

Sheriff's Committee Agenda 09/26/11

1. Committee meeting called to order by Chairman
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. Request to fill vacant Patrol Officer Position to be determined due to promotion.
2. Request to fill vacant Correction Sergeant Position #9120 due to termination
3. Request to fill vacant Correction Officer Position to be determined due to promotion
4. Request to fill vacant Correction Officer Position # 11243 due to termination.
5. Request authorization to send Capt Gates, Lt. Maday, Lt. Clifford & Inspector Barboza to jail administrators conference in Saratoga NY.
6. Request authorization to send Patrol Officers Jeremy Coon & Kenneth Smith to Traffic Crash reconstruction school in Albany NY.
7. Request reso for new contract with Admit Computer Services, Inc., DBA IMPACT.
8. Request reso for new contract with Glens Falls Mental Health services for inmates.
9. Request reso for new contract with Black Creek Integrated Systems, Inc. for inmate management software.
10. Request to amend County Budget \$5,566.00 to increase Insurance recovery revenues and Auto Supplies & Repairs appropriation code. This reflects monies received from USAA General Indemnity & Geico Insurance Companies to pay for damaged patrol vehicles.
11. Request to amend County Budget \$4,500.00 to increase Public Safety-Other revenue code and Law Enforcement OT appropriations code to reflect revenues paid by Americade for police OT coverage.
12. Request to transfer funds from Correction Salaries to Corrections OT code in amount of \$53,000.00.
13. Request to transfer funds from Law Enforcement Salaries to L.E OT code in amount of \$6,800.00.
14. Request to transfer funds from 911 Communications Center Salaries to 911 OT code in the amount of \$1,000.00.
15. Request to amend reso # of 2011 to read Sam Asher Computer Services

Topics for Discussion

1. Purchase of Motorcycles

Old Business / Pending Items

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Sheriff Payroll Dept. No. 30.00
Title of Position Patrol Officer Annual Salary \$45,852.00 Grade 201
Budget code and title A.3110 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. to be determined
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other %
Impact to Budget: Savings of approximately \$10,000.00

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date 9/26/2011

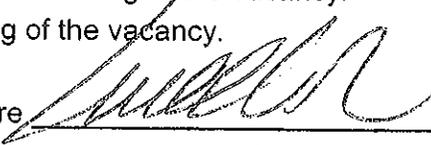
- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date 9/26/11

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature  _____

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Sheriff-Correction Division Payroll Dept. No. 31.00
Title of Position Correction Sergeant Annual Salary 37,990.30 Grade
Budget code and title A 3150-110 Salary-Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 9120
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other %
Impact to Budget: Unknown Savings of \$7,230.00
Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date 9/26/11
 The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date 9/26/11
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature]

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____
 The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Sheriff-Correction Division Payroll Dept. No. 31.00
Title of Position Correction Officer Annual Salary 33,534.30 Grade
Budget code and title A 3150-110 Salary-Regular Union X Non-Union
This position is vacated due to: Retirement Resignation Termination X Promotion Other
Employee No. To Be Determined
Is this position mandated? X Yes No Is the position reimbursable? Yes X No
Source of reimbursement: Federal % State % Other %
Impact to Budget: Unknown Savings of \$8,912.00
Human Resources Director has approved this form when initialed.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Safety-Sheriff Date 9/26/2011
The Administrator has no objection to the filling of the vacancy.
The Administrator objects to the filling of the vacancy.

Administrator Signature

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety-Sheriff Date 9/26/2011
The committee has no objection to the filling of the vacancy.
The committee objects to the filling of the vacancy.

Ranking Committee Member Signature

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date
The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Sheriff-Correction Division Payroll Dept. No. 31.00
Title of Position Correction Officer Annual Salary 33,533.63 Grade
Budget code and title A 3150-110 Salary-Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 11243
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other %
Impact to Budget: \$6,684,.44 saving
Human Resources Director has approved this form when initialed. _____

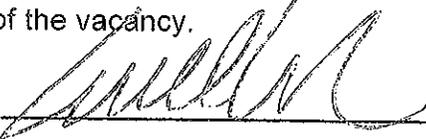
COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Safety-Sheriff Date 9/26/2011
 The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety-Sheriff Date 9/26/2011
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature  _____

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____
 The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

SCHEDULE "A"
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 Michael T. Gates
(Supervisory Committee) (Employee Name)

to attend NYSSA Annual Jail Administration Conference
(Name of meeting or organization)

at Gideon Putnam Hotel - Saratoga, NY
(Address)

on 9/26 - 9/29/2011. 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 \$ _____

*www.gsa.gov

Date: 9/26/2011



Department Head Signature

Date: 9/26/2011



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.

SCHEDULE "A"
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 Albert L. Maday
(Supervisory Committee) (Employee Name)

to attend NYSSA Annual Jail Administration Conference
(Name of meeting or organization)

at Gideon Putnam Hotel - Saratoga, NY
(Address)

on 9/26 - 9/29/2011 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 \$ _____

*www.gsa.gov

Date: 9/26/2011



Department Head Signature

Date: 9/26/2011



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.

SCHEDULE "A"
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 Daniel T. Clifford
(Supervisory Committee) (Employee Name)

to attend NYSSA Annual Jail Administration Conference
(Name of meeting or organization)

at Gideon Putnam Hotel - Saratoga, NY
(Address)

on 9/26 - 9/29/2011 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 \$ _____

*www.gsa.gov

Date: 9/26/2011



Department Head Signature

Date: 9/26/2011



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.

SCHEDULE "A"
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 Marlo Barboza
(Supervisory Committee) (Employee Name)

to attend NYSSA Annual Jail Administration Conference
(Name of meeting or organization)

at Gideon Putnam Hotel - Saratoga, NY
(Address)

on 9/26 - 9/29/2011. 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)

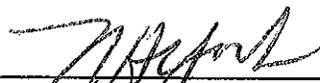
- Notice of meeting or convention including cost.

For Overnight Travel

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

*www.gsa.gov

Date: 9/2/11



Department Head Signature

Date: 9/26/11



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.

Gates, Michael T.

From: Tom Mitchell [TMitchell@nysheriffs.org]
Sent: Monday, March 21, 2011 5:42 PM
To: Chris O'Brien; Peter Kehoe
Subject: 2011 jail administrators training conference
Attachments: Registration form.pdf; Registration form.doc

Jail Administrators:

**Jail Administrators' Training Conference
 September 26 to September 29, 2011
 Gideon Putnam Hotel, Saratoga Springs, NY**

SAVE THE DATE!

it is still more than a few months away, I want to remind you about our Jail Administrators' Training Conference. The dates this year are September 26, to September 29, and it will again be held at the Gideon Putnam Hotel in Saratoga Springs.

We know that some training budgets are tight, so please made sure to reserve your time and training dollars for this important conference. This is by far our most successful training conference, and last year we had just about 80 administrators from nearly all New York counties. As usual, there will be new cases, statutes and regulations to review and discuss. Also, I am in the process of making arrangements to have Carrie Hill make a full day presentation on jail legal issues. Carrie is a frequent presenter for the National Sheriffs' Association and a former counsel to a state department of corrections.

I have enclosed a registration form for you to complete and return to me. It would be great to get your commitment as soon as possible so that we can begin to prepare the lodging, meeting room and social activities. Also, we need your help again to encourage vendors to participate, either by having a booth at the conference or by sponsoring an event. Last year our vendors were very crowded in the room outside the meeting room, so we have arranged to have a separate room for them this year. We will also have our coffee and other breaks there to help you to visit them. If you have any suggestions on who we should invite as an exhibitor or sponsor, or have a contact, please let me or Irene Colwill at our office know and we will follow up.

Also, I will be setting up an agenda conference call to review plans for the conference, so please let me know if you want to volunteer for this (or, if you just want me to volunteer you for this duty).

Thanks for your help and interest. Please contact me with any questions or comments/

Tom Mitchell

Thomas A. Mitchell
New York State Sheriffs' Association
27 Elk Street
Albany, NY 12207
(518) 434-9091
(518) 441-7353 [cell]

6/21/2011

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 Jeremy Coon
(committee) (name)

To attend Traffic Crash Reconstruction
(name of meeting or organization)

At Albany, Ny
(address)

On Sept. 19-30 2011. 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: 9/26/11 Signature [Signature]
(department head)

Date: 9/26/11 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.

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 Kenneth Smith
(committee) (name)

To attend Traffic Crash Reconstruction
(name of meeting or organization)

At Albany, Ny
(address)

On Sept. 19-30 2011. 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: 8/26/11 Signature [Signature]
(department head)

Date: 9/26/11 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.



Training in Albany, New York

Traffic Crash Reconstruction (80 hours)

THIRD IN A SERIES OF THREE COURSES

Traffic Crash Reconstruction builds upon IPTM's Advanced Traffic Crash Investigation course by assisting you further in understanding vehicle dynamics. You will take part in a more intense study of time/distance calculations, angular momentum and impact speed calculations using momentum equations.

Topics include:

- Derivation and origin of the commonly used speed formulas
- Speed of vehicles at impact using conservation of linear momentum
- Behavior of vehicles in a collision using Newton's three laws of motion
- Discussions of commercial vehicle and motorcycle dynamics in collisions
- The determination of direction of travel, initial contact and position of vehicles on the roadway

This course includes extensive project work and controlled vehicle experiments to give you first hand experience in crash reconstruction. Each student will be required to diagram and analyze three different crash scenarios as well as complete vector sum analysis of each.

Note: Early application for this course is encouraged. Prior to the start of the course, study materials in basic mathematics and algebra will be sent to you. Please review these materials before coming to class.

Prerequisite: Because of the highly technical subject matter, it is mandatory for you to have successfully completed IPTM's Advanced Traffic Crash Investigation course or its equivalent.

Audience: Law enforcement and private traffic crash investigators, claims adjusters, engineers, attorneys, safety officers, military investigative personnel, animators and graphic designers

**PLEASE FILL OUT THE REQUIRED QUESTIONNAIRE
AND RETURN IT WITH YOUR REGISTRATION.**

Course Fee: \$895

| Traffic Crash Reconstruction Course Questionnaire | |
|---|---|
| The benefit you derive from the course is determined by your having satisfied the prerequisites of the course. Questionnaire must be completed when submitting registration form. | |
| | YES NO |
| 1. Have you successfully completed IPTM's Advanced Traffic Crash Investigation (80 hours) course or its equivalent? | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Are you familiar with the equations for: | |
| a. Drag factor by test skids? | <input type="checkbox"/> <input type="checkbox"/> |
| b. Drag factor by sled? | <input type="checkbox"/> <input type="checkbox"/> |
| c. Minimum speed from skidmarks? | <input type="checkbox"/> <input type="checkbox"/> |
| d. Radius of circle equations? | <input type="checkbox"/> <input type="checkbox"/> |
| e. Time distance equation? | <input type="checkbox"/> <input type="checkbox"/> |
| f. Conservation of linear momentum equations? | <input type="checkbox"/> <input type="checkbox"/> |
| g. Speed from critical scuffs? | <input type="checkbox"/> <input type="checkbox"/> |
| h. Speed from falls? | <input type="checkbox"/> <input type="checkbox"/> |
| i. Speed from vaults? | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Have you ever testified as an expert witness in a traffic crash investigation case? | |
| a. Civil case | <input type="checkbox"/> <input type="checkbox"/> |
| b. Criminal case | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Can you measure distances and angles from scale diagrams furnished to you? | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Education: _____ | Year Graduated: _____ |
| High School: _____ | _____ |
| College: _____ | _____ |
| _____ | _____ |
| If any other comments or information relative to this application is required, please attach additional sheet. | |
| Signed: _____ | Date: _____ |
| (student's signature) | |

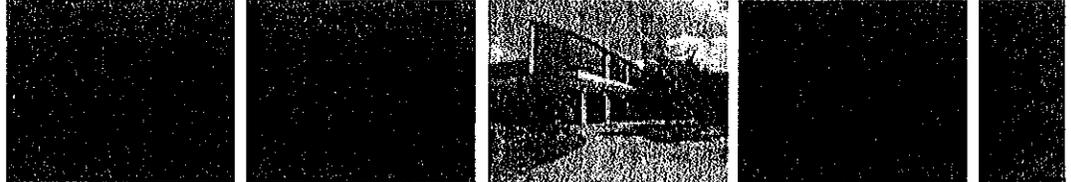
**September 19 - 30, 2011
Albany, New York**

Course will be held at the:
Albany Police Department Training Center
223 Washington Avenue Extension
Albany, New York 12205

Hotel Information:
A list of hotels can be found on page 3.

**To register for this course online, visit our website at www.iptm.org or [click here](#).
If you prefer, you may complete the attached registration form.**

Online Registration



[Home](#)

[About Us](#)

[Courses](#)

[Registration](#)

[Software](#)

[WebStore](#)

- [Course Schedule](#)
- [Online Registration](#)
- [WebStore](#)
- [Contact Us](#)
- [Staff Listing](#)

Bring IPTM to your agency with On-Site Contract Training

- [Newsletter Signup](#)
- [Newsletter Archive](#)

[Submit Code](#)

[Visit our Online Training](#)



Online Registration Form

To register for this course, please complete all the information be

Course Title:
TRAFFIC CRASH RECONSTRUCTION

Location:
ALBANY, NEW YORK

Cou
Mor
Cou
\$89

[Register another student in this course.](#)

We have received your registration request for enrollment in the above referenc
An email is being sent to you that includes important payment information.
Some courses require advanced payments or deposits, so please read the ema

Registration #: 14190 is for Kenneth Smith

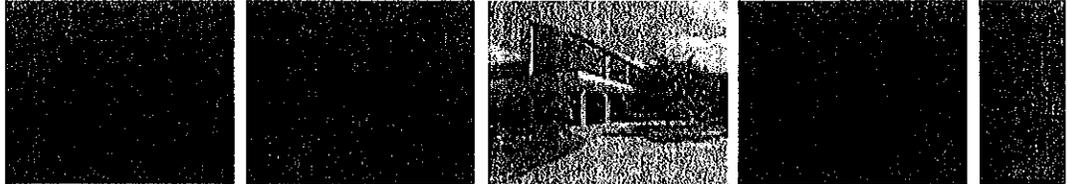
To pay for your course online, [Online Payment](#)

To register another student for the same course and agency, [Add Student](#)

**A minimum number of registrations must be received for a class to be con
written confirmation will be mailed, faxed, or emailed to you.**

Please do not make airline or hotel reservations until you receive written c

Online Registration



[Home](#)

[About Us](#)

[Courses](#)

[Registration](#)

[Software](#)

[WebStore](#)

- [Course Schedule](#)
- [Online Registration](#)
- [WebStore](#)
- [Contact Us](#)
- [Staff Listing](#)

Bring IPTM to your agency with On-Site Contract Training

- [Newsletter Signup](#)
- [Newsletter Archive](#)

[Submit Code](#)

[Visit our Online Training](#)



Online Registration Form

To register for this course, please complete all the information be

| | | |
|----------------------|------------------------------|-------------|
| Course Title: | TRAFFIC CRASH RECONSTRUCTION | Cou |
| Location: | ALBANY, NEW YORK | Mor |
| | | Cou |
| | | \$89 |

[Register another student in this course.](#)

We have received your registration request for enrollment in the above referenc
An email is being sent to you that includes important payment information.
Some courses require advanced payments or deposits, so please read the ema

Registration #: 14189 is for Jeremy Coon

To pay for your course online, [Online Payment](#)

To register another student for the same course and agency, [Add Student](#)

**A minimum number of registrations must be received for a class to be con
written confirmation will be mailed, faxed, or emailed to you.**

Please do not make airline or hotel reservations until you receive written c

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff

DATE: September 22, 2011

- (a) Is this a Result of a Bid or Request for Proposal? State Contract
- (b) Purpose of Contract: Records Management System
- (c) Name of Contractor: Admit Computer Services, Inc. DBA as IMPACT
- (d) Address of Contractor: 500 Bi-County Blvd., Farmingdale, NY 11735
- (e) Contractor's Contact Person and Telephone Number: Joan Miller 800-871-1244
Ext. 255
- (f) Has or will the Contract be provided, if so, please attach: Provided by IMPACT
- (g) Commencement Date of Contract: January 1, 2012
- (h) Termination Date of Contract: December 31, 2014
- (i) Payment Provisions: i) lump sum amount LUMP SUM \$57,914.00
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.3110 470 Sheriff's Law Enforcement Contracts

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Sheriff- Correction Division**

DATE: **09-20-2011**

A. Is this a Result of a Bid or Request for Proposal? **No**

B. Purpose of Contract: **Provide mental health services to the inmates**

C.

D. Name of Contractor: **Glens Falls Hospital Behavioral Health Services**

E. Address of Contractor: **100 Park Street
Glens falls, NY 12801**

F. Contractor's Contact Person and Telephone Number: **Dave Alloy (926-3205)**

G. Has or will the Contract be provided, if so, please attach: **Prepared by County Attorneys Office**

H. Commencement Date of Contract: **01/01/2012**

I. Termination Date of Contract: **12/31/2012**

J. Payment Provisions:

i) lump sum amount **\$70,121.00**

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. **Quarterly**)

K. 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 – Sheriff - Correction Division - Contracts

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff- Correction Division

DATE: 09-20-2011

A. Is this a Result of a Bid or Request for Proposal? **No**

B. Purpose of Contract: **Provide support services for the inmate management software**

C. Name of Contractor: **BlackCreek Integrated Systems, Inc.**

D. Address of Contractor: **2900 Crestwood Boulevard
PO Box 101747
Irondale, AL 35210**

E. Contractor's Contact Person and Telephone Number: **Connie Hill**

F. Has or will the Contract be provided, if so, please attach: **Prepared by County Attorneys Office**

G. Commencement Date of Contract: **01/01/2012**

H. Termination Date of Contract: **12/31/2012**

I. Payment Provisions:

i) lump sum amount **\$20,515.00**

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. **Annually**)

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 – Sheriff - Correction Division - Contracts

*as listed in budget and LOGOS



**BLACK CREEK
INTEGRATED SYSTEMS CORP.**

2900 CRESTWOOD BOULEVARD
P.O. BOX 101747
IRONDALE, AL 35210



Integrity. Innovation. Quality.

Voice: (205) 949-9900
Fax: (205) 949-9910

July 13, 2011

To: All **SallyPort NY**® Customers

In an effort to respond to several agency's requests for early quotations each year, we are issuing budgetary quotations to all of our SallyPort user agencies at this time. Your quotation is based on the software you currently have installed. If you purchase additional software this year, the actual support plan cost will be based on the installed software cost as of 12/31/2011.

Attached please find your SallyPort support quotation for the period January 1 to December 31, 2012. The rate reflects an increase of approximately 5%. Times being what they are, this increase will not be popular with your Legislature but we have held our support pricing steady since the 2008 plan year even while our costs were steadily increasing and we simply are no longer able to continue this policy.

We thank you for your continued support of our products and our company.

If you have any questions, please don't hesitate to call.

Very truly yours,
BLACK CREEK INTEGRATED SYSTEMS CORP.

Connie Hill
Vice President
chill@blackcreekisc.com



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

QUOTATION

| Date | Number | Revision |
|-----------|--------|----------|
| 7/14/2011 | | |

| 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 1/1/2012 Through 12/31/2012 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. | \$20,515.00 |
| Total Quotation Amount | \$20,515.00 |



**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.

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: Sheriff

DATE: September 22, 2011

(a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies received from USAA General Indemnity Ins. Co. and Geico General Insurance Co. to pay for damages to patrol vehicles

(b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110 441 Auto Supplies & Repair \$5,566.00

(c) **Revenue Code (with title), and Amount:**
A.3110 2680 Insurance Recoveries ~~\$5,556.00~~
\$ 5,566.00

*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: Sheriff

DATE: ^{Sept 22}~~April~~, 2011

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies received from Americade to cover cost of police O.T coverage in Lake George.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110 120 Law Enforcement Overtime \$4,500.00
- (c) **Revenue Code (with title), and Amount:**
A.3110 1589 Sheriff Other-Public Safety \$4,500.00

*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: Nathan H. York

Sheriff
Name of Department

SIGNED:

DATE: September 26, 2011

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|----------------------|----------------|----------------|---------------|
| A.3150 110 | Corrections Salaries | A.3150 120 | Corrections/OT | \$53,000.00 |

Please state reason for transfers requested: OT code is over budget

*Please note: All amounts must be in whole dollars – no cents. FORMTEXT

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 | <input type="checkbox"/> FORMTEXT <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> FORMTEXT <input type="checkbox"/> | <input type="checkbox"/> FORMTEXT <input type="checkbox"/> <input type="checkbox"/> |

Please state reason for transfer request: FORMTEXT

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Nathan H. York
Name of Department Sheriff

SIGNED:

DATE: September 26, 2011

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|----------------------|----------------|--------------------|---------------|
| A.3110 110 | Law Enf. Salaries | A.3110 120 | Law Enforcement/OT | \$6,800.00 |

Please state reason for transfers requested: OT code is over budget

*Please note: All amounts must be in whole dollars – no cents. FORMTEXT

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 | <input type="checkbox"/> FORMTEXT <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> FORMTEXT <input type="checkbox"/> | <input type="checkbox"/> FORMTEXT <input type="checkbox"/> <input type="checkbox"/> |

Please state reason for transfer request: FORMTEXT

Please file original request with Clerk of the Board and retain copy for your records.

