

Sheriff's Committee Agenda 08/26/10

1. Accept the minutes from last meeting on 05/26/10.
2. Reso request to accept \$10,000.00 grant funding from DCJS DNA Burglary initiative. (Refer attachment #1)
3. Reso request for new contract with Black Creek Integrated Systems for inmate management system. (Refer attachment #2)
4. Reso request to transfer funds from Insurance Revenues to pay for lightning strike damage. (Refer attachment #3.
5. Request authorization to send Capt Gates, Lt. Maday, Lt. VanWinkle to Jail Administrators training in Saratoga Sept 27, 2010.
6. Request authorization to send Major Shine & Lts. Smith & LaFarr to supervisors training conference in Albany NY on Sept 13,14 &15.
7. Discussion of fraud investigations at social services.

#1

RESOLUTION REQUEST FORM NO. 5
Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Sheriff's Office

DATE:

(a) Purpose of Grant: To decrease the incidence of burglaries through the collection of DNA at crime scenes

(b) Name of Grantor:
N.Y.S. Division of Criminal Justice Services

(c) Address of Grantor:
4 Tower Place - Stuyvesant Plaza, Albany, NY 12203

(d) Grantor's Contact Person and Telephone Number:
Michele R. Mulloy, (518) 485-0913

(e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Yes, will be provided upon receipt from DCJS

(f) Effective Date of Grant:
OCTOBER 1, 2010

(g) Termination Date of Grant:
September 30, 2011

(h) Total Dollar Amount Involved (not to exceed):
\$ 10,000.00

(i) Deadline to Submit Grant Application and/or Grant Agreement:
~~HA~~ October 1, 2010

(j) Is a Budget amendment required?: If yes, complete and submit Form No. 7.

(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.

(l) Is a Local Share Required?: 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:

No Local Share Required

#2

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: 31.50 Sheriff - Corrections

DATE: 08-09-2010

- (a) Is this a Result of a Bid or Request for Proposal? **No**

- (b) Purpose of Contract: **Update and provide system support to inmate management software system.**

- (c) Name of Contractor: **Black Creek Integrated Systems Corp.**

- (d) Address of Contractor: **2900 Crestwood Blvd., Box 101747 Irondale, AL 35210**

- (e) Contractor's Contact Person and Telephone Number: **Connie Hill - (205 949-9900)**

- (f) Has or will the Contract be provided, if so, please attach: **Contract to be prepared by Warren County**

- (g) Commencement Date of Contract: **01-01-2011**

- (h) Termination Date of Contract: **12-31-2011 with Renewal Option**

- (i) Payment Provisions:
 - i) lump sum amount **\$19,576.75**
 - 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.

- (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.3150 470 Sheriffs Correction Division Contracts****

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



Black Creek Integrated Systems Corporation
 P. O. Box 101747
 Irondale, AL 35210
 Ph.: (205) 949-9900
 Fax.: (205) 949-9910

QUOTATION

Date	Number	Revision
7/15/2010		

Terms	Ship Via	Freight	F.O.B	Delivery
Due On Invoice Receipt	n/a	n/a	n/a	n/a

To:
 Capt. Mike Gates
 Warren County Sheriff's Department
 1400 State Route 9
 Lake George NY 12845

Description	Amount
SallyPort NY Unlimited Support Plan For Period 1/1/2011 Through 12/31/2011 See attached for plan description Quotation is based on number of software licenses at the time of quotation. Invoice will be based on number of software licenses at the time of renewal.	\$19,576.75
Total Quotation Amount	\$19,576.75



BLACK CREEK INTEGRATED SYSTEMS CORP.
SALLY•PORT NY
"QUALITY CARE" SUPPORT PLANS

***Sally-Port*[®] NY UNLIMITED SUPPORT PLAN**

Black Creek's ***Sally-Port*[®] NY** Unlimited Support Plan is an enhanced plan with no limits on the amount of telephone contact time with Black Creek technical support personnel. It was designed for agencies who depend on a quick response time when faced with questions concerning their software and its operation and who wish to budget a single annual amount for that support. This comprehensive plan includes the following features:

- Unlimited hours of telephone assistance from persons skilled in the use and support of ***Sally•Port NY***.
- One hour response time to inquiries - Black Creek will make every attempt to contact you within one business day hour of receipt of an inquiry.
- Software updates - Black Creek will provide updates to the software as they are issued during the life of the Plan.
- E-mail notification of software notices and updates.
- Remote software support - A Black Creek Technical Support Representative will "log on" to your system from Black Creek's facility in Irondale, Alabama to assist in problem resolution.
- Discount on additional software training, support and services - Plan customers will be extended Level 1 Account pricing as reflected in the current version of Black Creek's Extended Services Rate Sheet during the life of the Plan.
- On request, Black Creek will provide one replacement application CD during the life of the Plan.
- Membership in ***Sally•Port NY*** Users' Group.

Plan pricing assumes services will be requested and provided during normal business hours between 8:00 A.M. – 5:00 P.M. Central Time, Monday through Friday. Plan terms are effective for the period January 1st to December 31st.

Black Creek's ***Sally-Port*[®] NY** Unlimited Support Plan, in addition to providing user support, also protects the Owner's investment in the software by guarding against obsolescence, thereby maintaining its value.

Authorization To Attend Meeting or Convention

Check One:

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

The Public Safety Committee hereby authorizes Captain Michael T. Gates
(committee) (name)

To attend 2010 Annual Jail Administrators Training Conference
(name of meeting or organization)

At Gideon Putnam Hotel
(address)

On Sept. 27th - 29, 2010. Mode of Transportation to be used County Vehicle
(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

- Room rate \$ _____ GSA Rate \$ _____
 Meal costs – GSA per diem rate \$ _____
(see www.gsa.gov)

Date: 8/26/10 Signature [Signature]
(department head)

Date: 8/26/10 Signature [Signature]
(Committee Chairman)

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 A Fleet Vehicle

Filing Instructions:

1. Original with voucher to Auditor
2. Copy to Frank Morehouse if fleet vehicle is requested
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.

**NEW YORK STATE SHERIFFS' ASSOCIATION INSTITUTE INC.
NEW YORK STATE SHERIFFS' ASSOCIATION**

27 Elk Street

Albany, New York 12207

(518) 434-9091/ FAX (518) 434-9093

JAIL ADMINISTRATORS' TRAINING CONFERENCE

September 27, 28, 29 and 30, 2010

Title / Name: **Captain Michael T. Gates**

County: **Warren**

E-Mail Address: **Michael.Gates@sheriff.co.warren.ny.us**

Yes, I *do plan* on attending the Jail Administrators' Training Conference on September 27 to 30, 2010 at the Gideon Putnam, Saratoga Springs, NY. Please reserve a room for me for the following nights:

- I will be arriving at the Gideon Putnam Hotel on Monday, September 27 and departing on Thursday, September 30 (three nights lodging). A check or voucher for the registration fee of \$550.00 is enclosed. This registration fee includes lodging, lunches for three days, breaks, instructor expenses and meeting room costs.
- I will be arriving at the Gideon Putnam Hotel on Tuesday, September 28 and departing on Thursday, September 30 (two nights lodging). A check or voucher for the registration fee of \$450.00 is enclosed. This registration fee includes lodging, lunches for three days, breaks, instructor expenses and meeting room costs.
- Yes, I do plan on attending the Jail Administrators' Training Conference but DO NOT require any overnight accommodations. A check or voucher for the registration fee of 175.00 is enclosed. This registration fee includes lunches for three days, breaks, and meeting room costs.

Please make all checks payable to: New York State Sheriffs' Association Institute, Inc.

- No, I am *unable* to attend the Jail Administrators' Training Conference this year.
- I am interested in making a presentation at the Jail Administrators' Training Conference on: _____

Suggested Agenda Items or Speakers:

Authorization To Attend Meeting or Convention

Check One:

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

The Public Safety Committee hereby authorizes Lieutenant Douglas Vanwinkle
(committee) (name)

To attend 2010 Annual Jail Administrators Training Conference
(name of meeting or organization)

At Gideon Putnam Hotel
(address)

On Sept. 27th - 29, 2010. Mode of Transportation to be used County Vehicle
(dates) (county vehicle or mass transportation)

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(see www.gsa.gov)

Date: 8/26/10 Signature [Signature]
(department head)

Date: 8/26/10 Signature [Signature]
(Committee Chairman)

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JAIL ADMINISTRATORS' TRAINING CONFERENCE

September 27, 28, 29 and 30, 2010

Title / Name: **Lieutenant Douglas E. Vanwinkle**

County: **Warren**

E-Mail Address: **Douglas.Vanwinkle@sheriff.co.warren.ny.us**

Yes, I *do plan* on attending the Jail Administrators' Training Conference on September 27 to 30, 2010 at the Gideon Putnam, Saratoga Springs, NY. Please reserve a room for me for the following nights:

- I will be arriving at the Gideon Putnam Hotel on Monday, September 27 and departing on Thursday, September 30 (three nights lodging). A check or voucher for the registration fee of \$550.00 is enclosed. This registration fee includes lodging, lunches for three days, breaks, instructor expenses and meeting room costs.
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Please make all checks payable to: New York State Sheriffs' Association Institute, Inc.

- No, I am *unable* to attend the Jail Administrators' Training Conference this year.
- I am interested in making a presentation at the Jail Administrators' Training Conference on: _____

Suggested Agenda Items or Speakers:

Authorization To Attend Meeting or Convention

Check One:

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

The Public Safety Committee hereby authorizes Lieutenant Albert Maday
(committee) (name)

To attend 2010 Annual Jail Administrators Training Conference
(name of meeting or organization)

At Gideon Putnam Hotel
(address)

On Sept. 27th - 29, 2010. Mode of Transportation to be used County Vehicle
(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

- Room rate \$ _____ GSA Rate \$ _____
 Meal costs -- GSA per diem rate \$ _____
(see www.gsa.gov)

Date: 8/26/10 Signature [Signature]
(department head)

Date: 8/26/10 Signature [Signature]
(Committee Chairman)

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 A Fleet Vehicle

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Albany, New York 12207
(518) 434-9091/ FAX (518) 434-9093

JAIL ADMINISTRATORS' TRAINING CONFERENCE
September 27, 28, 29 and 30, 2010

Title / Name: **Lieutenant Albert L. Maday**

County: **Warren**

E-Mail Address: **Albert.Maday@sheriff.co.warren.ny.us**

Yes, I *do plan* on attending the Jail Administrators' Training Conference on September 27 to 30, 2010 at the Gideon Putnam, Saratoga Springs, NY. Please reserve a room for me for the following nights:

- I will be arriving at the Gideon Putnam Hotel on Monday, September 27 and departing on Thursday, September 30 (three nights lodging). A check or voucher for the registration fee of \$550.00 is enclosed. This registration fee includes lodging, lunches for three days, breaks, instructor expenses and meeting room costs.
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- Yes, I do plan on attending the Jail Administrators' Training Conference but DO NOT require any overnight accommodations. A check or voucher for the registration fee of 175.00 is enclosed. This registration fee includes lunches for three days, breaks, and meeting room costs.

Please make all checks payable to: New York State Sheriffs' Association Institute, Inc.

- No, I am *unable* to attend the Jail Administrators' Training Conference this year.
- I am interested in making a presentation at the Jail Administrators' Training Conference on: _____

Suggested Agenda Items or Speakers:

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Sheriff hereby authorizes MAJOR SHINE
(Supervisory Committee) LTS Smith & LaFare
(Employee Name)

to attend Supervisors Training
(Name of meeting or organization)

at Albany NY
(Address)

on 9/13, 14, 15 Mode of transportation to be used CV
(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

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

*www.gsa.gov

Date: 8/26/10

[Signature]
Department Head Signature

Date: 8/26/10

[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.
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LAW ENFORCEMENT SUPERVISORS' AND INVESTIGATORS' TRAINING CONFERENCE
SEPTEMBER 13, 14, 15, 2010

(Title) Name Lieutenant James LaFarr Warren
County

E-Mail Address: james.lafarr@sheriff.co.warren.ny.us

Yes, I *do plan* on attending the Road Patrol Supervisors' and Investigators' Training Conference on September 13, 14, and 15, 2010 at the Gideon Putnam Hotel. Please reserve a room for me for the following nights:

_____ I will be arriving at the Gideon Putnam on Monday, September 13th and departing on Wednesday, September 15th (two nights lodging). A check or voucher for the registration fee of \$425.00 is enclosed. This registration fee includes lodging, lunches, breaks, instructor expenses and meeting room costs.

_____ I will be arriving at the Gideon Putnam on Tuesday, September 14th and departing on Wednesday, September 15th (one night lodging). A check or voucher for the registration fee of \$325.00 is enclosed. This registration fee includes lodging, lunches, breaks, instructor expenses and meeting room costs.

_____ Yes, I *do plan* on attending the Road Patrol Supervisors' and Investigators' Training Conference but **DO NOT** require any overnight accommodations. A check or voucher for the registration fee of 175.00 is enclosed. This registration fee includes lunches, breaks, and meeting room costs.

_____ No, I am *unable* to attend the Road Patrol Supervisors' and Investigators' Training Conference this year.

_____ I am interested in making a presentation at the Road Patrol Supervisors and Investigators' Training Conference on:

Suggested Agenda Items or Speakers: _____

New York State Sheriffs' Association
New York State Sheriffs' Association Institute, Inc.
27 Elk Street
Albany, New York 12207
(518) 434-9091/ FAX (518) 434-9093
LAW ENFORCEMENT SUPERVISORS' AND INVESTIGATORS' TRAINING CONFERENCE
SEPTEMBER 13, 14, 15, 2010

Major John Shine Warren
(Title) Name County

E-Mail Address: john.shine@sheriff.co.warren.ny.us

Yes, I *do plan* on attending the Road Patrol Supervisors' and Investigators' Training Conference on September 13, 14, and 15, 2010 at the Gideon Putnam Hotel. Please reserve a room for me for the following nights:

I will be arriving at the Gideon Putnam on Monday, September 13th and departing on Wednesday, September 15th (two nights lodging). A check or voucher for the registration fee of \$425.00 is enclosed. This registration fee includes lodging, lunches, breaks, instructor expenses and meeting room costs.

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Yes, I *do plan* on attending the Road Patrol Supervisors' and Investigators' Training Conference but **DO NOT** require any overnight accommodations. A check or voucher for the registration fee of 175.00 is enclosed. This registration fee includes lunches, breaks, and meeting room costs.

No, I am *unable* to attend the Road Patrol Supervisors' and Investigators' Training Conference this year.

I am interested in making a presentation at the Road Patrol Supervisors and Investigators' Training Conference on:

Suggested Agenda Items or Speakers: _____
