

A G E N D A
FINANCE COMMITTEE
DECEMBER 11, 2008

- 1) The Committee requested Marilyn VanDyke, of the Warren County Historical Society, to provide a status report on the Warren County History book.
- 2) Request for Transfer of Funds attached for committee approval. Supervisory committee approval has been obtained as necessary.
- 3) **Referral from the Community College Committee:**
J. Lawrence Paltrowitz, Esq., Bartlett, Pontiff, Stewart and Rhodes, P.C. has requested permission to address the Committee regarding the agreement between the Board of Trustees and the Faculty Association of Adirondack Community College.
- 4) **Referrals from the County Treasurer:**
 - A) 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. *Please note: This was the second lowest proposal submitted and the Treasurer's Office has requested to contract with Maximus because they have developed an excellent working relationship with them over the past six years and are very pleased with the work that they performed.*
 - B) Requesting a new contract with Bonadio & Co., LLP for the 2008-2010 Annual Single Audit, for a lump sum amount as follows: three year contract: 2009 - \$41,000; 2010 - \$43,000; and 2011 - \$45,000. *Please note: The lowest proposal submitted by Richard H. Dinolfo, CPA was rejected because he lacked the required Single Audit experience.*
 - C) Closing Capital Project No. H148.9550 280-Landfill Contract to Debt Service.
- 5) **Referral from the Criminal Justice Committee:**
Public Defender:
Request for Transfer of Funds from A.1990 469-Contingent Fund to various codes in the amount of \$37,542 due to the addition of the 5th Assistant Public defender on July 1, 2008 and extraordinary expenses, specifically psychiatric evaluation on a client.
- 6) **Referrals from the Health Services Committee:**
Countryside Adult Home:
 - A) Amending the 2008 County budget to increase estimated appropriations in the amount of \$98,000 and revenues in the amount of \$49,000, leaving a shortfall of \$49,000 due to the use of Per Diem nurses. Requesting a Transfer of Funds from A.1990 469-Contingent Fund in the amount of \$49,000 to cover the shortfall.

Westmount Health Facility:

- B)** Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$79,000 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 \$68,935 to reflect actual Indirect Cost Allocation.
- D)** Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$48,000 to reflect receipt of Medicaid 2006/2007 Financially Disadvantaged Program.

Health Services:

- E)** Amending the 2008 County budget to decrease estimated revenues and appropriations in the amount of \$3,000 due to reduction in referrals to the Physically Handicapped Programs.
- F)** Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$17,370 to reflect receipt of 34% of salary expense for the position of Clinical and Fiscal Informatics Coordinator from State Aid.
- G)** Amending the 2008 County budget to decrease estimated revenues and appropriations in the amount of \$17,500 to reflect the expense affiliated with the Early Intervention Coordinator position.
- H)** Amending the 2008 County budget to increase appropriations in the amount of \$74,573 and revenues in the amount of \$58,080 for the Early Intervention Program costs, resulting in a shortfall of \$16,493. Requesting a Transfer of Funds from A.1990 469-Contingent Fund in the amount of \$9,150 and authorizing the Treasurer to transfer \$7,343 from Unappropriated General Fund Surplus to cover the shortfall.

7) Referrals from the Human Services Committee:

Employment & Training:

- A)** Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$47,875 to reflect receipt of Federal grant funds.

Office for the Aging:

- B)** Request for Transfer of Funds from A.1990 469-Contingent Fund to various codes in the amount of \$58,000 due to increased costs in variable expenses, combined with the increase in numbers served.

- C) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$7,025 to include Program Year 3 (10/01/08-9/30/09) funds to cover claimed expenses for Hamilton County.
- D) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$10,000 to increase IIIC Hamilton County budget due to an increase in travel and food costs.

**8) Referrals from the Planning and Community Development Committee:
Planning and Community Development:**

- A) Establishing Capital Project No. H295.9550 280 - Countywide Broadband Study, in the amount of \$30,000, with the source of funding to be A.8021 470 - Planning and Community Development Contract.
- B) Establishing Capital Project No. H292.9550 280- FWHC- Making the Connection, in the amount of \$525,000 to administer grant award under the LWRP program. The source of funding shall be \$505,000 from grants from local governments (H2703) and an interfund transfer (H5031 to A.8029 470) in the amount of \$20,000.

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

- A) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$53,364 to reflect receipt of insurance recoveries.
- B) Requesting 2008 revenues to be used as revenues in 2009 in the amount of \$12,876 to allow remaining grant funds to be utilized in 2009 for future LETPP grant projects.

**10) Referrals from the Public Works Committee:
DPW:**

- A) Amending the NYSDOT grant for the Queensbury Avenue Improvement Project in the amount of \$55,000 to include Supplemental Master Agreement No. 4 for additional Marchiselli funding.
- B) Amending the NYSDOT grant for the Tannery Road Bridge Replacement in the amount of \$26,520 to include Supplemental Master Agreement No. 3 for the Engineering Phase.
- C) Increasing Capital Project No. H258.9550 280- Tannery Road Bridge Replacement in the amount of \$45,216 to include Supplemental Agreement No. 3, with the source of funding to be as follows: \$21,216 Federal share; \$1,000 State Marchiselli funds and \$23,000 to be transferred from A.9950 910-Transfers-Capital Projects.

- D)** Amending the NYSDOT grant for the Grist Mill Bridge in the amount of \$19,380 to include Supplemental Master Agreement No. 3 for the Engineering Phase.
- E)** Increasing Capital Project No. H259.9550 280- Grist Mill Bridge Replacement in the amount of \$26,504 to include Supplemental Agreement No. 3, with the source of funding to be as follows: \$15,504 Federal share and \$11,000 to be transferred from A.9950 910-Transfers-Capital Projects.
- F)** Amending the NYSDOT grant for the Starbuckville and Chester Creek Bridges in the amount of \$38,100 to include Supplemental Master Agreement No. 5 in order for the County to seek final reimbursement from NYSDOT.
- G)** Amending the NYSDOT grant for the Corinth Road/Main Street/Broad Street project in the amount of \$257,869 to include Supplemental Agreement No. 3 which adds approved Marchiselli Funds to the Preliminary Engineering and Right-of-Way phases of the project.
- H)** Increasing Capital Project No. H199.9550 280- Corinth Road/Main Street/Broad Street in the amount of \$257,869 to include State Grant Marchiselli Funds, with the source of funding to be transferred from A.9950 910-Transfers-Capital Projects.
- I)** Increasing Capital Project No. H277.9550 280- Beach Road Reconstruction in the amount of \$70,000 with the source of funding to be transferred from A.9950 910-Transfers-Capital Projects.
- J)** Increasing Capital Project No. H260.9550 280- Alder Brook Road Bridge Replacement in the amount of \$4,300 with the source of funding to be transferred from A.9950 910-Transfers-Capital Projects.
- K)** Increasing Capital Project No. H166.9550 280- LG Basin Sewer Project in the amount of \$135,000 with the source of funding to be transferred from A.9950 910-Transfers-Capital Projects.
- L)** Establishing Capital Project No. H293.9550 280-County Center Electrical Panel Replacement in the amount of \$120,000 for the permanent repair of the Municipal Center main electrical panel, with the source of funding to be transferred from A.9950 910-Transfers-Capital Projects.
- M)** Rescinding Resolution No. 205 of 2008, which authorized a bond resolution for bridge reconstruction, repainting and rehabilitation, at a cost not to exceed \$250,000.
- N)** Closing Capital Project No. H285.9550 280- Bridge Maintenance Projects-2008.

- O) Closing Capital Project No. H149.9550 . 280- Burt Murray Bridge Replacement and transferring remaining funds (approximately \$155,000) to Bridge Replacement/Repair Reserve.
 - P) Establishing Capital Project No. H294.9550 280- Peaceful Valley Road Bridge Rehabilitation in the amount of \$429,000, with the source of funding to be as follows: \$232,000 to be transferred from Bridge Replacement/Repair Reserve; \$15,000 to be transferred from D.5110 465 Road and Bridge Materials; \$130,000 to be transferred from D.5110 470 Contract; and \$52,000 to be transferred from A.9950 910- Transfers-Capital Projects.
- 11) Referrals from the Social Services Committee:**
- A) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$180,000 to reflect receipt of State reimbursement.
 - B) Amending the 2008 County budget to increase and decrease estimated revenues and appropriations in the amount of \$51,000 to balance the budget.
- 12) Referrals from the Support Services Committee:**
- Board of Elections:**
- A) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$1,045 to reflect receipt of grant funds from HAVA Voter Education & Poll Worker Training grant contract.
 - B) Amending the 2008 County budget to increase estimated revenues and appropriations in the amount \$293,750 to identify voting systems purchased through OGS and SBOE on behalf of Warren County Board of Elections.
- 13) Referrals from the Tourism Committee:**
- Amending the 2008 County budget to increase estimated revenues and appropriations in the amount of \$10 to reflect revenues received for the 2008 Consumer Show Brochure Distribution.
- 14)** Ratifying the actions of the District Manager of the Soil & Water Conservation District in the signing of the agreement with Vision Engineering, LLC. in relation to the new office building.
- 15)** Ratifying the actions of the Chairman of the Board of Supervisors for the execution of Change Order No. 1 for the foundation portion of the project for the new Soil & Water office building for an amount not to exceed \$365.
- 16)** Chairman Monroe has requested permission to address the Committee to report on the lease of office space for Judge-elect Muller.

- 17)** Paul Dusek, County Attorney, has requested permission to address the Committee regarding the following:
 - A)** Request for an executive session to discuss pharmaceutical litigation.
 - B)** Request for an executive session to discuss another matter in litigation.
- 18)** Finance Committee action is required on the following items, if approved by the Personnel Committee: Item Nos. 1A and 2C.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Real Property
Name of Department

SIGNED:  **DATE:** December 4, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1355 110	Salary	A.1355 120	Overtime	\$ 250.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: To cover cost of overtime used on a Grant Project

***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: Administrative & Fiscal Services
Name of Department

SIGNED:  DATE: 12/5/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1670 422	R & M Equip	A.1670 120	Salaries-Overtime	20.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: Insufficient appropriation.

*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:

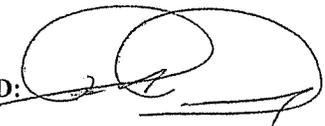
Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: PAUL B. DUSEK, ESQ. LAW - COUNTY ATTORNEY
Name of Department

SIGNED: 

DATE: 12/5/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A1420 440	LEGAL/TRANSCRIPT FEES	A1420 120	SALARIES - OVERTIME	\$418.00

Please state reason for transfers requested: **TO COVER OVERTIME - NOT BUDGETED**

*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: Mental Health
Name of Department

SIGNED: *Robert J. J. [Signature]* **DATE:** 12/4/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4310.110	Salaries-Regular	A.4310.130	Salaries-Part Time	\$2,680.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: Move funds from Salaries-Regular A.4310.110 (Assistant Director) to Salary - Part Time (A.4310.130)

*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: IT
Name of Department

SIGNED: Robert J. [Signature] DATE: 12/8/2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A1680 110	Salaries-Regular	A1680 120	Overtime	\$3,500.
A1680 110	Salaries Regular	A1681 120	Overtime	\$4,500

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: Moving DSS to CNA building

*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: Robert F. Iusi, Jr., Director of Probation
Name of Department

SIGNED:



DATE: 11-19-08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3140.130	Salaries Part-Time	A.3140.423	Telephone	\$900.00
A.3140.130	Salaries Part-Time	A.3140.442	Automotive-Gas&Oil	\$500.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

To cover telephone and gasoline expenses for the remainder of the year.

***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: Warren County Public Defender's Office

SIGNED:  **DATE:** 12/3/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1171.220	Office Equipment	A.1171.426	Subscriptions	\$563.00

The funds will be used to pay the balance due for our October Invoice for Thompson West.

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: Kati Hogen DATE: 12/1/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1165 210	Furniture/Furnishings	A.1165 440	legal/transcript	\$ 798.00
A.1165 220	Office Equipment	A.1165 440	fees legal/transcript	\$ 178.00
A.1165 250	Technical Equipment	A.1165 440	fees legal/transcript	\$ 63.00

Please state reason for transfers requested:

400 Codes 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:

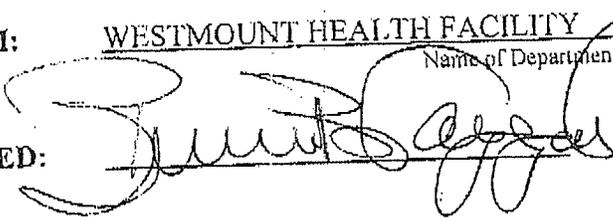
Please file original request with Clerk of the Board and retain copy for your records.

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: December 8, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73300.500 110	Westmount, Physical Therapy, Aides, Orderlies, Assistants, Salaries - Regular	EF.73300.500 120	Westmount, Physical Therapy, Aides, Orderlies, Assistants, Salaries - Overtime	11.00

Please state reason for transfers requested: over expended salary account

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:

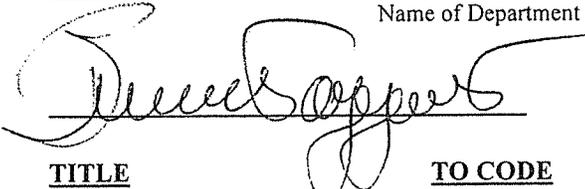
Please file original request with Clerk of the Board and retain copy for your records.

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: December 5, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60100.600 130	Westmount, Nursing Administration, Clerical & Other Adm Wages Salaries – Part Time	EF.60100.600 110	Westmount, Nursing Administration, Clerical & Other Admin Wages Salaries-Reg	11,649
EF.60200.500 130	Westmount, Nursing – Nurses’ Station, Aides, Salaries – Part Time	EF.60200.500 110	Westmount, Nursing – Nurses’ Station, Aides, Salaries - Regular	18,720
EF.72600.400 130	Westmount, Activities Program, LPN & Act Dir Wages, Salaries – Part Time	EF.72600.400 110	Westmount, Activities Program, LPN & Act Dir Wages, Salaries - Regular	28,068
EF.82100.700 120	Westmount, Dietary Services, FSH, Salaries – Over Time	EF.82100.700 110	Westmount, Dietary Services, FSH, Salaries - Regular	1,500
EF.82400.100 110	Westmount, House Keeping Services, Man & Supervisor, Salaries - Regular	EF.82400.700 110	Westmount, House Keeping Services, FSH HK LL Maint, Salaries - Regular	2,000
EF.82500.700 130	Westmount, Laundry & Linen Services, FSH HK LL Maint, Salaries – Part Time	EF.82500.700 110	Westmount, Laundry & Linen Serv, FSH HK LL Maint, Salaries - Regular	11,853
EF.73300.500 110	Westmount, Physical Therapy Services, Services, Assistants, Salaries - Regular	EF.82500.100 110	Westmount, Laundry & Linen Serv, Managers& Supervisors, Salaries - Regular	2,000
EF.73300.500 110	Westmount, Physical Therapy Services, Assistants, Salaries – Regular	EF.60200.300 120	Westmount, Nursing Nurses’ Station, Registered Nurses, Salaries – OT	1,000
EF.82100.200 120	Westmount, Dietary Services, Cooks, Salaries – OT	EF.60100.600 120	Westmount, Nursing Administration, Clerical & Other Admin, Salaries – OT	500

Please state reason for transfers requested: over expended Salary account

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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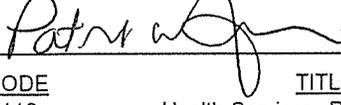
Please state reason for transfer request:

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

SIGNED: 

DATE: 12/5/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4010.110	Health Services -Regular Salaries	A.4010.120	Health Services-CHHA Overtime Salaries	\$36,000.00
A.4010.130	Health Services-Part Time Salaries	A.4010.120	Health Services-CHHA Overtime Salaries	\$10,000.00
A.4013.410	WIC -Supplies Expense	A.4013.120	WIC Program-Overtime Salaries	\$2,250.00
A.4016.130	Long Term Care-Part Time Salaries	A.4016.120	Long Term Care Program-Overtime Salaries	\$3,000.00
A.4018.130	Preventive Program - Part Time Salaries	A.4018.120	Preventive Program-Overtime Salaries	\$400.00
A.4018.0020.120	Prev Pgrm-Family Health-Overtime Salaries	A.4018.0020.130	Prev.Pgrm-Family Health-Part Time Salaries	\$37.00
A.4018.0030.130	Disease Control-Part Time Salaries	A.4018.0030.120	Disease Control-Overtime Salaries	\$150.00
A.4018.0030.130	Disease Control-Part Time Salaries	A.4018.0030.110	Disease Control-Regular Salaries	\$350.00
A.4018.0040.120	Health Education Overtime Salaries	A.4018.0040.130	Health Education-Part Time Salary	\$250.00
A.4018.0040.120	Health Education Overtime Salaries	A.4054.110	Phy. Hand. Pgm-Preschool Prgm-Regular Salary	\$550.00
A.4018.0040.120	Health Education Overtime Salaries	A.4054.120	Phy. Hand. Pgm-Preschool Prgm-Overtime Expense	\$171.00
A.4054.0060.110	Phys. Handicp.Child-Early Intervention-Regular Salaries	A.4054.0060.120	Phys. Handicp.Child-Early Intervention-Overtime Salaries	\$1,000.00
A.4010.110	Health Services-Regular Salaries	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$7,000.00
A.4010.428	Health Services-Data Processing	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$10,000.00
A.4018.0020.110	Family Health -Regular Salary	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$2,500.00
A.4018.0020.120	Family Health -Overtime Salary	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$1,500.00
A.4018.0020.441	Family Health-Auto Repairs	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$2,000.00
A.4018.0030.130	Disease Control-Part Time Salaries	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$14,000.00
A.4018.0040.120	Health Education Overtime Salaries	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$729.00
A.4046.435	Phys. Handicapped Pgrms-Medical Fees	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$2,998.00
A.4054.0060.110	Phys. Handicp.Child-Early Intervention-Regular Salaries	A.4054.0060.444	Early Intervention Pgrm-Education Expense	\$5,700.00
A.4010.110	Health Services-Regular Salaries	A.4010.140	Health Services -Sick Leave Incentive	\$400.00
A.4010.110	Health Services-Regular Salaries	A.4018.140	Preventive Program-Sick Leave Incentive	\$400.00
Total Transfers				<u>\$101,385.00</u>

Please state reason for transfers requested:

1. Transfer funds for CHHA to cover estimated overtime salary expense to year end.
2. Transfer funds for WIC to cover estimated overtime salary expense to year end.
3. Transfer of funds for Long Term Care to cover estimated overtime salary expense to year end.
4. Transfer of funds for Preventive Program to cover estimated overtime salary expense to year end.
5. Transfer of funds for Family Health Program to cover part time salary expense to year end.
6. Transfer of funds for Disease Program to cover estimated regular and overtime salary expense to year end.
7. Transfer of funds from Health Education Program to cover Part time salary expense to year end.
8. Transfer funds from Health Education to cover estimated Preschool Prgm Regular and Overtime salary expenses.
9. Transfer of funds from Early Intervention to cover estimated overtime salary expense to year end.
10. Transfer of funds to the Early Intervention Program to offset estimated education expense to year end.

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			
Total				

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: 12/2/08

<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 130	WIA Youth Salaries-Part Time	\$ 2,921
40 6293.0310 220	WIA Youth-Office Equipment	40 6293.0327 110	WIA Youth Salaries-Regular	\$ 3,000
40 6293.0300 120	WIA Adult-Salaries-Overtime	40 6293.0300 110	WIA Adult Office Equipment	\$ 1,000

Please state reason for transfers requested:
To align budget with actual charges

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: Office for the Aging

SIGNED: _____ DATE: _____

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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A.6785 220 POE-W-	Office Equip	A.6785 422 POE-W-	Repair/Maint-Equip	\$1,000
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Please state reason for transfers requested: Funds were allocated to purchase laptops. However, on the original quote, the above portion covered a protection plan that should be coded as 422 as it is not equipment but maintenance.

CONTINGENT FUNDS TRANSFER REQUEST

<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:

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: Office for the Aging

SIGNED: _____ DATE: _____

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6988 110 OFA HIICAP Salaries Reg		A.6778 110 CSE(W) Salaries Regular		\$ 3,871
A.6988 110 OFA HIICAP Salaries Reg		A.6780 110 CSE (H) Salaries Reg		\$ 2,509
A.6988 110 OFA HIICAP Salaries Reg		A.6783 110 HEAP Salaries Regular		\$ 1,635

Please state reason for transfers requested: Salaries will go over-budget in remainder of 2008

CONTINGENT FUNDS TRANSFER REQUEST

<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:

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: Office for the Aging

SIGNED: _____ DATE: _____

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6774 130	SNAP Salaries Part- time	A.6774 110	SNAP Salaries Regular	\$11,391
A.6793 470	WRAP Contract	A.6793 110	WRAP Salaries Regular	\$ 1,683
A.6795 470	Title IIIIE Contract	A.6795 110	Title IIIIE Salaries Regular	\$ 2,531

Please state reason for transfers requested: Salaries over-budget

CONTINGENT FUNDS TRANSFER REQUEST

<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:

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: 12-04-08

SIGNED: _____

REQUEST FOR TRANSFER OF FUNDS

From Code	From Title	To Code	To Title	Amount
A.3110 110	Salaries-regular	A.3110 130	Salaries-part time	\$35,000
A.3110 250	Technical Equipment	A.3110 415	Electricity	\$12,500
A.3150 140	Salaries-Sick Leave incentive	A.3110 415	Electricity	\$6,400
A.3150 110	Salaries-regular	A.3150 120	Salaries-Overtime	\$32,500
A.3150 140	Salaries-Sick Leave incentive	A.3150 120	Salaries-Overtime	\$10,400
A.3150 110	Salaries-regular	A.3150 130	Salaries-part time	\$95,000
A.3110 422	Repair/Maint-Equipment	A.3150 435	Medical	\$15,957
A.3020 422	Repair/Maint-Equipment	A.3150 435	Medical	\$14,856
A.3020 439	Misc Fees & Expenses	A.3150 435	Medical	\$2,000
A.3020 453	Uniforms & Clothing	A.3150 435	Medical	\$8,000
A.3110 413	Repair & Maint-Bldg/Property	A.3150 435	Medical	\$18,087
A.3020 110	Salaries-Regular	A.3020 120	Salaries-Overtime	\$20,000
A.3020 423	Telephone	A.3020 140	Salaries-Sick Leave incentive	\$600

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

DEPARTMENT NAME: Sheriff's Office

DATE: 12-10-08

SIGNED: _____

REQUEST FOR TRANSFER OF FUNDS

From Code	From Title	To Code	To Title	Amount
A.3110 110	Salaries-regular	A.3110 120	Salaries-Overtime	\$7,000
A.3110 110	Salaries-regular	A.3110 415	Electricity	\$17,000
A.3110 110	Salaries-regular	A.3110 442	Automotive-Gas & Oil	\$44,000
A.3110 110	Salaries-regular	A.3150 120	Salaries-Overtime	\$15,000
A.3110 110	Salaries-regular	A.3020 120	Salaries-Overtime	\$2,500

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: Public Works
Name of Department

SIGNED: *William E. Long* **DATE:** 11/26/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.7111 120	Up Yonda Farm-Salaries-Overtime	A.7111 110	Up Yonda Farm-Salaries-Regular	\$24000.00
D.5110 110	County Road-Maintenance of Roads- Salaries-Regular	D.5110 120	County Road-Maintenance of Roads- Salaries-Overtime	\$5000.00
D.5148 110	County Road-Services to Other Govts. Salaries-Regular	D.5148 120	County Road-Services to Other Govts. Salaries-Overtime	\$14000.00
D.9060 860	County Road-Hospitalization- Hospitalization	D.5142 110	County Roads-Snow Removal-County Salaries-Regular	\$25,000.00
DM9060 860	Road Machinery-Machinery Hospitalization	DM5130 441	Road Machinery-Machinery Auto-Supplies & Repair	\$10,000.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: To cover end of year and actual expenses

***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			

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: 12/3/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 6417 130	SALARIES/PART-TIME	A.6417 110	SALARIES/REGULAR	\$1,326.00
A. 6417 130	SALARIES/PART-TIME	A.6417.424	POSTAGE	\$ 779.00

Please state reason for transfers requested: Money is not needed in .130; due to retirement of previous Principal Account Clerk, and the additional monies due her at that time, we are short in .110. The balance in .130 is needed in Postage, since this line was cut at budget time in 2007.

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: Planning & Community Development
Name of Department

SIGNED:



DATE: 12-09-08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.8021 444	Planning- Mileage/Conf.	A.8021 120	Planning- Salaries-Overtime	\$900.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

Insufficient Funds

*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: Richard F. Kelly, Personnel Officer Civil Service
Name of Department

SIGNED:

DATE: 12/5/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1430.426	Subscriptions	A.1430.120	Salaries-Overtime	\$565
A.1430.427	Memberships&Dues	A.1430.120	" "	\$151
A.1430.428	Data Processing	A.1430.120	" "	\$115
A.1430.435	Medical Fees	A.1430.120	" "	\$783
A.1430.436	Advertising	A.1430.120	" "	\$402
A.1430.444	Travel	A.1430.120	" "	\$675

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.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			

Please state reason for transfer request:

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

WARREN COUNTY TREASURER

FRANCIS X. O'KEEFE
County Treasurer

MEMO

ROBERT V. LYNCH II
Deputy Treasurer

TO: Finance Committee
FROM: Frank O'Keefe
DATE: November 25, 2008
SUBJECT: Indirect Cost Analysis

We have elected to select the second lowest proposal for indirect cost analysis which is only \$200.00 more per year for the 3 year contract than the lowest proposal. We would like to retain Maximus because we have developed an excellent working relationship with them over the past six years and are very pleased with the work that they perform. They are a nationally recognized firm with a tremendous amount of resources available to them.

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. 3

Request for New Contract

DEPARTMENT NAME: Treasurer

DATE:

- (a) Is this a Result of a Bid or Request for Proposal? RFP - WC 106-08. We are rejecting the lowest proposal of Richard H. Dinolfo, CPA because he lacked the required Single Audit experience. We are awarding the contract to the second lowest bidder meeting the specifications.
- (b) Purpose of Contract: 2008-2010 Annual Single Audit
- (c) Name of Contractor: Bonadio & Co., LLP
- (d) Address of Contractor: 6 Wembley Court, Albany, NY 12205
- (e) Contractor's Contact Person and Telephone Number: Alan Walther, 464-4080
- (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 3 year contract: 2009 - \$41,000, 2010 - \$43,000, 2011 - \$45,000. 3 year contract extension: 2012 - \$48,000, 2013 - \$52,000, 2014 - \$56,000.
 - 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, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.1325 470 County Treasurer - Contract \$41,000 (2009).

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: Treasurer

DATE: November 26, 2008

- (a) Exact Title and Number of Project*: H148 - Landfill Contract
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable):
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: To close capital project to Debt Service

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Warren County Public Defender's Office
Name of Department

SIGNED:  DATE: 11/24/2008

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.1171	Code 110 Salaries-Regular: \$32,171 Code 410 Supplies: \$1,828 Code 423 Telephone: \$280 Code 424 Postage: \$350 Code 421 Subscriptions: \$816 Code 440 Transcripts: \$400 <i>Legal/Transcript fees</i> Code 444 Travel/Ed/Conf: \$791 Code 437 Consulting: \$906 Total: \$37,542 <i>fees</i>	

Please state reason for transfer request: Addition of 5th Assistant Public Defender on 7/1/2008 an extraordinary expenses, specifically psychiatric evaluation on Michael Flint.

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: Countryside Adult Home

DATE: December 5, 2008

(a) Purpose of Amendment: to increase apporiation and Revenue

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

Increase:

A 6030 110	Salaries – Regular	\$ 70,000.00
A 6030 830	Social Security	5,000.00
A 6030 831	Medicare Contributions	2,000.00
A 6030 860	Hospitalization	21,000.00

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

Increase:

A3630	Adult Care Priv. Fac.	\$ 49,000.00
	Local Share	\$49,000.00

*Shortfall of \$49,000. to be paid from Contingent Fund Transfer.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Countryside Adult Home
Name of Department

SIGNED: DATE: December 8, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.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-	A6030 110	Salaries - Regular	\$49,000.00
	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. 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: December 5, 2008

- (a) Purpose of Amendment: To amend 2008 Various Salary Appropriations with HCRA R&R Grant funds.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
EF.60200.100 120 Westmount, Nursing Nurses' Station, Management & Supervision, Salaries over time - \$15,000.00.
EF.60200.400 110 Westmount, Nursing Nurses' Station, LPN, Salaries regular - \$10,000.00.
EF.60200.400 120 Westmount, Nursing Nurses' Station, LPN, Salaries over time - \$10,000.00.
EF.60200.500 110 Westmount, Nursing Nurses' Station, Aides, Salaries regular - \$10,000.00.
EF.60200.500 120 Nursing Nurses' Station, Aides, Salaries over time - \$8,000.00.
EF.82100.700 110 Westmount, Dietary Services, FSH, Salaries regular - \$11,000.00.
EF.83110.600 110 Westmount, Fiscal Services, Clerical & Other Adm wages, Salaries regular - \$6,000.00.
EF.83110.600 120 Westmount, Fiscal Services, Clerical & Other Adm wages, Salaries over time - \$9,000.00.
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$79,000.00.

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: WESTMOUNT HEALTH FACILITY

DATE: December 5, 2008

- (a) Purpose of Amendment: To amend 2008 Appropriations and Revenue regarding actual Indirect Cost Allocation.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.83500.9105 469 Westmount, Administrative Services, Other Direct Cost/Indirect Cost, Other Payments/Contributions \$ 68,935.00.

- (c) Revenue Code (with title), and Amount: EF.517702 2705 Westmount, Operation Transfers, Gift & Donations \$ 68,935.00.

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: December 5, 2008

- (a) Purpose of Amendment: To amend 2008 Appropriations and Revenue due to Medicaid 2006/07 Financially Disadvantaged Program.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
EF.83110.8302 469 Westmount, Fiscal Services Office, Pymnts/Contrib - NYS
Assessment \$ 48,000.00.

- (c) Revenue Code (with title), and Amount: EF.302002 3023 Westmount, Medicaid
Care Revenue \$ 48,000.00.

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: Warren County Health Services-Preventive Program

DATE: December 5, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect the decrease in both revenue and expenses not anticipated for 2008 due to reduction in referrals to program within the year.

(b) Appropriation Code (with title), Object Code (with title) and Amount: **Phys. Handicapped Programs-Medical Fees** A.4046.435 \$ 3,000.00

(c) Revenue Code (with title), and Amount: **Phys. Handicapped Programs-Handicapped Children Revenue** A.4046.3446 \$3,000.00

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: Warren County Health Services-Preventive Program

DATE: December 5, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect the approval of the Clinical and Fiscal Informatics Coordinator from Resolution 29 of 2008. Expected Revenues from State Aid at 34% of salary expense (\$51,091).

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

(c) **Preventive Program-Regular Salary** A.4018.110 \$46,000

(d) **Health Services-Regular Salary** A.4010.110 (\$28,630.00)

(e) Revenue Code (with title), and Amount: **Preventive Program-Community Health Assessment Revenue** A.4018.3404 \$17,370.

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-Preventive Program

DATE: December 5, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect the estimated revenue and expense affiliated with the EI Coordinator position which started later in the year.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
Early Intervention –Part Time Salary . A.4054.0060.130 (\$17,500.00)

(f) Revenue Code (with title), and Amount: **Preventive Program-Community Health Assessment Revenue** A.4054.0060.3278 (\$17,500.00)

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: Warren County Health Services

DATE: December 5, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect expenditures and revenues related to the mandated program of the Early Intervention Programs. Revenues reflect the 48% reimbursement rate allowed for this program from the state. Expenses have been offset by some transfers on FORM 10 (Request for Transfer of Funds).

(b) Appropriation Code (with title), Object Code (with title) and Amount: **Early Intervention Program-Education** A.4054.0060.444 \$74,573.

(c) Revenue Code (with title), and Amount: **Early Intervention Program Revenue** A.4054.0060.3278 \$58,080.00.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: HEALTH SERVICES

Name of Department

SIGNED:

DATE: December 8, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.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.4054.0060.444	Early Intervention Program - Education	\$9,150.00

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

DEPARTMENT NAME: Employment and Training

DATE: 12/2/08

- (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
12/2/08**

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	\$39,002 <i>\$47,875</i>
<u>Appropriations:</u>			
	<u>Code</u>	<u>Title</u>	<u>Amount</u>
	40 6293.0301 110	WIA Adult Supp- Salaries-regular	\$ 5,341
	40 6293.0301 433	WIA Adult Supp – Training-Client	\$ 6,000
	40 6293.0305 110	WIA DW - Salaries-regular	\$24,895
	40 6293.0310 110	WIA Youth - Salaries-regular	\$ 8,873
	40 6293.0313 110	Workforce Inv. Act.-Salaries-regular	\$ 2,766

2. Request budget transfers of federal WIA funds (see attached)
3. Request resolution authorizing appointments to the Workforce Investment Board (WIB)

<u>Name</u>	<u>Representing</u>	<u>Term</u>
Michael Regan	Business sector-Keena Staffing	12/19/08-6/30/11
Debra Meier	Business sector-Tribune Media	12/19/08-6/30/10
Scott Martel	Organized Labor-United Assoc. of Plumbers and Steamfitters Local 773	12/19/08-6/30/11

4. Performance standards for the 3 –county workforce area
5. Pending items

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

REQUEST FOR TRANSFER OF FUNDS

TO: Joan Sady, Clerk, Warren County Board of Supervisors
FROM: Office for the Aging

SIGNED: _____ DATE: _____

<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 FUNDS TRANSFER REQUEST

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A1990-439	Contingent Fund	A6773-432	IIC-War- Special Project Supply	\$ 3,000
A1990-439	Contingent Fund	A6773-444	IIC-War- Travel/Edu/Conf	\$15,000
A1990-439	Contingent Fund	A6773-445	IIC-War- Foods	\$ 30,000
A1990-439	Contingent Fund	A6774-432	SNAP-Special Project Supply	\$ 1,000
A1990-439	Contingent Fund	A6774-444	SNAP- Travel/Edu/Conf	\$2,100
A1990-439	Contingent Fund	A6774-445	SNAP- Foods	\$ 6,900

Please state reason for transfers requested:

The increased costs in many of our variable expenses, combined with the increase in numbers served, left us short in the budget categories above.

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: **Office for the Aging**

DATE: **December 2, 2008**

- (a) Purpose of Amendment: To include Program Year 3 (10/1/08- 9/30/09) funds in the 2008 budget to cover claimed expenses for Hamilton County
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.6786 470 General, OFA-Point of Entry-Hamilton – Contract \$ 7, 025
- (c) Revenue Code (with title), and Amount: A.6786 3786 General, OFA-Point of Entry-Hamilton - OFA-Point of Entry-Hamilton \$ 7,025

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: **December 2, 2008**

- (a) Purpose of Amendment: To increase IIC Hamilton Cty. budget due to an increase in travel and food costs- \$10,000.00
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A6771 445 General, Nutri. For Elderly-Ham.Co. – Foods \$8,500
A6771 444 General, Nutri. For Elderly-Ham.Co. - Travel/Edu/Conf \$1,500
- (c) Revenue Code (with title), and Amount: **A6771 2071** General, Nutri. For Elderly-Ham.Co. - Hamilton Co. Share III C \$10,000

RESOLUTION REQUEST FORM NO. 8

*Request to Establish 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: Warren County Planning and Community Development Department

DATE: December 5, 2008

(a) Exact Title and Number of Project (**must be obtained from Treasurer's Office**): Countywide Broadband Study H295.9550-280

(b) Is this a Capital Project?
yes, note resolution 442-2008 authorizing interfund transfer

(c) Is this a Capital Reserve Project?
No

(d) Amount of Project:
\$30,000

(e) Source of Funding (including name & title of codes, etc.)-
Appropriations Planning and Community Contract A.8021 470 to project

(f) Purpose of Establishment:

Study of countywide broadband.

RESOLUTION REQUEST FORM NO. 8

Request to Establish 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: Planning and Community Development

DATE: 1 Dec 2008

- (a) Exact Title and Number of Project* (**must be obtained from Treasurer's Office**): FWHC-Making the Connection, H292 9550 280
Please specify whether this is a Capital Project or a Capital Reserve Project.
- (b) Amount of Project: \$525,000
- (c) Source of Funding (include name & title of codes, ,etc.)H2703 Grants from local governments \$505,000; H5031 Interfund transfer 8029.470 - \$20,000
- (d) Purpose of Establishment: Administer grant award under LWRP program

Notes:

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: 12-04-08

(a) Purpose of Amendment: To move money received from revenues - insurance recoveries to appropriations.

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

A.3110 413	Repair & Maint-Bldg/Property	\$18,987
A.3110 422	Repair/Maint-Equipment	\$19,521
A.3020 422	Repair/Maint-Equipment	\$14,856

(c) Revenue Code (with title), and Amount: Insurance Recoveries A.3110 2680, \$38,508 and Insurance Recoveries A.3020 2680, \$14,856

Warren County Sheriff's Office

1400 State Route 9
Lake George, New York 12845
(518) 743-2500

Nathan H. York
Warren County Sheriff

Chief Deputy Shane L. Ross
Division Commander
Administrative Services Division



Undersheriff Robert E. Swan
Division Commander
Law Enforcement Division

Captain Michael T. Gates
Division Commander
Correction Division

December 4th, 2008

Warren County Board of Supervisors
Public Safety Committee

Dear Supervisors,

The Warren County Sheriff's Office in 2007-2008 was awarded \$54,000 via the Law Enforcement Terrorism Prevention Program. The grant contract period runs from 07-01-2007 to 06-30-2010. (Reso. # 95-2008).

The majority of this money was used in 2008, with reimbursement made to Warren County by New York State. Remaining grant fund available from this grant total \$12,876.

I request \$12,876 be moved from 2008 revenues to be used as revenues in 2009. This will allow these remaining grant funds to be utilized in 2009 for future LETPP grant projects.

Sincerely,

A handwritten signature in black ink, appearing to read "N. York", written over a horizontal line.

Nathan H. York
Sheriff

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: DPW

DATE: 12/2/08

- (a) Purpose of Grant Amendment: Supplemental Master Agreement #4 for Queensbury Ave Improvement Project
- (b) Resolution No. which Authorized Original Application and Grant: 250 of 2001
- (c) Name of Grantor: NYSDOT
- (d) Address of Grantor: 328 State St, Schenectady NY, 12305
- (e) Grantor's Contact Person and Telephone Number: Karen Williams, 388-0438
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? Yes
- (g) Effective Date of Amendment or Extension: Upon Execution
- (h) Termination Date of Amendment or Extension: 12/31/09
- (i) Total Dollar Amount Involved (not to exceed): *add \$55,000.00*

Supplemental adds \$55,000 in Marchiselli funding. All other funding is unchanged..

- (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? No If yes, also 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: H 212 9550 280

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: DPW

DATE: 12/2/08

- (a) Purpose of Grant Amendment: Supplemental Master Agreement #3 for Tannery Rd Bridge Engineering Phase
- (b) Resolution No. which Authorized Original Application and Grant: 73 of 2006
- (c) Name of Grantor: NYSDOT
- (d) Address of Grantor: 328 State St, Schenectady NY, 12305
- (e) Grantor's Contact Person and Telephone Number: Karen Williams, 388-0438
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? Yes
- (g) Effective Date of Amendment or Extension: Upon Execution
- (h) Termination Date of Amendment or Extension: Upon Completion
- (i) Total Dollar Amount Involved (not to exceed): *add \$26,520.00*

A Supplemental Agreement has been requested for additional Engineering Phase work. Grant is 80% Federal share. The Total dollar amount includes:

Federal Share (80%) of \$21,216.00

State Marchiselli Funds of \$1,000.00

Local Share \$4,304.00 (No added Local Share needed)

No additional Marchiselli is currently available, however, Marchiselli is anticipated to cover 15% of the project cost.

- (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? Yes If yes, also 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: Tannery Rd Bridge H258 9550 280

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: 12-2-08

- (a) Exact Title and Number of Project*: Tannery Rd Bridge Replacement H258 9550
280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$45,216
- (e) Amount of Decrease (if applicable): NA
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
Supplemental Agreement #3 - \$21,216 Fed Share (80% of \$26,520)
\$1,000 Marchiselli Funds
A.9950 910 - Transfers - Capital Projects - \$23,000 Local Share
Total - \$45,216
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Supplemental Agreement # 3
and end of year transfer from A9950 910

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: DPW

DATE: 12/2/08

- (a) Purpose of Grant Amendment: Supplemental Master Agreement #3 for Grist Mill Bridge Engineering Phase
- (b) Resolution No. which Authorized Original Application and Grant: 74 of 2006
- (c) Name of Grantor: NYSDOT
- (d) Address of Grantor: 328 State St, Schenectady NY, 12305
- (e) Grantor's Contact Person and Telephone Number: Karen Williams, 388-0438
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? Yes
- (g) Effective Date of Amendment or Extension: Upon Execution
- (h) Termination Date of Amendment or Extension: Upon Completion
- (i) Total Dollar Amount Involved (not to exceed): *add \$19,380.00*

A Supplemental Agreement has been requested for additional Engineering Phase work. Grant is 80% Federal share. No additional Marchiselli is currently available, however, Marchiselli is anticipated to cover 15% of the project cost.

- (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? Yes If yes, also 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: Grist Mill Bridge H259 9550

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: 12-2-08

- (a) Exact Title and Number of Project*: Grist Mill Bridge Replacement H259 9550
280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$26,504
- (e) Amount of Decrease (if applicable): NA
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):

Supplemental Agreement #3 -	\$15,504 Fed Share(80% of \$19,380)
A.9950 910 - Transfers - Capital Projects -	\$11,000 Local Share
Total	- \$26,504
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Supplemental Agreement # 3
and end of year transfer from A9950 910

RESOLUTION REQUEST FORM NO. 6***Request to Amend or Extend Existing Grant***

DEPARTMENT NAME: DPW

DATE: 11/14/08

- (a) Purpose of Grant Amendment: Supplemental Master Agreement #5 for Starbuckville and Chester Creek Bridges
- (b) Resolution No. which Authorized Original Application and Grant: 238 of 2000
- (c) Name of Grantor: NYSDOT
- (d) Address of Grantor: 328 State St, Schenectady NY, 12305
- (e) Grantor's Contact Person and Telephone Number: Karen Williams, 388-0438
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? Yes
- (g) Effective Date of Amendment or Extension: Upon Execution
- (h) Termination Date of Amendment or Extension: 12/31/09
- (i) Total Dollar Amount Involved (not to exceed): *add \$38,100.00*

Funds have been Paid out to contractor and consultant, Supplemental need for County to seek final reimbursement from NYSDOT.

- (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? No If yes, also 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

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: DPW

DATE: 11/14/08

- (a) Purpose of Grant Amendment: Supplemental Agreement # 3 for Corinth Road/Main Street/Broad Street
- (b) Resolution No. which Authorized Original Application and Grant: 273 of 2000
- (c) Name of Grantor: NYSDOT
- (d) Address of Grantor: 328 State St, Schenectady NY, 12305
- (e) Grantor's Contact Person and Telephone Number: Karen Williams, 388-0438
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? Yes
- (g) Effective Date of Amendment or Extension: Upon Execution
- (h) Termination Date of Amendment or Extension: 12/31/10
- (i) Total Dollar Amount Involved (not to exceed): *add \$257,869.00 (All Marchiselli)*

This Supplemental adds approved Marchiselli Funds to the Preliminary Engineering and Right-of-Way phases of the project. No other funding needed at this time.

- (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? **Yes** If yes, also 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: Corinth Road/Main Street/Broad Street **H 199.9550.280**

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: 12/04/08

(a) Exact Title and Number of Project*: Corinth Road/Main Street/Broad Street
H 199.9550 280

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): *\$257,869.00*
Federal Funds - \$0 No Change
State Funds - \$257,869.00 (All Marchiselli)
Local Funds - \$0 (No added Local share needed)

(e) Amount of Decrease (if applicable): NA

(f) Source of Funding (if Increase) (including name & title of codes, etc.):
A.9950 910 - Transfers - Capital Projects

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: State Grant Marchiselli Funds

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: 12-2-08

- (a) Exact Title and Number of Project*: Beach Rd Reconstruction H277 9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$70,000
- (e) Amount of Decrease (if applicable): NA
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
A.9950 910 - Transfers - Capital Projects - \$70,000 Local Share
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: End of year transfer from
A9950 910

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: 12-2-08

- (a) Exact Title and Number of Project*: Alder Brook Rd Bridge Replacement H260
9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$4,300
- (e) Amount of Decrease (if applicable): NA
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
A.9950 910 - Transfers - Capital Projects - \$4,300 Local Share
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: End of year transfer from
A9950 910

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: 12-2-08

LG BASIN

- (a) Exact Title and Number of Project*: ~~Large~~ Sewer Project H166 9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$135,000
- (e) Amount of Decrease (if applicable): NA
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
 - A.9950 910 - Transfers - Capital Projects - \$110,000 Sewer Local Share
 - A.9950 910 - Transfers - Capital Projects - \$25,000 Stormwater Local Share
 - Total - \$135,000
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: End of year transfer from A9950 910

RESOLUTION REQUEST FORM NO. 8

Request to Establish 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: 12-2-08

- (a) Exact Title **and** Number of Project (**must be obtained from Treasurer's Office**): County Center Electrical Panel Replacement - H293.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Project: \$120,000
- (e) Source of Funding (including name & title of codes, etc.): Transfers - Capital Projects A9950 910
- (f) Purpose of Establishment: Permanent repair of the Municipal Center Main Electrical Panel.

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: DPW

DATE: DECEMBER 9, 2008

- (a) Purpose of Request: Rescinding Res. No. 205 of 2008, Which Authorized A Bond Resolution For Bridge Reconstruction, Repainting and Rehailitation At A Cost Not to Exceed \$250,000.

- (b) Details:

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 205 OF 2008

Resolution introduced by Supervisors Stec, Belden, O'Connor, Bentley, Tessier, Champagne, VanNess, Kenny and Merlino

BOND RESOLUTION DATED MARCH 21, 2008

A RESOLUTION AUTHORIZING THE RECONSTRUCTION, REPAINTING AND REHABILITATION OF THREE BRIDGES IN WARREN COUNTY AT A MAXIMUM ESTIMATED COST OF \$250,000 AND AUTHORIZING THE ISSUANCE OF \$250,000 SERIAL BONDS OF SAID COUNTY TO PAY THE COST THEREOF - DEPARTMENT OF PUBLIC WORKS

BE IT RESOLVED, by the affirmative vote of not less than two-thirds of the total voting strength of the Board of Supervisors of the County of Warren, New York, as follows:

Section 1. The reconstruction and rehabilitation of the Peaceful Valley Road/Baker Brook bridge at a maximum estimated cost of \$150,000 and the repainting and rehabilitation of the Hudson Street/Mill Creek bridge at a maximum estimated cost of \$50,000 and the Heath Road/Mill Creek bridge at a maximum estimated cost of \$50,000, for a total aggregate maximum estimated cost for all three bridges of \$250,000, is hereby authorized. To provide funds to defray the costs thereof, \$250,000 of general obligation serial bonds of the County of Warren shall be issued pursuant to the provisions of the Local Finance Law.

Section 2. The plan for the financing of the class of objects or purposes specified in Section 1 hereof is by the issuance of \$250,000 serial bonds of the County of Warren pursuant to the provisions of the Local Finance Law allocated to

RESOLUTION NO. 205 OF 20 08

Page 2, Continued

each such object or purpose in accordance with the maximum estimated cost specified in Section 1 hereof.

Section 3. It is hereby determined that the period of probable usefulness of the reconstruction and rehabilitation of the Peaceful Valley Road/Baker Brook bridge at the cost of \$150,000 is 20 years and the repainting and rehabilitation of the Hudson Street/Mill Creek bridge and the Heath Road/Mill Creek bridge is 5 years, pursuant to subdivision 11 of paragraph a of Section 11.00 of the Local Finance Law.

Section 4. The proposed action is a Type II action under the State Environmental Quality Review Act and therefore not subject to review thereunder.

Section 5. The faith and credit of said County of Warren, New York, are hereby irrevocable pledged for the payment of the principal of and interest on such bonds as the same respectively become due and payable. An annual appropriation shall be made in each year sufficient to pay the principal of and interest on such serial bonds becoming due and payable in such year. There shall annually be levied on all the taxable real property of said County, a tax sufficient to pay the principal of and interest on such bonds as the same become due and payable.

Section 6. Subject to the provisions of the Local Finance Law, the power to authorize the issuance of and to sell bond anticipation notes in anticipation of the issuance and sale of the bonds herein authorized, including renewals of such notes,

RESOLUTION NO. 205 OF 20 08

Page 3, Continued

is hereby delegated to the County Treasurer, the chief fiscal officer. Such notes shall be of such terms, form and contents, and shall be sold in such manner, as may be prescribed by said County Treasurer, consistent with the provisions of the Local Finance Law.

Section 7. All other matters except as provided herein relating to the serial bonds herein authorized including the date, denominations, maturities and interest payment dates, within the limitations prescribed herein and the manner of execution of the same, including the consolidation with other issues, and also the ability to issue serial bonds with substantially level or declining annual debt service, shall be determined by the County Treasurer, the chief fiscal officer of such County. Such serial bonds shall contain substantially the recital of validity clause provided for in Section 52.00 of the Local Finance Law, and shall otherwise be in such form and contain such recitals, in addition to those required by Section 51.00 of the Local Finance Law, as the County Treasurer shall determine consistent with the provisions of the Local Finance Law.

Section 8. The validity of such bonds and bond anticipation notes may be contested only if:

- 1) Such obligations are authorized for an object or purpose for which said County is not authorized to expend money; or

RESOLUTION NO. 205 OF 20 08

Page 4, *Continued*

- 2) The provisions of law which should be complied with at the date of publication of this resolution are not substantially complied with, and an action, suit or proceeding contesting such validity is commenced within twenty days after the date of such publication; or
- 3) Such obligations are authorized in violation of the provisions of the Constitution.

Section 9. This resolution shall constitute a statement of official intent for purposes of Treasury Regulations Section 1.150-2. Other than as specified in this resolution, no monies are, or are reasonably expected to be, reserved, allocated on a long-term basis, or otherwise set aside with respect to the permanent funding of the object or purpose described herein.

Section 10. This resolution, which takes effect immediately, shall be published in summary form in the official newspaper of such County, together with a notice of the Clerk of the Board of Supervisors in substantially the form provided in Section 81.00 of the Local Finance Law.

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: DPW

DATE: DECEMBER 9, 2008

- (a) Purpose of Request: To Close Capital Project No. H285.9550 280 - Bridge Maintenance Projects - 2008

- (b) Details:

- (c) Previous Resolution Number: Res. 280 of 2008

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 280 OF 2008

Resolution introduced by Supervisors Stec, Belden, O'Connor, Bentley, Tessier, Champagne, VanNess, Kenny and Merlino

ESTABLISHING CAPITAL PROJECT NO. H286.9550 280 - BRIDGE MAINTENANCE PROJECTS - 2008; AMENDING WARREN COUNTY BUDGET FOR 2008 - DEPARTMENT OF PUBLIC WORKS

RESOLVED, that the Board of Supervisors of the County of Warren does hereby establish Capital Project No. H286.9550 280 - Bridge Maintenance Projects - 2008 - as follows:

1. Capital Project No. H286.9550 280 - Bridge Maintenance Projects - 2008 - is hereby established.
2. The estimated cost for such Capital Project is the amount of Two Hundred Fifty Thousand Dollars (\$250,000).
3. The proposed method of financing such Capital Project consists of the following:
 - a. The sum of Two Hundred Fifty Thousand Dollars (\$250,000) shall be provided by the issuance of Serial Bonds (authorized by Resolution No. 205 of 2008),

and be it further

RESOLVED, that the Warren County Treasurer be, and hereby is, authorized and directed to deposit funds in the amount of Two Hundred Fifty Thousand Dollars (\$250,000) from the issuance of Serial Bonds into Capital Project No. H286.9550 280 - Bridge Maintenance Projects - 2008, and be it further

RESOLVED, that the Warren County budget for 2008 is hereby amended accordingly.

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: 12-2-08

- (a) Exact Title and Number of Project*: Burt Murray Bridge Replacement H149
9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable):
- (e) Amount of Decrease (if applicable): Project Close - Transfer remaining funds
(approx \$155,000) to Bridge Replacement/Repair Reserve
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Project Closeout

RESOLUTION REQUEST FORM NO. 8

Request to Establish 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: 12-3-08

- (a) Exact Title and Number of Project (must be obtained from Treasurer's Office): Peaceful Valley Rd Bridge Rehabilitation - H294.9550 280

- (b) Is this a Capital Project? Yes

- (c) Is this a Capital Reserve Project?

- (d) Amount of Project: \$429,000

- (e) Source of Funding (including name & title of codes, etc.):
 - \$232,000 - Bridge Replacement/Repair Reserve
 - \$ 15,000 - D.5110.465 Road and Bridge Materials
 - \$130,000 - D.5110.470 Contract
 - \$ 52,000 - A.9950 910 Transfers - Capital Projects (Stormwater & Airport)

- (f) Purpose of Establishment: Rehabilitation of the Peaceful Valley Rd Bridge over Baker Brook, Town of Johnsburg.

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:

DATE: December 5, 2008

- (a) Purpose of Amendment: To increase Appropriations and Revenues
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
- | | | |
|------------|-----------------------------|--------------|
| A.6101 470 | Medical Assistance-Contract | \$ 80,000.00 |
| A.6055 470 | Daycare - Contract | \$100,000.00 |
- (c) Revenue Code (with title), and Amount:
- | | | |
|--------|----------------------|--------------|
| A.3601 | Medical Assistance | \$ 40,000.00 |
| A.4601 | Medical Assistance | \$ 40,000.00 |
| A.3655 | Daycare-Soc. Service | \$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: Social Services

DATE: December 5, 2008

(a) Purpose of Amendment: To Transferr funds

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

Decrease:

A.6119 470	Child Care - Contract	(\$102,000.00)
------------	-----------------------	----------------

Increase:

A.6140 470	Home Relief – Contract	+ 50,000.00
------------	------------------------	-------------

A.6142 470	Emergency Aid to Adults	+ 1,000.00
------------	-------------------------	------------

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

Decrease:

A4619	Foster Care	(51,000.00)
-------	-------------	-------------

A3619	Child Care	(25,500.00)
-------	------------	-------------

Local Share		(25,500.00)
-------------	--	-------------

Increase:

A3640	Home Relief	+25,000.00
-------	-------------	------------

A3642	Emergency Aid to Adults	+ 500.00
-------	-------------------------	----------

Local Share		+25,500.00
-------------	--	------------

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: Board of Elections

DATE: 11/12/2008

- (a) Purpose of Amendment: Amend both the Revenue & Appropriation sides of the budget for expenditures of grant money and reimbursement of grant money from HAVA Voter Education & Poll Worker Training Grant Contract #T002578

- (b) Appropriation Code (with title), Object Code (with title) and Amount: A.1450.439
Board of Elections - Misc. Fees & Expenses \$1,045.

- (c) Revenue Code (with title), and Amount: A.1450.4051 HHS Voter Education & Poll Worker Training Grant \$1,045.

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: BOARD OF ELECTIONS

DATE: 12-05-2008

- (a) Purpose of Amendment:
Identify voting systems purchased through OGS & SBOE
on behalf of Warren County Board of Elections
- (b) Appropriation Code, Object Code, Full Title and Amount:
A.1450-260 \$293,750.00
Other Equipment
- (c) Revenue Code (with title), and Amount:
A.1450-3049 \$293,750.00
Voting Machine Aid

*Please note all amount must be in whole dollars – no cents.

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: 12/3/08

- (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) \$10.00

- (c) Revenue Code (with title), and Amount: 1)A. 6417 2089 - Tourism Revenue \$10.00

006363 - CHANGE ORDER

ORDER NO. 1

DATE: December 2, 2008

CONTRACT FOR Warren County Soil & Water Conservation District Office Building Foundation

COUNTY Warren

STATE: New York

OWNER Warren County

To Frank & Derek Enterprises, Inc. dba Services Unlimited
(Contractor)

You are hereby requested to comply with the following changes from the contract plans and specifications:

Description of Changes (Supplemental Plans and Specifications Attached)	DECREASE in Contract Price	INCREASE in Contract Price
Supply and install (13) Simpson STHD14RJ embedded galvanized steel hold-down strap anchors as shown on revised Drawing F-2 dated 11/4/08.	\$	\$365.00
TOTAL	\$ _____	\$ <u>365.00</u>
NET CHANGE IN CONTRACT PRICE	\$ _____	<u>Plus \$365.00</u>

JUSTIFICATION:

Construction drawings provided by Modular Building Manufacturer after bid require hold-down anchors.

The amount of the Contract will be increased by the Sum of:

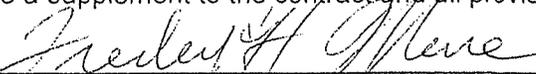
Three hundred and sixty five Dollars (\$ 365.00).
(words)

The Contract Total Including this and previous Change Orders will be:

Seventy thousand eight hundred sixty five Dollars (\$ 70,865.00).
(words)

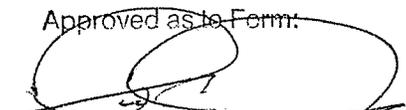
The Contract Period provided for completion will be Unchanged: 0 Days.

This document will become a supplement to the contract and all provisions will apply hereto.

Requested 
(Owner) Frederick H. Monroe, Chairman (Date)
Board of Supervisors

Recommended Daniel W. Ryan, P.E./VISION Engineering, LLC 12/2/08
(Owner's Architect/Engineer) (Date)

Accepted _____
(Contractor) (Date)

CHANGE ORDER 
Approved as to Form:
Warren County Attorney

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

1) Referrals from the Health Services Committee:

Health Services:

- A)** Creating the position of Per Diem Health Educator, base salary of \$34,178 prorated to the hourly rate of \$16.15, Grade 14, effective January 1, 2009, and deleting the position of Health Educator, 30 hours per week; thereby amending the Department's Table of Organization. *Please note: This position is 100% funded by the Emergency Preparedness grant.*

Westmount Health Facility:

- B)** Request for an employee to enroll in a job related course entitled "Principles of Chemistry" at Adirondack Community College from January 26, 2009 through May 8, 2009, at a cost of \$579.50.

2) Referrals from the Public Safety Committee:

Office of Emergency Services:

- A)** Request to fill the vacant position of Third Deputy Fire Coordinator, base salary of \$3,089, Employee No. 7011, due to promotion. The Notice of Intent to Fill Vacant Position is attached.

Sheriff & Communications:

- B)** Request to fill the vacant position of Correction Officer, base salary of \$32,400, Employee No. 9075, due to retirement. The Notice of Intent to Fill Vacant Position is attached.
- C)** Increasing the salary of Communication Officer, Employee No. 11531, from the 1st year salary step to the 5th year salary step of \$41,011 as per the Schedule A, Salary and Compensation Plan of the 2008 to 2011 Warren County Sheriff's Employees' Alliance agreement, effective January 1, 2009.

3) Referrals from the Real Property Tax Services Committee:

- A)** Request to fill the vacant position of Real Property Information Specialist, base salary of \$31,351, Grade 11, Employee No. 11420, due to termination. The Notice of Intent to Fill Vacant Position is attached.
- B)** Request to fill the vacant position of Real Property Clerk, base salary of \$24,059, Grade 4, Employee No. 11437, due to promotion. The Notice of Intent to Fill Vacant Position is attached.

4) Referral from the Department of Civil Service:

Request for Transfer of Funds in the amount of \$2,691 to cover the over-budget salary codes.

Warren County Historical Society
Progress Report on the New Warren County History Book
December 11, 2008

The new Warren County History Book is near completion. It will be the first book since the 1963 book edited by William Brown and will join the ranks of the Smith , Brown and WPA Guide books of the past.

The book consists of 16 chapters researched and written by 16 authors with varying backgrounds in Warren County. The book has been edited by Patrick Dowd with each chapter thoroughly reviewed for corrections and changes by the Publications Committee. Within the past two weeks each author has completed a final read for any necessary changes along with preparing an index for his or her chapter. In addition, the Donor List, Dedication, Foreword, author biographies, and acknowledgements have been completed. Pam Vogel and Tom Lynch from Warren County are reading the manuscript for historical accuracy. A title for the book will be chosen from nominations given to the Publications Committee.

Lisa Lehman of Lehman Graphic Arts has joined the project at Principal Designer of the book. She will dovetail the manuscript with illustrations, charts and graphs. She has been seeking proposals from book publishers. Under consideration is Donning Publishing, a well known firm in Williamsburg, Virginia. They are experts in the industry with volume production to their credit and have provided many samples of their work. A finite quote will be prepared for our decision as soon as the total pages for the book is determined.

A preliminary cost run projects a hardcover book with a sewn binding and a full-color dust cover jacket and 80 # paper for \$43,290 for 3000 copies. The book will have an estimated 450-500 pages.

Funding for publication has been raised from the following sources:

Individual Donations \$ 3,720. (ongoing)

Business/corporate donations 15,000 (pending)

Grants

 Senator Little \$10,000

 Representative Sayward 5,000

 Hill Collection – ACC 5,000

 Glens Falls Foundation 4,000

 Stephen Potter Fund 500.

Approximately \$ 28,000 has been raised to date. The \$15,000 balance needed will come from business/ corporate donations and advanced sales. It should be noted that Warren County has been an ongoing contributor to the project. The society is most grateful for their support.

As soon as the proposal is firmed up and a publishing contract signed, a prepublication sale will be mounted. Upon publication a fundraising boat cruise on Lake George and a publication party at Crandall Library are planned.

Warren County History Book Content

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Back of Title Page ©, LOC, ISBN

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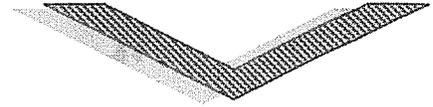
About the Authors

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VISION ENGINEERING, LLC

4 Glens Falls Technical Park, Box #3
Glens Falls, NY 12801
Phone: (518) 792-9264
Fax: (518) 792-9282



PROPOSAL FOR PROFESSIONAL SERVICES

October 1, 2008

Warren County Soil and Water Conservation District
51 Elm Street
Warrensburg, NY 12885

Re: Professional Engineering Services

To: Mr. Dave Wick

VISION Engineering, LLC is please to submit this proposal to provide professional engineering services for your upcoming project. Upon our initial site visit and recent discussions it is our understanding that your office requires engineering services for an office facility and pole barn to be constructed on Warren County lands in Warrensburg, New York on Schroom River Road. In particular, you need construction drawings, project specifications, and bid documents for the construction of a modular office building foundation, and structural review of the proposed pole barn. For your convenience we have outlined a Scope of Services for the project along with fees associated with this work.

Scope of Services

Engineering Services:

VISION will design and detail cast-in-place concrete foundation for Modular office building to be placed at project location. Design will be based on the requirements of the Building Code of New York State, and will include all necessary details and project specifications needed for the excavation, construction, and backfill for the foundation system.

VISION will provide assistance with bidding phase for foundation project, and will provide all Contract Documents required for public bidding purposes for Warren County including; Procurement and Contracting Requirements, General Requirements, and individual project Divisions for Concrete, Earthwork, and other sections required for foundation construction. VISION will attend one pre-bid meeting, and will review submitted bids and provide a recommendation for award to Warren County.

VISION will provide construction administration for project including submittal review and approval, and site observations and review of contractors work for conformance to plans and specifications.

VISION will be designated as *Special Inspector* for project and will perform duties outlined in Contract Documents for Special Inspection and Structural Testing Requirements in accordance with the Building Code of New York State. VISION will retain the services of a geotechnical engineer (when required) and a testing agency for inspection and testing services not completed by VISION.

(THIS DOCUMENT IS INTENDED TO BE A LEGALLY BINDING CONTRACT. PLEASE READ IT CAREFULLY)

The Client (named above) hereby requests limited professional engineering and design services to be performed for the above named project. Services will be limited to those outlined in this Agreement. Additional services can be provided at the request of the Client for an additional fee. All engineering and design services will be based on the latest edition of applicable codes and regulations in effect at the time the services are rendered.

Project Schedule and Costs

Schedule: In reviewing our current work load and available personnel, we can begin work within one week upon receipt of the signed Authorization to Proceed. Based on our past experience and the size of your project we anticipated that the project will take approximately two to three weeks to complete the Design Phase in the outlined Scope of Services.

Fee: We will invoice you monthly on a time and expense basis in accordance with Attachment "A" *Standard Hourly Rates and Reimbursable Expenses* of this Agreement.

Thank you for considering VISION Engineering, LLC for your Engineering needs. We look forward to providing support on your project and working with your team of professionals. If you would like us to proceed, please sign the Authorization to Proceed below and return an original signed copy to our office for our records. Please do not hesitate to call if you have any questions or require additional information.

Please note that VISION offers three major engineering disciplines, Structural, Civil and Environmental engineering services. As a multi-disciplined firm, VISION can provide you with the engineering expertise and experience needed for structures or sites confronted by technical and/or regulatory challenges. We would be happy to assist you with other upcoming projects that you may be planning, and can offer a general services contract to provide consulting engineering services at your request for the upcoming 2009 calendar year. If this would be of interest to you, please do not hesitate to contact me.

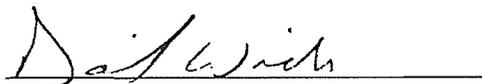
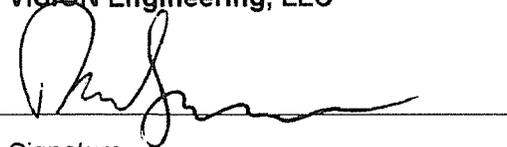
Authorization to Proceed

By signing this agreement, each signatory warrants that he has the authority to bind the party represented and your signature in the space provided indicates your understanding and acceptance of the Scope of Services, Project Schedule and Costs, Attachment "A" *Standard Hourly Rates and Reimbursable Expenses*, and Attachment "B" *Terms and Conditions* set forth herein.

Agreed to on October 1, 2008 by:

VISION Engineering, LLC

Client's Signature and Approval



Signature

Signature

DAVID RYAN

David Wick, District Manager

Print Name and Title

Print Name and Title



ATTACHEMENT "A"

Standard Hourly Rates and Reimbursable Expenses

1. Standard Hourly Rates

- a. VISION's current standard hourly rates are as follows (To be applied to additional services not outlined and for time-based projects and hourly services):

<u>Personnel</u>	<u>Hourly Rate</u>
Professional Engineer	\$100.00
Design Engineer	\$65.00
Field Inspector/Technician	\$55.00
CAD Operator/Drafting	\$45.00
Non-Technical /Clerical	\$30.00

- a. VISION'S hourly services will be computed in fifteen minute increments. Travel time for all projects will be charged as billable services. All time spent on project will be charged to Client including but not limited to design work, engineering, field work, drafting services, plotting, copying, time for email correspondence, telephone calls, scheduled and unscheduled project meetings, and etc.
- b. Hourly services performed or requested on weekends (Saturday or Sunday), or after 6:00 P.M. M-F will be billed at a rate of 1.5 x Standard Hourly Rate.

2. Reimbursable Expenses

Reimbursable expenses incurred by VISION for the project are in addition to the fees outlined and shall include the following: all project-related photography; long distance telephone calls; reproductions, printing, duplicating, binding, postage, shipping, and courier services; travel mileage and transportation fares to locations more than 5 miles one-way from the office; meals and lodging; premiums for special insurance requirements requested by the Client; sub-consultants or contractors, outside computer services or software, survey information; material testing and/or laboratory analysis.

- a. Reimbursable expenses will be invoiced monthly and include the actual cost of expenditures plus 10 percent.
- b. VISION will provide backup data for the reimbursable expenses if requested prior to billing, for an administrative fee of \$100 per invoice.
- c. Mileage will be charged at the IRS Standard Mileage Rate for Business Miles in affect at the time work is completed (2008 - \$0.585 per mile).
- d. Documents plotted or printed by VISION will be reimbursed at the following rates;
- \$5.00 each color 24"x36" drawing
 - \$3.00 each black-line 24"x36" drawing
 - \$2.50 each color 11"x17" drawing
 - \$1.50 each black-line 11"x17" drawing
 - \$0.08 each black & white 8 ½ x 11 copy or print
 - \$0.50 each color 8 ½ x 11 copy or print



ATTACHEMENT "B"

Terms and Conditions

1. Billing and Payment

- a. Invoices will be sent to Client on a monthly basis until project completion. Payment in full is expected upon receipt of each monthly invoice. All payments for invoices shall be received within (30) thirty calendar days from the date of the invoice.
- b. Any amount due not paid within ninety calendar days of invoice date, shall be subject to legal action, and Client agrees to compensate and/or reimburse VISION for any and all costs associated with acquiring payment in full, including, but not limited to, attorneys fees. VISION reserves the right to stop work on project if payment has not been received within sixty calendar days of invoice date.

3. Additional Services

- a. Services not indicated or which are subsequently requested, either verbally or in writing, will be considered additional services. The fee will be based upon either a mutually agreed fixed fee or on an hourly basis at rates in effect at the time the services are performed, plus reimbursable expenses as previously defined.
- b. If resolutions of Contractor errors or omissions requires additional time by VISION, this will be considered additional services. Authorization of changes to the plans during construction will also be designated as an additional service.
- c. For projects which are started but subsequently stopped or cancelled by Client, Client agrees to reimburse VISION for work completed and time spent on project. The fee will be based on an hourly basis at rates in effect at the time the services are performed and shall include the total hours spent on the project up to the time of cancellation.

4. Client's Responsibilities

Client shall make available to VISION all records and data pertinent to the project and will give all reasonable assistance to VISION in obtaining such additional information as may be required. Client shall provide access to and make all provisions for VISION to enter upon public and private lands as required by VISION to perform such work as surveys and observations in the development of the project.

5. Construction Phase

If the Client retains VISION for construction observations, VISION will visit the construction site after completion of work to be observed. Observations are to review the progress and quality of the executed work of the Contractor(s) which has been designed by VISION and to determine if such work is in general conformance with the Contract Documents and Specifications.

VISION shall not be responsible for construction site safety or the means, methods, techniques, sequences, or procedures of construction selected by the Contractor(s). Although VISION's efforts are directed toward providing some degree of confidence for the Client that the completed work of the Contractor(s) will conform to the Contract Documents, VISION cannot guarantee or be responsible for the failure of the Contractor(s) to perform the work in accordance with the Contract Documents. These site visits offer only limited opportunities to discover Contractor error, and they afford significantly less certainty about the Contractor's performance than full-time field representation.

If the Client does not retain VISION for construction observations, the Client understands that there may be misinterpretations of the Contract Documents and Specifications during construction which may lead to errors, delays, and possible subsequent damage. Inasmuch as the Client has elected to proceed with construction work without requesting construction review services by VISION, the Client agrees to indemnify and hold VISION harmless against any and all claims, damages, awards, and costs of defense, which may arise out of the acts of the Contractor performing work not in compliance with the intent of the Contract Documents.

Under no circumstances will VISION be responsible for the Contractors failure to perform the Work outlined in accordance with the requirements of the construction documents and specifications. VISION will not have control over or charge of, and will not be responsible for acts or omissions of the Contractor, Subcontractors, or their agents or employees, or any other persons or entities performing portions of any work.

6. Hazardous Materials

VISION shall have no responsibility for the discovery, presence, mitigation, or removal of any hazardous materials present at project sites.

7. Existing Conditions



Inasmuch as the construction of a premise or the rehabilitation of an existing building requires that certain assumptions be made regarding existing conditions, some of which may be concealed by existing materials or cannot be investigated by reasonable visual observations, and because some of these assumptions cannot be verified without expending great sums of additional money, or destroying otherwise adequate or serviceable portions of an existing building, the Client agrees that, except for negligence on the part of VISION, the Client will hold harmless and indemnify VISION for and against any and all claims, damages, awards, and costs of defense arising out of the professional services provided under this agreement pertaining to existing buildings or structure and other unknown conditions related to the project site.

8. Documents

- a. All documents produced by VISION under this agreement shall remain the property of VISION and may not be used by this Client, or provided by this Client to any third party, for any other endeavor (except the project location outlined in this agreement) without the written consent of VISION. Client will receive one original full set of documents for use on their project. Additional sets can be provided at the request of the Client for an additional charge. See Reimbursable Expenses section for additional information.
- b. VISION reserves the right to rescind any and all documents for failure of the Client to make payment under the terms of this agreement.

9. Allocation of Risk

Professional Standards

The only obligation of VISION and its employees is to meet normal professional standards in performing its obligations under this agreement. Apart from such obligation there is no representation, warranty, guarantee, or other obligation of VISION or its employees arising out of this proposal, its acceptance, the provisions of services, or the relationship between the parties in respect to any of them. The cumulative liability of VISION, its employees, and sub-consultants who worked on this project, for all types of damages incurred or suffered as a result of any breach of such obligation, howsoever arising, (including negligence) shall be limited in the aggregate to the total fee paid for services performed under this agreement.

If, due to VISION error, any required item or component of the project is omitted from VISION's construction documents, VISION shall not be responsible for paying the cost to add such item or component to the extent that such item or component would have been otherwise necessary to the project or otherwise adds value or betterment to the project. In no event will VISION be responsible for any cost or expense that provides betterment, upgrade, or enhancement of the project.

Indemnification

- a. The Client shall indemnify and hold harmless VISION and its employees, and any sub-consultants who worked on the project, from and against any and all claims, liabilities, damages, losses, costs and expenses (including reasonable attorneys' fees and cost of defense) arising out of or resulting from the performance of the services under this agreement, provided and to the extent that all such claims, liabilities, damages, losses, or expenses are caused by the negligent act, willful misconduct, or omission of the Client.
- b. VISION shall indemnify and hold harmless Client from and against any and all claims, liabilities, damages, losses, costs and expenses (including reasonable attorneys' fees) arising out of or resulting from the performance of the services under this agreement, provided and to the extent that all such claims, liabilities, damages, losses, or expenses are caused by the negligent act or omission of VISION or its employees..

10. Taxes

All taxes or fees on services applicable to this contract enacted by local, state, or federal government subsequent to the date of this contract and based on gross receipts or revenues will be added to amounts due under this contract, in accordance with any such fees or taxes.

11. Termination of Services

- a. This contract can be terminated by the Client upon receipt of a 3-day written notice. VISION will be paid in full for all services provided, project related time (including time spent on proposals), and reimbursements up to the date of termination.
- b. If, for no fault of VISION, services under this agreement are suspended for 30 days or more, Client will be charged a restart fee of \$250.00 as recognition of the additional time and effort required to re-familiarize employees or re-orient staff to the project.
- c. This contract can be terminated by VISION at any time and for any reason. Client will be notified in writing within ten business days of cancellation and will be reimbursed an amount equal to the deposit included with this agreement minus an hourly fee for time spent on the project and/or proposal, including services started up to the date of cancellation. Project related reimbursements will also be deducted. VISION shall reimburse Client not more than thirty business days from date of notice of cancellation.



12. Contract Disputes

- a. If a dispute arises out of or related to this agreement, or breach thereof, and if the said dispute cannot be settled through direct discussions, the parties agree to first endeavor to settle the dispute in an amicable manner by mediation using the Mediation Rules of the American Arbitration Association before seeking settlement in a judicial forum.
- b. Should any dispute arise concerning the rights, terms, or conditions of this agreement which cannot be settled in an amicable manner by mediation, then New York Law shall apply and the Venue for these purposes shall be in Warren County, New York.

13. Third-Party Exclusion

This agreement does not create any right or benefits for parties other than VISION and the Client.

14. Errors, Omissions, and Construction Coordination

The Client agrees to notify VISION immediately of any errors, omissions, or coordination issues which arise during construction of the premise and will instruct the Contractor to do the same. If VISION cannot be reached by phone then Client agrees to notify VISION in writing by US mail. Prior to construction the Client agrees to review with the Contractor all drawings, specifications, and documents pertaining to the design. Construction documents are inherently conceptual and may never be 100% complete or correct. It is important that the Client understand that construction documents are not intended to be a complete set of instructions on how to construct a building. Construction means, methods, techniques, sequences, procedures, and safety precautions are assigned as responsibilities of the Contractor to give the Contractor full latitude in preparing bids and carrying out the construction phase. If the Client or Contractor do not inform VISION of any errors, omissions, or coordination issues immediately for resolution, it will be considered a negligent act and willful misconduct of the Client.

15. This agreement contains the entire understanding of the parties with respect to the subject matter of the agreement, and it supersedes all prior understandings and agreements, whether written or verbal, and all prior dealings of the parties with respect to the subject matter hereof. This agreement may be amended only by an instrument in writing signed by both parties hereto.
16. Neither party may waive any of its rights or any obligation of the other party or any provision of this agreement except by an instrument in writing signed by that party. The failure of either party to enforce any right or obligation or any provision of this agreement in any instance shall not constitute a waiver thereof in that or any other instance.



**Boring Companies for WCSWCD Water Line
@ 394 Schroon River Road**

- Under Roadway (Countyhome Bridge Road)
- ~ Distance 70 feet
- Price for Machine and crew

<u>Company</u>	<u>Location</u>	<u>Phone</u>	<u>Days Rate</u>
Lash Contracting Inc. (Bob)	794 Watervliet-Shaker Road	Latham, NY 783-7832	\$6500
Precision Directional Drilling Inc.	PO Box 384	East Greenbush, NY 434-3743	No answer
Ed Garrow & Sons Inc.	982 Military Turnpike	Plattsburgh, NY 561-0740	\$4000
Bellamy & Sons Construction (Brian)	3769 Ridge Road	Scotia, NY 372-0784	\$4000
Cutting Edge LLC (Todd)	14 Walkup Cutoff	Queensbury, NY 798-4151	\$4000

Pole Barn Construction Quotes

To erect 24x42 Pole Barn as drawn by curtis lumber and ammended by Dan Ryan
Excavation of footers and concrete

NOTES : All were faxed a copy of the layout and materials list
*Material Supplied by owner

H.L. Fisk

Contact: Harley Fisk

\$ 12,600.00

5 Woodward Ave
Warrensburg, NY 12885
623-4576

S & R Construction

Contact: Steven Smith

\$ 19,775.00

308 Pine St.
Corinth, NY 12822
963-7811

Rozell East

Contact: John Mulligan

\$ 35,850.00

45 Casey Rd.
Queensbury, NY 12804
793-2634

CONTRACTOR AGREEMENT

THIS AGREEMENT made the 18th day of November, 2008 by and between Cutting Edge Group, LLC, hereinafter called the Contractor and Warren County Soil and Water Conservation District, hereinafter called the Owner.

Witnesseth, that the Contractor and the Owner for the considerations named agree as follows:

Article 1. Scope of the Work

The Contractor shall undertake the following task:

Directional boring and installation of 100 feet of a 1" copper water line under County Route 10 (County Home Bridge Road at the location specified in Attachment 1. All materials for this project are to be provided by owner. This contract is only for installation of the water line as specified above.

Article 2. Time of Completion

The work to be performed under this Contract shall be commenced on or before November 18, 2008 and shall be completed on or before November 21, 2008.

Article 3. Contract Price

The Owner shall pay the Contractor for the material and labor to be performed under the Contract the sum of Four thousand dollars (\$ 4,000), subject to additions and deductions pursuant to authorized change orders.

Article 4. Payments

Payments of the Contract Price shall be paid in the manner following: 100% payment within 30 days of project completion.

Article 5. General Provisions

Any alteration or deviation from the above specifications, including but not limited to any such alteration or deviation involving additional material and/or labor costs, will be executed only upon a written order for same, signed by Owner and Contractor, and if there is any charge for such alteration or deviation, the additional charge will be added to the contract price of this contract.

If payment is not made when due, Contractor may suspend work on the job until such time as all payments due have been made. Failure to make payment for a period in excess of 30 days from the due date of the payment shall be deemed a material breach of this contract.

In addition, the following provisions apply:

1. All work shall be completed in a workman-like manner and in compliance with all building codes and other applicable laws.
2. Contractor agrees to comply with all applicable provisions of NYS Labor Law, and pay appropriate Prevailing Wages as established by NYS Department of Labor.
3. To the extent required by law all work shall be performed by individuals duly licensed and authorized by law to perform said work.
4. Contractor must provide Certificate of Liability Insurance in the amount of \$1,000,000, naming Warren County as additionally insured.
5. Contractor may at its discretion engage subcontractors to perform work hereunder, provided Contractor shall fully pay said subcontractor and in all instances remain responsible for the proper completion of this Contract.
6. All change orders shall be in writing and signed both by Owner and Contractor, and shall be incorporated in, and become a part of the contract.
7. Contractor warrants it is adequately insured for injury to its employees and others incurring loss or injury as a result of the acts of Contractor or its employees or subcontractors.
8. Contractor shall at its own expense obtain all permits necessary for the work to be performed.
9. In the event Owner shall fail to pay any periodic or installment payment due hereunder, Contractor may cease work without breach pending payment or resolution of any dispute.
10. All disputes hereunder shall be resolved by binding arbitration in accordance with rules of the American Arbitration Association.
11. Contractor shall not be liable for any delay due to circumstances beyond its control including strikes, casualty or general unavailability of materials.
12. Contractor warrants all work for a period of 12 months following completion.

Article 6. Signatures

Signed:

David Wick 11/18/08
Owner Signature Date

Todd Paton 11/18/08
Contractor Signature Date

David Wick, District Mgr.
Printed Name and Title

Todd Paton Project Manager
Printed Name and Title

51 Elm Street
Warrensburg, NY 12885
Owner Address

Cutting Edge Group
14 Walkup Coloff Rd.
Lake George NY 12845
Company Name and Address

623-3119 623-3519
Phone Number Fax Number

(518)798-4151 (518)798-4152
Phone Number Fax Number

Directional Boring for SWCD water line

Schroon River Road 10

100' Boring for water Line under 48

County Home Bridge Rd. 48



CONTRACTOR AGREEMENT

THIS AGREEMENT made the 15th day of November, 2008 by and between HL Fisk GC, hereinafter called the Contractor and Warren County Soil and Water Conservation District, hereinafter called the Owner.

Witnesseth, that the Contractor and the Owner for the considerations named agree as follows:

Article 1. Scope of the Work

The Contractor shall furnish all of the materials and perform all of the work shown on the Drawings and/or described in the Specifications entitled Exhibit A (Pole Barn Construction), as annexed hereto as it pertains to work to be performed on property at 394 Schroon River Rd.

Article 2. Time of Completion

The work to be performed under this Contract shall be commenced on or before November 20, 2008 and shall be completed on or before January 1, 2009.

Article 3. The Contract Price

The Owner shall pay the Contractor for the material and labor to be performed under the Contract the sum of Twelve thousand and six hundred dollars (\$ 12,600), subject to additions and deductions pursuant to authorized change orders.

Article 4. Progress Payments

Payments of the Contract Price shall be paid in the manner following: 50% of payment @ 50% project completion, and remaining 50% payment at 100% completion of the project.

Article 5. General Provisions

Any alteration or deviation from the above specifications, including but not limited to any such alteration or deviation involving additional material and/or labor costs, will be executed only upon a written order for same, signed by Owner and Contractor, and if there is any charge for such alteration or deviation, the additional charge will be added to the contract price of this contract.

If payment is not made when due, Contractor may suspend work on the job until such time as all payments due have been made. Failure to make payment for a period in excess of 30 days from the due date of the payment shall be deemed a material breach of this contract.

In addition, the following general provisions apply:

1. All work shall be completed in a workman-like manner and in compliance with all building codes and other applicable laws.
2. The contractor shall furnish a plan and scale drawing showing the shape, size dimensions, and construction and equipment specifications, a description of the work to be done and description of the materials to be used and the equipment to be used or installed, and the agreed consideration for the work.
3. To the extent required by law all work shall be performed by individuals duly licensed and authorized by law to perform said work.
4. Contractor may at its discretion engage subcontractors to perform work hereunder, provided Contractor shall fully pay said subcontractor and in all instances remain responsible for the proper completion of this Contract.
5. Contractor shall furnish Owner appropriate releases or waivers of lien for all work performed or materials.
6. All change orders shall be in writing and signed both by Owner and Contractor, and shall be incorporated in, and become a part of the contract.
7. Contractor warrants it is adequately insured for injury to its employees and others incurring loss or injury as a result of the acts of Contractor or its employees or subcontractors.
8. Contractor shall at its own expense obtain all permits necessary for the work to be performed.
9. Contractor agrees to remove all debris and leave the premises in broom clean condition.
10. In the event Owner shall fail to pay any periodic or installment payment due hereunder, Contractor may cease work without breach pending payment or resolution of any dispute.
11. All disputes hereunder shall be resolved by binding arbitration in accordance with rules of the American Arbitration Association.
12. Contractor shall not be liable for any delay due to circumstances beyond its control including strikes, casualty or general unavailability of materials.
13. Contractor warrants all work for a period of 12 months following completion.

Article 6. Signatures

Signed:

David Wick 12/4/08
Owner Signature Date

David Wick, District Mgr.
Printed Name and Title

51 Elm Street
Warrensburg, NY 12885
Owner Address

623-3119 623-3519
Phone Number Fax Number

Harley Ford 12/4/08
Contractor Signature Date

Harley Ford 12/4/08
Printed Name and Title

5 Woodcamp Ave
Warrensburg NY
12885
Company Name and Address

760 0725 623 4546
Phone Number Fax Number