

# Public Safety Committee

## Sheriff Agenda

January 24, 2020

Committee Members: Leggett, Simpson, Braymer, Diamond, Driscoll, Seeber and Shepler.

I. Committee meeting called to order by the Chairman

II. Motion to approve minutes from prior committee meeting

III. Action Agenda

- A. Request for a new contract with Capital Digitronics for Communications Center preventive maintenance/service
- B. Request for a new contract with Motorola Solutions, Inc. for Communication Center hardware refresh/support
- C. Request to continue agreement with the Town of Schroon for marine law enforcement services on Schroon Lake in Essex County
- D. Request for a transfer of funds between various 2019 Budget Codes totaling \$456,124 to address deficits in salary and benefit codes
- E. Request to amend the County Budget in the amount of \$50,000 to appropriate funds for the purchase of camera switch equipment and software for the Correctional Facility
- F. Request to appropriate \$70,000 from Unappropriated Surplus to the Corrections Budget to return 2019 funds not carried over to the 2020 Budget which are intended for the purchase of camera switch equipment and software for the Correctional Facility
- G. Request to appropriate \$22,500 from Unappropriated Surplus to the Law Enforcement Budget to return 2019 funds not carried over to the 2020 Budget which are intended to cover the purchase of LiveScan digital fingerprint/photograph software
- H. Request for an agreement with the New York State Division of Homeland Security to accept grant funds in an amount not to exceed \$145,935
- I. Request to amend the County Budget in the amount of \$145,935 to reflect the receipt of grant funding from the New York State Division of Homeland Security
- J. Request to appropriate \$34,500 from Unappropriated Surplus to the Sheriff's 911 Budget to return 2019 funds not carried over to the 2020 Budget which were intended to cover the cost of the Capital Digitronics contract for preventive maintenance and service
- G. Request for a transfer of funds in the amount of \$21,000 to cover Zone 5 Law Enforcement Training Center 2020 Fees and Arrears
- H. Request to fill the vacant position of Communications Officer #14 due to retirement
- I. Request to fill the vacant position of Patrol Officer (#TBD) due to promotion
- J. Request to fill the vacant position of Patrol Sergeant #2 due to retirement

IV. Referral/Pending Items

*Continued*

V. Topics for Discussion

- A. Hadley-Luzerne School for one SRO (*Second Officer*)
- B. School Resource Officer - Warrensburg Central School (*Hiring Options*)
- C. CAP Court Considerations (*Possible Relocation to Correctional Facility Lobby*)
- D. Part-time Building Maintenance Mechanic Position (*JR Diamond*)
- E. Sheriff's Office Status Update

VI. Motion to Adjourn

Attachments:

1. Resolution Request Form #3, Request for New Contract (*Capital Digitronics*)
2. Resolution Request Form #3, Request for New Contract (*Motorola Solutions*)
3. Resolution Request Form #4, Request to Extend Contract (*Schroon Lake Marine Patrol*)
4. Resolution Request Form #10, Transfer of Funds (*2019 Over Expenditures*)
5. Resolution Request Form #7, Amend County Budget (*Correctional Facility Camera Switch*)
6. Resolution Request Form #20, Miscellaneous (*Appropriation from Surplus - \$70,000*)
7. Resolution Request Form #20, Miscellaneous (*Appropriation from Surplus - \$22,500*)
8. Resolution Request Form #5, Request for Grant Agreement (*NYS Div. of Homeland Sec. PSAP Award*)
9. Resolution Request Form #7, Request to Amend County Budget (*NYS Div. of Homeland Sec. PSAP Award*)
10. Resolution Request Form #20, Miscellaneous (*Appropriation from Surplus - \$34,500*)
11. Resolution Request Form #10, Transfer of Funds (*Zone 5 Regional Law Enf. Training Ctr. Fees*)
12. Resolution Request Form #12, Notice of Intent to Fill Vacant Position (*Communications Officer #14*)
13. Resolution Request Form #12, Notice of Intent to Fill Vacant Position (*Patrol Officer #TBD*)
14. Resolution Request Form #12, Notice of Intent to Fill Vacant Position (*Patrol Sergeant #2*)

## ***RESOLUTION REQUEST FORM NO. 3***

### ***Request for New Contract***

DEPARTMENT NAME: Sheriff

DATE: January 24, 2020

- (a) Is this a Result of a Bid or Request for Proposal? **Yes**
- (b) Purpose of Contract: **Communications Center Preventative Maintenance/Service**
- (c) Name of Contractor: **Capital Digitronics, Inc.**
- (d) Address of Contractor: **264 Bradford Street, Albany NY 12206**
- (e) Contractor's Contact Person and Telephone Number: **Thomas McCabe, President  
(518) 449-3366**
- (f) Has or will the Contract be provided, if so, please attach: **Will be provided**
- (g) Commencement Date of Contract: **January 1, 2020**
- (h) Termination Date of Contract: **December 31, 2021**
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed **\$115,000**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (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.3020 470 General Sheriff's 911 Center - Contract \$115,000.00**

Sample: **A.3110 470 General Sheriff's Law Enforcement - Contract \$ xx.xx**  
**Capital Project No. H289.9550 480 - Old Jail Renovations \$xx.xx**

\* as listed in budget and LOGOS

WARREN COUNTY BID TABULATION SHEET

<b>BID NO:</b> WC 72-19  <b>ITEM(S):</b> PREVENTATIVE MAINTENANCE AND SERVICE CONTRACT FOR WARREN COUNTY COMMUNICATION EQUIPMENT  <b>DATE:</b> NOVEMBER 12, 2019  <b>TIME:</b> 3:00 P.M.	<b>NAME &amp; ADDRESS OF BIDDER</b>  Capital Digitronics, Inc. Attn: Thomas McCabe 264 Bradford Street Albany, NY 12206 Ph: 518-449-3366 Fax: 518-449-3369	<b>NAME &amp; ADDRESS OF BIDDER</b>  Wells Communications / Bearcom Attn: Jim Adams 221 North Greenbush Road Troy, NY 12180 Ph: 518-283-2735
<b>DESCRIPTION OF ITEM</b>	<b>BID PRICE</b>	<b>BID PRICE</b>
	<i>\$115,000.00</i>	
YEAR 2020	\$119,232.00	No Bid
<b>LABOR RATES:</b>	<b>HOURLY RATE</b>	<b>HOURLY RATE</b>
STRAIGHT TIME:	\$130.00	No Bid
OVERTIME/WEEKENDS:	\$195.00	No Bid
HOLIDAYS:	\$260.00	No Bid
<b>MARK-UP ABOVE COST FOR OVERHEAD &amp; PROFIT:</b>	<b>PERCENTAGE</b>	<b>PERCENTAGE</b>
MATERIAL & PARTS SUPPLIED TO COMPLETE WORK:	25%	No Bid
EQUIPMENT TO BE INSTALLED AS PART OF WORK:	25%	No Bid
<b>EXCLUSIONS:</b>	Weather related or weather damaged components.	No Bid
<b>BID AWARDED TO:</b>	<input checked="" type="checkbox"/> JULIE A. BUTLER, PURCHASING AGENT	
<b>TERM OF BID: JANUARY 1, 2020 - DECEMBER 31, 2020</b>	<b>RESOLUTION NO. Xx OF 2019</b>	

## ***RESOLUTION REQUEST FORM NO. 3***

### ***Request for New Contract***

**DEPARTMENT NAME:** Sheriff

**DATE:** January 24, 2020

- (a) Is this a Result of a Bid or Request for Proposal? **Yes**
- (b) Purpose of Contract: **Communication Center Hardware Refresh & Support**
- (c) Name of Contractor: **Motorola Solutions, Inc.**
- (d) Address of Contractor: **123 Tice Blvd., Suite 202, Woodcliff Lake NJ 07677**
- (e) Contractor's Contact Person and Telephone Number: **Joseph Grube  
(951) 250-4744**
- (f) Has or will the Contract be provided, if so, please attach: **Will be provided**
- (g) Commencement Date of Contract: **January 1, 2020**
- (h) Termination Date of Contract: **December 31, 2024**
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed **\$481,959.60**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (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:**

**(TBD) - 2019 Interoperable Comm Grant A.3020 4042 - \$481,959.60**

Sample: A.3110 470 General Sheriff's Law Enforcement - Contract \$ xx.xx  
Capital Project No. H289.9550 480 - Old Jail Renovations \$xx.xx

\* as listed in budget and LOGOS

## *RESOLUTION REQUEST FORM NO. 4*

### *Request for Extending, Rescinding or Amending Existing Contract*

DEPARTMENT NAME: Sheriff

DATE: January 24, 2020

- (a) Purpose of Contract Change: **To continue agreement with the Town of Schroon for marine law enforcement services on Schroon Lake in Essex County.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **230 of 2017**
- (c) Name of Contractor: **Town of Schroon**
- (d) Address of Contractor: **P.O. Box 578, Schroon Lake NY 12870**
- (e) Contractor's Contact Person and Telephone Number: **Jeff Subra, Supervisor  
(518) 532-7737**
- (f) Commencement Date of Extension: **01/01/2020**
- (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 **\$4,000.00**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.) **Annually**
- (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:**

**A.3110 2265 Sheriff's Law Enforcement, Schroon Lake Enforcement - \$4,000**

Sample: A.3110 470 General Sheriff's Law Enforcement - 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: SHERIFF

SIGNED:

DATE: January 24, 2020

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
	*2019 BUDGET TRANSFER*		*2019 BUDGET TRANSFER*	
A.3150 130	Sheriff's Corr. Div - Salaries,PT	A.3150 120	Sheriff's Corr. Div - Salaries OT	\$ 39,056
A.3150 860	Hospitalization	A.3110 110	Sheriff's LE - Salaries Regular	\$ 88,919
A.3150 860	Hospitalization	A.3150 861	Sheriff's Corr. Div - Ret. Hosp.	\$ 51,077
A.3150 860	Hospitalization	A.3150 120	Salaries-OT	\$ 16,315
A.3150 831	Medicare	A.3150 120	Salaries-OT	\$ 1,271
A.3110 860	Sheriff's LE - Hospitalization	A.3110 830	Sheriff's LE - Social Sec.	\$ 36,077
A.3110 860	Hospitalization	A.3110 861	Retiree Hospitalization	\$ 36,773
A.3110 860	Hospitalization	A.3110 810	Retirement	\$ 31,197
A.3110 860	Hospitalization	A.3110 831	Medicare	\$ 4,545
A.3110 860	Hospitalization	A.3110 862	Health Insurance	\$ 2,397
A.3150 810	Sheriff's Corr. Div - Retirement	A.3020 110	Sheriff's 911 Ctr. - Salaries Reg.	\$ 65,816
A.3150 810	Retirement	A.3020 860	Hospitalization	\$ 18,877
A.3150 810	Retirement	A.3020 861	Retiree Hospitalization	\$ 1,635
A.3150 810	Retirement	A.3020 862	Health Insurance	\$ 1,342
A.3150 810	Retirement	A.3020 865	Dental Insurance	\$ 678
A.3150 810	Retirement	A.3110 120	Sheriff's LE - Salaries OT	\$ 18,790
A.3150 810	Retirement	A.3110 130	Salaries Part Time	\$ 19,788
A.3150 810	Retirement	A.3150 110	Sheriff's Corr Div - Salaries Reg	\$ 9,311
A.3150 830	Social Security	A.3150 110	Salaries Regular	\$ 12,260
			TOTAL:	\$456,124

Please state reason for transfers requested:

ALL TRANSFERS FOR 2019 BUDGET TO ADDRESS BUDGET DEFICITS IN SALARY AND BENEFIT CODES

**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. 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: Sheriff**

**DATE: January 24, 2020**

- (a) Purpose of Amendment:  
**To appropriate funds for the purchase of Correctional Facility camera switch equipment and software**
  
- (b) Appropriation Code, Object Code, Full Title and Amount:  
**A.3150 250, Sheriff's Correction Division, Technical Equipment - \$50,000**
  
- (c) Revenue Code (with title), and Amount:  
**A.3150 3384, Sheriff's Correction Division, Other Sheriff's Aid - \$50,000**

## **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:** Sheriff

**DATE:** January 24, 2020

- (a) Purpose of Request:  
To appropriate funds in the amount of \$70,000 from the General Fund, Unappropriated Surplus (A.909.00) to Budget Code A.3150 250, Sheriff's Correction Division, Technical Equipment, for the purchase of Correctional Facility camera switch equipment and software
- (b) Details:  
These funds were transferred from the Contingent Account to the Sheriff's budget in 2019, but were not expended or encumbered and rolled back to the County Fund at the close of 2019. This action will move the funds back to the Sheriff's budget to be expended in 2020.
- (c) Previous Resolution Number:  
The original transfer of funds was authorized by Resolution No. 461 of 2019
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:  
A.909.00, General Fund Balance, Unappropriated Surplus

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

\* as listed in budget and LOGOS

**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:** Sheriff

**DATE:** January 24, 2020

- (a) Purpose of Request:  
To appropriate funds in the amount of \$22,500 from the General Fund, Unappropriated Surplus (A.909.00) to Budget Code A.3110 250, Sheriff's Law Enforcement, Technical Equipment, to cover the purchase of LiveScan Digital Fingerprint/Photograph software
- (b) Details:  
These funds were not expended or encumbered and rolled back to the County Fund at the close of 2019. This action will move the funds back to the Sheriff's budget to be expended in 2020.
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:  
A.909.00, General Fund Balance, Unappropriated Surplus

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

\* as listed in budget and LOGOS

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

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

**DEPARTMENT NAME:** Sheriff

**DATE:** January 24, 2020

- (a) **Purpose of Grant:** Public Safety Answering Point/Dispatch Equipment
- (b) **Name of Grantor:** NYS Division of Homeland Security & Emergency Services
- (c) **Address of Grantor:** 1220 Washington Ave, Bldg 7A, Suite 710, Albany NY 12242
- (d) **Grantor's Contact Person and Telephone Number:** Michael Tomaso  
(518) 242-8293
- (e) **Has or Will the Grant Application or Grant Agreement been provided, if so, please attach:** Yes
- (f) **Effective Date of Grant:** 01/01/2020
- (g) **Termination Date of Grant:** 12/31/2020
- (h) **Total Dollar Amount Involved (Not to Exceed):** \$145,935.00
- (i) **Deadline to Submit Grant Application and/or Grant Agreement:** N/A
- (j) **Is a Budget Amendment Required?:** Yes  
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.
- (l) **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 Project Number and Title Amount:

Sample: A.3110 470 General Sheriff's Law Enforcement - Contract \$ xx.xx  
Capital Project No. H289.9550 480 - Old Jail Renovations \$xx.xx

\* as listed in budget and LOGOS

ANDREW M. CUOMO  
Governor

PATRICK A. MURPHY  
Commissioner

September 18, 2019

The Honorable Ronald F. Conover  
Chair, Warren County Board of Supervisors  
Municipal Center  
1340 State Route 9  
Lake George, NY 12845

Dear Mr. Conover:

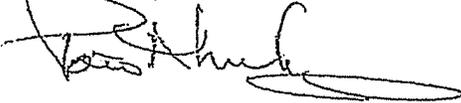
I am pleased to announce that Warren County has been awarded \$145,935 under the New York State 2019-20 Public Safety Answering Points Operations Grant Program (2019-20 PSAP Grant). This program, administered by my agency, allows for State support to counties for eligible public safety call-taking and dispatching expenses. Your participation in this program is another example of the successful partnerships we have been developing for public safety and emergency preparedness across the state.

The performance period for the 2019-20 PSAP grant will be 12 months, beginning calendar year 2020 (January 1, 2020– December 31, 2020). Expenses that you wish to claim must occur within that period. In order to provide these funds to you as quickly as possible, we will need to gather budget information within 30 calendar days of the date of this letter that reflects the award amount. Our Grants Program Administration staff will work with your designated PSAP point of contact, to provide additional administrative guidance and to develop a grant contract.

On behalf of Governor Andrew Cuomo, the Division of Homeland Security and Emergency Services remains committed to providing outstanding support in the administration of "*your public safety first!*" responder initiatives. Please feel free to contact me if you have any questions, at 518-242-5000, or my Office of Interoperable and Emergency Communications (OIEC) Director, Michael A. Sprague, at 518-322-4911.

Thank you for your cooperation in this public safety endeavor.

Sincerely,



Patrick A. Murphy  
Commissioner

cc: Major James LaFarr, Warren County Sheriff's Office

STATE AGENCY New York State Division of Homeland Security and Emergency Services 1220 Washington Avenue Building 7A Suite 710 Albany, NY 12242	NYS COMPTROLLER'S NUMBER: 0192099 (Contract Number)  ORIGINATING AGENCY CODE: 01077
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GRANTEE/CONTRACTOR: (Name & Address) Warren County 1340 State Route 9 Lake George NY 12845	TYPE OF PROGRAMS: PS2019 CFDA NUMBER: DHSES NUMBERS: WM19198089
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FEDERAL TAX IDENTIFICATION NO: 14-6002576 MUNICIPALITY NO: (if applicable) 520100000 000 SFS VENDER NO: 1000002438 DUN & BRADSTREET NO: 098334733	INITIAL CONTRACT PERIOD: FROM 01/01/2020 TO 12/31/2020 FUNDING AMOUNT FOR INITIAL PERIOD: \$146,935.00
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STATUS: Contractor is not a sectarian entry. Contractor is not a not-for-profit organization.	MULTI-YEAR TERM: (if applicable)
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CHARITIES REGISTRATION NUMBER: n/a (Enter number or Exempt) If Exempt is entered above, reason for exemption.  Contractor has _____ has not _____ timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports.	APPENDIX ATTACHED AND PART OF THIS AGREEMENT APPENDIX A Standard Clauses required by the Attorney General for all State contracts <input checked="" type="checkbox"/> APPENDIX A1 Agency-specific Clauses <input checked="" type="checkbox"/> APPENDIX B Budget <input checked="" type="checkbox"/> APPENDIX C Payment and Reporting Schedule <input checked="" type="checkbox"/> APPENDIX D Program Workplan and Special Conditions <input type="checkbox"/> APPENDIX X Modification Agreement Form (to accompany modified appendices for changes in terms or considerations on an existing period or for renewal periods) <input type="checkbox"/> DHSES-55 Budget Amendment/Grant Extension Request <input type="checkbox"/> Other - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
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IN WITNESS THEREOF, the parties hereto have electronically executed or approved this AGREEMENT on the dates of their signatures.

NYS Division of Homeland Security and Emergency Services  
 BY: Doug Fassbender, Program Manager Date: 10/11/2019  
 State Agency Certification: In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract.  
 GRANTEE:  
 BY: Ronald Conover Chairman Date: 10/10/2019

ATTORNEY GENERAL'S SIGNATURE  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

COMPTROLLER'S SIGNATURE  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

APPROVED AS TO FORM  
 NYS ATTORNEY GENERAL  
 NOV 25 2019  
*Benjamin L. Maggi*  
 BENJAMIN L. MAGGI  
 ASSISTANT ATTORNEY GENERAL

APPROVED  
 DEPT OF AUDIT & CONTROL  
 DEC 03 2019  
*Priscilla Clark*  
 FOR THE STATE COMPTROLLER

## *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:** Sheriff

**DATE:** January 24, 2020

- (a) **Purpose of Amendment:** Amend County Budget to reflect the 2019-20 PSAP State Homeland Security Grant award.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
- |                 |  |           |
|-----------------|--|-----------|
| A.3020.4041 250 | Sheriff's 911 Center                     | \$145,935 |
|                 | 2019-20 PSAP Grant - Technical Equipment |           |
- (c) **Revenue Code (with title), and amount:**
- |                  |  |           |
|------------------|--|-----------|
| A.3020.4041 3380 | Sheriff's 911 Center                                 | \$145,935 |
|                  | 2019-20 PSAP Grant - State Homeland Security Program |           |

\*Please note all amounts must be in whole dollars - no cents.

**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:** Sheriff

**DATE:** January 24, 2020

(a) Purpose of Request:

To appropriate funds in the amount of \$34,500 from the General Fund, Unappropriated Surplus (A.909.00) to Budget Code A.3020 470, Sheriff's 911 Center, Contract, to cover the cost of the Capital Digitronics contract for preventive maintenance and service

(b) Details:

These funds were not expended or encumbered and rolled back to the County Fund at the close of 2019. This action will move the funds back to the Sheriff's budget to be expended in 2020.

(c) Previous Resolution Number:

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

A.909.00, General Fund Balance, Unappropriated Surplus

↳

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

\* 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: SHERIFF

SIGNED:

DATE: January 24, 2020

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
	*2020 BUDGET TRANSFER*		*2020 BUDGET TRANSFER*	
A.3110 110	Sheriff's LE - Salaries Regular	A.3110 444	Sheriff's LE - Travel/Ed/Conf	\$21,000

Please state reason for transfers requested:

2020 transfer of funds to cover Zone 5 Regional Law Enforcement Training Center 2020 fees and arrears

**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. 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: Sheriff Payroll Dept. No: 30.09  
Title of Position: Communications Officer #14 Base Salary of Position: \$41,740 Grade: \_\_\_\_\_  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.3020 110 Sheriff's 911 Center Salaries - Regular Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: 7485/Delorenzo Date of Vacancy: 01/29/2020  
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. RW 1/21/20

Human Resources Director has approved this form when initiated. NS 1/21/20

### 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 [Signature] Date 1/21/20

### 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 L. B. M. [Signature] Date 1/22/20

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee 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 [Signature] Date 1/24/20

# 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: Sheriff Payroll Dept. No: 30.00  
Title of Position: Patrol Officer #TBD Base Salary of Position: \$42,373 (1st Yr) Grade: \_\_\_\_\_  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: TBD Date of Vacancy: 01/31/2020  
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. POW 1/21/20  
Human Resources Director has approved this form when initialed. AS 1/21/20

### 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 [Signature] Date 1/21/20

### 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 [Signature] Date 1/22/20

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee 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 [Signature] Date 1/24/20

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Patrol Sergeant #2 Base Salary of Position: \$78,519 Grade:
Filling at Step # (If Known):
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 9055/Rawson Date of Vacancy: 01/31/2020
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.
Human Resources Director has approved this form when initialed.

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 1/21/20

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 1/21/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee 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 1/24/20

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME:** Sheriff

**DATE:** January 24, 2020

- (a) Purpose of Contract Change: **To continue agreement with NEC Corporation of America for Maintenance and Support of telephone systems.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **363 of 2014**
- (c) Name of Contractor: **NEC Corporation of America**
- (d) Address of Contractor: **3929 W. John Carpenter Freeway, Irving TX 75063**
- (e) Contractor's Contact Person and Telephone Number: **Kasey Kurtulan  
(214) 262-6250**
- (f) Commencement Date of Extension: **02/01/2020**
- (g) Termination Date of Extension: **01/31/2021**
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed **\$3,621.00**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.) **Annually**
- (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:**

**A.3020 470 Sheriff's 911 Center, Contract - \$3,621**

**Sample: A.3110 470 General Sheriff's Law Enforcement - Contract \$ xx.xx  
Capital Project No. H289.9550 480 - Old Jail Renovations \$xx.xx**

\* as listed in budget and LOGOS

CBH Medical PC  
Monthly Service Fees

MONTH	CONTRACT \$	AMOUNT BILLED
SEPT	\$127,827.08	\$119,367.44
OCT	\$127,827.08	\$127,827.08
NOV	\$127,827.08	\$125,725.90
DEC	\$127,827.08	\$126,347.01
TOTAL	\$511,308.32	\$499,267.43

PAID/BILLED **\$12,040.89** less than contracted

REC'D INVOICE on 11/06/2019 for **\$7,870.27**

ANNUAL AMOUNT PAID **\$4,170.62** under contract

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

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

**DEPARTMENT NAME:** Sheriff

**DATE:** January 24, 2020

- (a) **Purpose of Grant:** Upgrade Communications Center 911 Systems
- (b) **Name of Grantor:** NYS Division of Homeland Security & Emergency Services
- (c) **Address of Grantor:** 1220 Washington Ave, Bldg 7A, Suite 710, Albany NY 12242
- (d) **Grantor's Contact Person and Telephone Number:** Michael Tomaso  
(518) 242-8293
- (e) **Has or Will the Grant Application or Grant Agreement been provided, if so, please attach:** Yes
- (f) **Effective Date of Grant:** 01/01/2020
- (g) **Termination Date of Grant:** 12/31/2020
- (h) **Total Dollar Amount Involved (Not to Exceed):** \$493,456
- (i) **Deadline to Submit Grant Application and/or Grant Agreement:** N/A
- (j) **Is a Budget Amendment Required?:** Yes  
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.
- (l) **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 Project Number and Title Amount:

Sample: A.3110 470 General Sheriff's Law Enforcement - Contract \$ xx.xx  
Capital Project No. H289.9550 480 - Old Jail Renovations \$xx.xx

\* as listed in budget and LOGOS

ANDREW M. CUOMO  
Governor

PATRICK A. MURPHY  
Commissioner

December 11, 2019

The Honorable Ronald F. Conover  
Chair, Warren County Board of Supervisors  
Municipal Center  
1340 State Route 9  
Lake George, NY 12845

Dear Mr. Conover,

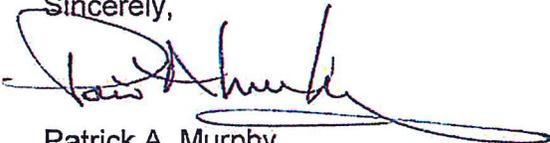
I am pleased to announce that Warren County has been awarded \$493,456 under the New York State 2019 Statewide Interoperable Communications Grant Program (2019 SICG-Formula). This program, administered by my agency, allows for the State support to aid county, local and municipal public safety organizations in enhancing emergency response, improving capability, improvements in governance structures, operating procedures, infrastructure development, and addressing SAFECOM guidance from the U.S. Department of Homeland Security Office of Emergency Communications (OEC). The 2019 SICG-Formula Program will concentrate on improving interoperability and operability of communications systems in New York State. Your participation in this program is another example of the successful partnerships we have been developing for public safety and emergency preparedness across the State.

The performance period for the 2019-SICG-Formula grant will be 24 months, beginning calendar year 2020 (January 1, 2020 – December 31, 2021), with the possibility of an extension based upon a good cause shown and ample justification for needing additional time. Expenses that you wish to claim must occur within that period. In order to provide these funds to you as quickly as possible, we will need to gather budget information within 45 calendar days from the date of this letter that reflects the award amount. Our Grants Program Administration staff will work with your designated SICG point of contact to provide additional administrative guidance and to develop a grant contract.

On behalf of Governor Andrew Cuomo, the Division of Homeland Security and Emergency Services remains committed to providing outstanding support in the administration of "*your public safety first*" responder initiatives. Please feel free to contact me if you have any questions, at 518-242-5000, or my Office of Interoperable and Emergency Communications (OIEC) Director, Michael A. Sprague, at 518-322-4911.

Thank you for your cooperation in this public safety endeavor.

Sincerely,



Patrick A. Murphy  
Commissioner

cc: Major James Lafarr, Warren County Sheriff's Office

# ***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:** Sheriff

**DATE:** January 24, 2020

**(a) Purpose of Amendment:** Amend County Budget to reflect the 2019 Interoperable Communications Grant State Homeland Security Grant award.

**(b) Appropriation Code, Object Code, Full Title and Amount:**

A.3020.4042 250	Sheriff's 911 Center	\$439,456
	2019 Interoperable Comm Grant - Technical Equipment	

**(c) Revenue Code (with title), and amount:**

A.3020.4042 3380	Sheriff's 911 Center	\$439,456
	2019 Interoperable Comm Grant	
	State Homeland Security Program	

\*Please note all amounts must be in whole dollars - no cents.