

**Public Safety Committee  
Sheriff's Committee Agenda  
January 23, 2017**

**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 permission for Insp. Barboza, CO Kelly and CO Benson to attend Capital – Saratoga Gang Training Conference, Saratoga NY.
- B. Request permission for Sgt. Bartlett, PO K. Smith, PO Coon and PO Lopez to attend Empire State Law Enforcement Traffic Safety Conference (ESLETS) Albany NY.
- C. Request permission for US Lamouree to attend Criminal Justice Behavioral Health Conference, San Antonio TX.
- D. Request Resolution to extend existing contract with NYS for Mutual Link.
- E. Request Resolution to extend existing contract with Global Tel Link.
- F. Request Resolution to amend contract with Warren Tire Service Center Inc.
- G. Request Resolution to amend contract with Warrensburg Car Care
- H. Request Resolution to amend county budget to reflect revenues to be received from NYS DCJS New York State Legislative Initiatives Grant (\$7,000.00)
- I. Request Resolution to amend county budget to reflect revenues to be received from NYS DCJS Video Recording of Statements Equipment Grant (\$4,994.00)
- J. Request Resolution to amend county budget to reflect revenues to be received from NYS GTSC Traffic Grants: Child Passenger Safety (\$700.00 for training), Police Traffic Services (\$16,200 for enforcement OT) and Motorcycle Safety Initiative (\$15,000 for enforcement OT)
- K. Request Resolution to amend county budget to move (\$20,000) from the 2016 SLETPP Grant from the fiscal year 2016 to 2017.
- L. Request resolution to amend county budget to move (\$134,935.52) from H360.95550 5031 Interfund Transfer fiscal year 2016 to 2017(Radio System Capital Project)
- M. Request Resolution to amend county budget to reflect revenues to be received from the NYS Police Protective Equipment Program in the amount of (\$34,854.00)
- N. Request Resolution to amend county budget to reflect revenue received from the New York State Sheriff's Association (\$1,000) to send US Lamouree to training
- O. Request Resolution to amend county budget to reflect revenues from Six Flags Great Escape in the amount of (\$4,744.30)
- P. Request Resolution for New Contract with Secure Watch 24 (SW24) for maintenance to License Plate Reader system.
- Q. Request Resolution for New Contract with Trinity Services Group for commissary services in Correctional Facility.
- R. Notice of Intent to fill vacant position Patrol Lieutenant #2, due to retirement
- S. Notice of Intent to fill vacant position, Patrol Sergeant (TBD), due to promotion
- T. Notice of Intent to fill vacant position, Patrol Officer (TBD), due to promotion

IV. Referral / Pending Items

V. Topics for Discussion

- A. Since November we have hired (7) Correction Officers. (6) due to resignations and (1) due to a promotion to Sergeant.

VI. Motion to adjourn

Attachments:

- #1. Authorization to Attend Meeting or Convention (Gang Training)
- #2. Authorization to Attend Meeting or Convention (ESLETS)
- #3. Authorization to Attend Meeting or Convention (Criminal Justice Behavioral Health)
- #4. Resolution Request Form # 4 Extending, Rescinding or Amending Existing Contract (Mutual Link)
- #5. Resolution Request Form # 4 Extending, Rescinding or Amending Existing Contract (GTL)
- #6. Resolution Request Form # 4 Extending, Rescinding or Amending Existing Contract (Warren Tire Service Center, Inc.)
- #7. Resolution Request Form # 4 Extending, Rescinding or Amending Existing Contract (Warrensburg Car Care)
- #8. Resolution Request Form # 7 Amend County Budget (Legislative Initiatives)
- #9. Resolution Request Form # 7 Amend County Budget (DCJS Video Statement)
- #10. Resolution Request Form # 7 Amend County Budget (GTSC Traffic Grants)
- #11. Resolution Request Form # 7 Amend County Budget (2016 SLETPP)
- #12. Resolution Request Form # 7 Amend County Budget (Capital Project)
- #13. Resolution Request Form # 7 Amend County Budget (NYS Police Protective Equipment)
- #14. Resolution Request Form # 7 Amend County Budget (NYSSA funds)
- #15. Resolution Request Form # 7 Amend County Budget (Six Flags)
- #16. Resolution Request Form # 3 Request for New Contract (SW24)
- #17. Resolution Request Form # 3 Request for New Contract (Trinity Services Group, Inc.)
- #18. Resolution Request Form # 12 Notice of Intent to fill Patrol Lieutenant #2
- #19. Resolution Request Form # 12 Notice of Intent to fill Patrol Sergeant TBD
- #20. Resolution Request Form # 12 Notice of intent to fill Patrol Officer TBD

95

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 Insp. Marlo Barboza / CO Daniel Kelly / CO Julia Benson to attend Capital—Saratoga Gang Training Conference at

Siena College Albany, NY on 01-11-2017. Mode of transportation to be used: County Vehicle.

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.

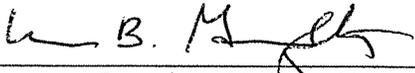
**For Overnight Travel**

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

Date: 1/4/17

  
Department Head Signature

Date: 2/7/17

  
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 Commissioner of Administrative and Fiscal Services if credit card will be used.



# New York Gang Investigators Association



PO Box 794 - Yonkers, NY 10703

## CAPITAL-SARATOGA REGIONAL TRAINING CONFERENCE

Wednesday January 11, 2017

Siena College – Roger Bacon Hall (Key Auditorium)

515 Loudon Road, Albany, NY 12211

8:45 am to 4:00 pm – Registration begins at 8:00 am

### Opening remarks

Albany County Sheriff Craig D. Apple

### Global Gang and National Gang Trends

Andrew Grasic, President, New York Gang Investigators Association

### Outlaw Motorcycle Gangs and 1% groups

Officer Christopher Toleman, Watervliet Police Department

### Improvised/Homemade Explosives and their use in commission of crimes by Mexican Cartels

Special Agent Jason Stocklas, Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)

### Local Gang Elements and its Impact on Community

Sgt. Christopher Frambach, Albany County Sheriff's Office – Corrections Intelligence Division

### Overview of Albany Crime Analysis Center

*This conference will assist participants to recognize and enhance their understanding of gangs and the potential issues that they bring to communities. **RESTRICTED TO LAW ENFORCEMENT PERSONNEL ONLY.** All officers carrying firearms must have badge displayed and produce credentials prior to entry.*

**REGISTRATION IS REQUIRED-SEATING IS LIMITED:** \$35.00 per person. Early bird registration is \$30.00. Early Bird Registrations must be paid by Friday, December 30, 2016. Conference Fees include training materials, and certificates. \$50.00 Late Registration/Walk-In Fee (based on availability). For more information contact NYGIA Membership Coordinator, Trevor Sergeant, [nygiamembership@gmail.com](mailto:nygiamembership@gmail.com) or 585-794-7706. Register online by visiting [www.nygia.org](http://www.nygia.org).

### CONFERENCE REGISTRATION FORM

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_



*Register by phone via credit card payment, or make checks/money orders payable to NYGIA, and send to NYGIA, PO Box 794, Yonkers, NY 10703. Conference registration deadline is Friday, December 30, 2016. Registrations after this date will be subject to late registration fee. Attendance is not confirmed until payment is received.*

This event is co-sponsored by Albany County Sheriff's Office – Corrections Intelligence Division



[HOME](#) [MISSION](#) [JOIN NYGIA](#) [EVENTS](#) [NEWS](#) [AWARDS](#) [NAGIA](#) [NYGIA MERCHANDISE](#) [CONTACT US](#)

**My profile**

[Edit profile](#)

**Balance: \$0.00**

[Profile](#) [Email subscriptions](#) [Invoices and payments](#)

Payment successful

Search

Records found: 4

| Date                  | Transaction  | Balance due   |
|-----------------------|--|---|
| Wed, January 04, 2017 | <u>Payment</u><br>PayPal Payments Standard   | \$105.00<br>Settled<br><a href="#">Invoice #00703</a><br><a href="#">Invoice #00702</a><br><a href="#">Invoice #00701</a> |
| Wed, January 04, 2017 | <u>Invoice #00703</u><br>Event registration (Julia Benson)<br>NYGIA Capital-Saratoga Regional Training<br>Conference | \$35.00<br>Settled<br><a href="#">Paid: Wed, January 04, 2017</a>   |
| Wed, January 04, 2017 | <u>Invoice #00702</u><br>Event registration (Daniel Kelly)<br>NYGIA Capital-Saratoga Regional Training<br>Conference | \$35.00<br>Settled<br><a href="#">Paid: Wed, January 04, 2017</a>   |
| Wed, January 04, 2017 | <u>Invoice #00701</u><br>Event registration<br>NYGIA Capital-Saratoga Regional Training<br>Conference                | \$35.00<br>Settled<br><a href="#">Paid: Wed, January 04, 2017</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 Ralph Bartlett, Ken Smith, Jeremy Coon, Josh Lopez  
(committee) (name)

To attend ESLETS  
(name of meeting or organization)

At NYSP  
(address)

On 04/6-7/17. 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: \_\_\_\_\_

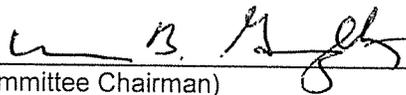
**Proper documentation must be attached when submitting for approval.**  
(Please check documents attached)

Notice of meeting or convention including cost.

**For Overnight Travel** *2 nights x 2*

- Room rate \$116 GSA Rate \$ \_\_\_\_\_
- Meal costs – GSA per diem rate \$ \_\_\_\_\_  
(see [www.gsa.gov](http://www.gsa.gov))

Date: 1/9/17 Signature   
(department head)

Date: 2/7/17 Signature   
(Committee Chairman)

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

\*\*\*\*\*

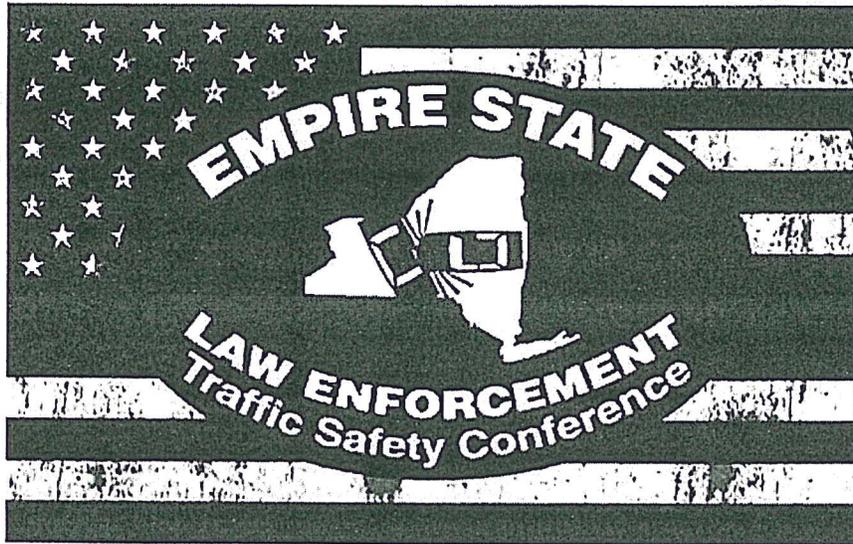
Please check to request a fleet vehicle.

**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.



## 2017 Empire State Law Enforcement Traffic Safety Conference

SAVE THE DATES

April 6th - 7th, 2017

Albany, NY

*Eart Lopez  
CON. Smith*

You are cordially invited to attend the Empire State Law Enforcement Traffic Safety Conference (ESLETS). If you attended previously, then we are confident you will be back. If you did not, then you should consider attending. This is the only highway safety forum of its kind in New York State.

The ESLETS Conference is a two-day event, that each year attracts roughly 300 police officers of all ranks from around the state. These attendees share ideas and experiences aimed at improving traffic safety in their respective communities. The planning committee for the annual conference includes representatives from the New York State Police, the Governor's Traffic Safety Committee (GTSC), New York State Sheriff's Association and New York State Association of Chiefs of Police.

The ESLETS Conference is a **Law Enforcement-only event**. Law enforcement officers will be provided with training, skills and knowledge to address current highway safety issues and challenges. The ESLETS Conference is intended not only to inform, but to empower and build a cooperative spirit among all agencies to help us better serve the communities we are sworn to protect.

Registration forms will be posted at [www.troopers.ny.gov/ESLETS](http://www.troopers.ny.gov/ESLETS) soon.

Hope to see you there!

**MARK YOUR CALENDAR NOW!**

**For any inquiries regarding the ESLETS Conference, please contact:**  
**[ESLETS@troopers.ny.gov](mailto:ESLETS@troopers.ny.gov)**

Marriott hotel(s) offering a special group rate:

- **Albany Marriott** for 116.00 USD per night

**Book your group rate for NYSP ESLETS 2017**

**Room block name: NYSP ESLETS 2017**

**Last day to book: 3/16/17**

## 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 Undersheriff C. Shawn Lamouree  
(committee) (name)

To attend Criminal Justice Behavioral Health (\$800)  
(name of meeting or organization)

At Hotel Contessa, San Antonio, Texas  
(address)

On January 29-31, 2017. Mode of Transportation to be used Southwest Airlines  
(dates) (county vehicle or mass transportation)

If the mode of transportation is not a county vehicle or mass transportation please explain: \_\_\_\_\_

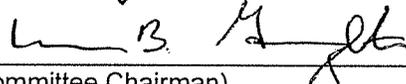
**Proper documentation must be attached when submitting for approval.**  
(Please check documents attached)

Notice of meeting or convention including cost.

### For Overnight Travel

- Room rate \$ \_\_\_\_\_ GSA Rate \$279  
 Meal costs – GSA per diem rate \$ \_\_\_\_\_  
(see [www.gsa.gov](http://www.gsa.gov))

Date: 1/18/17 Signature   
(department head)

Date: 2/7/17 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.

## Criminal Justice - Behavioral Health: Partnerships Creating Integrated Healthcare

Cost effective best practices for getting mentally ill people off the streets, out of emergency rooms and jails, and to the help they need.



### Pete Earley

Former Washington Post Reporter  
Author of eleven nonfiction books (including four New York Times bestsellers) and five novels. He is best known for CRAZY: A Father's Search Through America's Mental Health Madness, which was one of two finalists for the Pulitzer Prize in 2007.



### Larke Huang

Office of Policy Planning and Innovation, Substance Abuse and Mental Health Services Administration  
A national leader on policy issues affecting children, adolescents and families.



### Leon Evans

President and CEO, The Center for Health Care Services, San Antonio, TX  
A leading program offering a national model for jail diversion and progress with hard-to-serve populations



### Regina Huerter

Executive Director of the Office of Behavioral Health Strategies for the City and County of Denver, CO  
Coordinating between local programs, providers, criminal justice and other stakeholders



### Hon. Steven Leifman Miami-Dade County Judge

Served as Special Advisor on Criminal Justice and Mental Health for the Supreme Court of Florida. In this capacity, Judge Leifman was responsible for chairing the Court's Mental Health Subcommittee, which authored a groundbreaking report entitled, Transforming Florida's Mental Health System.

### Other Presenters Include:

Stuart Buttlare, Ph.D, MBA, Regional Director of Inpatient Psychiatry and Continuing Care for Northern California Kaiser Permanente • Ron Manderscheid, Ph.D, Executive Director of the National Association of County Behavioral Health and Developmental Disabilities Directors • Joel Dvoskin, Ph.D University of Arizona, College of Medicine • Julie Solomon VP of Emergency and Stabilization Services, Wyandotte, KS • Debra Pinals MD, Clinical Professor of Psychiatry; Director, Program in Psychiatry, Law and Ethics, University of Michigan • and many others (visit our website for full list of presenters)

# REGISTER NOW!

## JANUARY 29-31, 2017 Hotel Contessa, San Antonio, TX

### Registration - \$800

(which includes meals) Hotel & Travel additional

A program for government and criminal justice leaders, hospital administrators, specialty care providers and advocates. Models for working together for better outcomes.

- \* **LEARN:** How to address Emergency Room, Court and jail overutilization
- \* **GATHER:** ideas and inspiration from working programs that really help people get the care they really need
- \* **CREATE:** Better ways to engage the hard-to-serve population and keep them on track

PRESENTED BY:



INSTITUTE FOR BEHAVIORAL HEALTHCARE IMPROVEMENT

SUPPORT BY:



The Mental Health Foundation



Learn more and register at [www.ibhi.net](http://www.ibhi.net)

**Lamouree, C. Shawn**

---

**From:** Peter Brown <pbrown34@nycap.rr.com>  
**Sent:** Tuesday, January 03, 2017 8:40 PM  
**To:** Lamouree, C. Shawn  
**Subject:** Thank you for registering for Criminal Justice Behavioral Health: Partnerships Promoting Integrated Healthcare

## **Criminal Justice – Behavioral Health: Partnerships Promoting Integrated Healthcare**

A Program for Governments, Hospitals, Specialty Care Providers & Advocates -- Sponsored by Institute for Behavioral Healthcare Improvement -- Co-sponsored by The Center for Health Care Services

**Sunday January 29, 2017 at 1:00 PM CST**  
**-to-**  
**Tuesday January 31, 2017 at 12:00 PM CST**

**Hotel Contessa, San Antonio, Texas**  
306 W. Market Street  
San Antonio, TX 78205

Thank you again for registering for our event. This email is confirmation of your successful registration. If any of the information displayed below is incorrect, please contact us as soon as possible.

### **Personal Information**

First Name: Shawn  
Last Name: Lamouree  
Email Address: shawn.lamouree@warrencountysheriffny.us  
Address 1: 1400 State Route 9  
City: Lake George  
State: New York  
ZIP Code: 12845  
Country: United States  
Phone: 518.743.2515  
Cell Phone: 518.232.2030

### **Business Information**

Company: Warren County Sheriff's Office  
Job Title: Undersheriff

### **Badge Information**

Badge Name: Undersheriff Shawn Lamouree, Warren County NY

**Payment Method:** PayPal

**Payment Summary**

| <i>Name</i>                                     | <i>Type</i>  | <i>Quantity</i> | <i>Fee</i> | <i>Total</i>          |
|---|--------------|-----------------|------------|-----------------------|
| Shawn Lamouree                                  | Registration | 1               | \$800.00   | \$800.00              |
|   |              |                 |            | <b>Total \$800.00</b> |
| <b>Contact</b>                                  |              |                 |            |                       |
| Peter Brown                                     |              |                 |            |                       |
| Institute for Behavioral Healthcare Improvement |              |                 |            |                       |
| 518-732-7178                                    |              |                 |            |                       |
| pbrown34@nycap.rr.com                           |              |                 |            |                       |
| <a href="#">Add to Calendar</a>                 |              |                 |            |                       |
| <a href="#">Go to event page</a>                |              |                 |            |                       |

This email was sent to shawn.lamouree@warrencountysheriffny.us by pbrown34@nycap.rr.com because you registered for Criminal Justice – Behavioral Health: Partnerships Promoting Integrated Healthcare. [Click here if you no longer wish to receive emails about this event.](#)

Institute for Behavioral Healthcare Improvement | 18 Clove Road | Castleton | New York | 12033

# Lamouree, C. Shawn

**From:** Shawn Lamouree <slamouree@gmail.com>  
**Sent:** Sunday, January 15, 2017 4:29 PM  
**To:** Lamouree, C. Shawn  
**Subject:** Fwd: Flight reservation (BSFT7F) | 28JAN17 | ALB-SAT | Lamouree/Christopher Shawn

----- Forwarded message -----

**From:** Southwest Airlines <[SouthwestAirlines@luv.southwest.com](mailto:SouthwestAirlines@luv.southwest.com)>  
**Date:** Sun, Jan 15, 2017 at 4:23 PM  
**Subject:** Flight reservation (BSFT7F) | 28JAN17 | ALB-SAT | Lamouree/Christopher Shawn  
**To:** [slamouree@gmail.com](mailto:slamouree@gmail.com)

Thanks for choosing Southwest® for your trip.



[Log in](#) | [View my itinerary](#)

Check In Online | Check Flight Status | Change Flight | Special Offers | Hotel Offers | Car Offers

## Ready for takeoff!



Thanks for choosing Southwest® for your trip. You'll find everything you need to know about your reservation below. Happy travels!

**Upcoming Trip:** 01/28/17 - San Antonio

### Air itinerary

**AIR Confirmation: BSFT7F** Confirmation Date: 01/15/2017

| Passenger(s)               | Rapid Rewards # | Ticket #      | Expiration  | Est. Points Earned |
|----------------------------|-----------------|---------------|-------------|--------------------|
| LAMOUREE/CHRISTOPHER SHAWN | 20050448051     | 5262475602435 | Jan 3, 2018 | 1676               |

Rapid Rewards points earned are only estimates. Visit your (MySouthwest, Southwest.com or Rapid Rewards) account for the most accurate totals - including A-List & A-List Preferred bonus points.

| Date       | Flight | Departure/Arrival  |
|------------|--------|--|
| Sat Jan 28 | 467    | Depart <b>ALBANY, NY (ALB)</b> on Southwest Airlines at <b>05:55 AM</b><br>Arrive in <b>CHICAGO (MIDWAY), IL (MDW)</b> at 07:25 AM<br><a href="#">Wanna Get Away</a>   |
|            | 4109   | Change planes to Southwest Airlines in <b>CHICAGO (MIDWAY), IL (MDW)</b> at 09:20 AM<br>Arrive in <b>SAN ANTONIO, TX (SAT)</b> at <b>12:15 PM</b><br>Travel Time 7 hrs 20 mins<br><a href="#">Wanna Get Away</a> |

**SAVE UP TO 35%.**  
Plus get up to 4x Rapid Rewards® points.  
[Book Now](#) **Hertz**

**EarlyBird Check-In®**  
Let us take care of check-in for you.  
[Get it now](#)

| Date       | Flight | Departure/Arrival   |
|------------|--------|---|
| Tue Jan 31 | 4206   | Depart <b>SAN ANTONIO, TX (SAT)</b> on Southwest Airlines at <b>5:15 PM</b><br><i>Stops: Baltimore, MD</i><br>Arrive in <b>ALBANY, NY (ALB)</b> at <b>11:35 PM</b><br>Travel Time 5 hrs 20 mins<br><a href="#">Wanna Get Away</a> |

-  **Check in for your flight(s):** 24 hours before your trip on [Southwest.com](#) or your mobile device to secure your boarding position. You'll be assigned a boarding position based on your check-in time. The earlier you check in within 24 hours of your flight, the earlier you get to board.
-  **Bags fly free®:** First and second checked bags. [Weight and size limits apply](#). One small bag and one personal item are permitted as [carryon](#) items, free of charge.
-  **30 minutes before departure:** We encourage you to arrive in the gate area no later than 30 minutes prior to your flight's scheduled departure as we may begin boarding as early as 30 minutes before your flight.
-  **10 minutes before departure:** You must obtain your boarding pass(es) and be in the gate area for boarding at least 10 minutes prior to your flight's scheduled departure time. If not, Southwest may cancel your reserved space and you will not be eligible for denied boarding compensation.
-  **If you do not plan to travel on your flight:** In accordance with Southwest's No Show Policy, you must notify Southwest at least 10 minutes prior to your flight's scheduled departure if you do not plan to travel on the flight. If not, Southwest will cancel your reservation and all funds will be forfeited.

Air Cost: 341.40

Fare Rule(s): 5262475602435:  
 NONREF/NONTRANSFERABLE/STANDBY REQ UPGRADE TO Y.  
 Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any changes to this itinerary may result in a fare increase. Failure to cancel reservations for a Wanna Get Away fare segment at least 10 minutes prior to travel will result in the forfeiture of all remaining unused funds.

ALB WN X/CHI WN SAT139.67MZAVNNRO WN  
 ALB139.67MZAVNNRO 279.34 END ZPALBMDWSATBWI  
 XFALB4.5MDW4.5SAT4.5 AY11.20\$ALB5.60 SAT5.60

 [Learn about our boarding process](#)  [Learn about inflight WiFi & entertainment](#)

## Cost and Payment Summary

 [Add a hotel](#)

- ✓ Earn Rapid Rewards® points
- ✓ Best rate guarantee
- ✓ Free cancellation

[Book a hotel >](#)

 [Add a rental car](#)

- ✓ Earn Rapid Rewards® points
- ✓ Guaranteed low rates
- ✓ Free cancellation

[Book a car >](#)

**Travel more for less.**

Exclusive deals for your favorite destinations.

[Sign up and save >](#)

**Southwest**  
 Rapid Rewards®

- ✓ Unlimited reward seats
- ✓ No blackout dates
- ✓ Redeem for International flights and more

[Enroll now >](#)

|                             |                 |                            |
|-----------------------------|-----------------|----------------------------|
| Base Fare                   | \$279.34        | <b>Payment Information</b> |
| Excise Taxes                | \$ 20.96        | Payment Type: Mastercard   |
| Segment Fee                 | \$ 16.40        | XXXXXXXXXXXX               |
| Passenger Facility Charge   | \$ 13.50        | Date: Jan 3, 2017          |
| September 11th Security Fee | \$ 11.20        | Payment Amount: \$341.40   |
| <b>Total Air Cost</b>       | <b>\$341.40</b> |                            |

### Useful Tools

- [Check In Online](#)
- [Early Bird Check-In](#)
- [View/Share Itinerary](#)
- [Change Air Reservation](#)
- [Cancel Air Reservation](#)
- [Check Flight Status](#)
- [Flight Status Notification](#)
- [Book a Car](#)
- [Book a Hotel](#)

### Know Before You Go

- [In the Airport](#)
- [Baggage Policies](#)
- [Suggested Airport Arrival Times](#)
- [Security Procedures](#)
- [Customers of Size](#)
- [In the Air](#)
- [Purchasing and Refunds](#)

### Special Travel Needs

- [Traveling with Children](#)
- [Traveling with Pets](#)
- [Unaccompanied Minors](#)
- [Baby on Board](#)
- [Customers with Disabilities](#)

### Legal Policies & Helpful Information

- [Privacy Policy](#)
- [Customer Service Commitment](#)
- [Contact Us](#)
- [Notice of Incorporated Terms](#)
- [FAQs](#)

[Book Air](#) | [Book Hotel](#) | [Book Car](#) | [Book Vacation Packages](#) | [See Special Offers](#) | [Manage My Account](#)

This is a post-only mailing from Southwest Airlines. Please do not attempt to respond to this message. Your privacy is important to us. Please read our [Privacy Policy](#).

<sup>1</sup> All travel involving funds from this Confirmation Number must be completed by the expiration date.

<sup>2</sup> Security Fee is the government-imposed September 11th Security Fee.

See [Southwest Airlines Co. Notice of Incorporation](#)

See [Southwest Airlines Limit of Liability](#)

Southwest Airlines  
P.O. Box 36647-1CR  
Dallas, TX 75235

[Contact Us](#)

Copyright 2017 Southwest Airlines Co. All Rights Reserved.

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: Sheriff's Office**

**DATE: 01/23/2017**

- (a) Purpose of Contract Change: **Extend existing contract with NYS Division of Homeland Security and Emergency Services for Mutual Link**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **Resolution 344 of 2015.**
- (c) Name of Contractor: **NYS Division of Homeland Security and Emergency Services**
- (d) Address of Contractor: **1220 Washington Ave, State Office Campus, Building 7A, 1st Floor, Albany, NY 12226**
- (e) Contractor's Contact Person and Telephone Number: **Joann Waidelich, (518) 322-4911**
- (f) Commencement Date of Extension: **Upon Signature**
- (g) Termination Date of Extension: **01/31/2018**
- (h) Payment Provisions:
  - i) lump sum amount **No Cost for this Service**
  - 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.
- (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:**

**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: Sheriff's Office**

**DATE: 01/03/2017**

- (a) Purpose of Contract Change: **Extend existing contract with GTL**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **Resolution 745 of 2009.**
- (c) Name of Contractor: **Global Tel Link**
- (d) Address of Contractor: **12021 Sunset Hill Road, Suite 110, Reston, Virginia 20190**
- (e) Contractor's Contact Person and Telephone Number: **William Paquette, 518-428-4015**
- (f) Commencement Date of Extension: **02/03/2016**
- (g) Termination Date of Extension: **Automatic Renewal**
- (h) Payment Provisions:
  - i) lump sum amount **No Cost for this Service, generates revenue**
  - 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.
- (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:**

**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: Sheriff's Office**

**DATE: 01/18/2017**

- (a) Purpose of Contract Change: **To amend Resolution 552 of 2016 to include Sheriff's Office, Office of Emergency Services, Probation and District Attorney**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **552 of 2016**
- (c) Name of Contractor: **Warren Tire Service Center, Inc.**
- (d) Address of Contractor: **4 Highland Avenue, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Donald Villa, (518) 792-0316 Ext. 19**
- (f) Commencement Date of Extension: **01/01/2017**
- (g) Termination Date of Extension: **12/31/2017, w/ provision to extend to 12/31/2018**
- (h) 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.
- (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.3110 441 Sheriff Auto Supplies and Repairs, A.3140 441 Probation Auto Supplies and Repairs, A.3640 441 Civil Defense Auto Supplies and Repairs (OES), A.3410 441 Fire Prevention and Control (OES), A.4022 441 EMS Auto Supplies and Repairs (OES), A.1165 441 District Attorney Auto Supplies and Repairs.**

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: Sheriff's Office**

**DATE: 01/18/2017**

- (a) Purpose of Contract Change: **To amend Resolution 552 of 2016 to include Sheriff's Office, Office of Emergency Services, Probation and District Attorney**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **552 of 2016**
- (c) Name of Contractor: **Warrensburg Car Care**
- (d) Address of Contractor: **3985 Main Street Warrensburg, NY 12885**
- (e) Contractor's Contact Person and Telephone Number: **Fred Witz, (518) 623-3039**
- (f) Commencement Date of Extension: **01/01/2017**
- (g) Termination Date of Extension: **12/31/2017, w/ provision to extend to 12/31/2018**
- (h) 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.
- (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.3110 441 Sheriff Auto Supplies and Repairs, A.3140 441 Probation Auto Supplies and Repairs, A.3640 441 Civil Defense Auto Supplies and Repairs (OES), A.3410 441 Fire Prevention and Control (OES), A.4022 441 EMS Auto Supplies and Repairs (OES), A.1165 441 District Attorney Auto Supplies and Repairs.**

**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: Sheriff**

**DATE: January 19, 2017**

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies to be received from New York State Legislative Initiatives.
  
- (b) **Appropriation Code, Object Code, Full Title and Amount:**  
A.3110. 260 Law Enforcement Other Equipment \$7,000.00
  
- (c) **Revenue Code (with title), and Amount:**  
A.3110. 3384 Other Sheriff's State Aid \$7,000.00

\*Please note all amount must be in whole dollars – no cents.

AC 130 (Rev. 7/97)

STATE OF  
NEW YORK

## PURCHASE ORDER

Batch Number: 296750

|  |                                     |   |   |                       |                                 |
|--|-------------------------------------|---|---|-----------------------|---------------------------------|
| SFS Dept ID<br>1090000   | Date (MM) (DD) (YYYY)<br>08/26/2016 | AP BU and PO TYPE<br>DCJ01 TNT            | Vendor Show On All Bills and Correspondence   |                       |                                 |
| Originating Agency<br>DIVISION OF CRIMINAL JUSTICE SERVICES                          |                                     |   | Comptroller's<br>Contract No  | Commodity<br>Group No | SFS PO Number<br><b>T101945</b> |
| SFS Vendor ID<br>1000002438  | Zip Code<br>12845                   | Federal Tax Exemption Number<br>14740026K | Ship To: N/A  |                       |                                 |
| Payee<br>WARREN COUNTY<br>TREASURER<br>1340 STATE RTE 9<br><br>LAKE GEORGE, NY 12845 |                                     |   | Bill To<br>NYS DIVISION OF CRIMINAL JUSTICE SERVICES<br>80 S SWAN ST FL 10<br><br>ALBANY NY 12210 |                       |                                 |
| FOB: DESTINATION   |                                     |   |   |                       |                                 |

| Item No. | Description of Material/Service                 | Amount              |
|----------|---|---------------------|
| 1        | Local Assistance Grant 09/01/2016 -- 31/08/2017 | \$7,000.00          |
|          |   | PO Total \$7,000.00 |

NOTE:  
Per attached letter of agreement T101945

\*\*\* PURCHASE ORDER NUMBER T101945 AND FEDERAL ID NUMBER MUST BE CLEARLY DISPLAYED ON ALL DELIVERIES AND INVOICES FOR THIS ORDER \*\*\*

| PO Number | Line | Act | Amount     | Dept. | Cost Center | Var. | Yr. | Obj.  |
|-----------|------|-----|------------|-------|-------------|------|-----|-------|
| T101945   | 001  | A   | \$7,000.00 | 01    | 493978      | CC   | 15  | 60301 |

PLEASE FURNISH THE ABOVE ARTICLES.

MP

 Encumbrance Continuation Form attached.

OSC



Approved By MEGAN POLEC

OFFICE ASSISTANT

This electronic approval is intended to serve as  
an actual signature.

|  |   |
|--|---|
| <u>STATE AGENCY</u><br>Division of Criminal Justice Services<br>80 South Swan Street<br>Albany, NY 12210   | <u>NYS COMPTROLLER'S NUMBER:</u> T101945<br>(Contract Number)<br><br><u>ORIGINATING AGENCY CODE:</u> 01490 - Division of Criminal Justice Services  |
| <u>GRANTEE/CONTRACTOR:</u> (Name & Address)<br>Warren County<br>1340 State Route 9<br>Lake George, NY 12845-3435   | <u>TYPE OF PROGRAMS:</u> Legislative Initiatives<br><u>DCJS NUMBERS:</u> LG15101945<br><u>CFDA NUMBERS:</u>   |
| <u>FEDERAL TAX IDENTIFICATION NO:</u> 146002576<br><u>MUNICIPALITY NO:</u> (if applicable) 520100000000  | <u>INITIAL CONTRACT PERIOD:</u><br>FROM 09/01/2016 TO 08/31/2017<br><u>FUNDING AMOUNT FROM INITIAL PERIOD:</u> \$7,000.00   |
| <u>STATUS:</u><br>Contractor is not a sectarian entry.<br>Contractor is not a not-for-profit organization.   | <u>MULTI-YEAR TERM:</u> (if applicable): 0 1-year renewal options.  |
| <u>CHARITIES REGISTRATION NUMBER:</u><br><div style="border: 1px solid black; width: 150px; height: 15px; margin: 5px 0;"></div> (Enter number or Exempt)<br>if "Exempt" is entered above, reason for exemption.<br><u>N/A</u><br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> Contractor has ____ has not ____ timely<br/> filed with the Attorney General's Charities<br/> Bureau all required periodic or annual written<br/> reports. </div> | <u>APPENDIX ATTACHED AND PART OF THIS AGREEMENT</u><br><input checked="" type="checkbox"/> <u>APPENDIX A</u> Standard Clauses required by the Attorney General for all State contracts<br><input checked="" type="checkbox"/> <u>APPENDIX A1</u> Agency-specific Clauses<br><input checked="" type="checkbox"/> <u>APPENDIX B</u> Budget<br><input checked="" type="checkbox"/> <u>APPENDIX C</u> Payment and Reporting Schedule<br><input checked="" type="checkbox"/> <u>APPENDIX D</u> Program Workplan<br><input type="checkbox"/> <u>APPENDIX F</u> Guidelines for the Control and Use of Confidential Funds<br><input type="checkbox"/> <u>APPENDIX G</u> Procedural Guidelines for the Control of Surveillance Equipment<br><input checked="" type="checkbox"/> <u>Other (Identify)</u><br>Letter of Agreement |
| IN WITNESS THERE OF, the parties hereto have electronically executed or approved this AGREEMENT on the dates of their signatures.  |   |
| NYS Division of Criminal Justice Services<br>BY: _____ Date: _____<br>Office of Program Development and Funding<br><u>State Agency Certification:</u> "In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract".<br>GRANTEE:<br>BY: _____ Date: _____   |   |
| ATTORNEY GENERAL'S SIGNATURE<br><br>_____<br>Title: _____<br>Date: _____   | APPROVED,<br>Thomas P. DiNapoli, State Comptroller<br><br>_____<br>Title: _____<br>Date: _____  |

**Award Contract**

Legislative Initiatives

**Project No.****Grantee Name**

LG16-1216-D00

Warren County

08/23/2016

**APPENDIX B - Budget Summary by Participant**

Warren County

Warren County Sheriffs Office - Version 1

| #   | Personnel          | Number | Unit Cost  | Total Cost | Grant Funds | Matching Funds |
|---|--------------------|--------|------------|------------|-------------|----------------|
| 1   | Equipment Purchase | 1      | \$7,000.00 | \$7,000.00 | \$7,000.00  | \$0.00         |
| Justification: Equipment to support the police department |                    |        |            |            |             |                |
| Total   |                    |        |            | \$7,000.00 | \$7,000.00  | \$0.00         |

| Total Project Costs | Total Cost | Grant Funds | Matching Funds |
|---------------------|------------|-------------|----------------|
|                     | \$7,000.00 | \$7,000.00  | \$0.00         |

| Total Contract Costs | Total Cost | Grant Funds | Matching Funds |
|----------------------|------------|-------------|----------------|
|                      | \$7,000.00 | \$7,000.00  | \$0.00         |

**Award Contract**

**Legislative Initiatives**

**Project No.**

**Grantee Name**

LG16-1216-D00

Warren County

08/23/2016

---

**APPENDIX D - Work Plan**

**Goal**

To enhance the Warren County Sheriff's Office response to the needs of the community through the acquisition of crime prevention equipment.

**Objective #1**

Reflective of the legislative award purpose, the Warren County Sheriff's Office will identify the equipment to be acquired and research costs associated with acquisition of the equipment.

**Task #1 for Objective #1**

Within the first three (3) months of the project the grantee will order the equipment that supports the project goal.

**# Performance Measure**

1 Maintain documentation to support the task was completed.

**Objective #2**

By the end of the project, the grantee will have all equipment acquired through the grant installed and in use.

**Task #1 for Objective #2**

Maintain documentation to identify when equipment was received and installed.

**# Performance Measure**

1 Documentation is complete.

# ***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: Sheriff**

**DATE: January 19, 2017**

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies to be received from DCJS Video Recording of Statements Equipment Grant
- (b) **Appropriation Code, Object Code, Full Title and Amount:**  
A.3110. 250 Law Enforcement Other Equipment \$4,994.00
- (c) **Revenue Code (with title), and Amount:**  
A.3110. 3384 Other Sheriff's State Aid \$4,994.00

\*Please note all amount must be in whole dollars – no cents.

# PURCHASE ORDER

|  |                                     |   |  |                     |                                 |
|--|-------------------------------------|---|--|---------------------|---------------------------------|
| SFS Dept. ID<br>1090000  | Date (MM) (DD) (YYYY)<br>11/18/2016 | AP BU and PO TYPE<br>DCJ01 TNT            | Vendor: Show On All Bills and Correspondence   |                     |                                 |
| Originating Agency:<br>DIVISION OF CRIMINAL JUSTICE SERVICES                                     |                                     |   | Comptroller's Contract No.   | Commodity Group No. | SFS PO Number<br><b>T637410</b> |
| SFS Vendor ID<br>100002438   | Zip Code<br>12845                   | Federal Tax Exemption Number<br>14740026K | Ship To: N/A   |                     |                                 |
| Payee:<br><b>WARREN COUNTY<br/>TREASURER<br/>1340 STATE RTE 9<br/><br/>LAKE GEORGE, NY 12845</b> |                                     |   |  |                     |                                 |
| FOB: DESTINATION   |                                     |   | Bill To:<br>NYS DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICE<br>HARRIMAN STATE OFF CAMPUS BLDG 7A<br>1220 WASHINGTON AVE 5TH FL FED FISCAL UNIT<br>ALBANY, NY 12242 |                     |                                 |

| Item No. | Description of Material/Service | Amount |
|----------|---------------------------------|--------|
|----------|---------------------------------|--------|

|   |  |                      |
|---|--|----------------------|
| 1 | Local Assistance Grant<br>10/01/2016 -- 30/09/2017 | \$4,994.00           |
|   |  | PO Total: \$4,994.00 |

**NOTE:**  
Per attached letter of agreement T637410

\*\*\* PURCHASE ORDER NUMBER T637410 AND FEDERAL ID NUMBER MUST BE CLEARLY DISPLAYED ON ALL DELIVERIES AND INVOICES FOR THIS ORDER \*\*\*

| PO Number | Line | Act | Amount     | Dept. | Cost Center | Var. | Yr. | Obj.  |
|-----------|------|-----|------------|-------|-------------|------|-----|-------|
| T637410   | 001  | A   | \$4,994.00 | 01    | 495598      | NC   | 14  | 60301 |

*Nadia Rockwell*  
Approved By: NADIA ROCKWELL

PLEASE FURNISH THE ABOVE ARTICLES.

NR

BUDGET ANALYST TRN 1

Encumbrance Continuation Form attached.

OSC

This electronic approval is intended to serve as an actual signature.

|   |  |
|---|--|
| <p><b>STATE AGENCY</b><br/>                 Division of Criminal Justice Services<br/>                 80 South Swan Street<br/>                 Albany, NY 12210</p>   | <p><b>NYS COMPTROLLER'S NUMBER:</b> T637410<br/>                 (Contract Number)<br/><br/> <b>ORIGINATING AGENCY CODE:</b> 01490 - Division of Criminal Justice Services</p>   |
| <p><b>GRANTEE/CONTRACTOR:</b> (Name &amp; Address)<br/>                 Warren County<br/>                 1340 State Route 9<br/>                 Lake George, NY 12845-3435</p>   | <p><b>TYPE OF PROGRAMS:</b> Video Recording of Statements Equipment Grant<br/> <b>DCJS NUMBERS:</b> BJ14637410<br/> <b>CFDA NUMBERS:</b> 16.738</p>  |
| <p><b>FEDERAL TAX IDENTIFICATION NO:</b> 146002576<br/> <b>MUNICIPALITY NO:</b> (if applicable) 520100000000</p>  | <p><b>INITIAL CONTRACT PERIOD:</b><br/>                 FROM 10/01/2016 TO 09/30/2017<br/> <b>FUNDING AMOUNT FROM INITIAL PERIOD:</b> \$4,994.00</p>   |
| <p><b>STATUS:</b><br/>                 Contractor is not a sectarian entry.<br/>                 Contractor is not a not-for-profit organization.</p>   | <p><b>MULTI-YEAR TERM:</b> (if applicable): 0 1-year renewal options.</p>  |
| <p><b>CHARITIES REGISTRATION NUMBER:</b><br/>                 _____<br/>                 (Enter number or Exempt)<br/>                 if "Exempt" is entered above, reason for exemption.<br/>                 N/A</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Contractor has _____ has not _____ timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports.</p> </div>                                    | <p><b>APPENDIX ATTACHED AND PART OF THIS AGREEMENT</b></p> <p><input checked="" type="checkbox"/> APPENDIX A Standard Clauses required by the Attorney General for all State contracts</p> <p><input checked="" type="checkbox"/> APPENDIX A1 Agency-specific Clauses</p> <p><input checked="" type="checkbox"/> APPENDIX B Budget</p> <p><input checked="" type="checkbox"/> APPENDIX C Payment and Reporting Schedule</p> <p><input checked="" type="checkbox"/> APPENDIX D Program Workplan</p> <p><input type="checkbox"/> APPENDIX F Guidelines for the Control and Use of Confidential Funds</p> <p><input type="checkbox"/> APPENDIX G Procedural Guidelines for the Control of Surveillance Equipment</p> <p><input checked="" type="checkbox"/> Other (Identify)<br/>                 Letter of Agreement</p> |
| <p>IN WITNESS THERE OF, the parties hereto have electronically executed or approved this AGREEMENT on the dates of their signatures.</p>  |  |
| <p>NYS Division of Criminal Justice Services<br/>                 BY: _____ Date: _____<br/>                 Office of Program Development and Funding<br/> <b>State Agency Certification:</b> "In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract".<br/>                 GRANTEE:<br/>                 BY: Hon. Kevin B. Geraghty, Chairman of the Board Date: _____</p> |  |
| <p>ATTORNEY GENERAL'S SIGNATURE<br/>                 _____<br/>                 Title: _____<br/>                 Date: _____</p>   | <p>APPROVED,<br/>                 Thomas P. DiNapoli, State Comptroller<br/>                 _____<br/>                 Title: _____<br/>                 Date: _____</p>  |

**Award Contract****Video Recording of Statements Equipment Grant****Project No.****Grantee Name**

ST16-1022-E00

Warren County

11/08/2016

**APPENDIX B - Budget Summary by Participant**

Warren County

Warren County Sheriffs Office - Version 1

| #   | All Other Expenses   | Number | Unit Cost  | Total Cost | Grant Funds | Matching Funds |
|---|--|--------|------------|------------|-------------|----------------|
| 1   | Video Recording of Statements Equipment - Warren County Sheriff at Chestertown | 1      | \$4,994.00 | \$4,994.00 | \$4,994.00  | \$0.00         |
| Justification: To be installed at Warren County Sheriff in Chestertown, 6307 State Route 9, Chestertown, NY 12817. Funds to be utilized for the purchase of Video Recording of Statements Equipment for Warren County Sheriff at Chestertown. |  |        |            |            |             |                |
| Total   |  |        |            | \$4,994.00 | \$4,994.00  | \$0.00         |

| Total Project Costs | Total Cost | Grant Funds | Matching Funds |
|---------------------|------------|-------------|----------------|
|                     | \$4,994.00 | \$4,994.00  | \$0.00         |

| Total Contract Costs | Total Cost | Grant Funds | Matching Funds |
|----------------------|------------|-------------|----------------|
|                      | \$4,994.00 | \$4,994.00  | \$0.00         |

**Award Contract**

**Video Recording of Statements Equipment Grant**

**Project No.**  
ST16-1022-E00

**Grantee Name**  
Warren County

11/08/2016

---

**APPENDIX D - Work Plan**

**Goal**

To improve law enforcement and prosecution outcomes by enhancing the technological capabilities of District Attorneys' offices and law enforcement agencies by enabling them to videotape interviews, statements and interrogations.

**Objective #1**

Enhance the technological capabilities within Warren County Sheriff's Office through the acquisition of video recording equipment to be utilized during investigations.

**Task #1 for Objective #1**

Purchase and install video recording equipment; maintain purchase records in compliance with all federal, State, and local procurement guidelines; and maintain an inventory record of all video recording of statements equipment purchased under this contract. (Records will be made available to DCJS, upon request).

**# Performance Measure**

- 1 Enter all individual units of equipment with a value of \$500 or greater into the Equipment Inventory in DCJS's Grants Management System (GMS).

**Task #2 for Objective #1**

Provide training to officers and/or staff in proper operation of the video recording equipment.

**# Performance Measure**

- 1 Number of officers or staff who received training in proper operational use of the equipment.

**Task #3 for Objective #1**

In compliance with the established departmental protocol (see Objective #2), utilize the video recording equipment during investigatory interviews and interrogations.

**# Performance Measure**

- 1 Number of video recorded statements.
- 2 Number of video recorded statements forwarded to the District Attorney's office to be used as case evidence.

**Objective #2**

Improve the effectiveness of case evidence through the recording of investigative interviews and interrogations by trained officers and staff and establishing departmental protocols regarding video recording of statements.

**Task #1 for Objective #2**

Provide investigatory personnel with interview techniques training to enhance their interview and interrogation knowledge, skills and abilities.

**# Performance Measure**

- 1 Number of officers and/or staff at each recipient agency who received training in video recording of interviews and interrogation techniques.

**Task #2 for Objective #2**

Develop and implement departmental protocols regarding the video recording of statements.

**# Performance Measure**

1 Include in the first Quarter a copy of the departmental protocols regarding the video recording of statements. (In the event that the department participates in county-wide protocols regarding the video recording of statements, a copy of those protocols may be submitted in lieu of individual agency submissions).

**Objective #3**

To report directly to the federal Bureau of Justice Assistance (BJA) on performance measures for grant programs that are supported by Byrne JAG funds through the Performance Measurement Tool (PMT) for each quarter of the contract year. (PLEASE NOTE: YOU DO NOT NEED TO FILL ANYTHING OUT IN GMS FOR THIS OBJECTIVE. THIS IS INFORMATIONAL ONLY).

**Task #1 for Objective #3**

The grantee will sign onto the PMT at <https://www.bjaperformancetools.org> utilizing the ID, password and instructions provided by DCJS and complete the assigned sections within 30 days of the end of the calendar quarter.

| # | Performance Measure   |
|---|-----------------------|
| 1 | Completed PMT report. |

# **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: Sheriff**

**DATE: January 19, 2017**

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect revenues to be received from New York State Governor's Traffic Safety Committee Traffic Grants.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
- |            |   |             |
|------------|---|-------------|
| A.3110 120 | Law Enforcement Salaries Overtime           | \$31,200.00 |
| A.3110 444 | Law Enforcement Travel/Education/Conference | \$700.00    |
- (c) **Revenue Code (with title), and Amount:**
- |             |                           |             |
|-------------|---------------------------|-------------|
| A.3110 3384 | Other Sheriff's State Aid | \$31,900.00 |
|-------------|---------------------------|-------------|

\*Please note all amount must be in whole dollars – no cents.

ANDREW M. CUOMO  
Governor



CHUCK DEWEESE  
Assistant Commissioner

Ph: (518) 474-5111  
Ph: (518) 474-5777  
Fx: (518) 473-6946

August 22, 2016

C. Lamouree  
Undersheriff  
Warren County Sheriff's Office  
1400 State Route 9  
Lake George, NY 12845

Re: PTS-2017-Warren Co SO -00363-(057)  
Police Traffic Services  
DMV01-T006095 -3700393  
CFDA #: 20.600  
EFFECTIVE DATE: October 1, 2016

Dear Undersheriff C. Lamouree:

On behalf of Governor Andrew M. Cuomo, I am pleased to notify you that the Warren County Sheriff's Office has been awarded \$16200.00 to participate in the statewide Police Traffic Services Program. Our goal is to increase seat belt usage and reduce dangerous driving behaviors in an effort to reduce serious injury and death from traffic crashes. Please note all grants will be effective only upon final approval by the New York State Office of the State Comptroller.

Before incurring any project related expenses, login to eGrants to review your approved budget as it may have been reduced or otherwise changed from what was requested.

Thank you for participating in this very important statewide enforcement program. I wish you success in your efforts. If you have any questions, please contact the Governor's Traffic Safety Committee at (518) 474-5111.

Sincerely,

Charles R. DeWeese  
Assistant Commissioner

CRD:lo  
Enclosure  
cc: Ralph Bartlett



## No Contract Required for Grants Under \$50,000

**GENERAL INFORMATION** - The enclosed approval letter is notice of authorization to initiate project activity on or after the effective date stated and to incur costs as listed in your approved budget. Before incurring any project related costs, please log onto eGrants and review your approved grant and budget. Items, activities and/or costs may have been reduced or denied during the review process. Only those items, activities and costs approved in your grant and budget are eligible for reimbursement.

Approval of this project is subject to the terms and conditions set forth in the grant.

**DATE OF PROJECT** - Projects are funded for one year and must coincide with the federal fiscal year, with a start date of October 1 and an end date of September 30.

**BUDGET** – Any changes in the approved budget must be submitted through the eGrants system and approved by the GTSC **before** the cost is incurred. A budget modification cannot increase the dollar amount of the grant award.

**PAYMENTS** - This is a reimbursement program. Grant recipients incur the costs of the project according to their approved budget and then submit a request for reimbursement to the GTSC. Claim for payment reimbursement requests must be for exact expenditures and be submitted on a quarterly basis. Payment is issued through the New York State Comptroller's Office. All costs must be documented and the claim for payment reimbursement request must be submitted through the eGrants system. The Claim for Payment form generated through the eGrants system must be printed, signed, dated and mailed with supporting documentation to: New York State Governor's Traffic Safety Committee, Attn: Accounting Unit, 6 Empire State Plaza, Room 410B, Albany, NY 12228. The claim for payment reimbursement request must be submitted through the eGrants system **and** the documentation mailed (postmarked) to the GTSC by the due dates listed in the Claim for Payment Instruction Guide, which is available on the SafeNY.ny.gov "Forms" page.

The deadline for submitting a final claim for payment reimbursement request for all costs incurred during the grant year, October 1 to September 30, is October 31. Claim for payment reimbursement requests must be submitted through the eGrants system, **and** the signed and dated Claim for Payment form with supporting documentation must be mailed (postmarked) to the GTSC by October 31, as the National Highway Traffic Safety Administration (NHTSA) will not reimburse late claims. While we do not intend that costs go un-reimbursed, grantees must claim costs promptly or be subject to non-reimbursement.

Reimbursement and documentation requirements are outlined in the GTSC's Claim for Payment Instruction Guide, which is available on the SafeNY.ny.gov "Forms" page.

Commodity orders and equipment required to conduct the project activities as described in the grant narrative must be received by July 31.

Equipment that costs \$5,000 or more per item needs **prior** written approval from the GTSC and the NHTSA. The item being approved in the grant does not mean it has been approved by the NHTSA. You must contact the GTSC to obtain the written approval **before** the item is purchased.

All Educational materials developed for this project must have prior written approval from the GTSC for content and text or be subject to non-reimbursement. Educational materials must include the following acknowledgement: "Funded by the National Highway Traffic Safety Administration with a grant from the New York State Governor's Traffic Safety Committee". The information provided in these materials must be directly related to the initiatives approved in the grant.

**REPORTING** - The GTSC requires a semi-annual progress report and final progress report on **all** funded projects. Reports must be submitted through the eGrants system. If an agency did not conduct grant funded activity during the reporting period, a semi-annual progress report and final progress report stating so are required. The semi-annual progress report is due by April 15. The final progress report is due by October 15.

Please note that the Police Traffic Services and Child Passenger Safety programs have additional reporting requirements that are unique to that program. Please refer to the PTS Overview Narrative page and the CPS Program Overview page within each proposal to view the specific reporting requirements for that program and the date each report is due.

**MONITORING** - The GTSC has the right to conduct on-site monitoring of grant funded projects, during the grant year or within 3 years after the end of the grant. The GTSC staff will schedule on-site visits at the mutual convenience of the GTSC and the project director or designee.

# Grant Management Information

All grant management activities including the submission of progress reports, claim for payment reimbursement requests and project modification requests will take place through the eGrants system. For directions on how to submit progress reports, claim for payment reimbursement requests and project modification request, please log onto the eGrants system and click on the “My Training Materials” link at the top of the page.

## **eGrants User Management**

Please review your organization contact information in the eGrants system by going to the My Profile and My Organization pages. Organizations must keep their contact information up to date, especially email addresses to ensure important announcements sent from the GTSC via email are received. If you have a spam filter, please add the email domain [dmv.ny.gov](mailto:dmv.ny.gov) to your list of approved senders.

Project Directors may add additional people to their organization as needed. When adding new agency members to replace existing members, please remember that new agency members must also be added to the current year’s grant proposals. Project Directors can add new agency members to the current year’s grant proposals by using the Access Management Tools / Add Edit People link within the proposal.

## **Progress and Activity Reports**

The GTSC requires a semi-annual progress report and final progress report on **all** funded projects. Reports must be submitted through the eGrants system. If an agency did not conduct grant funded activity during the reporting period, a semi-annual progress report and final progress report stating so are required. If you have additional documentation you would like to submit with your report, you will be able to upload it, provided it is in electronic format such as a word processor document, a digital image, or an Adobe pdf file. The semi-annual progress report is due by April 15. The final progress report is due by October 15.

Please note that the Police Traffic Services and Child Passenger Safety programs have additional reporting requirements that are unique to that program. Please refer to the PTS Overview Narrative page and the CPS Program Overview page within each proposal to view the specific reporting requirements for that program and the date each report is due.

## **Claim for Payment Reimbursement Requests**

This is a reimbursement program. Grant recipients incur the costs of the project according to their approved budget and then submit a request for reimbursement to the GTSC. Claim for payment reimbursement requests must be for exact expenditures and be submitted on a quarterly basis. Payment is issued through the New York State Comptroller’s Office. All costs must be documented and the claim for payment reimbursement request must be submitted through the eGrants system. The Claim for Payment form generated through the eGrants system must be printed, signed, dated and mailed with supporting documentation to: New York State Governor’s Traffic Safety Committee, Attn: Accounting Unit, 6 Empire State Plaza, Room 410B, Albany, NY 12228. The claim for payment reimbursement request must be submitted through the eGrants system **and** the documentation mailed (postmarked) to the GTSC by the due dates listed in the Claim for Payment Instruction Guide, which is available on the [SafeNY.ny.gov](http://SafeNY.ny.gov) “Forms” page.

The deadline for submitting a final claim for payment reimbursement request for all costs incurred during the grant year, October 1 to September 30, is October 31. Claim for payment reimbursement requests must be submitted through the eGrants system, **and** the signed and dated Claim for Payment form with supporting documentation must be mailed (postmarked) to the GTSC by October 31, as the National Highway Traffic Safety Administration (NHTSA) will not reimburse late claims. While we do not intend that costs go un-reimbursed, grantees must claim costs promptly or be subject to non-reimbursement.

Reimbursement and documentation requirements are outlined in the GTSC’s Claim for Payment Instruction Guide, which is available on the [SafeNY.ny.gov](http://SafeNY.ny.gov) “Forms” page.

## **The NYS Comptroller requires enrollment in the NYS ePay program**

Please check with your fiscal agent to see if your agency is enrolled in the NYS ePay Program. For information regarding the NYS ePay Program and enrollment, please go to the New York State Comptroller’s website at <http://www.osc.state.ny.us/epay/index.htm> or contact the New York State Comptroller’s Office at 518-474-4032.

[www.SafeNY.ny.gov](http://www.SafeNY.ny.gov)

ANDREW M. CUOMO  
Governor



CHUCK DEWEESE  
Assistant Commissioner

Ph: (518) 474-5111  
Ph: (518) 474-5777  
Fx: (518) 473-6946

June 10, 2016

C. Lamouree  
Undersheriff  
Warren County Sheriff's Office  
1400 State Route 9  
Lake George, NY 12845

Re: HS1-2017-Warren Co SO -00158-(057)  
HS1 Motorcycle Safety Initiative  
DMV01-T006063-3700393  
CFDA #: 20.600  
EFFECTIVE DATE: October 1, 2016

Dear Undersheriff C. Lamouree:

On behalf of Governor Andrew M. Cuomo, I am pleased to notify you that the Warren County Sheriff's Office has been awarded \$15,000 to participate in the New York State's Highway Safety Program. Our goal is to reduce the number of crashes, injuries and deaths on New York's roads. Please note all grants will be effective only upon final approval by the New York State Office of the State Comptroller.

Before incurring any project related expenses, login to eGrants to review your approved budget as it may have been reduced or otherwise changed from what was requested.

Thank you for participating in New York State's Highway Safety Program. I wish you success in your efforts. If you have any questions, please contact the Governor's Traffic Safety Committee at (518) 474-5111.

Sincerely,

Charles R. DeWeese  
Assistant Commissioner

CRD:lo  
Enclosure  
cc: Patti Miller



## No Contract Required for Grants Under \$50,000

**GENERAL INFORMATION** - The enclosed approval letter is notice of authorization to initiate project activity on or after the effective date stated and to incur costs as listed in your approved budget. Before incurring any project related costs, please log onto eGrants and review your approved grant and budget. Items, activities and/or costs may have been reduced or denied during the review process. Only those items, activities and costs approved in your grant and budget are eligible for reimbursement.

Approval of this project is subject to the terms and conditions set forth in the grant.

**DATE OF PROJECT** - Projects are funded for one year and must coincide with the federal fiscal year, with a start date of October 1 and an end date of September 30.

**BUDGET** – Any changes in the approved budget must be submitted through the eGrants system and approved by the GTSC **before** the cost is incurred. A budget modification cannot increase the dollar amount of the grant award.

**PAYMENTS** - This is a reimbursement program. Grant recipients incur the costs of the project according to their approved budget and then submit a request for reimbursement to the GTSC. Claim for payment reimbursement requests must be for exact expenditures and be submitted on a quarterly basis. Payment is issued through the New York State Comptroller's Office. All costs must be documented and the claim for payment reimbursement request must be submitted through the eGrants system. The Claim for Payment form generated through the eGrants system must be printed, signed, dated and mailed with supporting documentation to: New York State Governor's Traffic Safety Committee, Attn: Accounting Unit, 6 Empire State Plaza, Room 410B, Albany, NY 12228. The claim for payment reimbursement request must be submitted through the eGrants system **and** the documentation mailed (postmarked) to the GTSC by the due dates listed in the Claim for Payment Instruction Guide, which is available on the SafeNY.ny.gov "Forms" page.

The deadline for submitting a final claim for payment reimbursement request for all costs incurred during the grant year, October 1 to September 30, is October 31. Claim for payment reimbursement requests must be submitted through the eGrants system, **and** the signed and dated Claim for Payment form with supporting documentation must be mailed (postmarked) to the GTSC by October 31, as the National Highway Traffic Safety Administration (NHTSA) will not reimburse late claims. While we do not intend that costs go un-reimbursed, grantees must claim costs promptly or be subject to non-reimbursement.

Reimbursement and documentation requirements are outlined in the GTSC's Claim for Payment Instruction Guide, which is available on the SafeNY.ny.gov "Forms" page.

Commodity orders and equipment required to conduct the project activities as described in the grant narrative must be received by July 31.

Equipment that costs \$5,000 or more per item needs **prior** written approval from the GTSC and the NHTSA. The item being approved in the grant does not mean it has been approved by the NHTSA. You must contact the GTSC to obtain the written approval **before** the item is purchased.

All Educational materials developed for this project must have prior written approval from the GTSC for content and text or be subject to non-reimbursement. Educational materials must include the following acknowledgement: "Funded by the National Highway Traffic Safety Administration with a grant from the New York State Governor's Traffic Safety Committee". The information provided in these materials must be directly related to the initiatives approved in the grant.

**REPORTING** - The GTSC requires a semi-annual progress report and final progress report on **all** funded projects. Reports must be submitted through the eGrants system. If an agency did not conduct grant funded activity during the reporting period, a semi-annual progress report and final progress report stating so are required. The semi-annual progress report is due by April 15. The final progress report is due by October 15.

Please note that the Police Traffic Services and Child Passenger Safety programs have additional reporting requirements that are unique to that program. Please refer to the PTS Overview Narrative page and the CPS Program Overview page within each proposal to view the specific reporting requirements for that program and the date each report is due.

**MONITORING** - The GTSC has the right to conduct on-site monitoring of grant funded projects, during the grant year or within 3 years after the end of the grant. The GTSC staff will schedule on-site visits at the mutual convenience of the GTSC and the project director or designee.

ANDREW M. CUOMO  
Governor



CHUCK DEWEESE  
Assistant Commissioner  
Ph: (518) 474-5111  
Ph: (518) 474-5777  
Fx: (518) 473-6946

August 1, 2016

C. Lamouree  
Undersheriff  
Warren County Sheriff's Office  
1400 State Route 9  
Lake George, NY 12845

Re: CPS-2017-Warren Co SO -00196-(057)  
Child Passenger Safety Program  
CFDA #: 20.616  
EFFECTIVE DATE: October 1, 2016

Dear Undersheriff C. Lamouree:

On behalf of Governor Andrew M. Cuomo, I am pleased to notify you that the Warren County Sheriff's Office has been awarded \$700 to participate in the statewide "Child Passenger Safety" program. Our goal is to increase the proper use and installation of child safety seats in New York State. Please note all grants will be effective only upon final approval by the New York State Office of the State Comptroller.

Before incurring any project related expenses, login to eGrants to review your approved budget as it may have been reduced or otherwise changed from what was requested.

Thank you for participating in this very important statewide program. I wish you success in your efforts. If you have any questions, please contact the Governor's Traffic Safety Committee at (518) 474-5111.

Sincerely,

Charles R. DeWeese  
Assistant Commissioner

CRD:lo  
Enclosure  
cc: Patti Miller



## No Contract Required for Grants Under \$50,000

**GENERAL INFORMATION** - The enclosed approval letter is notice of authorization to initiate project activity on or after the effective date stated and to incur costs as listed in your approved budget. Before incurring any project related costs, please log onto eGrants and review your approved grant and budget. Items, activities and/or costs may have been reduced or denied during the review process. Only those items, activities and costs approved in your grant and budget are eligible for reimbursement.

Approval of this project is subject to the terms and conditions set forth in the grant.

**DATE OF PROJECT** - Projects are funded for one year and must coincide with the federal fiscal year, with a start date of October 1 and an end date of September 30.

**BUDGET** – Any changes in the approved budget must be submitted through the eGrants system and approved by the GTSC **before** the cost is incurred. A budget modification cannot increase the dollar amount of the grant award.

**PAYMENTS** - This is a reimbursement program. Grant recipients incur the costs of the project according to their approved budget and then submit a request for reimbursement to the GTSC. Claim for payment reimbursement requests must be for exact expenditures and be submitted on a quarterly basis. Payment is issued through the New York State Comptroller's Office. All costs must be documented and the claim for payment reimbursement request must be submitted through the eGrants system. The Claim for Payment form generated through the eGrants system must be printed, signed, dated and mailed with supporting documentation to: New York State Governor's Traffic Safety Committee, Attn: Accounting Unit, 6 Empire State Plaza, Room 410B, Albany, NY 12228. The claim for payment reimbursement request must be submitted through the eGrants system **and** the documentation mailed (postmarked) to the GTSC by the due dates listed in the Claim for Payment Instruction Guide, which is available on the SafeNY.ny.gov "Forms" page.

The deadline for submitting a final claim for payment reimbursement request for all costs incurred during the grant year, October 1 to September 30, is October 31. Claim for payment reimbursement requests must be submitted through the eGrants system, **and** the signed and dated Claim for Payment form with supporting documentation must be mailed (postmarked) to the GTSC by October 31, as the National Highway Traffic Safety Administration (NHTSA) will not reimburse late claims. While we do not intend that costs go un-reimbursed, grantees must claim costs promptly or be subject to non-reimbursement.

Reimbursement and documentation requirements are outlined in the GTSC's Claim for Payment Instruction Guide, which is available on the SafeNY.ny.gov "Forms" page.

Commodity orders and equipment required to conduct the project activities as described in the grant narrative must be received by July 31.

Equipment that costs \$5,000 or more per item needs **prior** written approval from the GTSC and the NHTSA. The item being approved in the grant does not mean it has been approved by the NHTSA. You must contact the GTSC to obtain the written approval **before** the item is purchased.

All Educational materials developed for this project must have prior written approval from the GTSC for content and text or be subject to non-reimbursement. Educational materials must include the following acknowledgement: "Funded by the National Highway Traffic Safety Administration with a grant from the New York State Governor's Traffic Safety Committee". The information provided in these materials must be directly related to the initiatives approved in the grant.

**REPORTING** - The GTSC requires a semi-annual progress report and final progress report on **all** funded projects. Reports must be submitted through the eGrants system. If an agency did not conduct grant funded activity during the reporting period, a semi-annual progress report and final progress report stating so are required. The semi-annual progress report is due by April 15. The final progress report is due by October 15.

Please note that the Police Traffic Services and Child Passenger Safety programs have additional reporting requirements that are unique to that program. Please refer to the PTS Overview Narrative page and the CPS Program Overview page within each proposal to view the specific reporting requirements for that program and the date each report is due.

**MONITORING** - The GTSC has the right to conduct on-site monitoring of grant funded projects, during the grant year or within 3 years after the end of the grant. The GTSC staff will schedule on-site visits at the mutual convenience of the GTSC and the project director or designee.

# Grant Management Information

All grant management activities including the submission of progress reports, claim for payment reimbursement requests and project modification requests will take place through the eGrants system. For directions on how to submit progress reports, claim for payment reimbursement requests and project modification request, please log onto the eGrants system and click on the “My Training Materials” link at the top of the page.

## **eGrants User Management**

Please review your organization contact information in the eGrants system by going to the My Profile and My Organization pages. Organizations must keep their contact information up to date, especially email addresses to ensure important announcements sent from the GTSC via email are received. If you have a spam filter, please add the email domain [dmv.ny.gov](mailto:dmv.ny.gov) to your list of approved senders.

Project Directors may add additional people to their organization as needed. When adding new agency members to replace existing members, please remember that new agency members must also be added to the current year’s grant proposals. Project Directors can add new agency members to the current year’s grant proposals by using the Access Management Tools / Add Edit People link within the proposal.

## **Progress and Activity Reports**

The GTSC requires a semi-annual progress report and final progress report on **all** funded projects. Reports must be submitted through the eGrants system. If an agency did not conduct grant funded activity during the reporting period, a semi-annual progress report and final progress report stating so are required. If you have additional documentation you would like to submit with your report, you will be able to upload it, provided it is in electronic format such as a word processor document, a digital image, or an Adobe pdf file. The semi-annual progress report is due by April 15. The final progress report is due by October 15.

Please note that the Police Traffic Services and Child Passenger Safety programs have additional reporting requirements that are unique to that program. Please refer to the PTS Overview Narrative page and the CPS Program Overview page within each proposal to view the specific reporting requirements for that program and the date each report is due.

## **Claim for Payment Reimbursement Requests**

This is a reimbursement program. Grant recipients incur the costs of the project according to their approved budget and then submit a request for reimbursement to the GTSC. Claim for payment reimbursement requests must be for exact expenditures and be submitted on a quarterly basis. Payment is issued through the New York State Comptroller’s Office. All costs must be documented and the claim for payment reimbursement request must be submitted through the eGrants system. The Claim for Payment form generated through the eGrants system must be printed, signed, dated and mailed with supporting documentation to: New York State Governor’s Traffic Safety Committee, Attn: Accounting Unit, 6 Empire State Plaza, Room 410B, Albany, NY 12228. The claim for payment reimbursement request must be submitted through the eGrants system **and** the documentation mailed (postmarked) to the GTSC by the due dates listed in the Claim for Payment Instruction Guide, which is available on the [SafeNY.ny.gov](http://SafeNY.ny.gov) “Forms” page.

The deadline for submitting a final claim for payment reimbursement request for all costs incurred during the grant year, October 1 to September 30, is October 31. Claim for payment reimbursement requests must be submitted through the eGrants system, **and** the signed and dated Claim for Payment form with supporting documentation must be mailed (postmarked) to the GTSC by October 31, as the National Highway Traffic Safety Administration (NHTSA) will not reimburse late claims. While we do not intend that costs go un-reimbursed, grantees must claim costs promptly or be subject to non-reimbursement.

Reimbursement and documentation requirements are outlined in the GTSC’s Claim for Payment Instruction Guide, which is available on the [SafeNY.ny.gov](http://SafeNY.ny.gov) “Forms” page.

## **The NYS Comptroller requires enrollment in the NYS ePay program**

Please check with your fiscal agent to see if your agency is enrolled in the NYS ePay Program. For information regarding the NYS ePay Program and enrollment, please go the New York State Comptroller’s website at <http://www.osc.state.ny.us/epay/index.htm> or contact the New York State Comptroller’s Office at 518-474-4032.

[www.SafeNY.ny.gov](http://www.SafeNY.ny.gov)

# ***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: Sheriff**

**DATE: January 19, 2017**

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies being transferred from the 2016 SLETPP.
  
- (b) **Appropriation Code, Object Code, Full Title and Amount:**  
A.3110 260 Other Equipment \$20,000.00
  
- (c) **Revenue Code (with title), and Amount:**  
A.3110.4032 4381 NY State Terrorism Prevention Program \$20,000.00

\*Please note all amount must be in whole dollars – no cents.

# ***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: Sheriff's Office**

**DATE: January 19, 2017**

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies being transferred from Communications Radio Upgrade Capital Project.
  
- (b) **Appropriation Code, Object Code, Full Title and Amount:**  
H360.9550 5031 Interfund Transfers \$134,935.52
  
- (c) **Revenue Code (with title), and Amount:**

\*Please note all amount must be in whole dollars – no cents.

# **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: Sheriff**

**DATE: January 19, 2017**

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect revenues to be received from NYS DCJS Police Protective Equipment Program.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**  
A.3110 260 Other Equipment \$34,854.00
- (c) **Revenue Code (with title), and Amount:**  
A.3110 3384 Other Sheriff's State Aid \$34,854.00

\*Please note all amount must be in whole dollars – no cents.



Division of Criminal  
Justice Services

ANDREW M. CUOMO  
Governor

MICHAEL C. GREEN  
Executive Deputy Commissioner

January 11, 2017

The Honorable Kevin Geraghty  
Chairman of the Board  
Warren County  
1340 State Route 9  
Lake George, NY 12845

Dear Chairman Geraghty:

I am pleased to advise you that the NYS Division of Criminal Justice Services (DCJS) has awarded your county a Police Protective Equipment Program (PPEP) total award of \$34,854 for the contract period 1/1/2017 to 12/31/2017. As stipulated in the Request for Applications (RFA), these funds are to be used by your partnership to equip local police agencies with protective equipment and DCJS approved patrol rifles to provide the greatest level of protection and effectiveness in your efforts to combat active shooter incidents, terrorist attacks, and other criminal events.

The attached spreadsheet represents your county's entire budget request for PPEP and the amount of funding approved by DCJS for each individual request. Separate contracts will be developed with each listed participating agency. Participating agencies are expected to use the approved budget amount provided in the "Awarded Budget" column, on the attached, when developing their PPEP contract.

A DCJS Office of Program Development and Funding (OPDF) Program Representative assigned to this project, will contact each participating agency to assist in the development of their contract. Please see the attached *Instruction Sheet* which provides additional important information.

Should you have any questions, please contact Joann Tierney-Daniels with the DCJS Office of Program Development and Funding at (518) 457-8404 or e-mail at [Joann.Tierney-Daniels@dcjs.ny.gov](mailto:Joann.Tierney-Daniels@dcjs.ny.gov).

Very truly yours

Michael C. Green  
Executive Deputy Commissioner

MCG:JTD:neb  
Attachments (2):

- Contract Instruction Sheet
- 2016-17 Police Protective Equipment Program Awardees

cc: 2016-17 Police Protective Equipment Program Awardees  
Joann Tierney-Daniels, DCJS

## 2016-17 DCJS Office of Program Development and Funding Contract Instruction Sheet

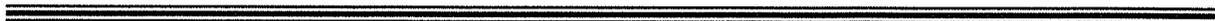
Please note and complete the following information within 30 days of receiving the award letter to further facilitate the development of your contract:

- Ensure all prior year contracts are in compliance with contract conditions (up-to-date progress reports, vouchers, fiscal cost reports and detailed itemization forms).
  
- Grantees receiving in excess of \$25,000 must submit:
  - Local Assistance MWBE Subcontractor/Supplier Utilization Proposal Form (DCJS- 3301)
  - Local Assistance MWBE NPS Discretionary Budget Determination Worksheet (DCJS-3309)

These forms can be located at:

<http://www.criminaljustice.ny.gov/ofpa/mwbe/mwbe-forms.htm>

- Grantees receiving in excess of \$250,000 must also submit the Local Assistance MWBE Equal Employment Opportunity Staffing Plan (DCJS-3300). This form can be located at:  
<http://www.criminaljustice.ny.gov/ofpa/mwbe/mwbe-forms.htm>



**Warren County  
2016-17 Police Protective Equipment Program (PPEP) Award**

| Implementing Agency                  | Project #     | Award           |
|--------------------------------------|---------------|-----------------|
| 1 Warren County Sheriffs Office      | PP16-1331-D00 | \$23,688        |
| 2 Town of Bolton Police Department   | PP16-1332-D00 | \$1,184         |
| 3 Glens Falls City Police Department | PP16-1333-D00 | \$9,982         |
| <b>Total:</b>                        |               | <b>\$34,854</b> |

# **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: Sheriff**

**DATE: January 19, 2017**

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies received from the New York State Sheriff's Association to send US Lamouree to training.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**  
A.3110 444 LE Travel/Education/Conference \$1,000.00
- (c) **Revenue Code (with title), and Amount:**  
A.3110 2263 Public Safety Private Entities \$1,000.00

\*Please note all amount must be in whole dollars – no cents.

# ***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: Sheriff's Office**

**DATE: January 18, 2017**

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue for services provided to the Great Escape Park (Six Flags).
  
- (b) **Appropriation Code, Object Code, Full Title and Amount:**  
A.3110 120 Law Enforcement Salaries Overtime \$4,744.30
  
- (c) **Revenue Code (with title), and Amount:**  
A.3110 2263 Public Safety Private Entities \$4,744.30

\*Please note all amount must be in whole dollars – no cents.

# **RESOLUTION REQUEST FORM NO. 3**

## **Request for New Contract**

**DEPARTMENT NAME: Sheriff's Office**

**DATE: January 19, 2017**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **Preventative maintenance and service to License Plate Reader System**
- (c) Name of Contractor: **Secure Watch 24.**
- (d) Address of Contractor: **One Penn Plaza, Suite 4000 New York, NY 10119**
- (e) Contractor's Contact Person and Telephone Number: **Patrick Fox, (212) 729-5401**
- (f) Has or will the Contract be provided, if so, please attach: **County Attorney has Contract**
- (g) Commencement Date of Contract: **November 12, 2016 (Hardware), December 1, 2016 (Software)**
- (h) Termination Date of Contract: **November 12, 2017 (Hardware), May 31, 2018 (Software)**
- (i) Payment Provisions:
  - i) lump sum amount **\$1,900.00**
  - ii) hourly rate amount
  - iii) total amount not to exceed **\$1,900.00**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Annually**)
- (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.3110 470 Law Enforcement Contracts**

**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. 3***

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

**DEPARTMENT NAME:** Sheriff's Office

**DATE:** January 19, 2017

- (a) Is this a Result of a Bid or Request for Proposal? **Yes**
- (b) Purpose of Contract: **Commissary Services for Correctional Facility**
- (c) Name of Contractor: **Trinity Services Group, Inc.**
- (d) Address of Contractor: **477 Commerce Blvd, Oldsmar, FL 34677**
- (e) Contractor's Contact Person and Telephone Number: **Nat Tremblay (315)431-9698**
- (f) Has or will the Contract be provided, if so, please attach: **County Attorney has Contract**
- (g) Commencement Date of Contract: **01/01/2017**
- (h) Termination Date of Contract: **12/31/2021**
- (i) Payment Provisions: i) lump sum amount / **NO COST TO COUNTY GENERATES REVENUE**  
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:

**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. 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 Lieutenant #2 Base Salary of Position: \$91,534.00 Grade:

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

Budget code and title: A.3110 Union [X] Non-Union [ ]

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

Employee No: 8881 Is this position mandated? [ ] Yes [X] No Is the position reimbursable? [ ] Yes [X] No

Source of reimbursement: [ ] Federal % [ ] State % [ ] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] Competitive-active eligible list [ ] Competitive-no list (hiring would be provisional) [ ] Non-Competitive [ ] Other

PAW 1/25/17

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. [Signature] 1-25-17

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.

[ ] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 1/27/17

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 [Signature] Date 2/2/17

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice & Public Safety

[X] 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] Date 2/7/17

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 TBD Base Salary of Position: \$40,390.00 Grade:
Filling at Step # (If Known): Request to Back Due to Promotion: [X] Yes [X] No
Budget code and title: A.3110 Union [X] Non-Union [ ]
This position is vacated due to: [X] Retirement [ ] Resignation [ ] Termination [X] Promotion [ ] Other
Employee No: TBD Is this position mandated? [ ] Yes [X] No Is the position reimbursable? [ ] Yes [X] No
Source of reimbursement: [ ] Federal % [ ] State % [ ] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] Competitive-active eligible list [ ] Competitive-no list (hiring would be provisional) [ ] Non-Competitive [X] Other Lateral Transfer

PCD 1/25/17

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. [Signature] 1-25-17

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[ ] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 1/27/17

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 [Signature] Date 2/2/17

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice + Public Safety

[X] 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] Date 2/7/17

# 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 Sergeant TBD Base Salary of Position: \$70,456.00 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.: TBD Is this position mandated?  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 Paw  
1/25/17

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. AP 1-25-17

### 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 W. B. Hight Date 1/27/17

### 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 2/2/17

### 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 W. B. Hight Date 2/7/17

**Glens Fall Police Academy Cost**

|                                |                     |
|--------------------------------|---------------------|
| Six (6) Month's Salary         | \$ 19,374.14        |
| Zone Five Policy Academy       | \$ 4,500.00         |
| Transportation Cost            | \$ 1,500.00         |
| Clothing                       | \$ 1,000.00         |
| Field Training Cost (3 Months) | \$ 9,687.07         |
| <b>Total</b>                   | <b>\$ 36,061.21</b> |

**Additional Cost Incurred by the City for New Hires:**

Health-Care  
Sick Time  
Vacation  
Personal Time  
Retirement  
Overtime paid to cover Lateral Transfer

**GLENS FALLS POLICE DEPARTMENT - SALARY SCHEDULE**

| Rank              | Years of Service | 2015        | 2016        | 2017        | 2018                             | 2019                             |             |
|-------------------|------------------|-------------|-------------|-------------|----------------------------------|----------------------------------|-------------|
| Patrolman         | 1 Year           | \$37,243.64 | \$37,988.51 | \$38,748.28 | \$39,523.25                      | \$40,313.72                      |             |
|                   | 2 Years          | \$38,362.38 | \$39,129.63 | \$39,912.22 | \$40,710.46                      | \$41,524.67                      |             |
|                   | 3 Years          | \$42,974.92 | \$43,834.42 | \$44,711.11 | \$45,603.33                      | \$46,515.44                      |             |
|                   | 4 Years          | \$45,839.99 | \$46,756.79 | \$46,691.93 | <del>47,691.93</del> \$47,625.77 | <del>48,645.77</del> \$48,578.29 |             |
|                   | 5 Years          | \$55,665.36 | \$56,778.67 | \$57,914.24 | \$59,072.52                      | \$60,253.97                      |             |
|                   | 10 Years         | \$58,532.70 | \$59,703.35 | \$60,897.42 | \$62,115.37                      | \$63,357.68                      |             |
|                   | 15 Years         | \$60,097.12 | \$61,299.06 | \$62,525.04 | \$63,775.54                      | \$65,051.05                      |             |
|                   | 20 Years         | \$61,666.09 | \$62,899.41 | \$64,157.40 | \$65,440.55                      | \$66,749.36                      |             |
|                   | Investigator     | 5 Years     | \$56,803.43 | \$57,939.50 | \$59,098.29                      | \$60,280.26                      | \$61,485.87 |
|                   |                  | 10 Years    | \$59,673.05 | \$60,866.51 | \$62,083.84                      | \$63,325.52                      | \$64,592.03 |
| 15 Years          |                  | \$61,242.01 | \$62,466.85 | \$63,716.19 | \$64,990.52                      | \$66,290.33                      |             |
| 20 Years          |                  | \$62,808.71 | \$64,064.88 | \$65,346.18 | \$66,653.10                      | \$67,966.16                      |             |
| Sergeant          | 5 Years          | \$59,170.52 | \$60,353.93 | \$61,561.01 | \$62,792.23                      | \$64,048.07                      |             |
|                   | 10 Years         | \$62,452.85 | \$63,701.91 | \$64,975.95 | \$66,275.47                      | \$67,600.98                      |             |
|                   | 15 Years         | \$64,014.99 | \$65,295.29 | \$66,601.20 | \$67,933.22                      | \$69,291.88                      |             |
|                   | 20 Years         | \$65,580.55 | \$66,892.16 | \$68,230.00 | \$69,594.60                      | \$70,986.49                      |             |
| Police Lieutenant | 5 Years          | \$61,253.00 | \$62,478.06 | \$63,727.62 | \$65,002.17                      | \$66,302.21                      |             |
|                   | 10 Years         | \$64,124.00 | \$65,406.48 | \$66,714.61 | \$68,048.90                      | \$69,409.88                      |             |
|                   | 15 Years         | \$65,688.00 | \$67,001.76 | \$68,341.80 | \$69,708.64                      | \$71,102.81                      |             |
|                   | 20 Years         | \$67,255.00 | \$68,600.10 | \$69,972.10 | \$71,371.54                      | \$72,798.97                      |             |
| Detective         | 5 Years          | \$61,253.38 | \$62,478.45 | \$63,728.02 | \$65,002.58                      | \$66,302.64                      |             |
|                   | 10 Years         | \$64,123.00 | \$65,405.46 | \$66,713.57 | \$68,047.84                      | \$69,408.80                      |             |
|                   | 15 Years         | \$65,686.28 | \$67,000.01 | \$68,340.01 | \$69,706.81                      | \$71,100.95                      |             |
|                   | 20 Years         | \$67,254.11 | \$68,599.19 | \$69,971.17 | \$71,370.59                      | \$72,798.00                      |             |

49618.09