



**Center for  
Public Safety  
Excellence**

**CITY CLERK  
ORIGINAL**

**C-10533**  
**12/15/2015**  
 4501 Singer Court, Suite 180  
 Chantilly, VA 20151  
 (703) 691-4620 T  
 (703) 961-0113 F  
[www.publicsafetyexcellence.org](http://www.publicsafetyexcellence.org)

CPSE AGENCY INFORMATION AND APPLICATION			
Application (check one):		Date: 2/16/2016	
<input type="checkbox"/> Registered Agency	<input type="checkbox"/> Applicant Agency	<input checked="" type="checkbox"/> Re-Accreditation	<input type="checkbox"/> Update Agency Information
Organization Name: Glendale Fire Department		Current Population: 234,632	
Current address: 6829 N 58th Dr.			
City : Glendale	State: AZ	Zip Code: 85301	Country: USA
Agency Type (check one):	<input checked="" type="checkbox"/> Career	<input type="checkbox"/> Combination	<input type="checkbox"/> Volunteer
		<input type="checkbox"/> DoD	
AGENCY HEAD INFORMATION (AH)			
First Name: Terry	Last Name: Garrison	Title: Fire Chief	
Address (if different from above):			
Click here to enter text.			
Office Phone: 623-930-4401		Mobile Phone:	
E-mail: tgarrison@glendaleaz.com			
ACCREDITATION MANAGER INFORMATION (AM)			
First Name: Sandra	Last Name: Van Winkle	Title: Fire Analyst	
Address (if different from above):			
Click here to enter text.			
Office Phone: 623-930-4486		Mobile Phone:	
E-mail: svanwinkle@glendaleaz.com			
<b>Reaccrediting agencies must acknowledge this statement and it must be signed by the Agency Head</b>			
<input checked="" type="checkbox"/> By checking here, I understand that submission of my documents must be in compliance with the latest released edition of the FESSAM.			
		 _____ Agency Head Signature	

Please email your completed form to: Karl Ristow [kristow@publicsafetyexcellence.org](mailto:kristow@publicsafetyexcellence.org) or Cynde Singer-  
[csinger@publicsafetyexcellence.org](mailto:csinger@publicsafetyexcellence.org) or Fax it to: 703-961-0113.



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## LETTER OF AGREEMENT FOR ACCREDITATION

The Glendale Fire Department hereby agrees, in changing to Applicant Agency status, to conduct and complete the self-assessment process in the pursuit of accreditation through the Center for Public Safety Excellence, Inc. and the Commission on Fire Accreditation International (CFAI).

### I. Policies and Procedures

The Agency also agrees to abide by the policies and procedures of the Center for Public Safety Excellence, Inc. and return to the CPSE any and all, documentation and information pertinent to the self-assessment and accreditation process.

### II. Payment of Fees

The Agency agrees to adhere to and comply with the following payments and costs:

- A. To pay the fees associated with the accreditation process as outlined by the Center for Public Safety Excellence, Inc. Such fees shall include:
  1. Costs of travel for peer assessors assigned to the site visit. All travel costs shall be paid by the Agency and shall not be handled as a reimbursement to team members.
  2. Costs of meals and expenses in accordance with CPSE policy. Unless such costs exceed \$600 per individual, an IRS-1099 form shall not be issued. Issuance of a 1099 form may result in action by the Center against the Agency's accredited status.
  3. Costs of lodging for peer assessors assigned to the site visit. All lodging shall be arranged and paid by the Agency and shall not be handled as a reimbursement to team members.
  4. Costs of travel for the Team Leader or designated representative to attend the Commission meeting and



Commission on  
Fire Accreditation  
International



Commission on  
Professional  
Credentialing



Chief Fire Officer

present the Agency for accreditation. Such costs shall include travel to and from the Commission meeting, lodging for two nights, and per diem in accordance with CPSE policy.

III. Non-Refundable fee

The Agency understands that the change to Applicant Agency status will only be made upon receipt of the full payment of the Applicant Agency Fee and that fee is non-refundable.

IV. Training and Participation

The Agency also agrees that it shall adhere to the following training and participation standards:

- A. An Accreditation Manager shall be required during the period that the Agency seeks and is accredited by the Commission. The Accreditation Manager shall, at a minimum, have taken the Self-Assessment and Standards of Response Coverage classes offered by the Commission.
- B. The Agency shall also agree to participate in the accreditation process by registering with CFAI at least one individual for site visits and who has taken the classes in IV (A) along with the Peer Assessor classes.
- C. The Agency agrees that it has read, understood, and will comply with all policies and procedures as promulgated by the Commission and its parent Corporation.

V. Receipts

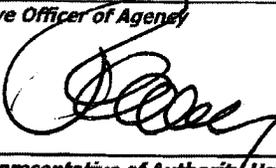
The Agency shall also indicate if it desires team members to itemize associated costs with receipts or whether it will be utilizing reimbursement in accordance with the policies of CPSE. **(Check One)**

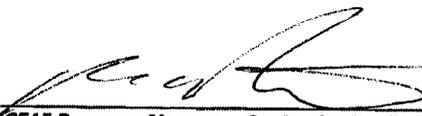
The Agency will require receipts and itemized expenses:

The Agency will NOT require receipts and itemized expenses but instead will reimburse in accordance with CPSE policy:

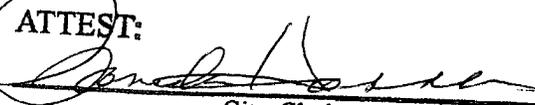
Signed:

  
\_\_\_\_\_  
*Chief, CEO or Chief Administrative Officer of Agency* 11-23-15  
*Date*

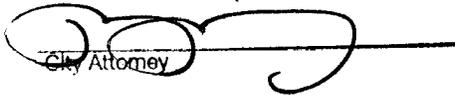
  
\_\_\_\_\_  
*City/County Administrator or Representative of Authority Having Jurisdiction* *Date*

  
\_\_\_\_\_  
*CFAI Program Manager, Center for Public Safety Excellence* 4 Dec 15  
*Date*

Print Form

ATTEST:  
  
\_\_\_\_\_  
City Clerk

Approved as to form

  
\_\_\_\_\_  
City Attorney