

**RESOLUTION 24-2021**

**A RESOLUTION AUTHORIZING AND DIRECTING THE MAYOR AND/OR POLICE CHIEF TO ENTER INTO AN AGREEMENT WITH BLACK & WALTERS PSYCHOLOGICAL SERVICES LLC FOR THE PROVISION OF PROFESSIONAL PSYCHOLOGICAL EVALUATION AND TESTING FOR THE VILLAGE OF COMMERCIAL POINT POLICE DEPARTMENT EMPLOYEES AND/OR CANDIDATES, AND DECLARING AN EMERGENCY.**

**WHEREAS**, the Village Council wishes for candidates for employment with the Village of Commercial Point Police Department to undergo psychological testing and evaluation; and

**WHEREAS**, Black & Walters Psychological Services LLC (“Black & Walters”) has presented a proposed written agreement to be entered into between Black and Walters and the Village of Commercial Point Police Department; and

**WHEREAS**, the Village Council wishes to authorize and direct the Mayor and/or Police Chief to enter into a two-year agreement with Black & Walters at a rate of \$700 per person for the psychological evaluation and testing of Police Department employees and candidates, subject to sufficient appropriations made by Village Council.

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE VILLAGE OF COMMERCIAL POINT, PICKAWAY COUNTY, OHIO THAT:**

**Section 1.** The Mayor and/or Police Chief are hereby authorized and directed to enter into the written agreement with Black & Walters Psychological Services LLC in substantially the same form as the agreement attached hereto as Exhibit A and incorporated herein by reference. Payments under said agreement may be made subject to the appropriations of Village Council.

**Section 2.** The two-year agreement period between the Village of Commercial Point and Black & Walters Psychological Services LLC shall begin upon passage of this Resolution.

**Section 3.** It is hereby found and determined that all formal actions of this Council concerning and relating to the passage of this Resolution were adopted in an open meeting of this Council and that all deliberations of this Council and of any other committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

**Section 4.** Because of the pressing need to hire additional Police Officers within the Village of Commercial Point and to provide psychological evaluation and testing of Police Officer candidates, this Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety, and welfare within the Village of Commercial Point and shall, therefore, go into immediate effect upon passage.

Vote on Suspension of the Readings:

Motion by: Nancy Geiger

2<sup>nd</sup>: Jason Thompson

Roll Call:

Yes Jason Thompson

Yes Aaron Grassel

Yes Ryan Mitchem

Yes Nancy Geiger

N/A Tracy Joiner

Yes Laura Wolfe

Vote on Passage of the Resolution:

Motion by: Laura Wolfe

2<sup>nd</sup>: Ryan Mitchem

Roll Call:

Yes Jason Thompson

Yes Aaron Grassel

Yes Ryan Mitchem

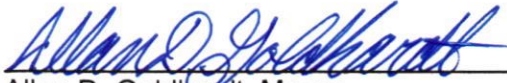
Yes Nancy Geiger

N/A Tracy Joiner


Yes Laura Wolfe

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Adopted this 19<sup>th</sup> day of July, 2021.



Allan D. Goldhardt, Mayor



Wendy L. Hastings, Fiscal Officer

Approved as to Form:



Joshua Cartee, Village Solicitor

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**Exhibit A**

**BLACK & WALTERS PSYCHOLOGICAL SERVICES**

**Dr. Mariah Walters, Psy.D.  
2600 Corporate Exchange Dr., Suite 110 Columbus, OH 43231  
233 North Court St. Circleville, OH 43113  
614-392-2140**

To: Chief Adam Jordan, c/o Commercial Point Police Dept.

Re: Psychological Evaluation and Testing

This is a two-year financial agreement between Commercial Point Police Dept. and Dr. Mariah Walters for a psychological evaluation, Minnesota Multiphasic Personality Inventory-2 and report. Total cost to Commercial Point Police Dept. will be \$700 per person. Contract begins \_\_\_\_\_ and ends \_\_\_\_\_. This contract may be terminated by either party after a 30 day written notice.

Your employees/candidates will be scheduled after this signed contract is returned. Upon completion of the evaluation and testing, a written report will be generated and faxed with an invoice. Payment of each invoice is due within 30 days from the invoice date.

Report will be provided to

\_\_\_\_\_  
(Name of person to receive report)

\_\_\_\_\_  
(Fax # of person named above)

Invoice will be provided to:

\_\_\_\_\_  
(Name of person to receive invoice)

\_\_\_\_\_  
(Fax # of person named above)

By signing below you are representing yourself as possessing the authority to enter into this contract and accept the financial responsibility as stated above

\_\_\_\_\_  
(Authorized signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name)

  
Dr. Mariah Walters

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**Exhibit A (continued)**

**BLACK & WALTERS PSYCHOLOGICAL SERVICES**

**Dr. Princess Black, Psy.D.**  
**2600 Corporate Exchange Dr., Suite 110 Columbus, OH 43231**  
**233 North Court St. Circleville, OH 43113**  
**614-392-2140**

To: Chief Adam Jordan, c/o Commercial Point Police Dept.

Re: Psychological Evaluation and Testing

This is a two-year financial agreement between Commercial Point Police Dept. and Dr. Princess Black for a psychological evaluation, Minnesota Multiphasic Personality Inventory-2 and report. Total cost to Commercial Point Police Dept. will be \$700 per person. Contract begins \_\_\_\_\_ and ends \_\_\_\_\_. This contract may be terminated by either party after a 30 day written notice.

Your employees/candidates will be scheduled after this signed contract is returned. Upon completion of the evaluation and testing, a written report will be generated and faxed with an invoice. Payment of each invoice is due within 30 days from the invoice date.

Report will be provided to \_\_\_\_\_

(Name of person to receive report)

\_\_\_\_\_  
(Fax # of person named above)

Invoice will be provided to: \_\_\_\_\_

(Name of person to receive invoice)

\_\_\_\_\_  
(Fax # of person named above)

By signing below you are representing yourself as possessing the authority to enter into this contract and accept the financial responsibility as stated above.

\_\_\_\_\_  
(Authorized signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name)

*P. Black, Psy.D.*  
Dr. Princess Black