REQUEST FOR BOARD ACTION

ITEM NO. 27.

DATE OF MEETING: July 8, 2013

REQUESTED BY: Woody Sullivan, Chief, Pender EMS & Fire

SHORT TITLE: Resolution Authorizing Approval of the Fire Coverage Contract to Pender EMS & Fire, Inc.

BACKGROUND: On June 26, 2013 the Pender County Board of Commissioners approved a merger agreement between Pender EMS & Rescue and the Hampstead Vol. Fire & Rescue Inc., Long Creek-Grady Vol. Fire & Rescue Inc., and the Sloop Point Fire Department Inc. to provide continuing EMS & fire protection services within its primary coverage area and mutual aid to surrounding County Fire Departments. The Secretary of State officially changed the new departments name to Pender EMS & Fire Inc. In order to maintain consistency, it is necessary for the Pender County Board of Commissioners to amend the current Fire Department Funding Agreements into one contract to reflect this name associated with this merger. Attached is a proposed agreement with Pender EMS & Fire Inc.
The execution of this name change will not change or alter Fire districts and response protocols established by the Departments.

SPECIFIC ACTION REQUESTED: To consider a resolution approving the execution of the attached funding contract to reflect the name change of the Hampstead Vol. Fire & Rescue Inc., Long Creek-Grady Vol. Fire & Rescue Inc., and the Sloop Point Fire Department Inc. to Pender EMS & Fire Inc.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.

CBW
Initial

RESOLUTION

NOW, THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that

the Fire Department Funding Agreement with Hampstead Vol. Fire & Rescue Inc., Long Creek-Grady Vol. Fire & Rescue Inc., and the Sloop Point Fire Department Inc. be changed to Pender EMS & Fire Inc. The Chairman/County Manager is authorized to execute any/all documents necessary to implement this resolution.

AMENDMENTS:

MOVED_____ SECONDED_____

APPROVED_____ DENIED_____UNANIMOUS

YEA VOTES: Brown__McCoy ___Tate ___Ward___Williams_

_____ _____
George R. Brown, Chairman Date

_____ _____
ATTEST Date