Supreme Court of Ohio Clerk of Court - Filed January 19, 2016 - Case No. 2015-2092

IN THE SUPREME COURT OF OHIO

STATE ex rel. CORNERSTONE DEVELOPERS, LTD., Relator, vs. GREENE COUNTY BOARD OF ELECTIONS, et al., Respondents.	* * * * * * * * * * *	CASE NO. 2015-2092 (Expedited Election Case Under S.C.Prac.R. 12.08 – Original Action in Mandamus and Prohibition)

RESPONDENT, CITY OF CENTERVILLE'S, EVIDENCE SUBMITTED CONTEMPORANEOUSLY WITH ITS MERIT BRIEF

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Exhibit

Gregory B. Horn Affidavit.....A

ALTICK & CORWIN CO., L.P.A.
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DAYTON, OHIO 45402-2026

EXHIBIT A

ALTICK & CORWIN
CO., L.P.A.
ONE SOUTH MAIN STREET
SUITE 1590
DAYTON, OHIO 45402-2026

IN THE SUPREME COURT OF OHIO

STATE ex rel. CORNERSTONE DEVELOPERS, LTD.,	*	CASE NO. 2015-2092
Relator,	*	(Expedited Election Case Under S.C.Prac.R. 12.08 – Original Action in Mandamus and Prohibition)
vs.	*	
GREENE COUNTY BOARD OF ELECTIONS, et al.,	*	
Respondents.	*	

AFFIDAVIT OF GREGORY B. HORN,
CITY MANAGER, CITY OF CENTERVILLE,
SUBMITTED AS EXHIBIT A TO THE EVIDENCE OF
RESPONDENT, CITY OF CENTERVILLE,
FILED CONTEMPORANEOUSLY WITH RESPONDENT'S MERIT BRIEF

State of Ohio)
) SS:
County of Montgomery)

Now comes Gregory B. Horn, City Manager for the City of Centerville, Ohio, with personal knowledge and competency to testify thereto, and hereby states as follows:

1. I, Gregory B. Horn, am the City Manager for the City of Centerville, Ohio, and have served in this capacity since 1992.

2. Attached hereto as *Exhibit A* is a map, which is a true and accurate depiction of those areas of Sugarcreek Township annexed into the City of Centerville via Type-II annexation.

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3. Included in the annexed area depicted on *Exhibit A* are Dille North, Dille South, Sugarcreek Crossing, Interstate-675 and its ramps, and the adjacent portions of Brown Road, Feedwire Road and Wilmington Pike.

4. The area occupied by the Cornerstone Development is labeled on *Exhibit A* as Dille North and Dille South. The map also accurately labels the locations of various businesses already established in the annexed areas of the Township, including, but not limited to, Costco and Cracker Barrel, as well as sites for businesses which are currently under construction or where construction will shortly begin, including a Cabela's and a Kroger.

5. In addition to the Costco, Kroger and Cabela's referenced in the preceding paragraphs, additional businesses in operation in the annexed areas, include at least five restaurants, with additional restaurants permitted or under construction, and at least four other retail businesses, with additional business and residential construction contemplated.

6. At no time has the City of Centerville either consented to or requested the withdrawal of fire and EMS services from any area of the City which also lies in Sugarcreek Township.

7. The City of Centerville does not have a fire department or own or control firefighting equipment. Firefighting and fire prevention services for that portion of the City located in Sugarcreek Township, in Greene County, are provided by the Sugarcreek Township Fire Department.

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8. As a part of the services resolutions issued by the City of Centerville in connection with annexation of property located in Sugarcreek Township, the City did not agree to provide fire and EMS services.

9. Attached hereto as *Exhibit B* are true and accurate copies of documents produced by Sugarcreek Township in response to a public records request, including correspondence from FEMA to Mr. Randy Pavlak, Sugarcreek Township Fire Department, concerning Grant No. EMW-2013-FB-02111 and the application for FEMA Grant No. EMW-2013-FB-02111, submitted by Sugarcreek Township Fire Chief Randall J. Pavlak December 6, 2013.

Further, Affiant sayeth naught.

Gregory B. Horn

Sworn to and subscribed in my presence this 19th day of January, 2016.

NOTARY PUBLIC STATE OF OHIO

HOLLY BRICKER
Notary Public
State of Ohio
Comm. Exp. Oct. 28, 2019

Holly Bricker
Notary Public

ALTICK & CORWIN CO., L.P.A.
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EXHIBIT A

ALTICK & CORWIN
CO., L.P.A.
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DAYTON, OHIO 45402-2026

Brown Road
City of Centerville
Sugarcreek Twp.
675
Washington Twp.
Wilmington Pike
Dille,North
Costco
Kroger
Cabela's
Whipp Road
Sugarcreek Crossing
Cracker Barrel
Feedwire Road
PetSmart/ FreshThyme
City of Kettering
City of Centerville
Target
Home Depot
Sugarcreek Crossing
Five Seasons
Clyo Road
I-675and Ramps
675
Sugarcreek Twp.
Washington Twp.
Dille,South
Wilmington Pike
City of Centerville
Miami Valley HospitalSouth
Sugarcreek FireStation
Clyo Road
Clyo Road
Annexed, Part of Cornerstone
Annexed, Not Part of Cornerstone

EXHIBIT B

ALTICK & CORWIN
CO., L.P.A.
ONE SOUTH MAIN STREET
SUITE 1590
DAYTON, OHIO 45402-2026

U.S. Department of Homeland Security
Washington, D.C. 20472

FEMA

Mr. Randy Pavlak
Sugarcreek Township Fire Department
4398 Clyo Rd
Dayton, Ohio 45459-7000

Re: Grant No.EMW-2013-FV-02111

Dear Mr. Pavlak:

On behalf of the Federal Emergency Management Agency (FEMA) and the Department of Homeland Security (DHS), I am pleased to inform you that your grant application submitted under the FY 2013 Assistance to Firefighters Grant has been approved. FEMA's Grant Programs Directorate (GPD), in consultation with the U.S. Fire Administration (USFA), carries out the Federal responsibilities of administering your grant. The approved project costs total to $895,000.00. The Federal share is 95 percent or $850,250.00 of the approved amount and your share of the costs is 5 percent or $44,750.00.

Before you request and receive any of the Federal Grant funds awarded to you, you must establish acceptance of the Grant and Grant Agreement Articles through the Assistance to Firefighters Grant Programs' (AFG) e-grant system. Please make sure you read and understand the articles as they outline the terms and conditions of your grant award. By accepting the grant, you agree not to deviate from the approved scope of work without prior written approval, via amendment request, from FEMA. Maintain a copy of these documents for your official file.

If your SF 1199A has been reviewed and approved, you will be able to request payments online. Remember, you should request funds when you have an immediate cash need.

If you have any questions or concerns regarding the process to request your grant funds, please call 1-866-274-0960.

Sincerely,

Brian E. Kamoie
Assistant Administrator
Grant Programs Directorate

Entire Application

Overview

***Did you attend one of the workshops conducted by DHS's regional fire program specialist?**

No, I have not attended workshop

***Was a workshop within two hours' drive?**

Do Not Know

*** Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization or a State Fire Training Academy applying for this grant with this application?**

Yes, I am a member/officer of this applicant

If you answered No, please **complete** the information below. If you answered Yes, please skip the Preparer Information section.
Fields marked with an * are required.

Preparer Information

* Preparer's Name	
* Address 1	
Address 2	
* City	
*State	
* Zip	- Need help for ZIP+4?

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a Chief Officer or long time member of the organization who will see this grant through completion. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

Primary Point of Contact

* Title	Fire Chief
Prefix (check one)	N/A
* First Name	Randall
Middle Initial	J
* Last Name	Pavlak

* Business Phone (e.g. 123-456-7890)	937-848-7344 Ext. 105
* Home Phone (e.g. 123-456-7890)	937-371-5570 Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	937-620-2090
Fax (e.g. 123-456-7890)	937-848-5185
* Email (e.g. user@xyz.org)	rpav2@aol.com

Contact Information

	Alternate Contact Information Number 1
* Title	Assistant Chief
Prefix	N/A
* First Name	Joann
Middle Initial	
* Last Name	Zimmerman
* Business Phone	937-848-7344 Ext. 104
*Home Phone	937-848-2483 Ext.
Mobile Phone/Pager	
Fax	
*Email	ac-chief@sugarcreektownship.com

	Alternate Contact Information Number 2
* Title	Lieutenant
Prefix	N/A
* First Name	Josh
Middle Initial	
* Last Name	Johnson
* Business Phone	937-848-7344 Ext.
*Home Phone	937-313-1704 Ext.
Mobile Phone/Pager	
Fax	
*Email	fireeducation@sugarcreektownship.com

Applicant Information

EMW-2013-FV-02111
Originally submitted on 12/06/2013 by Randy Pavlak (Userid: sugarcreek)

Contact Information:

Address: 4398 Clyo Road
City: Dayton
State: Ohio
Zip: 45459
Day Phone: 9378487344
Evening Phone: 9373715570
Cell Phone: 9376202090
Email: rpav2@aol.com

Application number is EMW-2013-FV-02111

* Organization Name	Sugarcreek Township Fire Department
* Type of Applicant	Fire Department/Fire District
* Type of Jurisdiction Served If other, please enter the type of Jurisdiction	Township
Legal name of your jurisdiction Note: This information must match your SAM.GOV profile if your organization is using the DUNS number of your Jurisdiction.	Sugarcreek Township
* Employer Identification Number(e.g. 12-3456789) Note: This information must match your SAM.GOV profile.	31-6000605
* What is your organization's 9 digit DUNS Number? If you were issued a 4 digit number (DUNS plus 4) in addition to your 9 digit number please enter it in the second box. If not, please leave the second box blank.	043748755 (call 1-866-705-5711 to get a DUNS number)
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	Yes
* I certify that my organization/entity is actively registered at www.SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.	✓
Headquarters or Main Station Physical Address	
* Physical Address 1	4398 Clyo Rd

Physical Address 2	
* City	Dayton
* State	Ohio
* Zip	45459 - 7000 Need help for ZIP+4?
Mailing Address	
* Mailing Address 1	4398 Clyo Rd
Mailing Address 2	
* City	Dayton
* State	Ohio
* Zip	45459 - 7000 Need help for ZIP+4?

* Please describe all grants that you have received from DHS, for example, 2008 AFG grant for a vehicle or 2010 HSGP grant for exercises. (Enter N/A if Not Applicable).

2002 AFG SCBA Gant
2005 AFG Communications Grant
2008 AFG SAFER Grant
2009 AFG EMS Grant

Account Information
Note: This information must match your SAM.GOV profile.

* Type of bank account	Savings
* Bank routing number - 9 digit number on the bottom left hand corner of your check	[redacted]
*Your account number	[redacted]

Additional Information

* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	No
* If awarded the AFG grant, will your organization expend more than $500,000 in Federal funds during your organization's fiscal year?	No
* Is the applicant delinquent on any Federal debt?	No

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

Fire Department/Fire District Department Characteristics (Part I)

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	No
* What kind of organization do you represent?	Combination
If you answered combination, above, what is the percentage of career members in your organization?	22 %
If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department?	0
* What type of community does your organization serve?	Rural
* Is your Organization considered a Metro Department?	No
* What is the square mileage of your first-due response area? Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges.	26
* What percentage of your response area is protected by hydrants?	40 %
* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?	Greene
* Does your organization protect critical infrastructure of the state?	Yes
* How much of your jurisdiction's land use is for agriculture, wildland, open space, or undeveloped properties?	55 %
* What percentage of your jurisdiction's land use is for commercial and industrial purposes?	7 %
* What percentage of your jurisdiction's land is used for residential purposes?	38 %
* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc.	40
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	8041
*Do you have a seasonal increase in population?	No

If "Yes" what is your seasonal increase in population?

* How many active firefighters does your department have who perform firefighting duties?	59
* How many members in your department/organization are trained to the level of EMT-I or higher?	30
Do you have Community Paramedics ?	
* How many stations are operated by your organization?	2
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	Yes
* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Note: You will be required to report to NFIRS for the entire period of the grant.	Yes
If you answered yes above, please enter your FDIN/FDID	29124
* What percent of your active firefighters are trained to the level of Firefighter I?	7 %
* What percent of your active firefighters are trained to the level of Firefighter II?	52 %
If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?	No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the FF II level in this application! Please describe in the box to the right your training program and your plans to bring your membership up to Firefighter II.

Our training program is designed to take any FFI certification to FF II in a systmatic program over 24 month

* What services does your organization provide?

Structural Fire Suppression
Wildland Fire Suppression

Emergency Medical Responder
Basic Life Support
Advanced Life Support
Formal/Year-Round Fire Prevention Program

Haz-Mat Operational Level
Haz-Mat Technical Level
Rescue Operational Level
Rescue Technical Level

* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

Sugarcreek Township is a rapidly growing community both commercially and residential. We pride ourselves on safety and this grant would provide us the opportunity to ensure our firefighters safety and that of our citizens. We stand by the words "Everyone Goes Home". Every call our firefighters respond to in our existing Ladder Truck are placed at excessive risk. Sugarcreek Township Fire Department covers a major Ohio Interstate Highway I-675. Per the 2004 traffic survey on the stretch of highway we cover, there were 72,230 autos per day on our stretch of highway. It was recently estimated traffic has nearly doubled that amount since 2004 due to many major shopping centers being built, a major mall and housing complex/entertainment district was built and a hospital was built. We are also in close proximity (5 miles) to Wright Patterson Air Force Base and 10 miles to Wright State University all of which

we provide mutual aid to. In addition, we have classified ourselves as an suburban fire department rather than a rural fire department because the majority of the calls in our community and the surrounding communities we serve are in suburban type developments ranging from commercial structures to residential and public housing.

Populations and areas we protect or help protect:

Sugarcreek Township/Bellbrook 13,638 population, 26.7 square miles

Over 100,000 vehicles driving through or visiting Sugarcreek Township per day.

Greene County Ohio 152,298 population, 415 square miles

Xenia City 24,164 population, 12 square miles

Beavercreek City 39,196 population, 26 square miles

Fairborn City 32,474 population, 13 square miles

Wright State University 16,088 population

Wright Patterson Air Force Base 6,656 residential population, 5,517 military employee population and 8,102 civilian employee population.

Montgomery County Ohio 542,237 population 461 square miles

Dayton City 161,696 population, 56 square miles

Fire Department Characteristics (Part II)

	2012	2011	2010
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	0	1	0
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	3	1	1
* Over the last three years, what was your organization's average operating budget?		474402	
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime		79 %	

and fringe benefits)?

* What percentage of your annual operating budget is derived from:
Enter numbers only, percentages must sum up to 100%

Taxes?	92 %
EMS Billing?	7.5 %
Grants?	.5 %
Donations?	0 %
Fund drives?	0 %
Fee for Service?	0 %
Other?	0 %
If you entered a value into Other field (other than 0), please explain	
Does your organization intend to provide a financial match greater than the required amount?	Yes
If yes, how much additional funds is you department/agency willing to contribute? Please fill in the amount in the box to the right.	$15000

* Please describe your organization's need for Federal financial assistance. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

As a Township Fire Department, our budget is based 92% on property tax revenue. Unemployment rates in our area are among the highest in the country, due to the closing of several automotive plants and related subsidiary businesses. Our taxpayers are unwilling and unable to support more tax levies. Major budget cuts by the State of Ohio to our Tangible Personal Property Tax, Utility Tax,Local goverment fund and how they changed our roll back and homestead formula in tax rates have put deep cuts into our budget and also will hinder our ability to seek addiational fudning from the tax payer.

Maintenance and repair costs of the current Truck are not abating and are putting tremendous stress on our fire department budget, which in turn affects our ability to maintain other apparatus, personnel costs, and operating expenses.

The Board of Trustees and the citizens have made it very clear no additionalo funding. Find grants and other means to fund the apparatus replacement program.

* How many vehicles does your organization have in each of the types or class of vehicle listed below? **You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.** (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more):	3	1	16

Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper,Type I or Type II Engine Urban Interface			
Ambulances for transport and/or emergency response	2	1	6
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	1	0	4
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	1	0	5
Brush/Quick attack(pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	1	0	2
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	1	0	2
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	4	0	8

Department Call Volume

* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)	2012	2011	2010
Structural Fires	8	14	20
False Alarms/Good Intent Calls	54	158	189
Vehicle Fires	3	2	6
Vegetation Fires	10	11	12
EMS-BLS Response Calls	682	492	289
EMS-ALS Response Calls	332	375	312
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Community Paramedic Response Calls	0	0	0
Vehicle Accidents w/o Extrication	174	184	204
Vehicle Extrications	2	4	4
Other Rescue	6	113	121
Hazardous Condition/Materials Calls	38	80	39
Service Calls	176	96	102

Other Calls and Incidents	53	123	267
Total	1538	1652	1565

* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)

What is the total acreage of all vegetation fires?	10	2	35

* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)

In a particular year, how many times does your organization receive mutual aid?	18	48	30
In a particular year, how many times does your organization receive automatic aid?	27	15	11
In a particular year, how many times does your organization provide mutual aid?	38	80	72
In a particular year, how many times does your organization provide automatic aid?	56	20	17
Total Mutual / Automatic Aid (please total the responses from the previous two blocks)	139	163	130
Out of the mutual/automatic aid responses, how many were structure fires?	5	11	9

Request Information

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications.**

Program Name

Vehicle Acquisition

2. Will this grant benefit more than one organization?

Yes

If you answered yes, please explain in your narrative statement and list the organization(s) in the form below.

You must enter the Organization name, POC and Phone number and extension (optional).

Organization Name	First Name	Last Name	Phone Number	Action
Washington Township FD	William	Gaul	937-433-3083 Ext:	View
Bellbrook Fire Department	Scott	Hall	937-848-3272 Ext:	View

3. Enter Grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

$0

* From the requested activities, what is the total dollar amount requested for EMS equipment, supplies, training, etc in the Request Details of this application? If none of the items requested are for fire-based EMS, then enter $0.	$ 0
* 4. If you are filing for a micro grant ($25,000 federal share) or less please click the radio button and answer "YES". Please remember that your total request will be limited to $25,000 or less in Federal funds in the Operations and Safety portion only.	N/A
5. By answering yes to question #4 you are giving up the option to apply under Operations & Safety (Equipment, Modifications to Facilities, Personal Protective Equipment, Training and Wellness & fitness) for more than $25,000 of Federal funding. Do you agree to this? Do you fully understand this option?	

Request Details

The activities for program **Vehicle Acquisition** are listed in the table below.

Item	Total Cost	Additional Funding	Action
Aerial Apparatus	$ 895,000	$ 0.0	View Details Additional Funding Narrative
Vehicle Inventory			View Vehicle Inventory

* Total Funding for all EMS requested in this application	$0
Grant-writing fee associated with the preparation of this request.	$0

Vehicle Inventory

*** If you have 15 emergency response vehicles or less, list all of your Engines/Pumpers, Tankers, Aerials, Brush and Rescue Vehicles. List all vehicles providing the type, the age, the pump capacity (GPM) if applicable, the carrying capacity (gallons) if applicable.**

	Vehicle Type (possible terms: Engine (or Pumper) Ambulance, Tanker, Aerial Apparatus, Brush/Quick Attack, Rescue Vehicles Additional Vehicles)	Age	GPM	Gallons
1	Engine (or Pumper)	22	1250	1000
2	Engine (or Pumper)	20	1250	1000
3	Engine (or Pumper)	17	1250	500
4	Engine (or Pumper)	13	1250	1200
5	Ambulance	2		
6	Ambulance	9		
7	Ambulance	13		
8	Aerial Apparatus	28	1500	300
9	Brush/Quick attack	8	80	250
10	Rescue Vehicles	1	80	250

11	Tanker	13	1250	1200
12	Additional Vehicles	19		
13	Additional Vehicles	18		
14	Additional Vehicles	10		
15	Additional Vehicles	15		

View Firefighter Vehicle Program

Vehicle Details

*1. What type or class of vehicle will you use the grant funds to purchase?	Aerial Apparatus
*Please provide further description of the item selected above.	New 102 foot aerial ladder truck with ground ladders, 1500 GPM pump meeting 1901 and 1906 standards.
*2. Cost: (whole dollar amounts only)	$ 895000
*3. Is the vehicle you propose to buy:	Replacement of an existing apparatus
*4. What is the age of the vehicle being replaced?	28 years
*5. What is the newest (age) vehicle you currently own in the class you are purchasing?	N/A
*6 What is the average age of all vehicles in your fleet?	20 years
*7. Do you have a driver-training program equivalent to national or NFPA standards?	Yes
If you answered no, will you develop one prior to receipt of the vehicle per the program guidance?	
* Are you requesting funding for training specific to the vehicle acquisition?	No
If you are not requesting funding, will you obtain the appropriate training through other sources?	Yes
*9. Is the vehicle you are replacing a converted vehicle not originally designed for its current use?	No
*10. Does the vehicle you are replacing have an open cab configuration	Yes
*11. If awarded, will you permanently remove this substandard vehicle from	Yes

service?	
If you are removing a vehicle from service, describe the vehicle you plan to remove in the space provided. Please enter the type, year and model.	1986 open cab 95' platform ladder built by emergency one. Ladder out of service most of the year.
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:	1F9DBDA84CJ037524
*12. How long have you owned the vehicle you are replacing?	7 Years (whole number only)
*13. If you are removing a vehicle from service, what is the number of calls that vehicle responded to during 2012(documented through vehicle or dispatch logs)?	13 (whole number only)
*14. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations.	Yes
*15. Will this vehicle be used for automatic and/or mutual aid?	Both
*16. What percentage of your annual budget goes to vehicle replacement?	0 (0-100%)
*17. Is this vehicle going to be used as a regional asset?	Yes
If you answered "Yes" please explain	We have an 8 county mutual aid agreement along with the Ohio Fire Chiefs response plan that this assest would be available for response. Along with the region, we have two automatic aid communities we will respond with on emergencies.

Firefighting Vehicle - Narrative

* Section # 1 Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. *3000 characters

We respond to our first due area and also multiple surrounding communities through Automatic Mutual Aid Response (AMAR) agreements and our Ladder Truck is the only tower/platform Ladder Truck in the area that has the ability to perform complex rescues. Surrounding communities include a hospital and multi-story motel across the street from our station, a university, and Wright-Patterson Air Force Base and other structures demanding a need for a complex rescues that a tower platform can provide. The Ladder Truck also responds to the Interstate for complex motor vehicle crashes and to provide safety zones for fire and police responders. In addition, our area includes a fairly large river recreation area and the Ladder Truck has been utilized on several water rescue operations. Our 1986 Ladder Truck is an open cab 95' tower/platform and is non-compliant with OSHA and current NFPA 1901 and 1906 standards. Every seat on the Truck has only lap seat belts, which are now considered inadequate to properly restrain occupants and prevent ejection in a crash. The open cab further endangers responding firefighters, providing little or no protection from the elements or from ejection in a crash. This truck

is 28+ years old. Maintenance and mechanical issues have often rendered it out of service and unable to respond. In 2012 it was out of service the majority of the year and only responded to 13 calls.

We are applying for this grant to purchase a Ladder Truck that will comply with OSHA and NFPA 1901 and 1906 standards to increase the safety of firefighters and provide Ladder rescue capabilities to our community and surrounding areas. If we are awarded the 2013 AFG Firefighting Vehicle Acquisition Grant, we will purchase and acquire a new 102' tower/platform Ladder Truck. This will allow us to provide increased safety to our firefighters and an higher quality service to our citizens and surrounding communities. All of our Driver Operators (DO's) are required to complete a comprehensive drivers training vehicle operations program that consists of classroom instruction and hands on instruction with skills evaluations. DO's will complete and must pass a formal written exam based on their acquired training with regard to the Ladder Truck , NFPA standards and local and state laws. We have one of the best driver operator programs in the State of Ohio. We have formal Standard Operating Procedures (SOP's) already in place and are able to measure the abilities and knowledge of our DO's through annual driver operator recertification. Our program exceeds NFPA 1002 or its equivalent. We also have a comprehensive Vehicle Maintenance program with a mission to increase vehicle life and function and reduce repair costs.

We plan to purcahse a new or demo 100 plus platform ladder with 1500 GPM pump and all ground ladders to meet all current NFPA standards. We will utilize the awarded amount by maximizing the best fit for our community and fiscal responsible.

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* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. *3000 characters

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The cost of this project is $895,000. We have been able to budget the required 5% matching funds of $44,750 in our budget. However, our annual $ 2.2 million budget cannot withstand the entire cost of the project, particularly with skyrocketing personnel and operating costs nor can we afford to finance this large amount due to the extreme cuts the State of Ohio has made to local goverment. The taxpayer have been very clear they will not pass addditional levies to fund this project. The cost of this apparatus is very reasonable with the combination fire department we need a platform ladder for safety of the firefighter and the lenght is due to our zoning requiring deeper set backs on buildings. We beleive that there is a high benefit to the investment that will be assest to our community and all the mutual aid/amar communites that we share assests with in our region and State of Ohio. Additonally we will supplement the 95/5 share with an additional $15,000.00.

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* Section # 3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community? *3000 characters

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The new Ladder Truck would be utilized to respond on structure fires, highway rescue operations, special rescue assignments and water rescues in our area and surrounding communities frequently. The mechanical vulnerability of our current Truck has rendered it out of service and unable to respond on many occasions. Each time this has occurred, safety of firefighters and citizens has been compromised. The new Truck's up-to-date safety features would provide immediate enhancement of safety to firefighters in each and every response of the Truck by meeting NFPA 1901 and 1906 standards. No more open cab configuration.The reliability of a new vehicle will enable us to provide a Ladder Truck to our community and surrounding communities on a regular, reliable basis which enhances the life safety for not just our firefighters, but the public also. The City of Centerville annexed a portion our Township and will collect the Income tax. They have proposed to divert the property tax in tax increment financing for 10 to 30 years. The developement is projected to be over 150 million dollars for commerical and residential development that we will protect with our Fire and EMS without any additional funding from levies. This increased commerical development is about 50% of our current total Township tax base that will not bring additional funding for many years. The need for the new ladder truck that is dependable is even greater now.

Budget

Budget Object Class	
a. Personnel	$ 0
b. Fringe Benefits	$ 0
c. Travel	$ 0
d. Equipment	$ 895,000
e. Supplies	$ 0
f. Contractual	$ 0
g. Construction	$ 0
h. Other	$ 0
i. Indirect Charges	$ 0
j. State Taxes	$ 0
Federal and Applicant Share	
Federal Share	$ 850,250
Applicant Share	$ 44,750
Federal Rate Sharing (%)	95/5
* Non-Federal Resources *(The combined Non-Federal Resources must equal the Applicant Share of $ 44,750)*	
a. Applicant	$ 44,750
b. State	$ 0
c. Local	$ 0
d. Other Sources	$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

We will add and additional $15,000.00 if awarded to the appliacant match amount.

Total Budget	**$ 895,000**

Narrative Statement

For 2011 and on, the Narrative section of the AFG application has been modified. You will enter individual narratives for the Project Description, Cost-Benefit, Statement of Effect, and Additional Information in the Request Details section for each Activity for which you are requesting funds. Please return to the Request Details section for further instructions. You will address the Financial Need in Applicant Characteristics II section of the application. We recommend that you type each response in a Word Document outside of the grant application and then copy and paste it into the spaces provided within the application.

Assurances and Certifications

FEMA Form SF 424B

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific

statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Randall Pavlak** on **12/05/2013**

Form 20-16C

You must read and sign these assurances.

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.
Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over $100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
(b) Establishing an on-going drug free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;
(2) The grantees policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);
(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement and
(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.
(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street	City	State	Zip	Action

If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **Randall Pavlak** on **12/05/2013**

FEMA Standard Form LLL

Only complete if applying for a grant for more than $100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.

Submit Application

Application 100% complete, Submitted

Please click on any of the following links to visit a particular section of your application. Once all areas of your application are complete, you may submit your application.

Application Area	Status
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Assurances and Certifications	Complete

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

- **YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED. If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.**
- **When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:**

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

Note: The primary contact will be responsible for signing and submitting the application. Fields marked with an * are required.

I, Randall J Pavlak, am hereby providing my signature for this application as of 06-Dec-2013.

CERTIFICATE OF SERVICE

This is to certify that in accordance with S.Ct.Prac.R. 12.08(c), a true copy of the foregoing has been served this 19th day of January, 2016, upon **Joseph L. Trauth, Esq./Michael T. Cappel, Esq./Sophia R. Jannace, Esq.**, Attorneys for Relator, KEATING MEUTHING & KLEKAMP PLL, One East Fourth Street, Suite 1400, Cincinnati, Ohio 45202, at jtrauth@kmklaw.com and upon **Charles M. Miller, Esq.,** Co-Counsel for Relator, at cmiller@kmklaw.com; upon **Elizabeth A. Ellis, Esq.,** Attorney for Respondent, Greene County Board of Elections, Greene County Prosecutor's Office, 61 Greene Street, Suite 200, Xenia, Ohio 45385, at eellis@greene.oh.us; upon **Stephanie R. Hayden, Esq.,** Assistant Prosecuting Attorney, Attorney for Respondent, Sugarcreek Township, Greene County Prosecuting Attorney's Office, 55 Greene Street, Xenia, Ohio 45385, at SHayden@co.greene.oh.us and upon **Jeffrey C. Turner, Esq./Dawn M. Frick, Esq./Liza J. Brackman, Esq.,** Co-Counsel for Respondent, Sugarcreek Township, 8163 Old Yankee Street, Suite C, Dayton, Ohio 45458, at jturner@sdtlawyers.com; and upon **Jordan S. Berman, Esq./Sarah E. Pierce, Esq.,** Assistant Attorneys General, Attorneys for Respondent, Jon Husted, Ohio Secretary of State, 30 E. Broad Street, 16th Floor, Columbus, Ohio 43215, at jordan.berman@ohioattorneygeneral.gov.

/s/Scott A. Liberman
Scott A. Liberman (#0058432)
Steven E. Bacon (#0059926)
Counsel for Respondent
City of Centerville

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