

**REQUEST FOR APPROVAL OF SUPPLEMENT  
TO APPROVED ANNUAL PROBATION PLAN  
FOR COUNTY FY 2015**

As Director of Court Services or Chief Probation Officer of the 10th Judicial Circuit Probation Department serving Marshall-Putnam-Stark Counties, I hereby request approval of the following as a supplement to the previously approved Annual Probation Plan.

(Please place a check on the line below, which best describes the area of the annual plan in which you are seeking supplemental approval for a change to the annual probation plan (please refer to the second page for definitions of categories). In the space below, describe the change you are proposing along with the rationale for the proposed change. Follow the format presented in the section of the Annual Probation Plan you wish to supplement. For example, if your supplement concerns a change in proposed expenditures from your Probation and Court Services Fund, please submit a revised page 9, the proposed use of fees table. Attach additional pages as necessary).

- New Program(s)                       Department Reorganization                       Variance(s)
- Compensation Plan                       Performance Appraisal                       Job description
- Probation Fee Usage                       Other

Describe the change you are proposing along with the rationale for the proposed change.

I would like to request approval to use probation fees in purchasing new office equipment in the Marshall County probation office. It was my plan to budget for new equipment next year, but the filing cabinets and desks we currently have are not working properly, and are not providing the storage and workspace that is needed. The last time equipment was purchased was in 2002-2003. It is my understanding that some of the pieces did not come with a warranty as they were scratch/dent pieces sold at a discount. I am attaching a drawing and a quote provided by Office Specialists located in Galesburg Illinois. They have offered to provide us with a \$250.00 credit towards our new purchases in exchange for the old equipment they may be able to recycle. I am also attaching the original budget, along with a new budget that includes the requested amount for office equipment/furniture.

Date: 4/14/15

*Deagan Spradling*

Director

Date: 4/22/15

*Stephen Kim*

Chief Circuit Judge

## **Annual Probation Plan Supplemental Request Definitions**

### **New Program(s):**

Proposal to implement a new program to be offered by existing staff or new staff which should include the following information with/on the form: 1) Name/Title of the new program; 2) Overview of what the program will address, including the identified population to be served, curriculum to be used, and proposed outcomes; 3) Who will be responsible for program oversight/operations; 4) Copy of any change in the department organizational structure; 5) Job description(s) for the position(s); and, 6) Fiscal impact, if any, to the department or the state.

### **Department Reorganization:**

Proposal to modify existing organizational structure of the department from that included with the current annual probation plan. Included with/on the form should be: 1) Copy of the existing organizational chart; 2) Copy of the proposed organizational chart; 3) Overview and rationale of why the change in the structure is needed or what it will provide that is not currently existing, including which staff within the department will be directly affected; 4) Copy of amended/revised job description(s) for any position(s) that may be changed by the requested reorganization; and, 5) Fiscal impact, if any, to the department or the state.

### **Variance(s):**

Proposal to seek variance(s) from any of the established state standards. Included with/on the form should be: 1) Identification of the specific state standard(s) from which variance(s) is being sought; 2) Proposed alternative to the standard(s); 3) Rationale for why the variance(s) is being sought including the anticipated relief the department intends to achieve; and, 4) Fiscal impact, if any, to the department or the state.

### **Compensation Plan:**

Proposal to revise the department's existing compensation plan or the submission of a recently approved/ratified collective bargaining agreement. Included with/on the form should be: 1) Copy of the proposed compensation plan changes; 2) Statement of why the change is being proposed; and, 3) Fiscal impact, if any, to the department or the state.

### **Performance Appraisal:**

Proposal to revise/change the department's existing performance appraisal instrument(s). Included with/on the form should be: 1) Copy of the proposed changed/revised instrument(s); and, 2) Explanation as to why the change/revision is being proposed.

### **Job Description:**

Proposal to amend/revise the job description of an existing position within the department. Included with/on the form should be: 1) Copy of the existing job description; 2) Copy of the proposed job description; 3) Rationale for the needed change in the job description; and, 4) Fiscal impact, if any, to the department or the state.

### **Change(s) Probation Fee Usage:**

Proposal to expend probation fee monies that would either, a) expand the total amount of expenditures beyond the amount previously approved, or b) significantly shifts expenditures from categories previously approved.

**Probation and Court Services Fund Proposed Expenditures-Marshall**

Please enter the amount of the proposed expenditure in the designated category and provide a description of your department's proposed use of funds.

<p style="text-align: center;"><i>260-502.15-260</i></p> <p style="text-align: center;"><b>OFFENDER SERVICES</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>1. Residential Treatment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>2. Emergency Housing</td><td style="text-align: right;">\$ 500.00</td></tr> <tr><td>3. Counseling Services</td><td style="text-align: right;">\$ 2,000.00</td></tr> <tr><td>4. Psychological Testing/ Evaluations</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>5. Educational Program</td><td style="text-align: right;">\$ 1,000.00</td></tr> <tr><td>6. Employment Services</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>7. Public/ Community Service Supervision Contract</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>8. Cognitive Programming</td><td style="text-align: right;">\$ 2,000.00</td></tr> <tr><td>9. Language Access Services</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>10. Other Offender Services (Explain) Treatment materials for offenders</td><td style="text-align: right;">\$ 500.00</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><b>TOTAL SERVICES</b></td><td style="text-align: right;"><b>\$6,000.00</b></td></tr> </table>	1. Residential Treatment	\$ _____	2. Emergency Housing	\$ 500.00	3. Counseling Services	\$ 2,000.00	4. Psychological Testing/ Evaluations	\$ _____	5. Educational Program	\$ 1,000.00	6. Employment Services	\$ _____	7. Public/ Community Service Supervision Contract	\$ _____	8. Cognitive Programming	\$ 2,000.00	9. Language Access Services	\$ _____	10. Other Offender Services (Explain) Treatment materials for offenders	\$ 500.00	_____	\$ _____	_____	\$ _____	_____	\$ _____	<b>TOTAL SERVICES</b>	<b>\$6,000.00</b>	<p style="text-align: center;"><i>260-502-260</i></p> <p style="text-align: center;"><b>EQUIPMENT/SUPPLIES</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>1. Computer Hardware/ Software Technical Support</td><td style="text-align: right;">\$ 9,750.00</td></tr> <tr><td>2. Vehicle &amp; Related Expenses</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>3. Drug Testing</td><td style="text-align: right;">\$ 1,000.00</td></tr> <tr><td>4. <i>260-502.14-260</i> Electronic Monitoring</td><td style="text-align: right;">\$ 2,500.00</td></tr> <tr><td>5. GPS</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>6. Video Equipment/ Tapes</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>7. Public/ Community Services Supplies</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>8. Officer Safety Equipment</td><td style="text-align: right;">\$ 250.00</td></tr> <tr><td>9. Other Equipment (Explain)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><b>TOTAL EQUIP/SUPPLIES</b></td><td style="text-align: right;"><b>\$13,500.00</b></td></tr> </table>	1. Computer Hardware/ Software Technical Support	\$ 9,750.00	2. Vehicle & Related Expenses	\$ _____	3. Drug Testing	\$ 1,000.00	4. <i>260-502.14-260</i> Electronic Monitoring	\$ 2,500.00	5. GPS	\$ _____	6. Video Equipment/ Tapes	\$ _____	7. Public/ Community Services Supplies	\$ _____	8. Officer Safety Equipment	\$ 250.00	9. Other Equipment (Explain)	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	<b>TOTAL EQUIP/SUPPLIES</b>	<b>\$13,500.00</b>
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**TOTAL EXPENDITURES LISTED ABOVE** **\$ 23,750.00**

**TOTAL FEES FOR SALARIES OF ELIGIBLE REIMBURSED PERSONNEL** **\$0**  
 (SHORTFALL) \*If not applicable, please indicate \$0

**TOTAL CFY2015 PROPOSED FUND EXPENDITURES** **\$ 0**

**Probation and Court Services Fund Proposed Expenditures-Marshall**

Please enter the amount of the proposed expenditure in the designated category and provide a description of your department's proposed use of funds.

OFFENDER SERVICES		EQUIPMENT/SUPPLIES	
1. Residential Treatment	\$ _____	1. Computer Hardware/ Software Technical Support	\$ <u>9,750.00</u>
2. Emergency Housing	\$ <u>500.00</u>	2. Vehicle & Related Expenses	\$ _____
3. Counseling Services	\$ <u>2,000.00</u>	3. Drug Testing	\$ <u>1,000.00</u>
4. Psychological Testing/ Evaluations	\$ _____	4. Electronic Monitoring	\$ <u>2,500.00</u>
5. Educational Program	\$ <u>1,000.00</u>	5. GPS	\$ _____
6. Employment Services	\$ _____	6. Video Equipment/ Tapes	\$ _____
7. Public/ Community Service Supervision Contract	\$ _____	7. Public/ Community Services Supplies	\$ _____
8. Cognitive Programming	\$ <u>2,000.00</u>	8. Officer Safety Equipment	\$ <u>250.00</u>
9. Language Access Services	\$ _____	9. Other Equipment (Explain)	\$ _____
10. Other Offender Services (Explain)	\$ _____	Office Equipment/Furniture	\$ <u>7,283.45</u>
Treatment materials for offenders	\$ <u>500.00</u>	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>TOTAL SERVICES</b>	<b>\$6,000.00</b>	<b>TOTAL EQUIP/SUPPLIES</b>	<b>\$20,783.45</b>

  

TRAINING (Identify)		OTHER (Identify)	
1. On-going	\$ <u>1,500.00</u>	1. <u>Travel</u>	\$ <u>2,750.00</u>
2. _____	\$ _____	2. _____	\$ _____
3. _____	\$ _____	3. _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____
5. _____	\$ _____	5. _____	\$ _____
<b>TOTAL SERVICES</b>	<b>\$1,500.00</b>	<b>TOTAL OTHER</b>	<b>\$2,750.00</b>

(To calculate formulas select the total number cell which is the ZERO dollar amounts, highlight the number and right-click the mouse. Select *Update Field* and the correct total will appear in the total number cell. Repeat instructions to calculate the Total Expenditures Listed and the Total Fees For Salaries Of Eligible Reimbursed Personnel cells.)

**TOTAL EXPENDITURES LISTED ABOVE** **\$ 31,033.45**

**TOTAL FEES FOR SALARIES OF ELIGIBLE REIMBURSED PERSONNEL** **\$0**

(SHORTFALL) \*If not applicable, please indicate \$0

**TOTAL CFY2015 PROPOSED FUND EXPENDITURES** **\$ 0**

Item	Preview	Mfg	Part Number	Part Description	Category	Qty	List	Ext List	Sell - %	Sell	Ext Sell
1		HON	H105899	10500 Series Bridge 48W x 20D x 29-1/2H Skipped Option	FREESTANDING TABLE	2	\$ 316.00	\$ 632.00	45.000	\$ 173.80	\$ 347.60
2		HON	H10579	10500 Series Desk Shell 66W x 30D x 29-1/2H Skipped Option	FREESTANDING TABLE	2	\$ 644.00	\$ 1,288.00	45.000	\$ 354.20	\$ 708.40
3		HON	H10534	10500 Series Stack-on Storage 72"W x 14-5/8D x 37-1/8H Skipped Option	STORAGE	2	\$ 899.00	\$ 1,798.00	45.000	\$ 494.45	\$ 988.90
4		HON	H105692X	10500 Series Cred Shell 48W x 24D x 29-1/2H Skipped Option	FREESTANDING TABLE	2	\$ 541.00	\$ 1,082.00	45.000	\$ 297.55	\$ 595.10
5		HON	H10502	10500 Series Floorstnd Full Ht Ped B/B/F 15-5/8W x 22-3/4D Skipped Option	FILE CABINETS	2	\$ 608.00	\$ 1,216.00	45.000	\$ 334.40	\$ 668.80
5		HON	H10504	10500 Series Floorstnding Full Ht Ped F/F 15-5/8W x 22-3/4D Skipped Option	FILE CABINETS	2	\$ 608.00	\$ 1,216.00	45.000	\$ 334.40	\$ 668.80
7		HON	H105856	10500 Series Back enclosure for 72"W Stack on Storage Skipped Option	STORAGE	2	\$ 208.00	\$ 416.00	45.000	\$ 114.40	\$ 228.80
8		HON	H90056	10500 Series Tockd for 72"W Stack on Strg Bck Enclosure Skipped Option	ACCESSORY	2	\$ 260.00	\$ 520.00	45.000	\$ 143.00	\$ 286.00
9		HON	H1526	Wood Cantier Drawer 26W x 15-3/8D Skipped Option	ACCESSORY	2	\$ 177.00	\$ 354.00	45.000	\$ 97.35	\$ 194.70
10		HON	H895LS	Bridge 800 Series Lat File 2-Drawer w/Storage Case 42W Standard Random Key Lock Skipped Option	FILE CABINETS	1	\$ 1,486.00	\$ 1,486.00	45.000	\$ 817.30	\$ 817.30
11		HON	H892	Bridge 800 Series Lateral File 2-Drawer 42W Standard Random Key Lock Skipped Option	FILE CABINETS	1	\$ 871.00	\$ 871.00	45.000	\$ 479.05	\$ 479.05
12			H895USED	5 DRW LAT FILE		1	\$ 2,008.00	\$ 2,008.00	75.100	\$ 500.00	\$ 500.00
				Freight, Delivery and Installation		1	\$ 800.00	\$ 800.00		\$ 800.00	\$ 800.00
				<b>Grand Total</b>				\$ 13,887.00	46.786		\$ 7,283.45

