

CRIMINAL JUSTICE

PUBLIC DEFENDER

AGENDA

May 18, 2020

Committee Members: Supervisors **SEEBER**, Leggett, Beaty, Diamond, Driscoll, McDevitt, and Shepler

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. Resolution Request to Decrease Salary of Non-Union Position/ Notice of Intent to Fill (3rd APD)
2. Resolution Request to Increase Salary of Non-Union Position/ Notice of Intent to Fill (8th APD)
3. Resolution Request to Extend Distribution #5 (C000752)
4. Resolution Request to Extend Distribution #6 (C600052)

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:

3rd APD - Request to Increase/ Decrease Salary; Intent to Fill

8th APD – Request to Increase/ Decrease Salary; Intent to Fill

Resolution Request to Extend Distribution #5 (C000752); Extension; Expense Statement

Resolution Request to Extend Distribution #6 (C600052); Extension; Expense Statement

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Public Defender

DATE: 3/5/2020

- (a) Employee Name, Title and Employee No.: **(3rd) Assistant Public Defender (VACANT)**
- (b) Current Annual Base Salary (and Grade if Applicable): **\$63,393 (new)**
- (c) Former Annual Base Salary (and Grade if Applicable): **\$69,891 (existing)**
- (d) Effective Date for Salary Change:* **4/20/2020**
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
- (f) Justification of Request:
Moving Assistant Public Defender (8th-ILS funded) to Assistant Public Defender (3rd- Warren County funded) to allow Family Court Representation. (ILS funds are Criminal Court only.)

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: Warren County Public Defender Payroll Dept. No: 6.01 A.1171
Title of Position: 3rd Assistant Public Defender Base Salary of Position: \$63,393 Grade: 1
Filling at Step # (If Known): _____
Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: _____ Date of Vacancy: _____
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State _____% 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. *Personnel Officer 3/11/20*
Human Resources Director has approved this form when initialed. *HR 3/11/20*

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: _____

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 _____ Date: _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____
 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: _____

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Public Defender

DATE: 3/5/2020

- (a) Employee Name, Title and Employee No.: **(8th) Assistant Public Defender POSITION**

- (b) Current Annual **Base** Salary (and Grade if Applicable): **\$69,891 (new)**

- (c) Former Annual **Base** Salary (and Grade if Applicable): **\$63,393 (existing)**

- (d) Effective Date for Salary Change:* **4/20/2020**
*Please do not backdate request unless the purpose is to correct an error.

- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
A.1171

- (f) Justification of Request:
Moving Assistant Public Defender (8th-ILS funded) to Assistant Public Defender (3rd- Warren County funded) to allow Family Court Representation (ILS funds are Criminal Court only) which leaves Assistant Public Defender (8th) vacant. We are requesting the funds taken from the existing vacant 3rd position be moved to the 8th position to allow hiring of a more experienced Criminal Court Attorney.

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: Warren County Public Defender Payroll Dept. No: 6.01 A.1171
Title of Position: 8th Assistant Public Defender Base Salary of Position: \$69,891 Grade: 3
Filling at Step # (If Known): _____
Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
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. *RW 3/17/20*
Human Resources Director has approved this form when initialed. *[Handwritten initials]*

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 _____

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 _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____
 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 _____

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Public Defender's Office

DATE: 5/12/2020

- (a) Purpose of Contract Change: **To extend the termination date of Distribution #5 (Contract #C000752) to December 31,2020**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **36 of 2019**
- (c) Name of Contractor: **New York State Office of Indigent Legal Services**
- (d) Address of Contractor: **A.E. Smith Builing 11th Floor, 80 South Swan Street, Albany, NY 12210**
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: **1/1/2020**
- (g) Termination Date of Extension: **12/31/2020**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - 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:**

**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**

Warren County Board of Supervisors

RESOLUTION NO. 36 OF 2019

RESOLUTION INTRODUCED BY SUPERVISORS LEGGETT, GERAGHTY, SIMPSON, WILD, MAGOWAN, SOKOL, HOGAN, BRAYMER, DRISCOLL, MERLINO AND VACANT

AUTHORIZING EXTENSION OF AGREEMENT (C000752) WITH THE NEW YORK STATE OFFICE OF INDIGENT LEGAL SERVICES

WHEREAS, pursuant to Resolution No. 52 of 2015, the Chairman of the Board of Supervisors was authorized to execute a grant application to the New York State Office of Indigent Legal Services to improve the quality of representation for indigent legal services in an amount not to exceed Three Hundred Twenty Thousand Four Hundred Thirty-Six Dollars (\$320,436) for a term commencing January 1, 2015 and terminating December 31, 2017 (Contract #C000752) for the Warren County Public Defender's Office, and

WHEREAS, pursuant to Resolution No. 109 of 2018, the Chairman of the Board of Supervisors extended the termination date to December 31, 2018, and

WHEREAS, the Public Defender has requested that the termination date of the agreement be extended to December 31, 2019 and the Criminal Justice and Public Safety Committee has approved the request, now, therefore, be it

RESOLVED, that the actions of the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an extension agreement with the New York State Office of Indigent Legal Services to extend the termination date to December 31, 2019 (Contract #C000752), and be it further

RESOLVED, that other than the change outlined above, all other terms and conditions of Resolution No. 52 of 2015 will remain the same.

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE.

<p>STATE AGENCY (Name & Address):</p> <p>NYS Office of Indigent Legal Services A. E. Smith Building, 11th Floor 80 South Swan Street Albany, NY 12210</p>	<p>BUSINESS UNIT/DEPT. ID: OLS01 1350200</p> <p>CONTRACT NUMBER: C000752</p> <p>CONTRACT TYPE:</p> <p><input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:</p> <p>Warren, County of</p>	<p>TRANSACTION TYPE:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p>	<p>PROJECT NAME:</p> <p>Distribution #5</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000002438 Federal Tax ID Number: 14-6002576 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:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR MAILING ADDRESS:</p> <p><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"/> Municipality, Code: 520100000000 <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>

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM: From: January 1, 2015 To: December 31, 2019</p> <p>CURRENT CONTRACT PERIOD:</p> <p>AMENDED TERM: From: January 1, 2015 To: December 31, 2020</p> <p>AMENDED PERIOD: From: January 1, 2020 To: December 31, 2020</p>	<p>CONTRACT FUNDING AMOUNT <i>(Multi-year – enter total projected amount of the contract; Fixed Term/Simplified Renewal – enter current period amount):</i></p> <p>CURRENT: \$320,436.00</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S):</p> <p><input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>
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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: <u>NYS Office of Indigent Legal Services</u> _____ By: _____ <u>William J. Leahy</u> _____ Printed Name Title: <u>Director-Office of Indigent Legal Services</u> Date: _____
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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

STATE COMPTROLLER'S SIGNATURE

(N/A)

Printed Name

Printed Name

Title: _____

Title: _____

Date: _____

Date: _____

Invoice/Expense Statement
Warren County
DISTRIBUTION #5
Contract No. C000752
Office of Indigent Legal Services (ILS)

Contract Term: January 1, 2015 - December 31, 2017 (Extended to 12/31/2019)
Total Budget: \$320,436.00
CUMULATIVE TOTALS

Budget Expenditure Items	TOTAL THREE-YEAR BUDGET	EXPENDITURES TO DATE	TOTAL AVAILABLE FUNDS
Personnel:			
Public Defender Office			
Public Defender - (retention salary increase)	\$2,963.54	\$3,276.90	-\$313.36
Public Defender - fringe benefit	\$226.71	\$250.67	-\$23.96
1st Assistant Public Defender - (retention salary increase)	\$2,963.54	\$3,276.90	-\$313.36
1st Assistant Public Defender - fringe benefit	\$226.71	\$250.67	-\$23.96
2nd Assistant Public Defender - (retention salary increase)	\$2,963.54	\$3,276.90	-\$313.36
2nd Assistant Public Defender - fringe benefit	\$226.71	\$250.67	-\$23.96
3rd Assistant Public Defender - (retention salary increase)	\$2,963.54	\$3,276.90	-\$313.36
3rd Assistant Public Defender - fringe benefit	\$226.71	\$250.67	-\$23.96
4th Assistant Public Defender - (retention salary increase)	\$2,963.54	\$3,276.90	-\$313.36
4th Assistant Public Defender - fringe benefit	\$226.71	\$250.67	-\$23.96
5th Assistant Public Defender - (retention salary increase)	\$2,963.54	\$2,545.76	\$417.78
5th Assistant Public Defender - fringe benefit	\$226.71	\$194.74	\$31.97
6th Assistant Public Defender - (retention salary increase)	\$2,963.54	\$2,284.18	\$679.36
6th Assistant Public Defender - fringe benefit	\$226.71	\$136.95	\$89.76
7th Assistant Public Defender - (retention salary increase)	\$2,963.54	\$1,553.04	\$1,410.50
7th Assistant Public Defender - fringe benefit	\$226.71	\$118.80	\$107.91
Investigator - (retention salary increase)	\$2,963.54	\$3,276.90	-\$313.36
Investigator - fringe benefit	\$226.71	\$250.67	-\$23.96
{1} Confidential Secretary - (retention salary increase)	\$5,927.08	\$6,553.81	-\$626.73
{1} Confidential Secretary - fringe benefit	\$453.42	\$463.64	-\$10.22
2% Salary increase for 6th - 7th APD and {1} Conf. Sec. to APD	\$7,978.00	\$0.00	\$7,978.00
Fringe Benefits:			
2% Fringe Benefit Inc. for 6th - 7th APD and {1} Conf. Sec. to APD	\$610.25	\$0.00	\$610.25
Fringe Benefits:			
OILS Funded Assistant Public Defender - Fringe/Health Ins.	\$44,570.00	\$0.00	\$44,570.00
After-Hour Arraignment Stipends - (\$57.22 per hour)	\$35,131.00	\$26,565.50	\$8,565.50
Fringe Benefits:			
After-Hour Arraignment Stipends - Fringe	\$3,990.00	\$1,923.83	\$2,066.17
Subtotal Personnel-Public Defender's Office	\$127,372.00	\$63,505.67	\$63,866.33
OTPS:			
Public Defender Office			
Training/Continuing Legal Education (CLE)-Public Defender	\$10,743.00	\$4,436.10	\$6,306.90
Internet Fees - Public Defender	\$9,000.00	\$0.00	\$9,000.00
Computer Upgrades/Office Equipment-Public Defender	\$8,000.00	\$0.00	\$8,000.00
Subtotal OTPS-Public Defender's Office	\$27,743.00	\$4,436.10	\$23,306.90
Total for Public Defender's Office	\$155,115.00	\$67,941.77	\$87,173.23
Personnel:			
Assigned Counsel Office			
Assigned Counsel; Clerk (PT @ 20.0 hours/week) - Salary	\$31,048.00	\$3,011.22	\$28,036.78
Assigned Counsel; Clerk - Fringe Benefits	\$2,377.00	\$230.36	\$2,146.64
Subtotal Personnel-Assigned Counsel Plan	\$33,425.00	\$3,241.58	\$30,183.42
Contracted/Consultant:			
Assigned Counsel Office			
Rural Law Center of New York, Inc.	\$45,433.00	\$45,433.00	\$0.00
Subtotal Contracted/Consultant-Assigned Counsel Plan	\$45,433.00	\$45,433.00	\$0.00
Total for Assigned Counsel Plan	\$78,858.00	\$48,674.58	\$30,183.42
Personnel:			
Legal Aid Society-Northeastern New York			
Paralegal - FTE job assignment ratios @ 47%, 52%, 44% - Salary	\$62,755.00	\$26,699.08	\$36,055.92
Paralegal - Fringe Benefits @ 30%	\$18,828.00	\$8,009.72	\$10,818.28
Subtotal Personnel-Legal Aid Society Northeastern NY	\$81,583.00	\$34,708.80	\$46,874.20
OTPS:			
Legal Aid Society-Northeastern New York			
Office Space	\$1,799.00	\$0.00	\$1,799.00
Equipment Rental - copier, fax, postage machine	\$273.00	\$0.00	\$273.00
Office Supplies	\$828.00	\$0.00	\$828.00
Telephone Expenses	\$346.00	\$0.00	\$346.00
Travel to meet with indigent clients/court hearings	\$639.00	\$0.00	\$639.00
Training	\$522.00	\$0.00	\$522.00
Legal Research/Reference Materials/Books/Subscriptions	\$479.00	\$0.00	\$479.00
Subtotal OTPS-Legal Aid Society Northeastern NY	\$4,880.00	\$0.00	\$4,880.00
Total for Legal Aid Society Northeastern NY	\$86,463.00	\$34,708.80	\$51,754.20
TOTAL	\$320,436.00	\$151,325.15	\$169,110.85

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Public Defender's Office

DATE: 5/12/2020

- (a) Purpose of Contract Change: **To extend the termination date of Distribution #6 (Contract #C600052) to December 31,2020**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **146 of 2019**
- (c) Name of Contractor: **New York State Office of Indigent Legal Services**
- (d) Address of Contractor: **A.E. Smith Builing 11th Floor, 80 South Swan Street, Albany, NY 12210**
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: **1/1/2020**
- (g) Termination Date of Extension: **12/31/2020**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - 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:**

**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

Warren County Board of Supervisors

RESOLUTION NO. 146 OF 2019

RESOLUTION INTRODUCED BY SUPERVISORS LEGGETT, GERAGHTY, SIMPSON, WILD, MAGOWAN, SOKOL, HOGAN, BRAYMER, DRISCOLL, MERLINO AND VACANT

AUTHORIZING EXTENSION OF AGREEMENT (C600052 - DISTRIBUTION #6) WITH THE NEW YORK STATE OFFICE OF INDIGENT LEGAL SERVICES

WHEREAS, pursuant to Resolution No. 61 of 2016, the Chairman of the Warren County Board of Supervisors was authorized to execute a grant application to the New York State Office of Indigent Legal Services to improve the quality of services by upgrading communications and computer systems, upgrading office furnishings, providing certain Continuing Legal Education for attorneys, providing certain salary increases, providing for projected health insurance and retirement benefit cost increases and providing for certain anticipated Assigned Counsel cost increases as set forth in the contract work plan in an amount not to exceed One Hundred Sixty Thousand Two Hundred Eighteen Dollars (\$160,218) for a term commencing on January 1, 2016 and terminating on December 31, 2018 for the Warren County Public Defender's Office, and

WHEREAS, the Public Defender has requested that the termination date of the agreement be extended to December 31, 2019 and the Criminal Justice and Public Safety Committee has approved the request, now therefore be it

RESOLVED, that the Chairman of the Warren County Board of Supervisors be, and hereby is, authorized to execute an extension agreement with the New York State Office of Indigent Legal Services to extend the termination date of Contract #C600052 (Distribution #6) to December 31, 2019 (Contract #C600052), and be it further

RESOLVED, that other than the changes outlined above, all other terms and conditions of Resolution No. 61 of 2016 will remain the same.

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address):</p> <p>NYS Office of Indigent Legal Services A. E. Smith Building, 11th Floor 80 South Swan Street Albany, NY 12210</p>	<p>BUSINESS UNIT/DEPT. ID: OLS01 1350200</p> <p>CONTRACT NUMBER: C600052</p> <p>CONTRACT TYPE:</p> <p><input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:</p> <p>Warren, County of</p>	<p>TRANSACTION TYPE:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p>	<p>PROJECT NAME:</p> <p>Distribution #6</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000002438 Federal Tax ID Number: 14-6002576 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 1340 State Route 9 Lake George, NY 12845-9803</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR MAILING ADDRESS:</p> <p><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"/> Municipality, Code: 520100000000 <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>

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM: From: January 1, 2016 To: December 31, 2019</p> <p>CURRENT CONTRACT PERIOD:</p> <p>AMENDED TERM: From: January 1, 2016 To: December 31, 2020</p> <p>AMENDED PERIOD: From: January 1, 2019 To: December 31, 2020</p>	<p>CONTRACT FUNDING AMOUNT (<i>Multi-year</i> – enter total projected amount of the contract; <i>Fixed Term/Simplified Renewal</i> – enter current period amount):</p> <p>CURRENT: \$160,218.00</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S):</p> <p><input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>
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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

(N/A)

Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

Printed Name

Title: _____

Date: _____

Invoice/Expense Statement
Warren County
DISTRIBUTION #6
Contract No. C600052
Office of Indigent Legal Services (ILS)

Contract Term: January 1, 2016 - December 31, 2018 (Extended to 12/31/2019)
Total Budget: \$160,218.00
CUMULATIVE TOTALS

Budget Items	TOTAL THREE- YEARS BUDGET	EXPENDITURES TO DATE	TOTAL AVAILABLE FUNDS
Personnel:			
Public Defender's Office - Confidential Secretary - Salary	\$97,863.00	\$80,476.33	\$17,386.67
Personnel:			
Public Defender's Office - Confidential Secretary - Fringe	\$17,355.00	\$25,746.09	(\$8,391.09)
Subtotal Personnel	\$115,218.00	\$106,222.42	\$8,995.58
CONTRACTED/CONSULTANTS:			
Legal Aid Society of Northeastern NY			
-- Staff Attorney - Salary: Year 1 \$8,709.00, Year 2 \$8,468.00, Year 3 \$8,227.00			
Paralegal - Salary: Year 1 \$4,839.00, Year 2 \$5,024.00, Year 3 \$5,210.00			
Paralegal - Fringe at 30%: Year 1 \$1,452.00, Year 2 \$1,508.00, Year 3 \$1,563.00	\$45,000.00	\$15,000.00	\$30,000.00
Subtotal Contracted/Consultant	\$45,000.00	\$15,000.00	\$30,000.00
TOTAL	\$160,218.00	\$121,222.42	\$38,995.58