

## **Sheriff's Committee Agenda 08/22/14**

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

### **Action Agenda**

1. Request to send Officers Swan, St. John, and Fidd to glock certification training in Illion, NY on Sept 30.
2. Request to send Capt. Gates, Lt. Maday, & Lt. Clifford to Jail administrators conference in Saratoga, NY from 09/30 to 10/03
3. Request to send Sgts Bartlett & Rawson to Law Enforcement leadership training in Saratoga, NY on Sept. 4.
4. Request reso for new contract with Blackcreek Integrated Systems for software support of the inmate management system. Cost of contract is \$20,926.75

### **Topics for Discussion**

1. We have filled 1 Correction Officer Position with a budget savings of \$9506.00.
2. We have filled the 7 new corrections positions.

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

# 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 Rich Swan, Bill St.John and Jay Fidd  
(committee) (name)

To attend Glock certification  
(name of meeting or organization)

At 55 First St. Ilion NY  
(address)

On September 30, 2014. Mode of Transportation to be used 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](http://www.gsa.gov))

Date: 8/20/14 Signature [Signature]  
(department head)

Date: 8/21/14 Signature [Signature]  
(Committee Chairman)

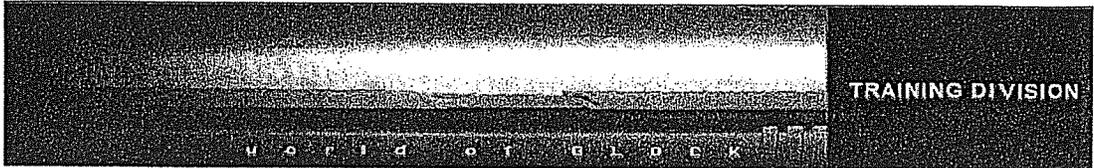
Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

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.



TRAINING DIVISION

# REGISTRATION: NAME

Name | Address | Terms |

## CLASS INFO

Class 102936: 9/30/2014 / Armorer's Course  
 Price: 195.00 USD *per person*  
 Location: Village of Ilion PD - LE ONLY Officer John Brewer, 55 First St - Ilion, NY  
 Instructor: Schmitt

Please note: If you have selected an Instructor's Workshop, you must be a certified state or NRA firearm instructor and a certified GLOCK armorer. Supporting documentation is required prior to attending an Instructor's Workshop.

## STUDENT

\* Please choose a category:

- GLOCK Dealer
- Range Program
- LE Distributor
- Security Officer
- Active Law Enforcement
- Retired Law Enforcement
- Military

Comment (e.g. name of Dealer/Distributor):

Title/Rank: \* First Name: Middle Name: \* Last Name:

\* U.S. citizen or U.S. permanent resident?  yes  no

If not, prior approval from U.S. Dept. of State is required.

\* I must read the [DSP-83 Form](#)

DSP-83 approval could take up to 8 weeks, and is required if you are not a US citizen. Please do not attempt to register for classes dated before approval can be obtained.

\* I must read the [Instructions for NON US Citizens](#)

\* I must read the [Application Fees](#)

[Continue registration](#) [Abort registration](#)

[▶ HOME](#) | 
 [▶ TRAINING SCHEDULE](#) | 
 [▶ COURSE DESCRIPTION](#) | 
 [▶ HOST COURSE](#) | 
 [▶ INSTRUCTOR ACCESS](#) | 
 [▶ GSSF](#) | 
 [▶ CONTACT](#)

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SCHEDULE "A"  
**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 Daniel T. Clifford  
(Supervisory Committee) (Employee Name)

to attend NYSSA Annual Jail Administration Conference  
(Name of meeting or organization)

at Gideon Putnam Hotel - Saratoga, NY  
(Address)

on 09/30 - 10/3/2014. 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)

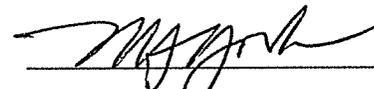
- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ \_\_\_\_\_ GSA\* Rate \$ \_\_\_\_\_
- Meal costs - GSA\* per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 8/20/14

  
\_\_\_\_\_  
Department Head Signature

Date: 8/21/14

  
\_\_\_\_\_  
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**

\*\*\*\*\*  
\*\*\*\*\*

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

## 2014 Jail Administrators' Training Program

\* Required

Name \*

County \*

Title \*

Email address \*

Please choose one:

I will make lodging reservations with the Gideon Putnam on the form provided and enclose my check or voucher for \$125.00 to NYSSA for conference registration, which also includes dinner for one night

I do not need lodging, and enclose my check in the sum of \$325.00 to NYSSA for conference registration, lunches, continental breakfasts, breaks, and one dinner

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SCHEDULE "A"  
**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 Michael T. Gates  
(Supervisory Committee) (Employee Name)

to attend NYSSA Annual Jail Administration Conference  
(Name of meeting or organization)

at Gideon Putnam Hotel - Saratoga, NY  
(Address)

on 09/30 - 10/3/2014. Mode of transportation to be used County Vehicle  
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- Meal costs - GSA \*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 8/20/14

  
\_\_\_\_\_  
Department Head Signature

Date: 8/21/14

  
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Committee Chairman Signature

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County \*

Title \*

Email address \*

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Submit

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SCHEDULE "A"  
**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 Albert L. Maday  
(Supervisory Committee) (Employee Name)

to attend NYSSA Annual Jail Administration Conference  
(Name of meeting or organization)

at Gideon Putnam Hotel - Saratoga, NY  
(Address)

on 09/30 - 10/3/2014 Mode of transportation to be used County Vehicle  
(Dates) (County Vehicle or Mass Transportation)

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Date: 8/20/14

  
\_\_\_\_\_  
Department Head Signature

Date: 8/21/14

  
\_\_\_\_\_  
Committee Chairman Signature

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Name \*

County \*

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# 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 Ralph Bartlett and Scott Rawson  
(committee) (name)

To attend LE Leadership Training  
(name of meeting or organization)

At Hampton Inn Saratoga  
(address)

On September 04, 2014. Mode of Transportation to be used 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](http://www.gsa.gov))

Date: 8/20/14 Signature [Signature]  
(department head)

Date: 8/21/14 Signature [Signature]  
(Committee Chairman)

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to commissioner of Administrative and Fiscal Services if credit card will be used.



# Saratoga Springs Police Department

5 Lake Avenue  
Saratoga Springs, New York 12866  
(518) 584-1800



GREGORY J. VEITCH  
Chief of Police

*Serving Since 1887*

JOHN T. CATONE  
Assistant Chief of Police

## TRAINING ANNOUNCEMENT

# Law Enforcement Leadership Training

Presented by Dr. Jack Enter

Author of: **Challenging the Law Enforcement Organization**

Hosted by the Saratoga Springs Police Department

**DATE:** September 4, 2014

**TIME:** 9:00 AM – 4:00PM (registration 8:30)

**LOCATION:** Hampton Inn Saratoga Springs  
25 Lake Ave. Saratoga Springs, NY 12866

**ATTIRE:** Business casual

**FEE:** \$100 check or money order made out to "Commissioner of Finance"

\*\*\*Payment can be made on the date of the program or mailed to Chief Greg Veitch at the address above\*\*\*

**Registration:** Complete this form and fax to **518-587-3282** or email to [gveitch@saratogapolice.org](mailto:gveitch@saratogapolice.org)

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

If you have any questions please contact Chief Greg Veitch at 518-584-1800 x3526 or email at [gveitch@saratogapolice.org](mailto:gveitch@saratogapolice.org). For more information on Dr. Jack Enter visit [www.jackenter.com](http://www.jackenter.com)



[www.saratogapolice.org](http://www.saratogapolice.org)



## **RESOLUTION REQUEST FORM NO. 3**

### **Request for New Contract**

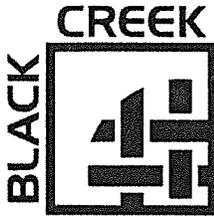
**DEPARTMENT NAME: Sheriff- Correction Division**

**DATE: 08-12-2014**

- A. Is this a Result of a Bid or Request for Proposal? **NO**
- B. Purpose of Contract: **Software and annual support for the Inmate Management System**
- C. Name of Contractor: **BlackCreek Integrated Systems**
- D. Address of Contractor: **PO Box 101747 Irondale, AL 35210**
- E. Contractor's Contact Person and Telephone Number: **Connie Hill (205) 949-9900**
- 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, 2014**
- I. Payment Provisions:
- i) Lump sum amount **\$20,926.75**
  - 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



**BLACK CREEK**  
**INTEGRATED SYSTEMS CORP.**  
2900 Crestwood Boulevard  
P.O. Box 101747  
Irondale, AL 35210

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Voice: (205) 949-9900  
Fax: (205) 949-9910

June 30, 2014

To: All SallyPort New York Customers

Attached please find your annual support quotation for the 2015 fiscal year which reflects a 2% increase over the prices in effect since the 2012 fiscal year.

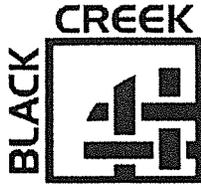
In an effort to respond to requests for early quotations each year, we're issuing budgetary quotations to all agencies at this time. The quotations are based on the software you currently have installed. In the event additional software is purchased, the actual support plan cost will be based on the installed software as of 12/31/2014.

We thank you for your continued support of our products and our company. We are dedicated to providing continued support that will ensure the ultimate success of SallyPort NY.

If you have any questions, please don't hesitate to call.

Very truly yours,  
BLACK CREEK INTEGRATED SYSTEMS CORP.

Connie Hill



Black Creek Integrated Systems Corporation  
 P. O. Box 101747  
 Irondale, AL 35210  
 Ph.: (205) 949-9900  
 Fax.: (205) 949-9910

**QUOTATION**

Date	Number	Revision
6/30/2014	SP05009.01	

Terms	Ship Via	Freight	F.O.B.	Delivery
Due On Invoice Receipt	n/a	n/a	n/a	n/a

**To:**  
 Capt. Mike Gates  
 Warren County Sheriff's Department  
 1400 State Route 9  
 Lake George NY 12845

Description	Amount
SallyPort NY Unlimited Support Plan For Period 1/1/2015 Through 12/31/2015 See attached for plan description  Quotation is based on number of software licenses at the time of quotation. Invoice will be based on number of software licenses at the time of renewal.	\$20,926.75
<b>Total Quotation Amount</b>	<b>\$20,926.75</b>



**BLACK CREEK INTEGRATED SYSTEMS CORP.**  
**SALLY•PORT NY**  
**"QUALITY CARE" SUPPORT PLANS**

***Sally-Port*<sup>®</sup> NY UNLIMITED SUPPORT PLAN**

Black Creek's ***Sally-Port*<sup>®</sup> NY** Unlimited Support Plan is an enhanced plan with no limits on the amount of telephone contact time with Black Creek technical support personnel. It was designed for agencies who depend on a quick response time when faced with questions concerning their software and its operation and who wish to budget a single annual amount for that support. This comprehensive plan includes the following features:

- Unlimited hours of telephone assistance from persons skilled in the use and support of ***Sally•Port NY***.
- One hour response time to inquiries - Black Creek will make every attempt to contact you within one business day hour of receipt of an inquiry.
- Software updates - Black Creek will provide updates to the software as they are issued during the life of the Plan.
- E-mail notification of software notices and updates.
- Remote software support - A Black Creek Technical Support Representative will "log on" to your system from Black Creek's facility in Irondale, Alabama to assist in problem resolution.
- Discount on additional software training, support and services - Plan customers will be extended Level 1 Account pricing as reflected in the current version of Black Creek's Extended Services Rate Sheet during the life of the Plan.
- On request, Black Creek will provide one replacement application CD during the life of the Plan.
- Membership in ***Sally•Port NY*** Users' Group.

Plan pricing assumes services will be requested and provided during normal business hours between 8:00 A.M. – 5:00 P.M. Central Time, Monday through Friday. Plan terms are effective for the period January 1<sup>st</sup> to December 31<sup>st</sup>.

Black Creek's ***Sally-Port*<sup>®</sup> NY** Unlimited Support Plan, in addition to providing user support, also protects the Owner's investment in the software by guarding against obsolescence, thereby maintaining its value.

# 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: **30.00**

Title of Position: **Patrol Officer #25**

Annual Salary: **\$36,414\*** Grade: **201-01**

Budget code and title: **A.3110 110**

Union  Non-Union

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

Employee No.: **7190**

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

Source of reimbursement:  Federal %  State %  Other %

\*hiring at step 3 \$47,710, Incumbent at \$41,288

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. GS

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff

Date 8/22/14

The Administrator has no objection to the filling of the vacancy.

The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

### BUDGET OFFICER COMPLETES THIS SECTION

Date 8/22/14

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 - Sheriff

Date Aug. 22, 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 [Signature]