

CRIMINAL JUSTICE, PUBLIC SAFETY & EMERGENCY

SERVICES COMMITTEE MEETING

PROBATION AGENDA

July 21, 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 contract with Big Brothers Big Sisters of the Southern Adirondacks (BBBS) in an amount not to exceed \$431,150 for the term 1/1/25-6/30/26 in connection to the NYS Division of Criminal Justice Services Byrne SCIP Crisis Intervention Programing Award.
Rationale: Byrne Funding is a subaward to BBBS to expand access and capacity in group mentoring.
2. **Request:** To transfer funds from Probation-Day Reporting Budget A.3144 110 salaries-regular to A.3144 120 salaries-overtime in the amount of \$50 to cover overtime costs.
3. **Rationale:** Funds are needed to cover overtime costs.

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. 3
2. Resolution Request No.10

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Probation

DATE: 7/21/25

- (a) Is this a Result of a Bid or Request for Proposal?
No
- (b) Purpose of Contract:
To contract with Big Brothers Big Sisters of the Southern Adirondacks in connection to the NYS Division of Criminal Services Byrne SCIP Crisis Intervention Programing Award.
- (c) Name of Contractor:
Big Brothers Big Sisters of the Southern Adirondacks
- (d) Address of Contractor: **101 Ridge St. Suite 5, Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number:
Bill Moon, 518-798-1010
- (f) Has or will the Contract be provided, if so, please attach:
will be provided
- (g) Commencement Date of Contract:
1/1/25
- (h) Termination Date of Contract:
6/30/26
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$431,150**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
Quarterly
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount:
A.3140 470 Probation-Contract \$431,150

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

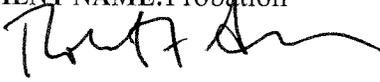
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Probation

SIGNED:



DATE: 7/21/25

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3144 110	Salaries-Regular	A.3144 120	Salries-Overtime	\$50

Please state reason for transfers requested: Funds needed to cover small overtime cost.

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.