

Sady, Joan

From: York, Bud [Bud.York@sheriff.co.warren.ny.us]
Sent: Friday, April 27, 2012 4:23 PM
To: Girard, Dan; Dan Stec; Strainer, David; Frasier, Edna; Wood, Evelyn; Frank Thomas; Geraghty, Kevin; Dusek, Paul; Bentley, Ralph; Conover, Ronald
Cc: Auffredou, Martin; Sady, Joan
Subject: Agenda1 for 04/30/12 Committee

Any questions please call me anytime on my cell 222-2322.

Sheriff's Committee Agenda 04/30/12

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

Action Agenda

1. Request reso to send Undersheriff Robert Swan & Sgt. Kevin Scellen to training conference in Saratoga. Cost of training is \$192. 20 each.
2. Request reso for New Contract with the West Glens Falls EMS for transport of inmates to hospital for emergencies. Amount of contract is \$9,400 annually.
3. Request reso ratifying the actions of the Chairman of the Board of Supervisors with regard to the execution of applications to the NYS Division of Homeland Security for the 2011 Law Enforcement Terrorism Prevention Program funds in the amount of \$45,630.00.
4. Request to amend County Budget to reflect 2011 grant monies for Law Enforcement Terrorism Prevention Program. Amount of award is \$45,630.00
5. Request to amend County Budget to reflect 2011 – 2014 Local Enhanced Wireless 911 Program. Amount of Award is \$33,228.00.

Topics for Discussion

1. We have filled 3 correction officer positions due to 1 resignation, 2 terminations. Savings of \$15,616.74 in the salary code for corrections.

Old Business / Pending Items

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Sheriff (Supervisory Committee) hereby authorizes Sgt Kevin Scollen (Employee Name)

to attend Civil Supervisors Training (Name of meeting or organization)

at Saratoga Springs NY (Address)

on 5/14-16/12 (Dates) Mode of transportation to be used CV (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: 3/27/12

[Signature]
Department Head Signature

Date: 4/30/12

[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.

**NEW YORK STATE SHERIFFS' ASSOCIATION
NEW YORK STATE SHERIFFS' ASSOCIATION INSTITUTE
CIVIL SUPERVISORS' TRAINING CONFERENCE
May 14 – May 16, 2012**

CONFERENCE REGISTRATION

**Please return to:
NEW YORK STATE SHERIFFS' ASSOCIATION
27 ELK STREET
ALBANY, NEW YORK 12207
ATTN: IRENE COLWILL
Fax: 518-434-9093 or e-mail: icolwill@nysheriffs.org**

Please complete a separate conference registration form for each person attending from your agency.

NAME: J. KEVIN SCELLEN TITLE: SERGEANT
COUNTY: WARREN E-MAILADDRESS: Kevin.Scellen@sheriff.co.warren.ny.us

Please register me for the Civil Supervisors' Training Conference

- I will make lodging reservations with the Gideon Putnam on the form provided and enclose my check or voucher for \$75.00 to the New York State Sheriffs' Association for conference registration
- I do not need any lodging reservations and enclose my check or voucher for \$192.20 to the New York State Sheriffs' Association for conference registration, which includes the registration fee, lunches for two days, continental breakfast for two days, morning breaks for two days, afternoon break for one day

Please make your hotel reservations directly with Gideon Putnam with the form provided.

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 Undersheriff Robert E. Swan
(committee) (name)

To attend Undersheriffs' Continuing Education Training
(name of meeting or organization)

At Saratoga Springs, NY
(address)

On June 11 to June 13. 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: 3/27/12 Signature [Signature]
(department head)

Date: 4/26/12 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
UNDERSHERIFFS' CONTINUING EDUCATION TRAINING
June 11 – June 13, 2012**

CONFERENCE REGISTRATION

**Please return to:
NEW YORK STATE SHERIFFS' ASSOCIATION
27 ELK STREET
ALBANY, NEW YORK 12207
ATTN: IRENE COLWILL
Fax: 518-434-9093 or e-mail: icolwill@nysheriffs.org**

Please complete a separate conference registration form for each person attending from your agency.

NAME: Robert E. Swan TITLE: Undersheriff
COUNTY: Warren E-MAILADDRESS: robert.swan@sheriff.co.warren.ny.us

Please register me for the Undersheriffs' Continuing Education Training

- I will make lodging reservations with the Gideon Putnam on the form provided and enclose my check or voucher for \$75.00 to the New York State Sheriffs' Association for conference registration
- I do not need any lodging reservations and enclose my check or voucher for \$192.20 to the New York State Sheriffs' Association for conference registration, which includes the registration fee, lunches for two days, continental breakfast for two days, morning breaks for two days, afternoon break for one day

Please make your hotel reservations directly with Gideon Putnam with the form provided.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff- Correction Division

DATE: 04-25-2012

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

B. Purpose of Contract: **Provided emergency medical care and transports to the inmates at the Warren County Correctional Facility**

C. Name of Contractor: **West Glens Falls Emergency Squad**

D. Address of Contractor: **86 Luzerne Road
Queensbury, NY 12804**

E. Contractor's Contact Person and Telephone Number: **Sandy Mahoney 518-798-5011**

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

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

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

I. Payment Provisions:

i) lump sum amount **\$ 9,400.00**

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.3150 470 – Sheriff - Correction Division – Contracts

*as listed in budget and LOGOSn

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: April 26, 2012

(a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies to be received from the 2011 Law Enforcement Terrorism Prevention Program.

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

A.3110 250	Law Enforcement Technical Equipment	\$44,630.00
A.3110 410	L.E Supplies	1,000.00

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

A.3110 3384	Other Sheriff State Aid	\$45,630.00
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*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: April 26, 2012

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies to be received from the 2011-2014 Local Enhanced Wireless 911 Program in the amount of \$33,228.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3020 250 911 Center Technical Equipment \$33,228.00
- (c) **Revenue Code (with title), and Amount:**
A.3020 3384 Other Sheriff's State Aid \$33,228.00

*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: April 26, 2012

(a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies to be received from the 2008 LETPP and 2009 LETTP Grants in the amount of \$21,246.43 (2008 LETPP - \$7,933.00 / 2009 LETPP \$13,313.00)

(b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3020 250 911 Center Technical Equipment \$21,246.00

(c) **Revenue Code (with title), and Amount:**
A.3020 3384 Other Sheriff's State Aid \$21,246.00

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

Warren County Board of Supervisors

RESOLUTION NO. 341 OF 2011

Resolution introduced by Supervisors VanNess, Bentley, Girard, Thomas, Conover, McCoy and Monroe

RATIFYING THE ACTIONS OF THE CHAIRMAN OF THE BOARD OF SUPERVISORS WITH REGARD TO THE EXECUTION OF APPLICATIONS TO THE NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES FOR THE 2009 AND 2010 STATE LAW ENFORCEMENT TERRORISM PREVENTION PROGRAM FUNDS FOR THE SHERIFF'S OFFICE

RESOLVED, that the Warren County Board of Supervisors ratifies the actions of the Chairman of the Board in the execution of an application to the New York State Division of Homeland Security and Emergency Services for the FY09 State Law Enforcement Terrorism Prevention Programs in an amount not to exceed Fifty-Three Thousand Two Hundred Fifty Dollars (\$53,250), for a term commencing August 1, 2009 and terminating July 31, 2012, and be it further

RESOLVED, that the Warren County Board of Supervisors ratifies the actions of the Chairman of the Board in the execution of an application to the New York State Division of Homeland Security and Emergency Services for the FY10 State Law Enforcement Terrorism Prevention Program in an amount not to exceed Forty-Nine Thousand Four Hundred One Dollars (\$49,401), for a term commencing August 1, 2010 and terminating July 31, 2013.

The Sheriff has received \$45,630. for the SLETP grant for FY11. He needs to amend budget, but there is no new agreement.

WARREN COUNTY OFFICE OF EMERGENCY SERVICES



Main Office
1340 State Route 9
Lake George, NY 12845
518-761-6240
Fax: 518-761-6402
oes@co.warren.ny.us

BRIAN A. LAFLURE
Director
Fire Coordinator

AMY J. DREXEL
Deputy Director
Emergency Services Coordinator

Divisions
EMS Coordinator
Gary Scidmore
Hazmat/WMD Coordinator
Jamie Schrammel

Public Safety Committee Agenda

April 30, 2012

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

Action Agenda

1. **Request:** Resolution request for an overnight trip for WC OES staff to drive out to Armor Mobile in Cincinnati, OH, to drop off the Communications Vehicle for generator installation and repairs. After the install/repairs are completed they will need to repeat the process to pick it up. Once schedule is finalized, the County Administrator will be advised of participants.

Rationale: It is essential that these repairs are being done by the original manufacturer.

2. **Request:** Resolution request to rescind the resolution with Emergency Vehicle Upfitters for the purpose of installation of equipment on vehicles.

Rationale: They were not able to provide the amount of insurance that Warren County requested.

3. **Request:** Resolution request to ratify the actions of the Chairman of the Board to approve the Hazardous Materials Emergency Preparedness (HMEP) Planning grant in the minimum amount of \$3163

Rationale: There is no local contribution to this grant. It was due on April 27, 2012. The purpose of this grant is to improve and implement hazardous materials emergency plans under EPCRA.

4. **Request:** Resolution request to raise both sides of the 2012 budget to accommodate the FFY2011 State Homeland Security Planning (SHSP) grant in the amount of \$ 89,370

Rationale: Resolution needed to commence purchasing process. There is no local contribution to this grant.

5. **Request:** Resolution request to apply for the FFY11 Local Emergency Management Performance Grant (LEMPG) in the amount of \$28,749.

Rationale: This is a 50/50 grant that covers the salary and fringe of the Emergency Services Coordinator and the Account Clerk.

Old Business/Pending Items

Topics for Discussion

1. Update on Emergency Services Training Center
2. Update on the intern

RESOLUTION REQUEST FORM NO. 15

Requesting Approval for Out-of-State Travel*

****If the conference announcement or details are available in writing, please attach.***

DEPARTMENT NAME: Office of Emergency Services

DATE: May 18, 2012

- (a) Dates of Travel: To be determined

- (b) Purpose (include complete name of any conference, school, etc.): Overnight trip to Armor Mobile Systems in Cincinnati, Ohio to drop off the Communications Vehicle for generator installation and repairs. Upon completion, a second overnight trip to Armor Mobile Systems will be required to pick up the vehicle.

- (c) City/Town & State: Cincinnati, Ohio

- (d) Employee(s) Traveling (include title(s): Warren County OES staff

- (e) Is County paying the costs or is another Agency? Costs will be paid for through Homeland Security monies.

- (f) Mode of Transportation to be Use: County Vehicles
(County Vehicle or Mass Transportation)

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.

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: Office of Emergency Services

DATE: May 18, 2012

- (a) Purpose of Request: To rescind Resolution 144 of 2012 Authorizing an agreement with Emergency Vehicle Upfitters for installation of various lights, sirens and radios.

- (b) Details: Emergency Vehicle Upfitters was not able to provide the amount of insurance as requested by Warren County.

- (c) Previous Resolution Number: 144 of 2012

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: May 18, 2012

- (a) Purpose of Grant: Ratify the actions of Chair of the Board for the Local Emergency Planning Committee - Year 19
- (b) Name of Grantor: NYS Emergency Response Commission (SERC)
- (c) Address of Contractor: 1220 Washington Ave, Building 22, Suite 101, Albany, NY 12226
- (d) Grantor's Contact Person and Telephone Number: Director Steven Kuhr, 292-2301
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach?
- (f) Effective Date of Grant: 10/1/11
- (g) Termination Date of Grant: 9/30/12
- (h) Total Dollar Amount Involved (not to exceed): \$3,163 MINIMUM
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 4/27/12
- (j) Is a Budget amendment required? 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: No

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

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

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: Office of Emergency Services

DATE: May 18, 2012

- (a) Purpose of Amendment: Increase both side of budget

- (b) Appropriation Code, Object Code, Full Title and Amount: A.3645 Homeland Security .240 Highway Equipment - \$20,370; .250 - Technical Equipment - \$21,000; .260 - Other Equipment- \$48,000

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.3645 3306 -Homeland Security - \$89,370

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

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

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: May 18, 2012

- (a) Purpose of Grant: FFY11 Local Emergency Management Performance Grant

- (b) Name of Grantor: NYS Office of Emergency Management

- (c) Address of Contractor: 1220 Washington Ave, Building 22, Suite 101, Albany, NY 12226

- (d) Grantor's Contact Person and Telephone Number: Madeline Finn, 518 292-2328

- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? yes

- (f) Effective Date of Grant: 10/1/10

- (g) Termination Date of Grant: 9/30/11

- (h) Total Dollar Amount Involved (not to exceed): \$28,749

- (i) Deadline to Submit Grant Application and/or Grant Agreement:

- (j) Is a Budget amendment required? no 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: No

**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