	NSEL USE ILY
Date Received: _ Received By :	
Method: Hand:	
Courier:	
Mail : _	

REQUEST FOR LEGISLATIVE ACTION

ATE:	February 5, 20	20	·	
EPARTMENT:	Office of th	e District Attori	iey	
Contact Person:	Heathe			
Telephone:	275-47	04		
Dept. Representativ	ve Attending			
Commi	ttee Meeting:	District Attorr	ney David Soares and/or Heather Orth	<u> </u>
URPOSE OF REQUI	EST.			
Adopting of Local I			•	
Amendment of prior				
Approval/Adoption		ıre		
Bond Approval				
Budget Amendment	(See Below)			
Contract Authorizat			X	
Environmental Impa				
Home Rule Request				
Property Conveyance	е			
Other: (State briefly	if not listed abo	ve)	X Permission to submit an application for state	
		•	funds	
ONCERNING BUDG		MENTS		
Increase Account/ Source of Funds:	VING:	MENTS		
ATE THE FOLLOY Increase Account	VING:	MENTS		
Increase Account/ Source of Funds: Title Change: ONCERNING CONT	VING: Line No. . — - RACT AUTI		<u>N</u>	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOY	VING: Line No. RACT AUTH VING: N/A		N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOW TYPE OF CO	VING: Line No. RACT AUTH VING: N/A DNTRACT	IORIZATIO	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOW TYPE OF CO Change O	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A	IORIZATIO) mendment	<u>N</u>	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT TYPE OF CO Change Of Purchase (VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Sup	MORIZATIO	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOW TYPE OF CO Change Of Purchase (Lease (Eq.	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Supulipment/Supplie	MORIZATIO	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOW TYPE OF CO Change O Purchase (Lease (Equirement)	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Supuipment/Supplicents	MORIZATIO	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT TATE THE FOLLOW TYPE OF CO Change Of Purchase (Lease (Equirement) Profession	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Supuipment/Supplicents all Services	MORIZATIO	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOW TYPE OF CO Change Of Purchase (Lease (Equirement Profession) Education/	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Supuipment/Supplicents all Services	MORIZATIO	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT TATE THE FOLLOW TYPE OF CO Change Of Purchase (Lease (Equirement) Profession	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Supplicents uipment/Supplicents all Services Training	MORIZATIO	N.	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOW TYPE OF CO Change Of Purchase (Lease (Equirement Profession) Education/	VING: Line No. RACT AUTI VING: N/A DNTRACT rder/Contract A (Equipment/Supplicents all Services Training New	mendment plies)	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOW TYPE OF CO Change O Purchase (Lease (Equal Requirement Profession Education/ Grant	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Supulipment/Supplicents all Services Training New Renewal X	mendment plies)	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT TYPE OF CO Change Of Purchase (Lease (Equal Requirement Profession Education/ Grant Settlement	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Supplicents all Services Training New Renewal X of a Claim	mendment plies)	N	
Increase Account/ Source of Funds: Title Change: ONCERNING CONT ATE THE FOLLOW TYPE OF CO Change O Purchase (Lease (Equal Requirement Profession Education/ Grant	VING: Line No. RACT AUTH VING: N/A DNTRACT rder/Contract A (Equipment/Supplicents hal Services Training New Renewal A of a Claim Liability	mendment plies)	N	

STATE THE FOLLOWING: N/A

Contract Terms/Conditions:

Party (Name/Address):

Division of Criminal Justice Services, Office of Program Development and
Funding, Alfred E. Smith Building, 80 S. Swan Street. Albany NY 12210

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Aı	nount/Raise Sched	ule/Fee;
Te	erm:	January 1, 2020 – December 31, 2020
Sc	Scope of Services: These funds will support the Crimes Against Revenue Program.	
CONCERNING Mand If Ma Antici If yes	Funding Source: County Budget A Revenue Appropri Bond (R ALL REQUES' dated Program/Ser andated Cite: Auti ipated in Current A indicate Revenue/ 890	A31165.0.3335 iation: A91165 12010; 89010; 89030; 89060 es.No. & Date of Adoption) TS: vice: Yes
	County	
	Term/Length of I	
	Other Reimburse	
<u>Previo</u>		entical or Similar Action:
	Resolution /Law	
	Date of Adoption	n: <u>6/10/19</u>
This resolution is req Criminal Justice Serv	uested to provide rices for the Crime	ly why legislative action is requested) the authority to apply, accept and enter into the contract with the Department of s Against Revenue Program. ted: Grant Award Letter previous resolution
Submitted By: Title:	Heather Orth Confidential As	sistant to the District Attorney