

A G E N D A
FINANCE COMMITTEE
OCTOBER 7, 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) Bonadio Group to discuss the 2008 Audit report.

 - B) Request for a new contract with New World Systems for software maintenance agreement for Financial and Human Resources computer system for a lump sum amount of \$29,386 for 2009-2010; \$32,030 for 2010-2011; and \$34,914 for 2011-2012, commencing December 1, 2009 and terminating November 30, 2012.

 - C) Request for a new contract with Systems East for software maintenance agreement for Tax Collection System for a lump sum amount of \$14,412, commencing January 1, 2010 and terminating December 31, 2010.

- 3) **Referral from the Health Services:**

Health Services:

 - A) Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$18,505 to reclassify the revenue for the Children with Special Health Care Needs as opposed to the Early Intervention revenue code.

Westmount Health Facility:

 - B) Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$1,086 to amend the Interfund Transfers Revenue.

 - C) Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$25,000 to amend the Unrestricted Fund Balance.

 - D) Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$275 to amend the Interfund Transfers Revenue.

- 4) **Referrals from the Planning & Community Development Committee:**

Planning & Community Development:

 - A) Establishing budget code CD70 for RESTORE 2009 Program and amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$70,000 to reflect receipt of RESTORE grant funds.

Economic Development Corporation:

- B) Request for funding in the amount of \$6,472 for expenses incurred in January 2009 prior to the Adirondack Regional Business Incubator (ARBI) ceasing operations.

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

- A) Request for a new contract with Myers Power Products, Inc. to service and repair Uninterrupted Power Supply Inverter, for an annual amount of \$3,000, total of \$9,000 for three years.
- B) Request for a new contract with Verizon Business Services to lease, install and maintain Customer Premises Equipment for the County's Public Safety Answering Point (PSAP).

6) Referral from the Public Works Committee:**Solid Waste & Recycling:**

- A) Amending the 2009 County budget to record the issuance of a Budget Note in the amount of \$1.3 million to reflect the increased cost of the contract at the Waste to Energy Facility.

DPW:

- B) Amending Resolution No. 618 of 2009, Increasing Capital Reserve Project No. H236.9550 280-Construction of Starbuckville & Chester Creek Bridges; Authorizing Transfer of Funds and Amending Warren County Budget for 2009, to correct the amount of the total cost of the project.
- C) Authorizing County-owned property, Tax Map Parcel No. 53.-3-10, located in the Town of Horicon, to be added to the County Land Auction.
- D) Authorizing the issuance of a Quit Claim Deed to LJDJ Enterprises, portion of Tax Map Parcel No. 139-1-7, located in the Town of Bolton.

7) Referral from the Real Property Tax Services Committee:

Authorizing the conveyance of County-owned property, Tax Map Parcel No. 210.2-1-5.2 located in the Town of Warrensburg, to Adirondack Equipment Rental, LLC, for an amount of \$3,500.

8) Referral from the Social Services Committee:

Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$277,150 to reflect receipt of State and Federal Aid.

- 9) Finance Committee action is required on the following items as approved by the Personnel Committee: Items 2A, 2C, 2E, 2G, 2I, 2K, 2M, 2O, 2Q and 2S.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: County Clerk/DMV
Name of Department

SIGNED:  **DATE:** 9/23/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.) A.1410.110	FT Salaries	A.1410.130	Part Time Salaries	\$ 1200.00
2.) A.1665.410	Supplies	A.1665.210	Furniture	\$ 200.00

Please state reason for transfers requested: 1.) To allow part-time employee to continue at DMV during period of vacancies and medical leave. Employee services Express Lane for plate surrenders and renewals. 2.) To allow dept to purchase locked 2 drawer cabinet for Legal Recordings.

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: Countryside Adult Home
Name of Department

SIGNED: **DATE:** 09/25/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6030.470	Contracts	A6030.860		\$15,000.00

Please state reason for transfers requested: ShortFall in Hospitalization

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: Countryside Adult Home
Name of Department

SIGNED: **DATE:** 09/25/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6030.440	Legal	A6030.860		\$2,000.00

Please state reason for transfers requested: ShortFall in Hospitalization

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: Countryside Adult Home
Name of Department

SIGNED: **DATE: 09/25/09**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6030.413 \$1,000.00	Maintenance	A6030.860		

Please state reason for transfers requested: ShortFall in Hospitalization

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: Countryside Adult Home
Name of Department

SIGNED: **DATE: 09/25/09**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6030.439 \$3,000.00	Miscellan	A6030.860		

Please state reason for transfers requested: ShortFall in Hospitalization

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: Countryside Adult Home
Name of Department

SIGNED: **DATE:** 09/25/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6030.410 \$2,000.00	Supplies	A6030.860		

Please state reason for transfers requested: ShortFall in Hospitalization

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: Countryside Adult Home
Name of Department

SIGNED: **DATE: 09/25/09**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6030.441 \$2,000.00	Auto Supplies & Repair		A6030.860	

Please state reason for transfers requested: ShortFall in Hospitalization

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: Countryside Adult Home
Name of Department

SIGNED: **DATE: 09/25/09**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6030.437 \$1,000.00	Consulting fees	A6030.860		

Please state reason for transfers requested: ShortFall in Hospitalization

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: October 6, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.5802 210	Westmount, Nursing- Nurses' Stations, Furniture Equipment	EF.60200.5803 260	Westmount, Nursing- Nurses' Station, Other Equipment	126.00

Please state reason for transfers requested: 2 wander guards & bands set to expire 12/31/09

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: Social Services
Name of Department

SIGNED: *Shirley McAlwain* **DATE:** 9/25/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6100 470	MMIS	A.6070 470	Purchase of Services	51,000.00
A.6100 470	MMIS	A.6140 470	Safety Net	120,000.00
A.6100 470	MMIS	A.6142 470	Emergency Aid Adults	4,150.00

Please state reason for transfers requested: LACK OF FUNDS

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

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

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? No

- (b) Purpose of Contract: Software Maintenance Agreement for Financial and Human Resources computer system

- (c) Name of Contractor: New World Systems

- (d) Address of Contractor: 888 West Big Beaver, Suite 600, Troy, MI 48084

- (e) Contractor's Contact Person and Telephone Number: James Fee, (248) 269-1000 extension 1294

- (f) Has or will the Contract be provided, if so, please attach: Will be provided

- (g) Commencement Date of Contract: 12/1/09

- (h) Termination Date of Contract: 11/30/12

- (i) Payment Provisions:
 - i) lump sum amount \$29,386 - 2009-10
\$32,030 - 2010-11
\$34,914 - 2011-12
 - 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. annually

- (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 422 Treasurer - Repair/Maint Equipment

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? No
- (b) Purpose of Contract: Software Maintenance Agreement for Tax Collection System
- (c) Name of Contractor: Systems East
- (d) Address of Contractor: 6 Locust Avenue, Cortland, NY 13045
- (e) Contractor's Contact Person and Telephone Number: James Buttino, (607) 753-6156
- (f) Has or will the Contract be provided, if so, please attach: Will be provided
- (g) Commencement Date of Contract: 1/1/10
- (h) Termination Date of Contract: 12/31/10
- (i) Payment Provisions: i) lump sum amount \$14,412
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. monthly
- (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 422 Treasurer - Repair/Maint Equipment

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

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: September 25, 2009

(a) **Purpose of Amendment:** To amend the 2009 budget to reclass the revenue for the Children with Special Health Care needs to the correct department. Previously recorded as Early Intervention revenue but should be Family Health.

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

Revenue Code (with title), and Amount: **Family Health-Children with Special Healthcare Needs (CSHCN) Revenue A.4018.0020.4452 \$18,505.00. (credit this account)**

Early Intervention- EI Revenue -A.4054.0060.4451 (\$18,505.00) (debit this account)

RESOLUTION REQUEST FORM NO. 7

*Request to Amend County Budget**

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

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: OCTOBER 6, 2009

- (a) Purpose of Amendment: Request to Amend 2009 Nursing - Nurses' Station, Office Equipment Appropriations by Amending the Interfund Transfers Revenue.
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.5830 220 \$1,086.00 Westmount, Nursing - Nurses' Station, Office Equipment.
- (c) Revenue Code (with title), and Amount: EF.503100 5031 Westmount, Interfund Transfer \$ 1,086.00.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: October 6, 2009

- (a) Purpose of Amendment: To Amend 2009 Administrative Services, Contracted Services Appropriations by Amending the Unrestricted Fund Balance for purposes of physician billing services provided by Ruffo, Tabora, Mainello & McKay, PC also to include Accounting Services contracted with above related to same for total amount not to exceed \$25,000.00.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.83500.6822 470 Westmount, Administrative Services, Contracted Services \$25,000.00.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$25,000.00

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: OCTOBER 6, 2009

- (a) Purpose of Amendment: Request to Amend 2009 Nursing - Nurses' Station, Other Equipment Appropriations by Amending the Interfund Transfers Revenue.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.5803 260 \$275.00 Westmount, Nursing - Nurses' Station, Other Equipment.

- (c) Revenue Code (with title), and Amount: EF.503100 5031 Westmount, Interfund Transfer \$ 275.00.

RESOLUTION REQUEST FORM NO. 7

*Request to Amend County Budget**

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

DEPARTMENT NAME: Warren County Planning and Community Development Department

DATE: 9/27/09

(a) Purpose of Amendment:

Establish CD 70 Restore 2009

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

Codes to be determined for \$70,000

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



Warren County, NY

234 Glen Street

Glens Falls, New York 12801

Phone: 518.761.6007

Fax: 518.761.9053

re-submit

Invoice

BILL TO

Adirondack Regional Business Incubator

DATE

1/31/2009

INVOICE #

1787

DUE DATE

3/2/2009

DESCRIPTION	QTY	RATE	AMOUNT
J Farley - salary, taxes & benefits 1/2,9,16,23,30	1	4,807.70	4,807.70
J Farley - salary, taxes & benefits 1/2,9,16,23,30	1	623.43	623.43
J Farley - salary, taxes & benefits 1/2,9,16,23,30	1	926.99	926.99
J Farley - salary, taxes & benefits 1/2,9,16,23,30	1	113.83	113.83

Total

\$6,471.95

RESOLUTION REQUEST FORM NO. 3
Request for New Contract

DEPARTMENT NAME: **Sheriff's Office**

DATE: **October 5th, 2009**

- (a) Is this a Result of a Bid or Request for Proposal? **No – Sole Source Vendor**
- (b) Purpose of Contract: **Allow the Warren County Sheriff's Office to contract with Myers Power Products Inc to service and repair Uninterrupted Power Supply Inverter.**
- (c) Name of Contractor: **Myers Power Products Inc**
- (d) Address of Contractor: **2000 Highland Ave, Bethlehem, PA 18020**
- (e) Contact Person & Telephone No.: **John Pantaleo, Field Service Group Leader
601-868-5400**
- (f) Has or will the Contract be provided, if so, please attach: **Yes (see attachments)**
- (g) Commencement Date of Contract: **October 19, 2009**
- (h) Termination Date of Contract: **Three (3) years**
- (i) Payment Provisions: **\$3,000, each year for a total of \$9,000 over three (3) years.**
- (j) Where are the Funds?: **Sheriff's Law Enforcement, A. 3110 470-Sheriff's Law Enforcement - Contracts**

RESOLUTION REQUEST FORM NO. 3
Request for New Contract

DEPARTMENT NAME: **Sheriff's Office**

DATE: **October 5th, 2009**

(a) Is this a Result of a Bid or Request for Proposal? **No – Sole Source Vendor**

(b) Purpose of Contract: **Allow the Warren County Sheriff's Office to contract with Verizon to lease, install and maintain Customer Premises Equipment for the county's Public Safety Answering Point (PSAP)**

(c) Name of Contractor: **Verizon Business Services**

(d) Address of Contractor: **6415-6444 Business Center Dr. Highlands Ranch, CO 80130**

(e) Contact Person & Telephone No.: **Marisa Ovadias 911 Sale Engineer 315-448-2056**

(f) Has or will the Contract be provided, if so, please attach: **Yes – provided to County Attorney's Office**

(g) Commencement Date of Contract: **see contract**

(h) Termination Date of Contract: **see contract**

(i) Payment Provisions: **see contract**

(j) Where are the Funds?: **Sheriff's Law Enforcement, A. 3020 470-Sheriff's 911 Center - Contracts**

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Public Works

DATE: 29-Sep-09

(a) Purpose of Amendmen Increase Solid Waste Budget to reflect cost of contract
at the waste to energy facility

(b) Appropriation Code (with title), Object Code (with title) and Amo CL 8160.470 Contracts \$1,300,000.00

(c) Revenue Code (with title), and Amour Budget Note by Resolution

Warren County Board of Supervisors

RESOLUTION NO. 618 OF 2009

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

INCREASING CAPITAL RESERVE PROJECT NO. H236.9550 280 - CONSTRUCTION OF STARBUCKVILLE & CHESTER CREEK BRIDGES; AUTHORIZING TRANSFER OF FUNDS AND AMENDING WARREN COUNTY BUDGET FOR 2009 - DEPARTMENT OF PUBLIC WORKS

RESOLVED, that the Warren County Board of Supervisors does hereby increase Capital Reserve Project No. H236.9550 280 - Construction of Starbuckville & Chester Creek Bridges - as follows:

1. Capital Reserve Project No. H236.9550 280 - Construction of Starbuckville & Chester Creek Bridges - is hereby increased in the amount of Ten Thousand Five Hundred Dollars (\$10,500).

2. The estimated total cost of Capital Reserve Project No. H236.9550 280 - Construction of Starbuckville & Chester Creek Bridges - is now Two Million Four Hundred Sixty-Seven Thousand Six Hundred Dollars and Two Cents (~~\$2,467,600.02~~ ^{2,467,875.02}).

3. The proposed method of financing the increase in said Capital Reserve Project consists of the following:

- a. Federal grant funding in the amount of Eight Thousand Four Hundred Dollars (\$8,400);
- b. State Marchiselli grant funding in the amount of One Thousand Five Hundred Seventy-Five Dollars (\$1,575); and
- c. The sum of Five Hundred and Twenty-Five Dollars (\$525), representing Warren County's share, was previously appropriated.

RESOLUTION NO. 618 OF 2009

Page 2, continued

4. The sum of Two Million Four Hundred Fifty-Seven Thousand One Hundred Dollars and Two Cents (\$2,457,100.02) was provided by prior resolutions adopted by the Board of Supervisors, and be it further

RESOLVED, that the Warren County Board of Supervisors hereby authorizes and approves the County Treasurer to advance the funds up to the amount indicated below on an as-needed basis:

<u>ADVANCE TO</u>	<u>AMOUNT</u>
H236.9550 280 - Construction of Starbuckville & Chester Creek Bridges	\$9,975

RESOLUTION REQUEST FORM NO. 16

Request to Authorize Conveyance of County Real Property*

*Please Attach Appropriate Documentation

DEPARTMENT NAME: Public Works

DATE: 3-Sep-09

(a) Description of Parcel Including Town, Tax Map No., and Property Description:

Town of Horicon Tax parcel 53.-3-10

vacant land

(b) Will Parcel be sold by County Auction YES

(c) Purchase Price: to be determined

(d) Provide prior Resolution Number, if applicabl

(e) Name of Buyer(s):

(f) Address of Buyer(s):

(g) Purpose of conveyance: the parcel is no longer necessary for public purposes

RESOLUTION REQUEST FORM NO. 16

*Request to Authorize Conveyance of County Real Property**

**Please Attach Appropriate Documentation*

DEPARTMENT NAME: Real Property

DATE: September 28, 2009

- (a) Description of Parcel Including Town, Tax Map No., and Property Description:
Warrensburg Parcel 210.2-1-5.2, Vacant 130 X 130
- (b) Will parcel be sold by County Auction? No
- (c) Purchase Price: \$ 3,500.00
- (d) Provide prior Resolution Number, if applicable:
- (e) Name of Buyer(s): Adirondack Equipment Rental LLC
PO Box 46
North Creek NY 12853
- (f) Address of Buyer(s): Andy Bennet 623-2900
- (g) Purpose of conveyance:

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Social Services

DATE: 9/25/09

- (a) Purpose of Amendment: Increasing appropriations and revenues
- (b) Appropriation Code (with title), Object Code (with title) and Amount: Increase
- | | | |
|----------------|----------------------|--------------|
| A.6070 470 | Purchase of Services | \$153,000.00 |
| (c) A.6140 470 | Safety Net | 120,000.00 |
| (d) A6142 470 | Emergency Aid Adults | 4,150.00 |
- (c) Revenue Code (with title), and Amount: Increase
- | | | |
|------------|--------------------------------------|--------------|
| (d) A.3670 | State Aid for Purchase of Services | \$ 51,000.00 |
| (e) A.3640 | State Aid for Safety Net | 120,000.00 |
| (f) A.3642 | State Aid for EAA | 4,150.00 |
| (g) A.4670 | Federal Aid for Purchase of Services | 102,000.00 |
| (h) | | |

A G E N D A
PERSONNEL COMMITTEE
OCTOBER 7, 2009

1) Referral from the Criminal Justice Committee:

Probation:

Request to fill the vacant position of Probation Supervisor, base salary of \$54,788, Employee No. 9111, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

2) Referrals from the Social Services Committee:

A) Creating the position of Deputy Commissioner, base salary of \$60,000, effective November 1, 2009; thereby amending the Department's Table of Organization.

B) Request to fill the vacant position of Deputy Commissioner, base salary of \$60,000, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.

C) Creating the position of Social Services Investigator, base salary of \$31,900, Grade 11, effective November 1, 2009 and abolishing the position of Director of Case Management Services, base salary of \$61,242; thereby amending the Department's Table of Organization.

D) Request to fill the vacant position of Social Services Investigator, base salary of \$31,900, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.

E) Creating the position of Keyboard Specialist, base salary of \$23,390, Grade 3, effective November 1, 2009; thereby amending the Department's Table of Organization.

F) Request to fill the vacant position of Keyboard Specialist, base salary of \$23,390, Grade 3, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.

G) Creating the position of Medicaid Clerk, base salary of \$25,470, Grade 5, effective November 1, 2009; thereby amending the Department's Table of Organization.

H) Request to fill the vacant position of Medicaid Clerk, base salary of \$25,470, Grade 5, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.

I) Creating the position of Social Welfare Examiner, base salary of \$29,199, Grade 8 and abolishing the position of Principal Social Welfare Examiner, base salary of \$41,259, Grade 15, effective November 1, 2009; thereby amending the Department's Table of Organization.

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- J)** Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Grade 8, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.
 - K)** Creating the position of Social Welfare Examiner, base salary of \$29,199, Grade 8 and abolishing the position of Senior Social Welfare Examiner, base salary of \$36,876, Grade 11, effective November 1, 2009; thereby amending the Department's Table of Organization.
 - L)** Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Grade 8, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.
 - M)** Creating the position of Social Welfare Examiner, base salary of \$29,199, Grade 8 and abolishing the position of Senior Social Welfare Examiner, base salary of \$36,876, Grade 11, effective November 1, 2009; thereby amending the Department's Table of Organization.
 - N)** Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Grade 8, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.
 - O)** Creating a position to a Social Welfare Examiner, base salary of \$29,199, Grade 8 and abolishing the position of Principal Social Welfare Examiner, base salary of \$41,759, Grade 15, effective November 1, 2009; thereby amending the Department's Table of Organization.
 - P)** Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Grade 8, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.
 - Q)** Creating a position to a Social Welfare Examiner, base salary of \$29,199, Grade 8 and abolishing the position of Senior Social Welfare Examiner, base salary of \$33,604, Grade 11, effective November 1, 2009; thereby amending the Department's Table of Organization.
 - R)** Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Grade 8, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.
 - S)** Creating a position to a Social Welfare Examiner, base salary of \$29,199, Grade 8 and abolishing the position of Senior Social Welfare Examiner, base salary of \$35,551, Grade 11, effective November 1, 2009; thereby amending the Department's Table of Organization.

- T)** Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Grade 8, effective November 1, 2009, due to creation. The Notice of Intent to Fill Vacant Position is attached.

- U)** Request to fill the vacant position of Van Driver, base salary of \$22,987, Grade 2, Employee No. 10643, due to resignation. The Notice of Intent to Fill Vacant Position is attached.