

CRIMINAL JUSTICE MEETING  
PROBATION AGENDA  
3/26/09

1. Resolution Request to Share Probation information with the Department of Social Services for the purpose of indentifying welfare fraud.
2. Resolution Request to extend contract with NYS Division of Probation and Correctional Alternatives (DPCA) for shared services grant for the time period 7/1/09 to 6/30/10 in the amount of \$47,000.

Warren County  
Request to Host Meeting or Conference

Name of Department: DA's Office - Victim Assistance Program

Name of Meeting/Conference: Northwestern Coalition for Crime Victims Service Providers

Date: 6-2-09

Location: Warren Cty. Sheriff's Dept. Training Room

Purpose: Quarterly meeting of all service providers

Contact Person: (If other than Department Head) MANON AFFINITO

Phone No.: 761-6405

Number of People attending:

5 County Employees approx.

5 State Employees approx.

    Volunteers

25 Others (specify) non for profit agencies

Cost to County (please include amounts):

Room rental ∅

Food/beverage \$350.00

Supplies ∅

Other (specify) \_\_\_\_\_

Total Cost: \$350.00

Dept Head Approval:

Committee Chairman Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date

# ***RESOLUTION REQUEST FORM NO. 20***

## ***MISCELLANEOUS***

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: Probation**

**DATE: March 26, 2009**

- (a) Purpose of Request: To enter into a MOU with the Department of Social Services to share Probation information with DSS for the purpose of identifying welfare fraud.
  
- (b) Details: See above
  
- (c) Previous Resolution Number: N/A
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: N/A

**Sample: A.8021 470 Planning & Community Development – Contract**

**\* as listed in budget and LOGOS**

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: Probation Department**

**DATE: March 26, 2009**

- (a) Purpose of Contract Change: to renew agreement between Warren County and NYS Division of Probation and Correctional Alternatives to provide additional target services for probationers with Mental Illness.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 318 of 2008
- (c) Name of Contractor: NYS Division of Probation and Correctional Alternatives
- (d) Address of Contractor: 80 Wolf Road, Albany, NY
- (e) Contractor's Contact Person and Telephone Number: Linda Valenti, 485-2394
- (f) Commencement Date of Extension: 7/1/09
- (g) Termination Date of Extension: 6/30/10
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$47,000
  - 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. 3318 Probation - Mental Health (\$47,000)
- (ii) **\*\*Budget Amendment needed upon acceptance of Grant.**

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

**RESOLUTION REQUEST FORM NO. 5**

*Request to Apply for a Grant Application and Grant Agreement*

DEPARTMENT NAME: Warren County District Attorney's Office - Victim Assistance Program  
DATE: 3-17-09

- (a) Purpose of Grant: fund the victim assistance program
- (b) Name of Grantor: NY State Crime Victims Board
- (c) Address of Contractor: 1 Columbia Circle, Ste 200 Albany, NY 12203
- (d) Grantor's Contact Person and Telephone Number: RAY PARAFINCZUK 518-485-2763
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? The Grant notice is attached.
- (f) Effective Date of Grant: October 1st, 2009
- (g) Termination Date of Grant: September 30, 2012
- (h) Total Dollar Amount Involved (not to exceed): To be determined.
- (i) Deadline to Submit Grant Application and/or Grant Agreement: May 8, 2009 @ 2pm
- (j) Is a Budget amendment required? If yes, also complete and submit Form No. 7. NO
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable. NO
- (i) Is a Local Share Required? YES If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:  
From A.1168 Victim Assistance Program District Attorney's office



DAVID A. PATERSON  
GOVERNOR

TINA M. STANFORD  
CHAIRWOMAN

STATE OF NEW YORK  
EXECUTIVE DEPARTMENT  
CRIME VICTIMS BOARD

BOARD MEMBERS  
JOAN A. CUSACK  
JACQUELINE C. MATTINA  
LOUIS A. MOSIELLO

March 9, 2009

Dear Colleague:

The New York State Crime Victims Board (CVB) is pleased to issue a Request for Proposal (RFP) "VOCA Crime Victim Assistance Grant Program" soliciting applications for crime victim/witness assistance grants beginning October 1, 2009.

This is a competitive application process open to both new and currently funded programs meeting the eligibility requirements outlined in the Request for Proposal's Guidelines and Application Procedures. The required application documents are available on the CVB website at [www.cvb.state.ny.us/Services/GrantsUnitServices.aspx](http://www.cvb.state.ny.us/Services/GrantsUnitServices.aspx). **Applications must be received in the CVB mailroom by 2:00 p.m., May 8, 2009.** Late submissions will not be accepted.

The Board determined funding priorities based on the U.S. Office for Victims of Crime guidelines and input from victim service agencies across the state. Emphasis is placed on funding programs which provide comprehensive services and programs providing services to previously underserved victims. Funding priorities are addressed in detail in Section II of the RFP.

Over the last several years, CVB has worked hard to ensure stable funding to programs during uncertain economic times. We remain committed to funding programs for direct services and the RFP emphasizes providing high-quality direct assistance to crime victims, which is the primary purpose of the VOCA Victim Assistance Grant Program.

If you have any questions or have difficulty accessing the RFP from the CVB website, please contact our Grants office at (518) 485-2763. On behalf of the Board, I look forward to working with you in serving the innocent victims of crime in New York State.

Sincerely,

Tina M. Stanford  
Chairwoman

Enclosures

cc w/o enc: Program Directors  
Advisory Council Members

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

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

FROM: *Warren Co. Assigned Counsel*  
Name of Department

SIGNED: *J. Fountain* DATE: *3/23/09*

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1170 440	<i>Legal Fees/Transcripts</i>	A.1170 220	<i>Office Equipment</i>	<i>\$349.00</i>

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: *my current printer is on it's last leg!*

\*Please note: All amounts must be in whole dollars – no cents.

### 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 Account- Other Payments/Contributions			

Please state reason for transfer request:

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

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Name of Department

SIGNED: *J LaFountain* DATE: *3/23/09*

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1170 440	<i>Legal Fees/Transcripts</i>	A.1170 220	<i>Office Equipment</i>	<del>\$349.00</del> <i>\$350.00</i>

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

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<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

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

below \$350 fro you. Let me know your thoughts. Oh yeah, these are highly constrained as well.



## Product Quote

Tech Depot appreciates this opportunity to provide your organization this product(s) quote. Tech Depot strives to make your buying experience straightforward and streamlined by offering intelligent product choices, top brands, and competitive prices, with the support you demand.

Reference# :		Date:	23-Mar-2009
Quote# :	B090316595	Phone:	(800) 625-9866 x7232

BILL TO	SHIP TO
David Kenyon Warren County 1340 State Route 9 Municipal Center Lake George, NY 128453484	David Kenyon Warren County 1340 State Route 9 Municipal Center Lake George, NY 128453484

Item #	Mfg #	PRODUCT	QTY	PRICE	TOTAL
S7286741	CE459A#ABA	HP LaserJet P2055dn - printer - B/W - laser <i>Contract Number: New</i>  <i>York HP- PT 58424</i>	1	\$349.99	\$349.99
<b>Subtotal</b>					<b>\$349.99</b>
<b>TAX (applicable states only)</b>					<b>\$0.00</b>
<b>SHIPPING &amp; HANDLING [Standard Ground]</b>					<b>free</b>
<b>TOTAL</b>					<b>\$349.99</b>

FEIN	DUNS	Cage Code
06-1526627	04-188-3971	1LDH8

Thank you once again for your consideration and feel free to contact me with any questions.

If this quote meets your requirements and you are set to purchase, please click the link below: <http://www.techdepot.com/pro/3.asp?c=pq&r=lr&s=6804297>

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Thank you,  
Patrick Gutierrez  
AM3  
TECH DEPOT by Office Depot  
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Trumbull, CT 06611  
(800) 625-9866 x7232