

CRIMINAL JUSTICE MEETING
1/22/09
PROBATION DEPARTMENT AGENDA

1. Resolution Request Probation Eligible Diversion (PED) Funding

- * Request to extend contract with NYS Division of Probation and Correctional Alternatives for PED funding for 1/1/09-12/31/09 in the amount of \$25,200 (funding likely to decrease when State Budget is enacted.)

2. Resolution Request Community Action Center

- * Request to extend contract with Community Action in the amount of \$27,000. This funding is used to support Alternative Sentencing Program (Community Service). It should be noted that Community Action Center will likely lose approximately \$9,000 in community service funding from Youth Bureau due to State Budget Cuts.

3. Resolution Request to extend Sex Offender Grants with NYS Division of Criminal Justice Services (DCJS). Grant ends 3/31/09 and there is approximately \$6,000 remaining in grant. We are looking to extend grant through 12/31/09.

4. Resolution Request to extend Contract with Richard Hamill, PhD.

- * Dr. Hamill provides Sex Offender Services to probation's registered Sex Offenders. NYS DCJS Sex Offender grant supports Dr. Hamill's services. Contract with Dr. Hamill ends 3/31/09 and we are requesting to extend contract through 12/31/09.

5. Budget Amendment

- * Request to amend county budget to accept \$1,000 donation from Warren/Washington Counties Victim Impact Panel. We will contract for Outdoor Wilderness Leadership training for our Juvenile Treatment Court participants.

6. Youth Court

- * It should be noted that the Warren County Youth Court has lost approximately \$40,000 in funding due to the elimination of a Preventive (COPS) Funding Stream in the Department of Social Services Budget. Probation refers low risk PINS cases to Youth Court.

*32-35
cases last yr.
Successful, few come back*

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: 1/22/09

- (a) Purpose of Contract Change: To extend Contract with NYS Division of Probation and Correctional Alternative for Probation Eligible Diversion Funding.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 76 of 2008
- (c) Name of Contractor: NYS Division of Probation and Correctional Alternative
- (d) Address of Contractor: 80 Wolf Road, Albany, NY 12205
- (e) Contractor's Contact Person and Telephone Number: Linda Valenti, 457-4336
- (f) Commencement Date of Extension: 1/1/09
- (g) Termination Date of Extension: 12/31/09
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$25,200
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.3144.Probation - Day Reporting - Estimated Revenue A.3414 - \$25,900

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: 1/22/09

- 0636
- (a) Purpose of Contract Change: To extend Contract with Warren/Hamilton Counties Action Committee for Economic Opportunity, Inc. for Alternative Sentencing for Adults in Warren County.
 - (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 74 of 2008
 - (c) Name of Contractor: Warren-Hamilton Counties, Action Committee for Economic Opportunity Inc.
 - (d) Address of Contractor: 190 Maple Street, Glens Falls, NY 12801
 - (e) Contractor's Contact Person and Telephone Number: Lynn Achershack, 793-0636
 - (f) Commencement Date of Extension: 1/1/09
 - (g) Termination Date of Extension: 12/31/09
 - (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$27,000 as well as estimated (\$7033) from NYS DPCA.
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
 - (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.3140.470 Probation-Contract \$58,000

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: 1/22/09

- (a) Purpose of Contract Change: To extend contract with NYS Division of Criminal Justice Services regarding Warren/Washington Sex Offender Collaboration grant.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 429 of 2007
- (c) Name of Contractor: NYS Division of Criminal Justice Services
- (d) Address of Contractor: 4 Tower Place, Albany, NY 12203
- (e) Contractor's Contact Person and Telephone Number: Larry Signer, 485-8254
- (f) Commencement Date of Extension: 4/1/07
- (g) Termination Date of Extension: 12/31/09
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$15,000
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.3140.3316 Probation-Sex Offender-Estimated Revenue - \$15,000

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

Please attach (6) six signed, notarized originals of this form to the Budget Amendment/Grant Extension (DCJS-55)

Please note: Each original signature requires an original notary.

APPENDIX X

Agency Code: 01490

Contract No.:TM78526

Period:4/1/07 to 12/31/09 (New Contract Period, if applicable)

Funding Amount for Period: \$15,000

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through **the New York State Division of Criminal Justice Services**, having its principal office at **4 Tower Place, Albany, NY 12203-3702** (hereinafter referred to as the STATE),and Warren County (hereinafter referred to as the GRANTEE/CONTRACTOR), for modification of Contract Number TM78526, as amended in attached Appendix(ices)_____.

All other provisions of said AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing next to their signatures.

GRANTEE SIGNATURE:

Date: _____

By: _____

Name: FREDERICK MONROE

Title: CHAIRMAN, BOARD OF SUPERVISORS

State of New York)

)ss.

County of _____)

On this ___ day of _____, 20___, before me personally came _____, to me known, who being duly sworn, did depose and say that (s)he resides in _____, that (s)he is the ___ of the _____, the Grantee described in and which executed the foregoing instrument; that it was so executed by the authority of the Grantee, and that (s)he signed his/her name thereto by like order.

(Notary)

STATE AGENCY SIGNATURE:

Date: _____

By: _____

Name: Ron Dickens

Title: Program Manager,
Office of Program Development and Funding

State Agency Certification

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

STATE COMPTROLLER'S SIGNATURE

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APPENDIX X

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County of _____)

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County of _____)

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State of New York)
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County of _____)

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)ss.
County of _____)

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State of New York)

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STATE COMPTROLLER'S SIGNATURE

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: 1/22/09

- (a) Purpose of Contract Change: To extend Contract with Forensic Mental Health Associates for Sex Offender Services.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 203 of 2008
- (c) Name of Contractor: Forensic Mental Health Associates
- (d) Address of Contractor: 437 Western Avenue, Albany, NY 12203
- (e) Contractor's Contact Person and Telephone Number: Dr. Richard Hamill, 489-7971
- (f) Commencement Date of Extension: 4/1/08
- (g) Termination Date of Extension: 12/31/09
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$15,000
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.3140.470 Probation-Contract \$58,000

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Assigned Counsel

DATE: January 22, 2009

- (a) Purpose of Contract Change: Continue Contract with Stanclift Law Firm to provide Conflict Defender representation for indigent defendants in Glens Falls City Court and the Northern Warren County Justice Courts
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 200 of 2008
- (c) Name of Contractor: STANCLIFT LAW FIRM, PC
- (d) Address of Contractor: 100 Glen Street, Glens Falls, New York 12801
- (e) Contractor's Contact Person and Telephone Number: Tucker Stanclift, 745-4343
- (f) Commencement Date of Extension: April 1, 2009
- (g) Termination Date of Extension: March 31, 2010
- (h) Payment Provisions:
 - i) lump sum amount \$96500.00
 - 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. monthly upon submission of a voucher
- (i) 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: 1170-470 (Contracts)

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: 1/22/09

- (a) Purpose of Amendment: To accept \$1,000 from the Warren/Washington Victim Impact Panel for Warren County Juvenile Treatment Court.

- (b) Appropriation Code, Object Code, Full Title and Amount: A.3140.470-Probation - Contract \$1,000

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.3140.2713 - Gifts and Donations - Probation - \$1000. * Please note \$1,000 check from Victim Impact Panel was placed in deferred revenue category.

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

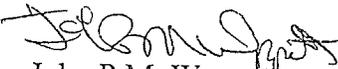
*Please note all amount must be in whole dollars – no cents.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WARREN CO. PUBLIC DEFENDER
Name of Department

SIGNED: 
John P.M. Wappett

DATE: 01/22/2009

FROM CODE TITLE TO CODE TITLE AMOUNT

Please state reason for transfers requested:

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439 ⁴⁴⁸⁹	Contingent Fund- Other Payments Contributions	426 A.1171426	Public Defender Subscriptions	17,197

Please state reason for transfer request: Error in 2009 Departmental Request submission

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WARREN CO. PUBLIC DEFENDER
Name of Department

SIGNED: 
John P.M. Wappett

DATE: 01/22/2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund	426	Subscriptions	17,197

Please state reason for transfer request: Error in 2009 Departmental Request submission

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

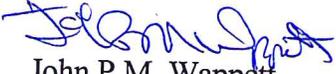
Get correct
CODE

RESOLUTION REQUEST FORM NO. 10

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FROM: WARREN CO. PUBLIC DEFENDER
Name of Department

SIGNED: 
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DATE: 01/22/2009

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A.1990 439	Contingent Fund	426	Subscriptions	17,197

Please state reason for transfer request: Error in 2009 Departmental Request submission

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

WARREN COUNTY

Budget Worksheet Report

Account Number	Description	2009 Departmental Request	2008 Amended Budget	2008 Actual Amount	2008 Adopted Budget	2007 Actual Amount
Fund: A General						
Revenue						
Department: 1171 Public Defender						
Account Classification: State Aid State Aid						
3018	Parole Hearings - Pub Defender	\$4,200.00	\$0.00	\$0.00	\$0.00	\$0.00
Account Classification Total: State Aid		\$4,200.00	\$0.00	\$0.00	\$0.00	\$0.00
Department Total: Public Defender		\$4,200.00	\$0.00	\$0.00	\$0.00	\$0.00
Revenue Totals		\$4,200.00	\$0.00	\$0.00	\$0.00	\$0.00
Expenses						
Department: 1171 Public Defender						
Account Classification: Personal Service Personal Services						
110	Salaries - Regular	\$406,337.00	\$385,494.00	\$367,756.67	\$353,323.00	\$360,143.47
130	Salaries - Part Time	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
140	Salaries - Sick Leave Incentive	\$800.00	\$800.00	\$800.00	\$800.00	\$400.00
Account Classification Total: Personal Services		\$407,137.00	\$386,294.00	\$368,556.67	\$354,123.00	\$360,543.47
Account Classification: Equipment Equipment						
210	Furniture/Furnishings	\$0.00	\$284.00	\$284.00	\$0.00	\$0.00
220	Office Equipment	\$540.00	\$153.00	\$153.00	\$1,000.00	\$265.99
Account Classification Total: Equipment		\$540.00	\$437.00	\$437.00	\$1,000.00	\$265.99
Account Classification: Contract Expens Contractual Expense						
410	Supplies	\$1,620.00	\$4,043.00	\$2,467.23	\$3,000.00	\$2,682.17
422	Repair/Maint-Equipment	\$270.00	\$1,167.00	\$1,166.26	\$500.00	\$515.76
423	Telephone	\$810.00	\$2,280.00	\$2,180.59	\$1,500.00	\$1,557.44

WARREN COUNTY

Budget Worksheet Report

Account Number	Description	2009 Departmental Request	2008 Amended Budget	2008 Actual Amount	2008 Adopted Budget	2007 Actual Amount
424	Postage	\$1,080.00	\$2,350.00	\$2,152.87	\$2,000.00	\$2,188.04
426	Subscriptions	\$1,890.00	\$4,994.00	\$3,605.55	\$3,500.00	\$4,856.84
427	Memberships & Dues	\$648.00	\$975.00	\$975.00	\$1,000.00	\$750.00
428	Data Processing & Internet Fees	\$432.00	\$595.00	\$595.00	\$800.00	\$595.00
436	Advertising Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
437	Consulting Fees	\$4,191.00	\$8,668.00	\$7,761.06	\$6,500.00	\$6,068.75
439	Misc Fees & Expenses	\$0.00	\$176.00	\$175.12	\$0.00	\$0.00
440	Legal/Transcript Fees	\$486.00	\$1,204.00	\$594.55	\$900.00	\$1,007.40
444	Travel/Education/Conference	\$3,510.00	\$5,682.00	\$4,838.81	\$6,500.00	\$8,102.30
470	Contract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Account Classification Total: Contractual Expense		\$14,937.00	\$32,134.00	\$26,512.04	\$26,200.00	\$28,323.70
Department Total: Public Defender		\$422,614.00	\$418,865.00	\$395,505.71	\$381,323.00	\$389,133.16
Revenue Totals:		\$4,200.00	\$0.00	\$0.00	\$0.00	\$0.00
Expense Totals		\$422,614.00	\$418,865.00	\$395,505.71	\$381,323.00	\$389,133.16
Fund Total: General		(\$418,414.00)	(\$418,865.00)	(\$395,505.71)	(\$381,323.00)	(\$389,133.16)
Revenue Grand Totals:		\$4,200.00	\$0.00	\$0.00	\$0.00	\$0.00
Expense Grand Totals:		\$422,614.00	\$418,865.00	\$395,505.71	\$381,323.00	\$389,133.16
Net Grand Totals:		(\$418,414.00)	(\$418,865.00)	(\$395,505.71)	(\$381,323.00)	(\$389,133.16)

2008 STATISTICS

Opened Files	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Criminal	156	137	133	146	102	118	132	157	147	131	121	139
Family	46	25	40	30	31	36	22	38	40	33	30	36
TOTAL	202	162	173	176	133	154	154	195	187	164	151	175

Year to Date Combined Total: 2026

2007 1898 ↑ 7%

Closed Files	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Criminal	117	140	161	140	113	95	110	153	143	139	119	120
Family	20	29	25	18	30	26	52	35	28	12	17	42
TOTAL	137	169	186	158	143	121	162	188	171	151	136	162

Year to Date Combined Total: 1884