

THE STATE OF TEXAS §
 §
COUNTY OF GALVESTON §

**NOTICE OF AND AGENDA FOR THE REGULAR MEETING OF
GALVESTON COUNTY EMERGENCY SERVICES DISTRICT NO. 2**

October 15, 2025

Notice is hereby given that a Regular Meeting of the Board of Commissioners of the Galveston County Emergency Services District No. 2 will be held on October 15, 2025, beginning at 12:00 p.m., at the Crystal Beach fire station, located at 930 Noble Carl Dr., Crystal Beach, Texas 77650, for the following purposes:

Regular Meeting

1. Call to order.
2. Determination of quorum.
3. Pledges to U.S. and Texas flags.
4. Public comment. In accordance with the Texas Attorney General's opinion, any public comment that is made on an item that is not on the published final agenda will only be heard by the Board of Commissioners. No formal action, discussion, deliberation, nor comment will be made by the Board of Commissioners.
5. Consent Agenda

The following items are of a routine or administrative nature. The Board has been furnished with background and support material on each item. All items will be acted upon by one vote without being discussed separately unless requested by a Board member. Any item requested to be discussed separately will immediately be withdrawn for individual consideration in sequence after the remaining items have been acted upon.

- a. Minutes of the September 17, 2025 Public Hearing and Regular Meeting;
 - b. Payment of District's bills and accounts; and,
 - c. Payment of VFDs' monthly reimbursement requests.
6. Receipt, review, and take any needed action regarding the Treasurer's Report, including Treasurer's Quarterly Investment Report, and take action on any proposed budget amendments (see attached), and/or account fund transfers.
7. Review, discuss, and take action on expenditure requests/capital purchases, including, but not limited to, new portable radios for Port Bolivar VFD (capital purchase).

8. Review, discuss and take action to approve/authorize cancellation of former employees/supervisors, Ron Nichols and Chris Reviere's credit cards (in possession of District), and increase of Melissa Elliott's credit card spending limit to \$2,000.
9. Review, discuss and take any needed action regarding the District's Manager's employment contract and annual performance review.
10. Review, discuss and take any needed action concerning pending legal matters.
11. District Manager's report.
12. Counsel report.
13. Accountant report.
14. Such other matters that may come before the board.
15. Adjourn.



Joshua C. Heinz, Attorney for
Galveston County Emergency Services District No. 2

A packet containing all supportive documentation for this agenda will be available for inspection on the third Wednesday of every month at the District's administrative office, located at the Crystal Beach fire station, 930 Noble Carl Dr., Crystal Beach, Texas 77650, between 11:00 a.m. and 12:00 pm (except on holidays and in the event that the District's administrative office is closed to the public in emergency situations).

Galveston County Emergency Services District No. 2 is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.

The Board may retire to Executive Session any time between the meeting's opening and adjournment for the purpose of consultation with legal counsel pursuant to Chapter 551.071 of the Texas Government Code; discussion of personnel matters pursuant to Chapter 551.074 of the Texas Government Code; and/or, discussion of real estate acquisitions pursuant to Chapter 551.072 of the Texas Government Code. Action, if any, will be taken in open session.

Galveston County Emergency Services District #2 Budget Amendment Request Form

Department Entity Name: ESD Date: 10.15.25

Explanation: Decrease Professional Fees \$24,520;

Increase Accountant \$1,200; Employee Medical Benefits \$1,575; ESD Fire Equipment/Repair \$4,000

Previous Notice date provided to ESD #2: _____

Budget Amendment Request by Name D.Saunders Title District Manager

Does this Budget Amendment Request include any funding outside of the Department/Entity original approved ESD #2 Fiscal Year budget? Yes _____ No X

If "Yes" please indicate the source and amount: _____

(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)
Cost Center Fund Name		Identifying Line Item Number	Start of FY Budget Amount	Budget Amendment <u>Increase</u>	Budget Amendment <u>Decrease</u>	Amount of Outside Funding Added (If Any)	Amended Budget Line Item Amount	Updated/ Changed Date
A.)	Professional Fees	2210	18,500		6,775		11,725	10.15.25
B.)	Accountant	2010	20,000	1,200			21,200	10.15.25
C.)	Employee Medical/Benefits	2650	9,200	1,575			10,750	10.15.25
D.)	ESD Fire Equipment/Repair	4050	40,000	4,000			44,000	10.15.25

Column Explanation

1. **Cost Center Name**- Within each budget those **bold** line item names
2. **Identifying Line Item Number**- Individual line item number on each row of ESD #2 approved FY budget

For Board Use Only

Budget Amendment #: ESD 002

Fiscal Year: 2024-25

Approval Date: _____

3. **Current FY Budget** - Line item amount authorized by the ESD #2 Board
4. **Budget Amendment Increase/Decrease**- Amount the “Source” line item is to be reduced; and the “Final” line item is to be increased
5. **Amount of Outside Funding Added**- Funding to be added to the Department/Entity budget not internally available- Funding provided by an outside source
6. **Amended Budget Line Item Amount**- Requested amended line item amount if amendment request is approved for both the “source” and “final” line items

Galveston County Emergency Services District #2 Budget Amendment Request Form

Department Entity Name: EMS Date: 10.15.25

Explanation: Decrease Fuel \$13,000; Training \$2,750; Vehicle Maint. & Repair \$6,900

Increase Medical Supplies \$7,600; Salary & hourly Employees \$122,000; Payroll Services \$1,100; Employee Medical/benefits \$7,300; Retirement \$26,000

Previous Notice date provided to ESD #2: _____

Budget Amendment Request by Name D.Saunders Title District Manager

Does this Budget Amendment Request include any funding outside of the Department/Entity original approved ESD #2 Fiscal Year budget? Yes X No _____

If "Yes" please indicate the source and amount: Use of Reserves \$141,350

(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)
Cost Center Fund Name		Identifying Line Item Number	Start of FY Budget Amount	Budget Amendment Increase	Budget Amendment Decrease	Amount of Outside Funding Added (If Any)	Amended Budget Line Item Amount	Updated/ Changed Date
A.)	Fuel	44200	39,600		13,000		26,600	10.15.25
B.)	Training	44500	20,000		2,750		17,250	10.15.25
C.)	Vehicle Maint. & Repair	44900	50,000		6,900		43,100	10.15.25
D.)	Medical Supplies	42330	62,000	7,600			69,600	10.15.25
E.)	Salary & Hourly Employees	42630	1,950,000	122,000			2,072,000	10.15.25
F.)	Payroll Services	42640	9,000	1,100			10,100	10.15.25
G.)	Employee Medical/Benefits	42650	190,000	7,300			197,300	10.15.25
H.)	Retirement	42660	180,000	26,000			206,000	10.15.25

For Board Use Only

Budget Amendment #: EMS 002

Fiscal Year: 2024-25

Approval Date: _____

I.)	<i>Use of Reserves</i>					<i>141,350</i>		10.15.25

Column Explanation

1. **Cost Center Name-** Within each budget those **bold** line item names
2. **Identifying Line Item Number-** Individual line item number on each row of ESD #2 approved FY budget
3. **Current FY Budget -** Line item amount authorized by the ESD #2 Board
4. **Budget Amendment Increase/Decrease-** Amount the “Source” line item is to be reduced; and the “Final” line item is to be increased
5. **Amount of Outside Funding Added-** Funding to be added to the Department/Entity budget not internally available- Funding provided by an outside source
6. **Amended Budget Line Item Amount-** Requested amended line item amount if amendment request is approved for both the “source” and “final” line items

Galveston County Emergency Services District #2 Budget Amendment Request Form

Department Entity Name: High Island VFD

Date: October 3, 2025

Justification: Had to move Money from line item 4000 to line item 4900 due increased vehicle cost. Tanker 1 needed extra work done due to electrical work.

For Board Use Only

Budget Amendment #: HI-001

Fiscal Year: 2024-25

Approval Date: _____

Previous Notice date provided to ESD #2: _____

Budget Amendment Request by Name -Terrie Riley

Title Treasurer

Does this Budget Amendment Request include any funding outside of the Department/Entity original approved ESD #2 Fiscal Year budget? Yes _____ No _____
If "Yes" please indicate the source and amount:

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Cost Center Fund Name	Identifying Line-Item Number	Start of FY Budget Amount	Budget Amendment <u>Increase</u>	Budget Amendment <u>Decrease</u>	Amount of Outside Funding Added (If Any)	Amended Budget Line Item Amount	Updated/ Changed Date
A.) Firefighting/Equipment	4000	27,100.00		14,184.36		12,915.64	10/03/2025
B.) Vehicle Maint. Repair	4900	15,000.00	14,184.36			29,184.36	10/03/2025
C.)							
D.)							
E.)							
F.)							
G.)							