

CRIMINAL JUSTICE, PUBLIC SAFETY & EMERGENCY

SERVICES COMMITTEE MEETING

PROBATION AGENDA

June 25, 2024

Committee Members: Supervisors Geraci, Conover, Maday, Strainer, Gilligan, Driscoll and Etu

**I. Committee meeting called to order by Chair**

**II. Approval of minutes of prior Committee Meeting**

**III. Privilege of the floor and public comment**

**IV. Action Agenda/New Business Items:**

1. **Request:** To transfer funds from Probation Budget A.3140 110 salaries-regular to A.3140 120 salaries-overtime in the amount of \$2,000 to cover future overtime costs.  
**Rationale:** Funds are needed to cover potential overtime costs associated with after-hours home visits and work associated with locating detention beds that go beyond the regular work day.
2. **Request:** To apply for 13-A Classification Funding from NYS Division of Criminal Justice Services in the amount of \$13,140 for the term 7/1/24-6/30/25.  
**Rationale:** Funding supports our department's Pretrial Release Program.

**V. Discussion Items:** None

**VI. Referrals/Pending Items:** None

**VII. Privilege of the floor and public comment**

**VIII. Motion to Adjourn**

Attachments: 1. Resolution Request No.10  
2. Resolution Request No. 5

**RESOLUTION REQUEST FORM NO. 10**

***Request for Transfer of Funds***

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

**DEPARTMENT NAME:** Probation

**SIGNED:** 

**DATE:** 6/25/24

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3140 110	Salaries-Regular	A.3140 120	Salaries-Overtime	\$2,000

**Please state reason for transfers requested:**

Overtime is needed to cover occasional costs associated with necessary after-hours home visits and detention issues.

**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.**

## ***RESOLUTION REQUEST FORM NO. 5***

### ***Request to Apply for a Grant Application and Grant Agreement***

**DEPARTMENT NAME:** Probation

**DATE:** 6/25/24

- (a) Purpose of Grant:  
**To ratify actions of the Probation Department to apply for 13-A Classification funding in the amount of \$13,140 with NYS Division of Criminal Justice Services to support our Pretrial Release Program.**
- (b) Name of Grantor:  
**NYS Division of Criminal Justice Services**
- (c) Address of Contractor: **80 South Swan Street, Albany, NY 12210**
- (d) Grantor's Contact Person and Telephone Number:  
**Nicole Aldi, (518) 485-8547**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **will be provided**
- (f) Effective Date of Grant: **7/1/24**
- (g) Termination Date of Grant: **6/30/25**
- (h) Total Dollar Amount Involved (not to exceed): **\$13,140**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:  
**7/1/24**
- (j) Is a Budget amendment required? **No** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **No** If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **No** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title\* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and 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



**Division of Criminal  
Justice Services**

**KATHY HOCHUL**  
Governor

**ROSSANA ROSADO**  
Commissioner

**CILLIAN FLAVIN**  
Deputy Commissioner

## Grant Award Notice

DCJS is pleased to inform you that your County is eligible to receive the below noted amount for your county's Article 13-A Classification/Alternatives to Incarceration (ATI) program(s) for term of July 1, 2024, to June 30, 2025. This funding provides localities the opportunity to examine their criminal justice and jail populations, to consider possible program implications as a result of legislative changes, and to conduct planning for effective ATI programs.

Grantee: Warren County	Date: May 15, 2024
Program Name: Warren County 13A Classification	Award Amount: \$13,140.00
Name of Official: Hon. Kevin Geraghty, Chairman of the Board	Term Dates: 07/01/2024 - 06/30/2025
Email: <a href="mailto:allena@warrencountyny.gov">allena@warrencountyny.gov</a>	

**Article 13-A Funding- Additional Information:** This funding is contingent upon the submission and subsequent DCJS approval of, the Article 13-A Classification/Alternatives to Incarceration (ATI) Service Plan Application completed by the county. Article 13-A programs run by probation departments in the 2023-2024 term will find their application as an Appendix to the Probation Annual Plan. For non-probation run 13-A programs in 2023-2024, a separate application will be sent to the program contact. This funding is contingent on the availability of state funds and any state agency review as required.

The 13-A Service Plan application(s) should be submitted to DCJS via email to [dcjsopcaati@dcjs.ny.gov](mailto:dcjsopcaati@dcjs.ny.gov). Once plans are approved by DCJS, grantees will be notified and shall receive payment for their entire award in the Fall of 2024. The county shall subsequently and promptly make this funding available to the recipient agencies (e.g., Public Defenders, probation department, sheriff's offices, local county, not-for-profits, or any other agencies contracted with to provide services to the county) within 60 days of receipt.

Quarterly Progress Reports will continue to be required and should be submitted to OPCA at [dcjsopcaati@dcjs.ny.gov](mailto:dcjsopcaati@dcjs.ny.gov) for each program utilizing Article 13-A funding as identified below:

**July 1 - September 30 DUE October 31**

**January 1 - March 31 DUE April 30**

**October 1 - December 31 DUE January 31**

**April 1 - June 30 DUE July 31**

<p>PRIMARY CONTACT (Block Grant/Funding)</p> <p>NYS Division of Criminal Justice Services, Finance Office</p> <p><a href="mailto:dcjsGrantsUnitVoucherInquiry@dcjs.ny.gov">dcjsGrantsUnitVoucherInquiry@dcjs.ny.gov</a></p>	<p>PRIMARY CONTACT (Program)</p> <p>Nicole Aldi <a href="mailto:Nicole.aldi@dcjs.ny.gov">Nicole.aldi@dcjs.ny.gov</a></p> <p>Community Corrections Representative 3</p> <p>NYS Division of Criminal Justice Services</p> <p>Office of Probation and Correctional Alternatives</p>
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Thank you for your continued partnership to help keep New Yorkers safe and ensure a justice system that works for all.

CC: Robert Iusi, Director