

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: District Attorney

DATE: September 20, 2010

- (a) Purpose of Grant: To apply for \$70,000. grant Crimes Against Prosecution CARP
- (b) Name of Grantor: Department of Criminal Justice Services
- (c) Address of Contractor: 4 Tower Place, Albany, New York 12203.
- (d) Grantor's Contact Person and Telephone Number: Ann Marie Strano, Director
457-8462
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Attached
- (f) Effective Date of Grant: 10-1-2010
- (g) Termination Date of Grant: 09-30-2011
- (h) Total Dollar Amount Involved (not to exceed): \$70,000.00
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 08-06-10
- (j) Is a Budget amendment required? Yes If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

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

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

*as listed in budget and LOGOS

STATE AGENCY NYS Division of Criminal Justice Services 4 Tower Place Albany, NY 12203	NYS COMPTROLLER'S NUMBER: (Contract Number) ORIGINATING AGENCY CODE: 01490 - NYS Division of Criminal Justice Services
GRANTEE/CONTRACTOR: (Name & Address) Warren County 1340 State Route 9 Lake George, NY 12845	TYPE OF PROGRAMS: DCJS NUMBERS:
FEDERAL TAX IDENTIFICATION NO: 14-6002576 MUNICIPALITY NO: (if applicable) 520100000 000	INITIAL CONTRACT PERIOD: FROM TO FUNDING AMOUNT FROM INITIAL PERIOD: \$0.00
STATUS: Contractor is not a sectarian entry. Contractor is not a not-for-profit organization.	MULTI-YEAR TERM: (if applicable): 0 1-year renewal options.
CHARITIES REGISTRATION NUMBER: <div style="border: 1px solid black; width: 150px; height: 15px; margin: 5px 0;"></div> (Enter number or Exempt) if "Exempt" is entered above, reason for exemption. N/A <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Contractor has ___ has not ___ timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports. </div>	APPENDIX ATTACHED AND PART OF THIS AGREEMENT <input checked="" type="checkbox"/> APPENDIX A Standard Clauses required by the Attorney General for all State contracts <input checked="" type="checkbox"/> APPENDIX A1 Agency-specific Clauses <input checked="" type="checkbox"/> APPENDIX B Budget <input checked="" type="checkbox"/> APPENDIX C Payment and Reporting Schedule <input checked="" type="checkbox"/> APPENDIX D Program Workplan <input type="checkbox"/> APPENDIX F Guidelines for the Control and Use of Confidential Funds <input type="checkbox"/> APPENDIX G Procedural Guidelines for the Control of Surveillance Equipment <input type="checkbox"/> Other (Identify)
IN WITNESS THERE OF, the parties hereto have electronically executed or approved this AGREEMENT on the dates of their signatures.	
NYS NYS Division of Criminal Justice Services BY: _____ Date: _____ 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". GRANTEE: BY: Mr. Frederick H. Monroe , Chairman of the Board Date: _____	
ATTORNEY GENERAL'S SIGNATURE Title: _____ Date: _____	APPROVED, Thomas P. DiNapoli, State Comptroller Title: _____ Date: _____

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

DATE: September 23, 2010

- (a) Purpose of Amendment: To accept grant funds from the Crimes Against Prosecution Grant (CARP).

- (b) Appropriation Code, Object Code, Full Title and Amount: A.1165 110 District Attorney - Salaries - Regular \$70,000.

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.1165 3043 District Attorney - Crimes Against Prosecution \$70,000.

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

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

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: A District Attorney

DATE: September 20, 2010

- (a) Purpose of Amendment: To accept \$15,000.00 from the Byrne JAG Grant.

- (b) Appropriation Code, Object Code, Full Title and Amount: A. 1164 220 Asset Forfeiture Office Equipment \$15,000.00

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A. 1164 Asset Forfeiture \$15,000.00

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

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

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The (Supremal Justice) hereby authorizes JOY SAVOIE
(Supervisory Committee) (Employee Name)

to attend Critical Issues in Responding to
(Name of meeting or organization)

at DCJS Training Room, Albany NY
(Address) ^{100 DV}

on 10-27-10 Mode of transportation to be used personal vehicle
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:
convenience

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

Notice of meeting or convention including cost. \$80.00

For Overnight Travel

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

*www.gsa.gov

Date: 9-17-10

Kate Hoge
Department Head Signature

Date: 9-23-10

[Signature]
Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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.

NYSCADV NEW YORK STATE COALITION AGAINST DOMESTIC VIOLENCE

CRITICAL ISSUES IN RESPONDING TO DOMESTIC VIOLENCE: A Training for Allied Agencies and Professionals

Featuring Trainers from NYSCADV and DV Programs Statewide!

LOCATION Albany, NY - DCJS Training Room

DATES & TIME October 27th - 9:30 AM to 5 PM

REGISTRATION DEADLINE Friday, October 15th

COST \$80 for training and materials. Continental breakfast and lunch included. Refund/Cancellation Policy - Cancellations must be made 48 hours (2 business days) in advance to receive a refund.

TRAINING HIGHLIGHTS Learn from DV advocates in the field about: nature and dynamics of domestic violence, intersections of oppression, the role of the DV advocate, confidentiality and collaboration and principles of prevention.

WHO SHOULD ATTEND This training is meant for allied professionals in governmental agencies and community organizations seeking a deeper understanding about domestic violence and the work of DV organizations. Advocates from DV programs are welcome to attend! Please contact NYSCADV for more information on pricing.

HOW TO REGISTER

1. By mail. Mail your contact information, including email address, to:
NYSCADV, 350 New Scotland Ave, Albany, NY 12208
2. By phone. Call the Coalition at (518) 482-5465
3. By fax. Fax your registration information to (518) 482-3807

*Training venue directions will be sent via email.
Please submit your email address when registering!*

FOR MORE INFORMATION, PLEASE CONTACT THE COALITION AT (518) 482-5465.

NYSCADV
NEW YORK STATE COALITION
AGAINST DOMESTIC VIOLENCE
350 New Scotland Avenue
Albany, NY 12208



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Ms. Manon Affinito
Warren County
District Attorney's Office
1340 State Route 9
Lake George, NY 12845



**Critical Issues in Responding
to Domestic Violence**

