



MICHAEL S. MONTELEONE
EXECUTIVE UNDERSHERIFF

SHAWN P. NOONAN
CHIEF DEPUTY

ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400
WWW.ALBANYCOUNTYSHERIFF.COM

CRAIG D. APPLE, SR.
SHERIFF



WILLIAM M. RICE
UNDERSHERIFF

LEON A. BORMANN
CHIEF DEPUTY

December 9, 2022

Honorable Andrew C. Joyce
Legislative Clerk's Office
112 State Street, Room 710
Albany, New York 12207

Dear Mr. Joyce:

The attached correspondence is forwarded for presentation to the members of the Albany County Legislature.

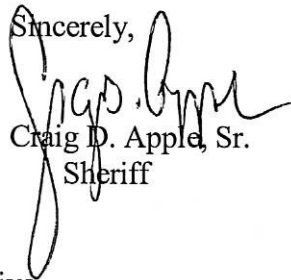
Legislative approval is required in order to allow the Albany County Sheriff's Office to apply and accept funding from the New York State Division of Homeland Security & Emergency Services, State Homeland Security Program Red Team Funding. The attached announcement is for the "2022 SHSP Red Team Exercise."

This is a new grant for the Albany County Sheriff's Office. There are no matching funds associated with this grant.

The term of this contract will be 3 months from 10/1/22 to 12/31/22.

Should there be any questions, please do not hesitate to contact me.

Sincerely,


Craig D. Apple, Sr.
Sheriff

Att.

Cc: Hon. Daniel P. McCoy, County Executive
Hon. William Clay, Public Safety Chairman
Hon. Wanda Willingham, Audit & Finance Chairman

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY	
DATE:	_____
RECEIVED:	_____
RECEIVED BY:	_____
METHOD:	<u>HAND</u> _____
	<u>COURIER</u> _____
	<u>MAIL</u> _____

DATE : NOVEMBER 29, 2022

DEPARTMENT: ALBANY COUNTY SHERIFF'S DEPT

CONTACT PERSON: CRAIG D APPLE SR
TELEPHONE: 487-5440

DEPT. REPRESENTATIVE ATTENDING
COMMITTEE MEETING:

SHERIFF CRAIG D APPLE SR

PURPOSE OF REQUEST:

ADOPTION OF LOCAL LAW	_____
AMENDMENT OF PRIOR LEGISLATION	_____
APPROVAL/ADOPTION OF PLAN/PROCEDURE	_____
BOND APPROVAL	_____
BUDGET AMENDMENT(SEE BELOW)	_____
CONTRACT AUTHORIZATION (SEE BELOW)	<u>X</u>
ENVIRONMENTAL IMPACT	_____
HOME RULE REQUEST	_____
PROPERTY CONVEYANCE	_____
OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE)	_____

TO APPLY AND ACCEPT THE AWARDED AMOUNT FOR THE 2022 SHSP RED TEAM

EXERCISE GRANT FROM NYS DIVISION OF HOMELAND SECURITY. THIS GRANT WILL BE
USED TO REIMBURSE THE SHERIFF'S OFFICE FOR HOURS AND FRINGE EXPENDED.

CONCERNING BUDGET AMENDMENTS

STATE, THE FOLLOWING

INCREASE ACCOUNT/LINE NO. _____
SOURCE OF FUNDS: _____
TITLE CHANGE: _____

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

CHANGE ORDER/CONTRACT AMENDMENT	_____
PURCHASE (EQUIPMENT/ SUPPLIES)	_____
LEASE (EQUIPMENT/SUPPLIES)	_____
REQUIREMENTS	_____
PROFESSIONAL SERVICES	_____
EDUCATIONAL/TRAINING	_____

GRANT: NEW _____
RENEWAL _____
SUBMISSION DEADLINE DATE _____

SETTLEMENT OF A CLAIM _____
RELEASE OF LIABILITY _____
OTHER: (STATE BRIEFLY) _____

CONCERNING CONTRACT AUTHORIZATION (CONT'D)

STATE THE FOLLOWING:

CONTRACT TERMS/CONDITIONS:

PARTY (NAME/ADDRESS):

JEROME HAUER, COMMISSIONER

DIVISION OF HOMELAND SECURITY & EMERGENCY SERVICES

1220 WASHINGTON AVENUE, BLDG 7A, SUITE 710, ALBANY 12242

AMOUNT/RATE SCHEDULE/FEE:

\$ 1560.00 (WITH NO MATCH)

TERM: 10/1/2022 THRU 12/31/2022

SCOPE OF SERVICES:

THESE FUNDS WILL BE USED TO REIMBURSE THE SHERIFF'S OFFICE FOR
HOURS AND FRINGE EXPENDED ON THE RED TEAM EXERCISE.

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET: YES _____ NO X

FUNDING SOURCE: NYS DEPT. OF HOMELAND SECURITY

COUNTY BUDGET ACCOUNTS:

REVENUE: A93110.04397

APPROPRIATION: _____

BOND(RES. NO. & DATE OF ADOPTION) _____

CONCERNING ALL REQUESTS:

MANDATED PROGRAM/SERVICE: YES _____ NO X

IF MANDATED CITE: AUTHORITY _____

ANTICIPATED IN CURRENT ADOPTED BUDGET: YES _____ NO X

IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS: _____

FISCAL IMPACT - FUNDING: (DOLLARS OR PERCENTAGES)

FEDERAL _____

STATE 100%

COUNTY _____

TERM/LENGTH OF FUNDING _____

PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:

RESOLUTION/LAW NUMBER: _____

DATE OF ADOPTION: _____

JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

BACK-UP MATERIAL SUBMITTED (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE,
BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS
AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)

SUBMITTED BY: CRAIG D APPLE SR

TITLE: SHERIFF



Red Team Exercises Contracting Information

General Information

- Locals must submit estimated personnel expense at least three (3) weeks prior to exercise.
- Estimated personnel expense should be estimated high (estimate should be based on highest ranking officer possibly assigned to exercise).
- Expense must be a minimum of \$1,000.
- Allowable personnel expenses:
 - DHSES cannot pay for straight time (regular time)
 - DHSES cannot pay for compensation time
 - DHSES can reimburse for overtime (OT), OT backfill, and fringe benefits
 - Fringe benefits limited to FICA, worker's compensation, unemployment, and pension if included in collective bargaining agreement.
- Personnel OT and Fringe need to be outlined separate:
 - Example: OT/OT Backfill - \$2,000, Fringe Benefits - \$500

About DHSES E-Grants System and Process

DHSES E-Grants system is used to generate a Purchase Order (P.O)/Contract with NYS and participating agency.

- Need to register for E-Grants if not currently registered/receiving grants from DHSES.
 - Need Primary, Fiscal and Signatory contacts.
- DHSES contracts with the municipality not the agency.
 - Signatory needs to be someone authorized to sign contracts with the municipality, usually chief executive officer (Mayor, Town Supervisor, County Executive).
- Once registered with the DHSES E-Grants system, you will be assigned to your geographic Contract Representative. The Representative will create a contract in the system. The contract will have the estimated O/T and Fringe, dates of exercise and agency involved, and will be sent to the participating agency.
- When the exercise has been completed, the participating agency will submit the voucher to their assigned contract rep.
- Contracts \$10,000 or less are processed as purchase orders so there is a letter of agreement instead of a contract and a very quick turnaround for execution.
- Fiscal forms required for reimbursement after the exercise is complete:
 - State Aid Voucher, Fiscal Cost Report, Detailed Itemization of Personal Service Expenditures - Personnel and Detail Itemization of Non-Personal Service Expenditures – Fringe Benefits (if requested).
- Expenses must be claimed within 30 days of conclusion of the contract.
- Must provide the Municipality's (Village, Town or City) SFS and DUNS number.
- Progress Reports don't have to be completed. DHSES staff will complete the progress report.
- This link on the DHSES webpage provides a tutorial for E-Grants and the forms discussed.

<https://www.dhses.ny.gov/e-grants>

<https://www.dhses.ny.gov/grant-reporting-forms>

For further information regarding the reimbursement process contact:

Chris D'Entrone, Public Safety Grants Representative 2, Chris.dEntrone@dhses.ny.gov or 518-242-5104.

THOMAS P. DiNAPOLI
STATE COMPTROLLER



110 STATE STREET
ALBANY, NEW YORK 12236

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER

BUREAU OF CONTRACTS
PROCUREMENT RECORD APPROVAL LETTER

Business Unit:	DHS01	Determination:	Approved
Program Name:	FY2020 State Homeland Security Program	Approval Date:	10/22/2020
Procurement Record ID:	DHS01-0000247-1160200	Approved Through:	08/31/2023
Reporting Code:	GAG1		

To: Michael Heath

The procurement record for the above referenced procurement has been deemed acceptable as supporting documentation. Please note that these contracts shall not be deemed effective until they have received the Comptroller's approval pursuant to State Finance Law §112. The proposed contract awards related to this procurement can be submitted for review and approval as follows:

Comments:

Revised 8/10/2021: Reallocates \$284,500 from contract C163302 to C971502 for a new contract total of \$454,500 for contract C971502.

Non Competitive - 91 Awards totaling \$50,174,403 with a term of 9/1/20 - 8/31/23. 25% advance allowed.

Please attach a copy of this note when submitting any contracts and/or amendments under this program. In order for OSC to process your contract transactions efficiently, please include the Procurement Record Identification Number and Reporting Code identified in this letter in the description field of the Single Transaction Summary (STS) or Contract Encumbrance Request (AC340-S.)

Thank you for your time on this matter.

Carmen Story
518-402-2626
cstory@osc.ny.gov

Award Contract

Project No.

SH19-1093-D00

Grantee Name

Albany County

SHSP

11/18/2022

Budget Summary by Participant

Albany County

Albany County Sheriffs Office - Version 1

#	Personnel	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds
1	Overtime/Backfill for Red Team exercise	1	\$1,000.00	\$1,000.00	\$1,000.00	\$0.00
Total				\$1,000.00	\$1,000.00	\$0.00

#	Fringe Benefits	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds
1	Fringe Benefits for conducting Red Team exercise	1	\$560.00	\$560.00	\$560.00	\$0.00
Total				\$560.00	\$560.00	\$0.00

Total Project Costs	Total Cost	Grant Funds	Matching Funds
	\$1,560.00	\$1,560.00	\$0.00

Total Contract Costs	Total Cost	Grant Funds	Matching Funds
	\$1,560.00	\$1,560.00	\$0.00

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: T180223 (Contract Number) ORIGINATING AGENCY CODE: 01077
GRANTEE/CONTRACTOR: (Name & Address) Albany County 112 State Street Room 200 Albany, NY 12207	TYPE OF PROGRAMS: WM2019 SHSP CFDA NUMBER: 97.067 DHSES NUMBERS: WM19180223
FEDERAL TAX IDENTIFICATION NO: 14-6002563 MUNICIPALITY NO: (if applicable) 010100000 000 SFS VENDER NO: 1000002428 DUN & BRADSTREET NO: 060536653	INITIAL CONTRACT PERIOD: FROM 10/01/2022 TO 12/31/2022 FUNDING AMOUNT FOR INITIAL PERIOD: \$1,560.00
STATUS: Contractor is not a sectarian entry. Contractor is not a not-for-profit organization.	MULTI-YEAR TERM: (if applicable)
CHARITIES REGISTRATION NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">n/a</div> (Enter number of Exempt) if "Exempt" is entered above, reason for exemption. <u>n/a</u> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Contractor has _____ has not _____ timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports. </div>	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 ___ APPENDIX X Modification Agreement Form (to accompany modified appendices for changes in terms or considerations on an existing period or for renewal periods) ___ DHSES-55 Budget Amendment/Grant Extension Request ___ Other - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion _____ _____
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: _____ Date: _____ 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: Daniel Lynch , Deputy County Executive Date: _____	
ATTORNEY GENERAL'S SIGNATURE _____ Title: _____ Date: _____	COMPTROLLER'S SIGNATURE _____ Title: _____ Date: _____

AWARD \$10,000 OR LESS PROCESS AS A PURCHASE ORDER
COVER PAGE FOR INFORMATIONAL PURPOSES ONLY