

Criminal Justice Committee

District Attorney Office

AGENDA

January 26, 2015

Committee Members: DICKINSON, Kenny, Monroe, Vanselow, Brock, Seeber, Simpson

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
 1. Request to extend existing grant.
Rationale: Permission to apply for CARP grant \$70,000.00. This was already included in our 2015 budget so no budget amendment is needed.
 2. Request to ratify actions applying for drug enforcement \$10,000.00 grant.
Rationale: Permission to ratify actions applying for drug enforcement grant.
 3. Request to amend the 2015 budget to accept \$10,000.00 from the drug enforcement grant.
Rationale: Permission to amend 2015 County budget to accept \$10,000.00 from drug enforcement grant, money will be used to purchase Cellebrite Ultimate Touch Reader.
- IV. Referral/Pending Items
N/A
- V. Information for Discussion/Review
N/A
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VI. Motion to adjourn

Attachments

1. Resolution Form 6 to extend existing grant.
2. Resolution Form 5 to ratify actions applying for drug enforcement grant.
3. Resolution Form 7 to amend county budget.

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: District Attorney

DATE: 1-6-15

- (a) Purpose of Grant Amendment: To extend Crimes Against Revenue Prosecution CARP grant.

- (b) Resolution No. which Authorized Original Application and Grant: Reso. 640 of 2010

- (c) Name of Grantor: Department of Criminal Justice Services.

- (d) Address of Grantor: 4 Tower Place, Albany, New York 12203.

- (e) Grantor's Contact Person and Telephone Number: Larry Signor, Program Specialist (518) 457-8499.

- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? Yes, attached.

- (g) Effective Date of Amendment or Extension: January 1, 2015

- (h) Termination Date of Amendment or Extension: December 31, 2015

- (i) Total Dollar Amount Involved (not to exceed): \$70,000.00

- (j) Is a Budget amendment required? No If yes, please complete and submit Form No. 7. attached.

- (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.

- (l) 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:

Grant Application

Crimes Against Revenue

Project No.

Grantee Name

CR14-1066-E00

Warren County

01/06/2015

Project Title: Crimes Against Revenue

Contacts	
<p>Mr. Michael Swan County Treasurer 1340 State Route 9 Lake George, NY 12804 Phone:518 761 6379, Ext: Fax:518 761 6470 Email:swanm@warrencountyny.gov</p>	<p>Project Start: 01/01/2015 Project End: 12/31/2015 Project Period: Years 1 Months 0 Submission Date: 12/23/2014 02:43 PM</p>
<p>Hon. Kevin B. Geraghty Chairman of the Board 1340 State Route 9 Lake George, NY 12845 Phone:518 761-6563, Ext: Fax: Email:sadyj@warrencountyny.gov</p>	<p>EIN: 146002576 Municipality No: 520100000000 Dun & Bradstreet No: 098334733 Charities Registration No: _ Not For Profit _ Sectarian Entity</p>
<p>Hon. Kathleen B. Hogan District Attorney 1340 State Rt. 9 Lake George, NY 12845 Phone:518 761-6405, Ext: Fax:518 761-6254 Email:HoganK@co.warren.ny.us</p>	<p>County: Warren Region: Capital District</p>
<p>Ms. Nancy L. Ovitt Paralegal 1340 State Route 9 Lake George, NY 12845 Phone:518-761-7603, Ext: Fax:518-761-7603 Email:ovittn@warrencountyny.gov</p>	<p>BUDGET SUMMARY Grant Funds: \$70,000.00 100.00% Matching Funds: \$0.00 0.00% Total Funds: \$70,000.00</p>

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: District Attorney

DATE: 1-7-15

- (a) Purpose of Grant: **Buy equipment celebrete ultimate touch reader.**
- (b) Name of Grantor: **Department of Criminal Justice Services**
- (c) Address of Contractor: **80 S. Swan Street, Albany, NY 12210**
- (d) Grantor's Contact Person and Telephone Number: **Paul Chelsley (518) 457-5919.**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Attached.**
- (f) Effective Date of Grant: **1-1-15**
- (g) Termination Date of Grant: **12-31-15**
- (h) Total Dollar Amount Involved (not to exceed): **\$10,000.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **December 2014**
- (j) Is a Budget amendment required? **Yes** 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:

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

*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: District Attorney

DATE: 1-7-15

(a) Purpose of Amendment:

To amend the county budget to accept \$10,000.00 per the grant agreement.

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

A.1165 220 Office Equipment District Attorney's Office \$10,000.00

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

A.1165 3483 Drug Enforcement \$10,000.00

GRANT AWARD INFORMATION

October 7, 2014

Project ID: LG14-1326-D00

DCJS Number: LG14101141

Award Recipient: Warren County District Attorney's Office

Mailing Address: Warren County District Attorney's Office
1340 Route 9
Lake George, NY 12845

Contact Person: Honorable Kate Hogan

Award Amount: \$10,000

DCJS Contact: Paul Chesley, Criminal Justice Program Representative
Division of Criminal Justice Services
Office of Program Development and Funding
80 S. Swan Street
Albany, NY 12210
(518) 457-5919
(518) 485-2728 Fax

Application Return Date: Within 30 Days of Receipt of this Award Notice

Technical Assistance to Complete
Applications Available Upon Request
GMS Help Desk
At (518) 457-9787