

**A G E N D A**  
**FINANCE COMMITTEE**  
**JULY 9, 2008**

- 1) Request for Transfer of Funds attached for committee approval. Supervisory committee approval has been obtained as necessary.
  
- 2) **Referral from the Public Safety Committee:**  
**Sheriff & Communications:**
  - A) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$4,900 to reflect receipt of revenues obtained from the Wireless 911 Reimbursement Program.  
**Fire Prevention & Building Codes:**
  - B) Request for a transfer of funds in the amount of \$10,000 to cover shortfalls in various codes with the source of funding to be transferred from the Contingent Fund.
  
- 3) **Referral from the Office of Administrative & Fiscal Services:**  
Request for a transfer of funds in the amount of \$5,707 to pay the bill from the Village of Lake George for the 2008 Village Taxes with the source of funding to be transferred from the Contingent Fund.
  
- 4) **Referrals from the Human Services Committee:**  
**Employment & Training:**
  - A) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$165,869 to reflect receipt of additional Federal funds.  
**Office for the Aging:**
  - B) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$10,000 to reflect receipt of additional SNAP funding.
  - C) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$7,562 to reflect receipt of additional USDA Foods funding.
  
- 5) **Referral from the County Clerk- DMV Committee:**  
Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$21,084 to reflect receipt of funds from the LGRMIF awarded for the 2008-2009 cycle.
  
- 6) **Referrals from the Health Services Committee:**  
**Westmount Health Facility:**
  - A) Amending the 2008 County budget, Nursing Education Appropriations, to increase estimated revenues and appropriations in the amount of \$900 to reflect receipt of HCRA Recruitment and Retention Grant funds.

- B) Amending the 2008 County budget, Social Services Education Appropriations, to increase estimated revenues and appropriations in the amount of \$170 to reflect receipt of HCRA Recruitment and Retention Grant funds.
  - C) Amending the 2008 County budget, Activities Education Appropriations to increase estimated revenues and appropriations in the amount of \$350 to reflect receipt of HCRA Recruitment and Retention Grant funds.
  - D) Amending the 2008 County budget, Nursing Other Equipment Appropriations, to increase estimated revenues and appropriations in the amount of \$1,600 to reflect receipt of HCRA Recruitment and Retention Grant funds.
  - E) Amending the 2008 County budget, Administration Supplies Appropriations, to increase estimated revenues and appropriations in the amount of \$7,224 to reflect receipt of HCRA Recruitment and Retention Grant funds.
- 7) **Referral from the County Facilities Committee:**
- A) Close Capital Reserve for Rehabilitation of County Buildings and return monies to the General Fund. **Note: The County Facilities Committee authorized the appropriation of \$41,800 for necessary upgrades to the elevators in the Municipal Center. Those funds will be transferred from the General Fund Surplus when the appropriate contracts are in place.**
- 8) **Referral from the Occupancy Tax Coordination Committee:**
- Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$97,017 to reimburse the Tourism Department for monies taken from budget to distribute the balance of the 2007 occupancy tax to the towns, City of Glens Falls and the Village of Lake George, with \$81,414 from Occupancy Tax Reserve and \$15,603 transferred from A.6417 470 (Tourism - Contract), which represents the balance of the monies appropriated for event funding.
- 9) **Referrals from the Public Works Committee:**
- DPW:**
- A) Authorizing the County Treasurer to close the following Capital Projects:
    - H100.9550 280-DPW Equipment Purchase
    - H157.9550 280-Corinth Road Bridge Replacement
    - H142.9550 280-Exterior Rehab/Repair Municipal Center
    - H203.9550 280-Airport Obstruction Analysisand to return any remaining funds to the General Fund.

- B) Increasing Capital Project No. H260.9550 280-Alder Brook Bridge, in the amount of \$278,500 to provide the matching funds to the Master Agreement with NYSDOT, with the source of funding to be \$222,800 Federal Funds and the local match in the amount of \$55,700 to be transferred from A.9950 910-Transfers Capital Projects.
- C) Increasing Capital Project No. H257.9550 280-Padanarum Road Bridge, in the amount of \$106,810 to provide the matching funds for the Supplemental Master Agreement with NYSDOT, with the source of funding to be provided in the amount of \$21,810 Federal Funds and \$85,000 State Marchiselli Grant Funds.
- D) Increasing Capital Project No. H166.9550 280-Lake George Basin Sewer, in the amount of \$400,000 to provide the local share, with the source of funding to be transferred from A.9950 910-Transfers Capital Projects.
- E) Request for a source of funding to cover a shortfall in the 2008 DPW budget due to the increase in the cost of fuel. (Please Note: The County Treasurer has recommended a transfer from Unappropriated Road Machinery Fund Balance into DM 5130 442 in the amount of \$165,000 to cover the shortfall.)

**Airport:**

- F) Requesting a transfer of funds to the Airport budget in the amount of \$33,000 to cover costs related to the Adirondack Hot Air Balloon Festival and not included in the 2008 Airport Budget. (Note: Since several capital projects have recently closed, the County Treasurer recommends authorizing an Interfund Transfer to increase estimated revenues and appropriations in the amount of \$33,000.)

**Parks, Recreation & Railroad:**

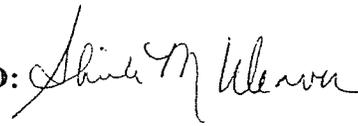
- G) Authorizing Supplemental Agreement with Clough, Harbour & Associates LLP for construction Inspection/Supervision/Administration work on the Railroad Stations and Improvements PIN 1755.91, for a total amount not to exceed \$68,500 contingent upon receipt of the Planning & Community Development grant in the amount of \$90,000. **Note: Chairman Monroe would like to discuss railroad funding.**
- 10) Discussion regarding the establishment of a committee to study mass transit services for residents in outlying areas of the County.
  - 11) The County Attorney has requested an executive session regarding union negotiations.

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** SHEILA M. WEAVER, COMMISSIONER SOCIAL SERVICES  
Name of Department

**SIGNED:**  **DATE:** 6/2/2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 470	Contracts	A.6010 220	Office Equipment	\$6,000.00

Please state reason for transfers requested: Lack of Funds

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** FIRE PREVENTION & BUILDING CODES  
Name of Department

**SIGNED:** *Karon Putney* **DATE:** 6/26/2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3620 230	AUTO EQUIPMENT	A.3620 410	SUPPLIES	\$.119.00

Please state reason for transfers requested: MONIES LEFT FROM PURCHASE OF DEPARTMENT VEHICLE, NEED TO TRANSFER TO .4'S DUE TO LACK OF FUNDS.

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** Employment and Training  
Name of Department

**SIGNED:** **DATE:** 7/2/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40 6293.0310 220	WIA Youth- Office Equipment	40 6293.0310 110	WIA Youth- Salaries-Regular	\$12,000
40 6293.0310 470	WIA Youth- Contract	40 6293.0310 110	WIA Youth- Salaries-Regular	\$10,000
40 6293.0310 470	WIA Youth- Contract	40 6293.0310 810	WIA Youth- Retirement	\$ 6,000
40 6293.0310 470	WIA Youth- Contract	40 6293.0310 860	WIA Youth- Hospitalization	\$18,000

Please state reason for transfers requested: To align budget with new program year expenditures

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** Westmount Health Facility  
Name of Department

**SIGNED:**  **DATE:** June 27, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.5803 260	Westmount, Nursing- Nurses' Station, Other Equipment	EF.60200.5802 260	Westmount, Nursing- Nurses' Station Furniture Equipment	\$300.00

Please state reason for transfers requested: shipping charge for electric beds

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

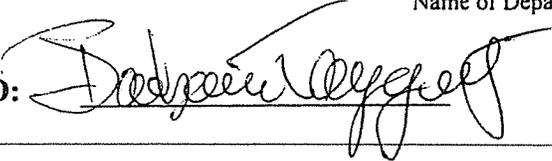
# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** Westmount Health Facility  
Name of Department

**SIGNED:**



**DATE:** June 27, 2008

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<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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EF.82200.5906 410	Westmount, Plant Operation and Maintenance, Supplies	EF.82200.5803 260	Westmount, Plant Operation and Maintenance, Other Equipme	\$61
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**Please state reason for transfers requested: Ladder & Security Camera**

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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A.1990 439	Contingent Fund			
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**Please state reason for transfer request:**

**Please file original request with Clerk of the Board and retain copy for your records.**

**RESOLUTION REQUEST FORM NO. 10**

**Request for Transfer of Funds**

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** County Clerk/DMV  
Name of Department

**SIGNED:** **DATE:** 6/30/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1410.130	County Clerk-PT	A.1410.120	County Clerk-OT	\$ 500
A.1665.130	Public Records-PT	A.1665.120	Public Records-OT	\$ 750
<del>A.1410.424</del>	<del>County Clerk-Postage</del>	<del>A.1410.444</del>	<del>County Clerk-Educ.</del>	<del>\$ 250.</del>

Please state reason for transfers requested: To balance accounts due to vacancies/vacations (overtime);course fees.

**CONTINGENT FUND TRANSFER REQUESTS**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 7  
Request to Amend County Budget\*

\*If this is the result of a grant award, complete and submit Form No. 5 or 6

DEPARTMENT NAME: Sheriff's Office

DATE: June 23, 2008

(a) Purpose of Amendment: Allows the Sheriff's Office budget to be increased by \$4,900 via revenues obtained from the Wireless 911 Reimbursement Program as provided by reso #142 of 2003.

(b) Appropriation Code, Object Code and Amount: A.3110 220 – Sheriff's Law Enforcement – Office Equipment, \$4,900

(c) Revenue Code and Amount: A.3110.3384 - Other Sheriff's State Aid, \$4,900.

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** FIRE PREVENTION & BUILDING CODE  
Name of Department

**SIGNED:** *Karen Putney*      **DATE:** 6/26/2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund	A.3620 442	AUTOMOTIVE GAS & OIL	<del>\$7,000.00</del> \$10,000.00

Please state reason for transfer request: LACK OF FUNDS DUE TO VEHICLE PURCHASE

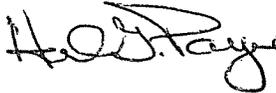
Please file original request with Clerk of the Board and retain copy for your records.

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** Administrative & Fiscal Services  
Name of Department

**SIGNED:**  **DATE:** 7/9/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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**Please state reason for transfers requested:**

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund	A.1010 439	Legislative Board Misc.	\$5,707.00

**Please state reason for transfer request: Based on recommendation from the Treasurer's office, transferring funds in order to pay tax bill for Gaslight Village property.**

**Please file original request with Clerk of the Board and retain copy for your records.**

2008 LAKE GEORGE VILLAGE TAXES

Bill No. 000561  
 Sequence No. 442  
 Page No. 1 of 1

For Fiscal Year 06/01/2008 to 05/31/2009 \* Warrant Date 06/01/2008

**PAID BY CHECKS PAYABLE TO:**

Gene V. Gunther, Collector  
 Box 791, 26 Old Post Rd  
 Lake George NY 12845  
 Phone - 518-668-5771

**TO PAY IN PERSON**

Monday - Friday 8:30am-4:00pm  
 Village Hall  
 26 Old Post Road  
 Lake George NY 12845

**SWIS S/B/L ADDRESS & LEGAL DESCRIPTION & CK DIGIT**

522201 264.06-2-52  
 Address: 17 Westbrook Rd  
 Village of: Lake George  
 School: Lake George Csd  
 NYS Tax & Finance School District Code:  
 532 - Amusement park Roll Sect. 1  
 Parcel Acreage: 4.50  
 Account No.  
 Bank Code

Wood Foundation Charles R  
 499 Glen St  
 Glen Falls, NY 12801

Warren County  
 Town of Lake George  
 Village of Lake George

Estimated State Aid: VILL 32,750

**PROPERTY TAXPAYER'S BILL OF RIGHTS**

The assessor estimates the Full Market Value of this property as of July 1, 2006 was: 1,782,656  
 The Total Assessed Value of this property is: 1,140,900  
 The Uniform Percentage of Value used to establish assessments in your municipality was: 64.00  
 If you feel your assessment is too high, you have the right to seek a reduction in the future. For further information, please ask your assessor for the booklet "How to File a Complaint on Your Assessment". Please note that the period for filing complaints on the above assessment has passed.

Exemption	Value	Tax Purpose	Full Value Estimate	Exemption	Value	Tax Purpose	Full Value Estimate
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**PROPERTY TAXES**

Exemption Purpose	Total Tax Levy	% Change From Prior Year	Taxable Assessed Value or Units	Rates per \$1000 or per Unit	Tax Amount
Age Taxes	1,274,157	3.4	1140,900.00	8.068000	9,204.78

Property Description(s): Lg Action Park 5-1-1.2

PROPERTY SCHEDULE	Penalty/Interest	Amount	Total Due
By: 06/30/2008	0.00	9,204.78	9,204.78
08/01/2008	460.24	9,204.78	9,665.02

**TOTAL TAXES DUE \$9,204.78**

Apply For Third Party Notification By: 07/01/2008  
 Taxes paid by \_\_\_\_\_ CA CH

RETURN THE ENTIRE BILL WITH PAYMENT AND PLACE A CHECK MARK IN THIS BOX [ ] IF YOU WANT A RECEIPT PAYMENT. THE RECEIVER'S STUB MUST BE RETURNED WITH PAYMENT.

Age of: Lake George  
 School: Lake George Csd  
 Property Address: 17 Westbrook Rd

**RECEIVER'S STUB**

Bill No. 000561  
 522201 264.06-2-52  
 Bank Code

Pay By: 06/30/2008	0.00	9,204.78	9,204.78
08/01/2008	460.24	9,204.78	9,665.02

Wood Foundation Charles R  
 499 Glen St  
 Glen Falls, NY 12801

**TOTAL TAXES DUE \$9,204.78**

# ***RESOLUTION REQUEST FORM NO. 7***

## ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: Employment and Training**

**DATE: 7/2/08**

- (a) Purpose of Amendment: Add federal funds to county budget
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: See attached
  
- (c) Revenue Code (with title), and Amount: See attached

**WARREN COUNTY  
EMPLOYMENT & TRAINING ADMINISTRATION**

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William F. Resse  
Director

Northway Plaza Suite 13C-1  
PO Box 4393  
Queensbury, NY 12804

Telephone (518) 743-0925  
Fax (518) 743-0828

**Federal Programs Committee  
Employment & Training Agenda  
7/2/08**

1. Request resolution to add the following additional federal funds to the county budget

Revenues:	<u>Code</u>	<u>Title</u>	<u>Amount</u>
	40 6293.4791	WIA	\$165,869

Appropriations:

<u>Code</u>	<u>Title</u>	<u>Amount</u>
40 6293.0300 110	WIA Adult-Salaries-regular	\$60,000
40 6293.0300 411	WIA Adult Rent-Building/Property	14,000
40 6293.0300 433	WIA Adult Training-Client	6,640
40 6293.0300 810	WIA Adult -Retirement	12,000
40 6293.0300 860	WIA Adult - Hospitalization	24,000
40 6293.0306 110	WIA DW Supp.- Salaries-regular	20,338
40 6293.0306 433	WIA DW Supp. Training-Client	8,000
40 6293.0306 810	WIA DW Supp.- Retirement	4,000
40 6293.0306 860	WIA DW Supp. – Hospitalization	4,000
40 6293.0313 110	WIA Admin - Salaries-regular	5,891
40 6293.0313 810	WIA Admin – Retirement	3,000
40 6293.0313 860	WIA Admin - Hospitalization	4,000

2. Request resolution authorizing budget transfers (see attached)
3. Request resolution authorizing charge account at Hannaford Supermarket
4. Discussion – new programs/initiatives
5. Discussion – staff changes
6. Pending items
  - a. WIB membership
  - b. Policy for staff supervision/oversight in the one stop center

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

**\*If this is the result of a grant award, also complete and submit Form No. 5 or 6.**

DEPARTMENT NAME: **Office for the Aging**

DATE: **July 2, 2008**

- (a) Purpose of Amendment: To increase the budget in order to add funds allocated to OFA in the final NGA
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
A.6774 260 (General, S.N.A.P. - Other Equipment) \$ 3,500.00 / A.6774 445 (General, S.N.A.P. - Foods) \$ 6,500.00
- (c) Revenue Code (with title), and Amount: **A.6774 3774 (General, S.N.A.P. - Nutrition/Elderly (SNAP) \$ 10,000.00**

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

**\*If this is the result of a grant award, also complete and submit Form No. 5 or 6.**

DEPARTMENT NAME: **Office for the Aging**

DATE: **July 2, 2008**

- (a) Purpose of Amendment: To increase the budget in order to add funds allocated to OFA by the second NGA for FFY 2008
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
A.6777 445 (General, Commodity Foods - Foods) \$ 7,562.00
- (c) Revenue Code (with title), and Amount: **A.6777 4778 (General, Commodity Foods - OFA USDA Comm. Foods) \$ 7,562.00**

# RESOLUTION REQUEST FORM NO. 7

## Request to Amend County Budget\*

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME:** Records Management Project

**DATE:** 7/2/08

(a) Purpose of Amendment: To amend the 2008 Warren County Budget to accommodate grant award from LGRMIF to Warren County Clerk for 2008-09 cycle.

(b) Appropriation Code (with title), Object Code (with title) and Amount:

A.1460.130	Records Management – Salaries Part Time	\$ 8,000.00
A.1460.425	Records Management - Reproduction Expenses	\$ 12,484.00
A.9030.830	Social Security	\$ 496.00
A.9031.831	Medicare Contribution	\$ 116.00

Total: \$21,084

(c) Revenue Code (with title), and Amount:

A.1460.3060	Records Management	\$ 21,084.00
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## **RESOLUTION REQUEST FORM NO. 7**

### ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: JUNE 27, 2008**

- (a) Purpose of Amendment: To amend 2008 Nursing Education Appropriations with HCRA R&R Grant Funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.8800 444 Westmount, Nursing - Nurses' Stations - Travel, Conferences, Workshops - Travel/Education/Conference \$900.00
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$900.00

# **RESOLUTION REQUEST FORM NO. 7**

## ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: JUNE 27, 2008**

- (a) Purpose of Amendment: To Amend 2008 Social Services Education Appropriations with HCRA R&R Grant funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.73800.8800 444 Westmount, Social Services, Travel, Conferences, Workshops - Travel/Education/Conference \$170.00
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$170.00

# RESOLUTION REQUEST FORM NO. 7

## *Request to Amend County Budget\**

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: JUNE 27, 2008**

- (a) Purpose of Amendment: To amend 2008 Activities Education Appropriations with HCRA R&R Grant funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.72600.8800 444 Westmount, Activities Program, Travel, Conferences, Workshops - Travel/Education/Conference \$350.00
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$350.00

**RESOLUTION REQUEST FORM NO. 7**

***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: JUNE 27, 2008**

- (a) Purpose of Amendment: To Amend 2008 Nursing Other Equipment Appropriations with HCRA R&R Grant funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.5803 260 Westmount, Nursing - Nurses' Stations, Other Equipment \$1,600.00
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$1,600.00

# **RESOLUTION REQUEST FORM NO. 7**

## ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: June 27, 2008**

- (a) Purpose of Amendment: To Amend 2008 Administration Supplies Appropriations with HCRA Grant Funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.83500.5500 410 Westmount, Administration Services, Office Supplies \$ 7,224.00
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention, Health, Other \$ 7,224.00

# ***RESOLUTION REQUEST FORM NO. 7***

## ***Request to Amend County Budget\****

***\*If this is the result of a grant award, also complete and submit Form No. 5 or 6***

**DEPARTMENT NAME: Tourism**

**DATE: 7/2/08**

- (a) Purpose of Amendment: to reimburse Tourism Department for monies taken from budget to distribute the balance of the 2007 occupancy tax to the towns, City of Glens Falls, and Village of Lake George
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: 1) A.6417 (Tourism); 481 (Promotion) \$81,414.00; 2) A.6417 (Tourism); 481 (Promotion) \$15,603.00
  
- (c) Revenue Code (with title), and Amount: 1)None; appropriate from Occupancy Tax Reserve; 2) A.6417 470 Tourism (Occupancy Tax ) Contracts

RESOLUTION REQUEST FORM NO. 9

Request to decrease or *Existing* Capital Project or Capital Reserve Project\*

\*If this is the result of a grant award, also complete and submit Form No. 5 or 6

DEPARTMENT NAME: Public Works

DATE: July 1, 2008

( a ) Exact Title and Number of Project\*: \_\_\_\_\_

H100 9550 280 DPW Equipment Purchase

H157 9550 280 Corinth Road Bridge Replacement

H142 9550 280 Exterior Rehab/Repair Municipal Center

H203 9550 280 Airport Obstruction Analysis

\_\_\_\_\_  
\*Please specify whether this is a Capital Project or a Capital Reserve Project

( b ) Amount of Increase (if applicable): \_\_\_\_\_

( c ) Amount of Decrease (if applicable): \_\_\_\_\_

( d ) Source of Funding (if increase) (include name & title of codes, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( e ) Changes in Funding (if Amendment): \_\_\_\_\_  
\_\_\_\_\_

( f ) Purpose of Increase or Decrease or Amendment: CLOSE THE PROJECTS  
\_\_\_\_\_

**RESOLUTION REQUEST FORM NO. 9**

***Request to Increase or Decrease or Amend Existing Capital Project or  
Capital Reserve Project\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: DPW**

**DATE: 7/01/08**

- (a) Exact Title and Number of Project\*: Alder Brook Rd Bridge - H260.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$278,500.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):  
 \$222,800 Federal  
 \$0 State (No Marchiselli available at this time)  
 \$ 55,700 Local (Transfer required from A.9950 910 - Transfers Cap. Projects)
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Funding to match Master Agreement with NYSDOT

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**B. Summary of Other (including Non-allocated MARCHISELLI) Participating Costs FOR ALL PHASES** For each PIN Fiscal Share, show current costs on the rows indicated as "Current." Show the old costs from the previous Schedule A on the row indicated as "Old." To compute Total Current Costs in last row, right click in each field and select "Update Field."

Other PIN Fiscal Shares	'Current' or 'Old' entry indicator	Funding Source	TOTAL	Other FEDERAL	Other STATE	Other LOCAL
1757.78.121	Current	HBRRP	\$278,500.00	\$222,800.00	\$0.00	\$55,700.00
	Old					
	Current		\$	\$	\$	\$
	Old					
	Current		\$	\$	\$	\$
	Old					
	Current		\$	\$	\$	\$
	Old					
	Current		\$	\$	\$	\$
	Old					
	Current		\$	\$	\$	\$
	Old					
<b>TOTAL CURRENT COSTS:</b>			\$278,500.00	\$222,800.00	\$ 0.00	\$55,700.00

**C. Total Local Deposit(s) Required for State Administered Projects:** \$0.00

**D. Total Project Costs** To compute Total Costs in the last column, right click in the field and select "Update Field."

Total FEDERAL Cost	Total STATE MARCHISELLI Cost	Total Other STATE Cost	Total LOCAL Cost	Total Costs (all sources)
\$222,800.00	\$0.00	\$0.00	\$55,700.00	\$278,500.00

**E. Point of Contact for Questions Regarding this Schedule A (Must be completed)** Name: Pattie Auspelmeyer  
Phone No: 518-388-0421

See Agreement (or Supplemental Agreement Cover) for required contract signatures.

**RESOLUTION REQUEST FORM NO. 9**

***Request to Increase or Decrease or Amend Existing Capital Project or  
Capital Reserve Project\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: DPW**

**DATE: 7/01/08**

(a) Exact Title and Number of Project\*: Padanarum Rd Bridge - H257.9550 280

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): \$106,810.00

(e) Amount of Decrease (if applicable):

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

\$21,810 Federal

\$85,000 State (Marchiselli Grant)

\$ 0 Local (No additional Marchiselli Money required)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: Funding to match Supplemental Master Agreement with NYSDOT

**Summary of Other (including Non-allocated MARCHISELLI) Participating Costs FOR ALL PHASES** For each PIN Fiscal Share, show current costs on the rows indicated as "Current." If revising costs for an existing PIN Fiscal Share, show the old costs from the previous Schedule A on the row indicated as "Old." To compute Total Current Costs in last row, right click in each field and select "Update Field."

Other PIN Fiscal Shares	'Current' or 'Old' entry indicator	Funding Source	TOTAL	Other FEDERAL	Other STATE	Other LOCAL
1757.18.121	Current		\$0.00	\$0.00	\$0.00	\$0.00
	Old	HBRRP	\$123,850.00	\$100,400.00	\$25,100.00	\$0.00
1757.18.321	Current	HBRRP	\$612,835.00	\$490,268.00	\$0.00	\$122,567.00
	Old	HBRRP	\$493,000.00	\$392,400.00	\$0.00	\$98,600.00
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
<b>TOTAL CURRENT COSTS:</b>			\$612,835.00	\$490,268.00	\$ 0.00	\$122,567.00

C. Total Local Deposit(s) Required for State Administered Projects: \$0.00

Previous Grant Amounts (Supplemental #2)

D. Total Project Costs To compute Total Costs in the last column, right click in the field and select "Update Field."

Total FEDERAL Cost	Total STATE MARCHISELLI Cost	Total Other STATE Cost	Total LOCAL Cost	Total Costs (all sources)
\$590,668.00	\$18,825.00	\$0.00	\$128,842.00	\$738,335.00

E. Point of Contact for Questions Regarding this Schedule A (Must be completed) Name: Pattie Auspelmyer Phone No: 518-388-0421

See Agreement (or Supplemental Agreement Cover) for required contract signatures.

**B. Summary of Other (including Non-allocated MARCHISELLI) Participating Costs FOR ALL PHASES** For each PIN Fiscal Share, show current costs on the rows indicated as "Current." Show the old costs from the previous Schedule A on the row indicated as "Old." To compute Total Current Costs in last row, right click in each field and select "Update Field."

Other PIN Fiscal Shares	'Current' or 'Old' entry indicator	Funding Source	TOTAL	Other FEDERAL	Other STATE	Other LOCAL
1757.18.321	Current	HBRRP	\$0.00	\$0.00	\$0.00	\$0.00
	Old	HBRRP	\$62,885.00	\$90,268.00	\$0.00	\$122,857.00
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
	Current		\$	\$	\$	\$
	Old		\$	\$	\$	\$
<b>TOTAL CURRENT COSTS:</b>			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**C. Total Local Deposit(s) Required for State Administered Projects:** \$0.00

*Current Grant Amounts (Supplemental #3)*

**D. Total Project Costs** To compute Total Costs in the last column, right click in the field and select "Update Field."

Total FEDERAL Cost	Total STATE MARCHISELLI Cost	Total Other STATE Cost	Total LOCAL Cost	Total Costs (all sources)
\$612,478.00	\$103,825.00	\$0.00	\$49,294.00	\$765,597.00

**E. Point of Contact for Questions Regarding this Schedule A (Must be completed)** Name: Pattie Auspelmyer  
Phone No: 518-388-0421

See Agreement (or Supplemental Agreement Cover) for required contract signatures.

RESOLUTION REQUEST FORM NO. 9

Request to Increase *Existing* Capital Project \*

\*If this is the result of a grant award, also complete and submit Form No. 5 or 6

DEPARTMENT NAME: DPW

DATE: July 1, 2008

( a ) Exact Title and Number of Project\*: Lake George Basin Sewer  
H.166.9550-280

\*Please specify whether this is a Capital Project or a Capital *Reserve* Project

( b ) Amount of Increase (if applicable): 400,000.00

( c ) Amount of Decrease (if applicable): \_\_\_\_\_

( d ) Source of Funding (if increase) (include name & title of codes, etc.): \_\_\_\_\_

Transfer funds from A9950-910

( e ) Changes in Funding (if Amendment): \_\_\_\_\_

( f ) Purpose of Increase or Decrease or Amendment: Local share

REQUEST FOR TRANSFER OF FUNDS

6

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: PUBLIC WORKS

Name of Department

SIGNED: *William E. Lamy*  
William E. Lamy  
Superintendent

DATE: 7/1/2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
		DM5130.442	Machinery Automotive Gas and Oil	\$165,000.00

Please state reason for transfers requested:

The cost of fuel has escalated significantly compared to the amount approved in the 2008 budget

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** Don DeGraw - Airport  
Name of Department

**SIGNED:** DPD                      **DATE:** July 2, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
TBD		A.5660 445	Airport (DPW) Food	\$2000
TBD		A.5610 421	Airport (DPW) Equipment Rental	\$9,000
TBD		A.5610 120	Airport (DPW) Salaries - Overtime	\$22,000

Please state reason for transfers requested:    To provide funding from the BallonFest on the airport.

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

# RESOLUTION REQUEST FORM NO. 6

## Request to Amend or Extend *Existing* Grant

DEPARTMENT NAME: Warren County Parks , Recreation & Railroad

DATE: 7/01/08

- (a) Purpose of Grant Amendment: Authorize Supplemental Agreement with Clough, Harbour & Associates LLP for Construction Inspection/Supervision/Administration work PIN 1755.91/ H890-220 (RR Stations and Improvements)
- (b) Resolution No. which Authorized Original Application and Grant: Reso 503 of 2002
- (c) Name of Grantor: Clough, Harbour & Associates LLP
- (d) Address of Grantor: III Winners Circle, PO Box 5269, Albany, NY 12205
- (e) Grantor's Contact Person and Telephone Number: 518-453-4500
- (f) Has or Will the Grant Amendment or Extension be provided, if so, Please Attach? Yes supplemental agreement attached
- (g) Effective Date of Amendment or Extension: Upon Execution of supplemental agreement
- (h) Termination Date of Amendment or Extension: Completion of project
- (i) Total Dollar Amount Involved (not to exceed): \$ 68,500.00
- (j) Is a Budget amendment required? No If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? \*\*  
If yes, complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? NO If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: \_\_\_\_\_

\*\* Note - funds already in Capital Project.



CLOUGH HARBOUR & ASSOCIATES LLP

June 30, 2008

Mr. Paul Butler  
Warren County Department of Public Works  
Division of Parks and Recreation  
145 Echo Lake Road  
Warrensburg, New York 12885

**RE: Proposal for Part Time Construction Inspection and Administration Services, Warren County Rail Stations; Hadley and Thurman, New York  
CHA Proposal No. X20544**

Dear Paul:

Clough, Harbour & Associates LLP (CHA) is pleased to submit this proposal to the Warren County Department of Public Works to assist you in the inspection and administration of the Warren County Rail Station Project. The project has been recently bid and as we have discussed will require at least part time inspection to assure completion of the work in accordance with the plans and specifications. In addition the review and approval of payment applications and other administrative tasks required by the New York State Department of Transportation as part of the pass through funding will be part of CHA's Scope of Work. The effort covered under this proposal had initially been tasked to County forces but may now be contract to CHA as a supplement under our current agreement.

CHA has attached a man-hour staffing table and NYSDOT formatted scope of work and cost estimate for your review. The scope and fee include the inspection of the station and rail siding construction on a part time basis. In addition an allowance is included for material testing. This is required for quality control purposes by both the State and Federal agencies as we recently discussed.

Should the attached documents meet with your approval we will process the required Supplemental Agreement for forwarding to the NYSDOT. Please do not hesitate to call should you have any questions.

Very truly yours,

**CLOUGH HARBOUR & ASSOCIATES LLP**  
  
Richard M. Loewenstein, P. E.  
Partner

V:\Proposals\Civil\Proposal\_08\Land Development\X20544\_Proposal for part Time Construction Inspection and Administrative Services, Warren County Rail Stations, Hadley and Thurman, New York\CA-C1 cover6-30-08.doc

WARREN COUNTY DEPARTMENT OF PUBLIC WORKS  
TOWN OF THURMAN (WARREN COUNTY)  
TOWN OF HADLEY (SARATOGA COUNTY)  
RAIL STATIONS/SIDING IMPROVEMENTS  
NYS DOT PIN 1755.99

CLOUGH, HARBOUR & ASSOCIATES LLP  
CONSTRUCTION ENGINEERING SERVICES

EXHIBIT A, PAGE 1  
SALARY SCHEDULE

JOB TITLE	ASCE (A) OR NICET (N) GRADE EQUIV.	Avg. Rate	Projected	Overtime
		Apr-07	Sep-08	Category
Managing Engineer	VIII (A)	\$87.82	\$68.90	A
Princ. Const. Coordinator	IV (N)	\$57.33	\$60.77	A
Principal Engineer	VI (A)	\$57.79	\$57.02	A
Resident Engineer	IV (N)	\$38.46	\$40.77	C
Senior Engineer	V (A)	\$40.74	\$43.18	B
Project Engineer	IV (A)	\$32.49	\$34.44	B
Asst. Project Engineer	III (A)	\$27.20	\$28.83	B
Pr. Engr. Technician/Drafter	IV (N)	\$32.64	\$34.60	B
Sr. Engr. Technician/Drafter	III (N)	\$24.67	\$24.74	B/C
Engr. Technician/Drafter	II (N)	\$18.64	\$32.74	B/C
Technical Typist	N/A	\$17.66	\$18.72	C
Chief Inspector	IV (N)	\$34.98	\$37.08	C
Office Engineer	IV (N)	\$36.06	\$38.22	C
Senior Inspector	III (N)	\$29.84	\$31.63	C
Inspector	II (N)	\$24.46	\$25.93	C

Overtime Policy:

- Category A - No overtime compensation.
- Category B - Overtime compensated at straight time rate.
- Category C - Overtime compensated at straight time rate x 1.50.

Notes:

1. A night shift differential of 10% will be applied to all Direct Tech. Labor for work shifts between the hrs of 8:00 p.m.- 6:00 a.m.
2. Overtime applies to hours worked in excess of the normal working hours of 40 hours per week.

WARREN COUNTY DEPARTMENT OF PUBLIC WORKS  
TOWN OF THURMAN (WARREN COUNTY)  
TOWN OF HADLEY (SARATOGA COUNTY)  
RAIL STATIONS/SIDING IMPROVEMENTS  
NYS DOT PIN 1755.99

CLOUGH, HARBOUR & ASSOCIATES LLP  
CONSTRUCTION ENGINEERING SERVICES

EXHIBIT A, PAGE 2  
HOME OFFICE SUPPORT DURING CONSTRUCTION

JOB TITLE	ASCE (A) OR NICET (N) GRADE EQUIV.	TOTAL	PROJ HOURLY RATE	DIRECT SALARY COST
		HOURS		
Managing Engineer	VIII	23	\$68.90	\$1,584.70
Princ. Const. Coordinator	IV (N)	30	\$60.77	\$1,823.09
Principal Engineer	VI		\$57.02	\$0.00
Senior Engineer	V		\$43.18	\$0.00
Project Engineer	IV	18	\$34.44	\$619.91
Assist. Project Engineer	II		\$28.83	\$0.00
Rr. Engr. Designer/CADD	IV (N)		\$34.60	\$0.00
Sr. Engr. Designer/CADD	III (N)		\$32.74	\$0.00
Engr. Designer/CADD	II (N)		\$32.74	\$0.00
Technical Typist	N/A	8	\$18.72	\$149.76
<b>TOTALS</b>		<b>79</b>		<b>\$4,177.00</b>

WARREN COUNTY DEPARTMENT OF PUBLIC WORKS  
 TOWN OF THURMAN (WARREN COUNTY)  
 TOWN OF HADLEY (SARATOGA COUNTY)  
 RAIL STATIONS/SIDING IMPROVEMENTS  
 NYSDOT PIN 1755.99

CLOUGH, HARBOUR & ASSOCIATES LLP  
 CONSTRUCTION ENGINEERING SERVICES

EXHIBIT A, PAGE 3  
 FIELD STAFFING TABLE

JOB TITLE	ASCE (A) OR NICET (N) GRADE EQUIV.	2008												2009			STRAIGHT PROJECTED HOURLY RATE	PREMIUM PROJECTED HOURLY RATE	PREMIUM DIRECT SALARY COST	STRAIGHT DIRECT SALARY COST
		AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL HOURS							
Resident Engineer/Office Engineer	IV		86	86					40	40						338	\$40.77		\$13,779.45	
Resident Engineer/Office Engineer**	IV		16	16	12				16	16						76	\$40.77	\$0.00	\$3,098.34	
<b>TOTAL TASK HOURS</b>		0	102	102	98	0	0	0	56	56	0	0	0	0	0	414		\$0.00	\$16,877.79	

\*\* Overtime Hours

CHA TOTAL DIRECT SALARY COSTS (PREMIUM) \$0

CHA TOTAL DIRECT SALARY COSTS (STRAIGHT) \$16,878

WARREN COUNTY DEPARTMENT OF PUBLIC WORKS  
TOWN OF THURMAN (WARREN COUNTY)  
TOWN OF HADLEY (SARATOGA COUNTY)  
RAIL STATIONS/SIDING IMPROVEMENTS  
NYS DOT PIN 1755.99

CLOUGH, HARBOUR & ASSOCIATES LLP  
CONSTRUCTION ENGINEERING SERVICES

**EXHIBIT B, PAGE 1**  
**DIRECT NON - SALARY EXPENSES**

	<u>DESIGN</u>	<u>CONST.</u>
1. Vehicle Milage		
a) On - Site		
Resident Engineer x 11 days/month x 4 month const. duration x 40 miles/day =		
1760 miles x     \$0.505 per mile		\$889
b) To and From Site		
Resident Engineer: 43 trips x 120 miles/trip =		
5160 miles x     \$0.505 per mile		\$2,606
c) To and From Site		
Construction Coordinator: 6 trips x 160 miles/trip =		
960 miles x     \$0.485 per mile	\$466	
2. Printing and Reproduction Costs (estimated)	\$200	
4. Mail and Delivery	\$0	
5. Sub-Contract Testing Laboratory Services (Estimated)		
a) Concrete Plant Inspection	2 days @     \$375	\$750
b) Slump, Air, Cylinders	5 tests @     \$100	\$500
c) Proctors, Gradation & Comp.	10 tests @     \$60	\$600
d) Miscellaneous Testing		\$2,000
	Total Testing	\$3,850
	<b><u>TOTAL DIRECT NON-SALARY COST</u></b>	<b><u>\$666</u></b> <b><u>\$7,345</u></b>

WARREN COUNTY DEPARTMENT OF PUBLIC WORKS  
TOWN OF THURMAN (WARREN COUNTY)  
TOWN OF HADLEY (SARATOGA COUNTY)  
RAIL STATIONS/SIDING IMPROVEMENTS  
NYSDOT PIN 1755.99

CLOUGH, HARBOUR & ASSOCIATES LLP  
CONSTRUCTION ENGINEERING SERVICES

**EXHIBIT C**  
**SUMMARY**

	<u>HOME OFFICE</u> <u>SUPPORT</u>	<u>FIELD</u> <u>C.I.</u>
1. Direct Salary Costs (DSC)	\$4,177	\$16,878
2. Direct Salary Costs - Premium Portion of Overtime (DSC-P)		\$0
3. Overhead (OH)		
163.25% x DSC (HOME)	\$6,819	
145.54% x DSC (FIELD)		\$24,564
4. Direct Non - Salary Costs (DNSC)	\$666	\$7,345
5. Fixed Fee (Negotiated)	\$1,649	\$6,216
 SUB-TOTALS	 \$13,311	 \$55,003
<hr/>		
<u>SUPPLEMENTAL AGREEMENT NO.X TOTAL</u>		\$68,314
<u>SA #X MAXIMUM AMOUNT PAYABLE</u>		<u>\$68,500</u>
<u>ORIGINAL AGREEMENT PLUS SA #</u>		
<u>NEW AGREEMENT TOTAL</u>		

**ADDENDUM**  
**FINANCE COMMITTEE**  
**JULY 9, 2008**

**1)** Finance Committee action is required on the following items, if approved by the Personnel Committee: Items Nos. 1A, 2D,3, 4B, 4C and 5A.