

A G E N D A
FINANCE COMMITTEE
NOVEMBER 10, 2009

- 1) Request for Transfer of Funds attached for Committee approval. Supervisory Committee approval has been obtained as necessary.
- 2) **Referral from the Criminal Justice Committee:**
District Attorney:
Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$4,420 to reflect receipt of 2009/2010 Crime Victims Board grant funds.
- 3) **Referral from the Health Services Committee:**
Westmount Health Facility:
Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$5,924 to reflect receipt of HCRA (Health Care Reform Act) Recruitment & Retention grant funds.
- 4) **Referral from the Human Services Committee:**
Employment & Training Administration:
Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$9,000 to reflect receipt of Federal funds.
- 5) **Referral from the Public Safety Committee:**
Sheriff & Communications:
Request for a new contract with Capital Digitronics, Inc. to service and repair two way radio and communications equipment, commencing January 1, 2010 and terminating December 31, 2010 for an annual amount of \$50,598.
- 6) **Referral from the Real Property Tax Services Committee:**
Authorizing the conveyance of County-owned property, Tax Map Parcel No. 188.-1-95 located in the Town of Johnsbury, to Muriel Lapoint and Randy Hitchcock, for an amount not to exceed \$500.
- 7) **Referral from the Social Services Committee:**
Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$350,000 due to a lack of funds.
- 8) **Referral from the Mental Health Committee:**
Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$1,849 to allow the pass-through of State Aid from NYS Office of Mental Retardation and Development Disabilities to United Cerebral Palsy, Inc.
- 9) Amending the County Travel Policy to allow unpaid interns working in the Department of Social Services to operate County-owned vehicles, pending a valid New York State driver's license.

- 10) Request from Saratoga County that Warren County adopt a policy that favors the purchase of personal computers that are powered by AMD Chips.
- 11) Paul Dusek, County Attorney, has requested permission to address the Committee concerning authorization for Health Reimbursement Account (HRA) Plan agreement for reimbursement of employees for health insurance co-pays.
- 12) **Referral from the County Clerk-Motor Vehicles Committee:**
Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$36,096 to reflect receipt of LGRMIF (Local Government Records Management Improvement Fund) Grant funds.
- 13) Response to Budget Analysis Report from County Treasurer attached for review.
- 14) Finance Committee action is required on the following item as approved by the Personnel Committee: Item 3E.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: COUNTY ATTORNEY - LAW
Name of Department

SIGNED: 

DATE: 11/9/00

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1420 440	Legal/Transcript	A.1420 410	Supplies	\$ 300.00
A.1420 440	Legal/Transcript	A.1420 421	Equipment Rental	\$ 5.00
A.1420 440	Legal/Transcript	A.1420 424	Postage	\$ 300.00
A.1420 440	Legal/Transcript	A.1420 444	Travel/Education/Conference	\$ 375.00
A.1420 120	Salaries – Overtime	A.1420 426	Subscriptions	\$ 900.00
A.1420 120	Salaries - Overtime	A.1420 426	Subscriptions	\$ 300.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular Sxxx.xx

Please state reason for transfers requested: Higher than anticipated cost for foreclosure, error on equipment cost, insufficient funds for worthwhile seminars and insufficient funds for additional computerized legal research and additional books.

*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:

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
Name of Department Civil Service

SIGNED: 

DATE: 11/6/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1430.410	Supplies	A.1430.220	Office Equip	\$120.00
A.1430.426	Subscriptions	A.1430.120	Sal-Overtime	\$980.00
A.1430.428	Data Process	A.1430.120	" "	\$235.00
A.1430.435	Medical Fees	A.1430.120	" "	\$1700.00

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

Please state reason for transfers requested:

lack of 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: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: October 23, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82100.100 140	Westmount, Dietary Services Management & Supervision Salaries – Sick Leave Incentive	EF.60100.600 140	Westmount, Nursing Admin, Clerical & Other Wages Salaries – Sick Leave Incentive	400.00
EF.60200.500 140	Westmount, Nursing – Nurses Station, Aides Orderlies Assistants Salaries – Sick Leave Incentive	EF.60200.100 140	Westmount, Nursing-Nurses Stations', Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82200.700 140	Westmount, Plant & Operation Maintenance, FSH HK LL Maint Salaries – Sick Leave Incentive	EF.82400.700 140	Westmount, Housekeeping Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	400.00
EF.73400.6802 470	Westmount, OT Contracted Services Contractual Expense	EF.82500.700 140	Westmount, Laundry & Linen, Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	200.00
EF.83500.100 120	Westmount, Administrative Services, Management & Supervision Salaries – Over Time	EF.83500.100 140	Westmount, Administrative Services, Management & Supervision, Salaries - Sick Leave Incentive	285.00
EF.83500.1800 860	Westmount, Administrative Services, Group Health Insurance, Hospitalization	EF.83500.100 140	Westmount, Administrative Services, Management & Supervision, Salaries - Sick Leave Incentive	115.00
EF.83110.5830 220	Westmount, Fiscal Services, Equipment - Office Equipment	EF.83110.100 140	Westmount, Fiscal Services, Management & Supervision, Salaries – Sick Leave Incentive	365.00
EF.73400.6802 470	Westmount, OT Contracted Services Contractual Expense	EF.83110.100 140	Westmount, Fiscal Services, Management & Supervision, Salaries – Sick Leave Incentive	35.00
EF.73400.6802 470	Westmount, OT, Contracted Services Contractual Expense	EF.83110.600 140	Westmount, Fiscal Services, Clerical & Other Adm Wages Salaries – Sick Leave Incentive	400.00

Please state reason for transfers requested: Lack of funds
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 23, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.1600 830	Westmount, Nursing – Nurses’ Station, 5,000 Fica, Social Security	
EF.60100.1800 860	Westmount, Nursing Administration, Group Health Insurance, Hospitalization	EF.60200.1600 830	Westmount, Nursing – Nurses’ Station 10,000 Fica, Social Security	
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.1601 831	Westmount, Nursing – Nurses’ Station, 2,500 Medicare Contribution	
EF.82200.1800 860	Westmount, Plant Operation & Maint, Group Health Insurance, Hospitalization	EF.60200.1700 850	Westmount, Nursing – Nurses’ Station 10,000 NYS Unemployment Insurance	
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.2200 855	Westmount, Nursing – Nurses’ Station, 1,500 Disability	
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.82500.1800 860	Westmount, Laundry & Linen Services, 1,200 Group Health Insurance, Hospitalization	
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83110.1600 830	Westmount, Fiscal Services, Fica Social Security	500
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83110.1601 831	Westmount, Fiscal Services, Medicare Contribution	110
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83110.1700 850	Westmount, Fiscal Services, NYS Unemployment Insurance	1,000
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83110.1800 860	Westmount, Fiscal Services, Group Health Insurance, Hospitalization	400
EF.82500.700 130	Westmount, Laundry & Linen Services FSH HK LL Maintenance Salaries – PT	EF.82500.700.110	Westmount, Laundry & Linen Services 12,759 FSH HK LL Maintenance Salaries – Regular	

Please state reason for transfers requested: over expended expense account

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

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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: October 23, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.72000.3700 439	Westmount, Nursing Central Med Sup Other Fee's Recert, Misc Fee's & Exp.	EF.60100.9101 436	Westmount, Nursing Administration, Other Direct Cost, Advertizing Fees	500.00
EF.72000.3700 439	Westmount, Nursing Central Med Sup Other Fee's Recert, Misc Fee's & Exp.	EF.60200.3700 444	Westmount, Nursing-Nurses' Station, Other Fees, Recert, Travel, Edu, Conferences	500.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.3810 469	Westmount, Nursing-Nurses' Station, Other Payment, Disposal Linens	4,000.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.4900 435	Westmount, Nursing-Nurses' Station, Medical Fee's, Other Medical Sup, Med Fee	6,000.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.5600 410	Westmount, Nursing-Nurses' Station, Employee Wearing Apparel, Supplies	1,500.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.5906 410	Westmount, Nursing-Nurses' Station, Supplies,	2,200.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.7300 421	Westmount, Nursing-Nurses' Station, Equipment Rental	8,200.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.9101 436	Westmount, Nursing-Nurses' Station, Other Direct Costs Advertising, Adv Fees	715.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.72400.6202 470	Westmount, Nursing Radiology, Medical PS Radiology, Contracted	2,000.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.83110.5500 410	Westmount, Fiscal Services Office, Office Supplies, Supplies	200.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.83500.5500 410	Westmount, Administrative Services, Office Supplies, Supplies	2,000.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.83110.6300 422	Westmount, Fiscal Services Office, Repair/Maint-Equipment	1,500.00
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.73300.6802 470	Westmount, Physical Therapy, Contracted Services	8,000.00

Please state reason for transfers requested: over expended expense accounts.

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

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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: November 4, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73400.6802 470	Westmount, Occupational Therapy Contracted Services	EF.60200.6300 422	Westmount, Nursing-Nurses' Station, Repair/Maint-Equipment	1,000.00
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.60100.100 130	Westmount, Nursing Administration, Management & Supervision, Salaries – PT	7,076.00
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.60200.5802 210	Westmount, Nursing-Nurses' Station, Furniture Equipment, Furniture/Furnishings	51.00

**Please state reason for transfers requested: over expended expense accounts & new position created.
Please file original request with Clerk of the Board and retain copy for your records.**

5

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.6785 210 Gen, OFA-POE-Warren – Furniture		A.6785 220 Gen, OFA-POE-Warren - Office Equip		\$ 2,000

Please state reason for transfers requested:

To redistribute NY Connects (POE) monies to fund the purchase of computers; these funds are 100% reimbursed.

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: PUBLIC WORKS

Name of Department

SIGNED: *William E. Lamy* DATE: 11/5/2009
 William E. Lamy
 Superintendent

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A1620.110	Buildings Salaries Regular	A1490.110	Public Works Admin Salaries-Regular	\$12,000
A1620.110	Building Salaries Regular	A1490.110	Public Works Admin Salaries-Regular	\$11,000
A1620.110	Buildings Salaries Regular	A7110.110	Parks & Rec Salaries Regular	\$10,000
A1620.110	Buildings Salaries Regular	A1623.110	Municipal Center Annex Salaries Regular	\$4,000

Please state reason for transfers requested:

End of year tru-ups due to retirements, position deletions, additions and shifting of personnel within divisions.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Social Services

Name of Department

SIGNED:

DATE: Oct 23, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 470	Social Services Contract	A.6010 860	Social Services Hospitalization	\$153,000.00
A.6010 470	Social Services Contract	A.6010 860	Social Services Hospitalization	\$ 1,300.00

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

Please state reason for transfers requested:
LACK OF 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: Employment and Training
Name of Department

SIGNED:  DATE: 10/28/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40 6293.0346 433	WIA DW Stim - Training-Client	40 6293.0345 110	WIA Adult Stim- Salaries-Regular	\$ 7,400
40 6293.0346 433	WIA DW Stim - Training-Client	40 6293.0345 830	WIA Adult Stim- Social Security	\$ 600
40 6293.0346 433	WIA DW Stim - Training-Client	40 6293.0345 433	WIA Adult Stim- Training-Client	\$40,767
40 6293.0301 110	WIA Adult Supp. Salaries-Regular	40 6293.0301 860	WIA Adult Supp. Hospitalization	\$ 526.23
40 6293.03014110	WIA Adult Supp. Supplies	40 6293.0301 860	WIA Adult Supp. Hospitalization	\$ 45.97
40 6293.0301 433	WIA Adult Supp. Training-Client	40 6293.0301 860	WIA Adult Supp. Hospitalization	\$ 400.
40 6293.0347 470	WIA Youth Stim - Contract	40 6293.0347 110	WIA Youth Stim- Salaries-Regular	\$ 7,500
40 6293.0347 470	WIA Youth Stim - Contract	40 6293.0347 810	WIA Youth Stim- Retirement	\$ 1,000

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.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Kate Hogan

Name of Department District Attorney's Office-
Crime Victim Assistance Program

SIGNED: 

DATE: 10-16-2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1168 470	Contract	A. 1168 130	Salaries- Part Time	\$4420
A. 1168 220	Office Equipment	A. 1168 130	Salaries- Part Time	\$ 500
A. 1168 426	Subscriptions	A. 1168 130	Salaries- Part Time	\$ 200
A. 1168 444	Travel/Educ/Conference	A. 1168 130	Salaries- Part Time	\$ 560

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

Please state reason for transfers requested:

To appropriate the funds for the new 2009/2010 Crime Victims Board grant award
*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 York, Director of Community Services, Mental Health/Community Services

SIGNED:



DATE:

10/16/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4310.424	Postage	A.4310-220	Equipment (Office)	\$400.00

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

Please state reason for transfers requested: Transfer of funds to purchase 2 laptops for OCS as approved by the Community Services Board at their 10/15/09 meeting.

*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>
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Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Board of Elections

SIGNED: *Mary Beth Casey*
Alma A. McInstry

DATE: 11/6/2009

Transfer:

<u>FROM CODE</u>	<u>TITLE</u>	<u>Amount</u>	<u>TO CODE</u>	<u>Title</u>
A.1450.130	Part Time Salaries	\$19,460.00	A.1450.410	Supplies

Reason:

Due to the Extra Special Election this year we needed to transfer \$19,460.00 from .410 Supplies to pay our General Election Inspectors from .439 Misc. We now need to put the money back into .410 Supplies to pay our election supplies for the General Election. (as per Joann McKinstry)

RESOLUTION REQUEST FORM NO. 10
Request for Transfer of Funds

DEPARTMENT NAME: Sheriff's Office

DATE: November 10, 2009

SIGNED: 

REQUEST FOR TRANSFER OF FUNDS

From Code	From Title	To Code	To Title	Amount
A.3150 110	Corrections Regular Salary	A.3150 120	Corrections Overtime	\$150,000.00
A.3150 110	Corrections Regular Salary	A.3150 130	Corrections Part Time	14,500.00
A.3020 110	Communications 911	A.3020 120	Communications Overtime	1,500.00
A.3020 130	Communications 911	A.3020 120	Communications Overtime	8,737.00
A.3110 110	Law Enforcement	A.3110 120	Law Enforcement OT	22,000.00
A.3110 110	Law Enforcement	A.3110 130	Law Enforcement Part Time	31,000.00

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. 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: District Attorney's Office- Crime Victim Assistance Program

DATE: 10-16-2009

- (a) Purpose of Amendment:
To appropriate the funds for the new 2009/2010 Crime Victims Board grant award.
- (b) Appropriation Code, Object Code, Full Title and Amount:

A. 1168 470- Crime Victim Assistance- Contract- \$4420

Sample: A.1010 470 Legislative Board – Contract

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

A. 1168- 3032 Crime Victims Advocate DA

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*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: WESTMOUNT HEALTH FACILITY

DATE: November 4, 2009

- (a) Purpose of Amendment: To amend 2009 Nursings Salary Appropriations with HCRA R&R Grant funds.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.100
130 Westmount, Nursing Nurses' Station, Management & Supervision, Salaries Part-time - \$5,924.00.

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$5,924.00.

4

**WARREN COUNTY
EMPLOYMENT & TRAINING ADMINISTRATION**

William F. Resse
Director

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

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

**Human Services Committee
Employment & Training Agenda
10/28/09**

1. Budget- transfers/adding federal funds

- a. Request resolution authorizing the attached budget transfers
- b. Request resolution to add the following federal funds to the county budget:

Revenues:	Code	Title	Amount
	40 6293.4791	WIA	\$9,000

Appropriations:	Code	Title	Amount
	40 6293.0342 110	WIA Reg. Trans.-Salaries-regular	\$7,200
	40 6293.0342 830	WIA Reg. Trans.-Social Security	600
	40 6293.0342 860	WIA Reg. Trans.-Hospitalization	1,200

2. Staff requests:

The following positions are 100% federal grant funded. A full time employment counselor has left her position. I wish to move a current part time (30 hrs/wk) employee into the full time slot and then fill the part time slot that is vacated. The current part time employee receives full benefits but the new part time employee will not therefore resulting in a net savings.

- a. Request permission to fill the full time vacant employment counselor position (to be filled by a current part time employee who works in the same job title).
- b. If approved, I wish to fill the part time position left open by the above move with a new employee.
- c. Retirement announcement

3. Center initiatives

- a. SMART 2010 resume matching service
- b. Micro soft licenses

4. Other

- a. Summer program report
- b. Performance results

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

RESOLUTION REQUEST FORM NO. 3
Request for New Contract

DEPARTMENT NAME: **Sheriff's Office**

DATE: **November 5th, 2009**

- (a) Is this a Result of a Bid or Request for Proposal? **Yes, WC 102-09**
- (b) Purpose of Contract: **Allow the Warren County Sheriff's Office enter into a contract with Capital Digitronics, Inc. to service and repair two way radio and communications equipment.**
- (c) Name of Contractor: **Capital Digitronics, Inc.**
- (d) Address of Contractor: **264 Bradford Street Albany, NY 12206**
- (e) Contact Person & Telephone No.: **Thomas McCabe, 518-449-3366**
- (f) Has or will the Contract be provided, if so, please attach: **Yes (see attachments)**
- (g) Commencement Date of Contract: **January 01, 2010**
- (h) Termination Date of Contract: **December 31, 2010**
- (i) Payment Provisions: **\$50,598.00 annually**
- (j) Where are the Funds?: **A. 3110 470 - Sheriff's 911 Center - Contracts**

RESOLUTION REQUEST FORM NO. 16

Request to Authorize Conveyance of County Real Property*

**Please Attach Appropriate Documentation*

DEPARTMENT NAME: Real Property

DATE: October 26, 2009

- (a) Description of Parcel Including Town, Tax Map No., and Property Description:
Johnsburg Parcel 188.-1-95, Vacant lot with no road frontage, .01 Ac
- (b) Will parcel be sold by County Auction? No
- (c) Purchase Price: \$ 500.00
- (d) Provide prior Resolution Number, if applicable: None
- (e) Name of Buyer(s): Muriel Lapoint and Randy Hitchcock
- (f) Address of Buyer(s): 4029 Route 8
Wevertown, NY 12886
- (g) Purpose of conveyance: To clear title on parcel

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: October 23, 2009

- (a) Purpose of Amendment: Lack of Funds

- (b) Appropriation Code, Object Code, Full Title and Amount:
 - A.6101 470 Social Services Medical Assistance \$168,000.00
 - A.6109 470 Social Services Aid to Dependent Children \$182,000.00

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount:
- (d) A.6101.3601 Social Services Medical Assistance \$84,000.00
- (e) A.6101.4601 Social Services Medical Assistance \$84,000.00
- (f) A.6109.4609 Social Services Aid for Dependent Children \$182,000.00

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*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: MENTAL HEALTH/COMMUNITY SERVICES

DATE: 11/6/09 (For 11/20/09 Board of Supervisors Meeting)

- (a) Purpose of Amendment: To allow the pass-through of state aid from New York State Office of Mental Retardation and Developmental Disabilities to United Cerebral Palsy, Inc. in the amount of \$1849 (\$1611 State Aid + \$238 Local Share).
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
1. Appropriation Code: A.4320.0075 (United Cerebral Palsy, Inc. - Mental Health)
 2. Object Code: 470 (Contractual Expense): Increases to \$80,355 from \$78,506
- (c) Revenue Code (with title), and Amount: A.4320.3490 (Mental Health - Other Gov't) - increase by \$1,849

II. COUNTY MOTOR VEHICLE USE RULES

The following rules shall apply to the use of County owned, leased, or borrowed vehicles.

- A. Only authorized employees who hold a valid New York State driver's license shall drive County vehicles. Authorized employees shall be 1) considered any employee who regularly or at times operates a County vehicle as part of the employee's usual and/or customary County job function or 2) an employee who is authorized to operate the vehicle by a) the Commissioner of Administrative and Fiscal Services or b) the County Department Head to whom the vehicle has been assigned.
- B. Volunteers, clients, members of employees' families, etc. are not authorized to operate County owned vehicles, except volunteer County employees who hold a valid New York State driver's license shall be authorized to operate County owned vehicles for: 1) Veteran's Services for such purposes as may be authorized by Executive Law Section 358 of Veteran's Affairs and/or; 2) for programs offered to Westmount Health Facility residents or persons participating in Countryside Adult Home programs whether such is directly sponsored by Westmount Health Facility or Countryside Adult Home or some other governmental or non-governmental entity. Picking up hitchhikers is prohibited.
- C. County vehicles shall be utilized for official purposes only. ~~Only~~ **Persons on official business for the County or being transported for purposes of furthering County business, an official departmental function or a County agency sponsored or operated program may ride in County vehicles. In addition, officials or employees from governmental entities other than Warren County, such as from the federal, state or local governments (e.g.; other counties, towns, cities, villages, school districts, etc.) may ride in County vehicles when accompanying County officials to a meeting, event, destination, or similar place, and such will be considered using the vehicle for official purposes or in furtherance of County business, since it fosters communication, shared governmental services and supports intergovernmental relationships.** Examples of circumstances where non-County personnel may ride in County vehicles include but are not limited to: 1) Health Services Department Staff taking students from contracted educational settings as passengers in County vehicles for clinical experience; 2) Veterans who ride in the Veterans' Services' van pursuant to program identified in subparagraph II. B. hereof; 3) persons riding in Veterans' Services' vans pursuant to arrangements made with the Department of Social Services; 4) residents of Westmount Health Facility or Countryside Adult Home transported by County vehicle for any event or purpose whether such is directly sponsored by Westmount Health Facility

10/20/09

RESOLUTION 198 - 09

Introduced by Supervisors Rowland, Daly, Raymond, Southworth, Veitch, Wright and Yepsen

URGING NEW YORK STATE AND ALL NEW YORK STATE COUNTIES
AND CITIES TO ADOPT A POLICY THAT FAVORS THE PURCHASE
OF PERSONAL COMPUTERS THAT ARE POWERED BY AMD CHIPS

WHEREAS, the construction and operation of a \$4 billion computer chip fabrication facility in the Town of Malta, County of Saratoga, by Global Foundries, Inc. is expected to offer employment to over 1400 individuals and to have a large positive economic impact on the surrounding counties in upstate New York in the form of businesses supplying goods and services in connection with the facility; and

WHEREAS, the computer chip company, AMD, is a partner in Global Foundries, and the seller of computer chips used in many models and brands of computers which are widely available on the market; and

WHEREAS, the Saratoga County Board of Supervisors feels that it is important for governmental entities to support those businesses that are located within or near the geographical area of the governmental entity and which contribute to the local economy through employment and consumption of local goods and services; and

WHEREAS, Saratoga County has a policy of purchasing, when it can do so within the laws concerning public purchasing, computers containing chips manufactured and/or sold by AMD, as a means of lending support to the new computer chip fabrication plant in upstate New York; and

WHEREAS, the Saratoga County Board of Supervisors wishes to alert governmental entities to the potential of encouraging and supporting the location of this significant economic driving force in upstate New York through the purchase of its product; now, therefore, be it

RESOLVED, that the Board of Supervisors urges the State of New York and all of its counties and cities to adopt a policy that favors the purchase of personal computers that are powered by AMD chips; and be it further

RESOLVED, that the Clerk of the Board forward a copy of this Resolution to Governor David Paterson, and to each of the counties and cities of the State of New York.

BUDGET IMPACT STATEMENT: No budget impact.

RES10-19-09

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: Records Management Project

DATE: 11/09/09/

(a) Purpose of Amendment: To amend 2009 budget to accept funds from LGRMIF awarded to Warren County for 2009-2010 cycle.

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

A.1460.130	Records Management Project	\$ 5,800.00
A.1460.220	Equipment	200.00
A.1460.425	Reproduction	29,596.00
A.1460.830	Social Security	400.00
A.1460.831	Medicare	100.00
TOTAL:		36,096.00

(c) Revenue Code (with title), and Amount: Records Mgt A. 3060 \$ 36,096.00

WARREN COUNTY
DEPARTMENT OF ADMINISTRATIVE AND FISCAL SERVICES

*WARREN COUNTY MUNICIPAL CENTER
1340 STATE ROUTE 9
LAKE GEORGE, NEW YORK 12845-9803*

*Telephone 518-761-6539
Fax: 518-761-7652*

JoAnn McKinstry, Deputy Commissioner

TO: Members of the Board of Supervisors

FROM: JoAnn McKinstry, Deputy Commissioner

DATE: November 10, 2009

RE: Response to the Budget Analysis Report from the County Treasurer

This is a response to the Budget Analysis Report from Francis X. O'Keefe, County Treasurer. The report was compiled as of September 30, 2009. I have contacted departments with these concerns and summarized the responses below:

- 1) Waste Management – The County Treasurer stated that Waste Management contractual expenditures were at 80% of the budget as of Sept. 30, 2009 and he was concerned more money would need to be borrowed by the end of the year. Since then, revenues appear to be increasing slightly and borrowing may not be necessary.
- 2) Public Works Administration – The department was at 83% of its budget for salaries as of September 30, 2009. This is due to the transfer of an employee from the County Road Highway Administration. The County Road Highway Administration will be under budget for salaries. A transfer of funds to address this issue will be at today's Finance meeting.
- 3) Social Services – Home Relief may need additional funding. As of 11/9/09, Social Services has used 81% of their funds in this code. An increase in appropriation of \$240,000 has been made. Right now they expect to have a balance of \$41,538.81 at the end of the year.
- 4) Social Services – Health Insurance – The department used 95% of the budget as of Sept. 30, 2009. A transfer will be completed in November. They expect to have a balance of \$33,873.00 at the end of the year.
- 5) Aid to Dependent Children – The department used 82% of the budget at the end of Sept. 2009. A transfer has been done with the expectations of being \$9,000 under budget.
- 6) Medical Assistance – The department is at 96% of the budget. Federal and State money has been requested to cover the shortfall.
- 7) Countryside Adult Home – Overtime was at 82% of its budget as of Sept. 30, 2009. I was unable to reach the Department Head.
- 8) Health Services – Revenue submissions were delinquent for July and August 2009. This problem had been reported previously. According to the Fiscal Manager, this will be submitted Nov. 9, 2009.

- 9) Education Physically Handicapped Children – A State Aid claim was submitted on May 4th and revenue has not been received by the end of September. Payment was received on October 9, 2009.
- 10) Health Services Overtime – Overtime was at 79% of the budget as of Sept. 30, 2009. The H1N1 vaccine has created the need for additional overtime, but this will be 100% reimbursed.
- 11) Sheriff – Correction Division and the 911 Center are in excess of the overtime budget. Part time may also go over by the end of the year. The Law Enforcement division may go over by the end of the year. The Sheriff states that this has already discussed and he will be transferring money to cover the overage. He also states that these expenditures are being closely monitored.
- 12) Mental Health – Second quarter expense reports have not been received by four agencies which is a violation of the contract with Warren County. Rob York is aware of this and he is working on the problem.
- 13) Tourism Occupancy – Occupancy Tax Collections were down \$450,596 as of Sept. 30, 2009. The end of October it has improved slightly to \$347,000 below 2008 level.
- 14) Sales Tax Collections – Collections for July-September 2009 are down \$2.1 million from Sept. 30, 2008. October Collections are down by \$93,430.
- 15) Unemployment – The budget for unemployment is exceeded by 171% for the first two quarters of the year. Additional funding will be needed.
- 16) District Attorney – State Aid is budgeted for \$197,000 and only \$18,000 has been received. D.A. Salary reimbursement was sent to Treasurer's for \$43,867. The Impact Grant was just approved and funds should be received later this year. The department is researching the D.A. Recruitment and Retention and D.A.
- 17) Crime Victims Advocate – Part time help is at 87%. New Grant beginning October 1, 2009 will provide funds to cover these costs.
- 18) Medical Examiners & Coroners – Medical fees are at 92% of budget. Additional money will be needed. This is a mandated cost to the County.
- 19) Civil Service – The department has already spent 135% of its budget for over time. This transfer will be authorized at today's meeting.
- 20) Veterans Services – The department is at 96% of its salary budget as of September 30, 2009. Department Head could not be reached. A message was left that a transfer was required in the December Finance Committee meeting.
- 21) Office for the Aging – Several accounts are close to the budgeted amounts. The department will do transfers at the next committee meeting.
- 22) Westmount – Several sub-departments within Westmount are close or over the budgeted salary and overtime amounts. Department is checking out options to adjust this money to cover the negatives.
- 23) Siemens – The Siemens Energy Project will need detailed analysis and understanding in order to clarify the issues. I plan to work on this soon after the 2010 Budget is adopted.

A G E N D A
PERSONNEL COMMITTEE
NOVEMBER 10, 2009

1) Referrals from the Health Services Committee:
Westmount Health Facility:

- A)** Request to fill the vacant position of Director of Nursing, base salary of \$65,139, Employee No. 6837, due to retirement. The Notice of Intent to Fill Vacant Position is attached.
- B)** Request to fill the vacant position of Assistant Director of Nursing, base salary of \$58,701, Employee No. 1356, due to retirement. The Notice of Intent to Fill Vacant Position is attached.
- C)** Requesting the services of an Acting Nursing Director, on a temporary basis, at a pay rate of \$36.06 per hour.
- D)** Request for an employee to enroll in a job-related course entitled "Microbiology" at Adirondack Community College (ACC), commencing September 8, 2009 through December 22, 2009 at a cost of \$664.65.

2) Referrals from the Public Safety Committee:
Sheriff & Communications:

- A)** Request to fill the vacant position of Senior Account Clerk, base salary of \$31,323, Employee No. 10695, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
- B)** Request to fill the vacant position of Correction Officer, base salary of \$32,400, Employee No. 10060, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
- C)** Request to fill the vacant position of Correction Officer, base salary of \$32,400, Employee No. 10919, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
- D)** Bud York, Sheriff, has requested permission to address the Committee.

3) Referrals from the Social Services Committee:

- A)** Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Employee No. 10804, 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, Employee No. 8272, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
- C)** Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Employee No. 11578, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

- D) Request to fill the vacant position of Van Driver, base salary of \$22,897, Employee No. 10644, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
 - E) Creating the position of Caseworker, base salary of \$34,178, effective November 1, 2009; thereby amending the Department's Table of Organization. *(Note: This position is part of the proposed reorganization of the Department and was omitted on the Commissioner's original request.)*
 - F) Request to fill the vacant position of Caseworker, base salary of \$34,178, due to creation. The Notice of Intent to Fill Vacant Position is attached.
- 4) **Referrals from the Human Services Committee:**
Employment & Training Administration:
- A) Request to fill the vacant position of Employment & Training Counselor, base salary of \$30,222, Employee No. 10239, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
 - B) Request to fill the vacant position of Part-time Employment & Training Counselor, base salary of \$30,222 pro-rated, up to 30 hours per week. The Notice of Intent to Fill Vacant Position is attached.
- 5) Paul Dusek, County Attorney, has requested permission to address the Committee concerning longevity for non-bargaining unit employees.
- 6) Todd Lunt, Human Resources Director, has requested permission to address the Committee regarding the following items:
- A) Discussion of the extended Voluntary Furlough Program.
 - B) Renewing agreement with National Employers Council Inc., to continue contractual relationship to assist in the administration of the unemployment insurance program.
 - C) Authorizing agreements for health insurance effective December 1, 2009 as well as January 1, 2010 and establishing rates for coverage.
- 7) Overtime Report attached for review.