

A G E N D A
FINANCE COMMITTEE
NOVEMBER 12, 2008

1) Request for Transfer of Funds attached for committee approval. Supervisory committee approval has been obtained as necessary.

2) **Referral from the County Treasurer:**

Requesting a new contract with Maximus Consulting Services, Inc. for indirect cost analysis, for a lump sum amount of \$6,200 per year for a three year contract, with a three year option at \$6,400 per year, commencing January 1, 2009 and terminating December 31, 2011.

3) **Referrals from the Health Services Committee:**

Health Services:

A) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$1,360 to reflect receipt of two mini-grants from the Greater Adirondack Perinatal Network.

B) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$15,399 to reflect actual expenditures and revenues for the IAP grant through the Department of Health.

C) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$12,000 to reflect actual expenditures and revenues related to the purchase of vaccines.

D) Amending the 2008 County budget to increase estimated revenues in the amount of \$595,000 and appropriations in the amount of \$986,000 to reflect the 59.5% reimbursement rate allowed for the Physically Handicapped Childrens-Preschool Program, leaving a shortfall of \$391,000. Request for supplemental appropriation from the General Fund Unappropriated Surplus to cover the \$391,000 shortfall.

Westmount Health Facility:

E) Amending the 2008 County budget, Nursing Advertising Appropriations, to increase estimated revenues and appropriations in the amount of \$700 to reflect receipt of HCRA Recruitment and Retention grant funds.

F) Amending the 2008 County budget, Physical Therapy Conferences Appropriations, to increase estimated revenues and appropriations in the amount of \$490 to reflect receipt of HCRA Recruitment and Retention grant funds.

G) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$100,000 to reflect receipt of Medicaid 2007/2008 Transition Payment.

4) **Referral from the Human Services Committee:**

Employment & Training:

Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$32,510.88 to reflect receipt of Federal grant funds.

5) **Referrals from the Public Safety Committee:**

Sheriff & Communications:

A) Amending the 2008 County budget to decrease estimated revenues and appropriations in the amount of \$66,674 to correct the amount authorized by previous resolutions due to changes in the grant amount from the Governor's Traffic Safety Committee's awarded Motorcycle Safety Grant.

B) Authorizing appropriation from General Fund Unappropriated Surplus in the amount of \$196,438 to cover retroactive salary and fringe benefit payments due following execution of the Sheriff's Employees Alliance contract with the Sheriff's Office.

Office of Emergency Services:

C) Increasing Capital Project No. H254.9550 280-Fire Training Center, in the amount of \$50,000, with the source of funding to be transferred from A.9950 910-Transfer Capital Projects.

D) Authorizing appropriation from General Fund Unappropriated Surplus in the amount of \$9,523 to cover a shortfall in the budget.

Fire Prevention & Building Codes:

E) Request for Transfer of Funds from A.1990 469-Contingent Fund to A.3620 442 Gas & Oil, in the amount of \$2,100, to cover Office operating costs for balance of the year.

F) Request for Transfer of Funds from A.1990 469-Contingent Fund to A.3620 110 Regular Salaries, in the amount of \$2,335, to cover shortfall in budget due to error in budget.

6) **Referrals from the Public Works Committee:**

DPW:

A) William Lamy, DPW Superintendent, will present proposals for engineering and surveying services relative to the Gaslight Village property.

Parks, Recreation & Railroad:

B) Amending the 2008 County budget to decrease estimated revenues and appropriations in the amount of \$68,750 that was awarded from the

A/GFTC Make the Connection grant. *Note: Previously increased the budget anticipating construction in 2008; however, project is now planned for the spring of 2009 and the budget will be adjusted in 2009.*

7) Referral from the Support Services Committee:

County Attorney:

Request for Transfer of Funds from A.1990 469-Contingent Fund to A.1420 437-Consulting Fees, in the amount of \$29,000 to cover a shortfall due to abstracting fees.

8) Referrals from the Tourism Committee:

A) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$962 to reflect revenues received for the 2009 Warren County Group Tour Planner.

B) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$2,275 to reflect revenues received for advertising in the 2009 White Water Rafting Brochure.

C) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$235 to reflect revenues received for 2008 Consumer Show Brochure distribution.

9) Referral from the Department of Human Resources:

Request for Transfer of Funds from A.1990 469-Contingent Fund to A.1435 110-Salaries and A.1435 410-Supplies, in the amount of \$3,200 to cover a shortfall due to an upgrade in position from a Grade 3 to a Grade 8.

10) Paul Dusek, County Attorney, has requested permission to address the Committee regarding the following:

A) PBA collective bargaining agreement.

B) Option exercise by Economic Development Corporation (EDC) to acquire parcel in the Queensbury Industrial Park.

C) Request for an executive session to discuss litigation.

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

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: October 24, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.5906 410	Westmount, Nursing – Nurses Station, Supplies	EF.60200.5802 210	Westmount, Nursing Nurses' Station, Furniture Equipment	230.00
EF.73500.6802 470	Westmount, Speech & Hearing Therapy, Contracted Services	EF.73500.5803 260	Westmount, Speech & Hearing Therapy, Other Equipment	300.00
EF.82200.6101 413	Westmount, Plant Operation & Maint. Repair & Maint PS DA Bldg, Property	EF.82200.5803 260	Westmount, Plant Operation & Maintenance, Other Equipment	600.00

Please state reason for transfers requested:

Purchase of baby gates, Go talk machine, wall mount eye wash, and control sensors for air handler.

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: October 24, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.500 140	Westmount, Nursing – Nurses Station, Aides, Salaries - Sick Leave Incentive	EF.60100.100 140	Westmount, Nursing Admin, Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82100.700 140	Westmount, Dietary Services, FSH, Salaries – Sick Leave Incentive	EF.82100.200 140	Westmount, Dietary Services, Cook, Salaries – Sick Leave Incentive	400.00
EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	EF.82400.100 140	Westmount, Housekeeping Services, Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	EF.82400.700 140	Westmount, Housekeeping Services, HK, Salaries – Sick Leave Incentive	1600.00
EF.82500.700 140	Westmount, Laundry Linen, LL, Salaries - Sick Leave Incentive	EF.83500.100 140	Westmount, Administration Services, Management & Supervision, Salaries – Sick Leave Incentive	400.00

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:

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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: October 24, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.60200.7300 421	Westmount, Nursing-Nurses’ Station, Equipment Rental	3,500.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.72000.3700 439	Westmount, Nursing-Central Medical Supplies, Other Fees Recerts/Crim Bkgndck	400.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.72100.2700 435	Westmount, Nursing-Laboratory Services, Physician Fees-Medical Fees	1,500.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.72600.1600 830	Westmount, Activities Program, Fica, Social Security	550.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.72600.1601 831	Westmount, Activities Program, Medicare, Medicare Contribution	130.00
EF.73400.6802 470	Westmount, Occupational Therapy Contracted Services	EF.73500.6802 470	Westmount, Speech & Hearing Therapy, Contracted Services	2,400.00
EF.73400.6802 470	Westmount, Occupational Therapy Contracted Services	EF.74100.1800 860	Westmount, Medical Staff Services, Group Health Insurance, Hospitalization	120.00
EF.82100.5000 445	Westmount, Dietary Services, Food	EF.82100.5802 260	Westmount, Dietary Services Other Equipment	75.00
EF.82200.6101 413	Westmount, Plant Operation & Maintenance, Repair & Maintenance PS DA Bldg/Property	EF.82400.5906 410	Westmount, Housekeeping Serv., Supplies	1,235.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.83500.5500 410	Westmount, Administrative Serv., Office Supplies, Supplies	1,500.00

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.

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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: *Patricia J. Sady*

DATE: 10/24/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4054.424	Phys. Hand Pgm-Preschool-Postage	A.4054.210	Phys. Hand. Pgm. -Furniture/Fixtures	\$36.00
A.4010.418	Health Services-CHHA Insurance Gen. Liability	A.4054.444	Phys. Hand.Pgrm-Education	\$14,000.00
Total Transfers				<u>\$14,036.00</u>

Please state reason for transfers requested:

1. Transfer funds to cover 2008 expenses.
2. Transfer funds in 2008 Budget from CHHA to offset expense for Preschool pgm.

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:

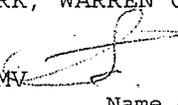
Total

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: County Clerk/DMV 
Name of Department

SIGNED: DATE: 10/25/08

<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	\$ 600
A.1665.130	Public Records-PT	A.1665.120	Public Records – OT	\$ 250.
A.1410.421	County Clerk-Equip Rental	A.1410.220	County Clerk-Equip.	\$ 1500.

Please state reason for transfers requested:

To balance overtime accounts due to vacancies/vacations, necessity of ensuring DMV supervisory presence during leave absences, to cover DMV training-travel time to and from Albany.

To transfer funds from rental of copier for DMV to purchase as recommended by purchasing dept. (more cost effective to go through state contract at this time.). Copier is a necessity in the DMV for reproducing supporting documentation for DMV transactions which is then attached to batch work and sent to Albany—proofs for issuing of licenses/registrations. Current machine is over 5 years old and has repeated service issues.

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:** 10/29/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40 6326 110	Sum. TANF-Salaries-Regular	40 6326 130	Summer TANF-Salaries-Part Time	\$13,292
40 6326 411	Sum. TANF-Rent- Building/Property	40 6326 130	Summer TANF-Salaries-Part Time	2,602
40 6293.0327 410	WIATrade Act-Supplies	40 6293.0327 110	WIATrade Act Salaries-Regular	\$ 65.01
40 6293.0327 411	WIAT/A-Rent- Building/Property	40 6293.0327 110	WIA T/A Salaries-Regular	1,825.36
40 6293.0327 421	WIATrade Act-Equipment Rental	40 6293.0327 110	WIA Trade Act Salaries-Regular	7.98
40 6293.0327 422	WIAT/A-Repair/Maint-Equipment	40 6293.0327 110	WIA Trade Act Salaries-Regular	28.86
40 6293.0327 423	WIATrade Act-Telephone	40 6293.0327 110	WIA Trade Act Salaries-Regular	20.20
40 6293.0327 424	WIATrade Act-Postage	40 6293.0327 110	WIA Trade Act Salaries-Regular	28.37
40 6293.0327 428	WIAT/A-DataProcessing and Internet fees	40 6293.0327 110	WIA Trade Act Salaries-Regular	9.77
40 6293.0327 830	WIATrade Act- Social Security	40 6293.0327 110	WIA Trade Act Salaries-Regular	127.26
40 6293.0327 831	WIAT/A-Medicare Contribution	40 6293.0327 110	WIA Trade Act Salaries-Regular	40.65
40 6293.0327 840	WIAT/A-Workmen's Compensation	40 6293.0327 110	WIA Trade Act Salaries-Regular	4.20
40 6293.0327 860	WIATrade Act-Hospitalization	40 6293.0327 110	WIA Trade Act Salaries-Regular	1,428.43
40 6293.0327 865	WIATrade Act-Dental Insurance	40 6293.0327 110	WIA Trade Act Salaries-Regular	16.12

Please state reason for transfers requested:

To align budget with actual charges and eliminate an inactive grant

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: PUBLIC WORKS

Name of Department

SIGNED: *William E. Lamy* DATE: 9/27/2007
 Supt. Public Works

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1620 110	General Fund Buildings-Salaries-Regular	A.5610 110	Airport (D.P.W.)-Salaries-Regular	\$8,000.00
D.5110 465	County Road Maintenance of Roads- Road Materials	D.3310 120	Traffic Control-Salaries-Overtime	3,000.00
D.5110 465	Maintenance of Roads- Road Materials	D.5010 110	Highway Administration-Salaries- Regular	11,500.00
D.5110 465	Maintenance of Roads- Road Materials	D.5020 110	Engineering-Salaries-Regular	2,000.00

Please state reason for transfers requested:

To cover year to date expenses due to salary increases, retirements, etc.

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.

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: *William E. Long*
Supt. Public Works

DATE: 9/27/2007

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5110 465	County Road Maintenance of Roads- Road Materials	D.5110 120	Maintenance of Roads- Salaries-Overtime	\$30,000.00

Please state reason for transfers requested:

To cover actual costs

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: KAREN PUTNEY
ADMINISTRATOR

Name of Department FIRE & BUILDING CODES

SIGNED: *Karen Putney*

DATE: 10-~~21~~²³-2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3620 442	GAS & OIL	A.3620 220	OFFICE EQUIPMENT	\$100.00

Please state reason for transfers requested: LACK OF FUNDS IN .220 FOR PURCHASE OF DIGITAL 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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[REDACTED]

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: KAREN PUTNEY
ADMINISTRATOR

Name of Department FIRE & BUILDING CODES

SIGNED: 

DATE: 10/23/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3620 140	SICK LEAVE INCENTIVE	A.3620 120	OVERTIME	\$800.00

Please state reason for transfers requested: REQUEST FOR OVERTIME TO CATCH UP ON
BACKLOG OF WORK

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

DEPARTMENT NAME:

Office of Emergency Services

DATE:

November 21, 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 \$1,504 from A.3641 410 (LEPC- Supplies) to the following code A.3641 250 (LEPC Technical Equip.)

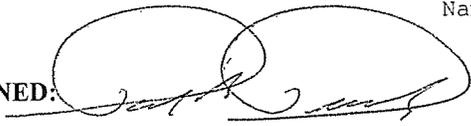
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Paul B. Dusek COUNTY ATTORNEY - LAW
Name of Department

SIGNED:



DATE:

11/7/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1420 110	SALARIES - REGULAR	A.1420 426	SUBSCRIPTIONS	\$700.00
A.1420 110	SALARIES - REGULAR	A.1420 440	LEGAL/TRANSCRIPT FEES	\$513.50
A.1420 110	SALARIES - REGULAR	A.1420 440	LEGAL/TRANSCRIPT FEES	\$5,000.00
A.1420 110	SALARIES - REGULAR	A.1420 437	CONSULTING FEES	\$2,786.50

Please state reason for transfers requested: Shortfall.

*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			

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: TOURISM
Name of Department

SIGNED: **DATE:** 10/29/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 6417 140	SALARIES/SICK INCENTIVE	A.6417 410	OFFICE SUPPLIES	\$800.00
A. 6417 220	EQUIPMENT	A.6417 410	OFFICE SUPPLIES	\$110.00

Please state reason for transfers requested: Money is not needed in these two codes.

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: IOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Youth Bureau
Name of Department

SIGNED: Margaret Sing Smith **DATE:** November 7, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.7312 445	Foods	A.7312 220	Technical Equipment	\$558.00

Please state reason for transfers requested:

To purchase a computer w/monitor using 100% state grant funds. The Youth Bureau Director is currently using a computer on loan from Health Services that was purchased with special funding and must be returned.

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			

A.1990 439 Contingent Fund

Post-it® Fax Note	7671	Date	11-7-08	# of pages	3
To	IOAN Sady	From	Margaret Sing Smith		
Co./Dept.	Board of Supervisors	Co.	Youth Bureau		
Phone #	761-6563	Phone #	761-6498		
Fax #	761-7652	Fax #	761-6518		

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. 3

Request for New Contract

DEPARTMENT NAME: Treasurer

DATE: November 3, 2008

- (a) Is this a Result of a Bid or Request for Proposal? RFP - WC 110-08
- (b) Purpose of Contract: Indirect Cost Analysis
- (c) Name of Contractor: Maximus Consulting Services, Inc.
- (d) Address of Contractor: 2405 Park Drive, Suite 101, Harrisburg, PA 17110
- (e) Contractor's Contact Person and Telephone Number: Timothy Cloos, (717) 233-2600
- (f) Has or will the Contract be provided, if so, please attach: Will be provided
- (g) Commencement Date of Contract: January 1, 2009
- (h) Termination Date of Contract: December 31, 2011
- (i) Payment Provisions:
 - i) lump sum amount \$6,200/yr - 3 year contract with 3 year option at \$6,400/yr
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Upon Completion
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A. 1325 470 - Contract

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: Health Services

DATE: 10/24/08

- (a) Purpose of Amendment: To amend the 2008 Budget to authorize acceptance of 2 mini-grants from Greater Adirondack Perinatal Network in the amount of \$1360.00
- (b) Appropriation Code (with title), Object Code (with title) and Amount: A.4018.0040.410 Preventive Program Health Education Supplies Expense
- (c) Revenue Code (with title), and Amount: A.1617 Health Education Revenue

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: Warren County Health Services-Disease Program

DATE: October 24, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect actual expenditures and revenues for the IAP Grant through Department of Health. Previously approved on Resolution 512 of 2008. Budget however was not amended accordingly. Revenue already reflects part of the grant which is associated with salary expense only. Therefore only need to amend budget for additional expenses to be reimbursed by grant.

(b) Appropriation Code (with title), Object Code (with title) and Amount: **Disease Program-Supplies Expense** A.4018.0030.410 \$3,699, and **Disease Program-Advertising** A.4018.0030.436 \$11,700.

(c) Revenue Code (with title), and Amount: **Disease Program-Public Health Revenue** A.4018.0030.3407 \$15,399.

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: Warren County Health Services-Disease Program

DATE: October 24, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect actual expenditures and revenues related to the purchase of vaccines. Warren County Public Health is the only resource for the Zostovax vaccine and will have purchased over 50 doses more than 2007 usage and we still have a waiting list. Vaccines are reimbursable through either private pay or insurance billing.

(b) Appropriation Code (with title), Object Code (with title) and Amount: **Disease Program-Medical Supplies Expense** A.4018.0030.435 \$12,000

(c) Revenue Code (with title), and Amount: **Disease Program-Immunization Revenue** A.4018.0030.1613 \$12,000.

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: Warren County Health Services

DATE: October 24, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect expenditures and revenues related to the mandated program of the Physically Handicapped Childrens-Preschool Program. Revenues reflect the 59.5% reimbursement rate allowed for this program from the state.

(b) Appropriation Code (with title), Object Code (with title) and Amount: **Physically Handicapped Children-Preschool Program-Education A.4054.444 \$986,000.**

(c) Revenue Code (with title), and Amount: **Physically Handicapped Children – Preschool Program Revenue A.4054.3277 \$595,000.**

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: October 17, 2008

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

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.9101 436 Westmount, Nursing-Nurses' Stations, Other Direct Costs - Advertising Fees \$700.00

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$700.00

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: October 24, 2008

- (a) Purpose of Amendment: To amend 2008 Physical Therapy Conferences Appropriations with HCRA R&R Grant funds.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.73300.8800 444 Westmount, Physical Therapy, Travel, Conferences, Workshops, Travel/Education/Conference \$490.00

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$490.00

7

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: October 24, 2008

- (a) Purpose of Amendment: To amend 2008 Appropriations and Revenue due to receipt of Medicaid 2007/08 Transition Payment.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
EF.82200.7500 414 Westmount, Plant Operations and Maintenance, Gasoline, \$ 50,000.00. EF.83110.8302 469 Westmount, Fiscal Services Office, Pymnts/Contrib - NYS Assessment \$ 50,000.00.

- (c) Revenue Code (with title), and Amount: EF.302002 3023 Westmount, Medicaid Care Revenue \$ 100,000.00.

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: Employment and Training

DATE: 10/29/08

- (a) Purpose of Amendment: Add federal grant 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**

William F. Resse
Director

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

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

**Human Services Committee
Employment & Training Agenda
10/29/08
Draft**

1. Request resolution adding additional federal funds to county budget

<u>Revenues:</u>	<u>Code</u>	<u>Title</u>	<u>Amount</u>
	40 6293.4791	WIA	\$32,510.88

Appropriations:

<u>Code</u>	<u>Title</u>	<u>Amount</u>
40 6293.0313 110	Workforce Inv. Act- Salaries-regular	\$14,000
40 6293.0313 470	Workforce Inv. Act- Contract	\$ 6,555
40 6293.0313 810	Workforce Inv. Act- Retirement	\$ 3,000
40 6293.0313 830	Workforce Inv. Act- Social Security	\$ 3,000
40 6293.0327 110	WIA Trade Act.-Salaries-regular	\$ 3,054.39
40 6293.0329 110	WIA RR Train. Related-Salaries-regular	\$ 0.24
40 6293.0329 433	WIA RR Train. Related-Training-Client	\$ 1,778.65
40 6293.0329 860	WIA RR Train. Related-Hospitalization	\$ 1,122.60

2. Request budget transfers of federal WIA funds (see attached)
3. Performance results for the 3 –county workforce area
4. Summer youth employment program report
5. Travel policy
6. Pending items
7. Other
 - a. Chambers of commerce visit
 - b. New customer flow
 - c. Internship program
 - d. Advanced manufacturing assessment

Note: all requests involve only federal grant funds for said purpose. No local county funds are requested.

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: October 22, 2008

(a) Purpose of Amendment: To correct the amended budget amount authorized by the previous resolutions, due to grant amount changes in the Governor's Traffic Safety Committee's (GTSC) awarded motorcycle Safety Grant.

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

A. 3110	Code To Be Reduced By The Following Amounts
120 Salaries/Overtime	\$23,780
260 Other Equipment	\$14,934
410 Supplies	\$800
421 Equipment Rental	\$15,600
444 Travel/Education/Conference	\$5,560
453 Uniforms & Clothing	\$6,000
Total	\$66,674

(c) Revenue Code (with title), and Amount: A.3110 3384 Other Sheriff's State Aid to be reduced by **\$66,674**

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:

Office of Emergency Services

DATE:

November 21, 2008

(a) Exact Title and Number of Project*:

Fire Training Center-Capital Project H254 9550 280

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

(b) Amount of Increase (if applicable):

\$50,000

(c) Amount of Decrease (if applicable):

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

Transfers - Capital Project A.9950 910

(e) Changes in Funding (if Amendment):

(f) Purpose of Increase or Decrease or Amendment:

Increase for 2008 Budget

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

DEPARTMENT NAME:

Office of Emergency Services

DATE:

November 21, 2008

(a) Purpose of Request:

Appropriating General Fund surplus in the amount of \$9,523 to:

(b) Details:

A.3410 410 (Fire Prevention & Control - Supplies) \$2,503

A.3410 470 (Fire Prevention & Control - Contract) \$7,020

(c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: KAREN PUTNEY

Name of Department FIRE & BUILDING CODES

ADMINISTRATOR

SIGNED: *Karen Putney*

DATE: 10-²³~~21~~-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: LACK OF FUNDS IN .220 FOR PURCHASE OF DIGITAL CAMERA

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	GAS & OIL	\$2,100.00
A.1990 469	CONTINGENT FUND	A.3620 110	REGULAR SALARIES	\$2,332.87

Please state reason for transfer request: TO COVER OFFICE OPERATING COSTS FOR BALANCE OF YEAR (44 .110 TO COVER SHORTFALL IN BUDGET DUE TO ERROR IN BUDGET

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: Parks and Recreation

DATE: 10/28/08

- (a) Purpose of Amendment: Amend budget - A/GTC Make the Connection Grant award of \$68,750.00 for improvements along the Warren County Bikeway: DOT PIN # 1757.87 , Warren County Repairs, A/GFTC "Make the Connection Program."

- (b) Appropriation Code (with title), Object Code (with title) and Amount: Decrease Department 7110 - Parks and Recreation / 413 Repair & Maint. -Bldg/Property- \$68,750.00

- (c) Revenue Code (with title), and Amount: Decrease Department: 7110 - Parks and Recreation / 3889 Parks and Recreation, Other - \$68,750.00

Note: Previously increased budget by resolutions 539/08 and 671/08 anticipating construction in 2008. Project planned in the spring of 2009 and budget will be adjusted in 2009.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Paul B. Dusek COUNTY ATTORNEY - LAW
Name of Department

SIGNED:  DATE: 11/7/08

FROM CODE TITLE TO CODE TITLE AMOUNT

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.1420 437	CONSULTING FEES	\$29,000

Please state reason for transfer request: Shortfall due to abstracting fees.

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: Tourism

DATE: 10/29/08

- (a) Purpose of Amendment: to increase revenues and appropriations not originally budgeted to reflect revenues received for the 2009 Warren County Group Tour Planner

- (b) Appropriation Code (with title), Object Code (with title) and Amount: 1) A.6417 (Tourism); 470 (Contract) \$962.00

- (c) Revenue Code (with title), and Amount: 1)A. 6417 2096 - Motorcoach Promotion Revenue

2009 WARREN COUNTY GROUP TOUR PLANNER ADVERTISING

DEADLINE: JULY 25, 2008

DATE	ADV.#	ADVERTISER	F-PG	I/2-PG	1/3-PG	CK. DATE	CHECK#	GRAND TOTAL
			220.00	110.00	82.00			
7/3/08	1	Econolodge LG Motel	220.00			7/1/08	11321	
7/11/08	2	Natural Stone Bridge & Caves	220.00			7/11/08	12513	
7/14/08	3	City of Glens Falls	220.00			7/9/08	29686	
7/14/08	4	Clinton Inn	220.00			7/10/08	7471	
7/14/08	5	Waikiki Supper Club	220.00			7/14/08	14512	
7/14/08	6	Howard Johnson Tiki Resort	220.00			7/14/08	14512	
7/22/08	7	1000 Acres Ranch	220.00			7/11/08	34228	
7/22/08	8	Six Flags Great Escape	220.00			7/16/08	7736	
7/22/08	9	Johnny Rockets	220.00			7/16/08	7736	
7/22/08	10	Great Escape Theme Park	220.00			7/17/08	61670	
7/22/08	11	Hayfield Quality Tours	-		82.00	7/16/08	12082	
7/24/08	12	Adirondack Lodging LLC	220.00			7/21/08	3054	
7/24/08	13	LG Reg. Chamber of Commerce	220.00			7/22/08	6979	
7/24/08	14	Comfort Suites	220.00			7/23/08	1096	
7/24/08	15	O'Sullivan Motel	220.00			7/21/08	1894	
7/24/08	16	Ramada Inn of Glens Falls	220.00			7/21/08	927	
7/28/08	17	Fort William Henry	220.00			7/24/08	19088	
7/28/08	18	Boardwalk Restaurant	220.00			7/28/08	2801	
7/28/08	19	Lake George Steamboat Co.	220.00			7/24/08	2787	
7/28/08	20	Quality Inn	220.00			7/23/08	7556	
7/28/08	21	Fun Spot	220.00			7/25/08	7064	
7/28/08	22	Adk. Extreme Adventure Course	220.00			7/25/08	1293	
7/29/08	23	Georgian	220.00			7/25/08	1700	
7/29/08	24	Raquette Lake Navigation			82.00	7/22/08	12777	
7/29/08	25	Boathouse Restaurant	220.00		-	7/24/08	2396	
8/11/08	26	Adirondack Winery LLC	220.00			7/31/08	1102	
8/11/08	27	Surfside on the Lake	220.00			7/23/08	21707	
8/11/08	28	Hudson River Rafting Co.	220.00			7/29/08	6925	
8/11/08	29	Beaver Brook Outfitters	220.00			7/29/08	14643	
8/11/08	30	Upper Hudson Railroad	220.00			7/28/08	5799	
8/11/08	31	Depe Dene Resort	220.00			7/29/08	9468	
8/11/08	32	Adventure Racing	220.00			7/29/08	2673	
8/11/08	33	Clarion Inn & Suites	220.00			8/2/08	12746	
8/11/08	34	Tired John's Restaurant	220.00			7/29/08	3079	
8/11/08	35	Sacandaga Outdoor Center	220.00			7/10/08	7526	
8/11/08	36	Sacred Heart Church		110.00		7/29/08	10936	
8/13/08	37	Rabine Productions	220.00			8/6/08	2094	
8/21/08	38	Gore Mountain (ORDA)	220.00			8/14/08	156508	
8/21/08	39	Queensbury Hotel	220.00			8/13/08	1011	
9/11/08	40	North Country Tours			82.00	9/11/08	6834	
9/11/08	41	Painted Pony Championship Rodeo. LLC	220.00			8/26/08	3620 for \$200	\$20.00 cash
9/23/08	42	Hampton Inn & Suites Lake George	220.00			9/16/08	1458	
9/23/08	43	Garnet Hill Lodge	440.00			9/22/08	2413	
		TOTAL	8,800.00	110.00	246.00			9,156.00

9,156.00

Total to date

Printer: Holland USA Inc. dba Amsterdam Printing

5,224.00 Res # 539 of 2008

Cost: \$3,150.00

2,970.00 Res # 622 of 2008

962.00

Balance

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: 10/29/08

- (a) Purpose of Amendment: to increase revenues and appropriations not originally budgeted to reflect revenues received for advertising in the 2009 White Water Rafting Brochure. (to be printed in 2008)

- (b) Appropriation Code (with title), Object Code (with title) and Amount: 1) A.6417 (Tourism); 470 (Contract) \$2,275.00

- (c) Revenue Code (with title), and Amount: 1)A. 6417 2089 - Tourism Revenue

2009 WHITEWATER RAFTING BROCHURE

DEADLINE: SEPTEMBER 29, 2008

COST PER PARTICIPANT: \$175.00

DATE	ADV.#	ADVERTISER	CK. AMOUNT	CK. DATE	CK. NO.
9/24/08	1	Adirondac Rafting Co.	175.00	9/18/08	6236
9/26/08	2	Adirondack Adventures LLC	175.00	9/24/08	2050
9/24/08	3	Adirondack River Outfitters, Inc.	175.00	9/19/08	12046
9/24/08	4	AKTCO dba Wild Waters Outdoor Center	175.00	9/13/08	9030
9/29/08	5	Beaver Brook Outfitters	175.00	9/26/08	14794
10/3/08	6	Hudson River Rafting Co. Inc.	175.00	9/30/08	7137
10/24/08	7	Middle Earth Expeditions (Van Hovenberg Lodge & Cabins)	175.00	10/22/08	1217
10/3/08	8	Mountains Unlimited Adventures (Pilla)	175.00	9/24/08	3373
10/3/08	9	Sacandaga Outdoor Center	175.00	10/1/08	7574
10/3/08	10	Tubby Tubes Co.	175.00	9/27/08	1151
10/10/08	11	Whitewater Challengers	175.00	9/23/08	21737
9/29/08	12	Adventure Sports Rafting Co., Inc.	175.00	9/25/08	4526
9/30/08	13	North Creek Rafting Co.	175.00	9/29/08	1058
Total Revenue			2,275.00		

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: 10/29/08

- (a) Purpose of Amendment: to increase revenues and appropriations not originally budgeted to reflect revenues received for 2008 Consumer Show Brochure Distribution

- (b) Appropriation Code (with title), Object Code (with title) and Amount: 1) A.6417 (Tourism); 481 (Promotion) \$235.00

- (c) Revenue Code (with title), and Amount: 1)A. 6417 2089 - Tourism Revenue \$235.00

REVENUE/TOURISM DEPARTMENT

DATE: October 24,2008

REVENUE CODE/CODES: A.2089 \$210.00; A.691 \$2,880.00

APPROP. CODE: A.6417 481

SUBJECT: Consumer Show Brochure Distribution

AMOUNT: \$3,090.00

CHECK#/CASH: all checks

	<u>REVENUE FROM:</u>	<u>DATE</u>	<u>AMOUNT-A.2089</u>	<u>AMOUNT-A.691</u>	<u>CHECK#</u>
1	Riding High Dude Ranch	10/1/08	10.00	110.00	53484
2	Comfort Suites Hotel	10/3/08	10.00	140.00	269
3	Country Inn & Suites	10/9/08	10.00	140.00	1828
4	Wingate by Wyndham Lake George	10/1/08	10.00	60.00	3290
5	Lake George RV Park	10/5/08		150.00	35248
6	Mickey Finn Fly Fishing LLC	10/5/08		110.00	128
7	Boulders Co., LLC	10/7/08		100.00	3599
8	Mountains Unlimited Outdoor Adventures (Pilla)	10/2/08	10.00	20.00	3381
9	Bennett's Riding Stable	10/10/08	10.00	140.00	2056
10	Queensbury Hotel	10/9/08	10.00	40.00	1062
11	Hampton Inn & Suites Lake George	10/14/08	10.00	20.00	MO
12	Trout House Village Associates, LP	10/10/08	10.00	20.00	18530
13	The Georgian Motel Corp.	10/14/08	10.00	80.00	1782
14	Hudson River Rafting Co. Inc.	10/14/08	10.00	140.00	6164
15	The Fun Spot	10/15/08	10.00	140.00	7345
16	Stony Creek Family Campgrounds Inc.	10/16/08		40.00	1155
17	Mohican Motel	10/8/08		20.00	6681
18	Riverside Pines Campsite & Cabins	10/16/08		60.00	5046
19	Holiday Inn Lake George Turf	10/16/08	10.00	40.00	260332
20	Adirondack Balloon Flights	10/16/08		60.00	12332
21	Adirondac Rafting Co.	10/12/08	10.00	140.00	6282
22	Adirondack Adventure Resort	10/6/08	10.00	140.00	6687
23	Jeff's Lake George Fishing Charters	10/17/08		70.00	3967
24	Country Haven Campground	10/17/08		80.00	1079
25	Adirondack Winery & Tasting Room	10/19/08	10.00	40.00	1149
26	Surfside on the Lake	10/17/08		130.00	21886
27	Justy-Joe Charters	10/20/08		60.00	645
28	Country Road Lodge	10/20/08	10.00	40.00	1409
29	Hague Motel	10/20/08		90.00	2214
30	The Manor Inn	10/17/08		20.00	2039
31	Adirondack Extreme Adventure Course, LLC	10/20/08	10.00	140.00	1339
32	Econolodge Lake George Downtown	10/20/08		20.00	11754
33	Natural Stone Bridge & Caves Inc.	10/20/08	10.00	140.00	12716
34	Warrensburg Travel Park	10/20/08		100.00	14236
35	North Creek Rafting Company (Bradt)	10/21/08	10.00	40.00	248
36	Loon Lake Trail Rides (LL Stable & Campground)	10/20/08	10.00	-	993
			210.00	2,880.00	

Total Checks

3,090.00

REVENUE/TOURISM DEPARTMENT

DATE: September 18, 2008
REVENUE CODE: A.6417 2089
APPROP. CODE: A.6417 481
SOURCE: see below
SUBJECT: Consumer Show Brochure Revenue
AMOUNT: \$25.00
CHECK#/CASH: check # 9801

<u>ADV.#</u>	<u>REVENUE FROM:</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>CHECK#</u>
	Queensbury Hotel	7/14/08	25.00	9801

*need Res #
to accept
9-18-08*

A G E N D A
PERSONNEL COMMITTEE
NOVEMBER 12, 2008

1) Referrals from the Health Services Committee:

Health Services:

- A)** Request to fill the vacant position of Supervising Public Health Nurse, base salary of \$54,251, Employee No. 9034, due to retirement. The Notice of Intent to Fill Vacant Position is attached.

- B)** Request to fill the vacant position of Public Health Nurse or Community Health Nurse, dependent upon education and experience level of new Nurse recruited, base salary in the range of a Grade 19 through Grade 21, due to promotion. The Notice of Intent to Fill Vacant Position is attached.

2) Referral from the Support Services Committee:

Insurance:

Reclassifying position to Self-Insurance Assistant, base salary of \$31,250, Grade 7, Employee No. 11016 and deleting the position of Account Clerk, base salary of \$27,281, Grade 4, Employee No. 11016, effective January 1, 2009; thereby amending the Department's Table of Organization.

- 3)** Sheriff York has requested permission to address the Committee regarding amendments to the Travel Policy and Vehicle Use that were approved at the October 21st meeting of the Personnel Committee.

- 4)** Todd Lunt, Human Resources Director, has requested permission to address the Committee regarding the following:
 - A)** Follow up to the October 8th Personnel Committee and report on vacation payout to employees terminated in the first year of employment.

 - B)** Request for Transfer of Funds from A.1990 469-Contingent Fund to A.1435 110-Salaries and A.1435 410-Supplies, in the amount of \$3,200 to cover a shortfall due to an upgrade in position from a Grade 3 to a Grade 8.

- 5)** Paul Dusek, County Attorney, has requested permission to address the Committee regarding the PBA collective bargaining agreement.

- 6)** Hal Payne, Commissioner of Administrative & Fiscal Services, has requested permission to address the Committee regarding Leadership Training conducted by Jeff Farley of the Adirondack Regional Business Incubator (ARBI).

Survey Festival Space

David M. Barrasa
Lead Surveyor

1 Maple Street
Tappan, New York 10982

(818) 884-4470

Survey Festival 2010

THE SURVEY FESTIVAL SPACE

The Survey Festival Space is a public space for the community to enjoy and use. It is located on the corner of Maple Street and Main Street in Tappan, New York. The space is bounded by the street and the buildings on either side. It is a great place for people to gather and enjoy the outdoors.

Survey Festival 2010
Tappan, New York

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November 06, 2008

Mr. Jeff Tennyson
Warren County Department of Public Works
4028 Main Street
Warrensburg, NY 12885

**RE: ARCHITECTURAL/ENGINEERING CONSULTING SERVICES
FORMER GAS LIGHT VILLAGE PROPERTY
Evaluation of Three Existing Buildings**

Dear Jeff:

As requested by Warren County Public Works Department, Clark Patterson Lee is submitting our proposal for preparation of an existing condition report for three buildings at the former Gas Light Village Property in Lake George. You informed us that the Town, Village, and County wish to determine the future of these three buildings, whether to renovate the buildings for new usages, or to demolish these structures. It is considered that the Opera House may function as a place of public assembly, either as an open or enclosed pavilion. The Cavalcade of Cars may serve as a skating facility for the public. The Round Building may serve as an interpretive center. Following is based upon our site visit with you, John Martin, Matt Smullen, Lou Tessier, and Jon Norris on October 30, 2008.

Activities to be included as part of the Clark Patterson scope of work, for the Round Building, the former Opera House, and the former Cavalcade of Cars Building:

1. Field visits to review existing conditions and field measuring (structural, mechanical, electrical, and architectural disciplines): 32 hours
2. Preparation of write up by each discipline, noting existing building systems, condition, capacity, life expectancy:
 - a. For Opera House and Cavalcade of Cars: 20 hours
 - b. For Round Building: 8 hours
3. Prepare conceptual level code review (for proposed functions of buildings noted above):
 - a. For Opera House and Cavalcade of Cars: 5 hours
 - b. For Round Building: 2 hours
4. Preparation of write up by each discipline of work scope for improvements to structures (required by code, required due to condition of systems, as suggested for proposed usage of buildings)
 - a. For Opera House and Cavalcade of Cars: 20 hours
 - b. For Round Building: 8 hours
5. Preparation of cost estimate for improvements, on a conceptual and historical unit price basis:
 - a. For Opera House and Cavalcade of Cars: 36 hours
 - b. For Round Building: 8 hours
6. Meeting with Clark Patterson and County DPW to review findings: 8 hours
7. Meeting with Clark Patterson and Board to review findings: 8 hours

Scope of services in this proposal NOT to include:

- a. Field dimensioning beyond what is required for code study
- b. Utility survey information gathering
- c. Hazard survey investigations
- d. Investigative demolition to be provided by County

Our fee proposal to complete the work as described is \$19,375. Scope of services and findings to be gathered in an 8-1/2" x 11" report form for the County. Should this project not entail inclusion of the Round

for 3 buildings

Mr. Jeff Tennyson
November 05, 2008
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Building, our fee proposal would be \$16,125. CPA feels that the report can be completed January 2009. We thank you for your request. If you have any questions, please contact me.

Very truly yours,
CLARK PATTERSON LEE

John J. Martin, P.E.
Senior Vice President

FLOYD BENNETT MEMORIAL AIRPORT
SCHERMERHORN LEASE PROVISIONS – RENTAL/OTHER COMPENSATION

<i>Original Offer – 10/17/2008</i>		<i>New Offer – 10/20/2008</i>	
<i>FBO Lease Provisions</i>	<i>Amount</i>	<i>FBO Lease Provisions</i>	<i>Amount</i>
Annual Base Rent	\$6,600	Annual Base Rent	\$30,000
Fuel Sales per Gallons Sold	5.5 cents	Fuel Sales per Gallons Sold	7.5 cents
Gross Income	3%	Gross Income	3%
Aircraft Maintenance – Parts and Labor	0%	Aircraft Maintenance – Parts and Labor	0%
Flight Instruction and Aircraft Rental and Charter	0%	Flight Instruction and Aircraft Rental and Charter	0%
New 6 Bay T-Hangar Income	50%	New 6 Bay T-Hangar Income	50%
Landing/Ramp Fees, etc.	10%	Landing/Ramp Fees, etc.	10%
GUARANTEED MINIMUM PAYMENT	\$56,115	GUARANTEED MINIMUM PAYMENT	\$70,000
Other:		Other:	
1. Wash Bay Provided LEASE GUARANTEED	3% of Gross CAPITAL IMPROVEMENTS \$25,000	1. Wash Bay Provided LEASE GUARANTEED	3% of Gross CAPITAL IMPROVEMENTS \$25,000
1. Terminal Building		1. Terminal Building (to be completed by 5/31/09)	
2. Self-Service Fuel Farm	\$113,431 to \$171,508*	2. Self-Service Fuel Farm (to be completed by 5/31/09)	At least \$50,000 in new equipment (with escrow)
3. Terminal Security System	\$15,000	3. Terminal Security System (to be completed by 5/31/09)	At least \$15,000
TOTAL	\$153,431 to \$211,508	TOTAL	At least \$90,000

*These numbers are County projections if the County were to construct the fuel farm