☐	SF LLL, Disclosure of Lobbying Activities (if applicable)	_____	_____	Typed Name of Authorized Representative	Title	_____	_____	Signature of Authorized Representative	Date
Part I	☐	FEMA Form 20-16A, Assurances - Non-construction Programs																
Part II	☐	FEMA Form 20-16C, Certification Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements																
Part III	☐	SF LLL, Disclosure of Lobbying Activities (if applicable)																
_____	_____																	
Typed Name of Authorized Representative	Title																	
_____	_____																	
Signature of Authorized Representative	Date																	

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DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013

Expiration Date: 02/28/2022

Review Public Burden Disclosure Statement

1. * Type of Federal Action: ☐ a. contract ☒ b. grant ☐ c. cooperative agreement ☐ d. loan ☐ e. loan guarantee ☐ f. loan insurance	2. * Status of Federal Action: ☐ a. bid/offer/application ☒ b. initial award ☐ c. post-award	3. * Report Type: ☒ a. initial filing ☐ b. material change
4. Name and Address of Reporting Entity: ☐ Prime ☒ SubAwardee Tier if known: ☐ * Name * Street 1 Street 2 * City State Zip Congressional District, if known:		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: * Name * Street 1 Street 2 * City State Zip Congressional District, if known:		
6. * Federal Department/Agency: 	7. * Federal Program Name/Description: CFDA Number, if applicable:	
8. Federal Action Number, if known: 	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant: Prefix * First Name Middle Name * Last Name Suffix * Street 1 Street 2 * City State Zip		
b. Individual Performing Services (including address if different from No. 10a) Prefix * First Name Middle Name * Last Name Suffix * Street 1 Street 2 * City State Zip		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: * Name: Prefix * First Name Middle Name * Last Name Suffix Title: Telephone No.: Date:		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

O.M.B NO. 1660-0025

Expires September 30, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472-3100, and Paperwork Reduction Project (1660-0025). **NOTE: Do not send your completed form to this address.**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying" and 28 CFR Part 17, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the transaction, grant, or cooperative agreement.

1. LOBBYING

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

Standard Form-LLL "Disclosure of Lobbying Activities" attached

☐ (This form must be attached to certification if non-appropriated funds are to be used to influence activities.)

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A.

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of a or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause of default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEE OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620-

A. The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about-

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

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(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-

(1) Abide by the term of the statement; and

(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring on the workplace no later than five calendar days after such convictions;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation act of 1973, as amended; or

(2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, City, County, State, Zip code)

☐ There are workplaces on file that are not identified

Sections 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a state wide certification.

Signature of Applicant Agent

Date:

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CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION 	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix:	* First Name: Middle Name:
* Last Name:	Suffix:
* Title:	
* SIGNATURE:	* DATE:

Emergency Management Performance Grant Program

EMPG 999 – S

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Emergency Management Performance Grant Program

EMPG 999 – S

Elected Officials / City Manager / Tribal Officials Signature Page

By signing below, we are applying for the Emergency Management Program Grant 999 Supplemental and are affirming our commitment to fulfill the application requirements.

Approved By:

Name: _____
County Commissioner, District 1

Name: _____
City Mayor or Manager

Name: _____
County Commissioner, District 2

Name: _____
Emergency Management Director

Name: _____
County Commissioner, District 1

Witnessed By:

Name: _____
City or County Clerk /Treasurer

Date: _____

Emergency Management Performance Grant Program

EMPG 999 – S

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Emergency Management Performance Grant Program

EMPG 999 – S

Appendix 1: Request for Exception for Scope of Work

Pursuant to Article 15 of the Contractual Agreement and subject to the approval of OEM
____ (Subrecipient) requests an exception to Scope of
Work item indicated below:

- ☐ Quarterly ALL Hazard, Whole Community Planning Group Meetings
- ☐ Emergency Operations Plan
- ☐ Current List of Training
- ☐ One (1) Full Scale Exercise
- ☐ Attendance of the Annual Oklahoma Emergency Management Conference
- ☐ Attendance of an Oklahoma Department of Emergency Management Strategic Regional Planning Meeting
- ☐ Current List of Whole Community and Coronavirus Projects

Reason for Exception:

Signature of Authorized Representative

Printed Name

Date



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Library

Agenda Item No. 6.b.

AGENDA ITEM:

Discussion, consideration and possible action to declare as surplus books that have been withdrawn from the collection, and donations that are not needed, and authorize donating to the Friends of the Library.

I. BACKGROUND/DESCRIPTION:

- Each year the Friends of the Chickasha Public Library hold a used-books sale to raise money for the Library.
- Books that have been withdrawn and donations that are not needed have been given to the Friends for their book sales.
- That money, which is usually about \$1,000 per booksale, (fall 2018 \$883 was made and spring 2019 \$1,188 was made) is used by the Friends to purchase books which are donated to the Library, minus expenses for the sale. (A sale did not occur in the spring of 2020 due to COVID-19) A discussion of whether or not to have a fall sale 2020 is underway due to COVID-19. Books can remain in storage until such time as a book sale is possible.

II. RECOMMENDED ACTION:

Declare withdrawn and donated books surplus and donate to the Friends of the Library.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Lillie Huckaby, Librarian	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Police Department

Agenda Item No. 6.c.

AGENDA ITEM: Discussion, consideration and possible action to approve Resolution 2020-18R for the State of Oklahoma 911 Management Authority Grant Application.

I. BACKGROUND/DESCRIPTION:

- The Police Department is making application to the 911-2019 911 Grant Program to replace Communications radios, microphones, headsets, software licensing and base radios within the Communications Center.
- A requirement of the grant is a Resolution approved by Council affirming its commitment to the citizens of Chickasha.
- The resolution in part requires the agreement of local funding be noted at 20%.

II. RECOMMENDED ACTION:

Approve Resolution 2020-18R and authorize the Mayor and City Clerk to executive the same.

III. FISCAL INFORMATION - This is an unbudgeted item.

IV. FUND INFORMATION:

Dept. Director: Dee Rowell, Chief of Police	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: 09-08-2020	(From) E-911 Fund 27-27		\$44,000.00

V. ATTACHMENTS:

1. Res. 2020-18R 911 Management Authority Grant Application

RESOLUTION 2020-18R

CITY OF CHICKASHA

(State of Oklahoma 911 Management Authority Grant Application)

WHEREAS, the City of Chickasha takes Emergency 911 Calls for the citizens of the City of Chickasha, as well as Emergency 911 Medical Calls for surrounding jurisdictions; and

WHEREAS, the City of Chickasha wishes to improve emergency dispatch and 911 services for the residents of the City of Chickasha and surrounding jurisdictions; and

WHEREAS, the City of Chickasha has determined replacement equipment is necessary and would enhance health and public safety for the citizens of the City of Chickasha and surrounding jurisdictions; and

WHEREAS, the City of Chickasha needs additional funding to implement the upgrade in antiquated, obsolete, and non-functioning equipment.

WHEREAS, the Oklahoma 911 Management Authority has grant funding available for the replacement of 911 Center equipment; and

WHEREAS, the City of Chickasha is in agreement to apply for grant funds through the Oklahoma 911 Management Authority for 911 Center upgrades and equipment replacement.

WHEREAS, the City of Chickasha agrees to provide local funding to meet the required twenty percent match as required under state guidelines.

NOW THEREFORE, BE IT RESOLVED by the City of Chickasha Council, that it affirms a commitment to the citizens of the City of Chickasha and surrounding areas, and through application to the State of Oklahoma 911 Management Authority, certifies that local funding is available to meet the grant match requirements.

Adopted this 8th day of September 2020, at a Regular Meeting of the City of Chickasha Council.

Mayor Chris Mosley

Date

Attested this _____ day of _____, 2020.

Susan M. McDaniel, City Clerk



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Community Development

Agenda Item No. 6.d.

AGENDA ITEM: Consideration, discussion and possible action to release lien on 105 E. Iowa

I. BACKGROUND/DESCRIPTION:

- The abatement for this property took place on June 1, 2005. The notice of lien was filed on July, 7, 2005.
- The lien amount was never attached to the notice of lien. The statute of limitations to do so has expired.
- This property is under contract for sale and the title company has requested a lien release in order to clear the title.

II. RECOMMENDED ACTION:

Staff recommends releasing lien and authorizing City Manager to execute any necessary documents.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Rachel Bernish, Comm Dev	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Book 3746 Page 290



1-2005-009695 Book 3746 Pg: 290
07/05/2005 10:50 am Pg 0290-0290
Fee: \$ 0.00 Doc: \$ 0.00
Sharon Shoemaker - Grady County Clerk
State of Oklahoma **FT**

NOTICE OF LIEN

Pursuant to 11 O.S. Supp. 1997, 22-111 notice is hereby given by the City of Chickasha, Grady County, Oklahoma, a Municipal Corporation, that, at a hearing held on **June 1, 2005**, the City of Chickasha made a determination that there are **high grass/weeds and trash/debris** on the following described real property that must be removed.

105 Iowa, All Lots 1-2-3 & E 3' Lot 4 Blk 75 Chickasha-OT

The City of Chickasha made the following findings at the **June 1, 2005** hearing:

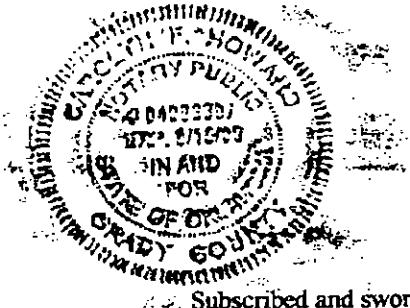
1. **Raul Monsebais & Valerie Williams** is/are the record title owner(s) of certain real property located in the City of Chickasha as described as:
105 Iowa, All Lots 1-2-3 & E 3' Lot 4 Blk 75 Chickasha-OT
2. The accumulation of trash or the growth of weeds or grass has caused the property to become detrimental to the health, benefit, and welfare of the public and the community, and creates a fire hazard to the danger of the property. 11 O.S. Supp. 1997, 22-111.
3. The condition of the property is detrimental and a hazard, and the property would be benefited by the removal of such conditions, and the property should be mowed and trimmed and cleaned of all high grass and weeds, trash, tree limbs, debris, etc.

THE CITY OF CHICKASHA CLAIMS A LIEN ON THE PROPERTY FOR THE MOWING AND CLEANING COSTS AND SUCH COSTS ARE THE PERSONAL OBLIGATION OF THE PROPERTY OWNER FROM AND AFTER THE DATE OF THE FILING OF THIS NOTICE.

CITY OF CHICKASHA

Juliana Buckmaster

Juliana Buckmaster
Code Enforcement



Subscribed and sworn to before me this 20th of June 2005

My Commission expires 9-15-08

Charles J. Howard
NOTARY PUBLIC

04008392



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Administration

Agenda Item No. 6.e.

AGENDA ITEM: Discussion, consideration and possible action to approve engineering change order number 1 for the 1st Street sidewalk project.

I. BACKGROUND/DESCRIPTION:

- The change order is presented to Council to approve final pay quantities, which reflect overruns and underruns of various pay items and to adjust the contract time due to inclement weather.
- This change order is for materials and labor needed to complete the 1st Street Project COC-2001, CDBG 19.
- Overruns were necessary to accommodate existing field conditions that varied from design.
- At various locations, portions of adjacent sidewalks not included in the original contract had to be rebuilt to ensure compliance with ADA requirements. These locations include areas between Washington Ave and Texas Ave, at Lincoln School and on the north side of Minnesota Ave.
- Also existing sidewalk that was below ground was discovered at some locations, requiring additional sidewalk removal. These locations include areas between Oregon Ave and Ada Sipuel and between Minnesota Ave and Iowa Ave.
- Also, curb and gutter at various locations had to be replaced to maintain adequate drainage.
- Although the change order is due to overrun, the project came in under the total grant and matching funds amount of \$288,362.00.

II. RECOMMENDED ACTION:

Staff recommends approval of the change order.

III. FISCAL INFORMATION -

*54-09-6450-031

*Sidewalks are a budgeted item; however the engineering change request reflects overrun.

IV. FUND INFORMATION:

Dept. Director: Leasa Furr/Administration	Fund	Account	Amount
	54-509-6450-031		\$5,086.30
	FUND	ACCOUNT	AMOUNT
Meeting Date: 09/08/2020	54-509-6450-014		

V. ATTACHMENTS:

1. COC-2001 Change Order 1 proposed 20.09.01 (002)



City of Chickasha
CHANGE ORDER

Project: COC-2001 aka 17568 CDBG 19, SIDEWALK CONSTRUCTION, 1 ST STREET FROM ALABAMA AVENUE TO CHICKASHA AVENUE		Change Order No. 1
Project Description: Construction of ADA-compliant concrete sidewalk on the west side of 1 st Street from Alabama Avenue to Iowa Avenue and on the east side of 1 st Street from Iowa Avenue to Chickasha Avenue.		
Requested Changes & Reasons: To approve final pay quantities, which reflects overruns and underruns of various pay items and to adjust the contract time due to inclement weather. Overruns were necessary to accommodate existing field conditions that varied from design. At various locations, portions of adjacent sidewalks not included in the original contract had to be rebuilt to ensure compliance with ADA requirements. These locations include areas between Washington Ave and Texas Ave, at Lincoln School and on the north side of Minnesota Ave. Also, existing sidewalk that was below ground was discovered at some locations, requiring additional sidewalk removal. These locations include areas between Oregon Ave and Ada Sipuel and between Minnesota Ave and Iowa Ave. Also, curb and gutter at various locations had to be replaced to maintain adequate drainage.		
Location: Various locations throughout the project.	From or At Station: 10+28	To Station: 75+31

The above will necessitate the following changes in quantities and estimates, which will be shown as overruns and underruns on future progressive estimates and vouchers.

OVERRUNS AND UNDERRUNS

Item No.	Item Description	Qty	Units	Unit Price	Unit Total	Days Req'd
	SEE ATTACHMENT			\$ -	\$ -	
					\$ -	

OVERRUN: \$ 5,086.30 NET CHANGED DAYS: 10

August 31, 2020
Date

K. Scott Vaughn
Project Engineer

Approved by the City Council this _____ day of _____, 20__.

FOR THE CITY OF CHICKASHA

Mayor

We, Luckinbill Development, LLC contractor on the above project, do hereby agree to a net change in the contract of \$ 5,086.30 and/or 10 days as full compensation for making the above changes in accordance with the governing specifications.

CONTRACTOR

BY: *Robert M.*

TITLE: President

Subscribed and sworn before me this 15th day of Sept, 2020

My Commission Expires:

12.17.21

Rena Johnson
Notary Public



CITY OF CHICKASHA
SIDEWALK IMPROVEMENTS
1ST STREET FROM ALABAMA AVENUE TO CHICKASHA AVENUE
PROJECT 17568 CDBG 19
OVERRUNS AND UNDERRUNS

PAY ITEM NO.	PAY ITEM DESCRIPTION	UNITS	AS-BID EST QTY	UNIT PRICE	AS-BID TOTAL COST	AS-BUILT QTY	UNIT PRICE	AS-BUILT TOTAL COST	OVERRUN OR (UNDERRUN) QUANTITY	OVERRUN OR (UNDERRUN) AMOUNT	PCT OVER OR UNDER
201(B)	SELECTIVE CLEARING	LS	1.0	\$ 4,000.00	\$ 4,000.00	1.0	\$ 4,000.00	\$ 4,000.00	0.0	\$ -	0.0%
(SP)	3/8" LIMESTONE SCREENINGS	CY	180.2	\$ 35.00	\$ 6,307.00	134.8	\$ 35.00	\$ 4,718.00	(45.4)	\$ (1,589.00)	-25.2%
303(A)	AGGREGATE BASE	CY	47.6	\$ 40.00	\$ 1,904.00	34.1	\$ 40.00	\$ 1,364.00	(13.5)	\$ (540.00)	-28.4%
609(A)	CONCRETE CURB - INTEGRAL	LF	100.0	\$ 40.00	\$ 4,000.00	154.6	\$ 40.00	\$ 6,184.00	54.6	\$ 2,184.00	54.6%
610(A)	4" CONCRETE SIDEWALK	SY	3,197.6	\$ 65.00	\$ 207,844.00	3,293.7	\$ 65.00	\$ 214,090.50	96.1	\$ 6,246.50	3.0%
610(A)	6" CONCRETE SIDEWALK	SY	342.6	\$ 70.00	\$ 23,982.00	316.3	\$ 70.00	\$ 22,141.00	(26.3)	\$ (1,841.00)	-7.7%
610(I)	TACTILE WARNING DEVICE	SF	340.0	\$ 20.00	\$ 6,800.00	352.0	\$ 20.00	\$ 7,040.00	12.0	\$ 240.00	3.5%
619(A)	DEMOLITION/REMOVALS	LS	1.0	\$ 4,000.00	\$ 4,000.00	1.0	\$ 4,000.00	\$ 4,000.00	0.0	\$ -	0.0%
619(B)	PAVEMENT REMOVAL	SY	268.3	\$ 7.00	\$ 1,878.10	275.2	\$ 7.00	\$ 1,926.40	6.9	\$ 48.30	2.6%
619(B)	SIDEWALK REMOVAL	SY	481.4	\$ 5.00	\$ 2,407.00	681.1	\$ 5.00	\$ 3,405.50	199.7	\$ 998.50	41.5%
619(C)	SAWING PAVEMENT	LF	997.9	\$ 5.00	\$ 4,989.50	865.7	\$ 5.00	\$ 4,328.50	(132.2)	\$ (661.00)	-13.2%
880(J)	CONST TRAFFIC CONTROL	LS	1.0	\$ 3,500.00	\$ 3,500.00	1.0	\$ 3,500.00	\$ 3,500.00	0.0	\$ -	0.0%
TOTALS					\$ 271,611.60			\$ 276,697.90		\$ 5,086.30	1.9%



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Administration

Agenda Item No. 6.f.

AGENDA ITEM: Discussion, consideration and possible action to accept the 1st Street Sidewalk Project as complete and authorize the final payment to Luckinbill Development, INC in the amount of \$138,621.98.

I. BACKGROUND/DESCRIPTION:

- Council previously awarded the CDBG 1st Street sidewalk project to Luckinbill Development.
- The final punch list and walk through of the project were completed on August 25, 2020.
- Project Engineer and City Staff have reviewed the work and have declared it as complete.
- Final pay includes the engineering change order costs.

II. RECOMMENDED ACTION:

Staff recommends approving the project as complete and authorizing the final pay in the amount of \$138, 621.98 to Luckinbill Development.

III. FISCAL INFORMATION - 54-09-6450-031 - Sidewalks

IV. FUND INFORMATION:

Dept. Director: Leasa Furr / Assistant City Manager	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date:	54-09-6450-031		\$138,621.98

September 8, 2020		
-------------------	--	--

V. ATTACHMENTS:

1. Chickasha Invoice #3 - FINAL

Luckinbill Development, LLC

P.O. Box 6114, Edmond Ok. 73083-6114

Invoice

Date

September 1, 2020

To

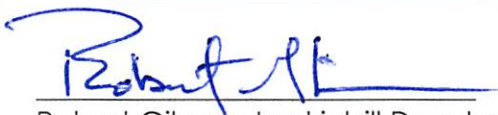
City of Chickasha

Invoice – #3 (FINAL)**Description**

1st Street Sidewalk Project
COC – 2001

NOTE: SEE DETAIL SHEET FOR UPDATE QUANTITIES & EXPLANATIONS

Quantity	Description	Unit Price	Total
		Contract Amount	\$271,611.60
		Quantity To-Date	\$276,697.90
		Less 5% Retainage	\$0
		Previous Payment	\$138,075.92
		Total Due	\$138,621.98



Robert Gibson, Luckinbill Development

Subscribed & sworn to before me this 1st day of Sept, 2020.


Notary Public

12-17-21
My Commission Expires



City Engineer's Signature/Date

Owner's Signature/Date

Luckinbill Development, LLC

Tel: (405) 409-8576

Email: robert.gibson@luckinbill.com

CLAIM OR INVOICE AFFIDAVIT

STATE OF OKLAHOMA)
COUNTY OF OKlahoma) ss.

The undersigned Robert Gibson, of lawful age, being first duly sworn upon oath, states that this invoice or claim is true and correct. Affiant further states that the work, services or materials, as shown by this invoice or claim, have been completed or supplied in accordance with the plans, specifications, orders or requests furnished to the Affiant. Affiant further states that (s)he has not paid, given or donated or agree to pay, give or donate, either directly or indirectly, to any elected official, officer or employee of the State of Oklahoma any money or any other thing of value to obtain payment or the award of this contract.

Robert Gibson
Affiant (Supervisory Official)

2020 Subscribed and sworn to before me this 1ST day of Sept.,
2020.

Lena Johnson
Notary Public

My Commission Expires:

12-17-21



COC-2001
Aka 17568 CDBG 19
Chickasha 1st Street Sidewalk Construction

INVOICE #3 - FINAL
9/1/2020

Sidewalk

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>UNITS</u>	<u>Contract Qty</u>	<u>Contact UNIT Price</u>	<u>Total Installed to Date</u>	<u>Contract Amount</u>	<u>Total Amount to Date</u>	<u>OVERRUN/or (UNDER)</u>
210 (B)	Selective Clearing	LS	1.00	4,000.00	1.00	\$4,000.00	\$4,000.00	\$0.00
(SP)	3/8" Limestone Screenings	CY	180.20	35.00	134.80	\$6,307.00	\$4,718.00	-\$1,589.00
303 (A)	Aggregate Base	CY	47.60	40.00	34.10	\$1,904.00	\$1,364.00	-\$540.00
609 (A)	Concrete Curb- Integral	LF	100.00	40.00	154.60	\$4,000.00	\$6,184.00	\$2,184.00
610 (A)	4" Concrete Sidewalk	SY	3197.60	65.00	3293.70	\$207,844.00	\$214,090.50	\$6,246.50
610 (A)	6" Concrete Sidewalk	SY	342.60	70.00	316.30	\$23,982.00	\$22,141.00	-\$1,841.00
610 (I)	Tactile Warning Device (17)	SF	340.00	20.00	352.00	\$6,800.00	\$7,040.00	\$240.00
619 (A)	Demolition/Removals	LS	1.00	4,000.00	1.00	\$4,000.00	\$4,000.00	\$0.00
619 (B)	Pavement Removal	SY	268.30	7.00	275.20	\$1,878.10	\$1,926.40	\$48.30
619 (B)	Sidewalk Removal	SY	481.40	5.00	681.10	\$2,407.00	\$3,405.50	\$998.50
619 (C)	Sawing Pavement	LF	997.90	5.00	865.70	\$4,989.50	\$4,328.50	-\$661.00
880 (J)	Const. Traffic Control	LS	1.00	3,500.00	1.00	\$3,500.00	\$3,500.00	\$0.00
						\$271,611.60	\$276,697.90	\$5,086.30

Contract Amount	\$271,611.60
Total Amount To Date	\$276,697.90
Retainage (5% after 50% Complete)	\$0.00
TOTAL Less Retainage	\$276,697.90
Previously PAID	\$138,075.92
Total Amount DUE	\$138,621.98
Total DUE Invoice #3 (FINAL)	\$138,621.98



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.g.

AGENDA ITEM: Discussion, consideration and possible action to approve the appointment of Miranda Molder to the Library Board, replacing Betsy Philips, with term expiring June 30, 2023.

I. BACKGROUND/DESCRIPTION:

An appointment needs to be made to the Library Board to replace Betsy Philips whose terms have been served. The Mayor puts forward the following appointment for the position:

Miranda Molder Library Board Term to Expire: 06-30-2023

II. RECOMMENDED ACTION:

Appoint Miranda Molder to the Library Board with a term to expire June 30, 2023 as presented by the Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Miranda Molder application



CITY OF CHICKASHA

APPLICATION FOR BOARD OR COMMISSION

MEMBERSHIP

Return completed application to:

City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink

For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name: Miranda E. Molder

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information

Home Address: 105 Maple Lane
Mailing Address: 105 Maple Lane
Telephone: 405-779-7627 Fax: _____
E-Mail: molder.miranda@gmail.com
Chickasha Resident for 25 years County: Grady
Drivers License No.: _____

Occupational Information

Business Name: Miranda Molder Cheer/Tumbling
Occupation: coach and choreographer
Address: 105 Maple Lane
Telephone: 405-779-7627 Fax: _____
E-Mail: molder.miranda@gmail.com

Which Council Ward do you live in? 2

Prior work experience: (please include dates)

Little Chicks Day Out - Jan 2020 to Present
Chickasha Public Schools - May 2015 to Present
Chickasha YMCA - August 2013 to March 2016

Educational Achievement:

High School Graduate? ☒ Yes ☐ No Year Graduated/Left School? CHS 2009
Business College, Correspondence School, Adult Education, Other? _____

Name of College/University: Oklahoma Baptist Univ. ☒ Bachelor's ☐ Master's ☐ PhD

Volunteer Work: (please include dates)

Beautiful Day Foundation May 2019 - Present
Operation Christmas Child - every November since 2017
BWECC PTO - August 2017 to present

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:

(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.)

____ Aviation Board
____ Board of Adjustment
____ Cemetery Board
____ Board of Code Appeals

____ Historic Preservation Commission
____ Chickasha Industrial Authority
☒ Library Board
____ Keep Chickasha Beautiful

Are you presently serving on a City board or commission? ☐ Yes ☒ No

If so, please list: _____

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☒ Yes ☐ No

If so, please list: I am the current BNECC PTD Secretary

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

My husband, Be Motler, is currently a City Council member but is not planning on continuing after this term.

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☐ Yes ☒ No
Comments: _____

References:

Kelly Wilkerson BDF - 940-452-0333
Michelle Fleetwood CPS - 405-274-5392
Glenn Blasingame LCDO - 405-496-7120

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

**I affirm that I am qualified to vote.*

Signature:  Date: 1/27/2020



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.h.

AGENDA ITEM: Discussion, consideration and possible action to approve the re-appointment of Gisell Durbin as a member for the Library Board for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Library Board. Mayor Mosley puts forth Gisell Durbin for reappointment with a term to expire June 30, 2023. Ms. Durbin will be serving her second and last term on the Board.

II. RECOMMENDED ACTION:

Re-appoint Gisell Durbin to the Library Board with a term to expire June 30, 2023 as presented by the Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Durbin



CITY OF CHICKASHA APPLICATION FOR BOARD OR COMMISSION MEMBERSHIP

Return completed application to:

City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink

For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name: Giselle Durbin

(Please print legal name and your name as you wish it to appear, if different.)

Home Address: 11613 Hartley dr
Mailing Address: same
Telephone: 405-274-4298 Fax: _____
E-Mail: mt02ell@yahoo.com
Chickasha Resident for: 12 years County: Grady
Drivers License No.: Y082562459

Business Name: Clinic Pharmacy
Occupation: Clerk
Address: 2224 W. Down Ave
Telephone: 405-224-4851 Fax: _____
E-Mail: _____

Which Council Ward do you live in? _____

Prior work experience: (please include dates)

Chickasha Public Schools 9-2012 to 7-2016, 2018

Discovery Daycare 6-2008 to 9-2012

Educational Achievement:

High School Graduate? ☒ Yes ☐ No Year Graduated/Left School? 1991
Business College, Correspondence School, Adult Education, Other? Associates
Name of College/University: Rose State ☐ Bachelor's ☐ Master's ☐ PhD

Volunteer Work: (please include dates)

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:
(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.)

____ Aviation Board
____ Board of Adjustment
____ Cemetery Board
____ Board of Code Appeals

____ Historic Preservation Commission
____ Chickasha Industrial Authority
☒ Library Board
____ Keep Chickasha Beautiful

Are you presently serving on a City board or commission? ☒ Yes ☐ No

If so, please list: Library

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

Computer skills, interest & love of reading

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☐ Yes ☒ No

If so, please list: _____

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☐ Yes ☐ No
Comments: _____

References:

Dwight Yokum 405-488-5779

Rita Davis 405-410-4480

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

*I affirm that I am qualified to vote.

Signature: Yusef Durben

Date: 8-24-2020



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Police Department

Agenda Item No. 6.i.

AGENDA ITEM: Discussion, consideration and possible action to accept the award of the Gary Sinise Foundation First Responder Grant.

I. BACKGROUND/DESCRIPTION:

- The Police Department made application to the Gary Sinise Foundation “First Responder Grant” for PPE & Hygiene supplies and funds for Professional Mental Health Services.
- The total grant amount awarded was \$3,258.73.
- The Gary Sinise Foundation operates differently than traditional Grantors and makes payments from the Foundation directly to the Vendor(s).
- Payments from the Gary Sinise Foundation have already been sent to SW Plus, Gall’s and Stacey Stephens MAMFT, Licensed Professional Counselor.
- No money exchanges hands with the Chickasha Police Department during any of these processes.
- PPE & Hygiene supplies have been ordered but not yet received by the Police Department. Ms. Stephens’ check has been received by her business.

II. RECOMMENDED ACTION:

Staff recommends the acceptance of the Gary Sinise Foundation First Responder Award and the acceptance of the supplies when received.

III. **FISCAL INFORMATION** - This was not a budgeted item.

IV. **FUND INFORMATION:**

Dept. Director: Dee Rowell, Chief of Police	Fund	Account	Amount
	(To) None		
	FUND	ACCOUNT	AMOUNT
Meeting Date: 09-08-2020	(From) None		

V. **ATTACHMENTS:**

1. Proof of Gary Sinise Foundation Award

Kathryn Rowell

From: Goebel Music
Sent: Friday, August 28, 2020 8:49 AM
To: Kathryn Rowell
Subject: FW: Your form "First Responder Grant Application" got a response
Attachments: FRO AAR.docx

They didn't provide a "traditional" award notice or letter

-----Original Message-----

From: (Mailbox) GSF First Responder <firstresponder@garysinisefoundation.org>
Sent: Monday, August 17, 2020 12:15 PM
To: Goebel Music <goebel.music@chickashapd.org>
Subject: RE: Your form "First Responder Grant Application" got a response

Chief Music,

Thank you for taking the time to speak with me about the grant request, and assistance you are needing for your department. It is with great pleasure that I reiterate to you that the Gary Sinise Foundation First Responder Department has approved your grant request. The work you and your department do on a daily basis is extremely invaluable. We want you to know that Gary Sinise, the Gary Sinise Foundation, and every single one of our supporters from across the nation, and world, thank you for what you do.

I have reached out to, and am waiting for a call back from, your sales rep to make the change to shipping information, and make payment for the entire order. I will send a confirmation email once payment is made, and forward any subsequent shipping/tracking information. As for the assistance with counseling - I will need a letter from Stacy that confirms that the \$2,400.00 will be reserved specifically for your department, and remain reserved until it is completely utilized - the foundation cannot send payment to her until we have confirmation of such. If you prefer that I reach out to her and get this letter, please let me know.

In addition, we will be sending a care package with a few shirts, stickers, etc., please keep us updated as to when you receive the care package, and please take 5-10 photos of the equipment, your crew, and your crew with the GSF shirts and signage as well.

In order to better the First Responder Outreach Department and improve our assistance, we have attached an AAR. Please fill it out and send it back with the photos!

Thank you again for the opportunity to be able to assist you.

Please do not hesitate to reach out with any questions.

Respectfully,
Nick, Bobby, and the First Responder Outreach Department

-----Original Message-----

From: Response Report <report@formassembly.com>
Sent: Monday, July 13, 2020 11:27 AM
To: (Mailbox) GSF First Responder <firstresponder@garysinisefoundation.org>

Subject: Your form "First Responder Grant Application" got a response

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Your form "First Responder Grant Application" has received the following response:

Submitted on: 07/13/2020 11:26:41 AM

Completion time: 41 min. 34 sec.

Contact Information (1/4)

Address

Q. Organization Name

R. Chickasha Police Department

Q. First Name

R. Goebel

Q. Last Name

R. Music, Jr.

Q. Phone

R. 405.222.6070

Q. Email

R. goebel.music@chickashapd.org

Q. Address Line 1

R. 2001 W. Iowa AVenue

Q. Address Line 2

R.

Q. City

R. Chickasha

Q. State

R. Oklahoma

Q. Postal Code

R. 73018

Request Information (2/4)

Q. Type of Request

R. Other

Q. Other

R. Personal Protective Equipment & Mental Health Services

Q. Items Requested

R. N95 masks, wipes, hand soap and professional mental health services with EMDR

Q. Total Request Amount

R. \$2,832.73

Q. Please explain your need for this equipment.

R. The Chickasha Police Department is a Not for Profit, Municipal Law Enforcement agency and the County Seat of Grady County. Our department is budgeted for 32 sworn positions, 4 of which are predominately administrative in nature, but still utilized in the field when necessary. According to the July 1, 2018 Census, our city's population is 16,352.

According to the Center for Disease Control (CDC), the World Health Organization (WHO) & the Oklahoma State Department of Health (OSDH) the first case of COVID in the United States was on January 11th, 2020, with the first case in Oklahoma being documented on March 7th, 2020. As of July 9th, 2020, the FUSION Center documented 410 deaths in Oklahoma, a total of 18,496 positive cases with a daily average increase in cases of over 500 per day. The physical and mental impact of the virus is horrid. In addition, with the health & safety guidelines established and followed, the economic impact was swiftly recognized. Locally, it is estimated the economic recovery will take anywhere from at least 18 to 36 months from the \$1.5 million dollar loss in sales and tax use.

Terri Wilfong, MS, Retired Chief of Police and past IACP Chair of Crime Prevention with 33 years of law enforcement experience has recently stated the overall effects of COVID-19 will probably be realized for anywhere from three to five years.

Proper particulate masks and antibacterial soaps and hand sanitizers are a must. Additionally, knowing what we do about the effects of stress, it is important to prepare all employees in ways to deal with this stressor. This requires contracted with a Mental Health professionals for the department to provide one on one sessions outside the norm of a traditional EAP program. The fear of the unknown is insurmountable. A Mental Health professional who has close ties and experience with police officers, municipal government employees and operations is a requirement. Furthermore, with the overall effects of PTSD (Post Traumatic Stress Disorder) & CCSD (Cumulative Career Stress Disorder) a Mental Health professional must be versed and certified in EMDR (Eye Movement Desensitization and Reprocessing). While COVID-19 in and of itself may not be deemed as a "critical incident", the stressors involved with it may be what leads an employee to seek the Mental Health assistance they need or require.

The financial effects of COVID has caused a tremendous reduction in our departmental budget and more is expected to be cut, up to and possibly including furloughs and terminations. Funds are not available to continue to provide these much needed items and services to all our employees.

Community and Impact Information (3/4)

Q. Name of Community/Communities Served

R. Chickasha, Oklahoma

Population(s) Served

Q. Primary Population Total

R. 16,352

Q. Secondary(Mutual Aid) Population Total R.

Impact Area(s)

Q. Primary Impact Area (sq.mi.)

R. 18.10 square miles

Q. Secondary Impact Area (sq.mi.)

R.

Calls Responded To

Q. Calls Responded To (annual average)

R. 25,910

Department Information (4/4)

Q. Please provide an overview of your Organization's current budget - including basic income and expense information.

R. The Chickasha Police Department (a tax exempt, municipal governmental agency) has been devastated financially due to COVID-19. In 2018 our budget was set at \$3,370,792.00. In 2019 our budget was set at \$4,494,503 and in 2020 our budget has been set at \$4,213,625. Our current budget currently includes three newly hired police officer positions that may have to be eliminated while other positions may be furloughed.

Our income is derived from sales use and tax. With businesses closing due to COVID, the City lost an estimated 1.5 million in use and sales taxes. While a small portion of income is derived from citations, a large portion of the income is dictated by law as to what percentage of a ticket goes where. At one point we were told to cut an additional \$1 million dollars from our budget. We were able to cut about \$254,000.00 and more cuts are expected. Even though our expenses continue, we continue to serve our community.

Professional fees and training, along with other necessary expenses, have been virtually eliminated. Normal PPE related items are of the utmost importance, but with the overall budget cuts it is difficult to determine what items are essential versus the ones that can be done without. The need to supply our employees with proper PPE related items and professional mental health services is a MUST.

The Capital Outlay for our Animal Control Division is NOT expected to be available.

Q. Number of Personnel in Department

R. 41

Q. Is your organization a Non-Profit 501(c)3?

R. No

Q. Is your department fully volunteer?

R. No

Q. If not, what percentage of your department is volunteer?

R. 5%

W-9.pdf (75 Kb.):

<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgarysinisefoundation.tfaforms.net%2Fuploads%2Fget%2F9d711951ff4464e6b0c6c6e748ca8bc6-W-9.pdf&data=02%7C01%7Cfirstresponder%40garysinisefoundation.org%7C59a701656c8b4d9703b708d8275a4ba8%7Cdad3bfcb9e6241818912f24d8c2166c6%7C0%7C0%7C637302617098231721&sdata=IA3NZf8UnGgmyu4nHDSN19OYv5IulvAnQpqWoSBpcik%3D&reserved=0>

IRS Tax Exempt Letter.pdf (107 Kb.):

<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgarysinisefoundation.tfaforms.net%2Fuploads%2Fget%2Fab02195d6e26ed9d88d99c24ff30346e-IRSTaxExemptLetter.pdf&data=02%7C01%7Cfirstresponder%40garysinisefoundation.org%7C59a701656c8b4d9703b708d8275a4ba8%7Cdad3bfcb9e6241818912f24d8c2166c6%7C0%7C0%7C637302617098231721&sdata=skcLi2LzTJI%2Bsal1oh2hiKgby15ZXeDed4ZOV215LB0%3D&reserved=0>

2020-2021 Budget.pdf (2258 Kb.):

<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgarysinisefoundation.tfaforms.net%2Fuploads%2Fget%2F19648f10c913bec1becca98263990090-2020-2021Budget.pdf&data=02%7C01%7Cfirstresponder%40garysinisefoundation.org%7C59a701656c8b4d9703b708d8275a4ba8%7Cdad3bfcb9e6241818912f24d8c2166c6%7C0%7C0%7C637302617098241715&sdata=pNweTCi%2FG0ESlwQTVAuQ16jlWe6lcEW9GDyOonUDVVo%3D&reserved=0>

SWPlus_Quote_114495.pdf (29 Kb.):

https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgarysinisefoundation.tfaforms.net%2Fuploads%2Fget%2Fefeadceac1697fbf334a927e973b0102-SWPlus_Quote_114495.pdf&data=02%7C01%7Cfirstresponder%40garysinisefoundation.org%7C59a701656c8b4d9703b708d8275a4ba8%7Cdad3bfcb9e6241818912f24d8c2166c6%7C0%7C0%7C637302617098241715&sdata=GcmSj%2BPX9uRcs291FcooE8tj4eYF0p61t0DjYt%2B6aZU%3D&reserved=0

Chickasha PD Contract Letter GS Foundation 07132020.docx (114 Kb.):

<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgarysinisefoundation.tfaforms.net%2Fuploads%2Fget%2Ffe2c51c1bd24453366592f274f28c6970-ChickashaPDContractLetterGSFoundation07132020.docx&data=02%7C01%7Cfirstresponder%40garysinisefoundation.org%7C59a701656c8b4d9703b708d8275a4ba8%7Cdad3bfcb9e6241818912f24d8c2166c6%7C0%7C0%7C637302617098241715&sdata=c6pit7Dflbs%2FfEOfUK4pzGWVB2TTdkidvAVBxnrGyCo%3D&reserved=0>



First Responder Outreach- After Action Report

Name of Department:

Equipment or Training Received:

How has this equipment or training impacted the department?

How has this equipment or training impacted the community?

Has this increased efficiency of response time?

Please send photos of equipment and first responders with equipment to: Bobby George (bgeorge@garysinisefoundation.org)



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.j.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of Jeff McClure as a member for the Board of Adjustment/Floodplain Board of Appeals for a term June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Board of Adjustment/Floodplain Board of Appeals. Mayor Mosley puts forth Jeff McClure for re-appointment with a term to expire June 30, 2023.

II. RECOMMENDED ACTION:

Approve appointment as presented by Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. McClure



CITY OF CHICKASHA

APPLICATION FOR BOARD OR COMMISSION MEMBERSHIP

Return completed application to:

City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink

For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name: Jeff McClure

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information

Home Address: 2815 Briarcreek
Mailing Address: 2815 Briarcreek
Telephone: 405-612-1179 Fax: _____
E-Mail: jeff.mcclure@cmswillowbrook.com
Chickasha Resident for 12 years County: Grady County
Drivers License No.: SO80377633

Occupational Information

Business Name: CMS Willowbrook
Occupation: _____
Address: 3108 South 9th Street
Telephone: 405-224-1554 Fax: _____
E-Mail: jeff.mcclure@cmswillowbrook.com

Which Council Ward do you live in? 2

Prior work experience: (please include dates)

Educational Achievement:

High School Graduate? ☐ Yes ☐ No Year Graduated/Left School? _____
Business College, Correspondence School, Adult Education, Other? _____
Name of College/University: Oklahoma State University ☒ Bachelor's ☐ Master's ☐ PhD

Volunteer Work: (please include dates)

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:
(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.)

☒ Aviation Board
☐ Board of Adjustment
☐ Cemetery Board
☐ Board of Code Appeals

☐ Historic Preservation Commission
☐ Chickasha Industrial Authority
☐ Library Board
☐ Keep Chickasha Beautiful
☒ Planning Commission

Are you presently serving on a City board or commission? ☐ Yes ☒ No

If so, please list: _____

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☐ Yes ☒ No

If so, please list: _____

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☒ Yes ☐ No
Comments: _____

References:

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

**I affirm that I am qualified to vote.*

Signature: _____



Date: _____

1-10-19



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.k.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of Joe Hutmacher as a member for the Board of Adjustment/Floodplain Board of Appeals for a term ending June 3, 2023.

I. BACKGROUND/DESCRIPTION:

A reappointment needs to be made to the Board of Adjustment/Floodplain Board of Appeals. Mayor Mosley puts forth Joe Hutmacher for re-appointment with a term to expire June 30, 2023. Mr. Hutmacher was originally appointed in 2003.

II. RECOMMENDED ACTION:

Approve re-appointment as presented by the Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Hutmacher



CITY OF CHICKASHA

APPLICATION FOR BOARD OR COMMISSION

MEMBERSHIP

Return completed application to:
City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink
For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name: H. JOE HUTMACHER

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information	Occupational Information
Home Address: <u>1428 WOODS LANE 73018</u>	Business Name: <u>ELECTRICAL TECHNOLOGIES</u>
Mailing Address: _____	Occupation: <u>ELECTRICAL CONTRACTOR</u>
Telephone: <u>222-8157</u> Fax: <u>224-9499</u>	Address: <u>1201 S. 4TH</u>
E-Mail: <u>HUTS@BARANDGRILLCAFE.NET</u>	Telephone: <u>224-9100</u> Fax: <u>224-9499</u>
Chickasha Resident for <u>34</u> years County: <u>GRADY</u>	E-Mail: <u>JOE4@ETI.ORG.NET</u>
Drivers License No.: _____	

Which Council Ward do you live in? 2

Prior work experience: (please include dates)

ELECTRICAL 1967 THRU TODAY

Educational Achievement:

High School Graduate? ☒ Yes ☐ No Year Graduated/Left School? _____
Business College, Correspondence School, Adult Education, Other? _____

Name of College/University: CENTRAL STATE ☐ Bachelor's ☐ Master's ☐ PhD

Volunteer Work: (please include dates)

STATE ELECTRICAL EXAMINING BOARD
HEARING BOARD
CITY - BOARD OF ADJUSTMENT

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:
(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.)

☐ Aviation Board
☒ Board of Adjustment
☐ Cemetery Board
☐ Board of Code Appeals
☒ PLANNING COMMISSION

☐ Historic Preservation Commission
☐ Chickasha Industrial Authority
☐ Library Board
☐ Keep Chickasha Beautiful

Are you presently serving on a City board or commission? ☐ Yes ☒ No

If so, please list: _____

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☐ Yes ☒ No

If so, please list: _____

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☐ Yes ☒ No
Comments: _____

References:

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

**I affirm that I am qualified to vote.*

Signature: _____

H. J. Hutchins

Date: _____

11/19/18



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.I.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of John Grote as a member for the Board of Adjustment/Floodplain Board of Appeals for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Board of Adjustment/Floodplain Board of Appeals. Mayor Mosley puts forth John Grote for re-appointment with a term to expire June 30, 2023.

II. RECOMMENDED ACTION:

Approve appointment as presented by the Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Grote

CITY OF CHICKASHA
APPLICATION FOR BOARD OR COMMISSION
MEMBERSHIP

Return completed application to:

City Clerk's Office

Please type or use black ink

117 North 4th Street

For questions or additional information, call the City Clerk's Office, (405) 222-6001

Chickasha, OK 73018

Fax: 405-222-6004

Name: John Grote

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information	Occupational Information
Home Address: <u>2510 Lakewood Dr Chickasha OK</u>	Business Name: <u>Retired</u>
Mailing Address: <u>" " "</u>	Occupation: _____
Telephone: <u>405-224-2866</u>	Address: _____
	Fax: _____
E-Mail: _____	Telephone: _____
Chickasha Resident for <u>44</u> years	E-Mail: _____
County: <u>Grady</u>	
Drivers License No.: <u>H082189261</u>	

Which Council Ward do you live in? 1

Prior work experience: (please include dates)

DELTA FAUCET Co - 1964 - 2005
Director - 2005 - 2008 - SPECIAL Young Adults - DDSD Agency
President - Chickasha Chamber of Commerce 2008 - 2011
Arvest Bank 2011 - 2015

Educational Achievement:

High School Graduate? ☒ Yes ☐ No 1963 Year Graduated/Left School? _____

Business College, Correspondence School, Adult Education, Other?

Versailles Technical-Vocation School - 2 yrs - 1966 - 1968

Name _____ of _____ College/University:

☐ Bachelor's ☐ Master's ☐

PhD

Volunteer Work: (please include dates)

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:
(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.

- ___ Aviation Board
- ☒ Board of Adjustment
- ___ Cemetery Board
- ___ Board of Code Appeals

- ___ Historic Preservation Commission
- ___ Chickasha Industrial Authority
- ___ Library Board
- ___ Keep Chickasha Beautiful
- ☒ Planning Commission

Are you presently serving on a City board or commission? ☒ Yes ☐ No

If _____ so, _____ please _____ list:
Planning Commission - Board of Adjustment

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☒ Yes ☐ No

If _____ so, _____ please _____ list:

Planning Commission
Board of Adjustment

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

None

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☒ Yes ☐ No

Comments: _____

References: _____

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.m.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of Glen Vernon as a member for the Historic Preservation Commission for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Historic Preservation Commission. Mayor Mosley puts forth Glen Vernon for re-appointment with a Term to expire June 30, 2023.

II. RECOMMENDED ACTION:

Approve appointment as presented by the Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Vernon



CITY OF CHICKASHA

APPLICATION FOR BOARD OR COMMISSION MEMBERSHIP

Return completed application to:

City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink

For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name:

GLEN W. VERNON

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information

Home Address: 1221 W. KANSAS AVE
Mailing Address: SAME
Telephone: 405-408-0599 Fax: _____
E-Mail: GLEN W VERNON @YAHOO.COM
Chickasha Resident for 7 years County: GRADY
Drivers License No.: _____

Occupational Information

Business Name: GDV, LLC
Occupation: REAL ESTATE, RENOVATIONS
Address: 1221 W. KANSAS
Telephone: 408-0599 Fax: _____
E-Mail: _____

Which Council Ward do you live in? 4

Prior work experience: (please include dates)

HEALTH CARE SERVICES CORP. (DBA. BCBS TX) '89-2001-DIR. OF NET. MGMT.
SELF EMPLOYED - 2001 - PRESENT

Educational Achievement:

High School Graduate? ☒ Yes ☐ No Year Graduated/Left School? 77
Business College, Correspondence School, Adult Education, Other? _____

Name of College/University: USAG-BA, OU-MA ☒ Bachelor's ☒ Master's ☐ PhD

Volunteer Work: (please include dates)

PET ADOPTION, TREE GIVE-AWAY FOR CHICKASHA W/KATHLEEN ENSLEY; CITY OF CHICK
CLEANUP - Aug 2006

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:
(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.)

2 ☒ Aviation Board
☐ Board of Adjustment
☐ Cemetery Board
☐ Board of Code Appeals

1 ✓
—
—
—
3 ✓
—

Historic Preservation Commission
Chickasha Industrial Authority
Library Board
Keep Chickasha Beautiful
Planning Commission

Are you presently serving on a City board or commission? ☒ Yes ☐ No

If so, please list: HISTORIC PRES, (BEAUTIFICATION, BUT NO MEETINGS IN A LONG TIME)

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

OLD HISTORIC
HAVE BEEN REHABING/RESTORING HOMES & BLDGS SINCE 1989. SEVERAL
DOWNTOWN STORE FRONTS IN NORMAN & CHICKASHA AND NUMEROUS HOMES IN OK
AND TEXAS.

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☐ Yes ☒ No

If so, please list: _____

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☒ Yes ☐ No

Comments: ALL HP MEETINGS

References:

PAUL LOWES - 1ST NATI BANK - (CALL - 520-0078), MARLA HOWELL - CENT. 21.
405-222-2100 - (CENT. 21 OFFICE), DR. JAMES CARPENTER, DVM, 405-224-1222

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

*I affirm that I am qualified to vote.

Signature: [Signature]

Date: _____



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.n.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of John Feaver as a member for the Historic Preservation Commission for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Historic Preservation Commission. Mayor Mosley puts forth John Feaver for re-appointment with a term to expire June 30, 2023.

II. RECOMMENDED ACTION:

Approve appointment as presented by the Mayor.

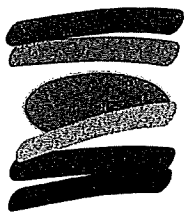
III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Feaver



CITY OF CHICKASHA

APPLICATION FOR BOARD OR COMMISSION MEMBERSHIP

Return completed application to:
City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink
For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name: John H. Feaver

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information	Occupational Information
Home Address: <u>902 S. 7th St</u>	Business Name: _____
Mailing Address: <u>Chickasha, 73018</u>	Occupation: _____
Telephone: <u>405-274-5388</u>	Address: _____
E-Mail: <u>jfeaver@usao.edu</u>	Telephone: _____ Fax: _____
Chickasha Resident for <u>40</u> years County <u>Grady</u>	E-Mail: _____
Drivers License No.: <u>H082553665</u>	

Which Council Ward do you live in? 3

Prior work experience: (please include dates)

Univ. of Oklahoma teaching, 1977-1980 ; USAO,
teaching & administration, 1980 to present

Educational Achievement:

High School Graduate? ☒ Yes ☐ No Year Graduated/Left School? 1961

Business College, Correspondence School, Adult Education, Other? _____

Name of College/University: U of Oklahoma

☒ Bachelor's ☒ Master's ☒ PhD

Volunteer Work: (please include dates)

Consistently

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:
(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.)

____ Aviation Board
____ Board of Adjustment
____ Cemetery Board
____ Board of Code Appeals

☒ Historic Preservation Commission
____ Chickasha Industrial Authority
____ Library Board
____ Keep Chickasha Beautiful
____ Planning Commission

Are you presently serving on a City board or commission? ☒ Yes ☐ No

If so, please list:

Historic Preservation Commission

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

longtime experience w/ preservation issues

College study in history & history related issues

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☒ Yes ☐ No

If so, please list:

Yes many

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

None

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☒ Yes ☐ No

Comments:

References:

Mayor

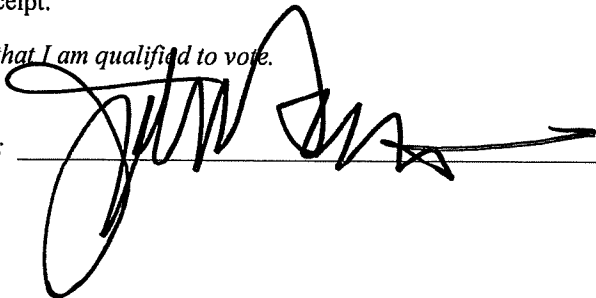
City Manager

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

*I affirm that I am qualified to vote.

Signature:



Date:

24 Aug 2020



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.o.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of Joyce Sanders as a member for the Historic Preservation Commission for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Historic Preservation Commission. Mayor Mosley puts forth Joyce Sanders for re-appointment with a term to expire June 30, 2023.

II. RECOMMENDED ACTION:

Approve re-appointment as presented by the Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Sanders



CITY OF CHICKASHA

APPLICATION FOR BOARD OR COMMISSION

MEMBERSHIP

Return completed application to:

City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink

For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name:

Joyce F. Sanders

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information

Occupational Information

Home Address: 501 W Minnesota

Business Name: USAO - Pres. ofc.

Mailing Address: (same)

Occupation: Retired

Telephone: 405-320-2030 Fax:

Address:

E-Mail: Joyce-sanders@hotmail.com

Telephone: Fax:

Chickasha Resident for 42 years County: GRADY

E-Mail:

Drivers License No.: K081107711

Which Council Ward do you live in?

Prior work experience: (please include dates)

USAO, Work Comp. Court, OK Governor's ofc, State Senate, etc.

Educational Achievement:

High School Graduate? ☒ Yes ☐ No Year Graduated/Left School? 168

Business College, Correspondence School, Adult Education, Other?

Name of College/University: Southern Nazarene Univ. ☒ Bachelor's ☐ Master's ☐ PhD

Volunteer Work: (please include dates)

History Museum, Chickasha

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:

(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.)

☐ Aviation Board
☐ Board of Adjustment
☐ Cemetery Board
☐ Board of Code Appeals

☒ Historic Preservation Commission
☐ Chickasha Industrial Authority
☐ Library Board
☐ Keep Chickasha Beautiful

Are you presently serving on a City board or commission? ☒ Yes ☐ No

If so, please list: Historic Preservation

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☐ Yes ☒ No

If so, please list: _____

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☒ Yes ☐ No
Comments: _____

References:

John Feaven, President of USAO, Chris Mosley, Mayor,
Pat Cunningham, Historical Ctr, Chickasha

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

**I affirm that I am qualified to vote.*

Signature: _____

Joye Sanders

Date: _____



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.p.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of Bob Hunter as a member for the Historic Preservation Commission for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Approve re-appointment as presented by the Mayor.

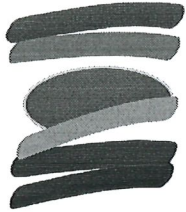
III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Hunter



CITY OF CHICKASHA

APPLICATION FOR BOARD OR COMMISSION MEMBERSHIP

Return completed application to:

City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink

For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name: ROBERT G. HUNTER

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information	Occupational Information
Home Address: <u>3333 SOUTH 16TH STREET</u>	Business Name: <u>MOLLETT-HUNTER CO.</u>
Mailing Address: <u>SAME</u>	Occupation: <u>RETIRED</u>
Telephone: <u>405-224-1010</u> Fax: _____	Address: _____
E-Mail: <u>TRG HUNTER @ AOL.COM</u>	Telephone: _____ Fax: _____
Chickasha Resident for <u>58</u> years County: <u>GRADY</u>	E-Mail: _____
Drivers License No.: <u>D083014360</u>	
<u>CELL PH - 405-512-8010</u>	

Which Council Ward do you live in? 3RD

Prior work experience: (please include dates)

Educational Achievement:

High School Graduate? ☒ Yes ☐ No Year Graduated/Left School? _____
Business College, Correspondence School, Adult Education, Other? _____

Name of College/University: MISSOURI UNIVERSITY ☒ Bachelor's ☐ Master's ☐ PhD
OF SCIENCE AND TECHNOLOGY - ROLLA

Volunteer Work: (please include dates)

CHURCH - CURRENTLY - CHAMBER OF COMMERCE 10⁺ YEARS,
PRESIDENT COUNTRY CLUB - 10 YRS - ROTARY CLUB
1961-US ARMY - FOR 50 YEARS - & OTHERS - LIBRARY BOARD - 10 YRS +
AGO -

I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:
(Please limit your selection to no more than three. List in order of preference: 1, 2, 3.)

☐ Aviation Board
☐ Board of Adjustment
☐ Cemetery Board
☐ Board of Code Appeals

☒ Historic Preservation Commission
☐ Chickasha Industrial Authority
☐ Library Board
☐ Keep Chickasha Beautiful
☐ Planning Commission

Are you presently serving on a City board or commission? ☒ Yes ☒ No

If so, please list: HISTORIC PRESERVATION COMMISSION

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

I WORKED IN REAL ESTATE MANY YEARS
AND STILL HOLD A STATE REAL ESTATE INSURANCE
LICENSES - RETIRED

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☒ Yes ☐ No

If so, please list: BANK BOARD

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission:

NONE

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☐ Yes ☐ No

Comments: N/A

References:

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

**I affirm that I am qualified to vote.*

Signature:

R. G. Hunter

Date:

AUGUST 25, 2020



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.q.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of Pam McKissack as a member for the Historic Preservation Commission for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Historic Preservation Commission. Mayor Mosley puts forth Pam McKissack for re-appointment with a term to expire June 30, 2023.

II. RECOMMENDED ACTION:

Approve appointment as presented by the Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.r.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of Tim Smith as a member for the Planning Commission for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Planning Commission. Mayor Mosley puts forth Tim Smith for re-appointment with a term to expire June 30, 2023.

II. RECOMMENDED ACTION:

Approve re-appointment as presented by the Mayor.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: City Clerk

Agenda Item No. 6.s.

AGENDA ITEM: Discussion, consideration, and possible action to approve the re-appointment of Mike Mosley as a member for the Planning Commission for a term ending June 30, 2023.

I. BACKGROUND/DESCRIPTION:

A re-appointment needs to be made to the Planning Commission. Mayor Mosley puts forth Mike Mosley for re-appointment with a term to expire of June 30, 2023.

II. RECOMMENDED ACTION:

Approve re-appointment as presented by the Mayor.

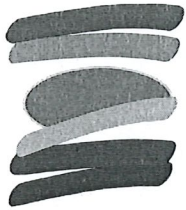
III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8, 2020	(From)		

V. ATTACHMENTS:

1. Mosley



CITY OF CHICKASHA

APPLICATION FOR BOARD OR COMMISSION MEMBERSHIP

Return completed application to:
City Clerk's Office
117 North 4th Street
Chickasha, OK 73018
Fax: 405-222-6004

Please type or use black ink
For questions or additional information, call the City Clerk's Office, (405) 222-6001

Name: Mike Mosley

(Please print legal name and your name as you wish it to appear, if different.)

Personal Information

Home Address: 109 Caulder Dr.
Mailing Address: Same
Telephone: 405-224-7588 Fax: 405-224-5593
E-Mail: mikem@mosleyagency.com
Chickasha Resident for 50 years County: Grady
Drivers License No.: V003520684

Occupational Information

Business Name: Mosley Agency, Inc.
Occupation: Insurance Agent
Address: P.O. Box 2100, Chickasha
Telephone: 405-224-1000 Fax: 405-224-5593
E-Mail: mikem@mosleyagency.com

Which Council Ward do you live in? 1

Prior work experience: (please include dates)

Mosley Agency since 1986

Educational Achievement:

High School Graduate? ☒ Yes ☐ No Year Graduated/Left School? 1981

Business College, Correspondence School, Adult Education, Other? Oklahoma

Name of College/University: Oklahoma Christian Univ. of Central Oklahoma ☒ Bachelor's ☐ Master's ☐ PhD

Volunteer Work: (please include dates)

Chickasha Optimist Club 1987 to present
Red Rock Behavioral Health Board 2005 to present
Grady County Historical Society - 2007 to present
YMCA Council - 2007 to present - off one year in between
I AM INTERESTED IN SERVING ON THE FOLLOWING BOARDS OR COMMISSIONS:
(Please limit your selection to no more than three. List in order of preference: 1, 2, 3. +)

Aviation Board
2 Board of Adjustment
2 Cemetery Board
3 Board of Code Appeals

Historic Preservation Commission
Chickasha Industrial Authority
Library Board
Keep Chickasha Beautiful
X Planning Commission

Are you presently serving on a City board or commission? ☒ Yes ☐ No

If so, please list: Planning Commission

Please list any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or commission:

professional Business experience many years

Are you presently serving on or have experience on a board or commission other than the City of Chickasha? ☒ Yes ☐ No

If so, please list: see prior

Please specify any business or personal relationships with the City or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board or commission: —

applied for permits - But NOT a conflict.

Have you attended a meeting of the board/commission you are applying to or talked to anyone currently on the board? ☒ Yes ☐ No
Comments: _____

References: _____

Statement of Intent

I am aware of the requirements of the City regarding conflicts of interest of appointees to the City of Chickasha Boards and Commissions. I am aware of meeting dates and times of the Board/Commission for which I have applied, and that Board/Commission members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually of their Board/Commission. If appointed, I agree to serve on the Board/Commission for which I have applied. Applications will remain on file for one year from the date of receipt.

**I affirm that I am qualified to vote.*

Signature: Mike Masley Date: 8-24-2020



City of
CHICKASHA

Meeting Type: City Council 9-8-2020

Meeting Date: 9/8/2020

Department: Administration

Agenda Item No. 6.t.

AGENDA ITEM: Discussion, consideration and possible action on a tort claim filed by Juanita Robles.

I. BACKGROUND/DESCRIPTION:

- OMAG has investigated the claim and finds no liability on the City regarding this incident.
- OMAG has denied coverage and forwarded back to the City for disposition. Typically, the City would deny claim based on OMAG's investigations and finding of no liability.
- Council may pay claim if they so choose.

II. RECOMMENDED ACTION:

Deny claim based on OMAG findings.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: John Noblitt, City Manager	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: September 8. 2020	(From)		

V. ATTACHMENTS:

1. OMAG Letter - Robles
2. Tort Claim - Robles



August 14, 2020

City of Chickasha
Attn: Susan McDaniel
117 N. 4th Street
Chickasha, Oklahoma 73018-2601

RE: Member : City of Chickasha
Claimant : Juanita Robles
Date of Loss : May 1, 2020
Claim No. : 208138-1-HW

Dear Ms. McDaniel:

We have completed our investigation regarding the above referenced claim. It is our recommendation to the City of Chickasha that this claim be denied. We find no liability on the City of Chickasha's part regarding this incident.

Under the Governmental Tort Claims Act, 51 Okla. Sec. 157(A), this claim will be deemed denied ninety (90) days after it was received by the City of Chickasha. 51 Okla. Stat. Sec. 157 (B) requires any lawsuit under the Act to be commenced within one hundred eighty (180) days after denial of the claim.

Thus to begin the 180-day statute of limitations prior to 9/1/2020, you must deny this claim in writing before 9/1/2020. For the 180-day period to start running, the claimant **must be notified at the address on the claim within five (5) days of the denial.** To document compliance with the Act, we recommend that you send notice of denial of this claim by certified mail.

Please advise us as soon as possible of any official action taken by you on denial of this claim.

Sincerely,

Hailey Whitmarsh,
Claims Adjuster

NOTICE OF TORT CLAIM

OKLAHOMA MUNICIPAL ASSURANCE GROUP - MUNICIPAL LIABILITY PROTECTION PLAN

A. CLAIMANT REPORT

To the City of Chickasha
Public entity you are filing this claim against.

PLEASE PRINT OR TYPE AND SIGN

IMPORTANCE NOTICE: The filing of this form with the City Clerk's office is only the initial step in the claim process and does not indicate in any manner the acceptance of responsibility by the City or its related entities. Written notice is required by law and shall be filed with the City Clerk within one (1) year from the date of occurrence. It will then be sent to OMAG Claims Dept. for investigation. You may expect them to contact you. Failure to file within such time frame may result in the claim being barred in its entirety. Other limitations to your claim may apply (See Oklahoma Statutes Title 51, Section 151-172).

CLAIMANT(S) Juanita Robles CLAIMANT(S) SOCIAL SECURITY NO. [REDACTED]
ADDRESS [REDACTED] CLAIMANT(S) DATE OF BIRTH 11/23/83
Lawton, OK 73501 PHONE: HOME (405) 541-9324 BUS. (405) 541-9324

- DATE AND TIME OF INCIDENT 5/01/20 11 a.m. (1:30) p.m. 9324 Continue on another sheet if needed for any information requested
- LOCATION OF INCIDENT 5th & 10th Chickasha Oklahoma
- DESCRIBE INCIDENT
I stopped at stop sign, proceeded turning after my stop. In the process of turning, my tires were pulled towards the curb. I heard a noise that sounded like a car hitting something. I got out to check and seen the damage as if there was damage.
- LIST ALL PERSONS AND/OR PROPERTY FOR WHICH YOU ARE CLAIMING DAMAGES: to my vehicle

BODILY INJURY: WAS CLAIMANT INJURED? YES ☐ NO ☒ If yes, complete this section
Describe injury _____
WERE YOU ON THE JOB AT THE TIME OF INJURY? YES ☐ NO ☐ If so, please give name, address and phone number of company _____
NAME OF DOCTOR OR HOSPITAL _____
ALL MEDICAL BILLS (attach Copies) \$ _____
LIST OTHER DAMAGES CLAIMED \$ _____
TOTAL BODILY INJURY. \$ _____

PROPERTY DAMAGE: Proof that you are the owner of the vehicle or property allegedly damaged as specified in your claim will be required.
VEHICLE NAME Chevvyet BODY TYPE Malibu YEAR 2015
NOTE: If damage is to a vehicle, a photocopy of your motor vehicle title is required.
IF NOT A VEHICLE, DESCRIBE PROPERTY AND LOSS _____

PROPERTY DAMAGE (Attach repair bills or two estimates) \$ _____
LIST OTHER DAMAGES CLAIMED \$ _____
TOTAL PROPERTY \$ _____

5. NAME OF YOUR INSURANCE CO. Farmers Insurance POLICY NO. N/A AMOUNT CLAIMED _____ AMOUNT RECEIVED _____
will attach at later date

6. The names of any witnesses known to you.

N/A
Name _____ Address _____ Phone Number _____
Name _____ Address _____ Phone Number _____

STATE THE EXACT AMOUNT OF COMPENSATION YOU WOULD ACCEPT AS FULL SETTLEMENT ON THIS CLAIM.

TOTAL CLAIM \$ estimated to be

SIGNATURE(S)

DATE 6/3/20 provided

**To inquire about this claim you may write to OMAG
Claims Dept. or call 1-800-234-9461; or in the Oklahoma
City metro area call 657-1400**

Police report was filed, copy not yet obtained
by Claimant