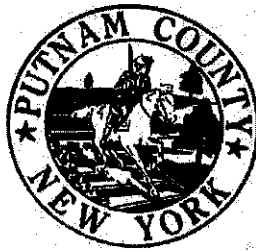


**ANDREW W. NEGRO**  
*First Deputy County Attorney*

**ANNA M. DIAZ**  
*Senior Deputy County Attorney*



**DINA M. DIBLASI**  
*Senior Deputy County Attorney*

**CONRAD J. PASQUALE**  
*Senior Deputy County Attorney*

**JENNIFER S. BUMGARNER**  
*County Attorney*

## DEPARTMENT OF LAW

November 6, 2019

**Via Email: [editor@highlandscurrent.org](mailto:editor@highlandscurrent.org)**

Chip Rowe  
161 Main Street  
Cold Spring, New York 10516

**Re: Freedom of Information Law Request dated October 2, 2019**

Dear Mr. Rowe:

Please be advised that your October 2, 2019 Freedom of Information Law ("FOIL") request submitted to the Putnam County Legislature and directed to this office for further review and handling has been granted in part and denied in part. A copy of said request is attached for reference.

Records which are responsive to your request have already been provided to you in response to your September 3, 2019 FOIL request. As a courtesy however, this agency has compiled and included such records as another attachment to the email bearing this letter.

Certain documents, however, that are maintained by the County which are responsive to your request are exempt from disclosure under N.Y.S. Public Officers Law ("POL") § 87(2) (a) which provides for denial of a FOIL request when records are specifically exempted from disclosure by State law. Under N.Y.S. Civil Practice Law and Rules § 4503, records consisting of attorney client communications that are privileged are not subject to disclosure.

Additionally, certain other responsive documents maintained by the County are exempt from disclosure, because they constitute inter-agency or intra-agency materials which are not: i. statistical or factual tabulations or data; ii. instructions to staff that affect the public; iii. final agency policies or determinations; or iv. external audits, including but not limited to audits performed by the comptroller and federal government (See N.Y.S. Public Officers Law § 87(2)(g)).

For the above mentioned, your October 2, 2019 FOIL request has been denied with respect to the records that fall within the identified exemptions to accessibility.

**48 GLENEIDA AVENUE, CARMEL, NEW YORK 10512**

Tel. (845) 808-1150 / Fax (845) 808-1903\*

*\*This office will not accept service via facsimile*

You are entitled to an appeal within thirty (30) days hereof to the following address:

Honorable MaryEllen Odell, County Executive  
40 Gleneida Avenue  
Carmel, NY 10512

Sincerely,



Amber Wodraska  
Law Clerk

Cc: Hon. Michael C. Bartolotti, County Clerk (via email)  
Diane Schonfeld, Legislature (via email)

---

**48 GLENEIDA AVENUE, CARMEL, NEW YORK 10512**

Tel. (845) 808-1150 / Fax (845) 808-1903\*

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<b>STATE AND MUNICIPAL FACILITIES CAPITAL PROGRAM (SAM) PRELIMINARY APPLICATION</b>					
<b>SECTION 1: GENERAL INFORMATION</b>					
<b>A. Project Name:</b> Fixed License Plate Reader (LPR)					
<b>Project Location:</b> Putnam County - [REDACTED]					
<b>B. Organization / Grantee:</b> <b>Legally Incorporated Name:</b> Putnam County Sheriff Department and Correctional Facility					
<b>Street (not P.O. Box):</b> 3 County Center					
<b>City:</b> Zip: County: Carmel, 10512, Putnam					
<b>Phone:</b> 845-225-4300 <b>Ext:</b> 42235 <b>Fax:</b> <b>E-mail:</b> James.Babcock@Putnamcountyny.gov					
<b>Contact Name &amp; Title:</b> James G. Babcock, Jr - Captain Operations and Communications					
<b>Federal Taxpayer I.D./Charity Reg.# (Non-profits Only):</b>					
<b>1. Type of Organization:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Business Corporation  <input type="checkbox"/> State  <input type="checkbox"/> Municipal Corporation  <input type="checkbox"/> Water District  <input type="checkbox"/> University / Educational Organization (SUNY, Community College, Private)  <input type="checkbox"/> Sewer District  <input type="checkbox"/> Metropolitan Transportation Authority                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Public School District  <input type="checkbox"/> Public Housing Authority  <input type="checkbox"/> Public Library or Library System  <input type="checkbox"/> Fire District / Commission / Department / Volunteer Rescue &amp; Ambulance Squad  <input type="checkbox"/> Public Park Conservancy or Not-for-Profit Investment in Parks  <input checked="" type="checkbox"/> Other - Sheriff                 </td> </tr> </table>		<input type="checkbox"/> Business Corporation <input type="checkbox"/> State <input type="checkbox"/> Municipal Corporation <input type="checkbox"/> Water District <input type="checkbox"/> University / Educational Organization (SUNY, Community College, Private) <input type="checkbox"/> Sewer District <input type="checkbox"/> Metropolitan Transportation Authority	<input type="checkbox"/> Public School District <input type="checkbox"/> Public Housing Authority <input type="checkbox"/> Public Library or Library System <input type="checkbox"/> Fire District / Commission / Department / Volunteer Rescue & Ambulance Squad <input type="checkbox"/> Public Park Conservancy or Not-for-Profit Investment in Parks <input checked="" type="checkbox"/> Other - Sheriff		
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<b>2.</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">a) Is the organization currently seeking or receiving any other New York State assistance for this project?</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes</td> </tr> <tr> <td>b) Is the SAM Grant a match to receiving the Other New York State Assistance?</td> <td style="text-align: right;"><input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes</td> </tr> </table> <p>If either a or b is Yes, please provide a detailed explanation on an attached separate sheet.</p>		a) Is the organization currently seeking or receiving any other New York State assistance for this project?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	b) Is the SAM Grant a match to receiving the Other New York State Assistance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
a) Is the organization currently seeking or receiving any other New York State assistance for this project?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
b) Is the SAM Grant a match to receiving the Other New York State Assistance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>SECTION 2: PROJECT DESCRIPTION</b>					
<b>Project Description and Amount</b>					
<b>1.</b> Please attach a separate sheet with a detailed description of the specific capital project that will be undertaken and funded pursuant to this Grant. See attached					
<b>2.</b> Project Start Date: Nov. 1, 2019                      Anticipated Date of Project Completion: Aug. 1, 2020					
<b>3.</b> Please list the anticipated amount of funding to be received from the SAM Program for this project. [REDACTED]					

**SECTION 2: PROJECT DESCRIPTION**

1. The Putnam County Sheriff's fixed License Plate Reader (LPR) project is being designed to collect the valuable data required for public safety and law enforcement. We have identified three locations within the 40<sup>th</sup> district that will allow for maximum effectiveness of the project. They are the following:

[REDACTED]

The typical installation at each site will be the use of the existing NYSDOT utility pole and guide wire, or an extension arm attached to the utility pole (see attached example) to support the camera and the associated computer hardware. The electrical power source for the equipment is the same source as the traffic signals, although a separate electric meter will be installed. The attachment of the equipment to the utility pole does require a permit from the NYDOT. We currently have self-funded 1 camera system within the 40<sup>th</sup> district located in the [REDACTED] and are working through the permit process toward the installation. Attached is a copy of application for the self-funded LPR system for reference.

Once the LPR systems are functional the data will be shared for law enforcement purposes only to other agencies such Westchester Department of Public Safety, Carmel Police Department, Kent Police Department and the New York State Police.

<p>4. Will any entity other than the Grantee set forth in Section 1, above, be paying any project related costs? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><u>If Yes</u>, please attach a separate sheet setting forth the costs to be paid by another entity, as well as a description of the relationship between the Grantee and the other entity.</p>	
<p>5. Does the Applicant own the site where the project will be located? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><u>If No</u>, please attach a separate sheet describing the control the Applicant has over the Project site.</p> <p>The site on which the LPR equipment is attached is property of New York State Department of Transportation. A permit will be required for attachment.</p>	
<p>6. Does the applicant plan to occupy 100% of the project facility? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: center;">N/A</p> <p><u>If No</u>, attach a schedule explaining the planned occupancy.</p>	
<p>7. If an organization other than the Grantee will have an interest in the equipment or real property purchased with Grant funds, please attach a separate sheet describing the legal relationship between the Grantee and the organization.</p>	
<p>8. Does the project require environmental or other regulatory permits? <u>If Yes</u>, please specify type: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>A permit is required from the NYSDOT to attach LPR system to pole. Upon award of funding from (SAM) program each LPR site will have a permit application completed.</p> <p>Have they been secured? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p><u>If No</u>, please specify why:</p>	
<p>9. Has any State or local government agency reviewed the project under the State Environmental Quality Review Act (SEQRA)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA</p> <p><u>If Yes</u>, please set forth the lead agency for the review and provide a copy of the negative declaration, findings statement, or Type II memo issued by the lead agency.</p>	
<p><b>SECTION 3: ELIGIBILITY FOR TAX-EXEMPT FINANCING</b></p>	
<p>1. Has the applicant previously received financing from the sale of tax-exempt bonds? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><u>If Yes</u>, attach a schedule describing the details of such financing.</p>	
<p>2. Does the applicant anticipate applying for financing for <u>this project</u> from the sale of other bonds? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>3. Have any funds been expended or obligations incurred to date on that portion of the project for which this application is made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><u>If Yes</u>, attach a schedule showing details of such disbursements (date, purpose, payee, etc.).</p>	
<p>4. Will the Grantee be utilizing internal labor for any portion of the project? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><u>If Yes</u>, attach a narrative summarizing the usage and dollar value of internal labor on the project. Internal labor costs will <u>not</u> be reimbursed from SAM Grant proceeds.</p>	

**SECTION 4: PROJECT BUDGET**

Complete the following Project Budget detailing the proposed sources and uses of funds (attach additional sheets if necessary) that will be utilized to complete the Project. State the source of the funding, and any contingencies that need to be satisfied prior to accessing the funds.

*Please include evidence of committed funding sources to be used to complete the project as described.* This may include a copy of letter(s) of credit, award letters, a resolution from the governing board of the Grantee committing to provide the balance of the funds, or a combination of the above.

<u>USE OF FUNDS</u>	<u>SOURCES</u>						<u>TOTAL</u>
	State		In-Kind /Equity /Sponsor		Other sources (Please specify each source and include commitment letter or other evidence that funds have been secured)		
Tasks	Entity Name	Amount	Source Name	Amount	Entity Name	Amount	
LPR							██████
Total:							

I hereby certify that the information in this Preliminary Application is true and correct in all material respects, and I understand that the Dormitory Authority of State of New York and other entities that may be involved in the grant process are relying on this information in the course of the reviews that are required under Federal and State law.

James Barcock  
 Signature of Authorized Officer  
JAMES BARCOCK  
 Print Name  
CAPTAIN  
 Title

Date Aug 26, 2019