# Town of Pomfret Selectboard Meeting Agenda Town Offices

## 5218 Pomfret Road, North Pomfret November 20, 2024, 6:00 pm

#### Zoom instructions below

| Business Items   |         |  |  |  |  |  |  |  |
|--|---------|--|--|--|--|--|--|--|
| 1. Call to Order   | 6:00 pm |  |  |  |  |  |  |  |
| 2. Possible Executive Session – Confidential Attorney-Client             |         |  |  |  |  |  |  |  |
| Communications; Employment of Public Employees;                          |         |  |  |  |  |  |  |  |
| Appointment of Public Officers   |         |  |  |  |  |  |  |  |
| 3. Agenda Review   | 7:00 pm |  |  |  |  |  |  |  |
| 4. Public Comment  |         |  |  |  |  |  |  |  |
| 5. Road Foreman Report   | 7:05 pm |  |  |  |  |  |  |  |
| 6. Items for Discussion or Vote  | 7:30 pm |  |  |  |  |  |  |  |
| a. Employment of Public Employees  |         |  |  |  |  |  |  |  |
| b. FY 2026 Budget Discussion (Highway, FAST Squad)                       |         |  |  |  |  |  |  |  |
| c. 2024 Annual Report Deliverables                                       |         |  |  |  |  |  |  |  |
| d. Cintas Uniforms Contract  |         |  |  |  |  |  |  |  |
| e. Town Health Benefits Provider   |         |  |  |  |  |  |  |  |
| f. Personnel Policy Updates and Advice                                   |         |  |  |  |  |  |  |  |
| g. VLCT Drug Testing Policy  |         |  |  |  |  |  |  |  |
| h. Town Office Parking Lot Paving  |         |  |  |  |  |  |  |  |
| i. Generators Service Contract   |         |  |  |  |  |  |  |  |
| j. Town Hall Survey Results  |         |  |  |  |  |  |  |  |
| k. Appointment of Public Officials                                       |         |  |  |  |  |  |  |  |
| l. Warrants  |         |  |  |  |  |  |  |  |
| m. Approval of November 6, 2024 Minutes                                  |         |  |  |  |  |  |  |  |
| 7. Meeting Wrap Up   | 9:00 pm |  |  |  |  |  |  |  |
| a. Correspondence  |         |  |  |  |  |  |  |  |
| b. Review of Assignments   |         |  |  |  |  |  |  |  |
| c. Agenda for Next Meeting   |         |  |  |  |  |  |  |  |
| 8. Adjournment   |         |  |  |  |  |  |  |  |
| Time frames are approximate. Members of the public wishing to attend for |         |  |  |  |  |  |  |  |

**Time frames are approximate**. Members of the public wishing to attend for specific business items are encouraged to arrive before the time indicated.

#### **Zoom Instructions**

- Computer or Smartphone https://zoom.us/j/95395079923?pwd=ZjBEd3ZuZWgvWmx2M0tpOE8zbjg2dz09
- Mobile Phone +19292056099,,95395079923#,,#,306922#
- Landline or Mobile Phone (301) 715 8592, then Meeting ID 953 9507 9923 and Passcode 306922

## Item 6B FY 2026 Budget Discussion

available at

https://pomfretvt.us/index.php/boar/sel/budget/

## TOWN OFFICERS, APPOINTEES, COMMITTEES AND EMPLOYEES

| — OFFICERS —  | Term<br>Expires | — APPOINTEES —   | Term<br>Expires |
|---|-----------------|--|-----------------|
| MODERATOR   |                 | ANIMAL CONTROL OFFICER   |                 |
| Kevin Geiger  | 2025            | vacant   | n/a             |
| TOWN CLERK  |                 | CITIZEN TRUSTEE OF LABOUNTY FUND   |                 |
| Rebecca Fielder   | 2025            | Marjorie Wakefield   | 2025            |
| SELECTBOARD   |                 | COLLECTOR OF DELINQUENT TAXES  |                 |
| Emily Grube   | 2025            | Karen Hewitt Osnoe   | 2025            |
| John Peters Jr., Vice-Chair                                 | 2025            |  |                 |
| Benjamin Brickner, Chair                                    | 2026            | CONSTABLE  |                 |
| Meg Emmons  | 2026            | Douglas Tuthill  | 2025            |
| Steve Chamberlin  | 2027            |  |                 |
|   |                 | e911 COORDINATOR   | 2225            |
| TOWN TREASURER & TAX COLLECTOR                              | 2025            | Rebecca Fielder  | 2025            |
| Ellen DesMeules   | 2025            | FACT CENTRAL VERNAGNIT TELECONANALINICATIONS                               |                 |
| CEMETERY COMMISSION   |                 | EAST CENTRAL VERMONT TELECOMMUNICATIONS DISTRICT (ECFiber) REPRESENTATIVES |                 |
| Bruce Tuthill   | 2025            | Alan Graham  | 2025            |
| Susan Burgess[ <mark>, Chair</mark> ]                       | 2026            | Betsy Rhodes (first alternate)   | 2025            |
| Greg Greene (appointed 2024)                                | 2027            | vacant (second alternate)  | n/a             |
| LISTERS   |                 | EMERGENCY MANAGEMENT DIRECTOR  |                 |
| Rebecca Fielder   | 2025            | Kevin Rice   | 2025            |
| Neil Lamson   | 2026            |  |                 |
| Norman Buchanan[ <mark>, Chair</mark> ]                     | 2027            | FIRE WARDEN  |                 |
|   |                 | Frank E. Perron, Jr.   | 2025            |
| AUDITORS  |                 | Fred S. Doten, Sr. ( <i>deputy</i> )                                       | 2025            |
| Kristen Esty (resigned 2024)                                | 2025            |  |                 |
| Patti Wickersham (appointed 2024)                           | 2025            | GREATER UPPER VALLEY SOLID WASTE   |                 |
| Annie Mears Abbott  | 2026            | MANAGEMENT (GUVSWD) REPRESENTATIVES  |                 |
| Tracie Hartford (appointed 2024)                            | 2027            | Vernon Clifford Douglas Tuthill (alternate)                                | 2025<br>2025    |
| LIBRARY TRUSTEES  |                 | Douglas Futilii (unternute)  | 2023            |
| Cara DeFoor   | 2025            | HEALTH OFFICER   |                 |
| Jocelyn Randles   | 2025            | Hugh Hermann, M.D.   | 2027            |
| Douglas Abbott  | 2026            |  |                 |
| Betsy Rhodes  | 2026            | PLANNING COMMISSION  |                 |
| Jim Robinson  | 2027            | John Moore   | 2025            |
| Mary Worrell[ <mark>, Chair</mark> ]                        | 2027            | Doug Tuthill   | 2025            |
| TRUCTES OF RUBUS FUNDS                                      |                 | Cyrus Benoit   | 2026            |
| TRUSTEES OF PUBLIC FUNDS                                    | 2025            | William Emmons, Chair  | 2026            |
| Michael Doten<br>Marjorie Wakefield[ <mark>, Chair</mark> ] | 2025<br>2026    | Nelson Lamson<br>Jack Pearsons   | 2027<br>2027    |
| Robert Coates   | 2027            | Tyler Wellington   | 2027            |
| nobelt codices  | 2027            | Tyte. Weinigeon  | 2027            |
| WINDSOR CENTRAL UNIFIED                                     |                 | ROAD COMMISSIONER  | /               |
| UNION SCHOOL DISTRICT DIRECTORS                             | 2026            | vacant   | n/a             |
| Lydia Locke<br>Bob Crean                                    | 2026<br>2027    | TOWN SERVICE OFFICER   |                 |
| DOD CI CALL   | 2027            | Sheila Murray  | 2025            |
| JUSTICES OF THE PEACE                                       |                 | 5  | 2023            |
| Anne Bower  | 2025            | TREE WARDEN  |                 |
| Michael Doten   | 2025            | Cyrus Benoit   | 2025            |
| Chuck Gundersen   | 2025            | vacant (deputy)  | n/a             |
| James Robinson  | 2025            |  |                 |
| Marjorie Wakefield  | 2025            |  |                 |

| — COMMITTEES —                      | Term<br>Expires | — APPOINTEES (cont.) —                  | Term<br>Expires |
|-------------------------------------|-----------------|---|-----------------|
| CAPITAL PLANNING COMMITTEE          |                 | TWO RIVERS-OTTAUQUECHEE REGIONAL        |                 |
| Neil Lamson                         | n/a             | COMMISSION (TRORC) BOARD OF DIRECTORS   |                 |
| John Moore                          | n/a             | William Emmons                          | 2025            |
| Jon Ricketson                       | n/a             | Gennie Lawrence (alternate)             | 2025            |
| Hunter Ulf                          | n/a             |   |                 |
|                                     |                 | TRORC TRANSPORTATION ADVISORY COMMITTEE |                 |
| FINANCIAL MANAGEMENT COMMITTEE      |                 | Doug Tuthill                            | 2025            |
| Ellen DesMeules                     | n/a             |   |                 |
| Emily Grube                         | n/a             | ZONING ADMINISTRATOR                    |                 |
| Nancy Matthews                      | n/a             | Karen Hewitt Osnoe                      | 2027            |
| TOWN HALL REVITALIZATION COMMITTEE  |                 | ZONING BOARD OF ADJUSTMENT              |                 |
| Katie Brickner                      | n/a             | Benjamin Brickner, Chair                | 2025            |
| Marie Cross                         | n/a             | Shaun Pickett, Vice-Chair               | 2025            |
| Meg Emmons, Chair                   | n/a             | Susan Burgess                           | 2026            |
| Dana Kaye                           | n/a             | Seth Westbrook                          | 2026            |
| Gennie Lawrence                     | n/a             | Jeffry White (resigned 2024)            | 2026            |
| John Moore                          | n/a             | Michael Schmell (appointed 2024)        | 2026            |
|                                     |                 | Lindsay Hyde                            | 2027            |
| VERMONT 250TH ANNIVERSARY COMMITTEE |                 | Kyle Hansen                             | 2027            |
| Benjamin Brickner, Chair            | 2028            |   |                 |
| Dottie Deans                        | 2028            |   |                 |
| Alan Graham                         | 2028            |   |                 |
| Greg Hartford                       | 2028            |   |                 |
| Gennie Lawrence                     | 2028            |   |                 |

- EMPLOYEES -

| ASSISTANT | TOWN | <b>CLERK</b> |
|-----------|------|--------------|
|-----------|------|--------------|

Sally Weglarz

## ASSISTANT TOWN TREASURER

Sally Weglarz

## **HIGHWAY TEAM**

Frank Rogers, Road Foreman

Art Lewin



Cynthia Hewitt

## **TOWN HIGHWAY EQUIPMENT**

(per the Pomfret Selectboard)

|   | 2019      | 2020      | 2021        | 2022        | 2023        | 2024        |
|---|-----------|-----------|-------------|-------------|-------------|-------------|
| 2010 John Deere Loader (replaces 2001 loader)       | \$52,000  | \$52,000  | \$52,000    | \$50,000    | 50,000      |             |
| 2002 John Deere Grader, model 672CH                 | 72,000    | 50,000    | sold        | -           | -           | -           |
| 2021 John Deere Grader, model 627G                  | -         | -         | 280,000     | 270,000     | 270,000     |             |
| 2008 Komatsu PC78US-6 Excavator                     | 17,000    | 17,000    | 17,000      | 16,000      | 16,000      |             |
| 2014 Truck Freightliner 4WD w/ plow, sander & wing  | 150,000   | 135,000   | sold        | -           | -           | -           |
| 2021 International 2WD with plow, sander & wing     | -         | -         | 171,463     | 165,000     | 160,000     |             |
| 2013 Truck Freightliner 4WD w/ plow, sander & wing  | 114,000   | sold      | -           | -           | -           | -           |
| 2020 Int'l Truck tandem w/ plow, sander & wing      | -         | 198,000   | 196,000     | 190,000     | 180,000     |             |
| 2016 John Deere 6110M 4WD with side mower           | 105,000   | 103,000   | 101,000     | 98,000      | 94,000      |             |
| 2015 Truck, Western Star 4WD w/ plow, wing & sander | 160,000   | 100,000   | sold        | -           | -           | -           |
| 2022 Int'l tandem with plow, wing & sander          | -         | -         | 195,228     | 190,000     | 185,000     |             |
| 2022 Truck, Ford 550 4WD with plow, wing & sander   | -         | -         | -           | -           | 147,500     |             |
| 2015 Truck, Ford 550 4WD with plow & sander         | 58,000    | 56,000    | 50,000      | 20,000      | 10,000      |             |
| 1987 Truck, Ford 350 Mini-Pumper                    | -         | -         | -           | 5,000       | 5,000       |             |
| 2008 Tag Trailer                                    | 3,000     | 3,000     | 3,000       | 3,000       | 3,000       |             |
| 2008 Compactor                                      | 200       | 200       | 200         | 200         | 200         |             |
| Jumping Jack Compactor                              | -         | 2,000     | 1,900       | 1,700       | 1,600       |             |
| Generator   | 300       | 300       | 300         | discarded   | -           | -           |
| Hotbox  | 6,000     | 5,800     | 5,600       | 5,200       | 5,200       |             |
| 2000 Bandit Chipper                                 | 5,000     | 5,000     | 5,000       | 4,900       | 4,900       |             |
| Flail Head Mower                                    | -         | -         | -           | -           | -           | -           |
| Austin-Western V Snowplow                           | 250       | 250       | 250         | 250         | 250         |             |
| Bale Chopper  | 2,500     | 2,500     | 2,000       | sold        | -           | -           |
| Frontier Debris Blower                              | 2,500     | 2,200     | 2,000       | sold        | -           | -           |
| Pressure Washer (purchased new one in 2018)         | 1,500     | 1,400     | 1,300       | 1,000       | 500         |             |
| 2001 Steam Cleaner                                  | 800       | 800       | 800         | discarded   | -           | -           |
| 2001 Rock Rake                                      | 800       | 800       | 800         | 500         | 500         |             |
| Air Compressor                                      | 1,000     | 1,000     | 1,000       | 1,000       | 1,000       |             |
| Snow Fence and Posts, 3,000 feet                    | 2,000     | 2,000     | 2,000       | 1,800       | 4,000       |             |
| Chainsaws   | 400       | 800       | 1,000       | 2,000       | 2,000       |             |
| Welder, Lincoln Wire Feed                           | 800       | 800       | 800         | 800         | 800         |             |
| Small Tools   | 29,000    | 29,000    | 30,000      | 38,000      | 46,000      |             |
| Hydroseeder   | 7,000     | 7,000     | 6,000       | 5,800       | 5,200       |             |
| Leaf Blower   | -         | -         | -           | -           | 6,200       |             |
| Steam Cleaner                                       | -         | -         | -           | -           | 8,600       |             |
| TOTAL   | \$791,050 | \$775,850 | \$1,126,641 | \$1,070,150 | \$1,207,450 | \$1,207,450 |

2025 SMALL GROUP QUALIFIED HEALTH PLANS & PREMIUMS CHART

Blue numbers indicate a change for 2025 plans

|   |   |  |   |                        |   |                              |  |   |  |                           |                           |   |  |  |   |  | Dige Hui      | inder's indicate  | e a change for        | zozo piai |
|---|---|--|---|------------------------|---|------------------------------|--|---|--|---------------------------|---------------------------|---|--|--|---|--|---------------|-------------------|-----------------------|-----------|
| ueCross<br>ueShield<br>Vermont<br>ndependent Licensee   | Pina<br>alaw                              | EFITS<br>Incial<br>unts*               |   | uctible                | Out-of-<br>pocket<br>maximum  |                              | MI   | EDICAL<br>Medical co  | st-share(s)  |                           |                           |   | Deductible   | Out-of-<br>pocket<br>maximum   | cost-   | ption drugs<br>-share(s)   | 20            | 025 MONTH         | ILY PREMIL            | JMS       |
| a Blue Cross and Shield Association.  ns? Contact us at: 15-4550 (TTY/TDD: 711) ersupport@bcbsvt.com ssvt.org/smallbusiness | Health Reimbursement<br>Arrangement (HRA) | Health Savings<br>Account (HSA)        | Medical deductible is<br>doubled for two-person<br>and family plans | Deductible type        | Medical out-of-pocket<br>maximum is doubled<br>for two-person and<br>family plans | Preventive care <sup>5</sup> | Primary care,<br>mental health, or<br>provider visits for<br>substance use disorder<br>treatment | Specialist visits with diagnosis of heart disease or diabetes <sup>4</sup>      | Specialist visits³   | Urgent care               | Emergency room care       | Outpatient & inpatient<br>hospital services | Prescription drug<br>deductible is doubled<br>for two-person and<br>family plans | Prescription drug<br>out-of-pocket maximum<br>is doubled for<br>two-person and<br>family plans | Wellness drugs?<br>(generic/preferred/<br>non-preferred brands) | Prescription drugs<br>(generic/preferred/<br>non-preferred brands) | Employee-only | Employee + Spouse | Employee + Child(ren) | Family    |
| GOLD  |   |  | \$1,250   | Aggregate <sup>8</sup> |   | \$0                          | Combined 4-8-12<br>zero dollar office visits,<br>then deductible, then \$20                      | Four, zero dollar office<br>visits per member,<br>then deductible,<br>then \$40 | Deductible,<br>then \$40   | \$60                      | Deductible,<br>then \$250 | Deductible,<br>then \$750                   | Combined with medical  | \$1,650  | \$5/\$50/60% <sup>7</sup>                                       | Deductible, then<br>\$5/40%/60%                                    | \$1,129.14    | \$2,258.28        | \$2,179.24            |           |
| SILVER<br>REFLECTIVE  | •   |  | \$3,250   | Aggregate <sup>s</sup> | \$8,750²  | \$0                          | Combined 4-8-12<br>zero dollar office visits,<br>then deductible, then \$30                      | Four, zero dollar office<br>visits per member,<br>then deductible,<br>then \$50 | Deductible,<br>then \$50   | \$70                      | Deductible,<br>then \$450 | Deductible,<br>then \$1,750                 | Combined with medical  | \$1,650  | \$5/\$50/60%7   | Deductible, then<br>\$5/40%/60%                                    | \$926.86      | \$1,853.72        | \$1,788.84            | \$2,604   |
| BRONZE  | 8   |  | \$9,200   | Aggregate <sup>8</sup> | \$9,200 <sup>2</sup>  | \$0                          | Combined 4-8-12<br>zero dollar office visits,<br>then deductible, then \$0                       | Four, zero dollar office<br>visits per member,<br>then deductible,<br>then \$0  |  | Deductil                  | ble, then \$0             |   | Combined with medical  | Combined <sup>1</sup>  | \$15/\$50/60% <sup>7</sup>                                      | Deductible, then \$0   | \$816.91      | \$1,633.82        | \$1,576.64            | \$2,295   |
| GOLD CDHP   |   |  | \$2,950   | Aggregate <sup>a</sup> | \$2,950   | \$0                          |  | Dedu  | ctible, then \$0   |                           |                           |   | Combined with medical  | \$1,650  | \$5/\$50/60% <sup>7</sup>                                       | Deductible, then \$0   | \$1,146.17    | \$2,292.34        | \$2,212.11            | \$3,220   |
| SILVER CDHP<br>REFLECTIVE   |   | •                                      | \$5,400   | Aggregate⁰             | \$5,400 <sup>2</sup>  | \$0                          |  | Dedu  | ctible, then \$0   | annanan Living Co.        |                           |   | Combined with medical  | \$1,650  | \$15/\$50/60%7  | Deductible, then \$0   | \$937.14      | \$1,874.28        | \$1,808.68            | \$2,633   |
| BRONZE CDHP   |   |  | \$7,700   | Aggregate⁰             | \$7,700²  | \$0                          |  | Dedu  | ctible, then \$0   |                           |                           |   | Combined with medical  | Combined <sup>1</sup>  | \$25/65%/85%7   | Deductible, then \$0   | \$810.79      | \$1,621.58        | \$1,564.82            | \$2,278   |
| PLATINUM  | O   |  | \$450   | Stacked <sup>8</sup>   | \$1,6006  | \$0                          | Three, zero dollar office<br>visits per member,<br>then \$15                                     | \$40  |  | \$50                      | Deductible,<br>then \$100 | Deductible,<br>then 10%                     | \$0  | \$1,6006   | \$10/\$   | \$50/50%   | \$1,337.35    | \$2,674.70        | \$2,581.09            | \$3,757   |
| GOLD  |   |  | \$1,400   | Stacked®               | \$5,6006  | \$0                          | Three, zero dollar office<br>visits per member,<br>then \$20                                     | \$55  |  | \$65                      | Deductible,<br>then \$150 | Deductible,<br>then 30%                     | \$200 individual/<br>\$400 family  | \$1,6006   | \$15/deductibl  | ole, then \$60/50%   | \$1,138.18    | \$2,276.36        | \$2,196.69            | \$3,198   |
| SILVER<br>REFLECTIVE  |   |  | \$3,500   | Stacked <sup>a</sup>   | \$9,200   | \$0                          | Three, zero dollar office<br>visits per member,<br>then \$40                                     | \$90  |  | \$100                     | Deductible,<br>then \$250 | Deductible,<br>then 50%                     | \$500 individual/<br>\$1,000 family  | \$1,600  | \$15/deductibl  | ole, then \$70/50%   | \$937.80      | \$1,875.60        | \$1,809.95            | \$2,635   |
| BRONZE  |   | ************************************** | \$6,450   | Stacked <sup>a</sup>   | \$9,200   | \$0                          | Deductible, then \$35  | Deductible, then  | ı \$90   | Deductible,<br>then \$100 | Deductible                | e, then 50%                                 | \$1,100 individual/<br>\$2,200 family  | \$1,600  | \$15/deductibl  | le, then \$85/60%  | \$795.67      | \$1,591.34        | \$1,535.64            | \$2,235   |
| BRONZE<br>INTEGRATED  |   |  | \$9,200   | Stacked <sup>®</sup>   | \$9,200   | \$0                          | Three, zero dollar office<br>visits per member,<br>then \$40                                     | \$100   | AND CONTROL OF THE PARTY OF THE | Г                         | Deductible, then          | \$0   | Combined with medical  | Combined <sup>1</sup>  | \$25/deduc  | ctible, then \$0   | \$845.64      | \$1,691.28        | \$1,632.09            | \$2,376   |
| SILVER CDHP<br>REFLECTIVE   |   | •                                      | \$2,100   | Aggregate®             | \$7,050²  | \$0                          | Deductible, then 10%   |   | Deduct   | tible, then 35%           |                           |   | Combined with medical  | \$1,650  | \$10/\$40/50% <sup>7</sup>                                      | Deductible, then<br>\$10/\$40/50%                                  | \$981.98      | \$1,963.96        | \$1,895.22            | \$2,759   |
| BRONZE CDHP   |   |  | \$5,800   | Aggregate <sup>a</sup> | \$7,100²  | \$0                          |  | Deduct  | tible, then 50%  | )                         |                           |   | Combined with medical  | \$1,650  | \$12/40%/60% <sup>7</sup>                                       | Deductible, then<br>\$12/40%/60%                                   | \$844.49      | \$1,688,98        | \$1,629.87            | \$2,373   |

Cost-share for each health plan above is based on the employee-only coverage type. Plan benefits may change if the coverage type is different than employee-only coverage.

<sup>\*</sup>To learn more about our integrated financial accounts, visit bluecrossvt.org/mymoney

<sup>©</sup> Reflective Silver plans are available for small organizations who enroll directly through Blue Cross® and Blue Shield® of Vermont.

This plan does not include a separate prescription drug out-of-pocket maximum. All covered medical & pharmacy expenses accumulate to the overall combined out-of-pocket maximum. PREGARD FROM THE PROPRIES OF A CONTROL OF THE PROPRIES OF A CONTROL OF THE PROPRIES OF THE PR \$9,200 in a year, we begin paying 100% of the allowed amount for that person's covered services and supplies. 3Cost-share may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at bluecrossvt.org/smallbusiness \*Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. Visit bluecrossyt.org/preventive for the full list of preventive services covered at no cost to you. Medical and prescription drug out-of-pocket maximums are separate. 7Deductible is waived for wellness drugs on our Vermont Preferred and Consumer-Directed Health Plans (CDHP). Visit bluecrossyt.org/formulary-lists and click on NPF Wellness drugs. 8Stacked deductible plans pay benefits for an individual once the individual deductible is met, even on a two-person or family plan. Aggregate deductibles, the full individual or family deductible must be satisfied before benefits are paid.

## **Vermont Small Group 2025 Plans**

## Open enrollment begins November 1, 2024 for coverage starting January 1, 2025!



MVP VT Plus Plans (Non-Standard) MVP VT Plans (Standard) Non-Standard plans contain unique features that enhance the value of the benchmark benefits. Standard plans are based on what the state dictates must be included in benefit details. Platinum **Bronze** Gold Gold **Reflective Silver** Bronze Reflective Silver 3 OHDHP 4 NEW! 2 OHDHP 4 OHDHP 3 OHDHP Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless noted as not subject to deductible (NoDD). All plans include dependent care coverage until the end of the year the dependent turns 26. Cost-shares in red indicate a change from the 2024 plan. \$9,200/\$18,400 EMB Plan Deductible \$3,000/\$6,000 AGG \$5,800/\$11,600 EMB \$7,250/\$14,500 EMB \$450/\$900 EMB \$1,400/\$2,800 EMB \$2,100/\$4,200 AGG \$6,450/\$12,900 EMB \$5,800/\$11,600 AGG \$9,200/\$18,400 EMB \$5,000/\$10,000 EMB \$3,500/\$7,000 EMB \$2,500/\$5,000 EMB Individual/Family \$9,200/\$18,400 EMB **Out-of-Pocket Maximum** \$1,600/\$3,200 EMB \$8,000/\$16,000 EMB \$7,600/\$15,200 EMB \$5.800/\$11,600 EMB \$8,400/\$16,800 EMB \$5,600/\$11,200 EMB \$9,200/\$18,400 EMB \$7,050°/\$14,100 AGG \$9,200/\$18,400 EMB \$7,100'/\$14,200 AGG \$9,200/\$18,400 EMB Individual/Family Medical 3 PCP visits per Primary Care/Specialist Visit 0%/0% \$0 NoDD/\$0 NoDD 3 PCP visits per 10%/35% \$35/\$90 50%/50% 3 PCP visits per 0%/0% member NoDD, member \$0 NoDD, nember at \$0, then member at \$0, then member at \$0 then member \$0 NoDD. member at \$0, then then 0%/0% \$15 NoDD/\$40 NoDD then \$30/\$60 then \$40/\$100 \$20 NoDD/\$55 NoDD \$40 NoDD/\$90 NoDD \$40 NoDD/\$100 NoDD 0%/0% 50%/50% 10%/10% 50%/50% 50%/50% **Hospital Facility** 20%/\$1,000 50%/\$1,500 0%/0% 30%/30% 35%/35% Inpatient/Outpatient 0%/0% **Urgent Care/Emergency Room** 0%/0% \$0 NoDD/\$500 \$60/\$400 \$100/50% \$50 NoDD/\$100 \$65 NoDD/\$150 \$100 NoDD/\$250 35%/35% \$100/50% 50%/50% 0%/0% 0%/0% \$0 NoDD \$0 NoDD SO NoDD SO NODD \$0 NoDD **Gia Virtual Care Services** 0% \$0 NoDD \$0 NoDD 096 \$0 NoDD \$0 NoDD 0% 096 0% **Ambulance** 0% \$150 \$105 0% \$100 0% SEO NODD \$75 NoDD \$105 NoDD 40% \$100 5096 \$50 \$20 NoDD \$35 NoDD \$50 NoDD 35% \$45 50% \$50 NoDD Chiropractic \$25 NoDD \$45 0% Acupuncture Get up to \$500 per member, per contract for acupuncture services rendered by a licensed provider Not covered **Pediatric Dental** 0%/0%/0% \$0 NoDD/30%/50% \$0 NoDD/30%/50% 0%/0%/0% \$0 NoDD/30%/50% 0% NoDD/0%/0% \$0 NoDD/30%/50% \$0 NoDD/30%/50% \$0 NoDD/30%/50% \$0/30%/50% \$0 NoDD/30%/50% \$0/30%/50% \$0 NoDD/0%/0% Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year **Pediatric Vision** 0%/0% \$20 NoDD/\$20 NoDD \$20 NoDD/\$20 NoDD 0%/0% \$20 NoDD/\$20 NoDD \$20/\$20 \$20 NoDD/\$20 NoDD \$20/\$20 \$20 NoDD/\$20 NoDD Annual Exam/Set of Eyewear **Hearing Aid** 0%/0% \$0 NoDD/20% \$60/50% 0%/0% \$100/50% \$40 NoDD/10% \$55 NoDD/30% \$90 NoDD/50% 35%/35% \$90/50% 50%/50% \$100 NoDD/0% 0%/0% Office Visit/Equipment Pharmacv \$250/\$500 \$850/\$1,700 Integrated \$200/\$400 \$500/\$1,000 \$1,100/\$2,200 Integrated \$700/\$1 400 Integrated Integrated Integrated **Prescription Deductible** None Individual/Family with Medical **Brand Deductible** with Medical **Brand Deductible** with Medical **Brand Deductible Brand Deductible** with Medical **Brand Deductible** with Medical with Medical \$1,650/\$3,300 AGG \$500/\$1,000 EMB \$1,600/\$3,200 EMB \$1,650/\$3,300 AGG \$1,600/\$3,200 EMB \$1,600/\$3,200 EMB \$1,600/\$3,200 EMB \$1,650/\$3,300 AGG \$1,600/\$3,200 EMB \$1,650/\$3,300 AGG Integrated Prescription Integrated Integrated Out-of-Pocket Maximum with Medical with Medical with Medical Individual/Family **Prescription Cost-share Preventive Drugs** \$0 NoDD/\$40/\$80 \$5/\$30/\$60 096/096/096 \$10 NoDD/\$50/\$80 \$10 NoDD/0%/0% \$10 NoDD/\$50 NoDD/ \$15 NoDD/\$60/50% \$15 NoDD/\$70/50% \$10/\$40/50% \$15 NoDD/\$85/60% \$12/40%/60% \$25 NoDD/0%/0% \$10/\$15/5% NoDD VBID: \$1 Preventive Preventive VBID: \$1 50% NoDD Preventive Tier1/Tier2/Tier3 VBID: \$1 All Other Drugs Drugs NoDD Drugs NoDD Drugs NoDD 0%/0%/0% \$60 0% 50% 50% 50% **Diabetic Supplies** \$80 50% NoDD 60% 096 0% Premium Monthly Rates Rates effective January 1, 2025-December 31, 2025. Single \$1.052.10 \$1,003.03 \$810.02 \$826.68 \$1,009.01 \$810.90 \$819.12 \$713.04 \$719.42 \$728.15 \$722.72 \$1,203.09 \$717.83 Single + Spouse \$2,006.06 \$1,620.04 \$1,653.36 \$2,018.02 \$1,621.80 \$2,104.20 \$1,445.44 \$2,406.18 \$1,638,24 \$1,426.08 \$1,438.84 \$1,456.30 \$1,435,66 Single + Child(ren) \$2,030.55 \$1,935.85 \$1,563.34 \$1,595.49 \$1,947.39 \$1,565.04 \$1,580.90 \$1,376,17 \$1,394.85 \$1.388.48 \$1,405.33 \$2,321,96 \$1,385,41 Single + Spouse + Child(ren) \$2,956.40 \$2,818.51 \$2,276.16 \$2,322.97 \$2,030.84 \$3,380.68 \$2,835.32 \$2,278.63 \$2,301.73 \$2,003.64 \$2,021.57 \$2,046.10 \$2,017.10 Aggregate (AGG): For any policy with two or more members, the family deductible must be met by any Reflective Silver plans are only available through purchase directly from MVP Health Care. \$600 Well-Being Reimbursement VBID: Value-Based Insurance Design. VBID maintenance Medications are not subject to the deductible. <sup>2</sup>This plan features an aggregate deductible and out-of-pocket maximum (OOPM). Each member on a family plan Included on all MVP VT Plus plans! Members can get reimbursed up to \$600 per All Vermont Small Group QHDHPs can be paired with a Health Savings Account.

will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$9,200. The term *embedded* is used in Vermont Health Connect materials to define this deductible and OOPM structure

\*Gia telemedicine services will be 50 after the deductible is met on MVP QHDHPs beginning January 1, 2025, unless the Affordable Care Act 2023 QHDHP/HSA safe harbor is further extended

QHDHP: Qualified High-Deductible Health Plan. All MVP QHDHP plans are Health Savings Account qualified. MVPCDMM0004 (08/2024) ©2024-2025 MVP Health Care

MVP VT Small Group plans are pending approval for Medicare Creditable Coverage qualification. These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit These plan overviews are members to provide a good controlling. These documents can be found any applicable Rider(s), Your COC, SQC, and Rider(s) will be controlling. These documents can be found in

Aggregate (AGG): For any posicy with two or more members, the family deductible must be met by any one of any combination of members before the plan will make payment. Embedded (EMB): Each member pays toward, but never exceeds, their individual deductible and/or OPM until the larger family deductible and/or OPM until the larger family deductible. and/or OOPM is met, after which, the plan makes payments for all members on the Contract. The term and/or our manners and the Contract. The term Stocked is used on Vermont Health Connect materials to define this deductible and/or OOPM structure. Health benefit plans are issued and administered by MVP Health Plan, inc.; MVP Health insurance Company Health Denetit, plants and MVP Health Services Corp., operating subsidiaries of MVP Health Care, inc., Not all plans available in all states and counties.

contract, per calendar year for well-being items, programs, and activities.

Questions? We're here to help!

Call 1-844-865-0250 or visit myphealthcare.com/vermont to learn more. For subsidy information, visit VermontHealthConnect.gov.



## MVP Vision Plans for Small Groups





MVP Health Care' vision plans are powered by EyeMed, which means every doctor in our network is carefully selected to ensure our members have the flexibility to choose from the right mix of independent, national retail, and regional retail providers, including LensCrafters', Target Optical; and Pearle Vision: Plus, we offer online, in-network options through LensCrafters.com, Ray-Ban.com, Glasses.com, and ContactsDirect.com. To learn more about MVP vision plans, contact your Broker or MVP Sales Representative.

|  | MVPVi  | sion 1   | MVPVi  | sion 2   | MVPVi  | MVP Vision 3                                      |  |  |
|--|--|--|--|--|--|---|--|--|
| Summary of Benefits                                | In-Network Provider<br>(Member Responsibility)                               | Out-of-Network Provider<br>(Reimbursement to Member) | In-Network Provider<br>(Member Responsibility)                               | Out-of-Network Provider<br>(Reimbursement to Member) | In-Network Provider<br>(Member Responsibility)                               | Out-of-Network Provide<br>(Reimbursement to Membe |  |  |
| Routine Eye Exam<br>One exam every 12 months       | \$10 co-pay Lenses or contact lenses every 12 months, frames every 12 months | Up to \$25   | \$10 co-pay Lenses or contact lenses every 12 months, frames every 24 months | Up to \$25   | \$10 co-pay Lenses or contact lenses every 12 months, frames every 24 months | Up to \$25  |  |  |
| Frames   | 20% off after \$170 allowance  | Up to \$85   | 20% off after \$150 allowance  | Up to \$75   | 20% off after \$130 allowance  | Up to \$65  |  |  |
| Lenses, Single Pair                                |  |  |  |  |  |   |  |  |
| Single Vision                                      | \$25 co-pay  | Up to \$7  | \$25 co-pay  | Up to \$7  | \$25 co-pay  | Up to \$7   |  |  |
| Bifocal  | \$25 co-pay  | Up to \$21   | \$25 co-pay  | Up to \$21   | \$25 co-pay  | Up to \$21  |  |  |
| Trifocal   | \$25 co-pay  | Up to \$46   | \$25 co-pay  | Up to \$46   | \$25 co-pay  | Up to \$46  |  |  |
| Standard Progressive                               | \$90 co-pay  | Up to \$21   | \$90 co-pay  | Up to \$21   | \$90 co-pay  | Up to \$21  |  |  |
| Premium Progressive<br>Tier 1/Tier 2/Tier 3/Tier 4 | \$110/\$120/\$135/\$90 co-pay,<br>then 20% off after \$120 allowance         | Up to \$21   | \$110/\$120/\$135/\$90 co-pay,<br>then 20% off after \$120 allowance         | Up to \$21   | \$110/\$120/\$135/\$90 co-pay,<br>then 20% off after \$120 allowance         | Up to \$21  |  |  |
| Lens Options, Per Pair                             |  |  |  |  |  |   |  |  |
| Standard Polycarbonate<br>Adult/to age 19          | \$40/\$0   | Not covered/Up to \$28                               | \$40/\$0   | Not covered/Up to \$28                               | \$40/\$0   | Not covered/Up to \$28                            |  |  |
| Scratch Resistant Coating                          | \$0  | Up to \$11   | \$0  | Up to \$11   | \$0  | Up to \$11  |  |  |
| UV Coating   | \$15   | Not covered  | \$15   | Not covered  | \$15   | Not covered                                       |  |  |
| Solid or Gradient Tint                             | \$15   | Not covered  | \$15   | Not covered  | \$15   | Not covered                                       |  |  |
| Standard Anti-Reflection Coating                   | \$45   | Not covered  | \$45   | Not covered  | \$45   | Not covered                                       |  |  |
| Additional Add-Ons and Services                    | 20% off  | Not covered  | 20% off  | Not covered  | 20% off  | Not covered                                       |  |  |
| Contact Lenses                                     |  |  |  |  |  |   |  |  |
| Conventional                                       | 15% off after \$170 allowance  | Up to \$136  | 15% off after \$150 allowance  | Up to \$120  | 15% off after \$130 allowance  | Up to \$104                                       |  |  |
| Disposable   | \$170 allowance  | Up to \$136  | \$150 allowance  | Up to \$120  | \$130 allowance  | Up to \$104                                       |  |  |
| Rates Effective January 1, 2025-D                  | ecember 31, 2025 (Non-Voluntary-   | Employer contributes 80% or mo                       | ore to their employees' vision premium                                       | )  |  |   |  |  |
| Single   |  | ntary: \$6.58  | Voluntary: \$6.70 Non-Volu   |  | Voluntary: \$6.20 Non-Volu   | ntary: \$4.84                                     |  |  |

Voluntary: \$12.73

Voluntary: \$13.40

Voluntary: \$19.70

\$9.96

\$10.48

Non-Voluntary:

Non-Voluntary:

Non-Voluntary: \$15.41

No benefits will be paid for services or materials connected with or charges arising from orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surjical treatment of the eye, eyes or supporting structures, services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof, any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, safety eyewear, plano (non-prescription) eliness, non-prescription sunglasses, two pair of glasses in lieu of bifocatis; services or materials provided by any other group benefit plan providing vision care; services rendered after the data on insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next be score available. Member receives a 20% discount is mont covered by the plan at Eyethed in Network locations, Discount does not apply to Eyethed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay he full retail rest and not the negotiotal discount as with certain participating providers. Please see Eyethed's online provider locator to determine.

Non-Voluntary: \$12.50

Non-Voluntary: \$19.35

Non-Voluntary:

\$13.16

Voluntary: \$15.22

Voluntary: \$16.02

Voluntary: \$23.55

which participating providers have agreed to the discounted rate. Discounts on wision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for second softer than a covered benefit must be paid in full by the insured Person to the Provider, Such fees or materials are not covered under the Policy, Benefit allowances provide no remaining balance for future use within the same Benefit Frequency. These plan overviews are intended to provide a general outline of coverage, in the event of any conflict between this document and your Certificate of Coverage, Schedule, or any applicable Rider(s), your Certificate of Coverage, Schedule, or any applicable Rider(s) will be controlling.

Voluntary: \$11.78

Voluntary: \$12.40

Voluntary: \$18.23

Non-Voluntary:

Non-Voluntary:

Non-Voluntary:

\$14.23

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

Single + Spouse

Single + Child(ren)

Margaret Platzer *E-mail*: mplatzer@dinse.com

November 13, 2024

Via Email: Benjamin.brickner@pomfretvt.us

Mr. Benjamin Brickner Town of Pomfret 5218 Pomfret Road North Pomfret, VT 05053

Re: Engagement Letter (PACIF EPL #2024-168)

Dear Benjamin:

This letter confirms that we have been engaged to provide the Town of Pomfret advice related to employee benefits. We confirm the terms of our engagement in this letter and look forward to working with you.

My current hourly rate is \$340.00. This represents a 20% discount of my current hourly rate of \$425, which I extend to clients like the Town of Pomfret. I will delegate work to associates and paralegals where appropriate in order to reduce costs. Incurred out-of-pocket expenses, such as filing fees, travel and postage will be billed in addition to our legal fees. We will openly discuss billing with you at all times and work to establish a cost-effective approach to complete the legal work necessary. We will email out monthly billing statements detailing the services performed and amount due.

Our representation is based on the understanding that our firm will be compensated for the work requested by you. PACIF has agreed to pay the first \$750.00 and we will bill them directly with copy to you. Thereafter, we will submit our invoices directly to the Town of Pomfret for payment.

If you understand the terms of our engagement as described in this letter, please sign this letter below where indicated and return it to me by email. We look forward to working with you.

Very truly yours,

DINSE P.C.

Margaret C. Platzer

MCP:pbp

cc: Julie McKenzie (<u>jmckenzie@vlct.org</u>)

{B2907087.1 08098-0027}

# Law Office of DINSE P.C.

Benjamin Brickner November 13, 2024 Page Two

| ACKNOWLEDGED AND AGREED:          |      |  |
|-----------------------------------|------|--|
| Benjamin Brickner Town of Pomfret | Date |  |

## Guidance

PACIF has developed the attached model policy to assist municipalities that are regulated by the U.S. Department of Transportation (DOT). A municipality is a DOT-regulated employer if any of its employees operate commercial motor vehicles (CMVs). Even among the employees of a DOT-regulated municipality, the provisions of this policy only apply to those municipal employees who operate or are expected to be able to operate CMVs as part of their municipal employment. The policy also applies to potential CMV operators during the pre-employment process. Municipal employees who hold CDLs but are otherwise not expected to operate CMVs are not subject to this policy.

This policy has been developed based on the requirements articulated by DOT in Title 49, Part 40 of the Code of Federal Regulations (CFR). Your municipality is responsible for editing this document so that it reflects the practices and policies that have been adopted by your municipality which conform to federal and state requirements. Your opportunities for editing are limited to the sections within this policy that are marked with "guidance" and are accompanied by bolded text. You must replace this guidance language with language that reflects your municipality's policies.

We suggest that you have your municipal attorney review the final language in the document to ensure that the choices you have made regarding personnel and other issues do not conflict with any federal or state law, other municipal personnel policies or otherwise place the municipality in an adverse position relative to employment practices liability or other risks or legal issues.

**Please note:** Federal regulations provide little guidance in regard to the consequences of a positive test. Under Vermont law, an employee may not be terminated for a positive test if s/he agrees to participate in and then successfully completes the municipality's employee assistance program (EAP). Until there is more clarity about whether state law applies in the context of testing for CMV operators, PACIF recommends that municipalities take a conservative approach and assume that they are bound by the restrictions of state law.

Because of the various and significant compliance issues regarding testing and because of the risk of a claim for wrongful termination, we recommend that a municipality take only the following action after receiving notice of a confirmed positive test result: immediately suspend the employee with pay while the municipality consults with PACIF to request an employment practice liability (EPL) referral. As always, please call us if you have questions about this policy or if you would like to arrange for some onsite training on these matters.

Note: Please delete this italicized guidance section during final editing

#### Introduction

This policy applies to employees and prospective employees of [Name of Municipality] who operate commercial motor vehicles (CMVs) or who will operate CMVs if they are hired, transferred or promoted. Employees and prospective employees are not subject to this policy by virtue of holding a CDL unless their job duties may require them to operate a CMV.

All other municipal employees are subject to the provisions of the municipality's personnel policy regarding alcohol and drug use and testing, if applicable.

The policy was developed based on the requirements articulated by the U.S. Department of Transportation (DOT) in Title 49, of the Code of Federal Regulations (CFR).

This personnel policy does not constitute a contract of employment. Employment with [Name of Municipality] is at will and not for any definite period or succession of periods of time. The Town or the employee may terminate employment at any time, with or without notice. The selectboard reserves the right to amend any of the provisions of this personnel policy for any reason and at any time, with or without notice.

#### **Section 1: Applicability**

This policy applies to all [name of municipality] employees and prospective employees who operate commercial motor vehicles (CMVs) while engaged in any municipal business. This policy supersedes any provisions in the town's personnel policy regarding the consequences of the possession or use of drugs and alcohol as they pertain to CMV operators.

For purposes of this policy,

Commercial motor vehicle or CMV means a motor vehicle or combination of motor vehicles as follows:

- Any single vehicle with a gross vehicle weight rating (GVWR) of 26,001 pounds or more.
- A combination vehicle with a gross combination weight rating (GCWR) of 26,001 or more pounds, provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.
- A vehicle designed to transport 16 or more passengers (including the driver).
- Any size vehicle which requires hazardous material placards or is carrying material listed as a select agent or toxin in 42 CFR part 73.

Individuals operating the above vehicles must have a valid commercial driver's license (CDL). Note that emergency vehicles (e.g. fire apparatus are not CMVs).

Each employee who is subject to this policy is required to sign an acknowledgement that he or she has been provided a copy of this policy. This acknowledgement will be maintained in the town's personnel files as part of the driver qualification file. An acknowledgement form is included as Appendix C.

Given the varied nature of municipal needs, employees who are employed to operate CMVs have the potential to serve in safety-sensitive functions during any part of their job. Therefore, employees are subject to this policy at all times while they are actively working and-during periods when they may be

called into work (e.g. to respond to weather-related incidents, respond to emergency situations, etc.). Safety-sensitive functions and other terms are defined in Appendix A: Definitions.

Guidance: Insert here a reference to the page or section of your personnel policy that addresses being on-call for duty, if such a policy exists. As a minimum, address the issue that CMV operators will need to remain substance-free during expected winter events and other anticipated emergency incidents, given the likelihood that they will be called in to work and thus must be in compliance with elements of this Drug & Alcohol Policy.

### **Section 2: Responsibility for Employee Information**

The [Name of Municipality] has assigned [responsible person's name here] as the individual who can provide employees with information regarding this Drug & Alcohol Policy and answer related questions on the pertinent issues. Employees may also obtain information about applicable Federal regulations from 49 CFR. Sources of information are provided in Appendix B of this policy.

Guidance: It is important that this person's name be updated whenever a new individual assumes these responsibilities. This individual may or may not be the same person as your designated employer representative (DER). The DER is the person that receives the calls from the vendor that performs the testing pursuant to this policy. It is important that the person named above understand the municipality's drug & alcohol policy and also have access to the FMCSA requirements online. One document that may be helpful to download from DOT/FMCSA is entitled "A Motor Carrier's Guide to Improving Highway Safety".

#### **Section 3: Prohibited Conduct**

Conduct listed in this section is prohibited.

- Having a verified positive, adulterated or substituted drug test result.
- Performing safety-sensitive functions after notification of a verified positive, substituted or adulterated drug test result or an EBT alcohol test result indicating a measured alcohol concentration of 0.02% or greater, regardless of when the drug or alcohol was ingested and regardless of whether or not the driver is under the influence of alcohol or using drugs, as defined in federal, state or local law.
- Reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR PART 40, as amended.
- Consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. An on-call employee who has consumed alcohol must acknowledge the use of alcohol at the time that he/she is called to report for duty.
- Consuming alcohol within four (4) hours prior to the performance of safety-sensitive job functions.
- Misusing or being impaired by authorized or prescribed use of drugs or over-the counter medications which may affect work performance or pose a danger to the safety of the driver or to others. Drivers are required to inform the employer's designated representative of any therapeutic drug use that has the potential to impact the safe operation of equipment or motor vehicles.
- In cases where prescribed medication labeling suggests that machinery operation or driving may be compromised in any way, the driver shall obtain written authorization from the prescribing physician indicating that the driver is able to safely operate a CMV while using the substance. This

must be provided to the municipality prior to operation of said CMV while using the prescribed substance(s).

- Reporting to work or remaining on duty requiring the performance of safety sensitive duties while having an alcohol concentration of 0.02% or greater regardless of when the alcohol was consumed.
- Consuming alcohol for eight (8) hours following involvement in an accident or before submitting to any required post-accident drug/alcohol testing, whichever occurs first.
- Engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the work place including municipal premises, vehicles, while in uniform or while on municipal business.
- Refusal to submit to alcohol or drug testing, as defined in Section 4, below.

## Section 4: "Testing Refusal" Defined

Under federal law, a test refusal is considered as a positive test and has the same consequences. An employee or prospective employee is considered to have refused a test when s/he does any of the following:

- Fails to appear for any test within a reasonable time, as determined by the employer or testing pool administrator, after being directed to do so by the employer;
- Fails to remain at the testing site until the testing process is complete;
- Fails to provide a urine specimen for any drug test required by Part 40 or DOT agency regulations;
- In the case of an observed collection in a drug test, fails to permit the observation or monitoring of the collection of a specimen;
- Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- Fails to provide an adequate amount of saliva or breath for any alcohol test required, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- Fails or declines to take a second test that the employer or collector has directed the employee to take;
- Fails to undergo a medical examination or evaluation, as directed by the medical review officer (MRO) as part of the verification process, or as directed by the DER as part of the "shy bladder" procedures;
- Fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process);
- If the MRO reports that there is verified adulterated or substituted test result.

## **Section 5: Testing**

All testing and specimen collection prescribed under this policy will be done in accordance with federal requirements. Prescribed testing includes: pre-employment, random, reasonable suspicion, post-accident, return to duty, and follow-up, if applicable.

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (DHHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential

manner, and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.

## **Section 5a: The Drug Testing Process**

The drug testing process will screen for drugs including marijuana, cocaine, opioids, amphetamines, and phencyclidine. The use of certain over-the-counter medications and other substances may result in a positive test.

After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection procedure. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a DHHS certified laboratory.

An initial drug screen and validity test will be conducted on the primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.

Guidance: If a drug test produces a result of negative dilute the employer <u>may</u> require the donor to submit to another specimen collection. The re-collection cannot be done under direct observation. If the employer adopts a policy of re-collection for negative-dilute results, all employees must be treated the same. However, the employer may elect to treat different types of tests differently (e.g. re-collect for pre-employment tests, but not for random tests). If a second test is performed and is also negative-dilute, the employer must accept that result and cannot continue re-collections. The second test is the test of record. Under federal law, an applicant/employee's refusal to submit to a recollection for a negative-dilute result is a refusal to test. You should state your municipal policy on this issue here.

The test results from the DHHS certified laboratory will be reported to a Medical Review Officer (MRO). The MRO is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a verified positive, substituted, or adulterated test result. The MRO will:

- Attempt to contact the employee to notify the employee of the non-negative laboratory result and provide the employee with an opportunity to explain the confirmed laboratory test result.
- Review any medical history and/or medical records that have been offered by the employee-to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be confirmed as a verified positive or a refusal to test and reported to the [Name of Municipality] Designated Employer Representative (DER). If a legitimate explanation is found, the MRO will report the test result as negative to the DER and no further action will be taken. If the test is invalid without a medical explanation, a retest will be conducted under direct observation.

Any covered employee who questions the results of a required drug test performed under this policy may request that the split specimen be tested. The employee's request for a split specimen test must be made to the MRO within 72 hours of notice of the original specimen verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts beyond the control of the employee.

The original collected urine specimen is split into 2 specimens (primary specimen and split specimen) prior to testing, expressly for this purpose. The split specimen test must be conducted at a second DHHS-certified laboratory with no affiliation with the laboratory that analyzed the primary specimen. The test must be conducted on the split specimen that was provided by the employee at the same time as the primary specimen. The method of collecting, storing, and testing the split specimen will be consistent with the procedures set forth in 49 CFR Part 40, as amended.

Guidance: The municipality should decide who will pay for the cost of the split specimen test and may require the employee to cover these costs. Federal guidance suggests that an employee's inability to fund the cost of the split sample test upfront should not impact the timeline for testing. It also states that employers may recoup the cost of the test. An example of policy language that reflects option is provided below:

Any covered employee, who elects to have a split specimen tested, agrees to fully reimburse the municipality for all costs associated with the testing. Reimbursement may be recouped via payroll deduction, or any other mutually agreeable method(s).

Whether the municipality adopts this language, or some other reimbursement or cost sharing arrangement, this policy language should be clearly stated here.

- If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled and will direct a retest of the employee under direct observation. The retest must occur as quickly after notification as possible.
- The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen tests negative, the split specimen will be discarded. If the primary specimen tests positive, the split specimen will be retained for testing if so requested by the employee through the MRO. If the primary specimen is positive, both the primary and split specimens will be retained in frozen storage for one year.

#### **Section 5b: Observed Collections**

Consistent with 49 CFR Part 40, collection under direct observation by a person of the same gender with no advance notice will occur in any of the following circumstances:

- The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to the municipality that there was not an adequate medical explanation for the result;
- The MRO reports to the municipality that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed;
- The test is a return-to-duty test or a follow-up test;

- The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;
- The temperature of the original specimen was out of range; or
- The original specimen appeared to have been tampered with.

#### **Section 5c: The Alcohol Testing Process**

Tests for breath alcohol concentration will be conducted by a trained Breath Alcohol Technician (BAT) using a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing device (EBT).

If the initial test results indicate that alcohol is present, a confirmatory test will be conducted at least fifteen minutes after the completion of the initial test and will be performed by a trained BAT using a NHTSA-approved EBT. The EBT will identify each test with a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the testing, all results, and to attribute the test to the correct employee.

The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee, to maintain the integrity of the alcohol testing procedures and ensure the validity of the test result. An employee who has a confirmed alcohol concentration of 0.04% or higher will be considered to have a positive alcohol test and will be in violation of this policy. The consequences of a positive alcohol test are described in Section 6: Consequences of a Positive Test.

An employee undergoing alcohol testing who does not to provide a sufficient amount of breath to permit a valid breath test will be directed to obtain an evaluation within 5 days, from a licensed physician who has expertise in the medical condition raised by the employee's failure to provide a sufficient specimen. The results of this evaluation will be reviewed by the MRO to determine the result of the test.

Even though an employee who has a confirmed alcohol concentration of 0.02% to 0.039% is <u>not</u> considered to have had a positive test, the employee shall still be removed from safety-sensitive duties for twenty-four hours.

Subsequent to the required 24-hour removal, the employee will:

- Meet with [list representatives appropriate for your municipality here-e.g. selectboard member, HR Mgr, DPW director, Road Foreman, etc.] to review the need to avoid alcohol use from any source during or proceeding work hours.
- If the employee has an alcohol test result of 0.02% to ≤ 0.039% two or more times within a six month period, the employee will again meet with a municipal representative from the list above to review the need to avoid alcohol use. The employee will be provided with contact and related information for the EAP program (currently Invest EAP). There is no requirement that the employee access those services.

Guidance: The above bullets are a recommended risk management practice, as they attempt to educate the employee and provide a conduit for substance abuse assistance.

An alcohol concentration of less than 0.02% will be considered a negative test.

The municipality affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies or procedural flaws that do not affect the test result will not result in a cancelled test.

## **Section 5d: Pre-employment Testing**

Guidance: There are some circumstances in which an employer is not required to administer a controlled substances pre-employment test. See 49 CFR Part 40. However, given the complexity of assuring the compliance with those conditions and the fact that PACIF will cover the cost of pre-employment drug testing, we strongly encourage the adoption of a policy that requires pre-employment drug testing for all new hires.

An employer may conduct, but is not required to conduct pre-employment alcohol testing. If an employer chooses to conduct pre-employment alcohol testing, it must comply with the provisions of 40 CFR 382.301(d) and include applicable policy language here. The model policy proposes that only pre-employment drug testing be performed.

When an individual applies to work for the town in a position that involves the operation of a CMV, or when a municipal employee is under consideration for a position that involves the operation of a CMV, that person will be required to undergo pre-employment urine **drug** testing. All offers of employment and offers for transfer for covered positions shall be <u>conditional</u> upon the applicant passing the drug test. Pre-employment testing must be completed **prior** to the individual working in the new position.

Pre-employment drug testing will be accomplished by providing advance notice of the test schedule and location to the position applicant. The length of the advance notice period will be kept as short as is reasonably feasible to coordinate and complete the test.

If an applicant fails a pre-employment drug test, the conditional offer of employment shall be rescinded. Prior to future consideration for employment performing safety sensitive duties, the municipality must receive evidence from a substance abuse professional that meets with the requirements 49 CFR part 40 as amended, regarding the absence of drug dependency. A negative pre-employment drug test will also be required.

Any applicant who fails a pre-employment drug test will be provided the results of the test along with the current Invest EAP brochure. This serves to provide the individual with information about substance abuse treatment opportunities.

Guidance: If you have chosen to require job applicants that have a negative dilute drug test to undergo a second test as outlined in this section 5a, you must add that policy language here.

When an existing employee is being placed, transferred, or promoted into a position that is covered by this policy and that person submits a drug test with a verified positive result, the employee may be subject to disciplinary action as outlined in the municipal personnel policies. That employee will also

be eliminated from consideration for the position which triggered the need for the pre-employment test.

If a pre-employment/pre-transfer test is canceled for any reason, the applicant will be required to take and pass a pre-employment drug test before the individual is placed into a covered CDL position or performs safety sensitive duties.

#### **FMCSA Clearinghouse**

Effective January 6, 2020 in accordance with 49 CFR, all drivers shall be subjected to a query of the FMCSA Clearinghouse prior to employment as well as yearly throughout the driver's employment with this company. This is an employer responsibility.

Drivers should also note that the following information will be reported to the Clearinghouse by both the Medical Review Officer, the Consortium/TPA and/or the employer. Drivers who fail to provide the necessary authorization to complete the initial or annual query will be subject to termination.

- A verified positive, adulterated, or substituted drug test result;
- An alcohol confirmation test with a concentration of 0.04 or higher;
- A refusal to submit to a drug or alcohol test;
- An employer's report of actual knowledge, as defined at 49 CFR § 382.107;
- On -duty alcohol use pursuant to 49 CFR § 382.205;
- Pre-duty alcohol use pursuant to 49 CFR § 382.207;
- Alcohol use following an accident pursuant to 49 CFR § 382.209;
- Drug use pursuant to 49 CFR § 382.213;
- SAP's report of the successful completion of the return-to-duty process;
- A negative return-to-duty test; and,
- An employer's report of completion of follow-up testing.

#### **Section 5e: Random Testing**

All municipal CDL drivers are placed in the VLCT PACIF-sponsored Drug & Alcohol Testing Consortium that is operated by the third party administrator, Occupational Drug Testing, LLC (ODT). These employees are subject to random, unannounced testing. There is no discretion on the part of the employer or supervisor in the selection and notification of the individuals who are to be tested. The selection of employees is made by a scientifically valid method of randomly generating an employee identifier from the pool of covered employees.

The dates for administering unannounced testing are randomly selected each quarter, with a minimum percentage of the pool's drivers selected for drug testing, alcohol testing, or both as required by Federal regulations and updated each calendar year.

Random drug tests can be conducted at any time during an employee's shift. Random alcohol tests can be performed just before, during, or just after the performance of a safety-sensitive duty. Employees are required to <u>proceed immediately to the collection site</u> or make themselves immediately available to collectors when they notified that they have been selected for testing.

## **Section 5f: Reasonable Suspicion Testing**

All covered employees will be subject to a reasonable suspicion drug and/or alcohol test when there is a reasonable suspicion to believe that drug or alcohol use is occurring, has recently occurred, or that

the person is under the influence of drugs or alcohol. "Reasonable suspicion" shall mean that there is objective evidence, based upon specific, contemporaneous, describable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse.

Reasonable suspicion drug test referrals will only be made by a supervisor or other designated individual with employee monitoring and assignment responsibilities who has received "reasonable suspicion training" in accordance with FMCSA regulations. The training ensures that supervisors or other designated employees with similar responsibilities have the skills and knowledge to objectively detect the signs and symptoms of drug and alcohol use in employees covered by this policy.

## Guidance: Municipalities should contact their PACIF loss control consultant if reasonable suspicion training is needed for select employees.

A reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. A reasonable suspicion drug test can be performed any time the covered employee is on duty.

The [Name of Municipality] shall be responsible for transporting the employee who will be tested to a suitable testing site identified by ODT. Transport shall include travel to and from the location and to the individual's residence, as they should not be permitted to work when they may be under the influence of a drug or alcohol.

Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. An employee who refuses an instruction to submit to a reasonable suspicion drug/alcohol test shall not be permitted to finish his or her shift and will be subject to other employment consequences. Failure to submit to a reasonable suspicion test is prohibited conduct (test refusal), the consequences of which are outlined in <u>Section 6: Consequences of a Positive Test</u>.

A written record of the observations that led to a reasonable suspicion drug/alcohol test shall be prepared and signed by the supervisory individual making the observation. This record shall be prepared prior to the release of the test results. This written record shall be submitted to [title-of person who retains HR-related records].

Guidance: Because it may be used to support termination and compliance with FMCSA regulations, this record should go to the individual(s) responsible for human resource matters. This document should also be retained in both the personnel folder and the driver qualification file. A Reasonable Suspicion Testing Checklist is an excellent way to document the suspicion element. PACIF has provided one for member use in the guidance section of the CMV Operations Manual.

#### **Section 5g: Post Accident Testing**

All covered employees will be required to undergo post-accident urine and breath testing if they are involved in an accident with a CMV that meets the criteria outlined in the following chart:

| If the accident involved any of the following:                      | Qualifying event: Was a citation issued to the CMV driver? | Must test be performed by employer? |
|---|--|-------------------------------------|
| Human fatality  | YES  | YES                                 |
| Human fatality  | NO   | YES                                 |
| Bodily injury with immediate medical treatment away from the scene. | YES  | YES                                 |
| Bodily injury with immediate medical treatment away from the scene. | NO   | NO                                  |
| Disabling damage to any motor vehicle requiring tow away.           | YES  | YES                                 |
| Disabling damage to any motor vehicle requiring tow away.           | NO   | NO                                  |

All post-accident drug and alcohol testing should be completed within 2 hours of the accident.

If an alcohol test required by this section is not administered within two hours following the accident, the municipality will document and maintain a record stating the reason(s) why the test was not promptly administered. If an alcohol test required by this section is not administered within eight hours following the accident, the municipality will cease attempts to administer an alcohol test and will document the conditions that led to the time delay and failure to test.

If a drug test required by this section is not administered within 32 hours following the accident, the municipality will cease attempts to administer a controlled substances test and will document and maintain a record stating the reasons the test was not given within the required timeframe.

#### **Section 6: Consequences of a Positive Test**

The medical review officer will report positive test results to the DER only after the verifying the test results as outlined in 49 CFR, Part 40 as amended. When the DER is notified of this positive test result, the employee will be immediately suspended from operating CMVs and other safety-sensitive duties for the municipality and will be referred to a Substance Abuse Professional (SAP) for substance abuse assessment and/or treatment.

On the day that the positive test results are received, the employee will be suspended from all duties with pay. Subsequent to that, the employee may be suspended without pay. The employee's length of suspension will run the period of time in which it takes the individual to satisfactorily complete the treatment (as confirmed by the treating SAP), and last for up to 3 months from the date the positive test result was received. After that period, if the employee has not successfully completed treatment, the employee may be terminated.

Guidance: The employer may choose to allow the employee who had a positive test to perform non-safety-sensitive duties. The decision to use the employee in this manner or suspend the

employee from all duties as outlined above, is a policy decision and should be clarified in this section.

Initial suspension with pay is implemented to allow the municipality time to consult with PACIF or an employment attorney to ensure that the employment decision that is made is legally sound. PACIF members are encouraged to contact PACIF to obtain a no-cost referral to one of our participating employment practice attorneys. Since employees have 72 hours in which to request testing of the split sample (which could prove the positive test result incorrect), it is advisable to suspend the employee with pay for at least this timeframe.

The decision whether to terminate employment at the end of the 3-month period (if the employee has not completed treatment) should be made after consultation with an attorney and with reference to any labor agreements that are in place.

Any employee who has an initial positive test and has the split sample tested and obtains a negative result will immediately be permitted to return to their normal job duties.

An employee who provides written documentation from an SAP that substance abuse treatment has been satisfactorily completed within the 3-month suspension period must fulfill all return to duty testing requirements in <u>Section 7: Return to Duty Testing</u> prior to performing any safety-sensitive duties. Follow-up testing will also be required as directed by the SAP.

An employee who has a second positive test after completing return to duty testing may be terminated.

Guidance: Payment for substance abuse evaluations and services is left for employers and employees to decide and may be governed by existing management-labor agreements and/or health care benefits. Your municipal policy should state who is responsible for the costs of treatment, as well as the costs of return to duty and follow-up testing. This policy with regard to the costs of testing may be similar or identical to the split specimen testing reimbursement policy in Section 5a, if not otherwise specified in existing labor agreements.

## **Section 7: Return to Duty Testing**

Guidance: As outlined in Section 6: Consequences of a Positive Test, an employee with a positive test must undergo and complete treatment with a SAP, prior to returning to safety-sensitive duties. This individual must also undergo return to duty testing required by the SAP and receive a negative result, before returning to safety sensitive duties. While employers do have the option of using this individual to perform non-safety sensitive functions while they are undergoing treatment, they are not obligated to do so. Municipalities may prefer to suspend an employee with a positive test (as outlined in Section 6: Consequences of a Positive Test) and have the employee complete return to duty testing when authorized by the SAP. Note that collective bargaining agreements may affect municipal policy on this issue. The following policy language is recommended:

Covered employees having a positive test will not be permitted to return to duty (to safety sensitive functions) until after a substance abuse professional has determined that the employee has successfully complied with prescribed education and/or treatment. The SAP will authorize the return to duty testing only when the employee is known to be drug and alcohol-free and there is no risk to public safety. The

SAP will provide written documentation that the treatment has been completed and that the employee may undergo return to duty testing. The employee will then be allowed to take a return-to-duty test, as directed by the treating SAP.

The employee must have a negative drug test result and/or an alcohol test with an alcohol concentration of less than 0.02 before they may return to duty. For an initial positive drug test, a return to duty drug test is required and an alcohol test is allowed. For an initial positive alcohol test, a return to duty alcohol test is required and a drug test is allowed. Return to duty testing MUST be performed under direct observation.

## **Section 8: Follow-Up Testing**

After satisfactory completion of return to duty testing, the driver is required to submit to <u>at least</u> 6 follow up tests during the first 12 months after resuming safety sensitive duties. Follow-up testing may be required for up to 60 months unless the substance abuse professional determines that testing is no longer warranted. The number and frequency of follow-up tests will follow the written guidance provided by the treating SAP. All follow-up tests are unannounced and may include testing for drugs and/or alcohol.

Follow-up alcohol testing will be conducted only when the driver is performing or just before performing safety sensitive functions, or just after the driver has ceased performing safety-sensitive functions. Follow-up testing MUST be performed under direct observation.

Follow-up testing is separate from and in addition to random, post-accident, reasonable suspicion, and return to duty testing.

### **Section 9: Employee Information**

Employees are encouraged to seek information regarding the effects of alcohol and controlled substances and their health, employment, and personal life. Such information is available at:

http://www.samhsa.gov/;

http://www.fmcsa.dot.gov/rules-regulations/topics/drug/drug.htm

http://www.investeap.org/

http://www.dot.gov/odapc/employee-handbook-english

Guidance: it is suggested that the municipality visit these websites and pre-print some information so that it is readily available to provide to an employee in the event of a request for information. While providing the links to data sources will benefit most individuals, some may not have access to the internet, the ability to print, or skills to obtain the information. Thus, having some printed materials available for these individuals is desirable.

### **APPENDIX A: Definitions**

**Accident** means an occurrence associated with the operation of a CMV, if as a result:

- An individual dies, or
- An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident, or,
- One or more vehicles incur disabling damage as the result of the occurrence and are transported away from the scene by a tow truck or other vehicle. For purposes of this definition, *disabling damage* means damage that precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include:
  - o damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, or
  - o tire disablement without other damage even if no spare tire is available, or
  - o damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

**Adulterated specimen** is a specimen that has been altered, as evidenced by test results showing either a substance that is not normally found in that type of specimen or showing an abnormal concentration of a substance that is normally found in that specimen.

**Alcohol** means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

*Alcohol Concentration* is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath-testing device (EBT).

*Commercial motor vehicle* means a motor vehicle or combination of motor vehicles used in commerce, to transport passengers, or property if the motor vehicle:

- Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or
- Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
- Is designed to transport 16 or more passengers, including the driver; or
- Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).

*Covered Employee* means an employee who performs a safety-sensitive function including an applicant or transferee who will be hired to perform a safety-sensitive function. Employees who operate CMVs are considered to be performing safety-sensitive functions.

Medical Review Officer (MRO) means a licensed physician (medical doctor or doctor of osteopathy) who is responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history and any other relevant bio-medical information.

*Negative test result* for a drug test means a verified presence of the identified drug or its metabolite below the minimum levels specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02% BAC is a negative test result.

*Negative Dilute* is a drug test specimen showing a creatinine level of greater than 5mg/dl and less than 20 mg/dl.

*Non-negative test result* is a test result found to be adulterated, substituted, invalid, or positive for a drug or drug metabolites. Non-negative results are considered a positive test or a refusal to test if the MRO cannot determine a legitimate medical explanation for the result or the refusal.

**Observed Collection** means the donor will provide his or her sample under the direct observation of either a collector or another individual of the same gender. The donor must raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show the observer, by turning around, that he/she does not have a prosthetic device. After the observer has determined that the donor does not have a prosthetic device, the donor may return his/her clothing to its proper position for observed urination.

**Positive test result** for a drug test means a verified presence of the identified drug or its metabolite at or above the minimum levels specified in 49 CFR Part 40, Section 40.87 as amended. A positive alcohol test result means a confirmed alcohol concentration of 0.04% BAC or greater. Any positive test result reported to the DER by the medical review officer is verified by the MRO prior to reporting.

**Primary specimen**. In drug testing, the primary specimen is the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined in this section.

**Prohibited drug** means marijuana, cocaine, opiates, amphetamines, phencyclidine, or MDMA (ecstasy) at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

Safety-sensitive function includes the timeframe that begins when a driver starts work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

- All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- All time inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- All time spent at the driving controls of a commercial motor vehicle in operation;
- All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth;

- All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

*Shy Bladder* refers to any time a safety-sensitive employee is unable to provide a 45ml. sample of urine in a single void within a three hour time period.

**Split specimen**. In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

Substance Abuse Professional (SAP) means a licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

*Verified negative test* means a drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established in DOT Rule 49 CFR Part 40 Section 40.87 as revised.

**Validity testing** is the evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

### **APPENDIX B:** Contacts & Information

## DISA (formerly OCCUPATIONAL DRUG TESTING, LLC)

Manchester, NH 800-211-4469

#### **VLCT/PACIF**

Risk Management Services 89 Main St. Montpelier, Vermont 05602 802-229-9111

## **INVEST EAP (SAP services)**

108 Cherry Street, Suite 203 Burlington, Vermont 05401 MAIN OFFICE: 888.392.0050

FAX: 802.863-7515 staff@investeap.org

#### **Employee Access to Information**

49 CFR part 40 and 49 CFR part 382 must be available upon request to covered employees and representatives of employee organizations. 49 CFR part 40 is accessible on line at <a href="http://www.dot.gov/ost/dapc">http://www.dot.gov/ost/dapc</a>, by fax on demand at 1-800-225-3784 requesting document 151, by phone at 1-866-512-1800, or by writing to U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 400 Seventh Street SW, Room 10403, Washington, D.C. 20590.

#### APPENDIX C: CMV Drug & Alcohol Testing Policy-Acknowledgement Form

## [Name of Municipality]

I HEREBY ACKNOWLEDGE that I have received a copy of and read and understand my employer's **CMV Drug & Alcohol Testing Policy.** I understand that I must abide by its terms as a condition of employment. I understand that during my employment I may be required to submit to a controlled substances and/or alcohol test based on U.S. Department of Transportation (DOT) and Federal Motor Carrier Safety Administration (FMCSA) regulations.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT regulations and the above referenced policy and may result in disciplinary action, including suspension (with or without pay) or termination of employment for gross and willful misconduct. I further understand the consequences of controlled substances and/or alcohol use as outlined in this policy.

I acknowledge that the provisions of my employer's CDL Drug and Alcohol Policy are part of the terms and conditions of my employment, and that I agree to abide by them.

By signing below, I also acknowledge that I understand the meaning of this form and agree that it will be used to document my understanding of the CDL Drug & Alcohol Testing Policy.

| Printed Name of Employee/Applicant:  |
|--|
| Signature of Employee/Applicant:   |
| Employee/Applicant CDL ID #  |
| Date:  |
|  |
| Witness Signature:   |
| Date:  |
|  |
|  |
|  |
| Original Acknowledgment of Receipt and Understanding will be kept in the Driver's Qualification File. Check here $\Box$ to confirm copy given to employee/applicant. |

APPENDIX D: Drug Cutoff & Testing Limits as per DOT Rule 49 CFR Part 40 Section 40.87

| Initial test analyte                      | Initial test<br>cutoff <sup>1</sup> | Confirmatory test analyte      | Confirmatory test cutoff concentration |
|---|-------------------------------------|--------------------------------|--|
| Marijuana metabolites (THCA) <sup>2</sup> | 50 ng/mL <sup>3</sup>               | THCA                           | 15 ng/mL.                              |
| Cocaine metabolite (Benzoylecgonine)      | 150 ng/mL <sup>3</sup>              | Benzoylecgonine                | 100 ng/mL.                             |
| Codeine/<br>Morphine                      | 2000 ng/mL                          | Codeine<br>Morphine            | 2000 ng/mL.<br>2000 ng/mL.             |
| Hydrocodone/<br>Hydromorphone             | 300 ng/mL                           | Hydrocodone<br>Hydromorphone   | 100 ng/mL.<br>100 ng/mL.               |
| Oxycodone/<br>Oxymorphone                 | 100 ng/mL                           | Oxycodone<br>Oxymorphone       | 100 ng/mL.<br>100 ng/mL.               |
| 6-Acetylmorphine                          | 10 ng/mL                            | 6-Acetylmorphine               | 10 ng/mL.                              |
| Phencyclidine                             | 25 ng/mL                            | Phencyclidine                  | 25 ng/mL.                              |
| Amphetamine/<br>Methamphetamine           | 500 ng/mL                           | Amphetamine<br>Methamphetamine | 250 ng/mL.<br>250 ng/mL.               |
| MDMA⁴/MDA⁵                                | 500 ng/mL                           | MDMA<br>MDA                    | 250 ng/mL.<br>250 ng/mL.               |

<sup>&</sup>lt;sup>1</sup>For grouped analytes (i.e., two or more analytes that are in the same drug class and have the same initial test cutoff):

*Immunoassay:* The test must be calibrated with one analyte from the group identified as the target analyte. The cross-reactivity of the immunoassay to the other analyte(s) within the group must be 80 percent or greater; if not, separate immunoassays must be used for the analytes within the group.

Alternate technology: Either one analyte or all analytes from the group must be used for calibration, depending on the technology. At least one analyte within the group must have a concentration equal to or greater than the initial test cutoff or, alternatively, the sum of the analytes present (i.e., equal to or greater than the laboratory's validated limit of quantification) must be equal to or greater than the initial test cutoff.

#### NOTE: These cutoff limits may be subject to periodic revision by DOT.

[65 FR 79526, Dec. 19, 2000, as amended at 75 FR 49862, Aug. 16, 2010; 77 FR 26473, May 4, 2012; 82 FR 52244, Nov. 13, 2017]

<sup>&</sup>lt;sup>2</sup>An immunoassay must be calibrated with the target analyte,  $\Delta$ -9-tetrahydrocannabinol-9-carboxylic acid (THCA).

<sup>&</sup>lt;sup>3</sup>Alternate technology (THCA and Benzoylecgonine): When using an alternate technology initial test for the specific target analytes of THCA and Benzoylecgonine, the laboratory must use the same cutoff for the initial and confirmatory tests (i.e., 15 ng/mL for THCA and 100ng/mL for Benzoylecgonine).

<sup>&</sup>lt;sup>4</sup>Methylenedioxymethamphetamine (MDMA).

<sup>&</sup>lt;sup>5</sup>Methylenedioxyamphetamine (MDA).



P.O. Box 47 • Northfield, VT 05663 • Toll Free: 866-769-3797 • (802)485-6567 • Fax: (802)485-6690

Email: info@brookfieldservice.com • www.brookfieldservice.com

Town of Pomfret 5218 Pomfret Rd North Pomfret, VT 5053 Customer Agreement # C-0009392

#### **2025 PREVENTATIVE MAINTENANCE AGREEMENT**

Please see the next page for Program Details. Unit and pricing information can be found on the last page. The Pre-pay discount (PPD) is valid through November 29, 2024. Please indicate your acceptance of this agreement and terms by either making a payment online, emailing travis@brookfieldservice.com, or returning a signed copy of this agreement.

October 23, 2024

Travís Maney

Travis Maney,

Vermont Power Technologies, LLC Dba Brook Field Service

\_\_\_\_

Authorized Signature

Please note, we are no longer able to take payment over the phone.

To make payment please scan the below QR Code or visit: https://paymnt.io/ZWVW7L



In the Additional Information Box, include "2025 PM" and "Plan 1" or "Plan 2", You can also send a check to: Brook Field Service PO Box 47, Northfield VT 05663

If you need to update your contact information or have any further questions, please email <a href="mailto:travis@brookfieldservice.com">travis@brookfieldservice.com</a> or call <a href="mailto:802-485-1478">802-485-1478</a>.



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# Preventative Maintenance Agreement Program Details

#### Program #1 – Once a year maintenance program (Major Service)

- A technical inspection and testing of your generator (multi-point test and review)
- Upload software upgrades, download performance history
- Oil change and oil filters replaced
- Air and fuel filters replaced (if applicable)
- Tune up of engine
- Coolant levels topped off. If coolant change is required, an additional charge would occur.
- Automatic transfer switch testing and maintenance
  - ➤ If the ATS is located inside arrangements must be made for someone to be there or to give an alternate authorization for our tech to reach it.
- A generator building load test
  - > At your request this will require an interruption of power.

#### Program #2 – Twice a year maintenance program (Major & Minor Service)

- 1 Major Service as listed above with a second visit that includes;
- Technical inspection of your generator (multi-point review)
- Upload controller latest software upgrades
- Oil levels checked
- Coolant levels topped off. If coolant change is required, an additional charge would occur.
- A generator building load test
  - > At your request this will require an interruption of power
- Vermont State Inspection (if required)
  - \* Please Note: If you opt for Plan 1, the cost of the state inspection is NOT included. The additional cost is \$130.00 per unit.

#### Where to send your agreement form:

Fax: 802-485-6690

Email: travis@brookfieldservice.com

Mail: Brook Field Service, PO Box 47, Northfield VT 05663



P.O. Box 47 • Northfield, VT 05663 • Toll Free: 866-769-3797 • (802)485-6567 • Fax: (802)485-6690

Email: info@brookfieldservice.com • www.brookfieldservice.com

| Generator                     | Town of Pomfret C-0009392           | 25PLAN1 | PLAN1 PPD | 25PLAN2 | PLAN2 PPD |
|-------------------------------|-------------------------------------|---------|-----------|---------|-----------|
| Kohler 14RCA SN: 336TGHLN0286 | 7373 Pomfret Road (Pomfret Station) |         |           |         |           |
| Kohler 15RES #12087183        | 2026 Pomfret Road (Teago Station)   |         |           |         |           |
| Kohler 20k RCA S#339MGHLJ0547 | 100 La Bounty Road (Town Highway)   |         |           |         |           |
| Kohler 14RESA #SGM32355B      | 5218 Pomfret Road (Town Office)     |         |           |         |           |
|                               | Total:                              |         |           |         |           |

## **Town Hall Survey Results**

Nov 18, 2024

A Town Hall Survey was distributed by the Town Hall Revitalization Committee with the intention of gathering community feedback about Pomfret's historic Town Hall building - its value in the community, functionality, desired uses, and possible areas of improvement.

**Background:** The Pomfret Town Hall has been used historically as a meeting place for Town Meetings, community dinners, and other events. The building has had some upgrades, including a new roof and windows but needs significant improvements in energy efficiency as well as ADA compliance to make it accessible to all members of the town. The Town of Pomfret was awarded a Mini Grant in June 2023 as part of the Municipal Energy Resilience Program (MERP) to perform a feasibility study regarding ADA compliance. The Town Hall Revitalization Committee was formed to gather community feedback for the assessment, which will consider the building's existing attributes and limitations while taking into account the community's interest in the future of the Town Hall.

**Methods:** Surveys were collected through an online form sent out on the Pomfret list serv and in person at the Town Hall on Election Day and during two Town Hall Coffee Chats hosted at Abracadabra Coffee Co. and Teago General Store. Surveys were also available at the Town Offices.

**Results:** 91 surveys were collected, both online and in person. The demographic of participants ranged from newer residents of Pomfret (2 year residency) to established members of the community (up to 82 years of residency). Residency was an important factor to consider given the Town Hall building's historic use for community and private functions and to make sure our results represented the interests of Pomfret's current diverse population.

75 participants had attended Town Hall events in the past, while 13 had not. Among those who had attended Town Hall events, most have attended **Community Suppers** like the Harvest Supper, Strawberry Supper, and Empty Bowls event and **Town Meeting**, along with **Private Events** - weddings, memorials, parties, gatherings, and reunions. Other responses include Abbott Library events (puppet show); yard sales; plays, performances, and concerts; school and school functions; meetings; dances; yoga; voting and ballot counting; Boy Scout ceremonies; and art shows.

75 participants were aware that the Town Hall building was available to rent, while 13 were not aware.

The survey asked how participants would like to see the Town Hall being used in the future. Many participants wanted to see a continuation of the traditional uses of the Town Hall. The majority of responses centered around **Community Events** and **Private Events**, mentioning community suppers and potlucks, parties, wedding receptions, music/concerts, entertainment/performances, dances, farmers markets, and fitness/movement classes. Also

mentioned were Town Meetings, educational classes or lectures, community meeting space, craft shows, movies, cooking classes, etc.

When asked what improvements participants would like to see at the Town Hall, 30 participants mentioned the **Kitchen**. Comments recommended renovation or updates, modifying to a catering kitchen, building a larger modern kitchen, and restoring along with a new foundation underneath. (The kitchen currently does not have an insulated foundation underneath, requiring water to be shut off every winter.) 30 participants mentioned **Bathrooms**, requesting handicap accessibility and a couple suggestions to move the bathrooms to the front of the building. 23 participants wrote ADA Compliance or Accessibility, citing a need for handicap access with ramps and general accessibility. 17 participants would like to see Energy Efficiency improvements, noting heating and weatherization upgrades and year-round heating. (The building can be heated in the winter but, again, without access to water or bathrooms.) Participants also recommended year round Availability and simply continued General Maintenance. Parking limitations were also a concern, along with Safety with limited sight lines from the parking lot. 3 surveys recommended **No Changes** to the Town Hall, commenting that it is fine the way it is or not worth the expense of updates. Other mentions include a sound system, balcony usage, better seating, signage, lighting, and more easily available rental information on the Town website.

Participants were asked about the importance of three key characteristics of the building: the stage, kitchen, and availability. These are important as we consider code compliance with bathroom expansion for accessibility, accessibility improvements to the front and rear exits, kitchen safety, and constraints within the existing footprint of the building, as well as desired functionality from the community. Out of 88 responses regarding the importance of the **Stage** with a rating from 1 (being the least important) to 5 (being the most important), the majority rated between 3 and 5 (5 being the top answer with 33 ratings), indicating a general desire to maintain the stage as it is. Out of 86 responses on the importance of the **Kitchen**, 48 participants rated the kitchen at 5 (the top response), indicating a strong desire to keep the functionality of the kitchen. Participants were then asked for their views on the **Availability** of the Town Hall, rating 1 for seasonal availability in the warmer months and 5 for year round availability. The results indicated a clear need for year round availability with 53 out of 85 survey responses rated at 5.

We then asked what other characteristics of the Town Hall might be important to participants. Comments were overwhelmingly in favor of maintaining the historic character and charm of the building. Also noted were the importance of community use and availability, parking, bathrooms, affordability (for rentals), and accessibility.

88 out of 89 survey participants would like to see the Town Hall continue to be available for public use. When asked how they could see themselves using the building, 69 indicated **Private Events**, including parties, gatherings, receptions, memorials, reunions, and family events. Yoga/fitness classes were mentioned 25 times; meetings - 19 times; also, craft fairs/clubs, music/concerts, dances, community events, fundraisers, markets (farmers markets, yard sales,

flea markets), entertainment (kids' shows, movie nights, open mic night), galleries, classes, women's retreats, or not at all (1 response).

**Summary:** Overall, the survey indicated strong interest within the community to utilize the Town Hall building for community and private events, often citing a need for community and fellowship with family, friends, and neighbors. Survey responses demonstrated a need for kitchen functionality, updated bathrooms, accessibility, and year round availability to support the desired use of the building. Importantly, participants also expressed the importance of maintaining the historic character of the building with the stage as a key feature of the building's traditional uses.

To see detailed survey results, visit:

https://pomfretvt.us/index.php/boar/sel/committees/town-hall-revitalization-committee/

#### **Town Hall Revitalization Committee**

Meg Emmons, Dana Kaye, Gennie Lawrence, Marie Cross, Katie Brickner, John Moore

Town of Pomfret Selectboard

DRAFT Meeting Minutes

November 6, 2024

Present: Benjamin Brickner, John Peters, Steve Chamberlin, Meg Emmons, Emily Grube

Public: Frank Rogers, Cynthia Hewitt, Art Lewin, Tom Frizzell, Scott Barger, Scott Pearce, Jake Astbury, Bill Emmons, Cathy Emmons

1. Ben called the meeting to order at 6:00 pm.

#### 2. Executive Session

- a. Ben moved and Steve seconded that the Selectboard enter executive session pursuant to 1 V.S.A. 313(a)(1)(A) to discuss confidential attorney-client communications, the premature general public knowledge of which would clearly place the Selectboard and/or another involved at a substantial disadvantage, and pursuant to 1 V.S.A. 313(a)(3) to discuss the employment of public employees and the appointment of public officials. Unanimous. The Selectboard entered executive session at 6:01 pm.
- b. The Selectboard exited executive session at 7:00 pm, with no decisions having been made therein.
- 3. Agenda Review Ben moved and Meg seconded that Item 6I (Appointment of Public Officials) be deleted and that Town Hall Porch Repair be added immediately after the Road Crew Report. Unanimous.
- 4. Public Comment None.
- 5. Road Crew Report Frank Rogers started as road foreman on Monday; he reports that Art is "showing him the ropes" and that Ernest will finish grading the roads by the end of the week (Emily praised Ernest's work on Allen Hill and Ben said he received unsolicited positive feedback from multiple residents on the recent grading work). The crew will remove and dispose of the old Wild Apple Road corrugated culvert this week. Scott Pearce explained that Active911 alerts will continue to be received by the town mobile phone that Frank now uses; Frank is familiar with the Active911 service.
- 6. Items for Discussion or Vote
  - a. Town Hall Porch Repair Tom Frizzell attended to discuss possible further work on the Town Hall porch. The Selectboard indicated it was happy with the work and that Tom should submit his invoice for the same. The Selectboard likely will purchase a temporary aluminum ramp prior to installing a new permanent ramp.
  - b. Employment of Public Employees Ben moved and Meg seconded approval of an incentive bonus for Art Lewin. Unanimous. Ben moved and Meg seconded that following satisfactory reference checks that Frank will perform, an offer be made to "Person B"<sup>[1]</sup> for employment as a road crew member, on a full-time basis, with other terms and benefits as per the town's personnel policy. Unanimous. Frank will follow up with Ben upon completing the reference checks, whereupon Ben will notify Person B of the employment offer. Unanimous.

<sup>[1]</sup> **Editor's Note:** On advice from the Vermont League of Cities & Towns, to protect Person B's current employment the name of "Person B" is being withheld unless and until the offered employment has been accepted.

- c. SFY 2025 Grant in Aid Agreement Emily moved and Steve seconded approval of the Grants in Aid FY25 agreement #GA0863. This is a \$20,000 award with \$5,000 local match. Unanimous.
- d. 12-foot Grader Blade Purchase The Selectboard determined there is only one qualified source for the proposed purchase and that the price offered is fair and reasonable; thus, the competitive quotation requirement of the town's Purchasing Policy that otherwise would apply is waived. Ben moved and Meg seconded acceptance of the United Construction & Forestry quote for purchase of a 12-foot moldboard for the grader. Unanimous. Steve will call United and refer them to Frank. The existing 14-foot moldboard will be advertised for sale.
- e. FY 2026 Budget Discussion Scott Barger, Scott Pearce and Jake Astbury presented the Pomfret-Teago Volunteer Fire Department's FY 2026 budget, which shows a 1.1% decrease from FY 2025. The Department reported two successful fundraisers (the 30th Annual Pomfret Ox Pull Competition and the 11th Annual Pancake Breakfast). The Department is using a grant writer to help with a federal fire department grant opportunity and also exploring private funding sources. The present goal is to replace North Station's Engine #1 (now 32 years old) in FY 2026. The Department has successfully fundraised to purchase a wildland truck, Polaris Ranger and trailer combination, which will be going into service before the spring wildland fire season. Based on currently available and anticipated reserve fund funding, the Department expects to have nearly enough cash available to purchase the new apparatus in FY 2026. The Department is researching insurance alternatives for competitive pricing, as well as working on a Tasco Security annual alarm contract. John Peters will check with the CVC regarding back up solar power for the repeater. Emily suggested the Department explore grant underwriting via the Department of Homeland Security for PPE and other support. The Listers have asked for level funding relative to FY 2025, but with an additional \$10,000 appropriation to the Reappraisal Reserve. Scott Pearce will present the FAST Squad budget on November 20; the highway budget will be discussed then as well.
- f. Assignment of 2024 Annual Report Deliverables Drafting Emily will draft the FY 2024 Selectboard Report; Ben will forward the Town Highway Equipment List to Frank for update. Ben will update the Town Officer List and prepare an initial draft of the 2025 Annual Town Meeting Warning.
- g. Town Health Benefits Provider Research John will research the in-network provider list for MVP Health Care. Discussion to be continued on November 20.
- h. Town Office Parking Lot Paving Steve will contact Caleb at Pike again for a quote so this project can move forward early next year. Discussion to be continued on November 20.
- i. Generator Service Contract John will contact Yankee again for a proposed 2025 maintenance contract. Discussion to be continued on November 20.
- j. Signing Warrants between Meetings Ben will consult with Ellen re: time sensitive payments.
- k. Warrants Emily moved and Meg seconded approval for payment of the following warrants:

| 25034 | \$<br>2,240.07 | A/P     |
|-------|----------------|---------|
| 25038 | 6,624.98       | Payroll |
| 25041 | 30,329.49      | A/P     |

Unanimous.

l. Approval of October 16, 2024 Minutes – John moved and Steve seconded approval of the October 16, 2024, meeting minutes as presented. Unanimous.

#### 7. Meeting Wrap Up

- a. Correspondence Doug Tuthill's officer number has been issued; he has received a ticket book and a Constable badge.
- b. Review of Assignments Ben to speak with Ellen re: warrants, sign and return the approved grader quote, and send the town highway equipment list to Frank. John will speak with CVC re: repeater solar panel. Emily will prepare draft of the Selectboard Report.
- c. Agenda for Next Meeting FY 2026 budget (FAST Squad and Highway Department), appointment of public officials; town office parking lot paving; generator service contract, town health benefits provider.

#### 8. Executive Session

- a. Ben moved and Steve seconded that the Selectboard enter executive session pursuant to 1 V.S.A. 313(a)(3) to discuss the appointment of public officials. Unanimous. The Selectboard entered executive session at 8:56 pm.
- b. The Selectboard exited executive session at 9:42 pm, with no decisions having been made therein.
- 9. Adjournment Emily moved and Steve seconded that the meeting be adjourned. Unanimous. The meeting was adjourned at 9:43 pm.