

Sheriff's Committee Agenda 10/26/12

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 Capital Digitronics for radio maintenance. Cost of contract is \$41,094.00
2. Request reso for new contract with Hudson Headwaters Health Network to provide medical services and staffing at Correctional Facility Cost of contract is \$516,600.00
3. Request reso for new contract with West Glens Falls Emergency Squad for inmate transports. Cost of contract is \$9,400.00
4. Request reso to amend the County budget to reflect monies received from NY Municipal Reciprocal for insurance recoveries. Amount of \$26,247.00
5. Request reso to transfer funds from Law Enforcement Contracts to 911 Center for telephone bills in amount of \$5,500.00.
6. Request to fill Undersheriff Vacancy and to backfill the Major vacancy. We will not be back filling the Lieutenant vacancy at this time.

Topics for Discussion

1. We have filled 2 correction officer positions due to terminations. Total savings to yearly budget is \$4,456.00.
2. Transfer vehicle to Country Side.

Old Business / Pending Items

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff

DATE: October 24, 2012

- (a) Is this a Result of a Bid or Request for Proposal? Bid WC 52-12

- (b) Purpose of Contract: Purchase and 1 year maintenance and service for Radio Maintenance.

- (c) Name of Contractor: Capital Digitronics, Inc.

- (d) Address of Contractor: 264 Bradford St., Albany, NY 12206

- (e) Contractor's Contact Person and Telephone Number: Thomas McCabe 449-3366

- (f) Has or will the Contract be provided, if so, please attach: COUNTY TO SUPPLY

- (g) Commencement Date of Contract: January 1, 2013

- (h) Termination Date of Contract: December 31, 2013

- (i) Payment Provisions:
 - i) lump sum amount LUMP SUM
 - ii) hourly rate amount
 - iii) total amount not to exceed \$41,094.00
 - 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: 41,094.00 A.3020 470

**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: 10-18-2012

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

B. Purpose of Contract: **Provide medical services and staffing at the Warren County Correctional Facility**

C. Name of Contractor: **Hudson Headwaters Health Network**

D. Address of Contractor: **9 Carey Road
Queensbury, NY 12804**

E. Contractor's Contact Person and Telephone Number: **Christopher Tournier, CFO
(518) 761-0300 Ext. 31558**

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 **\$ 516,600.00**

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: 10-18-2012

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

B. Purpose of Contract: **Emergency Medical Transport to the GF Hospital for inmates**

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 Mahony, President
(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: **01/01/2013**

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

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. **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

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: October 24, 2012

(a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies received from Insurance recoveries.

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

A.3110 413	L.E. Repair & Maint-Bldg/Property	\$871.00
A.3110 422	L.E. Repair/Maint-Equipment	\$6,983.00
A.3110 250	L.E. Technical Equipment	\$450.00

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

A.3110 2680	L.E. Insurance Recoveries	\$26,247.00
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*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 ²⁴~~1~~, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3110 470	L.E Contracts	A.3020 423	911 Telephone	\$5,500.00

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.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

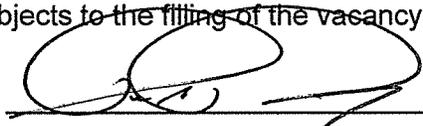
NOTICE OF INTENT TO FILL VACANT POSITION

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.

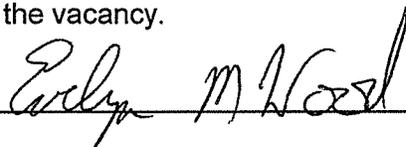
DEPARTMENT HEAD COMPLETES THIS SECTION

Department Sheriff _____ Payroll Dept. No. _____
 Title of Position Undersheriff _____ Annual Salary \$87,178.00 _____ Grade _____
 Budget code and title A.3110.110 _____ Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No. _____
 Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal % State % Other %
 Impact to Budget: *None*
 Personnel Officer has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date Oct. 26, 2012
 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 Oct. 26, 2012
 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"

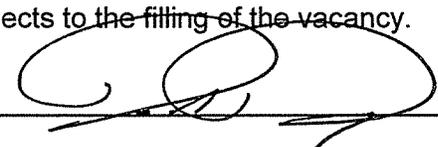
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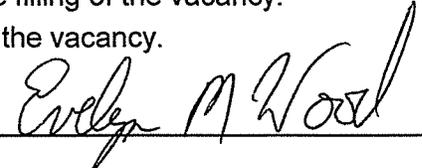
DEPARTMENT HEAD COMPLETES THIS SECTION

Department Sheriff _____ Payroll Dept. No. _____
 Title of Position Major _____ Annual Salary \$84,500.00 _____ Grade _____
 Budget code and title A.3110 110 _____ Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No. _____
 Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal % State % Other %
 Impact to Budget: *None*
 Personnel Officer has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date Oct. 26, 2012
 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 Oct. 26, 2012
 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 _____