

CRIMINAL JUSTICE & PUBLIC SAFETY COMMITTEE
PUBLIC DEFENDER
AGENDA
January 2017

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

- I. Committee meeting called to order by Chairman
- II. Motion to approve the minutes of the prior meeting
- III. Action Agenda/New Business Items:
 1. Request: to request authorization to apply for Office of Indigent Legal Services Quality Improvement Distribution #7

Rationale: to authorize request to apply for funds to improve the quality of services provided under Article 18-B of the County Law and maintain Public Defender services with existing and increasing County funds but reduced State Funding.
 2. Request: to request authorization to apply for Office of Indigent Legal Services Second Counsel at First Appearance Grant
 3. Request: to request authorization for 3rd Assistant Public Defender, Brian Pilatzke, to travel to a CLE on March 6 and March 7, 2017 in Albany, NY. This will be 100% grant reimbursed.
- IV. Referrals/Pending Items:

None
- V. Discussion Items:

None
- VI. Privilege of the floor to discuss any additional item to come before the Committee
- VII. Motion to adjourn

Attachments: Resolution Requests Form No. 5 and No. 7 and backup
Schedule "A" Authorization to Attend Meeting or Convention and backup

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Warren County Public Defender

DATE: 1/10/2017

- (a) Purpose of Grant:
To improve the quality of services provided under Article 18-B of the County Law. This is a new authorization for the funding received under Distribution #4 which expires on May 31, 2017.
- (b) Name of Grantor:
New York State Office of Indigent Legal Services
- (c) Address of Contractor: **80 S. Swan Street
11th Floor
Albany, NY 12210**
- (d) Grantor's Contact Person and Telephone Number:
Jennifer Colvin (518) 486-9713
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **yes**
- (f) Effective Date of Grant: **January 1, 2017**
- (g) Termination Date of Grant: **December 31, 2019**
- (h) Total Dollar Amount Involved (not to exceed): **\$84,780**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
ASAP
- (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

**OFFICE OF INDIGENT LEGAL SERVICES
THREE-YEAR DISTRIBUTION
COUNTY OF WARREN
WORK PLAN FOR PUBLIC DEFENDER'S OFFICE ONLY**

January 1, 2017 – December 31, 2019

Goal: To improve the quality of services provided under Article 18-B of the County Law and maintain Public Defender services with existing and increasing County funds but reduced State Funding.

Task #1:

- Provide funding for pay increases for Public Defender's Office (Public Defender, 7 Assistant Public Defenders, and a Confidential Secretary, AND Grant Secretary) to ensure quality of representation and retention of skilled individuals in public defender service.

Performance Measure:

- Greater ability to retain skilled employees and to experience more equity with competing employer salaries
- Maintain a competitive work environment to be able to attract and retain qualified staff

Program Location:

- Office of the Public Defender, Warren County

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Warren County Public Defender

DATE: 1/10/2017

- (a) Purpose of Grant:
To provide effective representation of indigent persons at their first appearance before a judge and promote the continuous representation of such persons.
- (b) Name of Grantor:
New York State Office of Indigent Legal Services
- (c) Address of Contractor: **80 S. Swan Street**
11th Floor
Albany, NY 12210
- (d) Grantor's Contact Person and Telephone Number:
Jennifer Colvin (518) 486-9713
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **no**
- (f) Effective Date of Grant: **Tentative start date June 2017**
- (g) Termination Date of Grant: **unknown**
- (h) Total Dollar Amount Involved (not to exceed): **unknown**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
February 24, 2017
- (j) Is a Budget amendment required? 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: Warren County Public Defender

DATE: January 10, 2017

(a) Purpose of Amendment: **To authorize expenditure of 2017 portion of Distribution #7 from Office of Indigent Legal Services.**

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

A1171 110 Public Defender-Salaries-Regular	26,100.00
A1171 830 Social Security	1700.00
A1171 831 Medicare	460.00

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

A1171.3045 Public Defender-Office of Indigent Legal Services Distribution	28,260.00
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OILS Distribution #7
 January 1, 2017-December 31, 2019

Warren County Public Defender
 Budget

	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>
<u>Personnel</u>			
<u>Public Defender</u>			
Salary (PD, 7 APDs, Conf. Sec.x2) \$2610 x 10	\$26,100	\$26,100	\$26,100
Fringe (PD, 7 APDS, Conf. Sec.x2) \$216 x 10	\$2,160	\$2,160	\$2,160
Total	<u>\$28,260</u>	<u>\$28,260</u>	<u>\$28,260</u>

Public Defender Contract Total	\$28,260	\$28,260	\$28,260
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\$84,780 3 Yr. Total

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 and Public Safety Committee hereby authorizes Brian D. Pilatzke
(Supervisory Committee) (Employee Name)

to attend Human resource Law from A to Z
(Name of meeting or organization)

at Hilton Garden Inn, 1389 Washington Avenue, Albany, NY 12206
(Address)

on March 6-7, 2017. Mode of transportation to be used n/a
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

own vehicle

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

Date: 1-10-17



Department Head Signature

Date: _____



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.


Human Resource Law from A to Z

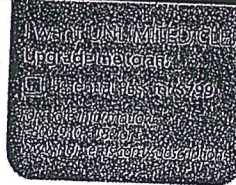
74750

Please check appropriate box:

March 6 and March 7
Albany, NY (74750)

March 8 and March 9
Newburgh, NY (74751)

Seminar Tuition 
\$575 — first registrant
\$565 — each add'l registrant



Registration Form (Please photocopy this form for multiple registrants.)

Name Brian Pilatzke Title 3rd Assistant Public Defender

NBI Subscription Holder? Enter Subscription # Here* _____

E-mail Pilatzke.B@warrencounty.ny.gov

Company Name Warren County Public Defender

Co. Size 1 2-5 6-10 11-25 26-50 51-100 100+

Address 1340 State Rt 9

City Lake George State Ny Zip 12845

Phone (518) 961-6207

Payment Information

Check enclosed payable to National Business Institute

MasterCard

VISA

American Express

Discover

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Exp. Date _____

Signature _____

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Keycode: Rm18 Sic: 8111m

Warren County Public Defenders

1340 State Route 9

Lake George Ny 12845-3484

