

CRIMINAL JUSTICE AND PUBLIC SAFETY MEETING

PROBATION AGENDA

11/21/16

- I. Committee Meeting called to order by Chairman
- II. Motion to approve minutes from prior Committee Meeting

III. Action Agenda

REQUEST RESOLUTION – To extend contract with Warren-Hamilton Counties ACEO, Inc. to operate the Alternative Sentencing Program to serve youth and adults pursuant to WC66-15 RFP in the amount of \$60,000 for 1/1/17 to 12/31/17.

RATIONAL – The Alternative Sentencing Program (Community Service) is a needed program that provides viable sentencing options to Courts of Warren County.

REQUEST RESOLUTION – Resolution Request to extend MOU with DSS in the amount \$60,000 1/1/17 to 12/31/17.

RATIONAL – Funding is for Preventative Services money that funds one Juvenile Probation Officer Position.

REQUEST RESOLUTION- Resolution Request to extend contract with KMG Monitor Services for electronic monitoring for adult offenders in the amount of \$7,500 for 1/1/17 to 12/31/17.

RATIONAL – Electronic Monitoring in conjunction with our department. Release Under Supervision Program can reduce the cost of housing certain inmates detained in the Warren County Jail. Total funding is \$7,500.

REQUEST RESOLUTION – Authorization for Robert Iusi to attend American Probation and Parole Associates 2017 Winter Institute in Reno, Nevada from 1/7/17 to 1/11/17.

RATIONAL – Excellent opportunity for Director to attend a National Conference regarding Probation practices. The New York State Council of Probation Administrators will pay all expenses and there is no cost to the county.

- IV. Pending Items – None
- V. Information and Discussion – None
- VI. Attachment – Resolution Requests

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: 11/21/16

- (a) Purpose of Contract Change: **To extend Contract with Warren Hamilton counties Committee for Economic Opportunity Inc.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **R583-2015; WC66-15**
- (c) Name of Contractor: **Warren Hamilton Counties Committee for Economic Opportunity, Inc.**
- (d) Address of Contractor: **190 Maple Street, Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **Lynn Achersheck, (518)793-0636**
- (f) Commencement Date of Extension: **1/1/17**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$60,000**
 - 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, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.3140.470- Probation- Contract - \$60,000**

**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

WARREN COUNTY PURCHASING DEPARTMENT

1340 State Route 9
Lake George, NY 12845
Telephone: (518) 761-6538
Fax: (518) 761-6395



Julie A. Butler, Purchasing Agent
Jason M. Shpur, Deputy Purchasing Agent
Danielle M. Parker, Purchasing Assistant

September 16, 2016

Warren-Hamilton Counties A.C.E.O., Inc.
Attn: Lynn Ackershoek
PO Box 968
Glens Falls, NY 12801

RE: WC 66-15 - CONTRACT
EXTENSION

Ms. Ackershoek:

The Warren County RFP for Alternative Sentencing Program to Serve Youth and Adults (WC 66-15) contains an extension clause which provides an option for the renewal and/or extension of the contract for an additional year from January 1, 2017 through December 31, 2017.

Please advise whether your Company is interested in extending this contract for the above term, upon the same terms and conditions by completing and signing the statement below and returning this page to the address indicated above.

If you have any questions or wish to discuss this matter, please contact me at this department by letter or phone.

Thank you for your attention to this matter.

Very truly yours,

Julie A. Butler
Purchasing Agent

I, Lynn Ackershoek

(Print name)

wish / do not wish to extend

(Circle intent)

the above-referenced bid upon the same terms and conditions for the term indicated above.

(Signature)

2016 SEP 22 AM 10:15

9/22/16

(Date)

RECEIVED
WARREN COUNTY PURCHASING

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1340 State Route 9
Lake George, NY 12845
Telephone: (518) 761-6538
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MEMO

TO: Bob Iusi, Director
Probation Department

FROM: Julie A. Butler, Purchasing Agent

DATE: September 22, 2016

SUBJECT: WC 66-15 - ALTERNATIVE SENTENCING PROGRAM TO SERVE YOUTH
AND ADULTS

Transmitted herewith is a copy of the extension letter for the above-referenced services which indicates the contractor's desire to extend their agreement from January 1, 2017 through December 31, 2017.

It appears that an additional resolution **IS** required to extend this contract. Please refer to Resolution No. 583 of 2015. I also note that the original resolution had the incorrect dollar amount. The 2016 resolution should be for an amount of \$60,000.

Please do not hesitate to contact me should you have any questions.

Encs.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: 11/21/16

- (a) Purpose of Contract Change: **To extend MOU with Warren County DSS Preventative Services.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **R584-2015**
- (c) Name of Contractor: **Warren County Department of Social Services**
- (d) Address of Contractor: **Human Services Building**
- (e) Contractor's Contact Person and Telephone Number: **Maureen Schmidt, (518)761-6305**
- (f) Commencement Date of Extension: **1/1/17**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$60,000**
 - 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, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.3140.1582, DSS Reimburse - Probation PINS, \$60,000**

**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. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Probation

DATE: 11/21/16

- (a) Purpose of Contract Change: **To extend Contract with KMG Monitoring of Adult Offenders.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **R15-2015**
- (c) Name of Contractor: **KMG Monitoring Services**
- (d) Address of Contractor: **9 Cranberry Lane, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number:
Michael Gray, (518)744-7282
- (f) Commencement Date of Extension: **1/1/17**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$7,500**
 - 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, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.3140.470 Probation - Contract - \$7,500**

**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

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Criminal Justice Committee hereby authorizes Robert F. Iusi, Jr.
(Supervisory Committee) (Employee Name)

to attend 2017 American Probation and Parole Associations 2017 Winter Training Institute
(Name of meeting or organization)

at Grand Sierra Resort, 2500 East Seward Street, Reno, Nevada
(Address)

on 1/7/17 to 1/11/17. Mode of transportation to be used Air Travel
(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.

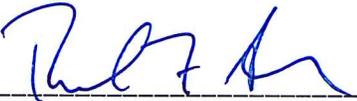
For Overnight Travel

Room rate \$ _____ GSA* Rate \$ *** NYS Council of Probation Administration will cover all expenses.

Meal costs - GSA* per diem rate \$ _____

*www.gsa.gov

Date: 11/21/16



Department Head Signature

Date: 11/4/16



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 County Administrator if credit card will be used.