

A G E N D A
FINANCE COMMITTEE
OCTOBER 8, 2008

- 1) Request for Transfer of Funds attached for committee approval. Supervisory committee approval has been obtained as necessary.
- 2) Request for Transfer of Funds from A.1990 469-Contingent Fund to A.1040 417, in the amount of \$21,327 to pay the 2008-2009 school taxes for the Gaslight Village property. (**Note:** 62% County share-\$13,222.47; 19% Town of Lake George share-\$4,052.05; and 19% Village of Lake George share-\$4,052.05)
- 3) **Referral from the Criminal Justice Committee:**
Probation Department:
Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$3,000 to reflect receipt of New York State Division of Probation funding for polygraph services for Level 2 & 3 sex offenders.
- 4) **Referrals from the Health Services Committee:**
Westmount:
 - A) Increasing Capital Project No. H270.9550 280-Air Handler Installation in the amount of \$35 to cover approved change order from Monahan & Loughlin.
 - B) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$800 to reflect receipt of HCRA Recruitment and Retention grant Funds.
 - C) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$360 to reflect receipt of HCRA Recruitment and Retention grant Funds.
 - D) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$39,060 to reflect receipt of HCRA Recruitment and Retention grant Funds.
 - E) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$446 to reflect receipt of HCRA Recruitment and Retention grant Funds.
- 5) **Referral from the Planning and Community Development Committee:**
Planning and Community Development:
Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$419 to reflect receipt of reimbursement for postage.
- 6) **Referral from the Public Safety Committee:**
Sheriff & Communications:
Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$14,314 to reflect receipt of revenues obtained from the Wireless 911 Reimbursement Program.

7) Referrals from the Public Works Committee:

DPW:

- A)** Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$133,078 to reflect receipt of additional CHIPS funding.

Parks, Recreation & Railroad:

- B)** Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$13,750 to reflect 20% of in-kind services required by AGFTC "Make the Connection Program".

Airport:

- C)** Increasing Capital Reserve Project H264.9550 280-Runway 1 Safety Area Wetland Mitigation Project, in the amount of \$304,294, with the source of funding to be determined. The FAA reimbursement is anticipated when the wetland mitigation construction is complete. In order to complete the project and be eligible for FAA reimbursement, an additional amount of \$304,294 must be appropriated to the project.
- D)** Amending Resolution No. 362 of 2008, which authorized submission of grant application for an airport obstruction study and amending Resolution No. 347 of 2008, which established Capital Project No. H288.9550 280-Airport Obstruction Study Update, to correct the estimated cost of such project from \$100,000 to the actual cost of \$98,948; thereby changing the Federal, State and Local shares as outlined on the attached.

8) Referrals from the Social Services Committee:

- A)** Amending the 2008 County budget to decrease estimated revenues and appropriations in the amount of \$206,000 to balance the Social Services budget.
- B)** Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$112,600 to reflect receipt of Medicaid reimbursement.

- 9)** Paul Dusek, County Attorney, has requested permission to address the Committee regarding the following:
Builders Risk Coverage with regard to the Health and Human Services Building, with a limit of \$19.1 million for 15 months, at a premium of \$14,325.

- 10)** Finance Committee action is required on the following items, if approved by the Personnel Committee: Item No. 2C.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM:

Name of Department County Treasurer

SIGNED: *Frank K. O'Leary* **DATE:** 10/7/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.9901.0183 .910		A.6100 470		909,737.00
	Transfer-Westmount		Medicaid Contract	

Please state reason for transfers requested:

To cover supplemental 11/08 Medicaid Upper Payment Limit(Formerly IGT)

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: Robert F. Iusi, Jr.,
Name of Department

SIGNED: **DATE:** September 22, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3140.444	Travel/Education/Conf.	A.3140.220	Office Equipment	\$1020

Please state reason for transfers requested: This department needs additional funds to purchase RAM space for our hard-drive that host Caseload Explorer

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: District Attorney
Name of Department

SIGNED: Kate Hoeg DATE: 9/12/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1165 130	Salaries-Past-time	A.1165 440	Legal/Transcript fees	\$ 4,130.00

Please state reason for transfers requested:

Our 400 Accounts are running low.

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 - Other Payments/ Contributions			

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: September 26, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.6303 441	Westmount, Plant Operation & Maint, Repair & Maint PS DA Auto - Auto Supplies & Repair	EF.82200.5830 220	Westmount, Plant Operation & Maint, Office Equipment – Office Equipment.	515.00
EF.82100.5803 260	Westmount, Dietary Services, Other Equipment – Other Equipment	EF.82100.5906 410	Westmount, Dietary Services, Supplies - Supplies	900.00
EF.83500.5500 410	Westmount, Administrative Services, Office Supplies – Supplies	EF.83500.5802 210	Westmount, Administrative Services, Furniture Equipment – Furniture Equip.	300.00
EF.83110.5500 410	Westmount, Fiscal Services, Office Supplies – Supplies	EF.83110.5830 220	Westmount, Fiscal Services, Office Equipment.	125.00
EF.60200.5803 260	Westmount, Nursing- Nurses' Stations, Other Equipment	EF.60200.5830 220	Westmount, Nursing- Nurses' Station, Office Equipment	930.00
EF.60200.5802 210	Westmount, Nursing- Nurses' Stations, Furniture/Furnishings	EF.60200.5830 220	Westmount, Nursing- Nurses' Station, Office Equipment	200.00

Please state reason for transfers requested: Workstations, Floor mats, Table Linen

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: September 26, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	EF.82400.5803 260	Westmount, Housekeeping Services, Other Equipment	500.00
EF.72600.5906 410	Westmount, Activities Program, Supplies	EF.72600.5803 260	Westmount, Activities Program, Other Equipment	75.00

Please state reason for transfers requested: 36 Waste Baskets, Hand Mixer, Toaster

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

SIGNED: _____

DATE: 9/26/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4013.410	WIC-Supplies	A.4013.130	WIC-Part time salary expense	\$13,000.00
A.4018.110	Preventive Program-Full Time Salary	A.4018.130	Preventive Program-Part Time Salary	\$1,899.00
A.4010.428	Health Services-Data Processing	A.4010.260	Health Services-Other Equipment	\$34,500.00
Total Transfers				<u>\$49,399.00</u>

Please state reason for transfers requested:

1. Transfer funds from the supply expense to the Part time salary line for S. Watson. A PT nutritionist who is budgeted and fully funded as a .3FTE employee from the WIC Grant. The 2008 Budget is incorrectly stated at \$2,276 when it should be \$13,276. This will be permanently corrected in the 2009 budget.
2. Reclass salary for temporary employee from Full time salary expense to where actual payroll expense is reflected in Part time salaries.
3. To purchase 10 new telemed monitors in order to overcome VOIP issues that we are experiencing with our current Genesis Telemed Monitor.

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:

Total

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: Office for the Aging Name of Department

SIGNED: **DATE:** 9/26/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6786 .410	POE Hamilton Supplies	A.6785 .210	POE Furniture	\$12,000.00
A.6786 .410	POE Hamilton Supplies	A.6785 .470	Contract	\$3,500.00

Please state reason for transfers requested:

Purchase furniture for POE office and add users to Peer Place reporting system.

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.

REQUEST FOR TRANSFER OF FUNDS

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

FROM: Planning & Community Development
Name of Department

SIGNED: _____ **DATE:** _____

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
CD65 8676 0332 437	Consulting Fees	CD65 8676 0333 470	Contract	\$7,233.38 \$7,233
CD65 8676 0332 470	Contract	CD65 8676 0333 470	Contract	\$10,000.00 \$10,000.
CD65 8676 0334 437	Consulting Fees	CD65 8676 0333 470	Contract	\$5,352.01 \$5,352
CD65 8676 0334 470	Contract	CD65 8676 0333 470	Contract	\$9,489.07 \$9,489
CD65 8676 0336 437	Consulting Fees	CD65 8676 0333 470	Contract	\$919.40 \$919
CD65 8676 0336 445	Foods	CD65 8676 0333 470	Contract	\$11.97 \$12

Please state reason for transfers requested:

Insufficient Funds

\$ 33,005

CONTINGENT FUND TRANSFER REQUESTS

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
A.1990 10 439	Contingent Fund			

Please state reason for transfer request:

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

REQUEST FOR TRANSFER OF FUNDS

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

FROM: Planning & Community Development
Name of Department

SIGNED: _____ **DATE:** _____

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
CD65 8676 0337 437	Consulting Fees	CD65 8676 0333 470	Contract	\$7,279.00
CD65 8676 0338 410	Supplies	CD65 8676 0333 470	Contract	\$1.51 #2
CD65 8676 0338 437	Consulting Fees	CD65 8676 0333 470	Contract	\$3,856.62 #3,857
CD65 8676 0338 439	Misc. Fees & Expe	CD65 8676 0338 470	Contract	\$0.50 #1
CD65 8676 0338 445	Foods	CD65 8676 0338 470	Contract	\$157.08 #157

Please state reason for transfers requested:

Insufficient Funds

CONTINGENT FUND TRANSFER REQUESTS

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
A.1990 10 439	Contingent Fund			

Please state reason for transfer request:

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

REQUEST FOR TRANSFER OF FUNDS

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

FROM: Planning & Community Development
Name of Department

SIGNED: _____ **DATE:** _____

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
CD65 8686 10 220	Office Equip.	CD65 8676 0333 470	Contract	\$1,903.05 #1,903
CD65 8686 10 410	Supplies	CD65 8676 0333 470	Contract	\$1,627.85 #1,628
CD65 8686 10 418	Insurance	CD65 8676 0333 470	Contract	\$1,500.00
CD65 8686 10 423	Telephone	CD65 8676 0333 470	Contract	\$11.29 #11
CD65 8686 10 424	Postage	CD65 8676 0333 470	Contract	\$334.31 #334
CD65 8686 10 437	Consulting Fees	CD65 8676 0333 470	Contract	\$0.90 #1
CD65 8686 10 444	Mileage Reimb.	CD65 8676 0333 470m	Contract	\$1,920.00

Please state reason for transfers requested:

Insufficient Funds

CONTINGENT FUND TRANSFER REQUESTS

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
A.1990 10 439	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

DEPARTMENT NAME:

Office of Emergency Services

DATE:

October 17, 2008

Please submit Request for Transfer of Funds Form

Please Make Sure to Fill Out Reason for Request Section of the Transfer Form, and Include All Budget Codes and Titles and Object Codes and Titles.

OES is requesting a transfer of funds in the amount of \$1,453.00

\$1,001 of which from, A.4022 230 (Emergency Medical Services - Automotive Equipment) ;

\$452.00 of which from A.4022 250 (Emergency Medical Services - Technical Equipment,

to the following code A.4022 .410 (Emergency Medical Services - Supplies)

for decaling and installation of equipment on the trailer and tow vehicle purchased with a grant.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Public Works
Name of Department

SIGNED: DATE: 9/25/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5112 8000 280	County Roads-CR#4-Valley Road	D.5142 410	Snow Removal-County-Supplies	\$133,078.00

Please state reason for transfers requested: to increase salt budget to allow for actual costs for 2008/2009 heating season.

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			

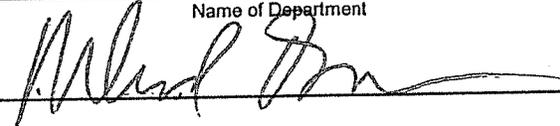
Please state reason for transfer request:

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

REQUEST FOR TRANSFER OF FUNDS

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

FROM: Real Property
Name of Department

SIGNED:  **DATE:** 9/29/08

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
A.1355 110	Salaries	A.1335 220	Equipment	\$2585.00

Please state reason for transfers requested: To replace a computer, Copier and a printer. All three are over 6 years old and costing more in repairs than to replace.

CONTINGENT FUND TRANSFER REQUESTS

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
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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

DEPARTMENT NAME: Sheriff's Office

DATE: 10-08-08

SIGNED: _____

REQUEST FOR TRANSFER OF FUNDS

From Code	From Title	To Code	To Title	Amount
3020 470	Contracts	3110 416	Oil & Gas Heating	\$27,000
3020 423	Telephone	3150 435	Medical Fees	\$30,000
3020 423	Telephone	3110 250	Technical Equipment	\$13,000
3020 423	Telephone	3110 422	Repair & Maint. of Equipment	\$1,995

Reason: Insufficient funds

CONTINGENCY FUND TRANSFER REQUEST

From Code	From Title	To Code	To Title	Amount
A.1990 439	Contingent Fund			

Reason: Insufficient funds

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Clerk – Legislative Board
Name of Department

SIGNED: *Joan Sady* DATE: *9/29/08*

FROM CODE TITLE TO CODE TITLE AMOUNT

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular Sxxx.xx

Please state reason for transfers requested:

*Please note: All amounts must be in whole dollars – no cents.

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 Account- Other Payments/Contributions	A.1040 417	Clerk-Legislative Board – Water/Sewer/Taxes	\$21,327.

Please state reason for transfer request: To pay 2008-09 School Taxes for the Gaslight Village property.

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, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Probation

DATE: 9/22/08

- (a) Purpose of Amendment: To accept enhanced supervision of sex offender funding for polygraphing

- (b) Appropriation Code (with title), Object Code (with title) and Amount: 3140 Probation, 470 Contract, \$3,000

- (c) Revenue Code (with title), and Amount: 3140,3316 Probation-Sex Offender \$3,000

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: WESTMOUNT HEALTH FACILITY

DATE: September 26, 2008

- (a) Exact Title and Number of Project*: Air Handler Capital Project H270.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable): \$35.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
EF.82200.5906 410 Westmount, Plant Operation and Maintenance, Supplies
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: To cover approved change order
from Monahan & Loughlin Res 562 of 2008.

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: September 26, 2008

- (a) Purpose of Amendment: To Amend 2008 Nursing Administration, Travel, Conferences, Workshops Appropriations with HCRA R&R Grant funds.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60100.8800 444 Westmount, Nursing Administration, Travel, conferences, Workshops \$800.00

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$800.00.

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: September 26, 2008

- (a) Purpose of Amendment: To amend 2008 Nursing Administration Education Appropriations with HCRA R&R Grant funds.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60100.8800 444 Westmount, Nursing Administration, Travel, Conferences, Workshops - Travel/Education/Conference \$360.00

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$360.00

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: AUGUST 22, 2008

- (a) Purpose of Amendment: To amend 2008 Nursing-Nurses' Stations, LPN Wages Salaries -Regular Appropriations with HCRA R&R Grant funds due to Upgrade.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.400 110 Westmount, Nursing - Nurses' Stations - LPN Wages Salaries - Regular \$39,060.00

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$39,060.00

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: September 26, 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 \$446.00.

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$446.00.

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: Planning and Community Development

DATE: 26 September 2008

(a) Purpose of Amendment: Amend budget to reflect reimbursement for postage

(b) Appropriation Code (with title), Object Code (with title) and Amount:
8021.424 Postage ~~\$418.95~~ \$419

(c) Revenue Code (with title), and Amount: A.8021 2210 – General Services,
Intergovernmental, ~~\$418.95~~ \$419

Notes: Survey costs.

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: September 17, 2008

(a) Purpose of Amendment: Allows the Sheriff's Office budget to be increased by \$14,314 via revenues obtained from the Wireless 911 Reimbursement Program as provided by reso #142 of 2003.

(b) Appropriation Code, Object Code and Amount: A.3120 423 – Sheriff's 911 Center – Telephones, \$14,314

(c) Revenue Code and Amount: A.3110.3384 - Other Sheriff's State Aid, \$14,314.

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: Public Works

DATE: 9/25/08

- (a) Purpose of Amendment: To increase both sides of budget due to CHIPS increase

- (b) Appropriation Code (with title), Object Code (with title) and Amount: D.5112
8000 280 - County Roads - Projects - CR#4 - Valley Road - \$133078.00

- (c) Revenue Code (with title), and Amount: D.5010 3501 - County Road - Highway
Administration - Consolidated Highway Aid - \$133078.00

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: Parks and Recreation

DATE: 9/30/08

- (a) Purpose of Amendment: To amend the Warren County budget to increase estimated revenues and appropriations in the amount of \$ 13,750.00 to reflect inkind services required by the A/GTC Make the Connection Grant award.: DOT PIN # 1757.87 , Warren County Repairs, A/GFTC "Make the Connection Program."
- (b) Appropriation Code (with title), Object Code (with title) and Amount: Department 7110 - Parks and Recreation / 413 Repair & Maint. -Bldg/Property- \$13,750.00
- (c) Revenue Code (with title), and Amount: Department: 7110 - Parks and Recreation / 3889 Parks and Recreation, Other - \$13,750.00

NOTES:

80/20 reimbursement program , In kind services as 20% match.
Project planned October of 2008.

\$ 55,000.00 - Materials
\$ 13,750.00 - In Kind Services

Total A/GTC Grant Award -\$76,000.00

FLOYD BENNETT MEMORIAL AIRPORT
WARREN COUNTY
QUEENSBURY, NEW YORK
FAA AIP #33-06

RUNWAY 1 SAFETY AREA CONSTRUCTION

COST SUMMARY:

ORIGINAL FAA GRANT AMOUNT (95%):	1,928,500.00
ALLOWABLE GRANT RUN-OVER (15%):	289,275.00
ORIGINAL COUNTY SHARE (2.5%):	50,750.00

CHANGE ORDERS FOR RSA SITE:	44,294.00 (ESTIMATED)
DESIGN FOR WETLAND MITIGATION SITE:	110,000.00 (WITH OPTIONAL BID PHASE)
CONSTRUCTION FOR WETLAND MITIGATION SITE:	150,000.00 (ESTIMATED)
TOTAL ESTIMATED ADDITIONAL COSTS:	304,294.00

FAA PORTION (95%):	\$289,079.30
NYS PORTION (2.5%):	\$7,607.35
COUNTY PORTION (2.5%):	\$7,607.35

- UNKNOWN:
1. FINAL COST FOR RSA CONSTRUCTION NOT DETERMINED. CONTRACTOR IS CONTESTING EARTHWORK QUANTITIES
 2. OPTIONAL BID PHASE FOR WETLAND MITIGATION SITE MAY NOT BE REQUIRED
 3. COST PROPOSAL FOR WETLAND MITIGATION SITE HAS NOT BEEN RECEIVED YET
 4. ENGINEERING AGREEMENTS ARE CPFF, FINAL FEES MAY BE LOWER THAN ORIGINALLY ESTIMATED

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Airport - DPW

DATE: October 7, 2008

- (a) Purpose of Request: To amend Resolution 362 of 2008 and Resolution 347 of 2008.

- (b) Details: The Resolutions were prepared using estimated funding amounts and they now need to be updated with the actual grant amounts detailed herein. Total Cost for Project- \$98,948 / Federal - \$94,000 (95%) / State - \$2,474 (2.5%) / Local -\$2,474 (2.5%).

- (c) Previous Resolution Number: 362 of 2008 & 347 of 2008

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: Social Services

DATE: 9/26/08

(a) Purpose of Amendment:
To Increase and Decrease Appropriations and Revenues

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

Increase:

A.6140 470	Safety Net	\$206,000.00
A.6109 470	Family Assist	\$200,000.00

TOTAL INCREASE \$406,000.00

Decrease:

A.6119 470	Child Care	\$612,000.00
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TOTAL DECREASE \$612,000.00

DIFFERENCE (206,000.00)

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

Increase:

A6140 3640	State Aid Safety Net	\$103,000.00
A6109 3609	State Aid Family Assist	\$ 50,000.00
A6109 4609	Federal Aid Family Assist	\$100,000.00

TOTAL INCREASE \$253,000.00

Decrease:

A6119 3619	State Aid Child Care	\$153,000.00
A6119 4619	Federal Aid Child Care	\$306,000.00

TOTAL DECREASE (459,000.00)

DIFFERENCE (206,000.00)

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: Social Services

DATE: 9/26/08

(a) Purpose of Amendment:

To increase Appropriation and Revenues

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

A.6101 470 Medicaid \$112,600.00

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

A.6101 3601 State Aid for Medicaid \$56,300.00

A.6101 4601 Federal Aid for Medicaid \$56,300.00

Sady, Joan

From: Clute, Amy
Sent: Thursday, October 02, 2008 10:36 AM
To: Sady, Joan
Subject: FW: Builders Risk: Health and Human Services Building

Hi Joan: Here is the information on the Builders Risk coverage, per Mr. Dusek, can you place this on the Finance Committee Agenda for him to discuss next week? Thanks. Amy

From: Jack Bieniek [mailto:jcbieniek@coolins.com]
Sent: Thursday, October 02, 2008 9:13 AM
To: Dusek, Paul
Cc: Clute, Amy
Subject: Builders Risk: Health and Human Services Building

Paul: The following is a Builders Risk proposal, we obtained an excellent rate.

Carrier: Hartford
 Limit: \$19,100,000
 Perils: Special Form including Flood, Quake and Equipment breakdown with "testing" coverage.
 Deductibles: \$10,000 Property & Equip. Breakdown
 \$25,000 Flood and Quake
 Policy term: 10/1/08 to 1/1/10 (15 Months)

Premium: \$14,325

Please advise any questions and you approval to bind the coverage. Thanks, Jack



PRIVACY/CONFIDENTIALITY NOTICE:

*This message contains private, confidential, or legally privileged information and is intended for **clutea@co.warren.ny.us**, **dusekp@co.warren.ny.us** ONLY. If you are not the intended recipient or have received this e-mail in error, please notify **jcbieniek@coolins.com** immediately by return e-mail or phone at **518-783-2665** and delete all copies of this e-mail, including all attachments without reading or saving anything to any storage device. If you are the intended recipient(s) you will need to secure the contents conforming to all applicable state and/or federal requirements relating to the privacy and confidentiality of such information, including the HIPAA Privacy guidelines. Messages sent to and from us may be monitored. Internet communications cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender and the **Cool Insuring Agency, Inc.** therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission. If verification is required please request a hard-copy version. Any views or opinions presented are solely those of the author and do not necessarily represent those of the **Cool Insuring Agency, Inc.***

10/2/2008

A G E N D A
PERSONNEL COMMITTEE
OCTOBER 8, 2008

- 1) Hal Payne, Commissioner of Administrative & Fiscal Services, has requested permission to address the Committee regarding County Vehicle Use Regulations. Resolution No. 459 of 2007 is attached for review.

2) **Referrals from the Health Services Committee:**
Countryside Adult Home:

- A) Request to fill the vacant position of Institutional Aide, base salary of \$22,988, Grade 3, Employee No. 7082, due to retirement. The Notice of Intent to Fill Vacant Position is attached.

Westmount Health Facility:

- B) Request to fill the vacant position of Leisure Time Activities Aide Part-time, base salary of \$13,556, Employee No. 10827, due to resignation, contingent upon the elimination of the PCP (Personal Care Provider) position. The Notice of Intent to Fill Vacant Position is attached.
- C) Deleting the position of Personal Care Provider Part-time Activities, base salary of \$9,360, Employee No. 11477, due to promotion; thereby amending the Department's Table of Organization.
- D) Request to fill the vacant position of Senior Account Clerk, base salary of \$27,559, Grade 7, Employee No. 11216, due to termination. The Notice of Intent to Fill Vacant Position is attached.

3) **Referrals from the Public Safety Committee:**
Sheriff & Communications:

- A) Authorizing Cynthia Ross, Senior Account Clerk, to enroll in a job-related course entitled "Advanced Bookkeeping" at Adirondack Community College from September 3, 2008 to December 12, 2008 at a cost of \$427.75.

Office of Emergency Services:

- B) Request to fill the vacant position of First Deputy Fire Coordinator, base salary of \$4,879, Employee No. 4423, due to promotion. The Notice of Intent to Fill Vacant Position is attached.
- C) Request to fill the vacant position of Second Deputy Fire Coordinator, base salary of \$3,728, Employee No. 9412, due to promotion. The Notice of Intent to Fill Vacant Position is attached.

4) **Referral from the Public Works Committee:**
DPW:

- Request to fill the vacant position of Working Supervisor #3, base salary of \$26,101, Grade 6, Employee No. 207, due to retirement. The Notice of Intent to Fill Vacant position is attached.

5) Referral from the Social Services Committee:

Request to fill the vacant position of Caseworker, base salary of \$33,590, Grade 14, Employee No. 6479, due to retirement. The Notice of Intent to Fill Vacant Position is attached.

**6) Referrals from the Support Services Committee:
Self-Insurance for Safety Committee:**

A) Authorizing three employees to attend the National Safety Council DDC4 Driver Training Course in Springfield, Massachusetts from November 11, 2008 through November 13, 2008.

Purchasing Department:

B) Authorizing an ongoing internship program within the Purchasing Department.

C) Authorizing an agreement with Adirondack Community College for an internship within the Purchasing Department.

7) Pending Items:

- 1- Continuation of review of non-bargaining unit job description/responsibilities - status.
- 2- Human Resources Director working on Master employee handbook - status (10.05.05).
- 3- The Committee requested the Negotiating Committee to review the current vacation policy (06.06.06).
- 4- The Program on Workplace Violence Prevention in or on County Buildings, Worksites or Vehicles to be reevaluated over the next six months by the Human Resources Director (02.07.07).
- 5- Matter of adopting a County Policy mandating defensive driving courses for all County employees maintained in the County's drivers' data base delayed for one month to obtain additional information (09.12.07).
- 6- Negotiating Team (comprised of Paul Dusek, Hal Payne, Rich Kelly and Todd Lunt) to meet with the Union to pursue negotiations regarding flex time for all Departments (04.09.08).
- 7- Referral from Real Property Tax Services- Human Resources Director to establish a Countywide policy for salaried employees to account for time worked. To be presented at the July Personnel Committee meeting (06.11.08).