



EGLES 180012/11 - 02-16

County of Erie

MARK C. POLONCARZ
COMPTROLLER

August 11, 2011

By U.S. Mail and Electronic Mail

~~Commissioner Gregory Skibitsky~~
Erie Co. Dept. of Emergency Services
45 Elm Street
Buffalo, New York 14203

Commissioner Peter M. Vito
Erie Co. Dept. of Central Police Services
45 Elm Street
Buffalo, New York 14203

Re: Homeland Security Grants

Dear Commissioners Skibitsky and Vito:

My office is in receipt of your respective correspondences, a copy of which is each attached hereto, pertaining to Contracts C834273, C834272 #8 and #9 which you have claimed have not been submitted by the Erie County Comptroller's Office to the New York State Division of Homeland Security for reimbursement to Erie County.

The reason my office has not submitted the aforementioned contracts, amounting to a payment of \$271,639.19 to Erie County, for reimbursement is that my office has not yet received the contracts for review, processing and submission; i.e., the Erie County Department of Emergency Services has failed to deliver the contracts to the Comptroller's Office.

In total, according to our records, we do not show delivery of the following six Accounts Receivable Claim Vouchers to the Comptroller's Office, which include the three contracts of concern. However, the Accounts Receivable entries appear on Erie County's SAP accounting system. The six Accounts Receivable entries are as follows:

A/R 1800020600 \$266,158.00
A/R 1800020783 \$15,756.55
A/R 1800020827 \$470.14
A/R 1800021164 \$2,945.13
A/R 1800021254 \$298,421.85
A/R 1800021489 \$2,536.06

Letter to Commissioners Skibitsky and Vito

August 11, 2011

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The established set of County of Erie Accounting Policies relating to Accounts Receivable - Claims (Establish policy for recording Accounts Receivable), which is available on Erie County's Sharepoint Intranet, states:

If the claim forms require the Comptroller's Office's signature, the completed claims including printouts of those filed electronically, accompanied by evidence of the accounting entry and appropriate supporting documentation including an addressed mailing envelope (if they are to be mailed) should be submitted to the Comptroller's Office for processing. Once reviewed, signed by the Comptroller's Office and approved on the accounting system, the signed claims and supporting documentation are promptly mailed to the grantors by the Comptroller's Office. A copy of the signed claim is returned to the originating department for their records and as proof of mailing. If the claims do not require Comptroller's Office signature, the Comptroller's Office should be notified that the receivable entry is ready for review and approval on the accounting system.

The standard operating procedure for Accounts Receivable Claim Vouchers, which require signatures, is as follows:

1. Delivery to the Comptroller's Office, either electronically (via e-mail) or hand delivery (print version)
2. The original-signed State Aid Voucher is mailed in the provided envelope along with supporting documentation
3. A signed copy of the State Aid Voucher is sent to originating department which serves as acknowledgement
4. A signed copy of the State Aid Voucher is filed in the Comptroller's office.

As soon as the proper documentation has been provided to our office we will file for reimbursement with New York State.

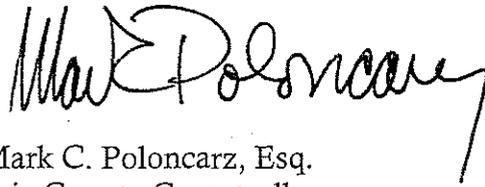
If you have any questions or concerns, please feel free to contact my office at 716-858-8400.

Letter to Commissioners Skibitsky and Vito

August 11, 2011

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Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark C. Poloncarz". The signature is written in a cursive, flowing style.

Mark C. Poloncarz, Esq.
Erie County Comptroller

MCP/nr

Encl.

Cc: Hon. James Sherry, Commissioner, NYS Div. of Homeland Security
Erie County Legislature



COMPTROLLER'S
RECEIVED

11 AUG 11 PM 1:14

County of Erie

CHRIS COLLINS
COUNTY EXECUTIVE

DEPARTMENT OF CENTRAL POLICE SERVICES

PETER M. VITO
COMMISSIONER

August 9, 2011

Mr. Mark Poloncarz
Erie County Comptroller
95 Franklin Street
Buffalo, New York 14202

Re: 2007 Homeland Security Contracts

Dear Mr. Poloncarz:

We have been advised by Mr. Eric Abramson, Contract Representative, for NYS Division of Homeland Security and Emergency Services Office of Counter Terrorism, that the following:

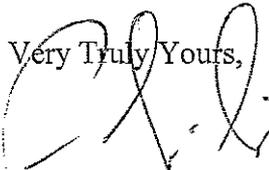
Contract #C834273, FY 2007 UASI Program, FCR #5, \$266,158.00,
Contract # C834272, FY 2007 LETPP, FCR #8, \$2,945.13,
Contract # C834272, FY 2007 LETPP, FCR #9, \$2,536.06,

were never submitted by the Comptroller's office to New York State for reimbursement to Erie County.

Your failure to submit these in a timely manner has jeopardized the payment of \$271,639.71 to Erie County. I must reiterate that your failure to properly process these reimbursements may jeopardize millions of dollars in homeland security funding for Erie County.

Upon receipt of this letter please explain in detail the reason for your failure to timely submit these documents.

Very Truly Yours,



Peter M. Vito
Commissioner

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Cc:

Honorable James Sherry
Commissioner
NYS Division of Homeland Security and Emergency Services

Erie County Legislature

Poloncarz, Mark

From: Skibitsky, Gregory
Sent: Tuesday, August 09, 2011 4:13 PM
To: Poloncarz, Mark
Cc: Diviak, Paul
Subject: FW: Emailing: FCRs 07
Attachments: FCRs 07.pdf

Mark

Can you have someone look into why the attached fiscal cost reports for the 2007 Homeland Security grants have not been claimed to NYS Department of Homeland Security.

I received a call today from Erie Abramson representing Commissioner of NYS Department of Homeland Security James Sherry asking for 2007 HS fiscal cost report claims.

~~The Emergency Services Homeland Security Accountant Paul Diviak, personally drops off all the HS fiscal cost reports in the Comptroller's office to process.~~

Thanks

Greg

--
Gregory Skibitsky | Commissioner of Emergency Services Erie County | Emergency Services
45 Elm St., | Buffalo, NY 14203
P:(716) 858-4909 | F:(716) 858-7937
C:(716) 432-2061 | Gregory.Skibitsky@erie.gov

Erie County's vision: Erie County will be a world-class community where People want to live, Businesses want to locate and Tourists want to visit.

FISCAL COST REPORT

Submit to: Office of Homeland Security State Campus - Building 7A 1220 Washington Ave. Rm 610 Albany, NY 12242	1. Grantee: ERIE COUNTY	2. Contract No: C834273
	3. Implementing Agency: Emergency Services	4. FCR #: 5 Final Report: No
	5. OHS No: WM07834273	6. Program Title: FY 2007 UASI Program
	7. Contract Period: 07/01/2007 - 06/30/2011	8. Contract Amount: 2,030,500.00
	9. Report Period: 07/01/2007 - 08/06/2010	10. Report Date: 03/30/2011

11. SUMMARY SCHEDULE

CATEGORY	A. Approved Project Budget		B. Previous Cumulative Expenditures		C. Expenditures for this Reporting Period		D. Current Cumulative Expenditures	
	OHS	MATCH	OHS	MATCH	OHS	MATCH	OHS	MATCH
A. PERSONNEL	\$266,158.00	\$0.00	\$0.00	\$0.00	\$266,158.00	\$0.00	\$266,158.00	\$0.00
B. FRINGE BENEFITS	\$99,332.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. CONSULTANTS	\$55,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. EQUIPMENT	\$1,591,015.56	\$0.00	\$1,375,040.29	\$0.00	\$0.00	\$0.00	\$1,375,040.29	\$0.00
E. SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. TRAVEL	\$14,799.44	\$0.00	\$14,799.44	\$0.00	\$0.00	\$0.00	\$14,799.44	\$0.00
G. RENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. ALT & RENOVATIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. ALL OTHER	\$4,195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$2,030,500.00	\$0.00	\$1,389,839.73	\$0.00	\$266,158.00	\$0.00	\$1,655,997.73	\$0.00

12. CASH REQUEST

Certification

A. Advance Requested	\$0.00	I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project.
B. Expenditures for this reporting period (Total of Column C above)	\$266,158.00	
C. Cash requested from OHS (A + B) (Voucher Amount)	\$266,158.00	
D. Voucher Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13. Interest Earned - Advanced Funds	\$0.00	

GRANTEE:

Gregory Skibitsky
(Signature)

716-858-4909

(Phone Number)

Gregory Skibitsky - Commissioner Emergency Services

3/30/2011

(Date)

FISCAL OFFICER:

Paul Diviak
(Signature)

716-858-8020

(Phone Number)

Paul Diviak - Accountant Emergency Services

3/30/2011

(Date)

OHS USE ONLY

FCR APPROVED BY PROGRAM REPRESENTATIVE:

(Signature)

(Date)

OHS FISCAL OFFICE: Approved Rejected

(Signature)

(Date)

FY2007 FISCAL COST REPORT

Submit to: Office of Homeland Security State Campus - Building 7A 1220 Washington Ave. Rm 610 Albany, NY 12242	1. Grantee: Erie County	2. Contract No: C834272
	3. Implementing Agency: Emergency Services	4. FCR #: 9 Final Report: Yes
	5. OHS No: WM07834272	6. Program Title: FY07 LETPP
	7. Contract Period: 07/01/2007- 06/30/2011	8. Contract Amount: \$609,650
	9. Report Period: 05/14/2011 - 06/30/2011	10. Report Date: 06/30/2011

11. SUMMARY SCHEDULE

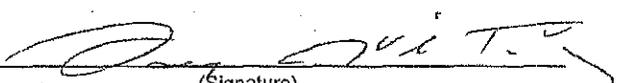
CATEGORY	A. Approved Project Budget	B. Previous Cumulative Expenditures	C. Expenditures for this Reporting Period	D. Current Cumulative Expenditures
A. PERSONNEL	\$0.00	\$0.00	\$0.00	\$0.00
B. FRINGE BENEFITS	\$0.00	\$0.00	\$0.00	\$0.00
C. CONSULTANTS	\$0.00	\$0.00	\$0.00	\$0.00
D. EQUIPMENT	\$609,650.00	\$607,113.94	\$2,536.06	\$609,650.00
E. SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00
F. TRAVEL	\$0.00	\$0.00	\$0.00	\$0.00
G. RENT	\$0.00	\$0.00	\$0.00	\$0.00
H. ALT & RENOVATIONS	\$0.00	\$0.00	\$0.00	\$0.00
I. ALL OTHER	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$609,650.00	\$607,113.94	\$2,536.06	\$609,650.00

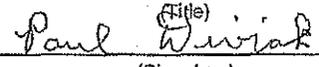
12. CASH REQUEST

Certification:

A. Advance Requested	\$0.00
B. Expenditures for this reporting period (Total of Column C above)	\$2,536.06
C. Cash requested from OHS (A + B) (Voucher Amount)	\$2,536.06
D. Voucher Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13. Interest Earned - Advanced Funds	\$0.00

I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project.

GRANTEE:  716-858-4909 (Phone Number)
 (Signature)
 Gregory Skibitsky - Commissioner Emergency Services 6/30/2011 (Date)
 (Title)

FISCAL OFFICER:  716-858-8020 (Phone Number)
 (Signature)
 Paul Diviak - Accountant Emergency Services 6/30/2011 (Date)
 (Title)

OHS USE ONLY

FCR APPROVED BY PROGRAM REPRESENTATIVE: _____ (Signature) _____ (Date)

OHS FISCAL OFFICE: Approved Rejected _____ (Signature) _____ (Date)

FY2007 FISCAL COST REPORT

Submit to: Office of Homeland Security State Campus - Building 7A 1220 Washington Ave. Rm 610 Albany, NY 12242	1. Grantee: Erie County	2. Contract No: C834272	
	3. Implementing Agency: Emergency Services	4. FCR #: 8	Final Report: No
	5. OHS No: WM07834272	6. Program Title: FY07 LETPP	
	7. Contract Period: 07/01/2007- 06/30/2011	8. Contract Amount: \$609,650	
	9. Report Period: 04/01/2011 - 05/13/2011	10. Report Date: 05/13/2011	

11. SUMMARY SCHEDULE

CATEGORY	A. Approved Project Budget	B. Previous Cumulative Expenditures	C. Expenditures for this Reporting Period	D. Current Cumulative Expenditures
A. PERSONNEL	\$0.00	\$0.00	\$0.00	\$0.00
B. FRINGE BENEFITS	\$0.00	\$0.00	\$0.00	\$0.00
C. CONSULTANTS	\$0.00	\$0.00	\$0.00	\$0.00
D. EQUIPMENT	\$609,650.00	\$604,168.81	\$2,945.13	\$607,113.94
E. SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00
F. TRAVEL	\$0.00	\$0.00	\$0.00	\$0.00
G. RENT	\$0.00	\$0.00	\$0.00	\$0.00
H. ALT & RENOVATIONS	\$0.00	\$0.00	\$0.00	\$0.00
I. ALL OTHER	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$609,650.00	\$604,168.81	\$2,945.13	\$607,113.94

12. CASH REQUEST

A. Advance Requested	\$0.00	<p>Certification:</p> <p>I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project.</p> <p>GRANTEE: <u><i>Gregory Skibitsky</i></u> (Signature) Gregory Skibitsky - Commissioner Emergency Services (Title)</p> <p>FISCAL OFFICER: <u><i>Paul Diviak</i></u> (Signature) Paul Diviak - Accountant Emergency Services (Title)</p>	716-858-4909 (Phone Number)
B. Expenditures for this reporting period (Total of Column C above)	\$2,945.13		5/19/2011 (Date)
C. Cash requested from OHS (A + B) (Voucher Amount)	\$2,945.13		716-858-8020 (Phone Number)
D. Voucher Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		5/19/2011 (Date)
13. Interest Earned - Advanced Funds	\$0.00		

OHS USE ONLY

FCR APPROVED BY PROGRAM REPRESENTATIVE: _____	_____ (Signature)	_____ (Date)
OHS FISCAL OFFICE: _____ Approved _____ Rejected _____	_____ (Signature)	_____ (Date)