

## **Sheriff's Committee Agenda 05/21/14**

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

### **Action Agenda**

1. Request reso for contract extension with Watch Systems, LLC for offender watch software for sex offender tracking and reporting.
2. Request reso to allow Sheriff to enter into a letter of agreement with DCJS for the purchase of fixed and mobile License Plate readers. Cost of the LPR's to be paid for b DCJS estimated at \$50,000.00. Annual cost of maintenance for equipment to be paid by WCSO and estimated at approximately \$7,600.00.
3. Request to fill vacant position of Patrol Sergeant due to retirement. Neutral budget impact.
4. Request to fill vacant position of Patrol Officer due to promotion. Impact to budget is a savings of \$13,578.00.

### **Topics for Discussion**

1. We have filled 0 Correction Officer Positions.

### **Old Business / Pending Items**

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME:

DATE:

- (a) Purpose of Contract Change: *Extend thru April 2015*
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: *347 of 2012*
- (c) Name of Contractor: *Watch Systems, LLC*
- (d) Address of Contractor: *516 EAST Rutland Ave.  
Covington, LA. 70433*
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: *MAY 1, 2014*
- (g) Termination Date of Extension: *April 30, 2015*
- (h) Payment Provisions: (i) lump sum amount *\$1,166<sup>00</sup>*  
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.)
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:  
*A. 3110 470 Sheriff's LAW Enforcement  
Contracts*

# ***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**

**DATE: 05.21.14**

(a) Purpose of Request:

**Ratify Actions of Sheriff in executing a letter of agreement with Division of Criminal Justice Services for fixed and Licence Plate Readers.**

(b) Details:

**\$50,000.00 paid by the Division of Criminal Justice Services. Annual Maintenance cost estimated at \$7,600.00 paid by Warren County Sheriff's Office.**

(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



STATE OF NEW YORK  
DIVISION OF CRIMINAL JUSTICE SERVICES  
Alfred E. Smith Office Building  
80 South Swan Street  
Albany, New York 12210  
<http://criminaljustice.ny.gov>

May 12, 2014

Sheriff Nathan H. York  
Warren County Sheriff's Office  
1400 State Route 9  
Lake George, NY 12845

RE: Letter of Agreement Regarding Installation/Transfer of fixed and mobile License Plate Reader (LPR) and Data Sharing

Dear Sheriff York:

The New York State Division of Criminal Justice Services (DCJS) will purchase a fixed License Plate Reader (LPR) and mobile LPR for the Warren County Sheriff's Office (WCSO) to commit to a three-year public safety and homeland security initiative.

This Letter of Agreement confirms the agreement between DCJS and Warren County, acting by and through the Warren County Sheriff's Office (WCSO). This Letter of Agreement will have the duration of three years from the equipment delivery date to the WCSO, and may be amended in writing upon the mutual consent of the WCSO and DCJS. This Letter of Agreement may be terminated at the discretion of the Commissioner of the Division of Criminal Justice Services.

DCJS has agreed to transfer all right, title, and interest in the LPR to the WCSO, and the WCSO agrees to accept the transfer of all right, title, and interest in the LPR, upon the following conditions.

DCJS will:

1. Support the full cost of installation for a fixed LPR location in Warrensburg on Rt.9 at a location mutually determined in Warren County and a mobile LPR unit, including equipment, LPR vendor installation, electrical work, set up with the Franklin County LPR server, software licenses and related items which may be necessitated;
2. Pay for the LPR vendor maintenance cost of both LPRs for the first year after installation;
3. Facilitate the use of the Franklin County LPR server which will save WCSO the cost and maintenance of a server or server service;
4. Insure that WCSO has access to the Washington County LPR data stored at the Franklin County Drug Task Force LPR server located in Malone, New York and the available on-line search tools; and

5. Facilitate automated electronic LPR data sharing by making LPR data from other agencies in the counties of New York State accessible with the permission of those agencies.

WCSO will:

1. Appoint a staff member to act as liaison for the installation, set-up and data sharing of both LPR data and notify DCJS with the contact information for the liaison and when any change occurs;
2. Accept responsibility for the ongoing care and operation of both the fixed and mobile LPR. Ongoing care and maintenance shall include:
  - a. LPR vendor maintenance, estimated at \$4,125 annually following the first year;
  - b. Monthly cost of Verizon wireless charges, estimated at \$45 /month or \$540 annually;
  - c. Payment of Electric bill, if so required by electric company, estimated at \$75/month or \$900 annually each; and
  - d. Mobile LPR vendor maintenance at \$2,000 annually, and provide an air card for data sharing.

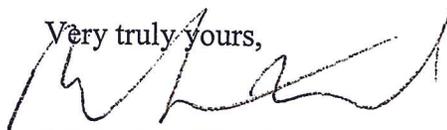
It is understood that these are estimated charges and may change; however, WCSO agrees to pay the actual costs for these services;

3. Share the fixed and mobile LPR data collected by Warren County with the Franklin County Task Force (FCTF) agencies and other law enforcement agencies statewide which agree to share LPR data with WCSO. Nothing shall preclude the WCSO from sharing, at its discretion, sharing LPR data with any other law enforcement agencies; and
4. Develop and implement a departmental policy regarding the utilization of the LPR Data in 2014.

It is further understood and agreed that any notice to either party must be submitted in writing, including via email, signed by the party giving it, and shall be served personally, electronically, or by mail to the other party. Notice to DCJS is to be given to the Deputy Commissioner of the Office of Public Safety and notice to the WCSO is to be given to the person signing this Letter of Agreement on behalf of the WCSO or that individual's replacement pending a cessation of employment from the WCSO agency.

If you are in agreement with the terms of this Letter of Agreement, please sign below and return the original along with two copies to Kim Szady, Director of Financial Administration. Thank you for your assistance and cooperation.

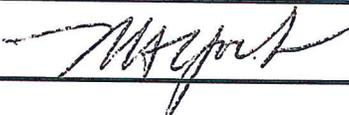
Very truly yours,



Michael R. Wood  
Deputy Commissioner  
Office of Public Safety

For the WCSO:

In Acknowledgment of and Agreement with the Provisions of this Letter of Agreement:

Signature  Nathan H. York

Title: Sheriff

Warren County Sheriff's Office

Date: 5/21/14

# 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 Sergeant Annual Salary: \$65,786.00 Grade:

Budget code and title: A.3110 110 Union  Non-Union

This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other

Employee No: 8063

Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal %  State %  Other %

Impact to Budget: Neutral

Human Resources Director 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 \_\_\_\_\_

### BUDGET OFFICER COMPLETES THIS SECTION

Date 5/21/14

- The Budget Officer has no objection to the filling of the vacancy.
- The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety Date May 21, 2014

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Oliver M. Wood

**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 #TBD Annual Salary: <sup>47,710</sup> Grade:

Budget code and title: A.3110 110 Union  Non-Union

This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other

Employee No: TBD

Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal %  State %  Other %

Impact to Budget: \$13,578.00

Human Resources Director 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 \_\_\_\_\_

**BUDGET OFFICER COMPLETES THIS SECTION**

Date 5/21/14

- The Budget Officer has no objection to the filling of the vacancy.
- The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas

**SUPERVISORY COMMITTEE COMPLETES THIS SECTION**

Name of Committee Public Safety Date May 21, 2014

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Erlynn M Wood

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME:** Sheriff

**DATE:** May 21, 2014

- (a) Purpose of Contract Change: To amend/extend existing contract/Cooperative agreement
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 257 of 2008 & 391 of 2009
- (c) Name of Contractor: NYS Dept. of Environmental Conserveation
- (d) Address of Contractor: 625 Broadway- 3<sup>rd</sup>. Floor Albany, NY 12233
- (e) Contractor's Contact Person and Telephone Number: Charles Anderson 518-644-9684
- (f) Commencement Date of Extension: May 1, 2014
- (g) Termination Date of Extension: 12/31/16
- (h) Payment Provisions:
  - i) lump sum amount / as billed
  - 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. MONTHLY
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A3110 442 Sheriff Law Enforcement Gas

# 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

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

**Divisions**  
EMS Coordinator  
*Micki Guy*  
Hazmat/WMD Coordinator  
*Jamie Schrammel*

## Public Safety Committee Agenda

May 21, 2014

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

### **Action Agenda**

1. **Request:** Resolution request for the transfer of funds from A.3645.4004 423 FY12 State Homeland Security Program – Telephone to A.3645.4004 250 FY12 State Homeland Security Program – Technical Equipment in the amount of \$300.

**Rationale:** Transfer needed to continue the purchasing process relative to the FY12 State Homeland Security Program grant.

2. **Request:** Resolution request approving out of state travel for Brian LaFlure to attend the Department of Homeland Security Office of Emergency Communications Border Consortium Meeting on June 24-25, 2014 in Portland, Maine.

**Rationale:** Travel costs will be paid for with grant funds.

### **Old Business/Pending Items**

1. Chairman Geraghty to provide a status report on discussions with OES and DPW pertaining to the proposed shelter for OES vehicles and equipment. (04.28.14)

### **Topics for Discussion**

Update on the Communications Vehicle

Tier III Training

**RESOLUTION REQUEST FORM NO. 10**

***Request for Transfer of Funds***

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**DEPARTMENT NAME:** Office of Emergency Services

**SIGNED:**

**DATE:** May 21, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3645.4004 423	FY12 State Homeland Security Program - Telephone	A.3645.4004 250	FY12 State Homeland Security Program - Technical Equipment	\$300

**Please state reason for transfers requested:**

Transfer needed to purchase equipment

**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:**

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

## **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 21, 2014**

- (a) Dates of Travel: **June 24-25, 2014**
  
- (b) Purpose (include complete name of any conference, school, etc.):  
**To attend the Department of Homeland Security Office of Emergency Communications Border Consortium Meeting.**
- (c) City/Town & State:  
**Portland, Maine**
- (d) Employee(s) Traveling (include title(s)):  
**Brian LaFlure, Director, Office of Emergency Services**
- (e) Is County paying the costs or is another Agency?  
**The costs will be paid for with grant funds**
- (f) Mode of Transportation to be Use: **County Vehicle**  
(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.***