

Sheriff's Committee Agenda 03/03/14

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

Action Agenda

1. Request to send Communications Officers Vicky Waters, Lisa Mansfield, George Habshi, & Matt Suders to advanced EMD certification in Albany NY.
2. Request to send Lt. Steven Stockdale to the annual Bivona Summit on Child Abuse in Rochester, NY.
3. Request to send Undersheriff Lamouree to NYState Sheriffs Assoc. training in Saratoga NY
4. Request to send Sgt. Peter DiFiore, Sgt. Eric Mazzeo, Inv. Gildersleeve, Patrol Officers Josh Lopez, George Carpenter & Kevin Conine to the NY tactical officers conference in Syracuse NY.
5. Request to enter into Intermunicipal agreement & contract with V/LG for patrol coverage for summer of 2014.
6. Request for new contract with Stanley Convergent Security Solutions to provide onsite service of the Integrator Security systems at the Jail.
7. Request new contract with Government Payment Services to provide support to accept credit cards for the purpose of posting bail and depositing funds to inmates.
8. Request new contract with Wells Communication for radio console maintenance.
9. Request new contract with TRANE Inc. for chiller maintenance.
10. Request to fill vacant position of computer programmer. Impact to budget is a savings of \$21,000.00.
11. Amend County budget to reflect revenues to be received from State Law Enforcement Terrorism Protection Program grants in amount of \$39,750.00; and revenues from Governors Traffic Safety Committee grants in amount of \$37,750.
12. Request to transfer funds from Law Enforcement safety equipment to other equipment (A. 3110 455 to A.3110 260.
13. Request to carry over \$1,885.46 from 2011 LETPP grants to 2014.
14. Request to increase the maximum accrual of sick leave days from 180 to 200 for non-union employees. The payout at time of retirement remains the same (90) days. This item has already been negotiated with the PBA & Lts. Unions.

Topics for Discussion

We have filled 1 Correction Officer position. Impact to budget is a \$4,752.00 savings.

Old Business / Pending Items

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONFERENCE

Check one:

- In State (Needs Supervisory Committee Authorization)
- Out of State (Needs Board Resolution)

The _____ hereby authorizes Vickie Waters
(Supervisory Committee) (Employee Name)

to attend 12.2 Advanced EMD Certification
(Name of Meeting or Organization)

at REMO 431 New Karner Road, Albany, NY 12205
(Address)

on 3/10 - 3/12 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:

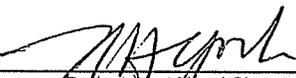
Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost

For Overnight Travel

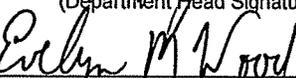
- Room Rate \$ _____ GSA* Rate \$ _____
- Meal Costs – GSA* per diem rate \$ _____
*www.gsa.gov

Date: 01/28/2014



(Department Head Signature)

Date: 01/28/2014



(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 CONFERENCE

Check one:

- In State (Needs Supervisory Committee Authorization)
- Out of State (Needs Board Resolution)

The _____ hereby authorizes Lisa Mansfield
(Supervisory Committee) (Employee Name)

to attend 12.2 Advanced EMD Certification
(Name of Meeting or Organization)

at REMO 431 New Karner Road, Albany, NY 12205
(Address)

on 3/10 - 3/12 . 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:

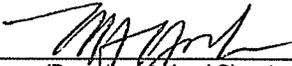
Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost

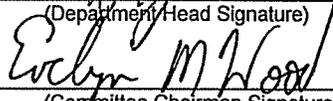
For Overnight Travel

- Room Rate \$ _____ GSA* Rate \$ _____
- Meal Costs – GSA* per diem rate \$ _____
*www.gsa.gov

Date: 01/28/2014


(Department Head Signature)

Date: 01/28/2014


(Committee Chairman Signature)

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONFERENCE

Check one:

- In State (Needs Supervisory Committee Authorization)
- Out of State (Needs Board Resolution)

The _____ hereby authorizes George Habshi
(Supervisory Committee) (Employee Name)

to attend 12.2 Advanced EMD Certification
(Name of Meeting or Organization)

at the Holiday Inn 2223 Canada Street, Lake George, NY
(Address)

on 3/31/14 - 4/2/14. 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.

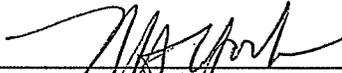
(Please check documents attached)

- Notice of meeting or convention including cost

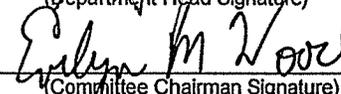
For Overnight Travel

- Room Rate \$ _____ GSA* Rate \$ _____
 - Meal Costs – GSA* per diem rate \$ _____
- *www.gsa.gov

Date: 01/31/2014


(Department Head Signature)

Date: 3/3/14


(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 CONFERENCE

Check one:

- In State (Needs Supervisory Committee Authorization)
- Out of State (Needs Board Resolution)

The _____ hereby authorizes Matthew Suders
(Supervisory Committee) (Employee Name)

to attend 12.2 Advanced EMD Certification
(Name of Meeting or Organization)

at the Holiday Inn 2223 Canada Street, Lake George, NY
(Address)

on 3/31/14 - 4/2/14 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

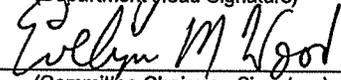
For Overnight Travel

- Room Rate \$ _____ GSA* Rate \$ _____
- Meal Costs – GSA* per diem rate \$ _____
*www.gsa.gov

Date: 01/31/2014


(Department Head Signature)

Date: 3/3/14


(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:

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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

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 Lieutenant Steven T. Stockdale
(committee) (name)

To attend 6th Annual Bivona Summit of Child Abuse
(name of meeting or organization)

At Rochester NY
(address)

On 04/22/2014 - 04/23/2014. Mode of Transportation to be used Sheriff's Office 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 \$ No Cost to Agency
 Meal costs – GSA per diem rate \$ 27.00 per day
(see www.gsa.gov)

Date: 3/7/14 Signature [Signature]
(department head)

Date: 3/3/14 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 Undersheriff C. Shawn Lamouree
(committee) (name)

To attend NYSSA Undersheriff's Training Program
(name of meeting or organization)

At Gideon Putnam Hotel Saratoga Springs NY
(address)

On 06/09/14 - 06/11/14. Mode of Transportation to be used Sheriff's Office 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: 2/24/14 Signature [Signature]
(department head)

Date: 3/3/14 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 Sgt DiFiore, Sgt Mazzeo, Inv
Gildersleeve, PO Lopez, PO Carpenter and PO Conine
(committee) (name)

To attend NYTOA Tactical Conference 2014
(name of meeting or organization)

At Verona NY
(address)

On 04/29/2014 - 05/01/2014. Mode of Transportation to be used Sheriff's Office
vehicles
(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 \$154.00
- Meal costs – GSA per diem rate \$27.00 per day
(see www.gsa.gov)

Date: 3/3/14 Signature [Signature]
(department head)

Date: 3/3/14 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. 3

Request for New Contract

DEPARTMENT NAME: Sheriff

DATE: February 28, 2014

- (a) Is this a Result of a Bid or Request for Proposal? DNA
- (b) Purpose of Contract: Provide Police Coverage for V/LG
- (c) Name of Contractor: Village of Lake George
- (d) Address of Contractor: Lake George NY 12845
- (d) Contractor's Contact Person and Telephone Number: Mayor Robert Blais
- (f) Has or will the Contract be provided, if so, please attach: we will provide
- (g) Commencement Date of Contract: July 1, 2014
- (h) Termination Date of Contract: August 30, 2014
- (i) Payment Provisions:
 - i) lump sum amount \$28,495 paid to Warren County
 - 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: DNA

**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: 02-13-2014

- A. Is this a Result of a Bid or Request for Proposal? **NO**
- B. Purpose of Contract: **Provide onsite service as need for repair and maintenance of the Integrator Security system within the Warren County Correctional Facility.**
- C. Name of Contractor: **Stanley Convergent Security Solutions, Inc.**
- D. Address of Contractor: **14670 Cumberland Road, Noblesville, IN 46060**
- E. Contractor's Contact Person and Telephone Number: **Chris Allen (219) 261-2684**
- F. Has or will the Contract be provided, if so, please attach:
Prepared by the County Attorney's Office
- G. Commencement Date of Contract: **January 01, 2014**
- H. Termination Date of Contract: **December 31, 2019**
- I. Payment Provisions:
- i) Lump sum amount
 - 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:**

Various- All equipment and services shall be submitted and approved through the purchase order process to include the specific code designation.

*as listed in budget and LOGOS



Convergent Security Solutions

Chris Allen
Corrections Division Remote Office
P: 219-261-2684
F: 219-261-3410

Stanley Convergent Security Solutions, Inc
Integrator.com Division
14670 Cumberland Rd.
Noblesville, IN 46060
Phone 317 776 3500
Fax 317 776 3510

To:	Mark Neale, Sys Support Coord.
Organization:	Warren County Jail
Phone:	518-743-3586
Email or Fax:	Mark.Neale@sheriff.co.warren.ny.us

QUOTATION 120291.2	TCSS Upgrade
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Updated - 02/07/14

Dear Mark:
Per your request, we have attached pricing for the TCSS upgrade from the current revision 3.5 to the more stable 3.6. Since this cannot be done remotely, there is a charge for travel to job site.

Upgrade of ORIGINAL Informer PC

This item includes the replacement of your original existing Informer Data Logging PC. The new Microsoft Server 2008 based unit will be integrated with your existing PLC and Touchscreen based system. Please note that data from the old data logger is not compatible with the new system and will not be migrated.

We will provide an new server and upgrade your Informer TCSS computer. Per our conversations, you do not use the prox card printer because you have moved to keyfobs, you do not use your MCUs and the Informer/MCU does not communicate to another system to exchange inmate data.

When our testing is complete, we will ship the unit to you and schedule a site visit.

Our Secure Gateway will allow our service department to connect via internet connection vs. analog phone line for remote trouble shooting and may allow some software updates or patches without mobilizing a tech. We will need the assistance of your IT staff to configure the IP settings.

Equipment and services included:

- (1) TCSS Data Logging software
- (1) TCSS Server with 19" LCD monitor and 500Gb Hard drive
- (1) Secure Gateway Lite – outbound only
- (1 lot)..... Labor, System Software Updates
- (1 lot)..... Labor, PC configuration
- (1 lot)..... Labor, On-site validation
- (1 lot)..... Site Trip
- (1 lot)..... Shipping & handling

Price..... **\$9,490.00**

SCSS is pleased to provide this quotation, and we hope it meets with your approval. Please contact us if you have any questions concerning this quote.

Sincerely,
Chris Allen

Customer Account Manager
219-261-2684 ph / 219-261-3410 fax
chris.allen@SBDInc.com
www.integrator.com

Terms and Conditions (continued on next page)

GENERAL

Terms are due upon receipt. SCSS works under the terms of a purchase order only. We will wait to proceed with this change until we receive a Purchase Order or Signed Sales Agreement. SCSS is not responsible for any work associated with hazardous materials (i.e. asbestos, lead paint, etc) that is associated with the work. This work will be the responsibility of the Owner or General Contractor.

All paperwork to be addressed to: **Stanley Convergent Security Solutions, Inc.** Please fax the Purchase Order or Signed Sales Agreement; W-9, and a Tax Exempt Certificate to 219-261-3410 and mail the originals to our main office to my attention. If you have any questions, please feel free to call.

Address of Project: Warren Co, NY Jail
1400 State Route 9, Lake George, NY 12845

WARRANTY

SCSS warrants that the engineering and equipment will be free from defects in material and workmanship for a period of ninety (90) days from the date the system is placed into operation. If during this warranty period, any of the equipment or parts are defective or malfunction, they will be repaired or replaced free of charge. Warranty repair and/or service shall be provided in accordance with the terms and conditions set forth in the Agreement between SCSS and Owner.

DISCLAIMER OF ALL OTHER WARRANTIES: EXCEPT FOR THE FOREGOING LIMITED EQUIPMENT WARRANTY DESCRIBED ABOVE, SCSS MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IT IS EXPRESSLY AGREED THAT UNDER NO CIRCUMSTANCES SHALL SCSS BE HELD LIABLE FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, WHETHER ARISING UNDER ALLEGED BREACH OF AGREEMENT, NEGLIGENCE, STRICT LIABILITY OR ANY OTHER LEGAL OR EQUITABLE THEORY, AND SCSS'S LIABILITY SHALL BE STRICTLY LIMITED AS STATED ABOVE.

ADDITIONAL CHARGES:

1. All prices quoted do not include sales tax or bonds unless specifically written on the face of the proposal.
2. Unless otherwise stated in the proposal, the price quoted is FOB shipping point. All shipments will be UPS ground, unless otherwise specified.
3. Applicable permitting fees will be billed on a pass-through basis.
4. The price quoted assumes installation will be performed during SCSS's normal working hours and using its own personnel. If Customer requests the installation or any part thereof to be performed outside ordinary business hours or, if the installation must be performed by outside contractors, or SCSS's wage rates do not apply as a result of prevailing wage requirements, or otherwise, then the installation charge will be adjusted accordingly.
5. Any changes to the system required by any government agency or Authority Having Jurisdiction will be billed to Customer, and are not the responsibility of SCSS.

INSURANCE:

SCSS will carry Liability Insurance and Workers Comp. Insurance and will provide Certificates of Insurance to Contractor, with Contractor named as Certificate Holder, prior to the execution of any work. In the event SCSS is required to indemnify Contractor, Owner or a third party, the indemnification shall be limited to the installation amount.

ACCEPTANCE OF PROPOSAL.

The above prices, specifications and conditions attached hereto are satisfactory and are hereby accepted. SCSS is authorized to do the work as specified. Payment will be made as outlined above.

Stanley Convergent Security Solutions, Inc.

Customer

Written By: Chris Allen

Approved By: _____

Title: Customer Account Manager

Title: _____

Approved and Accepted By

Date: _____

By: _____

Title: _____

Date: _____

This proposal may be withdrawn by us if not accepted within thirty (30) days.



Convergent Security Solutions

Chris Allen
Corrections Division Remote Office
P: 219-261-2684
F: 219-261-3410

Stanley Convergent Security Solutions, Inc
Corrections Division Main Office
14670 Cumberland Rd.
Noblesville, IN 46060
317-776-3500: P
317-776-3508: F

Table with 2 columns: Field (To, Organization, Phone, Fax or email) and Value (Mark Neale, Sys Support Coord., Warren Co, NY Jail, 518-743-3586, Mark.Neale@sheriff.co.warren.ny.us)

Table with 2 columns: QUOTATION #130251 and Convert Backup Commander to semi-redundant unit

Updated - 02/07/14

Dear Mark:

Per your request, we have attached pricing for the conversion of your backup Commander in Central Control to allow additional independence of its operation. As previously explained, there will be some limitation on what this Commander can control in regards to the intercom system when the primary station in Central Control is active: When a Commander station has an active intercom open the other 24 intercom stations on that "card" are busy to the second Commander. If a call rings in, the other station must end their call and then it can be connected to. The second Commander cannot choose any of the 24 stations on a busy intercom card. (this is good for running separate parts of the building from central, but you step on each other's toes if they are trying to control the same area)

We will modify the PLC code to allow the backup station more control, update the Informer/TCSS system to properly record which Commander station is performing which tasks, provide an Intercom system intercom master module in the headend, plus "steering" relays to direct intercom calls to the two Commanders in Central Control. We will provide new PLC outputs in our rack to control the interface.

You will need to provide a West Penn 439 cable from the intercom headend to the backup Commander's location. Please note that you will experience some system down time. We estimate 1/2hour of complete system shut down of all control functions and 2 days of no intercom in central control.

We have not included pricing for conduit, wire, installation, or terminations except as required inside our rack, making this a complete, working system. However, we will provide the necessary information to you.

Equipment and services included:

- (1) Intercom system master module
(2) Steering relay cards
(1) Commander Audio interface equipment
(1) PLC output module and interface cable
(1 lot) Labor, Documentation updates
(1 lot) Labor, PLC program modifications
(1 lot) Labor, Commander design changes
(1 lot) Labor, Security Management Server updates
(1 lot) Labor, On-site Rack Assembly
(1 lot) Labor, On-site Validation
(1 lot) Labor, Owner training
(1 lot) Shipping and Handling
(1 lot) Site Trip, Pre Project Reconnaissance
(1 lot) Site Trip, Final system start-up

Price.....\$16,085.00*

* Taxes not included.

SCSS is pleased to provide this quotation, and we hope it meets with your approval. Please contact us if you have any questions concerning this quote.

Sincerely,
Chris Allen

Customer Account Manager
219-261-2684 ph / 219-261-3410 fax
chris.allen@SBDInc.com
www.integrator.com

Terms and Conditions

GENERAL

Terms are due upon receipt. SCSS works under the terms of a purchase order only. We will wait to proceed with this change until we receive a Purchase Order or Signed Sales Agreement. SCSS is not responsible for any work associated with hazardous materials (i.e. asbestos, lead paint, etc) that is associated with the work. This work will be the responsibility of the Owner or General Contractor.

All paperwork to be addressed to: **Stanley Convergent Security Solutions, Inc.** Please fax the Purchase Order or Signed Sales Agreement; W-9, and a Tax Exempt Certificate to 219-261-3410 and mail the originals to our main office to my attention. If you have any questions, please feel free to call.

Address of Project: Warren Co, NY Jail
1400 State Route 9, Lake George, NY 12845

WARRANTY

SCSS warrants that the engineering and equipment will be free from defects in material and workmanship for a period of ninety (90) days from the date the system is placed into operation. If during this warranty period, any of the equipment or parts are defective or malfunction, they will be repaired or replaced free of charge. Warranty repair and/or service shall be provided in accordance with the terms and conditions set forth in the Agreement between SCSS and Owner.

DISCLAIMER OF ALL OTHER WARRANTIES: EXCEPT FOR THE FOREGOING LIMITED EQUIPMENT WARRANTY DESCRIBED ABOVE, SCSS MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IT IS EXPRESSLY AGREED THAT UNDER NO CIRCUMSTANCES SHALL SCSS BE HELD LIABLE FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, WHETHER ARISING UNDER ALLEGED BREACH OF AGREEMENT, NEGLIGENCE, STRICT LIABILITY OR ANY OTHER LEGAL OR EQUITABLE THEORY, AND SCSS'S LIABILITY SHALL BE STRICTLY LIMITED AS STATED ABOVE.

ADDITIONAL CHARGES:

1. All prices quoted do not include sales tax or bonds unless specifically written on the face of the proposal.
2. Unless otherwise stated in the proposal, the price quoted is FOB shipping point. All shipments will be UPS ground, unless otherwise specified.
3. Applicable permitting fees will be billed on a pass-through basis.
4. The price quoted assumes installation will be performed during SCSS's normal working hours and using its own personnel. If Customer requests the installation or any part thereof to be performed outside ordinary business hours or, if the installation must be performed by outside contractors, or SCSS's wage rates do not apply as a result of prevailing wage requirements, or otherwise, then the installation charge will be adjusted accordingly.
5. Any changes to the system required by any government agency or Authority Having Jurisdiction will be billed to Customer, and are not the responsibility of SCSS.

INSURANCE:

SCSS will carry Liability Insurance and Workers Comp. Insurance and will provide Certificates of Insurance to Contractor, with Contractor named as Certificate Holder, prior to the execution of any work. In the event SCSS is required to indemnify Contractor, Owner or a third party, the indemnification shall be limited to the installation amount.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions attached hereto are satisfactory and are hereby accepted. SCSS is authorized to do the work as specified. Payment will be made as outlined above.

Stanley Convergent Security Solutions, Inc.

Written By: Chris Allen

Title: Customer Account Manager

Approved and Accepted by Stanley CSS

By: _____

Title: _____

Date: _____

Customer

Approved By: _____

Title: _____

Date: _____

This proposal may be withdrawn by us if not accepted within thirty (30) days.

Gates, Michael T.

From: Neale, Mark
Sent: Friday, February 07, 2014 9:40 AM
To: Gates, Michael T.
Cc: Lamouree, C. :
Subject: FW: Quote for
Attachments: Q120291.2 W:
conversion.pd

Cpt. Gates-

I know you wanted to get toge

I got the prices for the two pr
be kept in mind as we procee
hours, not days.

There are a couple of big prc
first, that would be good.

Mark Neale
Systems Support Coordinatr
Warren County Sheriff
1400 State Route 9
Lake George, NY 12845
(518) 743-3586 voice
(518) 743-3583 fax
mark.neale@sheriff.co.warren.ny.us

9490
16085

25,575
- 2000

PO, 23,575.00

nmander

fore we could start.

ays, so that should
I probably be a few

se out of the way

From: Allen, Chris [mailto:Chris.Allen@sbdinc.com]
Sent: Friday, February 07, 2014 9:23 AM
To: Neale, Mark
Subject: RE: Quote for Gatekeeper software

Here are the refreshed quotes. The informer quote went up \$65.00. The other one stayed the same. If you combine them under the same order, we can give a \$2,000.00 deduct for combined travel.

Any idea when you would move forward?

Thanks,
Chris Allen
Customer Account Manager

Stanley Convergent Security Solutions, Inc.
14670 Cumberland Road, Noblesville, IN 46060
O: 219-261-2684 C: 574-527-6565 F: 219-261-3410 fax
chris.allen@SBDInc.com | www.stanleycorrectionalservices.com



From: Neale, Mark [mailto:Mark.Neale@sheriff.co.warren.ny.us]
Sent: Friday, February 07, 2014 8:21 AM
To: Allen, Chris
Subject: RE: Quote for Gatekeeper software

Yes, Chris, that is correct. Just double check the numbers, redate it and send two quotes. Thanks

Mark Neale

2/11/2014

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff- Correction Division

DATE: 02-13-2014

- A. Is this a Result of a Bid or Request for Proposal? **NO**
- B. Purpose of Contract: **Provide services and support to accept credit cards for the purposes of posting bail and depositing funds into the inmate trust funds at no cost.**
- C. Name of Contractor: **Government Payment Services**
- D. Address of Contractor: **7102 LakeView Pkwy West Drive Indianapolis, IN 46268**
- E. Contractor's Contact Person and Telephone Number: **Patrick Wren**
- F. Has or will the Contract be provided, if so, please attach: **Prepared by the County Attorney's Office**
- G. Commencement Date of Contract: **January 01, 2014**
- H. Termination Date of Contract: **December 31, 2019**
- I. Payment Provisions:
- i) Lump sum amount
 - 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:**

None Applicable

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff

DATE: February 28, 2014

- (a) Is this a Result of a Bid or Request for Proposal? Bid
- (b) Purpose of Contract: Maintenance on radio
- (c) Name of Contractor: Wells Communication
- (d) Address of Contractor: 221 North Greenbush Rd. Troy NY
- (d) Contractor's Contact Person and Telephone Number: Jim Adams 283-2735
- (f) Has or will the Contract be provided, if so, please attach: they will provide
- (g) Commencement Date of Contract: January 1, 2014
- (h) Termination Date of Contract: December 31, 2014
- (i) Payment Provisions:
 - i) lump sum amount \$10,800.00
 - 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.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

DATE: February 28, 2014

- (a) Is this a Result of a Bid or Request for Proposal? DNA
- (b) Purpose of Contract: maintenance for chiller
- (c) Name of Contractor: Trane Company
- (d) Address of Contractor: 301 Old Niskayuna Rd. Latham, NY 12110
- (d) Contractor's Contact Person and Telephone Number: Emil Kreiger 785-1315
- (f) Has or will the Contract be provided, if so, please attach: they will provide
- (g) Commencement Date of Contract: January 1, 2014
- (h) Termination Date of Contract: December 31, 2014
- (i) Payment Provisions:
 - i) lump sum amount \$6,069.00
 - 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

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

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 Computer Programmer Annual Salary \$36,954.00 Grade _____
Budget code and title A.3110 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 9646
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other %
Impact to Budget: \$21,000.00 Savings
Personnel Officer has approved this form when initialed. _____

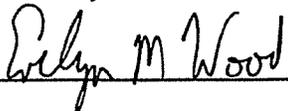
COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date _____
 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 March 3, 2014
 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. 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: February 28, 2014

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

(b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110 260 Law Enforcement Other Equipment \$39,750.00

(c) **Revenue Code (with title), and Amount:**
A.3110 4381 SLETPP 2012 \$19,750.00
A.3110 4381 SLETPP 2013 \$20,000.00

*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: February 28, 2014

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

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

A.3110 120	L.E. OT	\$35,750.00
A.3110 410	Supplies	1,200.00
A.3110 444	Training	800.00

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

A.3110 3384	Other Sheriff's State Aid	\$37,750.00
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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: February 28, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3110 455	Safety Equipment	A.3110 260	Other Equipment	\$3,904.00

Please state reason for transfers requested: Adjusting code to cover appropriation

*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. 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: February 28, 2014

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies to be received from LETPP Grants.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110 260 Law Enforcement Other Equipment \$1886.00
- (c) **Revenue Code (with title), and Amount:**
A.3110 4381 SLETPP 2011 \$1886.00

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

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: SHERIFF & COMMUNICATIONS

DATE: MARCH 3, 2014

- (a) Purpose of Request: To increase the maximum accrual of sick leave days for non-union employees of the Sheriff's Office from 180 to 200. The payout of sick leave at retirement will remain at 90 days.

- (b) Details:

- (c) Previous Resolution Number:

- (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