

**CRIMINAL JUSTICE MEETING**  
**1/21/10**  
**PROBATION DEPARTMENT AGENDA**

**OLD BUSINESS: NONE**

**NEW BUSINESS:**

1.       **REQUEST:** Resolution request to extend contract with Community Action Center for the period of 1/1/10 to 12/31/10 in the amount of \$27,000 plus an estimated amount of \$7,033 anticipated to be received from NYS Division of Probation and Correctional Alternatives.

**RATIONAL:** Community Action Center provides Community Services Program to County Court and local criminal courts.

2.       **REQUEST:** Resolution request to develop Memorandum of Understanding between Probation Department and Department of Social Services regarding confidentiality in the workplace.

**RATIONAL:** Juvenile Justice Unit is co-located with Preventative Services in the new Human Services Building. Since Probation Department and DSS are two separate entities, it is important to establish confidential guidelines between both agencies concerning information that may become known in the workplace.

# **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: January 19, 2010**

- (a) Purpose of Request: To develop a Memorandum of Understanding between the Probation Department and the Department of Social Services regarding confidentiality in the work place.
  
- (b) Details: MOU will address the fact that all conversations, documents, and presence of probationer/DSS clients in the work setting will remain confidential.
  
- (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**

**DATE: January 19, 2010**

- (a) Purpose of Contract Change: To extend contract with Warren-Hamilton Counties ACEO, INC, for Alternative Sentencing Program For Adults.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 85 of 2009
- (c) Name of Contractor: Warren-Hamilton ACEO, Inc.
- (d) Address of Contractor: 190 Maple Street, PO Box 968, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Lynn Achershock,  
793-0636
- (f) Commencement Date of Extension: 1/10/10
- (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 \$27,000 in addition of the estimated amount of \$7,033 anticipated to be received 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 \$27,000.

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 Comm. hereby authorizes Emilee Daverport  
(Supervisory Committee) (Employee Name)

to attend DAAASNY Winter Conference  
(Name of meeting or organization)

at Grand Hyatt New York  
(Address)

on January 27-29<sup>th</sup> Mode of transportation to be used train  
(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**

*no hotel cost / sharing room*

- Room rate \$ \_\_\_\_\_ GSA\* Rate \$ \_\_\_\_\_
- Meal costs - GSA\*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 1/21/10

Kate Hogan  
Department Head Signature

Date: 1/21/10

[Signature]  
Committee Chairman Signature

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

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Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

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**Filing Instructions:**

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.