

A G E N D A
FINANCE COMMITTEE
APRIL 8, 2009

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

- 2) **Referrals from the Health Services Committee:**
Health Services:
 - A) Re-establishing petty cash fund for Health Services in the amount of \$200.
Westmount Health Facility:
 - B) Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$2,285 to reflect receipt of insurance recovery check for repair of parking lot light pole that was damaged on January 1, 2009.
 - C) Closing Capital Project No. H225.9550 280 Multi-Modal Day Care and adjusting expenditure to Abandoned Project Cost EF.84700.6950 280.

- 3) **Referrals from the Human Services Committee:**
Employment & Training:

Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$207,236, to reflect receipt of Federal grant funds.

- 4) **Referral from the Public Safety Committee:**
Sheriff & Communications:
 - A) Authorizing a transfer of funds in the amount of \$1,970 from the Contingent Fund (A.1990 469) to Sheriff's Law Enforcement - Misc. Fees & Expenses (A.3110 439) to settle a claim.
 - B) Authorizing a contract with New England Police Vehicle Leasing Corporation for the lease of two patrol motorcycles, for a term commencing May 1, 2009 and terminating April 30, 2010, for a one time payment of total lease in the amount of \$7,800, said funds to be expended from A.3110 421 Sheriff's Law Enforcement- Equipment Rental.

- 5) **Referrals from the Public Works Committee:**
DPW:
 - A) Establishing Capital Project No. H299.9550 280 - 2009 Bridge Rehabilitation Projects, in the amount of \$250,000, with the source of funding to be a serial bond, for the rehabilitation of various County bridges to include Heath Road Bridge, Dillon Hill Road Bridge, Padanarum Road Bridge, Hudson Street Bridge and Chatiemac Road Bridge.

- B) Amending the New York State Department of Transportation (NYSDOT) grant for the Padanarum Road Bridge, to include Supplemental Master Agreement #4, for a total amount not to exceed \$3,770.
 - C) Increasing Capital Project No. H257.9550 280 Padanarum Road Bridge in the amount of \$3,770, to reflect receipt of Federal and State funding as a result of Supplemental Master Agreement #4.
- 6) **Referral from the Tourism Committee:**
Amending the 2009 County budget to decrease estimated revenues and appropriations in the amount of \$44,264 to reflect a reduction in Matching Funds received from New York State.
- 7) Finance Committee action is required on the following items as approved by the Personnel Committee: Items 1A, 2, 3A, 3C and ~~4~~.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: *Warren Co. Assigned Counsel*
Name of Department

SIGNED: *J. Fountain* DATE: *3/23/09*

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|-------------------------------|----------------|-------------------------|----------------------------------|
| A.1170 440 | <i>Legal Fees/Transcripts</i> | A.1170 220 | <i>Office Equipment</i> | \$349.00 \$ 350.00 |

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

Please state reason for transfers requested: *my current printer is on its' last leg!*

*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: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: March 27, 2009

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|-------------------|--|-------------------|--|---------------|
| EF.82200.6101 413 | Westmount, Plant Operation & Maint. Repair & Maint PS DA Bldg, Property | EF.82200.5803 260 | Westmount, Plant Operation & Maintenance, Other Equipment | 179.00 |

Please state reason for transfers requested:

Purchase of Power Washer

CONTINGENT FUND TRANSFER REQUESTS

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|--------------|----------------|--------------|---------------|
|------------------|--------------|----------------|--------------|---------------|

Please state reason for transfer request:

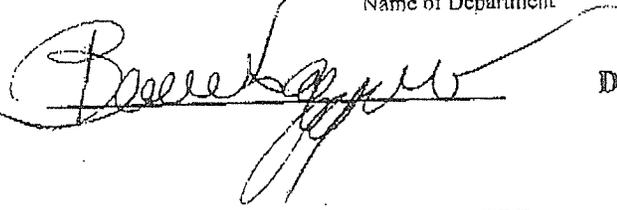
Please file original request with Clerk of the Board and retain copy for your records.

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: April 6, 2009

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|-------------------|---|-------------------|--|---------------|
| EF.82500.5906 410 | Westmount, Laundry & Linen Serv Supplies | EF.82500.5803 260 | Westmount, Laundry & Linen, Other Equipment | 415.00 |

Please state reason for transfers requested: One laundry scale for weighing of dry, clean laundry recommend Auditor.

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: FIRE PREVENTION & BUILDING CODE ENFORCEMENT
Name of Department

SIGNED:

DATE:

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|--------------|----------------|-------------------|---------------|
| A.3620 110 | SALARIES | A.3620 444 | TRAV./EDUC./CONF. | \$900.00 |

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

Please state reason for transfers requested: FUNDING FOR SEPTIC INSPECTION TRAINING AND THERE IS A LACK OF FUNDS IN CODE

*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.

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS
Name of Department

SIGNED: *William E. Lamy* DATE: 3/31/2009
 William E. Lamy
 Superintendent

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|----------------------|----------------|------------------------|---------------|
| D5112-8100 | Haviland Road | DM 5130.240 | Highway & Street Equip | \$32,127.00 |
| D5112-8107 | CR28-Corinth Road | DM 5130.240 | Highway & Street Equip | \$8,227.00 |
| D5112-8115 | CR41-North Bolton Rd | DM 5130.240 | Highway & Street Equip | \$4,646.00 |

Please state reason for transfers requested: Funds for purchase of shoulder machine

CONTINGENT FUND TRANSFER REQUESTS

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|--------------|----------------|--------------|---------------|
|------------------|--------------|----------------|--------------|---------------|

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. 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: Health Services

DATE: March 27, 2009

- (a) Purpose of Request: To re-establish a petty cash fund for Health Services in the amount of \$200.00
- (b) Details: Previously established fund of \$100.00 was discontinued due to not being used. Now more programs are sometimes in need of small amounts of money and petty cash fund would be more appropriate than having a county credit card for each occurrence
- (c) Previous Resolution Number: 637/2001; Exp A.210.00, Exp. A.200.00

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 FACILTIY

DATE: MARCH 27, 2009

- (a) Purpose of Amendment: To Amend 2009 Westmount, Plant Operation and Maintenance, Repair & Maint PS DA Bldg/Property Appropriation Code with Insurance Recoveries check received for repair of parking lot light pole damaged 1/1/09.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.82200.6101 413 Westmount Plant Operation and Maintenance, Repair & Maint PS DA Bldg/Property \$2,285.00.

- (c) Revenue Code (with title), and Amount: EF.901001 2680 Westmount, Insurance Recoveries \$2,285.00.

RESOLUTION REQUEST FORM NO. 9

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

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

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: March 27, 2009

- (a) Exact Title and Number of Project*: Multi-Modal Day Care Capital Project
H225.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):
- (e) Amount of Decrease (if applicable): \$15,918.74 to be adjusted to Abandoned
Project Cost EF.84700.6950 280.
- (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/Abandon Project.

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RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Employment and Training

DATE: 4/3/09

- (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
4/3/09**

1. Federal Stimulus program
 - a. Overview for the Workforce Investment Act (WIA) program
 - b. Strategies for adults and youth
2. Request resolution adding additional federal funds to county budget

| <u>Revenues:</u> | <u>Code</u> | <u>Title</u> | <u>Amount</u> |
|------------------|-------------------|------------------------|---------------|
| | 40 6293 0345.4791 | Federal Stimulus Adult | \$32,031 |
| | 40 6293 0346.4791 | Federal Stimulus DW | \$73,203 |
| | 40 6293 0347.4791 | Federal Stimulus Youth | \$81,278 |
| | 40 6293 0348.4791 | Federal Stimulus Admin | \$20,724 |

| <u>Appropriations:</u> | <u>Code</u> | <u>Title</u> | <u>Amount</u> |
|------------------------|------------------|---|---------------|
| | 40 6293 0345 433 | WIA Adult Stimulus – Training-Client | \$32,031 |
| | 40 6293 0346 433 | WIA DW Stimulus – Training-Client | \$73,203 |
| | 40 6293 0347 110 | WIA Youth Stimulus – Salaries-Regular | \$ 6,000 |
| | 40 6293 0347 130 | WIA Youth Stimulus – Salaries-Part Time | \$51,000 |
| | 40 6293 0347 470 | WIA Youth Stimulus – Contract | \$20,000 |
| | 40 6293 0347 830 | WIA Youth Stimulus – Social Security | \$ 4,278 |
| | 40 6293 0348 433 | WIA Admin Stimulus – Contract | \$20,724 |

3. Request permission to create a temporary staff position.(funded through federal WIA grant)
 - a. Purpose: Due to increased funding from the recovery act, we are being asked to have a large summer youth employment program this year, We hope to at least double the size of the program and will need an additional staff person to assist.
 - b. Job Title: Employment and Training Counselor
 - c. Annual rate: \$30,222 (this is a temp. position – total salary will be under. \$14,000.
 - d. Term of position: 4/20/09-9/30/09.
4. Request resolution amending resolution # 417 of 2008 to increase wage rate for youth work experience aides to \$7.25 /hr eff. 6/22/09 and for those with at least one post secondary academic semester to 8.75/hr. eff. 5/11/09.
5. Request permission to host meetings
 - a. Summer youth orientations est. 6/25, 6/26, 6/29, 6/30 – total not to exceed \$500.00
 - b. GED award ceremony – week of May 18th – Est. \$125.00
6. Other:
 - a. Center activity including Chambers of commerce/work united
 - b. Pending items

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

RESOLUTION REQUEST FORM NO. 10
Request for Transfer of Funds

DEPARTMENT NAME: Sheriff's Office

DATE: 03-24-09

SIGNED:  _____

REQUEST FOR TRANSFER OF FUNDS

| From Code | From Title | To Code | To Title | Amount |
|-----------|------------|---------|----------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Reason:

CONTINGENCY FUND TRANSFER REQUEST

| From Code | From Title | To Code | To Title | Amount |
|------------|-----------------|------------|-----------------------|---------|
| A.1990 439 | Contingent Fund | A.3110 439 | Misc. Fees & Expenses | \$1,970 |
| | | | | |
| | | | | |

Reason: Reso 247 of 2009

RESOLUTION REQUEST FORM NO. 3
Request for New Contract

DEPARTMENT NAME: **Sheriff's Office**

DATE: **04-04-09**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **Lease of two (2) patrol motorcycles**
- (c) Name of Contractor: **New England Police Vehicle Leasing Corp.**
- (d) Address of Contractor: **17 Lafayette Rd North Hampton, NH 03862**
- (e) Contact Person & Telephone No.: **Phil Miles 603-964-9959**
- (f) Has or will the Contract be provided, if so, please attach: **Lease attached**
- (g) Commencement Date of Contract: **May 1, 2009**
- (h) Termination Date of Contract: **April 30, 2010**
- (i) Payment Provisions: **\$7,800.00 One time payment of total lease**
- (j) Where are the Funds?: **A.3110-421 Sheriff's Law enforcement-Equipment Rental**

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: 3-31-09

- (a) Exact Title and Number of Project (must be obtained from Treasurer's Office): 2009 Bridge Rehabilitation Projects H299.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Project: \$250,000
- (e) Source of Funding (including name & title of codes, etc.):
\$250,000 - Bond
- (f) Purpose of Establishment: Rehabilitation of Various County Bridges to include: Heath Road Bridge, Dillon Hill Rd Bridge, Padanarum Rd Bridge, Hudson Street Bridge and Chatiemac Rd Bridge

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

DEPARTMENT NAME: DPW

DATE: 3/12/09

- (a) Purpose of Grant Amendment: Supplemental Master Agreement #4
- (b) Resolution No. which Authorized Original Application and Grant: 165 of 2007
- (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: NA
- (i) Total Dollar Amount Involved (not to exceed): add \$3,770.00
- (j) Is a Budget amendment required? no If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? Yes If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? Yes 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: Padanarum Rd Bridge H257.9550 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: 3/12/09

- (a) Exact Title and Number of Project*: Padanarum Rd Bridge - H257.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$3,770.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
 - \$3,016.00 Federal (80% of Total)
 - \$565.00 State Marchiselli (15% of Total)
 - \$188.50 Local Share (5% of Total already funded)
 - \$3770.00 Total
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Supplemental Agreement # 4 to finalize project close-out,

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: 4/1/09

- (a) Purpose of Amendment: to decrease revenues and appropriations to reflect a reduction in Matching Funds received from New York State.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: 1) A.6417 (Tourism); .470 (Contract) (\$40,549.00; 2) .424 (Postage) (\$3,715.00)

- (c) Revenue Code (with title), and Amount: 1)A. 6417 3715 - Tourism Promotion (\$22,132.00) 2)A.6417 1113 Tax-Hotel Room Occupancy (\$22,132.00)

A G E N D A
PERSONNEL COMMITTEE
APRIL 8, 2009

1) Referrals from the Human Services Committee:

Employment & Training:

- A) Creating the temporary position of Employment & Training Counselor. Grade 9, base salary of \$30,222, effective April 20, 2009 through September 30, 2009; thereby amending the Department's Table of Organization. *Please note: This position is 100% Federally funded through WIA (Workforce Investment Act) Grant funds.*
- B) Request to fill the vacant position of temporary Employment & Training Counselor, Grade 9, base salary of \$30,222, due to creation of the position. The Notice of Intent to Fill Vacant Position is attached.

Office for the Aging:

- C) Request to fill the vacant position of Point of Entry Coordinator, base salary of \$35,169, due to creation of the position at the March 11, 2009 Personnel Committee meeting. The Notice of Intent to Fill Vacant Position is attached.

2) Referral from the Public Safety Committee:

Sheriff & Communications:

Creating the position of a part-time Medicaid Fraud Investigator at an hourly rate of \$15.26; thereby amending the Department's Table of Organization.

3) Referrals from the Public Works Committee:

DPW:

- A) Creating the position of Confidential Assistant to DPW Superintendent, base salary of \$34,155; thereby amending the Department's Table of Organization.
- B) Request to fill the vacant position of Confidential Assistant to DPW Superintendent, base salary of \$34,155, due to creation of the position. The Notice of Intent to Fill Vacant Position is attached.
- C) Request to increase the base salary of the Deputy Superintendent/Administration of DPW from \$853 to \$2,500, effective June 1, 2009; thereby amending the Department's Table of Organization.
- D) Request to fill the vacant position of Deputy Superintendent/Administration of DPW, base salary of \$2,500, due to retirement. The Notice of Intent to Fill Vacant Position is attached.
- E) Request to fill the vacant position of Senior Account Clerk, base salary of \$28,041, due to promotion. The Notice of Intent to Fill Vacant Position is attached.

Parks Recreation & Railroad:

F) Referral from the March 27, 2009 Joint Finance/Public Works/County Facilities meeting to authorize the layoff of a Naturalist at Up Yonda Farm, base salary of \$33,558.

4) Referrals from the Social Services Committee:

A) Request to fill the vacant position of Preventive Services Caseworker, base salary of \$34,178, Employee No. 9282, due to retirement. The Notice of Intent to Fill Vacant Position is attached.

B) Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Employee No. 10163, due to retirement. The Notice of Intent to Fill Vacant Position is attached.

5) Referral from the Tourism Committee:

Request to increase the base salary of the Tourism Director from the former base salary of \$63,750 to the current base salary of \$67,695, a total increase of \$3,945, effective January 1, 2009; thereby amending the Department's Table of Organization.

6) Renewing the annual contract with NEC (National Employers Council, Inc.) People Systems, for a total amount of \$2,283.80, said funds to be expended from A.9050 469 Unemployment Insurance-Other Payments/Contributions.

7) Todd Lunt, Director of Human Resources, has requested permission to address the Committee regarding the EAP (Employee Assistance Program).

8) Chairman Monroe has requested permission to address the Committee regarding the reporting of cash flow projection information by departments as required by the Treasurer.