

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: District Attorney's Office- Crime Victim Assistance Program

DATE: 10-16-2009

(a) Purpose of Amendment:
To appropriate the funds for the new 2009/2010 Crime Victims Board grant award.

(b) Appropriation Code, Object Code, Full Title and Amount:

A. 1168 470- Crime Victim Assistance- Contract- \$4420

Sample: A.1010 470 Legislative Board – Contract

(c) Revenue Code (with title), and Amount:

A. 1168- 3032 Crime Victims Advocate DA

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

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

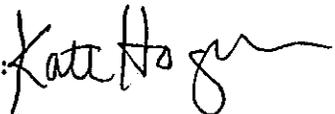
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Kate Hogan

Name of Department District Attorney's Office-
Crime Victim Assistance Program

SIGNED: 

DATE: 10-16-2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1168 470	Contract	A. 1168 130	Salaries- Part Time	\$4420
A. 1168 220	Office Equipment	A. 1168 130	Salaries- Part Time	\$ 500
A. 1168 426	Subscriptions	A. 1168 130	Salaries- Part Time	\$ 200
A. 1168 444	Travel/Educ/Conference	A. 1168 130	Salaries- Part Time	\$ 560

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

Please state reason for transfers requested:

To appropriate the funds for the new 2009/2010 Crime Victims Board grant award
*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.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: October 20, 2009

- (a) Purpose of Contract Change: To Extend Agreement 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: 84 of 2009
- (c) Name of Contractor: NYS DPCA
- (d) Address of Contractor: 80 Wolf Road, Albany, NY 12203
- (e) Contractor's Contact Person and Telephone Number: Linda Valenti, 485-2394
- (f) Commencement Date of Extension: 1/1/10
- (g) Termination Date of Extension: 12/31/10
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$23,000
 - 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.3144.3414 Probation - Day Reporting - Probation - Day Reporting - \$23,000.

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: Probation

DATE: 10/20/09

- (a) Purpose of Contract Change: To extend Memorandum of Understanding between Warren County Department of Social Service and the Warren County Probation Department for Preventive Services - Probation
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 803 of 2008
- (c) Name of Contractor: Warren County Department of Social Services
- (d) Address of Contractor: Municipal Center, Lake George, NY
- (e) Contractor's Contact Person and Telephone Number: Sheila Weaver, Commissioner, 761-6309
- (f) Commencement Date of Extension: January 1, 2010
- (g) Termination Date of Extension: December 31, 2014
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$60,000
 - 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.3140.1582 Probation - DSS, Reimburse Probation PINS \$60,000

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: 10/20/09

- (a) Purpose of Contract Change: To extend Agreement with NYS Division of Probation and Correctional Alternative for Alternatives to Incarceration Service Plan updates.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 746 of 2004
- (c) Name of Contractor: NYS Division of Probation and Correctional Alternatives
- (d) Address of Contractor: 80 Wolf Road, Albany, NY 12205
- (e) Contractor's Contact Person and Telephone Number: Linda Valenti, 485-2394
- (f) Commencement Date of Extension: January 1, 2010
- (g) Termination Date of Extension: December 31, 2014
- (h) Payment Provisions:
 - i) lump sum amount N/A
 - 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

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