

**Vermont Department of Public Safety
FY10 Homeland Security Grant Program (HSGP)
Application Cover Sheet**

A) Agency Name: Franklin County Sheriffs Office		County: Franklin	Agency's Fiscal Year: From: 1-Jul To: 30-Jun	
Federal TIN: 03-0296061	Tax Status: <input type="checkbox"/> Appropriated Division of the Town <input type="checkbox"/> 501(c)3 <input checked="" type="checkbox"/> Other - Must Specify			
Legal Name of entity to which the FTIN was assigned: Franklin County Sheriffs Office			Agency Government Type: County Sheriff	
DUNS Number: 105400761		Parent Entity DUNS Number (if applicable):		
Agency 911 (Physical) Address:				
Address - Street 387 Lake Road		City St. Albans	State VT	Zip 05478
First Responder Contact				
First Name Robert	Last Name Norris	Title Sheriff		Tel # 802 524-2121
Address - Street		City	State	Zip
P.O.Box 367		St. Albans	VT	05478
				Fax # 802 524-7947
				Email rnorris@dps.state.vt.us
Government/Town Official OR Second First Responder Contact				
First Name Jay	Last Name Sweeny	Title Chief Deputy		Tel # 802 524-2121
Address - Street		City	State	Zip
P.O.Box 367		St. Albans	VT	05478
				Fax # 802 524-7947
				Email jsweeny@dps.state.vt.us

B) Certificate of Insurance
Please provide a copy of your Certificate of Insurance with application.

C) NIMS Compliance
By signing (or typing if submitting electronically) below I confirm that this agency will complete the current NIMS Progress Survey and become compliant with all NIMS metrics. This agency understands that if this application is approved and an award issued, it also accepts the responsibility for completing additional NIMS surveys and NIMS compliance metrics as requested by the Vermont Homeland Security Unit and outlined in Vermont's NIMS Implementation Plan.

Applicant Signature Robert W Norris	Printed Name Robert W Norris	Title Sheriff	Date 9-Mar-11
---	--	-------------------------	-------------------------

D) **National Resource Typing**

By signing (or typing if submitting electronically) below I confirm that this agency will complete the National Resource Typing Survey(s) distributed by the Vermont Homeland Security Unit. This agency understands that if this application is approved and an award issued, it also accepts the responsibility for completing additional NIMS surveys as requested by the Vermont Homeland Security Unit.

Applicant Signature	Printed Name	Title	Date
Robert W Norris	Robert W Norris	Sheriff	9-Mar-11

E) **Fire Service only: National Fire Incident Reporting System (NFIRS)**

By signing (or typing if submitting electronically) below I confirm that this agency will be current with the National Fire Incident Reporting System (NFIRS) prior to award. This agency understands that if this application is approved and an award issued it also accepts the responsibility for continuing to be current in NFIRS pursuant to 20 V.S.A. § 2833.

Applicant Signature	Printed Name	Title	Date

F) **Police Service only: National Incident Based Reporting System (NIBRS)**

By signing (or typing if submitting electronically) below I confirm that this agency will be current with the National Incident Based Reporting System (NIBRS) prior to award. This agency understands that if this application is approved and an award issued it also accepts the responsibility for continuing to be current in NIBRS reporting pursuant to VSA Title20, Section

Applicant Signature	Printed Name	Title	Date
Robert W Norris	Robert W Norris	Sheriff	9-Mar-11

G) **Payment Method**

Please indicate the preferred payment method and remittance address.

1 - Cash Advance	XX	2 - Reimbursement in arrears of expenditures with attached documentation.	
Remittance Address - Street	City	State	Zip
P.O.Box 367	St. Albans	VT	05478

H) **Authorization**

I, the undersigned, do hereby certify under the pain & penalties of perjury that the information contained in this application is accurate to the best of my knowledge.

Authorized Entity Signature	Printed Name	Title	Date
Robert W Norris	Robert W Norris	Sheriff	9-Mar-11

*Is your application complete? Please review all areas.
Thank you*

ACORD CERTIFICATE OF LIABILITY INSURANCE

09/30/2010

PRODUCER (802)635-9220 FAX (802)635-9213
 Lamoille Valley Insurance
 P.O. Box 367
 Johnson, VT 05656
 Terri O'Hear

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Franklin County Sheriffs

 St. Albans, VT 05478

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Argonaut Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES


THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Law Enforcement Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MLE700008902	07/01/2010	07/01/2011	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Per occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	MBA700008902	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMBS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

 Department of Public Safety
 103 South Main Street
 Waterbury, VT 05671

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE


ACORD CERTIFICATE OF LIABILITY INSURANCE

OPID BY
FRANK-2

DATE (MM/DD/YYYY)
12/09/10

PRODUCER

Market Place Insurance Ctr Inc
2 Market Place Ste 5
Essex Jct VT 05452
Phone: 802-878-8156 Fax: 802-878-4485

INSURED

Franklin County Sheriff's Dept
Sheriff Robert W. Norris
PO Box 367
St. Albans VT 05478

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Argonaut Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	MWC700033503	11/08/10	11/08/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 500000
						E.L. DISEASE - EA EMPLOYEE	\$ 500000
						E.L. DISEASE - POLICY LIMIT	\$ 500000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
DEPARTM Dept. of Public Safety 103 So Main St Waterbury VT 05476	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE David B Schramm

Franklin
City SD

Jason Gosselin

From: Jason Gosselin
Sent: Monday, February 28, 2011 1:51 PM
To: Robert Norris; Jay Sweeny
Cc: Michael Manning
Subject: LPR Application
Attachments: App Cover Sheet.xls; Budget Detail Worksheet.doc; Elsag Quote - Franklin County Sheriff's Department.xls

Good Afternoon Sheriff Norris;

Please be advised that we have received and reviewed the quote provided by ELSAG NA, the vendor that will be providing you with a license plate reader for your organization. Attached is the quote. In order to move forward with purchasing this equipment, a sub grant agreement is required. Attached is the application and budget detail worksheet. Please complete these forms and return to my attention. Once received, a sub grant will be issued.

Also, per Capt. Reinfurt's e-mail dated 8-February-2011, the LPR will capture data and be stored on servers (DPS, Local Departments). In an effort to ensure that civil rights and privacy policies are maintained, we are asking each department to adopt a policy that addresses these concerns as well as agree to the VIBRS policy on storing data. The documents were attached in the Capt's e-mail and are being vetted by working groups. These policies will ensure that LE follows standard protocols in protecting civil rights and at the same time protected itself if challenged. Currently VIBRS is reviewing one document as it relates to the storage of this data on DPS server. The second policy relates to the conduct of the department to ensure that this data is not misused in violation of any standards relating to civil rights. The department policy being reviewed was created by IACP and has major support across the country. Capt Reinfurt asked that you review and advise if there are any issues you may have in your department adopting/agreeing to these documents. Please advise if you intend on adopting these policies.

Please be advised that you must not order any equipment until you receive a fully executed subgrant agreement.

Thanks and let me know if you have any questions.

Sincerely,

Jason E. Gosselin
Grants Manager - Homeland Security Unit
Vermont Department of Public Safety
103 South Main Street
Waterbury, VT 05671
(802) 241-5445



ELSAG North America Law Enforcement Systems, LLC

412 Clocktower Commons
 Brewster, NY 10509
 Duns # 196140821
 Phone: 1-866-9MPH900 (967-4900)
 Fax: 336-379-7164

DATE

2/28/2011
QUOTATION

Delivered to:

Vermont State Police
 Att: Lt. Michael Manning & Jason Gosselin
 Vermont State Police Headquarters
 103 South Main St.
 Waterbury, Vermont 05671

Quotation valid until: April 1, 2011
 Prepared by: Pat Fox

Projected Arrival Date: TBD

(Please mail or Fax your purchase order to the address and telephone number above and Fax a copy to (518) 452-7777)

Receipt of Goods

<p align="center">NASPO Multi-State Contract #PC62119 Award #19745 (California Participating Addendum) WSCA # PC 62119 Hazardous Incident Response Equipment (Contract term: 5/20/2007 - 5/10/2010)</p>
--

OPERATION STONEGARDEN

Model #	Description	Cost	Units	Amount
MPH-900X3 AD3 SPLIT TRANS	Mobile License Plate Reader - Includes 3 units with LPR Processors, 6 cameras (3 color & 3 infrared in 3 enclosures), junction box, cables and related software. (REQUIRES INSTALLATION BY ELSAG N.A. AUTHORIZED PERSONNEL).	\$19,400	1	\$19,400.00
MPH-900 INSTALL	This is a 3 camera system to be mounted on a Ford Crown Victoria with a CLICKER mount with a 35 mm camera facing to the rear on the driver's side, a 25mm facing forward and a 16mm camera on the passenger side. THIS UNIT IS FOR THE FRANKLIN COUNTY SHERIFF'S DEPT. AND IS TO BE SHIPPED TO 387 LAKE RD, ST. ALBANS, VERMONT 05748 ATTENTION SHERIFF ROBERT NORRIS.			
OPERATION CENTER LICENSE	Operations Center License	\$975	1	\$975.00
ADDITIONAL CAR KIT	2 extra power cords (@\$125.00 each), 1 extra ethernet cord (\$100.00) and 1 extra GPS unit with USB extension (\$110.00) for a Total of \$460.00 per vehicle to power up an additional unit. PERMANENT WIRING KIT.	\$460	1	\$460.00
EXTENDED WARRANTY	3 yr. extended warranty @ \$1,600.00 per year times 3 yrs. for a Total of \$4,800.00.	\$4,800		\$4,800.00
			TOTAL	\$25,635.00

Service Plan for goods and services provided by the above quote

Year I	Free	
Year II	\$1,600.00 per year	Hardware and Software
Year III	\$1,600.00 per year	Hardware and Software
Year IV	\$1,600.00 per year	Hardware and Software
Beyond		Software Only

Service Plan Includes:

- Software Updates
- Annual Training/Service
- Parts & Labor

Approval Signature: _____

Franklin Cty
SD

Jason Gosselin

From: Jason Gosselin
Sent: Wednesday, March 16, 2011 11:04 AM
To: Robert Norris; Jay Sweeny
Cc: Michael Manning
Subject: Franklin County SD - LPR Award
Attachments: Franklin Cty SD 71009E-001.doc

Sheriff Norris,

Thanks to you and Capt. Sweeney for the LPR application. Attached is an award. Please note that there is one change to the subgrant agreement – it's on page 2 under Maximum Amount. Basically, you cannot order your equipment until after it is signed by the Commissioner.

Please sign and return the first 3 pages to my attention (via mail). Thanks and let me know if you have any questions.

Sincerely,

Jason E. Gosselin
Grants Manager - Homeland Security Unit
Vermont Department of Public Safety
103 South Main Street
Waterbury, VT 05671
(802) 241-5445

Jason Gosselin

From: Jay Sweeny
Sent: Wednesday, March 09, 2011 10:27 AM
To: Jason Gosselin
Cc: Robert Norris
Attachments: App Cover Sheet.xls; Budget Detail Worksheet.doc; Ins. Cert.pdf

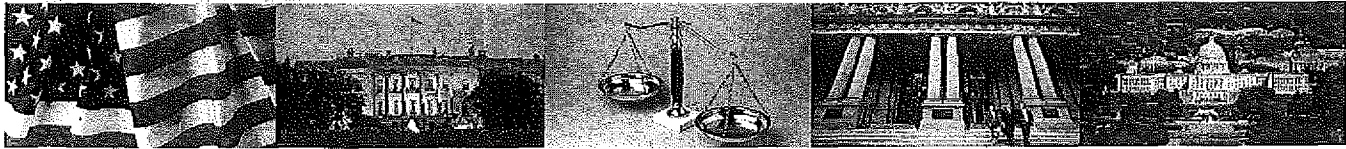
Jason:

Attached is the application for the LPR. Let me know if you need anything else.

Capt Jay H Sweeny
Chief Deputy
Franklin County Sheriffs Office
387 Lake Road
St. Albans, VT 05478
802 524-2121
www.franklincountysheriff.net

EPLS

Excluded Parties List System



Search - Current Exclusions

- > [Advanced Search](#)
- > [Multiple Names](#)
- > [Exact Name and SSN/TIN](#)
- > [MyEPLS](#)
- > [Recent Updates](#)
- > [Browse All Records](#)

View Cause and Treatment Code Descriptions

- > [Reciprocal Codes](#)
- > [Procurement Codes](#)
- > [Nonprocurement Codes](#)

Agency & Acronym Information

- > [Agency Contacts](#)
- > [Agency Descriptions](#)
- > [State/Country Code Descriptions](#)

OFFICIAL GOVERNMENT USE ONLY

- > [Debar Maintenance](#)
- > [Administration](#)
- > [Upload Login](#)

EPLS Search Results

Search Results for Parties Excluded by

Firm, Entity, or Vessel : Franklin County Sheriff's Department

As of 22-Mar-2011 3:50 PM EDT

[Save to MyEPLS](#)

Your search returned no results.

[Back](#) [New Search](#) [Printer-Friendly](#)

Resources

- > [Search Help](#)
- > [Advanced Search Tips](#)
- > [Public User's Manual](#)
- > [FAQ](#)
- > [Acronyms](#)
- > [Privacy Act Provisions](#)
- > [News](#)

Reports

- > [Advanced Reports](#)
- > [Recent Updates](#)
- > [Dashboard](#)

Archive Search - Past Exclusions

- > [Advanced Archive Search](#)
- > [Multiple Names](#)
- > [Recent Updates](#)
- > [Browse All Records](#)

Contact Information

- > [For Help: Federal Service Desk](#)