



# County Fire Department

## COUNTY OF TULARE

### AGENDA ITEM

#### BOARD OF SUPERVISORS

ALLEN ISHIDA  
District One

CONNIE CONWAY  
District Two

PHILLIP A. COX  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** June 12, 2007

Public Hearing Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>						

CONTACT PERSON: Steve King PHONE: 559-747-8233

**SUBJECT:** Donation of an air pack refill station to the Tule River Community Fire Department.

**REQUEST(S):**

That the Board of Supervisors:

Approve and authorize the Chairman to sign the Air Pack Refill Station Donation Agreement.

**SUMMARY:**

The Tulare County Fire Department maintains equipment to refill breathing apparatus air packs as they are used in service. The Department has one mobile unit currently in service for this purpose. The Department also has a stationary unit which has been used for many years but is currently not in service. Due to the age of this unit and the high cost of repairs, it has been determined that it will no longer be used. This equipment is still functional for limited use. The Tule River Community Fire Department has expressed a need for this equipment. The Tulare County Fire Department is requesting authorization to donate this refill station to the Tule River Community Fire Department. If this equipment is relocated to the Tule River Community Fire Department it will also be available, if needed, to support Tulare County Fire Department efforts in that area.

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**DATE:** Department.  
June 12, 2007

**FISCAL IMPACT/FINANCING:**

No Net County Cost

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

This action helps provide for the safety and security of the public by providing an additional capability to an agency that provides emergency response within the County. This will serve to enhance coordinated County emergency preparedness, response, recovery and mitigation.

**ALTERNATIVES:**

The Board could choose not to authorize this donation. This equipment would then be sold as surplus.

**INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:**

County Counsel has reviewed and approved the agreement as to form.

**SUBJECT:** Donation of an air pack refill station to the Tule River Community Fire  
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**ADMINISTRATIVE SIGN-OFF:**

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Name: Steve Sunderland  
Title: Chief

Cc: Auditor/Controller  
County Counsel  
County Administrative Office (2)

Attachment: Donation Agreement for an air pack refill station to the Tule River  
Community Fire Department

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF DONATION )  
OF AN AIR PACK REFILL STATION )  
TO THE TULE RIVER COMMUNITY )  
FIRE DEPARTMENT )

RESOLUTION NO. \_\_\_\_\_

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: C. BRIAN HADDIX  
COUNTY ADMINISTRATIVE OFFICER  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

Approved and authorized the Chairman to sign the Air Pack Refill Station Donation Agreement.