

Public Safety Committee Meeting
Tuesday, March 15, 2022 5:00 PM
Crete City Hall
243 E 13th Street
Crete, NE 68333

1. Open Meeting

- In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the Council Chambers.
- Items listed on the agenda may be considered in any order.

2. Roll Call

- Attendance of members will be recorded to determine the presence of a quorum for official actions.

3. Items of Business

- The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.
- 3.A. Provide a recommendation to the City Council on approving a special event permit application from Southeast Nebraska CASA for a 5k run on April 30, 2022.
- 3.B. Provide a recommendation to the City Council on authorizing the Police Chief to apply for a \$1,770 mini-grant through the Nebraska Department of Transportation to replace the Police Department's preliminary breath testing equipment.
- 3.C. Provide a recommendation to the City Council on changing the billing company for the Fire Department.

4. Officers' Reports

- Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
- No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

5. Adjournment

Disclaimers & Notices

- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at www.crete.ne.gov.



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Date of Event April 30th, 2022

Start Time of Event 8:00am

Finish Time of Event 11:00am

Location of Event 5k/Fun Run

Start at City Park and

end at City Park

*See map

This request is for temporary occupation of the street or sidewalk right-of-way.

Streets or Alleys requesting to be closed none

(we will have volunteers at each intersection)

Special Equipment none

Organization Southeast Nebraska CASA

Responsible Party Southeast Nebraska CASA Sonia Almodovar

Address P.O Box 215 Seward, NE 68434

Phone 402-643-3695

Signature of Responsible Party [Handwritten Signature]

DO NOT WRITE IN THIS SPACE

Application # P22-01

Public Works Review [checked]

Emergency Services Review [checked]

Council Meeting Date

3/15/2022

Approved

Denied

Insurance Certificate Required

[checked]

Ins. Cert. Received [checked]

Conditions listed on back

REQUIRED ATTACHMENTS:

Diagram or print of location of event.

If alcoholic liquor will be served, copy of SDL. (none)

If alcoholic liquor will be served, description of barricades, devices, security measures, etc. to ensure compliance with The Nebraska Liquor Control Act:

N/A

Copy of insurance covering event with City of Crete as named insured.

CRETE Community in Motion

Measure

Click to place vertices for the line. Double-click or click the last placed vertex again to finish the line.

Length Units: Miles

Keep Side labels:

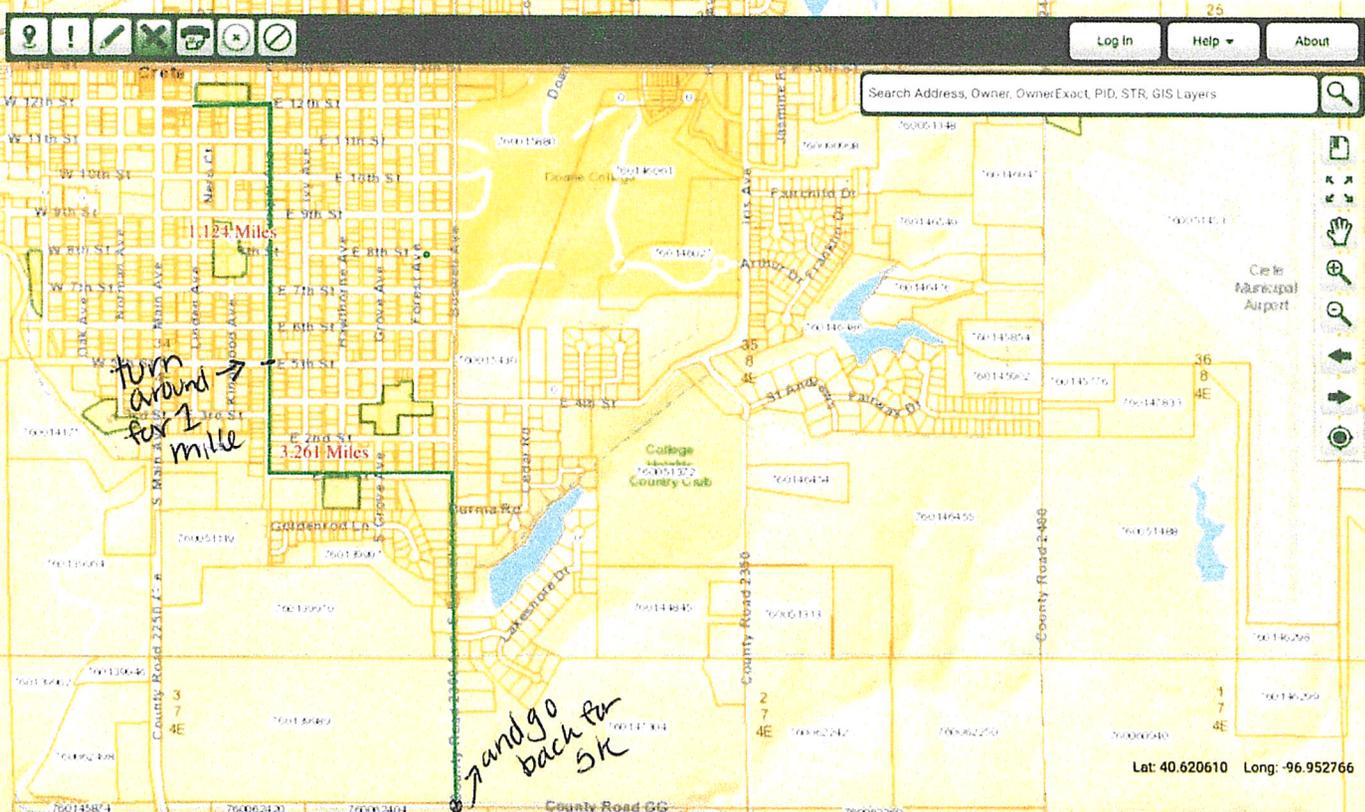
Enable snapping:

Snap Distance (5-50 pixels): 20

Snap Layer: Veterans

Layers: Basemap

gWorks





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2022

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 Kirby Roth Insurance LLC 604 Seward St Seward NE 68434		CONTACT NAME: PHONE (A/C, No, Ext): 402-643-4591 FAX (A/C, No): 402-643-4592 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Travelers Cas Ins Co Of Amer	19046
INSURED Southeast Nebraska Casa 1313 285th Ste 3 Seward NE 68434-3034		INSURER B: North Star Mutual Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 20220221102644434 **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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	BP27878	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 1,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PERSONAL & ADV INJURY \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						GENERAL AGGREGATE \$ 2,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	UB 8J726164	01/01/2022	01/01/2023	Fire Legal Liability \$
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							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 City of Crete 243 E 13th St Crete NE 68333	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 
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Please Type _____ DATE: _____

APPLICANT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ E-MAIL: _____

TELEPHONE #: _____ FAX #: _____ FEDERAL I.D. #: _____

Data Univ. Numbering System (DUNS) #: _____ Commercial and Government Entity (CAGE) Code: _____

Unique Entity Identifier (UEI) #: (Required after April 1, 2022) _____

PROJECT DESCRIPTION: The purpose of this Mini-Grant Contract is to provide funding assistance to law enforcement agencies to acquire preliminary breath testing equipment. The NDOT-HSO will provide up to a maximum of six (6) PBT's per agency. The cost of each unit is \$295.00 funded 100% by the NDOT-HSO.

The applicant must submit the following supporting documentation with this application:

- 1) a copy of your department's current employee safety belt policy; and,
- 2) a copy of your department's current drug-free workplace policy.

Upon receipt of the equipment the agency agrees to:

- 1) Provide annual reports of the activity generated (i.e. number of traffic stops) to the NDOT-HSO for three (3) years.
- 2) The agency also agrees to participate in a minimum of two Nebraska HSO special enforcement mobilizations (listed on the website: <https://dot.nebraska.gov/safety/hso/law-enforcement-resources/mobilizations/>) each year during the following three year period.
- 3) Use the equipment during the current grant period to positively affect project target – To decrease the increasing trend for alcohol-impaired driving fatalities by 1 percent from 65 (5 year rolling average in 2016-2020) to 65 by December 31, 2022.

BUDGET:

- 1) Number of Preliminary Breath Testing Units _____
- 2) Cost to NDOT Highway Safety Office \$ _____

Acceptance of Conditions: The Mini-Grant Contract Award recipient agrees to comply with all applicable federal and state laws, rules and regulations, and certification and assurances located in Attachment A of the Grant Contract Proposal Guide and Policies and Procedures. The Guide can be found on the NDOT-HSO website at <http://dot.nebraska.gov/safety/hso/grants/>. Failure to comply with these conditions may result in termination of this Grant Contract Award. All Awards are subject to availability of Federal Funding.

Authorized Signature of Agency	Date	Print or Type Name and Title
NDOT Highway Safety Office	Date	William J. Kovarik, Administrator Print or Type Name and Title

Return completed form to:	NDOT Highway Safety Office P.O. Box 94612 Lincoln, Nebraska 68509-4612	Email: ndot.hso@nebraska.gov Phone (402) 471-2515 FAX (402) 471-3865
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TO BE COMPLETED BY NDOT-HSO

Project No.: _____ SB: DF: RA: Contract Approval Date: _____

The Catalog of Federal Domestic Assistance (CFDA) number assigned to this Mini-Grant Contract is **20.616**.

Federal Aid Identification Number (FAIN): **67A3752130000405DNEM**

Revised 10/2021