

**Public Safety Committee
Sheriff's Committee Agenda
March 20, 2018**

Committee Members: Leggett, Geraghty, Simpson, 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 Resolution to amend County Budget to reflect money from an insurance recoveries in the amount of \$33,018.86.
 - B. Request Resolution to amend County Budget for FY16 State Law Enforcement Terrorism Prevention Program Grant (\$20,000), carryover from fiscal year 2017 into 2018.
 - C. Request Resolution to amend County Budget for FY17 State Law Enforcement Terrorism Prevention Program Grant (\$19,994), carryover from fiscal year 2017 into 2018.
- IV. Referral / Pending Items
- V. Topics for Discussion
 - A. We currently have (2) vacancies for Correction Officer. (1) vacancy is due to a promotion and other is due to a resignation.
- VI. Motion to adjourn

Attachments:

- #1. Resolution Request Form #7, Amend County Budget (Insurance Recoveries)
- #2. Resolution Request Form #7, Amend County Budget (FY16 SLETPP)
- #3. Resolution Request Form #7, Amend County Budget (FY17 SLETPP)

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: March 20, 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 \$33,018.86
- (c) **Revenue Code (with title), and Amount:**
A.3110 2680 \$33,018.86

*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: 03/09/2018
TO: Michael Swan
FROM: Laney Morgan
RE: Insurance check NYMIR Claim #WARR-2018-005-001

Enclosed please find NYMIR's check #92618 in the amount of \$29,418.50, representing payment for damage to Sheriff Cruiser MV519 (VIN#1FAHP2MK3EG149061) by Charles Carlton's vehicle on 2/12/18 on State Route 9, Queensbury, NY. The \$500 deductible is recoverable (prorated) once NYMIR subrogates to Mr. Carlton's insurance (Erie Claim #A784929).

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

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

DATE ISSUED 3/06/18

CHECK NO. 0000092618

Description	Check Amount
Claim No: WARR-2018-005-001, Commercial Automobile Collision, Invoice No: First and Final - Claimant: Warren County DOL: 2/12/2018, 2014 Ford Int Vin # 9061	\$29,418.50
CHECK TOTAL	\$29,418.50

519

RECEIVED

MAR 08 2018

County Attorney's Office

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND A WATERMARK PATTERN ON THE BACK - HOLD AT ANGLE TO VIEW

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

119 WASHINGTON AVENUE
ALBANY, NY 12210

KEY BANK OF NEW YORK
99 WASHINGTON AVENUE, ALBANY, NY 12210
TWIN TOWERS OFFICE

CHECK NO. 0000092618

29-7 213	DATE
	3/06/18

PAY: Twenty nine thousand four hundred eighteen and 50/100 Dollars

TO THE
ORDER
OF
WARREN COUNTY

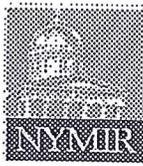
CHECK AMOUNT
\$*****29,418.50

MAIL TO: **WARREN COUNTY**
ATTENTION: COUNTY ATTORNEY'S OFFICE
1340 STATE ROUTE 9
LAKE GEORGE, NY 12845-9803

Austin J. Crawford
Austin J. Crawford

SIGNATURE HAS A COLORED BACKGROUND

⑈0000092618⑈ ⑆021300077⑆ 325680004174⑈



NEW YORK MUNICIPAL INSURANCE RECIPROCAL

February 27, 2018

Warren County
1340 State Route 9
Lake George, NY 12845

Re: Insured: Warren County
D/I: 2/12/18
File No: WARR-2018-005-001
Vehicle: 2014 Ford Interceptor & VIN #
1FAHP2MK3EG149061

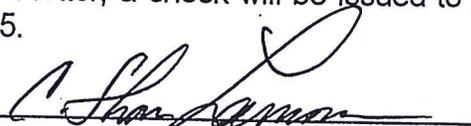
Dear Ilana Morgan:

The New York Municipal Insurance Reciprocal is the insurer for Warren County and is managing the claim referenced above. As we discussed, we are extending an offer of \$29,418.50 based upon the total loss value of your vehicle. We arrived at the amount based on the following calculation:

RCV:	\$30,193.50
Deductible:	-\$500.00
Salvage:	-\$275.00
Total:	= \$29,418.50

Your signature below constitutes your acceptance of this offer and settlement of this claim.

Please sign and return this original letter, retaining a copy for your own reference. Upon receipt of the signed letter, a check will be issued to you at the address of 1340 State Route 9 Lake George, NY 12845.

X 

Date: 3/2/2018

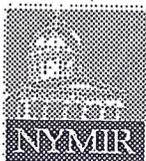
Very truly yours,

Sponsored by:



333 Earle Ovington Blvd. Suite 505
Uniondale, New York 11553-3624
(516) 227-2120, FAX 227-2352
1-800-NYMIR05

12 Metro Park Road
Colonie, New York 12205-1139
(518) 437-1171, FAX 437-1182
www.nymir.org



NEW YORK MUNICIPAL INSURANCE RECIPROCAL

Glenn Brewer
Claims Examiner
Direct Voice: 516 750-3963
Fax 516 227-2352

Cc: Rose & Kiernan, Inc.

Sponsored by:



Association of Towns



Conference of Mayors



Association of Counties

333 Earle Ovington Blvd. Suite 505
Uniondale, New York 11553-3624
(516) 227-2120, FAX 227-2352
1-800-NYMIR05

12 Metro Park Road
Colonie, New York 12205-1139
(518) 437-1171, FAX 437-1182
www.nymir.org

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

DATE ISSUED 2/27/18

CHECK NO. 0000092525

Description	Check Amount
Claim No: WARR-2018-007-001, Commercial Automobile Collision, Invoice No: First and Final - Claimant: Warren County DOL: 2/15/2018, COLL LESS \$500 DED 14 FORD VIN 7568 CHECK TOTAL	\$2,535.83 \$2,535.83

Shen

549



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NEW YORK MUNICIPAL INSURANCE RECIPROCAL

119 WASHINGTON AVENUE
ALBANY, NY 12210

KEY BANK OF NEW YORK
99 WASHINGTON AVENUE, ALBANY, NY 12210
TWIN TOWERS OFFICE

CHECK NO. 0000092525

29-7
213

DATE
2/27/18

PAY: Two thousand five hundred thirty five and 83/100 Dollars

TO THE ORDER OF **WARREN COUNTY**

CHECK AMOUNT
\$*****2,535.83

MAIL TO: **WARREN COUNTY**
1340 STATE ROUTE 9
LAKE GEORGE, NY 12845-9803

[Handwritten Signature]
Austin J. ...

SIGNATURE HAS A COLORED BACKGROUND

⑈0000092525⑈ ⑆021300077⑆ 325680004174⑈

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

DATE ISSUED 3/06/18

CHECK NO. 0000092599

Description	Check Amount
Claim No: WARR-2018-008-001, Commercial Automobile Collision, Invoice No: First and Final - Claimant: Warren County DOL: 2/20/2018, COLL LESS 500 DED 15 TOYOTA VIN 5630 ? CHECK TOTAL	\$862.03 \$862.03

A. 3110 2680

610

5530

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND A WATERMARK PATTERN ON THE BACK - HOLD AT ANGLE TO VIEW.

NEW YORK MUNICIPAL INSURANCE RECIPROCAL
119 WASHINGTON AVENUE
ALBANY, NY 12210

KEY BANK OF NEW YORK
99 WASHINGTON AVENUE, ALBANY, NY 12210
TWIN TOWERS OFFICE

CHECK NO: 0000092599

29-7
213

DATE
3/06/18

PAY: Eight hundred sixty two and 03/100 Dollars

TO THE ORDER OF: WARREN COUNTY

CHECK AMOUNT
\$*****862.03

MAIL TO: WARREN COUNTY
1340 STATE ROUTE 9
LAKE GEORGE, NY 12845-9803

[Signature]

SIGNATURE HAS A COLORED BACKGROUND

⑈0000092599⑈ ⑆026300077⑆ 325680004174⑈

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

DATE ISSUED 3/06/18

CHECK NO. **0000092617**

Description	Check Amount
Claim No: WARR-2017-016-001, Commercial Automobile Comprehensive/Glass, Invoice No: Claimant: Warren County DOL: 11/10/2017, 2014 Ford Interceptor, Vin #9059 supplement	\$202.50
CHECK TOTAL	\$202.50

Sheriff

A. 3110 2650

562

RECEIVED
MAR - 9 2018
12:23 PM

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND A WATERMARK PATTERN ON THE BACK - HOLD AT ANGLE TO VIEW

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

119 WASHINGTON AVENUE
ALBANY, NY 12210

KEY BANK OF NEW YORK
99 WASHINGTON AVENUE, ALBANY, NY 12210
TWIN TOWERS OFFICE

CHECK NO. **0000092617**

29-7
213

DATE
3/06/18

PAY: Two hundred two and 50/100 Dollars

TO THE ORDER OF **WARREN COUNTY**

CHECK AMOUNT
\$*****202.50

MAIL TO: **WARREN COUNTY**
1340 STATE ROUTE 9
LAKE GEORGE, NY 12845-9803

Austin Sun Crawford

SIGNATURE HAS A COLORED BACKGROUND

⑈0000092617⑈ ⑆021300077⑆ 325680004174⑈

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: March 20, 2018

(a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies being transferred from the FY16 State Law Enforcement Terrorism Program Grant (SLETPP).

(b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110.4032 455 Sheriff Law Enforcement Safety Equipment \$20,000.00

(c) **Revenue Code (with title), and Amount:**
A.3110.4032 4381 FY16 SLETPP \$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

DATE: March 20, 2018

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies being transferred from the FY17 State Law Enforcement Terrorism Program Grant (SLETPP).
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110.4035 455 Sheriff Law Enforcement Safety Equipment \$19,994.00
- (c) **Revenue Code (with title), and Amount:**
A.3110.4035 4381 FY17 SLETPP \$19,994.00

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

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 #19 Base Salary of Position: \$40,390.00 Grade: _____
Filling at Step # (If Known): _____
Budget code and title: A.3110 Sheriff Law Enforcement Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 8689 Date of Vacancy: 04/02/2018
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 _____

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 3/20/18

BUDGET OFFICER COMPLETES THIS SECTION

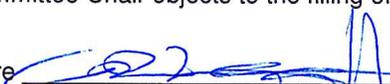
- The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature  Date 3/20/18

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  Date 3.20.18