



# ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400  
[WWW.ALBANYCOUNTYSHERIFF.COM](http://WWW.ALBANYCOUNTYSHERIFF.COM)



**MICHAEL S. MONTELEONE**  
EXECUTIVE UNDERSHERIFF

**CRAIG D. APPLE, SR.**  
SHERIFF

**WILLIAM M. RICE**  
UNDERSHERIFF

**SHAWN P. NOONAN**  
CHIEF DEPUTY

**LEON A. BORMANN**  
CHIEF DEPUTY

October 9, 2020

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

*ANDREW*  
Dear Mr. Joyce:

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

Legislative approval is required in order to allow Albany County to enter into a contract with the New York State STOP-DWI Foundation, Inc., as a recipient of a 2021 STOP-DWI Statewide Crackdown High Visibility Enforcement grant

The grant award is for \$25,000.00. These funds will be divided among twelve Albany County Law Enforcement agencies. The funds are strictly to be used for eight (8) High Visibility Crackdown Enforcement Periods previously determined by the New York State STOP-DWI Association and the New York State Governor's Traffic Safety Committee.

Should there be any questions, do not hesitate to call.

Sincerely,

*Craig D. Apple Sr.*  
Craig D. Apple Sr.  
Sheriff

Att.

Cc: Hon. Daniel P. McCoy, County Executive  
Hon. William Clay, Public Safety Chairman  
Hon. Wanda Willingham, Audit & Finance Committee  
Brandon Russell, Esq., Majority Counsel  
Arnis Zilgme, Esq., Minority Counsel  
Christian Barnes, Minority Conference

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY	
DATE:	_____
RECEIVED:	_____
RECEIVED BY:	_____
METHOD:	HAND _____
	COURIER _____
	MAIL _____

DATE: OCTOBER 6, 2020

DEPARTMENT: ALBANY COUNTY SHERIFF'S DEPT

CONTACT PERSON: CRAIG D APPLE SR  
 TELEPHONE: 518-447-5440  
 DEPT. REPRESENTATIVE ATTENDING  
 COMMITTEE MEETING: 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) X
- ENVIRONMENTAL IMPACT \_\_\_\_\_
- HOME RULE REQUEST \_\_\_\_\_
- PROPERTY CONVEYANCE \_\_\_\_\_
- OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE) \_\_\_\_\_
- AUTHORIZING AN AGREEMENT WITH THE NYS STOP-DWI FOUNDATION TO ACCEPT FUNDING
- IN THE AMOUNT OF \$25,000 AS PART OF OUR DWI CRACKDOWN ENFORCEMENT EFFORTS.
- THIS FUNDING IS SHARED WITH OTHER POLICE AGENCIES IN ALBANY COUNTY.

**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 X
- 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):**

**REGINALD CROWLEY - CHAIRPERSON**

**NYS STOP DWI FOUNDATION**

**414 FAIRVIEW AVE.**

**HORNELL, NY 14843**

**AMOUNT/RATE SCHEDULE/FEE:**

**\$ 25,000.00**

**TERM: 10/01/2020 - 9/30/2021**

**SCOPE OF SERVICES: STOP DWI CRACKDOWN HIGH VISIBILITY ENFORCEMENT**

**CONTRACT FUNDING:**

**2021 BUDGET**

**ANTICIPATED IN CURRENT BUDGET: YES  NO**

**FUNDING SOURCE: NYS STOP DWI FOUNDATION**

**COUNTY BUDGET ACCOUNTS:**

**REVENUE: A33189.03327**

**APPROPRIATION: A93189.4046**

**BOND(RES. NO. & DATE OF ADOPTION) \_\_\_\_\_**

**CONCERNING ALL REQUESTS:**

**MANDATED PROGRAM/SERVICE: \_\_\_\_\_ YES  NO**

**IF MANDATED CITE: AUTHORITY \_\_\_\_\_**

**ANTICIPATED IN CURRENT ADOPTED BUDGET: YES  NO**

**IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS: \_\_\_\_\_**

**A93189.4046**

**FISCAL IMPACT - FUNDING: \_\_\_\_\_ (DOLLARS OR PERCENTAGES)**

**FEDERAL \_\_\_\_\_ 0%**

**STATE \_\_\_\_\_ 100%**

**COUNTY \_\_\_\_\_ 0%**

**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)**

**TO ACCEPT FUNDING (\$ 25,000) FROM THE NYS STOP- DWI FOUNDATION FOR 2020/2021**

**STOP DWI CRACKDOWN ENFORCEMENT EFFORTS.**

**MONIES WILL BE USED TO REIMBURSE PARTICIPATING ALBANY COUNTY LAW**

**ENFORCEMENT AGENCIES FOR DWI SATURATION PATROLS.**

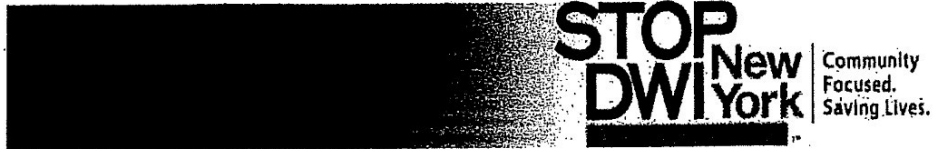
**BACK-UP MATERIAL SUBMITTED \_\_\_\_\_ (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE, BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMITTED BY: CRAIG D APPLE SR**  
**TITLE: SHERIFF**

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p><b>STATE AGENCY (Name &amp; Address):</b></p> <p>New York State Governor's Traffic Safety Committee 6 Empire State Plaza, Room 410B Albany, NY 12228</p>	<p><b>BUSINESS UNIT/DEPT. ID:</b> DMV01/3700393</p> <p><b>CONTRACT NUMBER:</b> C002527</p> <p><b>CONTRACT TYPE:</b></p> <p><input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p><b>CONTRACTOR SFS PAYEE NAME:</b> NEW YORK STATE STOP-DWI FOUNDATION INC.</p>	<p><b>TRANSACTION TYPE:</b></p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment</p>
<p><b>CONTRACTOR DOS INCORPORATED NAME:</b> NEW YORK STATE STOP-DWI FOUNDATION, INC.</p>	<p><b>PROJECT NAME:</b> Crackdown Enforcement and DRE Callout</p>
<p><b>CONTRACTOR IDENTIFICATION NUMBERS:</b></p> <p>NYS Vendor ID Number: 1000001916 Federal Tax ID Number: 141829790 DUNS Number (if applicable): 963009258</p>	<p><b>AGENCY IDENTIFIER:</b></p> <p>HS1-2021-NYS STOP-DWI Found.-00115-(088)</p> <p><b>CFDA NUMBER (Federally Funded Grants Only):</b> 20.616</p>
<p><b>CONTRACTOR PRIMARY MAILING ADDRESS:</b></p> <p>401 STATE STREET HUDSON, NY 12534</p> <p><b>CONTRACTOR PAYMENT ADDRESS:</b></p> <p><input type="checkbox"/> Check if same as primary mailing address 399 BROADWAY FORT EDWARD, NY 12828</p> <p><b>CONTRACT MAILING ADDRESS:</b></p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address 401 STATE STREET HUDSON, NY 12534</p>	<p><b>CONTRACTOR STATUS:</b></p> <p><input type="checkbox"/> For Profit <input type="checkbox"/> Municipality, Code: <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Not-for-Profit</p> <p><b>Charities Registration Number:</b> 070297</p> <p><b>Exemption Status/Code:</b></p> <p><input type="checkbox"/> Sectarian Entity</p>



October 2, 2020

Craig Apple, Albany County STOP-DWI  
Via email

Please accept this letter as official notification of a Crackdown Enforcement award in the amount of \$25,000 for use in your county. Initial each line below, sign the bottom and scan back a copy of this letter. This will serve as your acceptance of these funds. Failure to return this form will result in non-reimbursement. Let me know if you have any questions.

- The funds listed above will be utilized for Enforcement Overtime during the following crackdown dates only (unless permission has been granted for alternate dates).

HALLOWEEN:	October 30 - November 1, 2020
THANKSGIVING:	November 25 - November 29, 2020
HOLIDAY SEASON (NATIONAL):	December 17 - January 1, 2021
SUPER BOWL:	February 5 - February 8, 2021
ST. PATRICK'S DAY:	March 16 - March 21, 2021
(and/or any parade day in your community- with prior approval)	
MEMORIAL DAY:	May 28 - June 1, 2021
JULY 4TH:	July 2 - July 5, 2021
LABOR DAY (NATIONAL):	August 20 - September 6, 2021

- All enforcement details (sobriety checkpoints and/or roving patrols) will be multi-agency details.
- If circumstances result in only one agency participating in any crackdown, an email will be sent to Pam Aini, Grant Administrator, describing the reasoning for only one agency participating.
- All Crackdown efforts will be 'high visibility' and advertised in your county.
- All PS-1's and activity sheets will be submitted to Pam Aini, Grant Administrator within 45 days of each Crackdown with the exception of the Labor Day Crackdown and that paperwork must be submitted by September 30<sup>th</sup> due to grant end date. Paperwork submitted after 45 days (or 9/30 for Labor Day) shall not be considered for reimbursement.

My signature here shall serve as acceptance of the grant detailed above and my initials above serve as acknowledgement of the items I am responsible for.

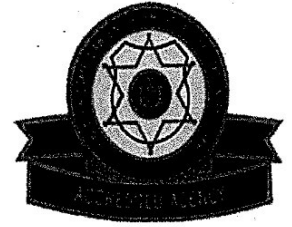
*Alisa Imance* - Administrator  
Craig Apple, 10/5/2020  
Albany County STOP-DWI Coordinator

*Reginald Crowley*  
Reginald Crowley, Chairperson  
STOP-DWI Foundation, Inc.



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**WILLIAM M. RICE**  
UNDERSHERIFF

**SHAWN P. NOONAN**  
CHIEF DEPUTY

**LEON A. BORMANN**  
CHIEF DEPUTY

October 27, 2020

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

*Andrew*  
Dear Mr. Joyce:

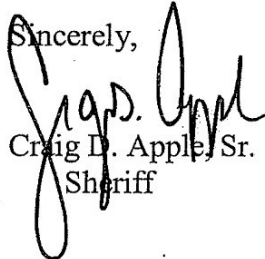
The attached correspondence is forwarded for presentation to the Albany County Legislature.

Legislative approval is required in order to allow Albany County to apply for a grant with the State of New York, Division of Criminal Justice Services, for the 2020/21 Livescan Equipment Grant.

The grant award for the Albany County Sheriff's Office is anticipated to be \$34,327.50, with a match of \$8,583.01. These grant funds will be utilized to upgrade the six Livescan fingerprint systems for the Sheriff's Office.

This project is valid for 12 months starting no sooner than 12/01/20.

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

Sincerely,  
  
Craig D. Apple, Sr.  
Sheriff

Cc: Hon. Daniel P. McCoy, County Executive  
Hon. William Clay, Public Safety Chairman  
Hon. Wanda Willingham, Audit & Finance Committee  
Brandon Russell, Esq., Majority Counsel  
Arnis Zilgme, Esq., Minority Counsel  
Christian Barnes, Minority Conference

**REQUEST FOR LEGISLATIVE ACTION**

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

**DATE :** OCTOBER 28, 2020

**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) \_\_\_\_\_
- ENVIRONMENTAL IMPACT \_\_\_\_\_
- HOME RULE REQUEST \_\_\_\_\_
- PROPERTY CONVEYANCE \_\_\_\_\_
- OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE) X

**TO APPLY FOR THE 2020/2021 LIVESCAN EQUIPMENT GRANT BEING OFFERED BY THE STATE OF NEW YORK, DIVISION OF CRIMINAL JUSTICE SERVICES.**

**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 X
- RENEWAL \_\_\_\_\_
- SUBMISSION DEADLINE DATE 10/28/2020

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

**CONCERNING CONTRACT AUTHORIZATION (CONT'D)**

**STATE THE FOLLOWING:**

CONTRACT TERMS/CONDITIONS:

PARTY (NAME/ADDRESS):

STATE OF NEW YORK

DIVISION OF CRIMINAL JUSTICE SERVICES

ALBANY, NY 12210

AMOUNT/RATE SCHEDULE/FEE:

\$25,744.49 WITH A \$8,583.01 CASH MATCH = \$34,327.50 TOTAL

TERM:

12 MONTHS STARTING NO SOONER THAN 12/1/2020

SCOPE OF SERVICES:

THESE FUNDS WILL BE USED TO UPGRADE THE SIX LIVESCAN FINGERPRINT SYSTEMS USED BY THE SHERIFF'S OFFICE

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET:

YES

NO

X

FUNDING SOURCE:

NYS, DCJS

COUNTY BUDGET ACCOUNTS:

REVENUE:

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

100%

STATE

COUNTY

TERM/LENGTH OF FUNDING

12 MONTHS

PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:

RESOLUTION/LAW NUMBER:

DATE OF ADOPTION:

JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

**THIS GRANT WILL HELP WITH UPGRADES TO OUR LIVESCAN EQUIPMENT**

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





**Division of Criminal  
Justice Services**

**REQUEST FOR PROPOSALS (RFP)**

**SFY 2020-21 LIVESCAN Equipment Program – Issued September 2020**

**KEY DATES AND NOTICES:**

Release Date of RFP:	Wednesday, September 23, 2020
Submission Deadline:	Wednesday, October 28, 2020 by Noon
Estimated Total Program Funding:	\$2.8 million
Deadline for Final Submission of Questions Regarding this RFP:	Friday, October 2, 2020
Response to Questions Regarding this RFP Posted:	On or about October 9, 2020
Notification of Award(s):	On or about November 18, 2020
Anticipated Contract Start Date:	December 1, 2020

1. Proposals must be received by the submission deadline on-line via the DCJS Grants Management System (GMS). **Applicants who are not registered to access GMS will need to obtain user access to respond to this Solicitation.** See Appendix: *DCJS Grants Management System (GMS) Instructions and Helpful Hints.*
2. Questions regarding this RFP must be emailed to [dcjsfunding@dcjs.ny.gov](mailto:dcjsfunding@dcjs.ny.gov), with Livescan as the subject. Responses to the questions will be posted on the DCJS website at <http://www.criminaljustice.ny.gov/ofpa/index.htm> on or about date indicated above. If the applicant has any general questions such as, "Did DCJS receive my e-mail?" please call (518) 457-9787. Please note that DCJS cannot answer substantive questions concerning this solicitation in any manner other than the e-mail method.
3. Applicants will be advised of award decisions via a letter of notification, which will be emailed to the address provided by the applicant in GMS. Applicants not receiving an award will receive notification emailed to the address provided by the applicant in GMS. A debriefing is available to any entity that submitted an application in response to this solicitation who is not successful in receiving an award. (See Section: Notification of Awards.)
4. There is a 25% cash match requirement for this program.
5. Unless otherwise modified by DCJS, the contract period for this grant opportunity will be 12 months, starting no earlier than December 1, 2020.

Project **Project #: LS20-1089-E00 Livescan Equipment Program 2020 Project Status: Application Received**  
**Participant: Albany County**

Home Search Open	<b>General</b>	<b>Participants</b>	<b>Budget</b>	<b>Work Plan</b>	<b>Questions</b>	<b>Acceptance</b>	<b>Contract Checklist</b>
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Please enter budget information. If you are requesting an advance, please enter the amount requested and the justification, then save the screen before proceeding. You may edit the Advance if necessary at a later time. Enter budget information by participant. If you will only be operating with one budget, please enter the budget for the Grantee agency. For consortia, you may enter budgets by individual implementing agency. When you have completed your budget, please go on to the Workplan tab.

Go to Attachment Progress Site Review Equipment

Budget Summary

Participant	Grant Funds	Matching Funds	Total
Albany County	\$0.00	\$0.00	\$0.00
Albany County Sheriffs Office	\$25,744.49	\$8,583.01	\$34,327.50
<b>Total</b>	<b>75.00%</b>	<b>25.00%</b>	<b>\$34,327.50</b>

Reports Application Deficiency Draft Contract

Advance Request Amount (If not requesting an advance, please skip) \$

Advance Request Justification (200 character limit)

Help Logout

Budget Summary by Participant  
Albany County

Login ID: dmiller12

Version 4.1.6

Albany County Sheriffs Office  
Version 1 - Edit (Click here to add more lines to budget categories)

#	Equipment	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds	Deficient
1	Upgrade and reconfigure 5 existing Livescan system...	5	\$2,284.80	\$11,424.00	\$8,567.87	\$2,856.13	no
2	Replace one Livescan System	1	\$22,903.50	\$22,903.50	\$17,176.62	\$5,726.88	no
<b>Total</b>				<b>\$34,327.50</b>	<b>\$25,744.49</b>	<b>\$8,583.01</b>	

Version 1 Total	Total Cost	Grant Funds	Matching Funds
	\$34,327.50	\$25,744.49	\$8,583.01