

A G E N D A
FINANCE COMMITTEE
SEPTEMBER 9, 2009

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

- 2) **Referrals from the County Treasurer:**
 - A) Requesting to write off \$3,681 balance owed on a delinquent payroll overpayment to a former employee.

 - B) Requesting a Transfer of Funds in the amount of \$3,681 to be transferred from A.1990 469- Contingent Fund to write off the balance owed on a delinquent payroll overpayment to a former employee.

- 3) **Referral from the Health Services:**
Health Services:
Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$60,000 to reflect receipt of a portion of the Bioterrorism Grant.

- 4) **Referrals from the Human Services Committee:**
Office for the Aging:
 - A) Request to amend the 2009 County budget to increase estimated revenues and appropriations in the amount of \$8,000 to reflect receipt of funds allocated by the New York State Office for the Aging (NYSOFA) for NY Connects (POE) for Hamilton County.

 - B) Request to amend the 2009 County budget to increase estimated revenues and appropriations in the amount of \$11,000 to reflect receipt of funds allocated by the NYSOFA for NY Connects (POE) for Warren County.

- 5) **Referral from the Public Safety Committee:**
Sheriff & Communications:
Request to amend the 2009 County budget to increase estimated revenues and appropriations in the amount of \$36,137 to reflect receipt of revenues from the 2007-2010 911 Reimbursement Program.

- 6) **Referrals from the Public Works Committee:**
Airport:
 - A) Establishing Capital Project No. H305.9550 280- Runway 1 Land Acquisition/Powers Parcel, in the amount of \$358,184 to purchase property adjacent to the Airport that will allow for the removal of critical obstructions to current and future areas of projected airspace. The source of funding shall be as follows: 95% FAA Grant \$340,275; 2.5% NYSDOT Grant \$8,955; and 2.5% County funding \$8,954 to be transferred from A.9950 910-Transfers-Capital Projects.

- B)** Establishing Capital Project No. H306.9550 280-Land/Avigation Easement -Forest Enterprises Parcel, in the amount of \$34,431 to purchase property adjacent to the Airport that will allow for the removal of critical obstructions to current and future areas of projected airspace. The source of funding shall be as follows: 95% FAA Grant \$32,709; 2.5% NYSDOT Grant \$861; and 2.5% County funding \$861 to be transferred from A.9950 910-Transfers-Capital Projects.

DPW:

- C)** Amending existing grant with NYSDOT to include the Supplemental Master Agreement #6 for Starbuckville and Chester Creek Bridges for an additional amount not to exceed \$10,500.
- D)** Increasing Capital Project No. H236.9550 280-Const. Starbuck and Chester Bridges, in the amount of \$10,500 to reflect the Supplemental Master Agreement #6. The source of funding shall be as follows: \$8,400 Federal Share; \$1,575 Marchiselli Funds; and \$525 Local Share.

Parks, Recreation & Railroad:

- E)** Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$33,150 to reflect receipt of 30% payment from the State Snowmobile Grant funds.

- 76)** Finance Committee action is required on the following items as approved by the Personnel Committee: Items 1, 2A, 2B, 4E and 4G.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____

DATE: 6/26/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4189.110	BT-Full time salaries	A.4018.0030.110	Disease Pgrm-Full Time Salaries	\$3,920.00
A.4189.110	BT-Full time salaries	A.4018.0030.130	Disease Pgrm-Part Time Salaries	\$1,200.00

Total Transfers

\$5,120.00

Please state reason for transfers requested:

1.To transfer funds from the Full time Salaries Expense in BT for the Call Pay to the Disease Program Full and Part time salaries. Call pay is now under the IAP (Immunization Action Plan) Grant.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990.469	Contingent Fund			

Please state reason for transfer request:

Total

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Employment and Training
Name of Department

SIGNED: DATE: 8/28/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40 6293.0347 130	WIA Youth Stim - Salaries-Part time	40 6293.0347 120	WIA Youth Stim- Salaries-Overtime	\$500

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

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

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

REQUEST FOR TRANSFER OF FUNDS

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

SIGNED: _____ DATE: _____

<u>FR CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6774 445	General, S.N.A.P. – Foods	A.6774 260	General, S.N.A.P. – Other Equip	\$ 3,500.00

Please state reason for transfers requested:

To redistribute SNAP monies to fund the purchase of a new dishwasher for the Bolton meal site as their dishwasher broke and was deemed un-repairable. They are required by New York State DOH to have a commercial dishwasher for sanitizing dishes and cutlery.

CONTINGENT FUNDS TRANSFER REQUEST

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

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: PUBLIC WORKS

Name of Department

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

DATE: 9/3/2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D5112-8132-280	CR11A Horicon Ave	D5112-8105-280	CR10 Schroom River Road	\$26,000.00

Please state reason for transfers requested: **Increase in length of reconstruction as a result of changing an additional culvert crossing and headwall**

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: Treasurer

DATE: September 4, 2009

- (a) Purpose of Request: Write off \$3,680.76 balance owed on a delinquent payroll overpayment to a former employee.

- (b) Details: In 2005 a Westmount employee was overpaid \$4,105.76 in payroll. The employee repaid \$425.00 with the last payment being made in 2006. We have made numerous attempts to collect the balance and have determined that we will not collect any more money.

- (c) Previous Resolution Number: None

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.1325 439

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Treasurer

Name of Department

SIGNED: *Francis K. O'Keefe*

DATE: *9/4/09*

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

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-	A.1325 439	Misc Fees& Expenses	\$3,681.00
	Other Payments/Contributions			

Please state reason for transfer request: Write off balance owed on a delinquent payroll overpayment to a former employee

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: Warren County Health Services-Bioterrorism Program

DATE: August 28, 2009

(a) **Purpose of Amendment:** To amend the 2009 budget to accept a portion of Bioterrorism Grant which began 8/10/09 and ends 8/9/2010. This is an estimate for expenses related to the BT program along with the H1N1 services to be provided from 8/10/09 to 12/31/09. (Total Grant will be \$103,106) This grant stipulates that most of these funds need to be used for staffing of clinics for the H1N1 vaccinations. All expenses fully funded by the BT Grant.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
- (c) Bioterrorism Program-Full Time Salaries A.4189.110 \$10,000
- (d) Bioterrorism Program-Part Time Salaries A.4189.130 \$ 30,000
- (e) Bioterrorism Program-Other Equipment A.4189.260 \$ 5,000
- (f) Bioterrorism Program -Supplies A.4189.410 \$ 1,000
- (g) Bioterrorism Program-Medical Supplies A.4189.435 \$ 8,000
- (h) Bioterrorism Program-Contract Expense A.4189.470 \$ 6,000

Revenue Code (with title), and Amount: **Bioterrorism Program- Grant Revenue A.4189.3301 \$60,000.00.**

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Office for the Aging

DATE: August 28, 2009

- (a) Purpose of Amendment: To increase the budget in order to utilize increase in funds allocated by NYSOFA for NY Connects (POE) for Hamilton County
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.6786 470 (General, OFA-Point of Entry-Hamilton - Contract \$ 8,000
- (c) Revenue Code (with title), and Amount: **A.6786 3786 (General, OFA-Point of Entry-Hamilton State Aid \$ 8,000**

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Office for the Aging

DATE: August 28, 2009

- (a) Purpose of Amendment: To increase the budget in order to utilize increase in funds allocated by NYSOFA for NY Connects (POE) for Warren County
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
 - A.6785 220 (Gen, OFA-Point of Entry-Warren - Office Equipment) \$ 5,000
 - A.6785 411 (Gen, OFA-Point of Entry-Warren - Rent-Bldg/Property) \$ 4,069
 - A.6785 436 (Gen, OFA-Point of Entry-Warren - Advertising Fees) \$ 1,931
- (c) Revenue Code (with title), and Amount: **A.6785 3785 (General, OFA-Point of Entry-Warren State Aid \$ 11,000**

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: 08-14-09

(a) Purpose of Amendment: To move money received as revenues from the following 2007-2010 911 Reimbursement Program (Reso 696-2008)

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

Program Title	Appropriations & Object	Code Title	Amount
911 Reimbursement	A.3110 413	Sheriff's Law Enforcement – Repair & Maint.-Bldg/Property	\$366.74
911 Reimbursement	A.3020 422	Sheriff's 911 Center – Repair/Maint.-Equipment	\$150.00
911 Reimbursement	A.3020 423	Sheriff's 911 Center - Telephone	\$35,620.26

(c) Revenue Code (with title), and Amount: A.3110.3384 – Sheriff's Law Enforcement Other Sheriff's State Aid, \$36,137.00.

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-Airport

DATE: August 28, 2009\

- (a) Exact Title and Number of Project (must be obtained from Treasurer's Office): Runway 1 Land Acquisition/Powers Parcel & H305.9550 280
- (b) Is this a Capital Project? YES
- (c) Is this a Capital Reserve Project? NO
- (d) Amount of Project: \$358,184
- (e) Source of Funding (including name & title of codes, etc.): 95% FAA Grant - \$340,275 5% NYS-DOT Grant - \$8,955; 5% County Funding - \$8,954 -Transfer funds from (Transfers- Capital Projects - A9950.910).
- (f) Purpose of Establishment: - To purchase property adjacent to the airport that will allow the airport to remove critical obstructions to current and future areas of protected airspace.

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-Airport

DATE: August 28, 2009

- (a) Exact Title and Number of Project (must be obtained from Treasurer's Office): Land/Avigation Easement - Forest Enterprises Parcel & H306.9550 280
- (b) Is this a Capital Project? YES
- (c) Is this a Capital Reserve Project? NO
- (d) Amount of Project: \$34,431
- (e) Source of Funding (including name & title of codes, etc.):
95% FAA Grant - \$32,709 5% NYS-DOT Grant - \$861; 5% County Funding - \$861 -Transfer funds from (Transfers- Capital Projects - A9950.910).
- (f) Purpose of Establishment: - To purchase property adjacent to the airport that will allow the airport to remove critical obstructions to current and future areas of protected airspace.

6

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 #6 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 \$10,500.00*

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 Reserve Project Number and Title and Amount: H 236 6550 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: 05-11-09

- (a) Exact Title and Number of Project*: Const Starbuck and Chester Bridges
H236.9550.280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$10,500.00
- (e) Amount of Decrease (if applicable): NA
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
Supplemental Agreement #6 - \$8,400.00 Fed Share (80% of \$10,500)
\$1,575.00 Marchiselli Funds
\$525.00 Local Share
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Supplemental Agreement # 6

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME:

Parks, Recreation & Railroad

DATE: 09/03/09

- (a) Purpose of Amendment:
Amend 2009 budget to reflect State snowmobile grant funds 30% payment.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
Increase Expense Code A.7112.470 Snowmobile Grant-Contract to \$33,150.00.

- (c) Revenue Code (with title), and Amount:
Increase Revenue Code A.7112 / 3889 Parks & Recreation Other \$33,150.00

A G E N D A
PERSONNEL COMMITTEE
SEPTEMBER 9, 2009

1) Referral from the Criminal Justice Committee:

District Attorney:

Increasing the base salary of the Crime Victim Specialist, Employee No. 11293, from the former base salary of \$30,603 to the current base salary of \$35,385, effective October 1, 2009; thereby amending the Department's Table of Organization. *(Please note: The grant award has increased to allow the employee's hours to be increased.)*

2) Referrals from the Health Services Committee:

Health Services:

A) Abolishing the position of Office Specialist, base salary of \$28,041, Grade 7, Employee No. 10222, effective October 1, 2009; thereby amending the Department's Table of Organization.

B) Reclassifying the position of Senior Typist, base salary of \$24,480 (plus longevity totaling \$29,531), Grade 4, Employee No. 8249, to the position of Senior Clerk, base salary of \$24,480 (plus longevity totaling \$28,735), Grade 4, effective October 1, 2009; and deleting the position of Senior Typist, base salary of \$24,480, Grade 4, Employee No. 8249; thereby amending the Department's Table of Organization.

C) Request to fill the vacant position of Senior Clerk, base salary of \$24,480, Grade 4, Employee No. 8249, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

D) Request to fill the vacant position of Senior Clerk, base salary of \$24,480 pro-rated to 30 hours per week totaling \$18,361, Employee No. 10738, due to resignation, effective September 21, 2009. The Notice of Intent to Fill Vacant Position is attached.

3) Referral from the Human Services Committee:

Office for the Aging:

Request to fill the vacant part-time position of Meal Site Cook (Long Lake), base salary of \$17,176, Employee No. 11029, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

4) Referrals from the Social Services Committee:

A) Request to fill the vacant position of Caseworker, base salary of \$34,178, Grade 14, Employee No. 11210, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

B) Request to fill the vacant position of Caseworker, base salary of \$34,178, Grade 14, Employee No. 11419, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

- C)** Request to fill the vacant position of Caseworker, base salary of \$34,178, Grade 14, Employee No. 9286, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
 - D)** Request to fill the vacant position of Keyboard Specialist, base salary of \$23,390, Grade 3, Employee No. 11576, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
 - E)** Creating the position of Community Services Assistant, base salary of \$29,199, Grade 8 and deleting the position of Caseworker, base salary of \$34,178; thereby amending the Department's table of Organization.
 - F)** Request to fill the vacant position of Community Services Assistant, base salary of \$29,199, Grade 8, due to creation of the position. The Notice of Intent to Fill Vacant Position is attached.
 - G)** Abolishing the position of Intake Clerk #3, base salary of \$24,480, Grade 4; thereby amending the Department's Table of Organization.
- 5)** Hal Payne, Commissioner of Administrative & Fiscal Services, has requested permission to address the Committee regarding two CSEA employees that have signed up for the retirement incentive.