

**Public Safety Committee  
Sheriff's Committee Agenda  
03-23-2016**

**Committee Members: Wood, Dickinson, Girard, Frasier, Brock, Seeber, Simpson, Vanselow, Montesi, Braymer, MacDonald**

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior committee meeting
- III. Action Agenda
  - A. Request resolution for new (5) year contract with New York State Department of Corrections and Community Supervision's Office of Nutritional Services to provide food to the Warren County Correctional Facility.
  - B. Request permission to have Inv. Terri Jeffords, attend Bivona Child Abuse Summit, April 27-29, 2016, Rochester NY.
  - C. Request permission to have Systems Maintenance Coordinator Mark Neale, attend Office of Interoperable Emergency Communications Conference, March 29-30, 2016, Oriskany NY.
  - D. Notice of Intent to fill Vacant Position (Patrol Officer) due to retirement.
  - E. Notice of Intent to fill Vacant Position (Communication Officer) due to retirement.
- IV. Referral / Pending Items
- V. Topics for Discussion
- VI. Motion to adjourn

Attachments:

- #1.** Resolution form #3 / Request for new contract New York State Department of Corrections and Community Supervision's Office of Nutritional Services.
- #2.** Authorization to Attend Meeting or Convention Inv. Jeffords
- #3.** Authorization to Attend Meeting or Convention System Maintenance Coordinator Mark Neale
- #4.** Notice of Intent to Fill Vacant Position (Patrol Officer)
- #5.** Notice of Intent to Fill Vacant Position (Communication Officer)

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

## ***Request for New Contract***

**DEPARTMENT NAME: Sheriff's Office**

**DATE:**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **Purchase Food for Correctional Facility**
- (c) Name of Contractor: **New York State Dept. of Corrections and Community Supervision's Office of Nutritional Services**
- (d) Address of Contractor: **Central Office Nutritional Services, Evans Drive Building 50, Rome, NY 13442-4110**
- (e) Contractor's Contact Person and Telephone Number: **Robert Schattinger, 315-339-6880 Ext 3830**
- (f) Has or will the Contract be provided, if so, please attach: **County Attorney has Contract**
- (g) Commencement Date of Contract: **Upon execution of contract**
- (h) Termination Date of Contract: **(5) Years from execution of contract**
- (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: **A.3150 445 Sheriff's Correction Division - Foods****

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

## 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 Inv. Terri Jeffords  
(committee) (name)

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

At Rochester Riverside Convention Center, Rochester, NY  
(address)

On April 27 - 29, 2016. Mode of Transportation to be used WCSSO agency vehicle  
(dates) (county vehicle or mass transportation)

If the mode of transportation is not a county vehicle or mass transportation please explain: N/A

### Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost.

### For Overnight Travel <sup>(2) days</sup>

- Room rate \$ 186 GSA Rate \$ \_\_\_\_\_  
 Meal costs – GSA per diem rate \$ \_\_\_\_\_  
(see [www.gsa.gov](http://www.gsa.gov))

Date: 3/3/16 Signature [Signature]  
(department head)

Date: 3/23/16 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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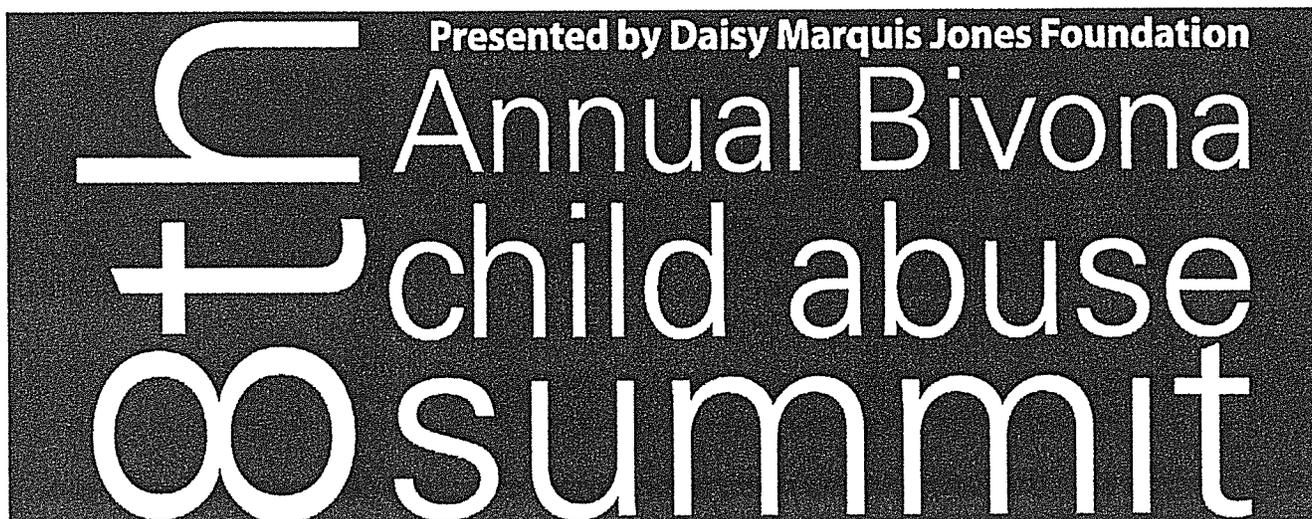
Please check to request a fleet vehicle.

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.



## 2016 Conference Dates

**Thursday, April 28 and Friday, April 29**  
Joseph A. Floreano  
Rochester Riverside Convention Center

**Standard Registration**  
Full conference (two days)  
**\$180/person**

*Register by March 25 for a reduced rate of \$150*

**Groups 4+ from the Same Agency**  
Full Conference (two days)  
**\$140/person**

*Group registrations must be submitted  
and paid for at the same time*

*\*University of Rochester Medical Center, Center for Experiential Learning is recognized by the NY State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0005. This course has been approved for 11.50 continuing education hours.*

*Don't miss the premier Child Abuse Summit in the Northeast region. This cutting edge multidisciplinary training is for social workers, law enforcement, prosecutors, mental health and medical professionals, school personnel, day care providers, the faith-based community and more. Workshops are being presented by national and local experts.*

# 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 Mark Neale  
(committee) (name)

To attend Interoperable Emergency Commuications Conference  
(name of meeting or organization)

At Oriskany, NY  
(address)

On March 29-30, 2016. 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 \$0 GSA Rate \$ \_\_\_\_\_  
 Meal costs – GSA per diem rate \$ \_\_\_\_\_  
(see [www.gsa.gov](http://www.gsa.gov))

Date: 3/18/16 Signature [Signature]  
(department head)

Date: 3/23/16 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.

**From:** LaFlure, Brian [mailto:[laflureb@warrencountyny.gov](mailto:laflureb@warrencountyny.gov)]

**Sent:** Tuesday, February 09, 2016 12:12 PM

**To:** Capt. Ralph Mariani; Carl Zeilman ; [christopher.tuttle@dhs.gov](mailto:christopher.tuttle@dhs.gov); Don Purdy ; Donald Jaquish; Doug Miller; Edward Tremblay ; [Eric.Day@clintoncountygov.com](mailto:Eric.Day@clintoncountygov.com); G. Chudzinski; [ggosnell@co.washington.ny.us](mailto:ggosnell@co.washington.ny.us); [ichestnut@stlawco.org](mailto:ichestnut@stlawco.org); [jcramer@sheriff.montgomery.ny.us](mailto:jcramer@sheriff.montgomery.ny.us); Jeff Cunningham; Jeffery T. Smith ([jsmith@emo.montgomery.ny.us](mailto:jsmith@emo.montgomery.ny.us)); John Bashaw ; K. Demarest ; Kathy Hafele; Kelly Donoghue; Kelly Paslow; LaFlure, Brian; Jeffords, Larry E.; Lee Bormann; Mark Laviolette ; Neale, Mark; Mike Blaise; Mike Mascarenas; [MLeCuyer@stlawco.org](mailto:MLeCuyer@stlawco.org); Paul Glasser; Rick Provost; [ryan@herkimercounty.org](mailto:ryan@herkimercounty.org); Lamouree, C. Shawn; Sheriff Abrams; [ssmaria@fultoncountyny.gov](mailto:ssmaria@fultoncountyny.gov); [thardy@co.washington.ny.us](mailto:thardy@co.washington.ny.us); Tom Leonard; Wendy Plympton

**Subject:** Upcoming Consortium conference

All: We were just advised that OIEC will again be hosting a Conference to get all of the Consortium's leadership together. It will be March 29<sup>th</sup>, and 30<sup>th</sup> at the State training center in Oriskany.(SPTC)

It would start at noon on the 29<sup>th</sup>, and finish early afternoon on the 30<sup>th</sup>.

The difference this time is each County in each Consortium can send a representative as well. This is no cost for food or lodging, OIEC will be picking that up.

There will be more information coming out shortly. If anyone has any topics, or questions you would like dealt with, let me know. A rep. from each of our Consortium Counties would be great.

Check your calendars, and I will be sending out further info as it is available.

Brian

Chief Brian A. LaFlure, Director/Fire Coordinator

Warren County Office of Emergency Services

1340 State Rt. 9

Lake George, N.Y. 12845

# 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 #24 Base Salary of Position: \$39,214.05 Grade:

Filling at Step # (If Known): Request to Back Due to Promotion:  Yes  No

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

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

Employee No: 6320 Is this position mandated? <sup>3-30-16</sup>  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal %  State %  Other %

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other Lateral Transfer *Acad* *May be*

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

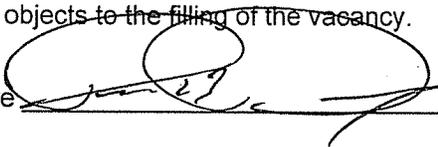
**Candidate's qualifications must be approved by Personnel Officer prior to hiring.**

Human Resources Director has approved this form when initialed. 3-24-16 *NT*

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature 

Date 3/24/16

### BUDGET OFFICER COMPLETES THIS SECTION

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

Date 3/23/16

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice + Public Safety

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 Evelyn M. Wood

Date 3/23/16

# 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: Communication Officer #19 Base Salary of Position: \$37,393.40 Grade:

Filling at Step # (If Known): Request to Back Due to Promotion:  Yes  No

Budget code and title: A.3020 Union  Non-Union

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

Employee No: 12038 Is this position mandated? <sup>3-17-16</sup>  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal %  State %  Other %

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other *Per Sheriff's Office, May be lateral Transfer*

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

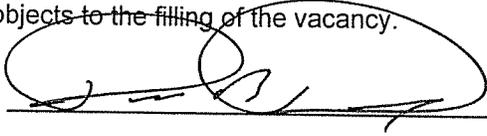
**Candidate's qualifications must be approved by Personnel Officer prior to hiring.**

Human Resources Director has approved this form when initialed. *3-24-16*

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature  Date 3/24/16

### BUDGET OFFICER COMPLETES THIS SECTION

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 Date 3/23/16

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice & Public Safety

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 Evelyn M Wood Date 3/23/16