

BAZETTA TOWNSHIP TRUSTEES REGULAR MEETING MINUTES

Date: May 12, 2020 7:00 pm
Bazetta Township Administration Building
3372 State Route 5, N.E.
Cortland, Ohio 44410

Present:

Chairman Trustee Ted Webb - H
Vice Chairman Trustee Frank Parke - H
Trustee Bob McBride - H
Fiscal Officer Cynthia Chapman - H

Chairman Trustee Webb to open the meeting with the Pledge of Allegiance and to follow with a moment of silence

Trustee Webb stated this meeting is being conducted via teleconference following the current guidelines defined by State of Ohio Open Meetings Law and in accordance under recommendations of legal counsel and Governor DeWine. There will be no public comments at the end of this meeting. This meeting is being audio recorded for informational purposes and will be posted on the website.

080-20 Resolution accepting the meeting minutes from the April 14 regular meeting.
Motion: Trustee P
Second: Trustee M
Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

CORRESPONDENCE (COPIES AVAILABLE UPON REQUEST):

ADMINISTRATION:

081-20 Resolution authorizing the Fiscal Officer to pay all outstanding invoices and to approve all warrants incurred from May 12 thru June 09, 2020.
Motion: Trustee M
Second: Trustee P
Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

082-20 Resolution declining the grant for mosquito spraying in 2020.
Motion: Trustee P
Second: Trustee M
Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

083-20

Resolution to continue the closing of the Bazetta Township Park to include Imagination Station, baseball fields, all pavilions, and all township buildings indefinitely and to refund any deposits that may be requested due to the park closing.

Motion: Trustee M

Second Trustee P

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

084-20

Resolution to cancel the May 26, 2020 meeting.

Motion: Trustee P

Second Trustee M

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

085-20

Resolution to adopt the CARES Act Funding per the attached.

Motion: Trustee M

Second Trustee P

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

Trustee Webb stated that this gives us reimbursement from the State of Ohio for expenditures that were the result of the virus. He requested the department heads to maintain a file and keep a copy of all receipts that were a direct result of the virus and submit to the fiscal officer. This program will run thru December 30, 2020.

086-20

Resolution to adopt the COVID-19 Township Building and Workplace Policy as provided by the Ohio Township Association. (See attached)

Motion: Trustee P

Second Trustee M

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

Trustee Webb stated the policy effective date will be May 13, 2020 with the reopening date of June 10, 2020 in the two areas left blank. Several things need to be done before reopening. There is a complete process attached that we need to follow.

087-20

Resolution to renew with compmanagement a sedgwick company at a cost of \$205.00. This allows Bazetta Township to remain in BWC Group Rating. The estimated savings is \$9,000.00. (See attached)

Motion: Trustee M

Second Trustee P

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

FIRE DEPARTMENT:

- April 2020 monthly report is attached

He stated that we received four checks from BWC totaling about \$50,000 in rebates. Thanked Road Superintendent Parke for handling the percentages while he was busy this week with EOC.

088-20 Resolution to accept the resignation of Scott Gubanyar as a full-time firefighter/medic and accept him to remain on as a part-time firefighter/medic as of May 30, 2020. Scott Gubanyar part-time firefighter/medic wage will be \$14.00 an hour. (Letter attached)

Motion: Trustee P

Second Trustee M

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

089-20 Resolution to accept the contract with ProCare Service, 2000 E. Centre Avenue, MI 49009 for annual service for Cardiac Monitors and Lucas Device at a cost of \$4,753.80. (See attached)

Motion: Trustee M

Second Trustee P

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

POLICE DEPARTMENT:

- April 2020 Monthly Report is attached

090-20 Resolution to authorize the purchase of Duty Ammo from Vance's in Columbus, Ohio at a cost of \$1,764.77. To be paid from the equipment fund. (See attached)

Motion: Trustee P

Second Trustee M

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

091-20 Resolution to authorize Chief Herlinger to sell the following equipment, that is no longer used by the police department, at a price not to exceed \$2,500.00 per ORC 4513.61 to AES in Cortland, Ohio.

- (2) Kenwood TK-2180 VHF Portable Radio's Serial Numbers: B5710038, B5710031 with (2) KSC-32 Chargers (2) KMC-41 Lapel Mic's

Motion: Trustee M

Second Trustee P

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

ROAD DEPARTMENT:

- Received correspondence from Geauga-Trumbull Solid Waste Management extending the scrap tire reimbursement to the end of May. All trustee agreed.
- Like to thank Trustee McBride for getting the electric contractor out so quickly. We now have temporary electric.
- Going to pour foundations at the cemetery tomorrow.

PLANNING DIRECTOR, ZONING INSPECTOR AND CODE ENFORCEMENT OFFICER

- No monthly report
- Emailed trustees copies of the 2 Abatement Bids that came in for lawn care and property clean up. They were from Hovis Tire and Cody Lawn Service.

There was a discussion on the bids received. The bid will be awarded at the June 09th meeting.

ZONING COMMISSION AND ZONING BOARD OF APPEALS:

- All meetings have been cancelled due to the Covid-19 until further notice

PARKS AND RECREATION BOARD:

- Park will be closed indefinitely and be revisited at the June 09th meeting on conditions to reopen

Trustees stated that the use of the administration building meeting room to the general public will be closed. This will also be revisited at the June 09th meeting.

There was a discussion on garage sale permits to be issued. This is to be put on hold until an opinion from legal council is received.

ASKED TO BE PLACED ON THE AGENDA:

PUBLIC COMMENT:

092-20

To adjourn the meeting at 7:35 pm

Motion: Trustee P

Second Trustee M

Vote: Trustee McBride Y Trustee Parke Y Trustee Webb Y

Attested by:

Ted Webb

Approved by: Chairman Trustee Ted Webb

Date

6/09/2020

Date



Bazetta Township Trustees

3372 State Route 5, N.E. – Cortland, Ohio 44410-1699
Office Phone: 330-637-8816 / Fax: 330-637-4588
www.bazettatwp.org



RESOLUTION NUMBER 085-20 Date : May 12, 2020

To adopt this resolution affirming that funds received through CARES Act Funding may be expended only to cover costs consistent with the requirements of section 5001 of the "Coronavirus Aid, Relief, and Economic Security Act" as described in 42U.S.C. 601(d) and any applicable regulations.

Motion: Trustee McBRide

Second: Trustee PARKE

Vote: Trustee McBride y Trustee Parke y Trustee Webb y

Approved by Chairman Trustee Ted Webb

Date

cc: Trumbull County Auditor
Ohio Office of Budget and Management

COVID-19 Township Building and Workplace Policy

A. Purpose

The purpose of this document is to establish Township policy for use and occupancy of Township buildings by the public and staff to help prevent the spread of COVID-19. It is to be interpreted consistently with the Ohio Department of Health Director's Stay Safe Ohio Order issued April 30, 2020, and any amendments thereto, and an all other applicable laws.

B. Policy and Effective Dates

This Policy is temporary and is effective starting MAY 13, 2020 and will continue until further notice.

C. Reopening Township Facilities to the Public

1. Reopening. Effective June 16, 2020 Township buildings are re-opened to the public during its normal business hours, subject to the restrictions of this Policy. However, members of the public are strongly encouraged to contact the respective Township Department to make an appointment before coming on site.

2. Change of Business Hours. The Township may from time-to-time close or limit the business days or hours for some or all Township buildings. Members of the public are encouraged to call the Township department in advance of their visit to assure the building is open, and to schedule an appointment.

3. Building Capacity. The Township will limit capacity in Township buildings as feasible to meet social distancing guidelines.

4. Social Distancing. All individuals on Township premises must maintain six-foot social distancing at all times, including when sitting or standing in line, in meetings, or in any parts of Township facilities, except:

- a. First responders when conducting law enforcement, fire, EMS or other emergency operations or rendering aid;
- b. In emergency situations.

As a guide, the Township will demarcate six-foot spacing requirements with signage, floor tape or other markings in Township meeting halls, conference rooms and lobbies, near support staff or receptionist desks, and where visitors must stand in line. Where six-foot distancing cannot be maintained, individuals are to attempt to utilize barriers or shields, such as window coverings.

5. Facial Coverings. All Township visitors are requested to wear face coverings (such as masks) covering their nose, ears and chin at all times while on Township premises.

6. Ten-Person Limit at Public Meetings. Where the Township provides public electronic access to public meetings, no more than ten people will be permitted to attend any Township meeting in person at one time. In the case of a public hearing, where the Township provides public electronic access for the public, interested parties will also be provided a means to attend the meeting virtually, as well as means to question witnesses, examine materials, and provide input if in-person attendance is not possible due to the ten-person limitation.

D. Employees in the Workplace

1. Employee On-Site Schedule. Employees will be advised by their supervisor of the days and times during which they are to work on-site on Township premises. The Township may stagger on-site workdays, shifts, and starting and ending times, and may require full- or partial- teleworking.

2. Employee Self-Assessment. Before coming to the Township for work each day, Employees are to conduct a self-assessment* of COVID-19 symptoms and may not come to work if they are experiencing symptoms:

- a. *A daily symptom assessment should include taking your temperature with a thermometer and monitoring for fever. Also watch for coughing or trouble breathing.

Per the U.S. CDC, the following symptoms may be associated with COVID-19:

People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain

- b. Employees who have a fever are to stay home until they are free of fever (without the use of medication) for at least 72 hours (three full days) AND symptoms have improved for at least 72 hours AND at least seven days have passed since symptoms first began.

3. Business Travel. All Township business travel is cancelled until further notice, except with the prior express permission of the Township.

4. Personal Travel. Employees who chose to undertake personal travel out-of-state should expect to self-quarantine and utilize paid time off for up to 14-calendar days upon returning. Employees who are self-quarantining for this reason may be required to telework or use their accrued paid time off.

5. Social Distancing. While at work, all Township employees must observe the six-foot social distancing protocol in Section C of this Policy. Where social distancing is not possible, employees should interact with another person from behind a barrier, such as a glass window covering. In addition, employees shall not congregate in break rooms, restrooms, entrance ways, lobbies, stairwells, designated smoking areas or other locations in Township

buildings. There shall be no more than one employee in each Township vehicle, except for emergency vehicles.

6. Facial Coverings. All Township officials and employees shall wear facial coverings* while in Township buildings or vehicles, or while at Township meetings or events, except:

- a. While the employee is working alone in their assigned and segregated work area, such as an office or cubical.
- b. When facial coverings interfere with personal protective equipment.
- c. Where the employee cannot wear the mask due to health reasons (the Township may require documentation of the health reasons and may discuss other options with the employee).
- d. Upon pre-approval by the Township based upon the Township's determination that facial covering is not necessary to comply with the Director's Stay Safe Ohio Order or other safety recommendations.

*At a minimum, facial coverings (masks) should be cloth/fabric and cover an individual's nose, mouth, and chin. Individuals should refer to U.S. Centers for Disease Control guidance for the proper fitting of masks. www.cdc.gov.

Employees are to utilize their own facial coverings, or contact their supervisor if they are unable to do so. In some circumstances, the Township may require employees to utilize Township-provided masks.

7. Disinfecting Products. The Township will disperse hand sanitizer and other sanitizing or disinfecting products throughout Township facilities and make them readily available for use by employees.

8. Employee Hygiene. Throughout the workday, employees are to wash hands with soap and water for at least 20 seconds and as frequently as possible, or use hand sanitizer, cover cough and sneezes into their sleeve or elbow, but not their hands, regularly clean high-touch surfaces and not shake hands.

9. Disinfecting Workspaces. Employees are to clean their own workspaces with disinfectant at the end of each workday:

- ✓ Keyboards
- ✓ Computer mouse
- ✓ Touch screens
- ✓ Office telephone headsets and keypads
- ✓ Office door handles

10. Shared Equipment, Supplies and Documents. Employees should limit the sharing of physical work materials, such as papers and physical files, except as necessary. Employees must wipe-down with disinfectant shared office equipment and supplies after each use, this includes: copiers, printers, staplers and hole-punches, as well as refrigerator and microwave handles.

11. Shared Food. No communal food or potlucks are permitted the workplace at this time.

12. Employees Appearing Ill. Employee who appear to have acute respiratory illness, fever or symptoms of illness will be sent home immediately and are to follow Township leave policies.

E. Amendments to the Policy

1. This policy will be reviewed on an ongoing basis and may be modified or canceled at any time.

2021 Group Savings Summary

Policy: 37820104
Employer: Bazetta Township

Group ID: 40003
Association: Ohio Township Association

Manual	Base Rate	Annual Payroll	Estimated Individual Rating = Indlv Rate**	Individual Premium	Estimated Group Discount = Group Rate**	Group Premium
9433	1.90	1,714,817	0.020063	34,404	0.014496	24,858
9439	12.14	0	0.128147	0	0.092892	0
		1,714,817	Estimated Individual Premium*	\$34,404	Estimated Group Premium*	\$24,858
Estimated Group Savings						\$9,546

*The 2021 premium amounts are for the payroll period from 1/01/2021 to 12/31/2021.

**Rates include: BWC administrative costs of 15.9700% of premium, a DWRF rate of 0.00, a DWRF II rate of 0.000 of base rate.

Projections of individual and group rates are estimated using BWC loss information as of the last quarter and the most recent historical payroll information provided by the BWC. Estimates of premium must be projected in advance of the application deadline. Therefore the actual premium will vary from the estimates depending upon group enrollment level, BWC rates, experience calculations, and actual payroll.

ALL PREMIUMS ARE STILL PAYABLE TO THE BUREAU OF WORKERS' COMPENSATION.



ACKNOWLEDGEMENT FORM

Please confirm that the following information is correct. If it is not correct or missing, please make the necessary changes/additions before returning this form to Tartan Benefit Services, Ltd (TBS).

Company: BAZETTA TOWNSHIP
Policy Number: 037820104
Address: 3372 STATE ROUTE 5
City: CORTLAND **State:** OH **Zip:** 44410
Phone: (330)637-8816 **Fax:** (330)637-4588

Contact 1: ~~PAUL HOVIS~~ TED WEBB
Email 1: ~~Twebb@bazettatwp.org~~

Contact 2: ~~KRIS PARKE~~
Email 2: ~~KPARKE@BAZETTATWP.ORG~~ cllewis@bazettatwp.org

Employee Count: 39 (Used to assess BWC program eligibility)
Federal ID #: 34-0939309

By signing and returning this form, you are confirming;

- 1) your operation has not had any material changes, including but not limited to mergers, acquisitions or significant adjustments to your payroll (such as an adjustment that results in changing the National Council of Compensation Insurance (NCCI) classification which may or may not be the result of a Bureau of Workers' Compensation audit under which the employer was originally contracted with by TBS, and, you will not be involved in a merge with another entity or restructure for the 1-1-21 Group Rating Year.
- 2) to promptly provide TBS notice of any BWC audit and a copy of the finding from the audit as soon as they are made available to your company.
- 3) you are not considered a Professional Employer Organization (PEO). A PEO assumes the responsibilities of handling human resource and workers' compensation functions for all or part of the your already established employees on a permanent basis. A PEO is different than a temporary staffing service.
- 4) you are currently not using the services of a PEO nor have you used the services of a PEO within the last year.

This form must be signed and returned with any other requested information in your packet and will automatically enroll you into our group rating program starting 1-1-21. Failure to provide accurate information may result in the removal from the group rating program. Additionally, any misrepresentation of the information listed above may result in the employer reimbursing the other Group Participants for the financial hardship on those employers due to the misrepresentation. Note, this offer is being extended based on the 12-31-19 reserve calculations.

Signature
FIRE CHIEF
Title
6-1-2020
Date

Please return to: **Fax:** (330) 965-7465 **Mail:** Tartan Benefit Services, Ltd., Workers' Compensation Division
P.O. Box 3970, Boardman, OH 44513

Please call Jerelyn Pasternack at (330) 726-4117 ext 711 or 1-877-776-7475 with any questions.



Instructions

Please print or type.

Please return complete statement to the attention of the sponsoring organization you are joining.

If you have any group-experience-rating questions call BWC at 614-466-6773.

BWC USE ONLY
Application effective with policy year beginning

NOTE: The employer programs unit group underwriters must review and approve this application before it becomes effective.

Employer Name BAZETTA TOWNSHIP	Telephone number (330)637-8816	BWC policy number 37820104
Address 3372 STATE ROUTE 5	City CORTLAND	State OH
		Nine-digit Zip Code 44410

Group-Experience-rating program enrollment

I agree to comply with BWC's group-experience-rating program rules (Ohio Administrative Code Rules 4123-17-61 through 4123-17-68). I understand my participation in the group-experience-rating program is contingent on such compliance. This form supersedes any previously filed AC-26.

I understand only a BWC group-experience-rating program certified sponsor can offer membership into the program. I also understand if the sponsoring organization listed below is not certified this application is null and void.

I am a member of the Ohio Township Association sponsoring organization or a certified affiliate organization and would like to be included in their group named Ohio Township Assoc it sponsors for the policy year beginning January 1, 2021. In addition, I would like to be included in this group each succeeding policy year until rescinded by the timely filing within the preceding policy year of another AC-26 or until the group administrator does not include my company on the employer roster for group-experience-rating. I understand the employer roster submitted by the group administrator will be the final, official determination of the group in which I will or will not participate. Submission of this form does not guarantee participation.

I understand the organization's representative CareWorksComp #000150-80 (currently, as determined by the sponsoring organization) is the only representative I may have in risk-related matters while I remain a member of the group. I also understand the representative for the group-experience-rating program will continue as my individual representative in the event that I no longer participate in the group-experience-rating program. At the time, I am no longer a member of the program, I understand I must file a Permanent Authorization (AC-2) to cancel or change individual representation.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization Yes [X] No []

Ohio Association of Public Treasurers

1581124

Name of sponsor or affiliate sponsor

Sponsor or affiliate sponsor policy number

Certification

DENNIS Lewis certifies that he/she is the FIRE Chief of

(Officer Name) BAZETTA TOWNSHIP (Employer Name)

information is true to the best of his/her knowledge, information, and belief, after careful investigation.

X [Signature] (Officer Signature)

6-1-2020 (Date)

Exhibit A



P. O. Box 89456, Cleveland OH 44101-6456

Bill To:

Cynthia Chapman

~~RITA DREW~~
BAZETTA TOWNSHIP
3372 STATE ROUTE 5

CORTLAND, OH 44410

To view the CompManagement service agreement referenced in this Exhibit visit

<https://viaone.compmgt.com/Rating/2021PEgroupcontract.pdf>

password: group2021

RENEWAL INVOICE

Invoice date: February 28, 2020

Invoice #: 1237429

Policy #: 37820104

Group #: 40003

Rating Year: 2021

Due Date: Upon Receipt

GROUP RATING

The enrollment fee covers:

- * Services for the annual contract period beginning September 1, 2020
- * Policy Year: Group Rating Enrollment for January 1, 2021 to December 31, 2021
- * Ohio Association of Public Treasurer membership dues

Annual Fee

\$ 205

2021 Proj. Group TM% / Effective Discount: -45 % / -34% 2021 Estimated Savings: \$ 9,546

Please sign and return all enclosed enrollment forms and invoice with remittance to:

Make Check Payable to:
CompManagement
PO Box 89456
Cleveland, OH 44101-6456

OR

OR

Pay online at www.compmgt.com

Credit card account number:	<input type="text"/>
Amount to be charged: \$205	Expiration date: <input type="text"/>
Print name as it appears on card:	<input type="text"/>
Signature:	<input type="text"/>
By signing above you authorize CompManagement (a Sedgwick company) to charge your credit card in the amount as shown above, and agree to pay the amount shown above according to your credit card agreement.	

By returning this invoice or by remittance of the service fee, Client acknowledges and accepts all terms and conditions of the workers' compensation service agreement. Said agreement is hereby incorporated by reference herein (see link above). This invoice is for CompManagement's workers' compensation third party administration services pursuant to a service agreement between your company and CompManagement. Client acknowledges that payment of this invoice does not constitute or guarantee enrollment in any workers' compensation discount/alternative rating program.

DENNIS LEWIS X *Dennis Lewis* Fire Chief 6-1-2020
 Printed Name Signature Title Date

dlewis@bazettatwp.org 380-637-8816
 Email Address Phone Number

If your organization has merged with or acquired another company in the last year, or plans to up through the policy year noted above, initial here and contact our office immediately to review your options.

Questions? Contact Joseph Murphy at (800) 825-6755 ext. 65890 or Joe.Murphy@sedgwick.com

Ohio Association of Public Treasurers Grp # 40003 (2021)
Ohio Association of Public Treasurers - T / 37820104

BAZETTA

Incident Type Report (Summary)

Alarm Date Between {04/01/2020} And {04/30/2020}

Incident Type	Count	Pct of Incidents	Total Est Loss	Pct of Losses
1 Fire				
111 Building fire	1	1.16%	\$6,000	100.00%
151 Outside rubbish, trash or waste fire	1	1.16%	\$0	0.00%
	<u>2</u>	<u>2.32%</u>	<u>\$6,000</u>	<u>100.00%</u>
3 Rescue & Emergency Medical Service Incident				
321 EMS call, excluding vehicle accident with	46	53.48%	\$0	0.00%
322 Motor vehicle accident with injuries	1	1.16%	\$0	0.00%
324 Motor Vehicle Accident with no injuries	5	5.81%	\$0	0.00%
	<u>52</u>	<u>60.46%</u>	<u>\$0</u>	<u>0.00%</u>
4 Hazardous Condition (No Fire)				
411 Gasoline or other flammable liquid spill	1	1.16%	\$0	0.00%
424 Carbon monoxide incident	1	1.16%	\$0	0.00%
451 Biological hazard, confirmed or suspected	1	1.16%	\$0	0.00%
	<u>3</u>	<u>3.48%</u>	<u>\$0</u>	<u>0.00%</u>
5 Service Call				
511 Lock-out	1	1.16%	\$0	0.00%
551 Assist police or other governmental agency	2	2.32%	\$0	0.00%
552 Police matter	1	1.16%	\$0	0.00%
553 Public service	5	5.81%	\$0	0.00%
554 Assist invalid	1	1.16%	\$0	0.00%
561 Unauthorized burning	2	2.32%	\$0	0.00%
	<u>12</u>	<u>13.95%</u>	<u>\$0</u>	<u>0.00%</u>
6 Good Intent Call				
611E Dispatched & cancelled en route (EMS /	1	1.16%	\$0	0.00%
611F Dispatched & cancelled en route (Fire /	7	8.13%	\$0	0.00%
	<u>8</u>	<u>9.30%</u>	<u>\$0</u>	<u>0.00%</u>
7 False Alarm & False Call				
713 Telephone, malicious false alarm	1	1.16%	\$0	0.00%
733 Smoke detector activation due to	1	1.16%	\$0	0.00%
735 Alarm system sounded due to malfunction	1	1.16%	\$0	0.00%
736 CO detector activation due to malfunction	1	1.16%	\$0	0.00%
741 Sprinkler activation, no fire -	1	1.16%	\$0	0.00%

BAZETTA

Incident Type Report (Summary)

Alarm Date Between {04/01/2020} And {04/30/2020}

Incident Type	Count	Pct of Incidents	Total Est Loss	Pct of Losses
7 False Alarm & False Call				
743 Smoke detector activation, no fire -	1	1.16%	\$0	0.00%
745 Alarm system activation, no fire -	1	1.16%	\$0	0.00%
	<u>7</u>	<u>8.13%</u>	<u>\$0</u>	<u>0.00%</u>
8 Severe Weather & Natural Disaster				
813 Wind storm, tornado/hurricane assessment	2	2.32%	\$0	0.00%
	<u>2</u>	<u>2.32%</u>	<u>\$0</u>	<u>0.00%</u>

Total Incident Count: 86

Total Est Loss: \$6,000

BAZETTA

Aid Responses by Department

Alarm Date Between {04/01/2020} And {04/30/2020}

Incident	Notified	Type of Aid		Fire	EMS	Resc	Other
STA. 12 CORTLAND FIRE DEPARTMENT FDID 78200							
20-0000302	04/01/2020	1 Mutual aid received	#Personnel	0	2	0	0
Their Inci 480		Response Time: 00:03:39	#Appartus	0	1	0	0
20-0000326	04/09/2020	2 Automatic aid received	#Personnel	0	2	0	0
Their Inci 485		Response Time: 00:04:10	#Appartus	0	1	0	0
20-0000355	04/18/2020	2 Automatic aid received	#Personnel	2	2	0	0
Their Inci 517		Response Time: 00:05:00	#Appartus	1	1	0	0
20-0000356	04/18/2020	1 Mutual aid received	#Personnel	2	2	0	0
Their Inci 518		Response Time: 00:06:22	#Appartus	1	1	0	0
20-0000365	04/24/2020	1 Mutual aid received	#Personnel	0	2	0	0
Their Inci 0541		Response Time: 00:03:13	#Appartus	0	1	0	0
20-0000373	04/26/2020	2 Automatic aid received	#Personnel	0	0	0	2
Their Inci 20-0500		Response Time: 00:07:47	#Appartus	0	0	0	1
Subtotal Responses: 6				Average Response Time for Dept: 00:05:02			

STA. 21 CHAMPION FIRE DEPARTMENT FDID 78109							
20-0000323	04/08/2020	1 Mutual aid received	#Personnel	0	2	0	0
Their Inci 20-0523		Response Time: 00:05:52	#Appartus	0	1	0	0
20-0000335	04/11/2020	2 Automatic aid received	#Personnel	0	4	0	0
Their Inci 20-0534		Response Time: 00:05:23	#Appartus	0	2	0	0
20-0000365	04/24/2020	1 Mutual aid received	#Personnel	0	2	2	0
Their Inci 0586		Response Time: 00:03:13	#Appartus	0	1	1	0
20-0000381	04/28/2020	4 Automatic aid given	#Personnel	6	0	0	0
Their Inci 20-0609		Response Time: 00:13:22	#Appartus	2	0	0	0
20-0000382	04/29/2020	1 Mutual aid received	#Personnel	0	4	0	0
Their Inci 20-0650		Response Time: 00:06:20	#Appartus	0	2	0	0
Subtotal Responses: 5				Average Response Time for Dept: 00:06:50			

STA. 32 HOWLAND FDID 78121							
20-0000317	04/07/2020	1 Mutual aid received	#Personnel	0	2	0	0
Their Inci 985		Response Time: 00:08:59	#Appartus	0	1	0	0
20-0000366	04/25/2020	4 Automatic aid given	#Personnel	3	0	0	1
Their Inci 1124		Response Time: 00:07:32	#Appartus	1	0	0	1

Response time calculated from time notified to arrival.

BAZETTA

Aid Responses by Department

Alarm Date Between {04/01/2020} And {04/30/2020}

Incident	Notified	Type of Aid	Fire	EMS	Resc	Other
STA. 32 HOWLAND FDID 78121						
Subtotal Responses: 2			Average Response Time for Dept: 00:08:16			

STA. 38 MECCA FIRE DEPARTMENT FDID 78133						
20-0000355	04/18/2020	2 Automatic aid received	#Personnel	0	0	2
Their Inci	090	Response Time: 00:05:00	#Appartus	0	0	1
20-0000373	04/26/2020	2 Automatic aid received	#Personnel	0	0	2
Their Inci	20-0100	Response Time: 00:07:47	#Appartus	0	0	1
Subtotal Responses: 2			Average Response Time for Dept: 00:06:24			

STA. 77 TRUMBULL COUNTY HAZ MAT TEAM						
20-0000313	04/06/2020	1 Mutual aid received	#Personnel	0	0	1
Their Inci	003	Response Time: 00:06:17	#Appartus	0	0	1
Subtotal Responses: 1			Average Response Time for Dept: 00:06:17			

Response time calculated from time notified to arrival.

Scott Gubanyar
6632 State Route 86
Windsor, OH 44099
April 9, 2020

Chief Dennis Lewis, Bazetta Township Board of Trustees
Bazetta Township Fire Department
3000 Warren Meadville Road
Cortland, OH 44410

Dear Chief Lewis and the Bazetta Township Board of Trustees,

My time at the Bazetta Township Fire Department has been an enlightening journey. My experiences within the department have provided me valuable lessons that will be with me for the duration of my career. I have met and worked with many admirable people; they are what make Bazetta Township a workplace that is fun, pleasant and conducive to professional development.

I have enjoyed working for the Bazetta Township Fire Department; however, the time has come for me to move on. I thank everyone at the Bazetta Fire Department for making my time here, over the past ten years, a pleasant, educational work experience.

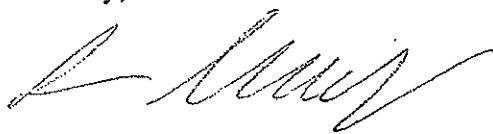
Please accept my resignation from the position of full-time firefighter / paramedic at the Bazetta Township Fire Department effective at the conclusion of my shift on May 30th, 2020.

I have submitted a request for the use of my remaining personal, vacation and comp time from the date of April 15th, 2020 to the date of May 30th, 2020. At the time this letter takes affect I will have a balance of 68.24 hours of vacation time, 8,38 hours of comp time and 7 days of holiday pay accumulated that I would like to cash out.

I will have a transfer sick time request letter submitted for the accumulated sick time by my new employer Lakeland Community College for the date of May 30th, 2020.

With your blessings I would like to remain on the roster as a part-time firefighter / paramedic. I will not immediately be available for shift work due to the stipulations of my new employment, but I foresee myself working part-time within the next few months. If this were to change, I will notify you in writing.

Sincerely,



Scott W. Gubanyar

ProCare Services

BMS contracts



Sales Rep Name: Jason Roberts
 ProCare Service Rep: Garrett Cook

3800 E. Centre Ave
 Portage, MI 49009

Date: 4/13/2020
 ID #: 200413154415

PRO CARE PROPOSAL SUBMITTED TO

Billing Acc Num: _____ Name: Brad Hall
 Shipping Acct Num: 1074208 Title: _____
 Account Name: Bazetta Fire Dept Phone: (330) 442-1212
 Account Address: 3000 Warren Meadville Rd Email: bhall@bazettatwp.org
 City, State Zip: Courtland, OH 44410

PRO CARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs	Total
1	LP15	LifePak 15	LP15 Prevent Onsite	2	1	\$3,600.00
2	LUCAS	LUCAS	LUCAS Prevent Onsite	1	1	\$1,404.00

PROGRAM INCLUDES

LUCAS Prevent Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test linear sensor and recalibrate if needed
- Lubricate and adjust mechanical parts, including compression module and claw lock
- Clean hood, fan, intake and bellows
- Perform functional test on all mechanical components and electronics
- Computer-aided diagnostics
- Replacement of LUCAS Disposable suction cup, LUCAS Patient Straps, or LUCAS Stabilization Strap, as deemed necessary by Stryker
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- Replace up to 2 LUCAS chest compression system batteries in accordance with the Instructions for Use or upon battery failure*
- LUCAS Battery Desk-Top Charger, LUCAS Aux Power Supply, LUCAS Car Cable repair or replacement as deemed necessary by Stryker*
- Replacement of LUCAS Disposable suction cup, LUCAS Patient Straps, or LUCAS Stabilization Strap

** (Onsite Repairs or Depot Depending on Agreement) **

LP15 Prevent Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test the integrity of all cables and recommend replacement as needed
- Electrical safety check in accordance with NFPA guidelines
- Computer-aided diagnostics to test 30 device dimensions and verify the unit functions accurately, from waveform shape and defibrillation energy to pacing current and capnography readings (if present)
- Check electrode expiration dates and recommend replacement as needed
- Check printer operation and trace quality
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- LIFEPAK battery-charger repair or replacement as deemed necessary by Stryker*
- Power-adaptor repair or replacement
- Replace up to 3 lithium-ion batteries in accordance with the device operating instructions or upon failure*
- Replace up to 1 coin cell memory battery in accordance with the device operating instructions or upon failure*
- Replacement of protective display shield, corner bumper guards, CO2 connector cover, shoulder strap, handle, device labels, and battery pins as deemed necessary by Stryker at time of annual inspection.

** (Onsite Repairs or Depot Depending on Agreement) **

Unless otherwise stated on contract, payment is expected upfront.	ProCare Total	\$5,004.00
	Discount	5%
	FINAL TOTAL	\$4,753.80

 Stryker Signature Date

Start Date: 5/1/2020
 End Date: 4/30/2021
 6-1-2020

 Customer Signature Date
 DENNIS K. LEWIS

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com>

The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

Purchase Order Number

If contract is over \$5,000 please send hard copy PO

COMMENTS:

Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com.

All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.

**Quote pricing valid for 30 days.

SERIAL NUMBER SHEET			
Item No.	Model	Serial Number	Program
1	LP15	40356238	LP15 Prevent Onsite
2	LP15	40360472	LP15 Prevent Onsite
3	LUCAS	3016G718	LUCAS Prevent Onsite

Purchase Order Form



Account Manager _____

Purchase Order Date _____

Cell Phone _____

Expected Delivery Date _____

Stryker Quote Number 200413154415

Check box if Billing same as Shipping

BILL TO	CUSTOMER #
Billing Account Num	0
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	1074208
Company Name	Bazetta Fire Dept
Contact or Department	Brad Hall
Street Address	3000 Warren Meadville Rd
Add'l Address Line	
City, ST ZIP	Courtland, OH 44410
Phone	(330) 442-1212

Authorized Customer Initials

DH

Authorized Customer Initials

DH

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact Information

Name Cynthia Chapman
 Email FISCALOFFICER@BAZETTAFWP.ORG
 Phone 330-637-8316

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name DENNIS LEWIS
 Title DIR
 Signature [Signature]
 Date 6-1-2000

Attachment Stryker Quote Number 200413154415

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

LIFEPAK[®] 15 service

Stryker has been notified by our global parts providers that some components used on certain LIFEPAK 15 monitor/defibrillator models (Part Numbers beginning with V15-2) are no longer available in the market. Service on the LIFEPAK 15 with Part Number beginning with v15-5 or v15-7 is unaffected.

Stryker will continue to offer service support for this subset of the LIFEPAK 15 as follows:

- All service parts with available inventory can be purchased by our end users
- Transactional service (time and material) is available for non-contract customers
 - If a component has failed on your device, your local Sales Representative should be contacted for support
- Contractual service
 - Stryker will continue to offer contractual service on a yearly basis only
 - Preventive maintenance will continue to be done on devices less than eight (8) years old. After this point, we will cease to conduct preventative maintenance and shift to device inspections
 - If a component fails on your device, please contact your local Sales Representative for support. A pro-rated credit for any pre-paid service will be provided should a unit become non-serviceable due to part availability

It is important to note that the LIFEPAK 15 has an expected life of eight (8) years from the date of manufacture. If you are uncertain of the manufacture date of your products, please contact your local Sales Representative for a full fleet assessment.

We want to ensure the highest quality products and services for our customers. As such, it is important to know that Stryker is the only FDA-approved service provider for our products. We do not contract with third party service providers, nor will we be providing them with any additional parts for these repairs. As such, we cannot guarantee the safety and efficacy of any device that is repaired by a third-party service agency.

April 2020 Bazetta Police Department Activity



Published Date: May 6, 2020

Activity	Total
Calls for Service	234
Incident Reports Filed	53
Traffic Crash Investigations	5
Number of Persons Arrested	7
Traffic Offenses	2
Traffic Citations Issued	2
Vehicle Miles Traveled	5,929.40
Office Contacts	154

* Numbers are subject to change due to report status and other circumstances

Bazetta Township Police Department

Year to Date Analysis April 2019 Comparison to April 2020

Chief Christopher G. Herlinger

Sgt. Jake Abbott



↑↓Percentage Difference
from 2019 - 2020

	2019	2020	
Calls for Service	425	234	-44.941 ↓
Incidents Filed	133	53	-60.150 ↓
Traffic Crash Investigations	12	5	-58.333 ↓
Number of Persons Arrested	67	7	-89.552 ↓
Traffic Offenses	60	2	-96.667 ↓
Miles Traveled	7408.70	5929.40	-19.937 ↓

Numbers published as of January 7, 2019 -- subject to change Numbers updated on 11/07/2019



Send PO's To:
 3723 Cleveland Ave
 Columbus, OH 43224
 ph (614)471-0712
 fx (614)471-2134

Remit Pymt To:
 4250 Alum Creek Dr
 Obetz, OH 43207
 ph (614)489-5025
 fx (614)489-5077

Account Name BAZETTA TOWNSHIP POLICE DEPARTMENT
 Contact Name Jake Abbott
 Bill To 2671 MCCLEARY-JACOBY RD
 CORTLAND, OH 44410
 Phone (330) 766-5534
 Email jabbott@bazettatwp.org

Date 5/6/2020
 Quote Number 00033287
 Prepared By Alex Forbes

Quantity	Style	Product Family	Description	Unit	Quantity	Sales Price	Total Price
7.00	83285	Hornady	.223Rem 62gr. TAP Barrier	rds	200	\$130.00	\$910.00
1.00	RA9T	Winchester	9mm Luger 147gr. JHP T-Series	rds	500	\$137.50	\$137.50
4.00	USA9MM1	Winchester	9mm Luger 147gr. FMJ - Flat Nose	rds	500	\$115.63	\$462.52
15.00	MAG546-BLK	Magpul	PMAG 9MM 17 ROUND MAGAZINE FOR GLOCK 17	Each		\$11.65	\$174.75

Subtotal \$1,684.77
 Trade In Value \$0.00
 Shipping and Handling \$80.00
 Tax \$0.00
 Quote Grand Total \$1,764.77

Payment Details

Net 30
 Check
 Credit Card

Number of Days
 Quote Valid

Quote Valid 30 Days

Name _____

Office Use Only HORNADY AND FET FORM REQUIRED

CC # _____

Expires _____ CRV CODE _____
 CREDIT CARDS OVER \$1,000 incur a 3% SURCHARGE

Due by April 24th

Bazetta Township Trustees

3372 State Route 5, N.E. – Cortland, Ohio 44410-1699
Office Phone: 330-637-8816 / Fax: 330-637-4588
www.bazettatwp.org

*****Bid Requirement Information*****

Company Name Cody's Lawn Service, LLC

Address P.O. Box 486 Cortland, OH 44410

Contact Phone # 330-766-3676 Alt. # _____

Insurance Co. Name Pekin Last renewal date 1/25/20-1/25

Policy # OOMMP253 Date Issued Many years ago

Personal Injury & Property Loss Amount Totals I believe One Million

The contractor agrees and acknowledges that he/she is contracted by the Township as an Independent Contractor, and as such the Township does not provide Worker's Compensation Insurance Coverage or any other employment benefit provided employees of the Township, and the Contractor hereby waives any claim to the same.

The Contractor is responsible for providing his/her own Worker's Compensation Insurance Enrollment.

The Contractor shall provide the Township, upon execution of this contract, a current State of Ohio Worker's Compensation Certificate, evidencing the Contractor's enrollment and coverage in the State of Ohio Worker's Compensation and Disability Insurance Program.

A current certificate in the Drug Free Workplace program, current registered company drug screen results, or signing a waiver provided by Bazetta Township Trustees is required.

Bazetta Township Trustees

3372 State Route 5, N.E. – Cortland, Ohio 44410-1699

Office Phone: 330-637-8816 / Fax: 330-637-4588

www.bazettatwp.org

Waiver of Lien – Contractor agrees to a waiver of lien(s) upon said abatement property for any amount due under this contract.

Indemnification- Contractor will indemnify and hold Township harmless for any and all liability arising from the Contractor's acts or omissions of negligence in the performance of this contract.

This agreement is by and between the Bazetta Township Board of Trustees, hereinafter referred to as the "Township", and Cody's Lawn Service, LLC hereinafter referred to as "Contractor".

The Contractor will perform the abatement project in accordance with the bid specifications attached hereto and incorporated by reference.

Whereas, the Contractor desires to contract with the Township to complete said nuisance abatement by removal of noxious weeds, garbage, refuse and debris;

Now Therefore, in consideration of the mutual promises and covenants contained herein the parties agree as stated above.

IN TESTIMONY HEREOF, the parties have unto affixed their signatures on the date indicated.

Contractor

Cody Boatright - member

Date- 4/10/2020

Board of Trustees

Trustee

Trustee

Trustee

Bazetta Township Trustees

3372 State Route 5, N.E. – Cortland, Ohio 44410-1699

Office Phone: 330-637-8816 / Fax: 330-637-4588

www.bazettatwp.org

1 PJP
Received
4/21/20

Bid Specifications

Bidding on grass and weed abatement as well as garbage, debris and rubbish removal from nuisance properties in Bazetta Township per ORC 505.87 and Bazetta Township Zoning Resolutions. Contractor will provide Labor, Equipment and any needed materials to perform the following required work

Brush Hog

1. Brush hogging properties per hour rate. \$ 80
- 1a Minimum Charge per property. \$ 300

2. Debris, rubbish and garbage removal per man hour and disposal rate.
 - 2a. Hourly rate per man hour \$ 55
 - 2b Disposal of Debris, specify unit of measure (i.e.: ton, job, bag) \$ 125) ton one ton mi

3. Mowing, trimming and removal of grass and weeds labor rate per hour.
 - 3a. Hourly rate per man hour \$ 60
 - 3b Minimum Charge per property \$ 60

Mowing will include Trimming (weed whipping) around buildings, trees, and any other fixed object within the requested work area. Removal of clippings from walk ways, driveways and road. (Blowing back onto turf surface will suffice). Pick up and removal of reasonable trash lying around on property. Cans, Bottles, paper wrappers Etc. Excessive Debris will be handled by separate work order.

When requested to perform a service for the township, Contractor agrees to give zoning inspector an estimated timeframe that the job will be completed.

All invoices MUST be submitted on a monthly basis. The Invoice Must include a break down per Property with date and type of service provided.

Bazetta Township Trustees

3372 State Route 5, N.E. – Cortland, Ohio 44410-1699

Office Phone: 330-637-8816 / Fax: 330-637-4588

www.bazettatwp.org

You must have and provide information on:

1. Workers Compensation
2. Current general business liability insurance.
3. Current Drug Screening or sign waiver release.

*I will provide these
if the bid is won
by Cody's Lawn Service,*

Cody

All bids must be returned in a sealed envelope no later than Friday, April 24, 2020 by 3:30pm at the Bazetta Township Administration building and time stamped when received.

Pete Pizzulo, Zoning Inspector Email: PPizzulo@bazettatwp.org

Bazetta Township, Trumbull County, State of Ohio, Office Hours: Monday – Friday 8 am to 4 pm



CODYS-1

OP ID: MRS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Farmers National Insurance LLC 339 N High St Cortland, OH 44410 Mark Seger	330-638-6146	CONTACT NAME: Tami Harned PHONE (A/C, No, Ext): 330-638-6146 FAX (A/C, No): 330-638-5127 E-MAIL ADDRESS: tharned@farmers-bowers.com
	INSURER(S) AFFORDING COVERAGE	
INSURER A: Pekin Insurance		NAIC # 24228
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Cody's Lawn Service LLC
 PO Box 486
 Cortland, OH 44410

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CL0229669	01/25/2020	01/25/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			00P724758	01/25/2020	01/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER BAZETT1 Bazetta Township 3372 State Route 5 NE Cortland, OH 44410	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus OH 43215-2256

Governor Mike DeWine
Administrator/CEO Stephanie McCloud

www.bwc.ohio.gov
1-800-644-6292

07/08/2019
Date Mailed

#BWNFVSQ
#XX19438162#

CODY'S LAWN SERVICE LLC
CODY'S LAWN SERVICE
PO BOX 486
CORTLAND, OH 44410-0486

IMPORTANT DOCUMENT: REMOVE AND POST

Ohio

**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01528639

Period Specified Below
07/01/2019 to 07/01/2020

CODY'S LAWN SERVICE LLC
CODY'S LAWN SERVICE
PO BOX 486
CORTLAND, OH 44410-0486



www.bwc.ohio.gov
Issued by: BWC

Stephanie McClaud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marijuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marijuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.



PAUL W. HOVIS

Owner  Hovis Tire & Automotive
330-716-2517 hovistire.com

Ship Trustees

...E. - Cortland, Ohio 44410-1699
637-8816 / Fax: 330-637-4588
w.bazettatwp.org

#2
Received
4-15-20
PJP
3-27-20

Specifications ***

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- 1a Minimum Charge per property. \$ 100.00
- 2. Debris, rubbish and garbage removal per man hour and disposal rate.
 - 2a. Hourly rate per man hour \$ 25.00
 - 2b Disposal of Debris, specify unit of measure (i.e.: ton, job, bag) \$ 140.00 TON
- 3. Mowing, trimming and removal of grass and weeds labor rate per hour.
 - 3a. Hourly rate per man hour \$ 25.00
 - 3b Minimum Charge per property \$ 100.00

Mowing will include Trimming (weed whipping) around buildings, trees, and any other fixed object within the requested work area. Removal of clippings from walk ways, driveways and road. (Blowing back onto turf surface will suffice). Pick up and removal of reasonable trash lying around on property. Cans, Bottles, paper wrappers Etc. Excessive Debris will be handled by separate work order.

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Bazetta Township Trustees

3372 State Route 5, N.E. – Cortland, Ohio 44410-1699

Office Phone: 330-637-8816 / Fax: 330-637-4588

www.bazettatwp.org

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