

CRIMINAL JUSTICE & PUBLIC SAFETY COMMITTEE  
PUBLIC DEFENDER  
AGENDA  
October 22, 2019

Committee Members: Supervisors **Leggett**, Geraghty, Simpson, Wild, Magowan, Sokol, Hogan, Braymer, Driscoll, Merlino, VACANT

- 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 Accept Funding under Distribution #8/ C800052
  2. Request to Create New Position: Data Officer – Indigent Legal Services
  3. Notice of Intent to Fill Vacant Position: Data Officer – Indigent Legal Services
  4. Request to Extend Warren County Public Defender’s Appointment
- IV. Referrals/Pending Items:

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

---

Attachments:

Resolution Request Form No. 20 – Request to Accept Funding under Distribution #8/ C800052  
Distribution #8/ C800052 Contract and Budget  
Resolution Request Form No. 11 – Request to Create New Position  
Resolution Request Form No. 12 – Notice of Intent to Fill Vacant Position  
Resolution Request Form No. 20 – Request to Extend Appointment

**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:** Public Defender's Office

**DATE:** 10/15/2019

- (a) Purpose of Request:  
**To Authorize the Chairman to enter into an agreement to accept funding through  
Distribution #8/ C800052**
  
- (b) Details:
  
  
  
  
  
  
  
  
  
  
- (c) Previous Resolution Number:
  
  
  
  
  
  
  
  
  
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and  
Amount:

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

\* as listed in budget and LOGOS

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p>STATE AGENCY (Name &amp; Address):</p> <p><b>NYS Office of Indigent Legal Services</b>  <b>A. E. Smith Building, 11th Floor</b>  <b>80 South Swan Street</b>  <b>Albany, NY 12210</b></p>	<p>BUSINESS UNIT/DEPT. ID: <b>OLS01</b>  <b>1350200</b></p> <p><b>CONTRACT NUMBER: C800052</b></p> <p>CONTRACT TYPE:</p> <p><input checked="" type="checkbox"/> <b>Multi-Year Agreement</b>  <input type="checkbox"/> Simplified Renewal Agreement  <input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:</p> <p><b>Warren, County of</b></p>	<p>TRANSACTION TYPE:</p> <p><input checked="" type="checkbox"/> <b>New</b>  <input type="checkbox"/> Renewal  <input type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p>	<p>PROJECT NAME:</p> <p><b>Distribution #8</b></p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p><b>NYS Vendor ID Number: 1000002438</b>  <b>Federal Tax ID Number: 14-6002576</b>  DUNS Number (if applicable):</p>	<p>AGENCY IDENTIFIER:</p> <p>CFDA NUMBER (Federally funded grants only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>Warren County Board of Supervisors  Municipal Center  1340 State Route 9  Lake George, NY 12845-9803</p> <p>CONTRACTOR PAYMENT ADDRESS:  <input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR MAILING ADDRESS:  <input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS:</p> <p><input type="checkbox"/> For Profit  <input checked="" type="checkbox"/> <b>Municipality, Code: 520100000000</b>  <input type="checkbox"/> Tribal Nation  <input type="checkbox"/> Individual  <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code:</p> <p><input type="checkbox"/> Sectarian Entity</p>

Contract Number: C800052

Page 1 of 2

Master Grant Contract, Face Page

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p><b>CURRENT CONTRACT TERM:</b></p> <p><b>From: January 1, 2018</b> <b>To: December 31, 2020</b></p> <p><b>CURRENT CONTRACT PERIOD:</b></p> <p><b>AMENDED TERM:</b></p> <p>From:                      To:</p> <p><b>AMENDED PERIOD:</b></p> <p>From:                      To:</p>	<p><b>CONTRACT FUNDING AMOUNT</b> <i>(Multi-year – enter total projected amount of the contract; Fixed Term/Simplified Renewal – enter current period amount):</i></p> <p><b>CURRENT: \$320,436.00</b></p> <p><b>AMENDED:</b></p> <p><b>FUNDING SOURCE(S):</b></p> <p><input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>
--	---

*FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT:*  
(Out years represent projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				

**ATTACHMENTS PART OF THIS AGREEMENT:**

- Attachment A:       A-1 Program-Specific Terms and Conditions  
                                   A-2 Federally Funded Grants and Requirement Mandated  
  by Federal Laws
- Attachment B:       B-1 Expenditure Based Budget       B-2 Performance Based Budget  
                                   B-3 Capital Budget                       B-4-Net Deficit Budget  
                                   B-1(A) Expenditure Based Budget (Amendment)  
                                   B-2(A) Performance Based Budget (Amendment)  
                                   B-3(A) Capital Budget (Amendment)  
                                   B-4(A) Net Deficit Budget (Amendment)
- Attachment C: Work Plan
- Attachment D: Payment and Reporting Schedule
- Other:

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

CONTRACTOR:

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE AGENCY:

NYS Office of Indigent Legal Services

\_\_\_\_\_  
By: \_\_\_\_\_

William J. Leahy

Printed Name

Title: Director – Office of Indigent Legal Services

Date: \_\_\_\_\_

STATE OF NEW YORK

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_, that he/she is the \_\_\_\_\_ of the \_\_\_\_\_, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Master Contract.

(Notary) \_\_\_\_\_

ATTORNEY GENERAL'S SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE COMPTROLLER'S SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contract Number: C800052

Page 1 of 1

Master Contract for Grants, Signature Page

ATTACHMENT B-1

BUDGET

Office of Indigent Legal Services  
DISTRIBUTION #8  
January 1, 2018 - December 31, 2020

COUNTY OF WARREN

Total Contract Amount: \$320,436.00

Budget Expenditure Item	Year 1 1/1/18 - 12/31/18	Year 2 1/1/19 - 12/31/19	Year 3 1/1/20 - 12/31/20
<b>PUBLIC DEFENDER'S OFFICE</b>			
<b>PERSONNEL:</b>			
Public Defender Office - Salary Increases-Retention and 2%	\$12,025.00	\$13,780.00	\$15,670.00
Public Defender Office - Fringe Increases-Retention and 2%	\$920.03	\$1,054.21	\$1,198.76
After-Hour Arraignment - Stipends	\$17,385.00	\$17,385.00	\$17,385.00
After-Hour Arraignment - Fringe Benefits	\$1,330.00	\$1,330.00	\$1,330.00
(PT) Social Worker - Salary	\$9,750.00	\$9,750.00	\$9,750.00
(PT) Social Worker - Fringe	\$726.00	\$726.00	\$726.00
<b>Subtotal Personnel</b>	<b>\$42,136.03</b>	<b>\$44,025.21</b>	<b>\$46,059.76</b>
<b>OTPS:</b>			
Training/Continuing Legal Education (CLE)-Public Defender	\$4,128.00	\$2,549.00	\$3,217.00
Phone Data Plans/Internet Fees - Public Defender	\$3,000.00	\$3,000.00	\$3,000.00
Computer Upgrades/Office Equipment-Public Defender	\$4,000.00	\$0.00	\$0.00
<b>Subtotal OTPS</b>	<b>\$11,128.00</b>	<b>\$5,549.00</b>	<b>\$6,217.00</b>
<b>Total for Public Defender's Office</b>	<b>\$53,264.03</b>	<b>\$49,574.21</b>	<b>\$52,276.76</b>
<b>ASSIGNED COUNSEL PLAN</b>			
<b>Personnel:</b>			
Grant Administrator - Salary	\$8,320.00	\$8,487.00	\$8,657.00
Grant Administrator - Fringe	\$637.00	\$650.00	\$663.00
<b>Subtotal Personnel</b>	<b>\$8,957.00</b>	<b>\$9,137.00</b>	<b>\$9,320.00</b>
<b>Contracted/Consultant:</b>			
Rural Law Center of New York, Inc.	\$25,404.00	\$28,455.00	\$25,134.00
<b>Contracted/Consultant:</b>			
Paralegal-Legal Aid Society of Northeastern New York	\$18,787.00	\$19,646.00	\$20,081.00
<b>Subtotal Contracted/Consultant</b>	<b>\$44,191.00</b>	<b>\$48,101.00</b>	<b>\$45,215.00</b>

Budget Expenditure Item	Year 1 1/1/18 - 12/31/18	Year 2 1/1/19 - 12/31/19	Year 3 1/1/20 - 12/31/20
<b>OTPS:</b>			
Computer Equipment	\$400.00	\$0.00	\$0.00
Subtotal OTPS	\$400.00	\$0.00	\$0.00
Total for Assigned Counsel Plan	\$53,548.00	\$57,238.00	\$54,535.00
TOTAL	\$106,812.03	\$106,812.21	\$106,811.76
THREE-YEAR TOTAL	\$320,436.00		

# ***RESOLUTION REQUEST FORM NO. 11***

## ***Request to Create New Position***

**DEPARTMENT NAME:** Public Defender's Office

**DATE:** 10/15/2019

- (a) Title of Requested Position: **Data Officer - Indigent Legal Services**
- (b) Annual **Base** Salary (and Grade if Applicable): **\$55,930**
- (c) Effective Date for New Position:\* **1/1/2020**  
\*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):  
**n/a**
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:  
**A.1171 110**
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain:  
**Yes, the Office of Indigent Legal Services has requested this position be staffed in each County in New York State.**
- (h) Is there expected revenue from this position? If so, please explain:

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: Public Defender's Office Payroll Dept. No:
Title of Position: Data Officer - Indigent Legal Services Base Salary of Position: \$55,930 Grade:
Filling at Step # (If Known):
Budget code and title: A.1171 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other - creation
Employee No./Last Name: Date of Vacancy:
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State 100 % 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. 10-15-19

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 10/22/19

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 10/22/19

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 10-22-19

# **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: Public Defender's Office**

**DATE: 10/15/2019**

(a) Purpose of Request:

**To extend the Warren County Public Defender's Appointment beyond 12/31/2019 (expiration) until The Board of Supervisors reappoints this position at their Organization Meeting in 2020.**

(b) Details:

**The term of the Warren County Public Defender expires on 12/31/2019. As such, a request is being made to extend this term from January 1, 2020 and run until reappointment to allow cases to be handled until the Board of Supervisors reappoints the Public Defender position.**

(c) Previous Resolution Number:

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:

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

\* as listed in budget and LOGOS