

**CRIMINAL JUSTICE & PUBLIC SAFETY COMMITTEE**  
**PUBLIC DEFENDER**  
**AGENDA**  
**November 27, 2017**

Committee Members: Supervisors Montesi, Geraghty, Brock, Simpson, Vanselow, Braymer, Seeber, MacDonald

- I. Committee meeting called to order by Chairman
- II. Motion to approve the minutes of the prior meeting
- III. Action Agenda/New Business Items:
  1. Request to File Grant Extension
  2. Request for Transfer of Funds
- IV. Referrals/Pending Items:

None
- V. Discussion Items:

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

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Attachments:  
Resolution Request to Amend or Extend Existing Grant  
Extension Request Letter  
Resolution Request to Transfer Funds

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: Public Defender

DATE: 11/7/2017

- (a) Purpose of Grant Amendment: To request a no-cost contract extension of the completion date for the Distribution #5 grant.
- (b) Resolution No. which Authorized Original Application and Grant: 16 of 2016
- (c) Name of Grantor: NYS Office of Indigent Legal Services
- (d) Address of Grantor: 80 S. Swan Street, Suite 1147 Albany, NY 12210
- (e) Grantor's Contact Person and Telephone Number: Ronald Foster (518) 486-2557
- (f) Has or Will the Grant Amendment or Extension be provided, if so, Please Attach? see attached
- (g) Effective Date of Amendment or Extension: 12/31/2017
- (h) Termination Date of Amendment or Extension: 12/31/2020
- (i) Total Dollar Amount Involved (not to exceed): n/a (no-cost contract extension request)
- (j) Is a Budget amendment required? no If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? no  
If yes, complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? no If Yes, Where are the Funds?  
List Budget Code (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO-COST CONTRACT EXTENSION REQUEST LETTER  
FOR ILS *DISTRIBUTION* #5 GRANT**

Date: 11/3/2017

Jennifer Colvin  
Manager of Grant Solicitation and Distribution  
NYS Office of Indigent Legal Services  
A. E. Smith Office Building, 11th Floor  
80 South Swan Street  
Albany, NY 12210

Re: No-cost Contract Extension Request, Distribution #5

**Contract Number: C000752**

**County: Warren**

Dear Ms. Colvin:

The purpose of this letter is to request a no-cost contract extension of the completion date for the *Distribution* #5 grant. According to the grant contract fully executed for this state funded project, all work and services were to have been completed by December 31, 2017. The County is respectfully requesting an extension of the completion date to:

12/31/2020

The justification for this extension request is based upon the following:

Please be advised that our office has not received approved paperwork to spend any funds available in this contract. This contract is slated to fund, retention salary, after hour arraignments, as well as an Assistant Public Defender. These items are not funded by Warren County pursuant to the contract proposal.

We are requesting an extension to utilize the funds for the original three year long term. This is due to the fact we have been unable to access the funds during the timeframe stated in the original contract period. If a three year extension is not acceptable, we would like to request an extension of the longest term possible (one or two years).

It is agreed that all other provisions of our grant contract shall remain in full force and effect.

Sincerely,



Marcy I. Flores  
Public Defender

**RESOLUTION REQUEST FORM NO. 10**

***Request for Transfer of Funds***

**TO:** AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**DEPARTMENT NAME:** Public Defender

**SIGNED:**

**DATE:** 11/21/2017

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1171 3045	Office of Indigent Legal Service Appropriation	A.1171 862	Health Insurance Cost Reimbursement	\$750

**Please state reason for transfers requested:** To fix negative budget line item.

**CONTINGENT FUND TRANSFER REQUESTS**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

**Please state reason for transfer request:**

**Please file original request with Clerk of the Board and retain copy for your records.**