

**Public Safety Committee
Sheriff's Committee Agenda
January 26, 2018**

Committee Members: Leggett, Geraghty, Wild, Magowan, Diamond, Sokol, Hogan, Braymer and Driscoll.

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior committee meeting
- III. Action Agenda
 - A. Request permission for PO James Banish to attend Sudden Traumatic Loss Seminar III, Ridgeland, South Carolina 02/03/2018 – 02/08/2018.
 - B. Request Resolution to enter into an Intermunicipal Agreement with the City of Glens Falls Police Department for the purpose of assigning members of GFPD to the Warren County Sheriff's Office Emergency Response Team.
 - C. Notice of Intent to fill vacant position Communication Officer #4 due to retirement.
 - D. Request Resolution to amend County Budget for 2016 Statewide Interoperable Communications Grant (\$523,375) carryover from fiscal year 2017 into 2018.
 - E. Request Resolution for new contract with Citadel Information Services Inc. (\$59,930)
 - F. Request Resolution to authorize construction of a Radio Communications Tower and support facilities on the Stony Creek.
 - G. Request Resolution to ratify the Chairman's signature on a Tower Site License Application from KGI Wireless. Also authorizes construction, co-locating of equipment at Verizon tower.
 - H. Request Resolution to amend County Budget to reflect money from an insurance recovery (\$7,392).
 - I. Request Resolution to amend County Budget to reflect monies from insurance recoveries received in December 2017 (\$3,020.17).
- IV. Referral / Pending Items
- V. Topics for Discussion
 - A. We currently have (2) vacancies for Correction Sergeant. We have hired (2) Correction Officers since the November Committee meeting.

VI. Motion to adjourn

Attachments:

- #1. Authorization to Attend Meeting or Convention (James Banish)
- #2. Resolution Request Form #3, New Contract (City of Glens Falls Police Dept.)
- #3. Resolution Request Form #12, Notice of Intent to Fill Communication Officer
- #4. Resolution Request Form #7, Amend County Budget (2016 DHSES Interop Grant)
- #5. Resolution Request Form #3, New Contract (Citadel Information Services Inc.)
- #6. Resolution Request Form #20, Stony Creek Tower
- #7. Resolution Request Form #20, Route 149 Tower

#8. Resolution Request Form #7, Amend County Budget (Insurance Recovery)

#9. Resolution Request Form #7, Amend County Budget (Insurance Recoveries received Dec 2017)

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice Public Safety hereby authorizes James Banish
(Supervisory Committee) (Employee Name)

to attend Sudden Traumatic Loss Seminar III
(Name of meeting or organization)

at Palm Key, 330 Coosaw Way, Ridgeland, SC 29936 on 02/03/2018 - 02/08/2018
(Address) (Dates)

Meeting/Convention Cost: N/C Mode of transportation to be used: Airline
(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. Total Cost of Travel \$ 249.00
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ 370.00 GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: A.3110 444 Travel/Education
* www.gsa.gov

Date: 1/12/18


Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds 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 Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SUDDEN TRAUMATIC LOSS SEMINAR

Fact Sheet

February 4-8, 2018

Palm Key

330 Coosaw Way, Ridgeland, SC 29936

WHAT IS THE STLS?

The Sudden Traumatic Loss Seminar (STLS) is a specialized program offered by the South Carolina Law Enforcement Assistance Program (SCLEAP). It is an off-shoot of the highly successful Post Critical Incident Seminar (PCIS), which has been offered 82 times in 8 states since 2000. The PCIS is an intensive intervention based upon the Federal Bureau of Investigation (FBI) model operating since 1983. It assists individuals to cope with distressing consequences of traumatic incidents and to build resilience for future ones through the use of trained peer support; large and small group work; education about trauma, loss, coping, meaning making, self-medication issues, and family relationships; medical massage; and personal one-on-one consultation with licensed mental health therapists familiar with law enforcement issues, posttraumatic stress, and the trauma recovery method of Eye Movement Desensitization and Reprocessing (EMDR).

Spouses/partners/parents/adult children are invited to attend the PCIS and receive similar services to enable them to understand and support the affected individual and to mitigate adverse impacts upon the relationship and the family. Clinical observation indicates that participation in a PCIS appears to create psychological and social movement for the participants that challenges the progression often found after critical incidents which have been insufficiently processed. It appears that the PCIS offers an experience embodying an unparalleled constellation of “curative factors” that renders it a uniquely helpful experience, unlike any other program in the world.

Through the years, there have been many PCIS participants who attended because of a sudden and traumatic loss in their own life. While feedback indicates that this has been quite useful for such individuals, we have long recognized that there are unique needs created by loss of a loved one under sudden traumatic circumstances which require assistance and information *in addition to* what is provided in a PCIS. Therefore, after years of planning, the STLS has come into being. It expands upon the traditional PCIS and focuses in a concerted way upon the traumatic bereavement of law enforcement personnel.

WHAT IS A SUDDEN TRAUMATIC LOSS AND HOW DOES IT RELATE TO TRAUMATIC BEREAVEMENT AND THE STLS?

A *sudden traumatic loss* is one that comes abruptly and shockingly, without warning or expectation. It can be brought about by *accident* (including deaths from medical error), *disaster*, *suicide*, *homicide* (including deaths from terrorism and war), or from either an *acute medical event* (such as heart attack or stroke) or *acute medical illness* (such as from bacterial meningitis or the “superbug” MRSA). All sudden traumatic losses cause what is known as *traumatic grief* and bring about traumatic bereavement, at least for a while.

The term *traumatic bereavement* is used when a person's grief over a death is complicated by the traumatic stress brought about by its circumstances. What happens in such situations is that the death confronts you with both trauma and loss simultaneously. You are personally traumatized in addition to having your loved one taken away. This volatile combination of trauma and loss creates a number of unique complications and extra challenges in the aftermath of your loved one's death. These are over and above what is seen after an expected death from natural causes. They can be quite serious and have the ability to negatively affect your functioning in your personal and professional lives, either temporarily or long-term. Many problems come should you - or those who seek to help you - mistakenly assume that you are merely dealing with "normal" grief. You are not. Traumatic grief is very different and much more complicated.

Despite the potential negative impacts of such deaths, there is an enormous amount that can be done to alleviate the difficulties and to support and assist survivors. People who experience traumatic bereavement can and do live healthy lives after losing their loved one, they just need more information, support, and time to do so. Building upon the traditional components of a PCIS, the STLS has been specifically designed to focus upon traumatic bereavement and to pull together the elements that have been identified to enable you to best cope with your sudden traumatic loss personally and to reduce its impacts upon your professional work.

WHAT SHOULD I EXPECT AT THE STLS?

At the STLS, you will be with other law enforcement personnel (sworn and non-sworn) and their accompanying adult family members, who are currently dealing with the loss of a loved one through a sudden traumatic death. As well, you will be with specially-selected law enforcement peers who have confronted such a loss in the past, along with a cadre of STLS instructors, mental health professionals, and chaplains who have had training and experience in helping survivors cope with such loss. This means that you will be surrounded with people who not only understand what you are going through now (or have in the past), but know that individuals can go on to have healthy and productive lives notwithstanding the very real difficulties posed by traumatic bereavement, and who have the skills to help facilitate your best possible coping with your loss.

During your four days at the STLS, you will be listening to a number of speakers, as well as to your fellow participants and the peers. You will be invited to participate in a number of one-on-one and group activities. No one is forced to do anything. You also will be given the opportunity to have a medical massage to address any stress that is being carried in your body.

WHO SHOULD ATTEND AND WHAT IS THE COST?

We invite those who have experienced a sudden traumatic loss prior to May 4, 2017 - (a minimum of nine months prior to the STLS). Some participants will come with several sudden traumatic losses.

We invite those in the SCLEAP Member Agencies and the wider law enforcement community, who have suffered sudden traumatic loss. Examples include deaths from:

- Accident (including deaths from medical error)
- Disaster
- Suicide
- Homicide (including deaths from terrorism and war)
- Acute medical event (such as heart attack or stroke)
- Acute medical illness (such as from bacterial meningitis or the “superbug” MRSA)

Seminar Costs

There is no charge for the STLS itself. However, we ask that sending agencies or participants cover the cost of food and housing.

Food Cost: \$100/person (4 days x \$25/day) Includes 4 breakfasts, 4 lunches and 4 suppers

Housing Cost: \$135 per person (double occupancy)
\$270 person (single occupancy)

4 Days Double Occupancy Total: \$235.00 4 Days Single Occupancy Total: \$370.00

Checks Should Be Written To: LECSC, 2501 Heyward Street, Columbia, SC 29205

Checks should be mailed to LECSC prior to event if possible or mailed to LECSC according to agency procurement guidelines.

Hotel Option: We encourage everyone to stay on campus at Palm Key. However, if you prefer a traditional hotel, options are below. **Please make your own reservations.**

Hampton Inn & Suites Bluffton-Sun City (20 miles from STLS site)

29 William Pope Drive, Bluffton, South Carolina, 29909, USA TEL: +1-843-705-9000 FAX: +1-843-705-9008 Approx: \$128.70/night

Holiday Inn Express & Suites Bluffton @ Hilton Head Area, (20 miles from STLS site)

35 Bluffton Road, Bluffton, South Carolina 29910 843 7572002 Approx \$121/night

STLS LOCATION: Palm Key, 330 Coosaw Way, Ridgeland, SC 29936

Phone: (843) 726-6468 **Website:** www.palmkey.com

Questions

Beverly Coates: Cell: 803-606-3120 Work: 803-252-2664
Email: bcoates@sled.sc.gov

Eric Skidmore: Cell: 803-206-8961 Work: 803-252-2664
Email: Eskidmore@sled.sc.gov

Schedule: Start: Participants should check in at 4pm or after on Sunday, February 4, 2018

End: Participants should be on the road home no later than 3pm on Thursday, February 8, 2018

Breakfast: 8:00-8:45am **Lunch:** 12:00-12:45pm **Supper:** 6:00-6:45pm

REGISTRATION FORM

Sudden Traumatic Loss Seminar III

Sponsor: South Carolina Law Enforcement Assistance Program

Location: Palm Key, 330 Coosaw Way, Ridgeland, SC 29936

February 4-8, 2018

(Sunday – Thursday)

Course cost: There is no course cost for this seminar. SCLEAP will cover the total cost of the Seminar. However, sending agencies are asked to cover the cost of four nights of lodging and 12 meals for employees. Family members/Others pay directly to SCLEAP for food and lodging. Once SCLEAP receives registrations, we will forward confirmation, directions to the training site, the schedule and information on housing. All participants are encouraged to stay at Palm Key.

Please Complete All Lines: (Please print!)

Name: _____ Address: _____

City: _____ Zip Code: _____

Department/Agency: _____

Work Phone: _____ Home Phone: _____

Sworn Officer: YES: _____ NO: _____ FAX: _____ Radio Call Sign: _____

Work Cell: _____ Personal Cell: _____

Work E-mail: _____ Personal Email: _____

Name for Name Tag: _____

Briefly describe the Sudden Traumatic Loss which brings you to the STLS. (example: Suicide, Homicide, Fatal Accident, Acute Medical Event, Acute Medical Illness, War, Disaster)

Name as you wish it to appear on training certificate (please print):

Return to: South Carolina Law Enforcement Assistance Program
2501 Heyward Street
Columbia, SC 29205
Fax to 803-252-2841
Questions – Contact J. Eric Skidmore:
803-252-2664 or 803-206-8961 (cell)

Note: Registrations will be handled on a first come basis. When 25 slots have been filled, a waiting list will be compiled based on date of receipt of registration. Upon receiving your registration, SCLEAP staff will contact you with further details.

If your spouse, significant other or adult child is attending, he/she should complete a separate registration sheet.



Receipt for Savannah

Feb 3, 2018 - Feb 9, 2018

Itinerary # 7320940718993

Booked Items

Flight: Albany (ALB) to Savannah (SAV)

Depart: 2/3/2018 | Return: 2/9/2018 ,1 round trip ticket

Traveler Information

James Henry Banish - Adult

Ticket #

Cost Summary

Booked Date: Jan 8, 2018

Traveler 1: Adult	\$249.00
Flight	\$191.62
Taxes & Fees	\$57.38

Total: \$249.00

Paid: \$249.00

[MasterCard]

All prices quoted in US dollars.



Savannah

Feb 3, 2018 - Feb 9, 2018 | Itinerary #

Important Information

- Remember to bring your itinerary and government-issued photo ID for airport check-in and security.

Albany (ALB) → Savannah (SAV)

Feb 3, 2018 - Feb 9, 2018 , 1 round trip ticket

TICKETING IN PROGRESS

Your ticket is not yet confirmed. We are confirming it with the airline and will update your online itinerary within 24 hours.

Traveler Information

James Henry Banish Adult	No frequent flyer details provided	Ticketing in progress
------------------------------------	------------------------------------	-----------------------

Price Summary

Traveler 1: Adult	\$249.00
Flight	\$249.00
Taxes & Fees	\$0.00
Total:	\$249.00

All prices quoted in US dollars.

Additional Flight Services

- The airline may charge additional fees Opens in a new window. for checked baggage or other optional services.

50 points

For this trip

Expedia[®]

* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

Feb 3, 2018 - Departure 1 stop Total travel time: 4 h 44 m

Albany	Charlotte	2 h 21 m
--------	-----------	----------

ALB 2:40pm	CLT 5:01pm
------------	------------

American Airlines 1988

Economy / Coach (O) | MAIN CABIN | Confirm seats with the airline*

Layover: 1 h 14 m

Charlotte	Savannah	1 h 9 m
-----------	----------	---------

CLT 6:15pm	SAV 7:24pm
------------	------------

American Airlines 5131 Operated by PSA AIRLINES AS AMERICAN EAGLE

Economy / Coach (O) | MAIN CABIN | Confirm seats with the airline*

Feb 8, 2018 - Return 1 stop

Total travel time: 4 h 6 m

Savannah	Charlotte	1 h 18 m
SAV 8:02pm	CLT 9:20pm	

American Airlines 5629 Operated by PSA AIRLINES AS AMERICAN EAGLE

Economy / Coach (O) | MAIN CABIN | Confirm seats with the airline*

Layover: 0 h 54 m

Charlotte	Albany	1 h 54 m
CLT 10:14pm	ALB 12:08am	
	+1 day (Arrives on Feb 9, 2018)	

American Airlines 1940

Economy / Coach (O) | MAIN CABIN | Confirm seats with the airline*

Airline Rules & Regulations

- Fares are not guaranteed until ticketed.
- We understand that sometimes plans change. We do not charge a cancel or change fee. When the airline charges such fees in accordance with its own policies, the cost will be passed on to you.
- **Tickets are nonrefundable, nontransferable and name changes are not allowed.**
- Please read the complete penalty rules for changes and cancellations Opens in a new window. **applicable to this fare.**
- Please read important information regarding airline liability limitations Opens in a new window..

Need help with your reservation?

- Visit our Customer Support page.
- Call Expedia+ blue Customer Care at 1-877-787-3117.
- For faster service, mention **itinerary #7320940718993**

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff's Office

DATE: 01-24-2018

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **Sheriff's Office is requesting to enter into an Intermunicipal Agreement with the City of Glens Falls Police Department, for the purpose of assigning members of the City of Glens Falls Police Department onto the Warren County Sheriff's Office Emergency Response Team (Tactical Team).**
- (c) Name of Contractor: **City of Glens Falls Police Department**
- (d) Address of Contractor: **42 Ridge Street Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **Chief Anthony Lydon (518) 761-3840**
- Contract** (f) Has or will the Contract be provided, if so, please attach: **County Attorney has**
- (g) Commencement Date of Contract: **Upon execution by both parties**
- (h) Termination Date of Contract: **Five years from the execution of the contract**
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount:**

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: Communication Officer #4 Base Salary of Position: \$39,595.95 Grade: _____
Filling at Step # (If Known): _____
Budget code and title: A.3020 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 7011 Date of Vacancy: 01-31-2018
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 Lateral

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. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

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 _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- 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 _____ Date _____

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 24, 2018

(a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies being transferred from the 2016 Statewide Interoperable Communications Grant.

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

A.3020.4034 470 Sheriff's 911 Center Contracts	\$69,750.00
A.3020.4034 260 Sheriff's 911 Center Other Equipment	\$453,625.00

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

A.3020.4034 2016 Interoperable Comm Grant	\$523,375.00
---	--------------

*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: 01-24-2018

- (a) Is this a Result of a Bid or Request for Proposal? **Yes**
- (b) Purpose of Contract: **Communications Consultant Services for Warren County Sheriff's Office.**
- (c) Name of Contractor: **Citadel Information Services Inc..**
- (d) Address of Contractor: **33 Wood Ave. S. Suite 720 Iselin, NJ 08830**
- (e) Contractor's Contact Person and Telephone Number: **Kathy Weller
(732) 238- 0072**
- (f) Has or will the Contract be provided, if so, please attach: **County Attorney has Contract**
- (g) Commencement Date of Contract: **Upon execution by both parties**
- (h) Termination Date of Contract: **Upon completion of the project**
- (i) Payment Provisions: i) lump sum amount **\$59,930**
ii) hourly rate amount
iii) total amount not to exceed **\$59,930**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Upon Completion of project**
- (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.3020.4034 2016 Interoperable Comm Grant****

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

Projects Completed since Televate Consultant report

- Purchased and installed equipment to better synchronize tower sites (aka “Syncrocast”) per Consultant’s recommendation.
- Purchased and installed vehicle repeaters. per Consultant’s recommendation.
- Lease / purchase new frequencies for Law enforcement and EMS channels. This was part of antenna optimization recommended by Consultant.
- Antenna combiner system for Prospect Mtn site, giving better coverage for Fire, EMS, and DPW. This was part of antenna optimization recommended by Consultant.
- Basic site monitoring equipment purchased and installed.
- New radio site at Warrensburg as recommended by Consultant.
- New site (co-located at existing tower) as recommended by Consultant.
- New portables for patrols, digital communications capable. This is part of “lifecycle equipment replacement, recommended by Consultant.
- Digital repeater installed on Prospect Mountain for testing and evaluation of digital communications. This is a first step towards a migration to digital communications that was recommended by Consultant.
- Alert repeater installed at Stony Creek firehouse, allowing better fire / EMS alerting until a complete site can be installed.
- Pursued alternate funding sources, such as Interop grants, Consortium grants, NYS dormitory grant. Recommended by Consultant.
- Demo of “Digital ready” radio in patrol car. This is a first step towards a migration to digital communications that was recommended by the Consultant.

WARREN COUNTY BID TABULATION SHEET

BID NO: 46-17 ITEM(S): RFP FOR PUBLIC SAFETY COMMUNICATIONS CONSULTANT SERVICES FOR THE WARREN COUNTY SHERIFF'S OFFICE DATE: JULY 20, 2017 TIME: 3:00 PM	NAME & ADDRESS OF BIDDER	NAME & ADDRESS OF BIDDER	NAME & ADDRESS OF BIDDER	NAME & ADDRESS OF BIDDER	NAME & ADDRESS OF BIDDER	NAME & ADDRESS OF BIDDER
DESCRIPTION OF ITEM	BID PRICE/HOUR	BID PRICE/HOUR	BID PRICE/HOUR	BID PRICE/HOUR	BID PRICE/HOUR	BID PRICE/HOUR
Phase 1 Pricing:	\$59,930.00	\$39,800.00	\$41,500.00	\$48,900.00	\$59,166.00	\$55,975.00
Optional \$15,000 for Signal Measurement & Drive Testing.						
Phase 2 Pricing: \$165.00/hr. Implementation hours & Travel TBD.	Range of \$75,000 to \$128,000 for RFP process & project mgmt fees/expenses. Billing rate \$130/hr plus expenses.	Estimated 4% of Overall Project Cost. Procurement Assistance 3%. Deployment Assistance 10%. Estimated Expenses TBD. Hourly rates range from \$150 - \$275.	Implementation through contract award \$34,500 - 43,000 plus contract administration to be 6% - 7% of awarded project. \$160/hr Public Safety Consultant; \$185/hr Sr. Consultant.	Implementation can range between 4% - 8% of total comprehensive radio system budget. 27 different labor rates listed ranging from \$75 - \$261.00	Range of 120 - 160 hours for spec development activities @ \$159/hr.	Hourly rates range from \$79 - \$212.00
BID AWARDED TO:						
JULIE A. BUTLER, PURCHASING AGENT	Term: Commencing upon execution of agreement and terminating upon completion of services Resolution No. Xrx of 2017					

Radio Consultant Analysis 2017

I came up with a scoring system for the prospective Radio Consultants. It gives them a number grade instead of an “I like them best” type of evaluation. The scores they received were a combination of what I felt was ideal for our project as well as how they compared to the other prospective consultants.

I scored as follows:

- > Price: 100 points- Basically I subtract their price for Phase 1 (in thousands) from 100
- > RF Expertise: 200 points- Looking for details that show familiarity with VHF, analog, simulcast and vendor familiarity.
- > Network Expertise: 200 points – Looking for a Consultant that showed a high competence in networking.
- > Team: 100 points- Looking for a well-defined team that was big enough to serve us with the experience to give us good answers and guidance.
- > Plan: 200 points – I was looking for a Consultant that had a detailed approach to how they were going to perform Phase 1.
- > Prior Projects: 200 points – Looking for work they had done in the past on systems similar to ours, showing vendor neutrality, RF and data competence, and effective completion.

Vendor	Citadel	Panther Pines	V-Comm	Eler Systems	Mission Critical Partners	Televate
Phase 1 Pricing	\$59,930.00	\$39,800.00	\$41,500.00	\$48,900.00	\$59,166.00	\$55,975.00
Price (100)	25	60	58	51	41	44
RF Experience (200)	180	75	120	150	170	130
Network Experience (200)	190	50	100	120	130	100
Project Team (100)	90	20	70	70	70	60
Plan (200)	190	50	150	160	150	170
Prior Projects (200)	180	70	120	170	150	120
Totals	855	325	618	721	711	624

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Sheriff's Office

DATE: 01-24-2018

- (a) Purpose of Request: Resolution request to authorize the construction of a radio communications tower and support facilities on the Stony Creek Town Hall property in Stony Creek, to include authorization of the Sheriff to execute any other necessary documents to facilitate full implementation and functionality of the tower and associated required equipment including APA application, construction agreements, installation, service, maintenance and support, provided the funds have been budgeted for and are available.**

- (b) Details:**

- (c) Previous Resolution Number: 332 of 2017**

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: Will be funded by Dormitory Authority of New York State Grant**

Sample: A.8021 470 Planning & Community Development – Contract

*** as listed in budget and LOGOS**

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Sheriff's Office

DATE: 01-24-2018

- (a) Purpose of Request: **Ratify the Chairman's signature on a Tower Site License application from KGI Wireless to locate communications equipment on a Verizon Tower at 373 NYS Route 9, Queensbury, NY, (whereas KGI Wireless and Verizon have agreed to waive the application fee of \$2,500.00);**
- **to authorize structural analysis on the existing tower, construction and/or purchase of the building to shelter the equipment, not to exceed \$250,000.00, and**
 - **to enter into a tower use agreement with (Verizon) for an the annual fee of \$500.00, and**
 - **to authorize any other necessary documents for installation, service, maintenance and support for full functionality of the equipment, provided the funds have been budgeted for and are available.**
- (b) Details:
- (c) Previous Resolution Number: N/A
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **Will be funded by Dormitory Authority of New York State Grant**

Sample: A.8021 470 Planning & Community Development – Contract

* 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 24, 2018

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect money from insurance recoveries.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110 441 \$7,392.00
- (c) **Revenue Code (with title), and Amount:**
A.3110 2680 \$7,392.00

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

MAIL DIRECT

COPY

03292.46Q3S.JSS1537798020.01.01.3057
WARREN COUNTY
1340 STATE ROUTE 9
LAKE GEORGE, NY 128453434

RECEIVED
DEC 20 2017
WARREN COUNTY
NEW YORK

USAA General Indemnity Company
PO Box 33490
San Antonio, TX 78265

INVOICE #: USAA-95850351605592656290
USAA #: 035168595
LOSS RPT #: 1
LOSS DATE: 10/26/2017
POLICYHOLDER:
ERIC KRANTZ

LOB: AUT
CLAIMS REP: 09001-94
CHECK #: 0020523856
CHECK DATE: 12/19/2017

EXPLANATION OF PAYMENT	TOTAL PAYMENT AMOUNT
Total Loss Payment under Property Damage Liability Coverage WARREN COUNTY, 2003 CHEVROLET EXPRESS	\$**7,392.00

18433-1013

93868-0215

BACK OF DOCUMENT HAS A COLORED BACKGROUND. THE BACK CONTAINS AN ARCHIBALD W&P WATERMARK. HOLD AT ANGLE TO VIEW.



USAA General Indemnity Company
PO Box 33490
San Antonio, TX 78265

51-44/119 CT

0020523856

DATE
12/19/2017

CHECK AMOUNT
\$**7,392.00

PAY **Seven Thousand Three Hundred Ninety-Two and 00/100 s**

TO WARREN COUNTY
THE
ORDER
OF:

USAA #: 035168595 / LR #: 1

NATURE OF PAYMENT:
Total Loss Payment under Property Damage Liability Coverage WARREN
COUNTY, 2003 CHEVROLET EXPRESS
BANK OF AMERICA - HARTFORD, CT

VOID 180 DAYS FROM ISSUE DATE

Smart Parker
AUTHORIZED SIGNATURE

⑈0020523856⑈ ⑆011900445⑆ 2240015665⑈

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 24, 2018

(a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies, already received prior to the end of 2017, from insurance recoveries. Money to be taken from Appropriated Fund Balance.

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

A.3010.441	Sheriff's Auto Supplies and Repairs	\$1,118.05
A.3010.441	Sheriff's Auto Supplies and Repairs	\$1,902.12

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

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

WARREN COUNTY ATTORNEY'S OFFICE

Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845
Telephone 518 - 761 - 6463
Fax 518 - 761 - 6377

LAW DEPARTMENT

DATE: 12/05/17
TO: Michael Swan
FROM: Laney Morgan
RE: Insurance check State Farm Claim #52-1934-C83

Enclosed please find State Farm Insurance's check #128770790J in the amount of \$1118.05, representing payment for damage to Sheriff's Unit 504 (VIN#1G1WASE31G1164209) by their insured, Judith Baurle's vehicle on 10/24/2017 on Glen Street, Glens Falls, NY.

In accord with Rob Lynch's email from 2/23/17, I am forwarding this to you, rather than the Sheriff's department.

C: C. Shawn Lamouree, Undersheriff

PAYMENT NO 1 28 770790 J
PAYMENT AMOUNT \$1,118.05
ISSUE DATE 11-29-2017
AUTHORIZED BY SMITH, CHARLEEANN
PHONE (855) 341-8184

CLAIM NO 52-1934-C83
LOSS DATE 10-24-2017
POLICY NO 1434-586-52
INSURED BAURLE, JUDITH

WARREN COUNTY
1340 STATE ROUTE 9
LAKE GEORGE NY 12845-3434

REMARKS Payment for damages to 2016 Chevrolet Impala.

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
PROPERTY DAMAGE LIABILITY	WARREN COUNTY	1,118.05

RETAIN STUB FOR RECORDS

State Farm STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY 1 28 770790 J

CLAIM TEAM LEAD JPMORGAN CHASE BANK, NA 56-1544/441
CTL OFFICE PAGEGNTQ:P26EXPPRO COLUMBUS, OH

CLAIM NO 52-1934-C83 INSURED BAURLE, JUDITH
LOSS DATE 10-24-2017 DATE 11-29-2017

***** EXACTLY ONE THOUSAND ONE HUNDRED EIGHTEEN AND 05/100 DOLLARS ***** \$*****1,118.05

Pay to the Order of: WARREN COUNTY

Michael F. Lipson
AUTHORIZED SIGNATURE
Jon C. Farney
AUTHORIZED SIGNATURE

GREEN DROPOUT APPEARS ON FACE OF DOCUMENT

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈ 28 1 770790 ⑈ ⑆ 044 1 15443 ⑆ 777 145244 ⑈

PAYMENT DATE
 12/13/2017
COLLECTION STATION
 Monica's Desk
RECEIVED FROM
 New York Municipal Insurance
 Reciprocal
DESCRIPTION

Warren County Treasurer
 1340 State Route 9
 Lake George, NY 12845

BATCH NO.
 2017-00000491
RECEIPT NO.
 2017-00005435
CASHIER
 Monica Stark - FO

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT																														
A.3110 2680	Insurance Recoveries Insurance recoveries A 200.01 Cash - General \$1,902.12 A.3110 2680 Insurance Recoveries \$1,902.12 Payments: <table border="1" data-bbox="440 672 1157 945"> <thead> <tr> <th>Type</th> <th>Detail</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Check</td> <td>91237</td> <td>\$1,902.12</td> </tr> <tr> <td colspan="2">Total Cash</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">Total Check</td> <td>\$1,902.12</td> </tr> <tr> <td colspan="2">Total Charge</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">Total Wire</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">Total Other</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">Total Remitted</td> <td>\$1,902.12</td> </tr> <tr> <td colspan="2">Change</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">Total Received</td> <td>\$1,902.12</td> </tr> </tbody> </table>	Type	Detail	Amount	Check	91237	\$1,902.12	Total Cash		\$0.00	Total Check		\$1,902.12	Total Charge		\$0.00	Total Wire		\$0.00	Total Other		\$0.00	Total Remitted		\$1,902.12	Change		\$0.00	Total Received		\$1,902.12	\$1,902.12
Type	Detail	Amount																														
Check	91237	\$1,902.12																														
Total Cash		\$0.00																														
Total Check		\$1,902.12																														
Total Charge		\$0.00																														
Total Wire		\$0.00																														
Total Other		\$0.00																														
Total Remitted		\$1,902.12																														
Change		\$0.00																														
Total Received		\$1,902.12																														
Total Amount:		\$1,902.12																														

Customer Copy

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

DATE ISSUED: 12/07/17

CHECK NO: 0000091237

Description	Check Amount
Claim No: WARR-2017-016-001, Commercial Automobile Comprehensive/Glass, Invoice No: Claimant: Warren County	\$1,902.12
DOL: 11/10/2017, Payment for damages to Police Interceptor Vin 905 CHECK TOTAL	\$1,902.12

A-31102680



RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff's Office

DATE: 01-24-2018

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **Lease of space at the Warren County Sheriff's Office for the purpose of fingerprinting. Idemia will pay the Sheriff's Office \$1,000 per month.**
- (c) Name of Contractor: **Idemia (Formerly MorphoTrust USA, LLC)**
- (d) Address of Contractor: **6840 Carothers Parkway, Suite 601, Franklin TN, 37067**
- 8039** (e) Contractor's Contact Person and Telephone Number: **Nancy Howell (615) 372-**
- (f) Has or will the Contract be provided, if so, please attach: **Attached**
- (g) Commencement Date of Contract: **Effective February 1, 2018**
- (h) Termination Date of Contract: **Upon Notice as specified in Contract**
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Monthly**)
- (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



AMENDMENT OF AGREEMENT

This Amendment ("Amendment"), effective February 1, 2018, amends the Agreement dated January 5, 2016, by and between Warren County Sheriff's Office, with its office located at 1400 U.S. 9, Lake George, NY 12845 ("Service Provider") and IDEMIA Identity & Security USA, LLC , with its primary office located at 296 Concord Rd., Billerica, MA 01821("IDEMIA", previously known as MorphoTrust USA, LLC or L-1 Enrollment Services).

WHEREAS, the parties desire to modify the terms of the Agreement.

NOW THEREFORE, in consideration of the mutual covenants set forth herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

- 1. The existing Agreement is hereby amended as follows: Host location will be paid a monthly stipend of \$1,000 for the Enrollment Center to be open two days a week.
2. Effect of Amendment. Except as herein modified and amended, all the terms and conditions of the Agreement shall remain in full force and effect, and the execution of this Amendment shall in no event be deemed to constitute a waiver of any right or claim of any of the parties hereto by virtue of this Amendment. Unless otherwise specified, capitalized terms used herein or incorporated by reference shall have the same definitions as those specified in the Agreement.
3. Counterparts. This Amendment may be executed in several counterparts, each of which when executed and delivered shall constitute an original and all of which, when taken together, shall constitute one and the same agreement. The signature of the parties hereto may be evidenced by a facsimile or electronic (e.g., pdf) copy of this Amendment bearing such signature and transmitted to the other party. Such signature shall be valid and binding as if an original executed copy of this Amendment has been delivered.

IN WITNESS WHEREOF, the parties cause this Amendment to be executed by their duly authorized representatives.

IDEMIA Identity & Security USA, LLC

Warren County Sheriff's Office

By: _____

By: [Signature] _____

Name: Patrick Kelly
Title: Sr. Director of Business Development
Sales & Marketing

Name: Nathan H. York
Title: Warren County Sheriff