

RESOLUTION APPROVING DOUG STARKEY, DIRECTOR OF ASHTABULA COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES, AS CONTACT PERSON FOR ACDES REGARDING THE STATE DISASTER RELIEF PROGRAM SNOW EVENT NOVEMBER 30, 2024

WHEREAS, Doug Starkey, Director of Ashtabula County Department of Environmental Services, has submitted a request to be appointed as contact person for the purposes of submitting the financial assistance request on behalf of Ashtabula County Department of Environmental Services for the snow event November 30, 2024, for approval by the board; and

WHEREAS, Doug Starkey will ensure that all information regarding the application for financial assistance from the State Disaster Relief Program be submitted to the Ohio Emergency Management Agency within the required timeframes; now

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio, that Doug Starkey be named as the Ashtabula County Department of Environmental Services contact person for the purposes of requesting the supplemental financial assistance for the damage caused by the snow event from November 30, 2024.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2025-115

February 27, 2025

RESOLUTION APPROVING DOUG STARKEY, DIRECTOR OF ASHTABULA COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES, AS CONTACT PERSON FOR ACDES REGARDING THE STATE DISASTER RELIEF PROGRAM SNOW EVENT NOVEMBER 30, 2024

Upon the motion of Kathryn L. Whittington, seconded by Casey R. Kozlowski.

VOTE:

J.P. Ducro IV

Aye

Casey R. Kozlowski

Aye

Kathryn L. Whittington

Aye

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Crystal Sturgill, Clerk of the Board
Board of County Commissioners *Acting*
Ashtabula County, Ohio

Department of Environmental Services
Water Distribution
Wastewater Collection & Treatment

Douglas G Starkey, Director



Board of Commissioners
JP Ducro IV, President
Casey Kozlowski, Vice President
Kathryn L. Whittington

February 25, 2025

Executive Director
Ohio Emergency Management Agency
2855 West Dublin Granville Road
Columbus, Ohio 43235-2206

Dear Executive Director:

The County of Ashtabula, Ohio intends to request supplemental financial assistance for damage caused by the Snow Event on November 30, 2024, from the State Disaster Relief Program.

We have designated Doug Starkey, Director of ACDES to be the contact person for Ashtabula County Department of Environmental Services, (ACDES), in all matters pertaining to this request. This individual will ensure that all required information is sent to the Ohio Emergency Management Agency within the required time frames and may be reached at 440-576-3725

The required information is enclosed.

Sincerely,

A handwritten signature in blue ink that reads 'JP Ducro IV' with a stylized flourish at the end.

J.P. Ducro IV, President
Ashtabula County Board of Commissioners

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Ashtabula County	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>3</u> Exemption from FATCA reporting code (if any) <u>C</u> <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 25 West Jefferson ST	Requester's name and address (optional)
	6 City, state, and ZIP code Jefferson, OH 44047	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
or													
Employer identification number													
3				-	6				1		2		8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/2/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

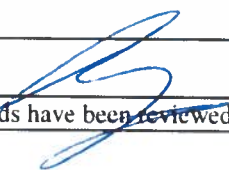
- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

STATE DISASTER RELIEF PROGRAM - SUMMARY SHEET

APPLICANT Ashtabula County-Department of Environmental Services			
LOCATION 36 West Walnut St, PO BOX 520, Jefferson Ohio 4	SITE #	COUNTY	CATEGORY
	1	Ashtabula	Emergency Protective Measures
DESCRIPTION OF WORK PERFORMED Public Works snow removal for access to critical faci			
	CLAIMED COST	COMMENTS	ELIGIBLE COSTS
LABOR	\$ 6,383.03	We operate both water and wastewater-with numerous facilities that needed access throughout the event	
EQUIPMENT	\$ 4,343.16	These vehicles are our plow vehicles used to maintain access through out the snow storm	
MATERIALS			
RENTAL EQUIPMENT			
CONTRACT COSTS			
TOTAL	\$ 10,726.19	Thank you for your time and please reach out with any questions or concerns	
I certify that the above information was transcribed from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit.			
CERTIFIED 		TITLE-Director	DATE 2-21-2025
Applicant's records have been reviewed and found correct with the exceptions as noted.			

Site Inspection Report
Category A and B - Debris Removal and Emergency Protective Measures

Site # _____ of _____

*See back of page for examples for determining Damage Description, Scope of work, and Cost Estimates.

Applicant: Ashtabula County-Department of Environmental Services	Applicant Representative: Doug Starkey	Representative Phone # 440-576-3725	Representative Email: djgstarkey@ashtabulacounty.us	Date Damaged December 2,4,5, 2024
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Category A: Debris Removal

What was the type of debris generating event? _____

Name of Location (Jurisdiction Wide)	Debris Type	Dimensions		Quantity (Cubic yards)	Operations		Was Temporary Staging- Reduction Site Used?	Temporary Staging/Reduction Site Location	Indicate Stockpile, Chipping, Other	Final Disposal Location
		Length (Feet)	Width (Feet)		Depth (Feet)	% Complete				
Jurisdiction Wide							YES NO			

Total Debris Removal Cost: _____

Category B: Emergency Protective Measures

What caused the emergency protective measures to be performed, what emergency protective measures were performed? **Snow Removal**

Who completed the work (force account or contract)? Force account If contract, what was contract amount? _____

If force account:

How many employees used? Seven (7)

How many hours worked? 177.5

Overtime vs Regular time? 25.5 OT vs 152 REG

Equipment used? Five (5) Ford F-250 Service Body Trucks at 385 HP Total hours per equipment used? (see equipment summary sheet) total hours 107

Materials used and quantities? N/A

Total Emergency Protective Measure Cost: \$10,726.19 Percentage of Work Completed: 100%

Applicant Representative Signature: _____