

CRIMINAL JUSTICE, PUBLIC SAFETY & EMERGENCY

SERVICES COMMITTEE MEETING

PROBATION AGENDA

June 23, 2025

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

- 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 ratify actions of the Probation Department to apply for 13-A Classification Funding from the NYS Division of Criminal Justice Services in the amount of \$13,140 for the term 7/1/25-6/30/26.
Rationale: Funding supports our department's Pretrial Release Program.
- 2. **Request:** To amend County Budget to accept Byrne SCIP Crisis Intervention Programing Award from NYS Division of Criminal Justice Services in the amount of \$431,150. It should be noted that we previously applied in conjunction with Big Brothers Big Sisters of the Southern Adirondacks for this grant by means of a resolution request that was submitted to the Committee on 11/19/24. I have included that Resolution Request Form NO. 5 with this agenda.
Rationale: Funding will support subaward to Big Brothers Big Sisters of Southern Adirondacks to expand access and capacity in group mentoring.
- 3. **Request:** To transfer funds from Probation Budget A.3140 110 salaries -regular to A.3140 120 salaries-overtime in the amount of \$1,000 to cover possible overtime.
Rationale: Funds may be needed to cover overtime costs stemming from Basic Peace Officer Course Training.

V. Discussion Items:

VI. Referrals/Pending Items: None

VII. Privilege of the floor and public comment

VIII. Motion to Adjourn

Attachments: 1. Resolution Request No. 5
2. Resolution Request No. 7
3. Resolution Request No. 10

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Probation

DATE: 6/23/25

- (a) Purpose of Grant: **To ratify actions of the Probation Department to apply for 13-A Classification funding from the NYS Division of Criminal Justice Services in the amount of \$13,140 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: **7/1/25**
- (g) Termination Date of Grant: **6/30/26**
- (h) Total Dollar Amount Involved (not to exceed): **\$13,140**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **7/1/25**
- (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, 2025, to June 30, 2026. 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: 3/13/25
Program Name: County 13A Classification	Award Amount: \$13,140
Name of Official: Chairman, Board of Supervisors, Kevin Geraghty	Term Dates: 07/01/2025 - 06/30/2026
Email: allena@warrencountyny.gov	SFS ID: 1000002438

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 2024-2025 term will find their application as an Appendix to the Probation Annual Plan. For non-probation run 13-A programs in 2024-2025, 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. Once plans are approved by DCJS, grantees will be notified and shall receive payment for their entire award in the Fall of 2025. The county shall subsequently and promptly make this funding available to the recipient agencies (e.g., Public Defenders, probation department, pretrial services agencies, 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 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>dcjsGrantsUnitVoucherInquiry@dcjs.ny.gov</p>	<p>PRIMARY CONTACT (Program)</p> <p>Nicole Aldi Nicole.aldi@dcjs.ny.gov</p> <p>Community Corrections Representative 3</p> <p>NYS Division of Criminal Justice Services</p> <p>Office of Probation and Correctional Alternatives</p>
---	--

Thank you for your continued partnership to help keep New Yorkers safe and ensure a justice system that works for all.

CC: Director, Robert Iusi

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: Probation

DATE: 6/23/25

- (a) Purpose of Amendment: **To accept Byrne SCIP Crisis Intervention Programing Award from NYS Divisionof Criminal Justice Services in the amount of \$431,150.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.3140 470- Probation Contract -\$431,150**

- (c) Revenue Code (with title), and Amount: **A.3140 4313-Byrne Grant-\$431,150**



**Division of Criminal
Justice Services**

KATHY HOCHUL
Governor

ROSSANA ROSADO
Commissioner

CILLIAN FLAVIN
Deputy Commissioner

Grant Award Notice

Grantee/Contractor: Warren County / Warren County Probation	Date: 6/5/2025
Program Name: Byrne SCIP Crisis Intervention Programing	Award Amount: \$431,150 ¹
Signatory Name and Title: Robert F. Iusi Jr., Director	Term Dates: TBD
Email: iusir@warrencountyny.gov	Contract Number: C633218
Program Description: Funding to support a subaward to expand access and capacity in group mentoring.	
<p>The following additional information is provided as required when grants are supported with federal funding:</p> <p><u>Federal Award Identification Information</u></p> <p>Award Name: BJA FY 2022- 2023 Byrne State Crisis Intervention Program Formula Solicitation Federal Award Number: 15PBJA-23-GG-00026-BSCI Name of the Federal Award Agency: Bureau of Justice Assistance (BJA) Federal Award Lapse Date: 9/30/2026 Total Amount of Federal Award: \$13,313,053 Federal Fiscal Year of Funds: FFY 22-23 Catalog of Federal Domestic Assistance (CFDA) Title and Number: 16.738 Edward Byrne Memorial Justice Assistance Grant Program</p>	
Grant Questions	
<p style="text-align: center;">Primary Contact</p> <p>Julie Klugo, Public Safety Grants Representative NYS Division of Criminal Justice Services Office of Program Development and Funding Phone: 518.485.1475 Email: julie.klugo@dcjs.ny.gov</p>	<p style="text-align: center;">Secondary Contact</p> <p>Meagan Armstrong, Public Safety Grants Representative NYS Division of Criminal Justice Services Office of Program Development and Funding Phone: 518.485.5569 Email: meagan.armstrong@dcjs.ny.gov</p>

¹ The award amount listed above is contingent upon the completion and submission (as applicable) of all contractual obligations as well as approval by the NYS Division of Budget and execution of the grant contract by the NYS Office of the State Comptroller. This funding is provided by the Division of Criminal Justice Services (DCJS) with federal funds through the Bureau of Justice Assistance. Grantees receiving these funds will be subject to federal rules, regulations, and reporting requirements.

Thank you for all the work you do. We look forward to working with you in our continued efforts to safeguard the health and safety of all New York residents and visitors.

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Probation

DATE: Novemeber 19, 2024

- (a) Purpose of Grant: **To apply in conjunction with Big Brothers Big Sisters of Southern Adirondacks to NYS Division of Criminal Justice Services for Byrne State Crisis Intervention Program Grant.**
- (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: **Meagan Armstrong, 518-485-5569**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Will be attached**
- (f) Effective Date of Grant: **1/1/25**
- (g) Termination Date of Grant: **6/30/26**
- (h) Total Dollar Amount Involved (not to exceed): **\$500,000**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **12/6/24**
- (j) Is a Budget amendment required? **Will complete if awarded grant** 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

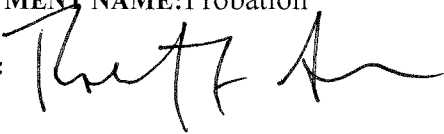
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Probation

SIGNED:



DATE: 6/23/25

<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	\$1,000

Please state reason for transfers requested: Funds needed to possibly cover overtime costs stemming from Basic Peace Officer Training.

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.