

Criminal Justice &
Public Safety Committee
Warren County Assigned Counsel
AGENDA
April ____, 2019

Committee Members: LEGGETT, Geraghty, Simpson, Wild, Magowan, Sokol, Hogan, Braymer
Driscoll and Merlino

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior committee meeting
- III. Action Agenda/New Business
 1. **Request: Renew LASNNY Family Court Conflict Defender Contract for an additional two years.**
 2. **Request: Extend LASNNY Grant Contract #600052, Distribution #6; and**
 3. **Request: Extend LASNNY Grant Contract #7000752, Distribution #5.**

Rationale: To have same approved by Committee to allow smooth and timely pay outs and County reimbursements on Conflict Defender contract and all LASNNY OILS grants.
- IV. Referral/Pending Items:
- V. Information for Discussion/Review:
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

Attachments

#1 Resolution Request Form #4 (x3)

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: ASSIGNED COUNSEL

DATE: April 8, 2019

- (a) Purpose of Contract Change: To extend the current contract with LAASNY for two years to continue legal representation of indigents in Family Court Conflict matters. The amount of the contract is \$84,718.00 per year for a total of \$169,436.00 which is the same amount as approved in 2013, 2014, 2015 and 2017.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: Past resolutions - 99 of 2006 (as amended by 391); 265 of 2008; 274 of 2009; 270 of 2010, 343 of 2011; 230 of 2012; 272 of 2013; 251 of 2014; 198 of 2015 and 330 of 2017
- (c) Name of Contractor: Legal Aid Society of Northeastern New York
- (d) Address of Contractor: 55 Colvin Ave Albany, NY 12206
- (e) Contractor's Contact Person and Telephone Number: Lillian Moy, 587-5188
- (f) Commencement Date of Extension: May 31, 2019
- (g) Termination Date of Extension: April 30, 2021
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$169,436.00
 - iv) how will payments be made (monthly, upon completion of the legal matters.)
- (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. 11170 470, Legal Defense-Indigents, Contracts.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Assigned Counsel

DATE: 4/5/2019

- (a) Purpose of Contract Change: **To extend Contract with Legal Aid Society of Northeastern New York under Distribution #5 C000752 to end upon termination of grant funds from New York State**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **155/2018**
- (c) Name of Contractor: **Legal Aid Society**
- (d) Address of Contractor: **55 Colvin Avenue, Albany, NY 12206**
- (e) Contractor's Contact Person and Telephone Number: **Lillian Moy (518)689-6304**
- (f) Commencement Date of Extension: **01/01/2019**
- (g) Termination Date of Extension: **upon termination of grant funds from New York State**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$86,463**
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.1170 470 Legal Defense - Indigents, Contract**

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: Assigned Counsel

DATE: 4/5/2019

- (a) Purpose of Contract Change: **To extend Contract with Legal Aid Society of Northeastern New York under Distribution #6 C600052 to end upon termination of grant funds from New York State**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **154/2018**
- (c) Name of Contractor: **Legal Aid Society**
- (d) Address of Contractor: **55 Colvin Avenue, Albany, NY 12206**
- (e) Contractor's Contact Person and Telephone Number: **Lillian Moy (518)689-6304**
- (f) Commencement Date of Extension: **01/01/2019**
- (g) Termination Date of Extension: **upon termination of grant funds from New York State**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$45,000**
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.1170 470 Legal Defense - Indigents, Contract**

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