

Sheriff's Committee Agenda 07/25/13

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

Action Agenda

1. Request to send Major James LaFarr, Lt. Steven Stockdale, and Lt. Lee Corsones to supervisor training conference in Saratoga.
2. Request to compensate K-9 corrections officer Christopher Pirelli \$1,776.25 for care and maintenance of K-9 Phlash.
3. Per request from Treasurer's office. Request reso to increase A.3020.4025 250, \$425,000.00 and increase A.3020 4380, \$425,000.00; and to decrease A.3020 250, \$425,000.00, and decrease A.3110 3384, \$425,000.00. *Refer Reso 424 of 2013*
4. Request permission to fill vacant Patrol Officer position due to retirement. Impact to the budget is a savings of \$23,905.00.

Topics for Discussion

1. We have replaced 3 correction officers' positions with new hires. Savings of \$20,970.

Old Business / Pending Items

NEW YORK STATE SHERIFFS' ASSOCIATION
LAW ENFORCEMENT SUPERVISORS' TRAINING CONFERENCE
September 9 – September 11, 2013

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: James A. LaFarr TITLE: Major
COUNTY: Warren E-MAILADDRESS: james.lafarr@sheriff.co.warren.ny.us

Please register me for the Law Enforcement Supervisors' Training Conference

- I will make lodging reservations with the Gideon Putnam on the form provided and enclose my check or voucher for \$125.00 to the New York State Sheriffs' Association for conference registration, which also includes one dinner
- I do not need any lodging reservations and enclose my check or voucher for \$250.00 to the New York State Sheriffs' Association for conference registration, which includes the NYSSA 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.

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

NAME: Steven Stockdale TITLE: Criminal Investigations Lieutenant
COUNTY: Warren E-MAILADDRESS: steven.stockdale@sheriff.co.warren.ny.us

Please register me for the Law Enforcement Supervisors' Training Conference

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

NAME: Lee Corsones TITLE: Patrol Lieutenant
COUNTY: Warren E-MAILADDRESS: lee.corsones@sheriff.co.warren.ny.us

Please register me for the Law Enforcement Supervisors' Training Conference

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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 Major James LaFarr, Lieutenant Stockdale and Lieutenant Corsones
(committee) (name)

To attend New York Sheriff's Association LE Supervisors Training Conference
(name of meeting or organization)

At Saratoga NY
(address)

On 09/09/2013 - 09/11/2013. Mode of Transportation to be used Sheriff's Office vehicle's
(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: 8/14/13 Signature [Signature]
(department head)
Date: 8/26/13 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.

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 Patrol Officer Annual Salary \$34,996.00 Grade
 Budget code and title A.3110 110 Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No. 7971
 Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal % State % Other %
 Impact to Budget: \$23,905.00 Savings
 Personnel Officer has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date Aug. 26, 2013
 The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
 Administrator Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date Aug. 26, 2013
 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 _____

WARREN COUNTY OFFICE OF EMERGENCY SERVICES



Main Office
1340 State Route 9
Lake George, NY 12845
518-761-6240
Fax: 518-761-6402
oes@warrencountyny.gov

BRIAN A. LAFLURE
Director
Fire Coordinator

Divisions
EMS Coordinator
Micki Guy
Hazmat/WMD Coordinator
Jamie Schrammel

AMY J. DREXEL A.E.M.
Deputy Director
Emergency Services Coordinator

Public Safety Committee Agenda

August 26, 2013

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

Action Agenda

1. **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 \$3160

Rationale: There is no local contribution to this grant. The purpose of this grant is to improve and implement hazardous materials emergency plans under EPCRA.

2. **Request:** Resolution request to ratify the actions of the Chairman of the Board to submit a grant application for the FY13 HazMat grant in the amount of \$91,000.

Rationale: There is no local contribution to this grant. The purpose is to build and sustain hazmat capabilities within the established seven-county consortium with Warren County acting as lead agency.

Old Business/Pending Items

Topics for Discussion

1. Training Center Update
2. Update on Communications Vehicle

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: August 26, 2013

- (a) Purpose of Grant: Year 20 Hazardous Materials Emergency Preparedness Planning grant for the Local Emergency Planning Committee.
- (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 Peter Marghella, 292-2301
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach?
- (f) Effective Date of Grant: 10/1/12
- (g) Termination Date of Grant: 9/30/13
- (h) Total Dollar Amount Involved (not to exceed): \$3,160 MINIMUM
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 9/12/13
- (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. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: August 26, 2013

- (a) Purpose of Grant: FY13 Haz-Mat Grant Program
- (b) Name of Grantor: NYS Division of Homeland Security and Emergency Services
- (c) Address of Contractor: 1220 Washington Ave, Building 7A Suite 610, Albany, NY 12242
- (d) Grantor's Contact Person and Telephone Number: Director Peter Marghella, 292-2301
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach?
- (f) Effective Date of Grant: 9/1/13
- (g) Termination Date of Grant: 8/31/15
- (h) Total Dollar Amount Involved (not to exceed): \$91,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 8/28/13
- (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