

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Sheriff Michael A. Schiff

Re: Request for Consideration of a Resolution: Accept DCJS grant

Date: 8/14/14

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Accept Edward Byrne Memorial Justice Assistance grant in amount of \$25,000 to be used for drug, violence and crime control and prevention programs in Sheriff's Office.

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes ___ No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ _____

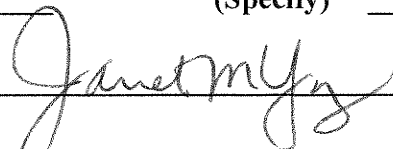
Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes No ___

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [NYS DCJS] of
[_____]

Nature of Other Party to Contract: _____ Other: _____

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

To accept grant award

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): _____

Efforts made to find Less Costly alternative:

Efforts made to share costs with another agency or governmental entity:

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

Not Applicable

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: *Jessie Jones* Date 7/12/14
- B. Management and Budget: *Janet Myer* Date 8/13/14
- C. Law Department: *S. A. [unclear]* Date _____
- D. County Manager: *John [unclear]* Date 8/13/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

**RESOLUTION INTRODUCED BY THE PUBLIC SAFETY COMMITTEE TO
AUTHORIZE THE COUNTY MANAGER TO ACCEPT A STATE ASSISTANCE
GRANT AWARD FROM THE NEW YORK STATE DIVISION OF CRIMINAL
JUSTICE SERVICES**

WHEREAS, the State of New York, secured by Hon. John J. Bonacic, has awarded the Edward Byrne Memorial Justice Assistance Grant to the Sullivan County Sheriff's Office in the amount of \$25,000 through the Division of Criminal Justice Services, and

WHEREAS, the funding will be used for drug, violence and crime control and prevention programs in the Sheriff's Office, and

NOW, THEREFORE, BE IT RESOLVED, that the County Manager is hereby authorized to execute any and all necessary documents to accept the award, in such form as the County Attorney shall approve, and

BE IT FURTHER RESOLVED, that should the funding be terminated, the County shall not be obligated to continue any action undertaken by the use of this funding.

**Moved by
seconded by
and adopted on motion**

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Sheriff Michael A. Schiff

Re: Request for Consideration of a Resolution: To enter into agreement with Westchester Co. Dept. of Corrections

Date: 8/14/14

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Agreement with Westchester Co. Dept. of Corrections to provide security for inmates from Sullivan Co. who must receive medical treatment at Westchester Co. Medical Center. Actual cost will be dependent on necessity to treat any inmates and number of days required for treatment.

Is subject of Resolution mandated? Explain:

Yes - county is required to provide medical treatment for inmates and this would only be used if treatment was not available in Sullivan Co.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ depending on need

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A3150-47-4741

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes _____ No _____

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [Westchester Co. Dept. of Corr] of
[_____]

Nature of Other Party to Contract: _____

Other: _____

Duration of Contract: From 01/01/2015 To 12/31/2016

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2013 To 12/31/2014

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): 406-12

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:
NYS Commission of Correction

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): _____

Efforts made to find Less Costly alternative:

Efforts made to share costs with another agency or governmental entity:

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

Not Applicable Af

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: *Tommy Jones* Date *8/12/14*
- B. Management and Budget: *Janet Myers* Date *8/13/14*
- C. Law Department: *S. Gagner* Date _____
- D. County Manager: *John Bond* Date *8/13/14*
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION NO. _____ INTRODUCED BY THE PUBLIC SAFETY AND LAW ENFORCEMENT COMMITTEE TO AUTHORIZE THE SULLIVAN COUNTY MANAGER TO ENTER INTO AN AGREEMENT WITH THE WESTCHESTER COUNTY DEPARTMENT OF CORRECTIONS TO HOUSE SULLIVAN COUNTY INMATES FOR MEDICAL TREATMENT AT THE WESTCHESTER COUNTY MEDICAL CENTER

WHEREAS, the Sullivan County Jail houses inmates who, on occasion, require medical treatment not available in Sullivan County, and

WHEREAS, the Sheriff of Sullivan County must be able to use the Westchester County Medical Center when needed, and

WHEREAS, the Westchester County Department of Corrections has agreed to enter into an agreement in which they will receive and keep inmates of the Sullivan County Jail who are in need of medical treatment at the Westchester County Medical Center, at a rate not to exceed One Hundred and Sixty (\$160.00) dollars, per day, per inmate, for the period from January 1, 2015 through December 31, 2016.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Manager is authorized to enter into a contract with the Westchester County Department of Corrections to house Sullivan County Jail inmates who are in need of medical treatment at the Westchester County Medical Center, and

BE IT FURTHER RESOLVED, that the form of such agreement shall be approved by the Sullivan County Attorney's Office.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2014.