

CRIMINAL JUSTICE MEETING  
6/25/09  
PROBATION AGENDA

**OLD BUSINESS:** NONE

**NEW BUSINESS:**

1. **REQUEST:** Resolution request to accept enhanced supervision of Supervision of Sex Offender Funding from the New York State Division of Probation and Correctional Alternatives.

**RATIONALE:** Enhanced supervision of Sex Offender funding provides additional funding for Level 2 &3 Offender (\$23,392), Polygraph examinations (\$5,100) and Return/Retaking of Sex Offenders (\$5,000).

2. **REQUEST:** Resolution request to extend contract with Government Payment Services, Inc. to provide credit card payment services for the payment of restitution and fees and no cost to Warren County.

**RATIONALE:** Provides probationers with the option of paging restitution and fees with credit cards.

3. **INFORMATION:** Pursuant to Budget Officer Kevin Geraghty memo of May 18, 2009, our department has created the attached document that outlines the mandated services provided by our department and the potential realities of job eliminations.

# **RESOLUTION REQUEST FORM NO. 3**

## ***Request for New Contract***

**DEPARTMENT NAME: Probation Department**

**DATE: June 25, 2009**

- (a) Is this a Result of a Bid or Request for Proposal? No
  
- (b) Purpose of Contract: To accept enhanced supervision of sex offender funding for Level 2&3 offenders.
  
- (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, 485-7692
  
- (f) Has or will the Contract be provided, if so, please attach: Attached
  
- (g) Commencement Date of Contract: 4/1/09
  
- (h) Termination Date of Contract: 3/31/10
  
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$23,292-Supervision, \$5,100 - polygraph, \$5,000 - return/retaking of offenders
  - iv)
  - 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, Object Code, Full Title\* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: A.3140.Probation, 3316 Probation -Sex Offenders (estimate Revenue \$15,000)

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

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

**DEPARTMENT NAME: Probation**

**DATE: June 25, 2009**

- (a) Purpose of Contract Change: To extend contract with Government Payment Services, Inc.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R-405 of 2004
- (c) Name of Contractor: Government Payment Services, Inc.
- (d) Address of Contractor: 7920 Georgetown Road, Suite 900, Indianapolis, Indiana 46268.
- (e) Contractor's Contact Person and Telephone Number: Debby Conrad (317)713-6554
- (f) Commencement Date of Extension: ASAP
- (g) Termination Date of Extension: Series of five (5) one (1) year contracts.
- (h) Payment Provisions: i) lump sum amount N/A payment made directly by probations via credit card  
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.
- (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: N/A, no cost to county