

CRIMINAL JUSTICE MEETING
9/25/08
PROBATION AGENDA

1. RESOLUTION REQUEST - Polygraph Services for Level 2&3 Offenders. Funded by the State Division of Probation.
2. RESOLUTION REQUEST – Out of State Travel- PO Martha Delarm Sex Offender Conference in Atlanta, Georgia, funded by the State Division of Criminal Justice Services
3. TRANSFER OF FUNDS - \$1,020 from Mileage/Education/Conference to Equipment to purchase additional RAM for hard-drive.
4. ELIMINATION OF PART-TIME CLERICAL POSITION

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Criminal Justice hereby authorizes Martha DeLarm

(Supervisory Committee) (Employee Name)

to attend "Teamwork in Trying Times: Improving our Response to Sexual Abuse"

(Name of meeting or organization)

at Atlanta, GA

(Address)

on 10/21-10/25/08. Mode of transportation to be used Airplane

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

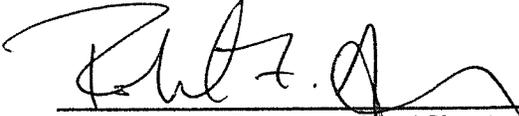
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ \$165.00 GSA* Rate \$ \$129.00
- Meal costs - GSA*per diem rate \$ 49.00 *two people are sharing one room, we would request full room rate.

*www.gsa.gov

Date: 9-25-08



Department Head Signature

Date: 9-25-08



Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

- REQUEST FOR USE OF FLEET VEHICLE**



U.S. General Services Administration

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- HOME
- BUILDINGS
- PRODUCTS
- SERVICES
- TECHNOLOGY
- POLICY

Per Diem

[Home](#) > [Policy](#) > [Travel Management](#) > [Per Diem](#) > Per Diem Rates

Overview

Georgia - FY 08

FAQ

Per Diem Rates

(October 1, 2007 through September 30, 2008)

Meals and Incidental Expense Breakdown

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website](#) (a non-federal website).

Factors Influencing Lodging Rates

NOTE: If neither the city nor the county is listed, the location is a standard CONUS destination with a rate of \$70.00 for lodging and \$39.00 for meals and incidental expenses (M&IE).

FY 09 Per Diem Highlights

Fire Safe Hotels

Have a Per Diem Question?

[State Tax Rates & Exemption Forms](#)

Per Diem Files (Current & Archived)

[Properties at Per Diem \(FedRooms\)](#)

[View a state map](#) with highlighted areas showing where rates listed below apply. Standard CONUS rates apply elsewhere.

[Select another State](#)

Primary Destination (1)	County (2, 3)	Max Lodging (exc. taxes)	M&IE Rate	Max Per Diem Rate (4)	First & Last Day (75% of M&IE)
Athens	Clarke	80	39	119	29.25
Atlanta (October 1 - December 31)	Fulton, Dekalb and Cobb	129	49	178	36.75
Atlanta (January 1 - March 31)	Fulton, Dekalb and Cobb	139	49	188	36.75
Atlanta (April 1 - September 30)	Fulton, Dekalb and Cobb	129	49	178	36.75
Augusta	Richmond	80	39	119	29.25
Columbus	Muscogee	84	39	123	29.25
Conyers	Rockdale	75	39	114	29.25
Duluth / Norcross / Lawrenceville / Braselton	Gwinnett	76	44	120	33.0
Jekyll Island / Brunswick	Glynn	125	49	174	36.75
Peachtree City / Jonesboro / Morrow / Newnan	Fayette / Coweta / Clayton	77	44	121	33.0
Savannah	Chatham	104	49	153	36.75

Printer Friendly format

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Also of Interest: [Whitehouse.gov](#) | [USA.gov](#) | [E-Gov.gov](#) | [ExpectMore.gov](#) | [Other Suggested Sites](#)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Probation

DATE: 9/22/08

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Polygraph Services for Level 2&3 Registered Sex Offender
- (c) Name of Contractor: Hudson Valley Polygraph Services
- (d) Address of Contractor: PO Box 391, Craryville, NY 12521
- (e) Contractor's Contact Person and Telephone Number: James O'Connell (518)851-2859
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract: Upon on exacution of contract
- (h) Termination Date of Contract: to continue upon state funding of enhanced supervision of sex offender funding.
- (i) Payment Provisions:
 - i) lump sum amount \$300 per polygraph
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount:

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Probation

DATE: 9/22/08

- (a) Purpose of Amendment: To accept enhanced supervision of sex offender funding for polygraphing

- (b) Appropriation Code (with title), Object Code (with title) and Amount: 3140 Probation, 470 Contract, \$3,000

- (c) Revenue Code (with title), and Amount: 3140,3316 Probation-Sex Offender \$3,000

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Robert F. Iusi, Jr.,
Name of Department

SIGNED: **DATE:** September 22, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3140.444	Travel/Education/Conf.	A.3140.220	Office Equipment	\$1000

Please state reason for transfers requested: This department needs additional funds to purchase RAM space for our hard-drive that host Caseload Explorer

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

DELL**QUOTATION**

QUOTE #: 450475523

Customer #: 52272415

Contract #: 70572

Customer Agreement #: PT55666

Quote Date: 9/19/08

Date: 9/19/08 3:59:12 PM

Customer Name: WARREN COUNTY INFORMATION TECH

TOTAL QUOTE AMOUNT:	\$1,349.97		
Product Subtotal:	\$1,349.97		
Tax:	\$0.00		
Shipping & Handling:	\$0.00		
Shipping Method:	Ground	Total Number of System Groups:	0

SOFTWARE & ACCESSORIES			
Product	Quantity	Unit Price	Total
300GB 10K RPM 80-pin SCSI U3203.5-in HotPlug Hard Drive Cust. Kit (341-1695)	3	\$449.99	\$1,349.97
Number of S & A Items: 1		S&A Total Amount: \$1,349.97	

SALES REP:	felix sabo	PHONE:	800-879-3355
Email Address:	felix_sabo@dell.com	Phone Ext:	7418434

For your convenience, your sales representative, quote number and customer number have been included to provide you with faster service when you are ready to place your order. Orders may be faxed to the attention of your sales representative to 1-866-607-6911. You may also place your order online at <http://www.dell.com/qto>.

This quote is subject to the terms of the agreement signed by you and Dell, or absent such agreement, to Dell's Terms of Sale.

Prices and tax rates are valid in the U.S. only and are subject to change.

****Sales/use tax is a destination charge, i.e. based on the "ship to" address on your purchase order. Please indicate your taxability status on your PO. If exempt, please fax exemption certificate to Dell Tax Department at 1-888-863-8778, referencing your customer number.**

If you have any questions regarding tax please call 800-433-9019 or email Tax_Department@dell.com.**

All product and pricing information is based on latest information available. Subject to change without notice or obligation.

LCD panels in Dell products contain mercury, please dispose properly.
Please contact Dell Financial Services' Asset Recovery Services group for EPA compliant disposal options at US_Dell_ARS_Requests@dell.com. Minimum quantities may apply.

Shipments to California: For certain products, a State Environmental Fee of up to \$10 per item may be applied to your invoice as early as Jan 1, 2005. Prices in your cart do not reflect this fee.
More Info: Refer to URL www.dell.com/environmentalfee.

RESOLUTION REQUEST FORM NO. 15

Requesting Approval for Out-of-State Travel*

****If the conference announcement or details are available in writing, please attach.***

DEPARTMENT NAME: Probation

DATE: 9/22/08

- (a) Dates of Travel: 10/21 to 10/25/08
- (b) Purpose (include complete name of any conference, school, etc.): "Teamwork in Trying Times:Improving Our Responses to Sexual Abuse"
- (c) City/Town & State: Atlanta, GA
- (d) Employee(s) Traveling (include title(s): Martha DeLarm, Probation Officer
- (e) Is County paying the costs or is another Agency? NYS Division of Criminal Justice Service Sex Offender Grant, no County funds
- (f) Mode of Transportation to be Use: Airplane
(County Vehicle or Mass Transportation)

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.