

Sheriff's Committee Agenda 10/01/12

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

Action Agenda

1. Request reso for new contract with Glens Falls Behavioral Health Services for inmate care. Cost of contract is \$71,524.00
2. Request reso for new contract with Northeast Mobile Dental services for inmate care. Cost of contract is \$34,200.00
3. Request reso for new contract with Black Creek Integrated systems for inmate management system. Cost of contract is \$20,515.00
4. Request reso to amend the County budget to reflect monies to be received from DEA for investigator OT. Amount of \$20,000.00.
5. Request reso to transfer funds from 911 Center Part Time to 911 OT in amount of \$5,000.00. Also, transfer funds from Correction Salaries to Correction OT in the amount of \$50,000.00.

Topics for Discussion

1. We have filled 3 correction officer positions due to resignation. Total savings to yearly budget is \$17,824.00.
2. Reimbursements from defendants.

Old Business / Pending Items

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff- Correction Division

DATE: 09-21-2012

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

B. Purpose of Contract: **Behavioral Health Services for the inmate Population.**

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

D. Address of Contractor: **100 Park Street
Glens Falls, NY 12801**

E. Contractor's Contact Person and Telephone Number: **David Alloy – (518) 926-3205**

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

G. Commencement Date of Contract: **01/01/2013**

H. Termination Date of Contract: **12/31/2013**

I. Payment Provisions:

i) lump sum amount **\$ 71,524.00**

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**)

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff- Correction Division

DATE: 09-21-2012

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

B. Purpose of Contract: **Dental services for incarcerated inmates.**

C. Name of Contractor: **Northeast Mobile Dental Services**

D. Address of Contractor: **42 Darby Lane
Bedford, NH 03110**

E. Contractor's Contact Person and Telephone Number: **Daniel F. Kana – (603) 493-6998**

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

G. Commencement Date of Contract: **01/01/2013**

H. Termination Date of Contract: **12/31/2013**

I. Payment Provisions:

i) lump sum amount **\$ 34,200.00**

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**)

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff- Correction Division

DATE: 09-21-2012

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

B. Purpose of Contract: **Inmate Management System support services and upgrades.**

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

D. Address of Contractor: **PO Box 10147
Irondale, AL 35210**

E. Contractor's Contact Person and Telephone Number: **Ike Newton – (205) 949-9901**

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

G. Commencement Date of Contract: **01/01/2013**

H. Termination Date of Contract: **12/31/2013**

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.

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

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: August 16, 2012

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies to be received from the DEA for Investigator Overtime.

- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110 120 Law Enforcement OT \$20,000.00

- (c) **Revenue Code (with title), and Amount:**
A.3110 4384 Other Sheriff Aid \$20,000.00

*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: October 1, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3020 130	911 Center PT Salaries	A.3020 120	911 Center OT	\$5,000.00
A.3150 110	Corrections Salaries	A.3150 120	Corrections OT	\$50,000.00

Please state reason for transfers requested: Adjusting codes in the black.

*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			

Please state reason for transfer request: Keep code in black at end of year

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