

A G E N D A
FINANCE COMMITTEE
DECEMBER 10, 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) Amending the 2009 County budget to increase revenues and appropriations in the amount of \$245,200 to reflect additional BAN principal payments that ACC made which were not included in the County's budget.

 - B) Request for a transfer of funds in the amount of \$31,120 from the Contingent Fund A.1990 469 to cover Tax Anticipation Note interest incurred during the year.

 - C) Request for a transfer of funds in the amount of \$95,000 from the Contingent Fund A.1990 469 to account for an increase in unemployment insurance expense.

 - D) Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$95,000 to increase unemployment insurance appropriations.

 - E) Authorizing the issuance of a Tax Anticipation Note for an amount up to \$8 million to cover anticipated cash flow shortages in January 2010.

 - F) Review and approval of the Single Audit RFP (Request for Proposal).

- 3) **Referrals from the Human Services Committee:**
 - Employment & Training Administration:**
 - A) Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$30,693 to reflect receipt of Federal funds.

 - Veterans' Services:**
 - B) Request for a transfer of funds in the amount of \$400 from the Contingent Fund A.1990 469 to cover the sick leave incentive payout.

 - C) Request for a transfer of funds in the amount of \$11,972 from the Contingent Fund A.1990 469 due to a shortfall in the department budget due to a payout of leave time resulting from a retirement and a position abolishment within the Department.

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

Increasing Capital Project No. H292.9550 280-First Wilderness Heritage Corridor-Making the Connection, in the amount of \$25,000, with the source of funding to be an Interfund Transfer from A.8029 470.

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

- A) Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$4,141 to reflect receipt of revenues from the State Criminal Alien Assistance Program.
- B) Request for a new contract with New World Systems Corporation to enter into a Standard Software Maintenance Agreement, commencing January 1, 2010 and terminating December 31, 2010 for an amount of \$41,590.
- C) Request for a new contract with New World Systems Corporation to add new system software and remove existing contracted software, commencing January 1, 2010 for an amount of \$11,000.

6) Referrals from the Public Works Committee:

- A) Increasing Capital Project No. H199.9550 280-Corinth Road Reconstruction, in the amount of \$310,000 to provide the local share, with the source of funding to be transferred from A.9950 910-Transfers Capital Projects.
- B) Requesting conveyance of County-owned property in the Town of Queensbury, Tax Map Parcel Nos. 289.20-1-7.1; 290.17-2-40; and 296.8-1-3 which were acquired to relocate Meadowbrook Road and should now be transferred to the Town of Queensbury.
- C) Increasing Capital Project No. H260.9550 280-Alder Brook Bridge over Trout Brook, in the amount of \$25,000 to provide the local share to cover costs of anticipated construction in 2010, with the source of funding to be transferred from A.9950 910-Transfers Capital Projects.
- D) Increasing Capital Project No. H272.9550 280-Harrington Road Bridge, in the amount of \$10,000 to provide the local share to cover costs of anticipated construction in 2010, with the source of funding to be transferred from A.9950 910-Transfers Capital Projects.
- E) Increasing Capital Project No. H78.9550 280-Middleton Bridge (CR10) over Schroon River, in the amount of \$10,000 to provide the local share to cover costs of anticipated Design Phase Supplemental Agreement in 2010, with the source of funding to be transferred from A.9950 910-Transfers Capital Projects.
- F) Increasing Capital Project No. H166.9550 280- Lake George Basin Sewer, in the amount of \$75,000 to provide the local share, with the source of funding to be transferred from A.9950 910-Transfers Capital Projects.

- G) Establishing Capital Project No. H307.9550 280-Airport Paving Project, in the amount of \$35,000 to pave the Airport access road and parking areas, with the source of funding to be transferred from A.5610 465-Airport Road and Bridge Materials.
 - H) Extending existing contracts for Snow & Ice Contracts as follows: D.5142 470 in the amount of \$816,531; D.5110 470 in the amount of \$98,289; for a total amount of \$914,820, including payment provisions as outlined on the resolution request.
 - I) Rejecting the unresponsive low bid from Trak Engineering, Inc. for the Fuel Management System and awarding bid to the next lowest bidder, Northeast Petroleum Technologies, Inc.
 - J) Amending existing contract with Clough Harbour and Associates, LLP for the addition of extra design work, specifically, further subsurface investigations, based on comments received from the New York State Department of Transportation (NYS DOT) for a total amount not to exceed \$20,000, with the source of funding to be Capital Project No. H272.9550 280-Harrington Road Bridge.
- 7) **Referral from the Social Services Committee:**
Amending the 2009 County budget to increase estimated revenues and appropriations in the amount of \$44,976 to reflect receipt of Homeless Prevention Rehousing funds and to establish new budget codes for the Program.
- 8) Paul Dusek, County Attorney, has requested to permission to address the Committee regarding the following:
- A) Discussion concerning one person plowing in the Department of Public Works.
 - B) Discussion concerning various collective bargaining issues.
- 9) Finance Committee action is required on the following items as approved by the Personnel Committee: Item Nos. 2, 5C and 6A.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Admin & Fiscal Services
Name of Department

SIGNED: DATE: 11/23/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 140	Sick Leave Incentive	A.1011 444	Travel/Education	800.00

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

Please state reason for transfers requested: Insufficient funds.

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: COUNTY ATTORNEY - LAW

Name of Department

SIGNED:



DATE: 12/9/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1420 120	Salaries – Overtime	A.1420 410	Supplies	\$800.00

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

Please state reason for transfers requested: To hook up the Department of Social Services Attorneys to the Amicus calendar, diary, phone message, file system.

*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: Treasurer

Name of Department

SIGNED: 

DATE: 12/2/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1325 110	Treasurer-Salaries-Regular	A.1325 439	Treasurer-Misc Fees & Exp	\$2,611.00

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

Please state reason for transfers requested: To cover IRS 2006 audit assessment.

*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: Countryside Adult Home
Name of Department

SIGNED: **DATE:** 11/19/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
6030.130	Salaries - Part-Time	6030.120	Salaries - Overtime	\$9000.00
6030.130	Salaries - Part-Time	6030.110	Salaries - Regular	\$3759.00

Please state reason for transfers requested: All of our salaries are being paid from acct. 110 - regular instead of part-time so we need to move the monies out of part-time, also due to unexpected staff illness we have needed to use more overtime than expected.

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

SIGNED: _____

DATE: 11/25/09

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.220	Health Services-CHHA Office Equipment	A.4010.210	Health Services-CHHA-Furniture/Fixtures	\$35.00
2.	A.4013.220	WIC-Office Equipment	A.4013.210	WIC-Furniture/Fixtures	\$40.00
3.	A.4013.130	WIC-Part Time Salaries	A.4013.120	WIC - Overtime Salaries	\$687.00
4.	A.4016.130	Long Term Care-Part Time Salaries	A.4016.120	Long Term Care-Overtime Salaries	\$2,500.00
5.	A.4018.130	Preventive Pgm-Part Time Salaries	A.4018.120	Preventive Program-Overtime Salaries	\$200.00
6.	A.4018.0020.120	Family Health-Overtime Salaries	A.4018.0020.130	Family Health-Part Time salaries	\$32.00
7.	A.4054.410	Preschool Program-Office Supplies	A.4054.120	Preschool Program -Over Time Salaries	\$12.00
8.	A.4054.0060.130	Early Intervention-Part Time Salaries	A.4054.0060.120	Early Intervention -Over Time Salaries	\$700.00
9.	A.4018.0030.260	Disease Program-Other Equipment	A.4018.0030.410	Disease Program-Office Supplies	\$900.00
10.	A.4018.130	Preventive Pgm-Part Time Salaries	A.4018.140	Preventive Program-Sick Incentive	\$400.00
11.	A.4010.130	Health Services-CHHA Part Time Salaries	A.4010.140	Health Services-CHHA Sick Incentives	\$400.00
12.	A.4189.110	Bioterrorism-Full Time Salaries	A.4189.120	Bioterrorism -Overtime Salaries	\$7,000.00
13.	A.4054.0060.444	Early Intervention-Education expense	A.4054.444	Preschool Program-Education Expense	\$45,000.00
14.	A.4010.470	Health Services-CHHA Contract Expense	A.4054.444	Preschool Program-Education Expense	\$50,000.00
15.	A.4016.470	Long Term Care-Contract Expense	A.4054.444	Preschool Program-Education Expense	\$20,000.00
Total Transfers					<u>\$127,906.00</u>

Please state reason for transfers requested:

1. To transfer funds to cover equipment for CHHA purchased through stockroom.
2. To transfer funds to cover equipment for WIC purchased through stockroom.
3. To transfer funds from Part time salaries to Overtime salaries to cover expenses for WIC program.
4. To transfer funds from Part time salaries to Overtime salaries to cover expenses for LTC program.
5. To transfer funds from Part time salaries to Overtime salaries to cover expenses for Preventive Program.
6. To transfer funds from Overtime Salaries to Part Time salaries to cover expenses for Family Health Program.
7. To transfer funds from Supplies to Overtime salaries to cover expenses for the Preschool Program.
8. To transfer funds from Part time salaries to Overtime salaries to cover expenses for the Early Intervention Program.
9. To transfer funds from Other equipment to Office supplies expense to cover expenses for the Disease Program.
10. To transfer funds from Part time salaries to Sick Incentive expense for 2009 to cover sick incentive expenses for one employee in Preventive Program.
11. To transfer funds from Part time salaries to Sick Incentive expense for 2009 to cover sick incentive expenses for one employee in the CHHA program.
12. To transfer funds from Full time to Overtime salaries to cover expenses related to the H1N1 clinica-clerical input time.
13. To transfer funds from Early intervention education expense to Preschool expense to cover expenses estimated to year end.
14. To transfer funds from CHHA Contract expense to Preschool expense to cover expenses estimated to year end.
15. To transfer funds from LTC Contract expense to Preschool expense to cover expenses estimated to year end.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

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: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: November 25, 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.60200.4900 435	Westmount, Nursing – Nurses’ Station, Medical Fees, Other Medical Supplies	1,000
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83500.3000 440	Westmount, Administrative Services, Purchased Fees-Legal/Transcript Fee	500
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83500.6822 470	Westmount, Administrative Services, Contracted Services	1,480
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.8800 444	Westmount, Nursing – Nurses’ Station, Travel, Conference, Workshops, Education	800
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60100.9101 436	Westmount, Nursing Administration, Other Direct Cost Advertising, Adv Fee	2,000

Please state reason for transfers requested: purchase of additional masks & medical supplies, Ruffo Contract, NYAHSA Contract, Conference.

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 25, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73300.500 110	Westmount, Physical Therapy, Aides Orderlies, Assistants, Salaries – Reg	EF.82100.700 120	Westmount, Dietary Services, FSH, HK, LL, Maint, Salaries - OT	10,000
EF.73300.500 110	Westmount, Physical Therapy, Aides Orderlies, Assistants, Salaries – Reg	EF.82100.700 130	Westmount, Dietary Services, FSH, HK, LL, Maint, Salaries – PT	2,000
EF.60100.600 130	Westmount, Nursing Admin, Clerical & Other Adm Wages, Salaries – PT	EF.82100.700 130	Westmount, Dietary Services, FSH, HK, LL, Maint, Salaries – PT	6,000
EF.72600.400 120	Westmount, Activities Program, LPN & Act Dir Wages, Salaries - OT	EF.60200.100 130	Westmount, Nursing – Nurses' Station, Management & Supervision, Salaries - PT	710
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.60200.100 120	Westmount, Nursing – Nurses' Station, Management & Supervision, Salaries - OT	15,000
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.300 120	Westmount, Nursing – Nurses' Station, Registered Nurses Wages, Salaries - OT	5,000
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.400 120	Westmount, Nursing – Nurses' Station, LPN & Activities Director, Salaries - OT	10,000

Please state reason for transfers requested: Over expended salary expenses

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 25, 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.60200.1900 810	Westmount, Nursing – Nurses’ Station, Pension and Retirement – Union, Retirement	16,325
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.83110.1900 810	Westmount, Fiscal Services, Pension & Retirement – Union, Retirement	4,900
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.83500.1900 810	Westmount, Administrative Services, Pension & Retirement – Union, Retirement	906
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.82500.1900 810	Westmount, Laundry & Linen, Pension & Retirement – Union, Retirement	811
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.73800.1900 810	Westmount, Social Services, Pension & Retirement – Union, Retirement	450

Please state reason for transfers requested: Over expended salary expenses

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

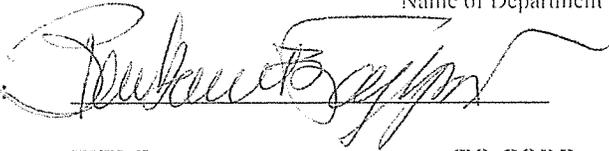
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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: 

DATE: December 8, 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.60200.6300 422	Westmount, Nursing – Nurses’ Station, 1,100 Repair & Maint PS DA Equipment	

Please state reason for transfers requested: Purchase of 4 Large Lift Belts

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>
A6771 260	Gen Nutri. Eld-Ham.Co. Other Equipment	A6771 110	Gen Nutri. Eld-Ham.Co. Salaries Reg	\$ 500
A6771 411	Gen Nutri. Eld-Ham.Co. Rent-Bldg/Property	A6771 110	Gen Nutri. Eld-Ham.Co. Salaries Reg	\$ 1,020
A6771 413	Gen Nutri. Eld-Ham. Rep & MaintBldg/Prop	A6771 110	Gen Nutri. Eld-Ham.Co. Salaries Reg	\$ 100
A6771 130	Gen Nutri. Eld-Warr Co. Salaries PT	A6771 110	Gen Nutri. Eld-War.Co. Salaries Reg	\$ 3,000
A6774 130	GenS.N.A.P Salaries PT	A6774 110	GenS.N.A.P Salaries Reg	\$ 8,000
A.6774 260	Gen S.N.A.P Other Equipment	A6774 110	GenS.N.A.P Salaries Reg	\$ 300
A.6774 445	Gen S.N.A.P Food	A6774 110	GenS.N.A.P Salaries Reg	\$ 7,850
A6780 110	Gen CSE/Ham Salaries Reg	A6778 110	Gen CSE /Warr Salaries Reg	\$ 3,400
A6788 110	GenE.I.S.E.P. Warr Salaries Reg	A6778 110	Gen CSE /Warr Salaries Reg	\$ 6,475
A6789 110	Gen E.I.S.E.P. Ham Salaries Reg	A6988 110	Gen OFA HIICAP Salaries Reg	\$ 4,215
A6793 110	Gen WRAP Salaries Reg	A6772 110	Gen OFA Salaries Reg	\$ 3,000
A6987 110	Gen Title VII Salaries Reg	A6772 110	Gen OFA Salaries Reg	\$ 1,930
A6772 418	Gen OFA Ins/Gen Liability	A6772 110	Gen OFA Salaries Reg	\$ 4,220
A6785 110	Gen OFA POE Warr Salaries Reg	A6785 470	Gen OFA POE Warr Contract	\$ 5,986
A6786 110	Gen OFA POE Ham Salaries Reg	A6786 470	Gen OFA POE Ham Contract	\$ 4,155
A6987 110	Gen Title VII Salaries Reg	A6987 410	Gen Title VII Supplies	\$ 55.00

\$54,206

Please state reason for transfers requested:

To redistribute salary budget

CONTINGENT FUNDS TRANSFER REQUEST

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

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

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>
A6771 444	Gen Nutri. Eld-Ham.Co. Travel/Ed/Conf	A6773 444	Gen Nutri. Eld-War.Co. Travel/Ed/Conf	\$ 6,580.00
A6773 260	Gen Nutri. Eld-War.Co. Other Equip	A6773 432	Gen Nutri.Eld-War.Co. Special Proj Supply	\$ 1,400.00
A6785 220	Gen OFA-POE-Warr Office Equip	A6785 424	Gen OFA-POE-Warr Postage	\$ 50.00
A6785 220	Gen OFA-POE-Warr Office Equip	A6785 444	Gen OFA-POE-Warr Travel/Ed/Conf	\$ 150.00
A6785 220	Gen OFA-POE-Warr Office Equip	A6785 470	Gen OFA-POE-Contract	\$ 1,800.00

9,980

Please state reason for transfers requested:

To redistribute 2009 funds to cover possible shortfalls in GL lines

CONTINGENT FUNDS TRANSFER REQUEST

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Employment and Training
Name of Department

SIGNED:  DATE: 11/30/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40 6293.0305 220	WIA DW - Office Equipment	40 6293.0345 110	WIA DW - Training-Client	\$ 2,500
40 6293.0347 470	WIA Youth Stim - Contract	40 6293.0347 110	WIA Youth Stim- Salaries-Regular	\$ 650

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: Warren County Office of Emergency Services
Name of Department

SIGNED: _____ DATE: December 18, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3410 410	Fire Prevention & Control - Supplies	A.3140 260	Fire Prevention & Control - Other Equip	\$265

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

Please state reason for transfers requested: For purchase of pallet jack
~~To pay the salary of the new employee for the rest of 2009~~

*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.

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: 12/32009
William E. Lamy
Superintendent

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
DM5130.442	Auto Gas & oil	DM5130.110	Machinery Salaries Regular	\$3,000

Please state reason for transfers requested:
End of year adjustment due to retirement

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.

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: *William E. Long* DATE: 12/9/2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
DM.5130 442	Road Machinery, Automotive Gas and Oil	D.9060 860	County Road, Hospitalization	\$53,000.00
DM.5130 442	Same	D.9065 865	County Road, Dental	\$ 1,300.00
DM.5130 442	Same	DM.9060 860	Road Machinery, Hospitalization	\$12,000.00
DM.5130 442	Same	DM.9065 865	Road Machinery, Dental	\$ 200.00

Please state reason for transfers requested:

Amounts needed to pay Hospitalization and Dental Expenses for November and December 2009

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: Information Technology
Name of Department

SIGNED: DATE: 4/28/2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1680 120	Salaries - Regular	A.1680 120	Overtime	5,000

Please state reason for transfers requested: Line was omitted from budget in error, per budget folks.

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. 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: Treasurer

DATE: November 25, 2009

- (a) Purpose of Amendment: To reflect additional BAN principal payments that ACC decided to make which were not included in County's budget.
- (b) Appropriation Code, Object Code, Full Title and Amount: A.9730 610 - Bond Anticipation Notes - Principal - \$245,200

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.1325 2392 - County Treasurer - Debt Service, Other Government - \$245,200

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

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

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: 

DATE: 12/7/09

FROM CODE TITLE TO CODE TITLE AMOUNT

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.9760 710	Tax Anticipation Note –	\$31,120.00
	Other Payments/Contributions		Interest	

Please state reason for transfer request: To cover Tax Anticipation Note interest incurred during the year.

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: Treasurer

Name of Department

SIGNED: 

DATE: 12/8/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account-	A.9050 850	Unemployment Insurance	\$95,000
	Other Payments/Contributions			

Please state reason for transfer request: To account for an increase in unemployment insurance expense

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: - Treasurer

DATE: December 8, 2009

- (a) Purpose of Amendment: Increase unemployment insurance appropriations

- (b) Appropriation Code, Object Code, Full Title and Amount: MS.9050 850 Risk Retention -Unemployment Insurance - \$95,000

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: MS.9050 2801 Risk Retention - Interfund Revenues - \$95,000

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

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

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: December 8, 2009

- (a) Purpose of Request: Authorize the issuance of a Tax Anticipation Note up to \$8.0 million.
- (b) Details: Funds needed to cover anticipated cash flow shortages in January, 2010
- (c) Previous Resolution Number: None
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: N/A

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

* as listed in budget and LOGOS

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: November 25, 2009

- (a) Purpose of Request: Review and Approval of Single Audit RFP

- (b) Details: The attached Single Audit RFP includes qualification requirements that the Treasurer's Office feels are necessary to ensure that we obtain the best qualified auditing firm to perform the County's Single Audit.

- (c) Previous Resolution Number: None

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.1325 470

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

* as listed in budget and LOGOS

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
11/30/09**

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	\$30,693

Appropriations:

	Code	Title	Amount
	40 6293.0300 433	WIA Adult -Training-Client	\$ 476
	40 6293.0305 433	WIA DW - Training-Client	\$25,719
	40 6293.0310 470	WIA Youth - Contract	\$ 4,498

2. Request to attend meeting:
The 2010 NYATEP/NYSDOL Youth Academy for Sharon Sano. Location: Albany, NY on March 2-3. Conference cost - \$275.00.
3. Request resolution to enter into renewal of lease for office space with the NYS Dept. of Labor.
 - a. Term: For a period up to 5 years 1/1/10-12/31/15
 - b. Rate: No increase over current rate - \$40,074.81/yr.
 - c. Details: Early termination clause by either party after as early as one year but no longer than after two years in a form approved by the county attorney.
4. Other
 - a. Pending item
 - b. Math prep classes
 - c. Options for Director's position

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Denise A. Di Resta, Director

Name of Department: Veterans Services

SIGNED:



DATE: 11/30/2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A.6510 140	Salaries – Sick Leave Incentive	400.00

Please state reason for transfer request: Sick Leave Incentive Payout.

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: Denise A. Di Resta, Director

Name of Department: Veterans Services

SIGNED:  DATE: 11/30/2009

<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- Other Payments/Contributions	A.6510 110	Salaries - Regular	11,972.20

Please state reason for transfer request: Over budget for EOY 2009 due to a retirement and position abolishment within department.

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

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: Planning and Community Development

DATE: 3 December 2009

(a) Exact Title and Number of Existing Project*- FWHC-Making the Connection, H292 9550 280

*Please specify whether this is a Capital Project or Capital Reserve Project.

(b) Amount of Increase (if applicable): \$25,000

(c) Amount of Decrease (if applicable): _____

(d) Source of Funding (if Increase) (include name & title of codes, etc.) H5031 Interfund transfer 8029.470 - \$25,000

(e) Changes in Funding (if Amendment): _____

(f) Purpose of Increase or Decrease or Amendment: Transfer of matching funds to Capital project

Notes:

RESOLUTION REQUEST FORM NO. 7
Request to Amend County Budget*

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

DEPARTMENT NAME: Sheriff's Office

DATE: 11-25-09

- (a) Purpose of Amendment: To move monies received as revenues from State Criminal Alien Assistance Program (SCAAP).
- (b) Appropriation Code (with title), Object Code (with title) and Amount: A.3150 3379, Criminal Alien Assistance Program, \$4141.00
- (c) Revenue Code (with title), and Amount: A.3150 439 Sheriff's Correction Division, Miscellaneous Fees and Expenses, \$4141.00

RESOLUTION REQUEST FORM NO. 3
Request for New Contract

DEPARTMENT NAME: **Sheriff's Office**

DATE: **December 1, 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 New World Systems to enter into a Standard Software Maintenance Agreement.**
- (c) Name of Contractor: **New World Systems Corporation**
- (d) Address of Contractor: **888 W. Big Beaver Road Suite #600 Troy, MI 48084**
- (e) Contact Person & Telephone No.: **Donna Torrance 248-269-1000**
- (f) Has or will the Contract be provided, if so, please attach: **Yes (see attachments)**
- (g) Commencement Date of Contract: **January 1, 2010**
- (h) Termination Date of Contract: **December 31. 2012**
- (i) Payment Provisions: **See contract attached.**
- (j) Where are the Funds?: **Sheriff's Law Enforcement, A. 3020 470-Sheriff's 911 Center - Contracts**

RESOLUTION REQUEST FORM NO. 3
Request for New Contract

DEPARTMENT NAME: Sheriff's Office

DATE: **December 1, 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 New World Systems to enter into an agreement to add new system software and remove existing contracted software.**
- (c) Name of Contractor: **New World Systems Corporation**
- (d) Address of Contractor: **888 W. Big Beaver Road Suite #600 Troy, MI 48084**
- (e) Contact Person & Telephone No.: **Donna Torrance 248-269-1000**
- (f) Has or will the Contract be provided, if so, please attach: **Yes (see attachments)**
- (g) Commencement Date of Contract: **January 1, 2010**
- (h) Termination Date of Contract: **N/A**
- (i) Payment Provisions: **\$11,000 - \$5,500 on effective date, \$5,500 on afte instalation**
- (j) Where are the Funds?: **Sheriff's Law Enforcement, A. 3020 470-Sheriff's 911 Center - Contracts**

RESOLUTION REQUEST FORM NO. 9

Request to Increase *Existing* Capital Project *

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

DEPARTMENT NAME: DPW

DATE: December 1, 2009

(a) Exact Title and Number of Project*: CORINTH ROAD RECONSTRUCTION
HL.199.9550-280

*Please specify whether this is a Capital Project or a Capital Reserve Project

(b) Amount of Increase (if applicable): \$ 310,000.00 for local share

(c) Amount of Decrease (if applicable): _____

(d) Source of Funding (if increase) (include name & title of codes, etc.): _____

Transfer funds from A9950-910

(e) Changes in Funding (if Amendment): _____

(f) Purpose of Increase or Decrease or Amendment: Local share

RESOLUTION REQUEST FORM NO. 16

*Request to Authorize Conveyance of County Real Property**

**Please Attach Appropriate Documentation*

DEPARTMENT NAME: DPW

DATE: 12/1/09

(a) Description of Parcel Including Town, Tax Map No., and Property Description:
Town of Queensbury, 289.20-1-7.1, 290.17-2-40, 296.8-1-3, acquired to relocate Town
of Queensbury Meadowbrook Rd

(b) Will parcel be sold by County Auction? No

(c) Purchase Price:

(d) Provide prior Resolution Number, if applicable: 400 of 2006

(e) Name of Buyer(s): Town of Queensbury

(f) Address of Buyer(s): 742 Bay Rd, Queensbury NY 12804

(g) Purpose of conveyance: County purchased property adjacent to the Town's Meadowbrook Rd, then reconstructed a section of road to improve the intersection with CR17. Construction is complete. Reconstructed Road should be transferred to the Town.

RESOLUTION REQUEST FORM NO. 9

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

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

DEPARTMENT NAME: DPW

DATE: 12/01/09

- (a) Exact Title and Number of Project*: Alder Brook Rd Bridge - H260.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$25,000
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
\$ 25,000 Local (Transfer required from A.9950 910 - Transfers Cap. Projects)
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Local Share to match anticipated construction in 2010

RESOLUTION REQUEST FORM NO. 9

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

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

DEPARTMENT NAME: DPW

DATE: 12/01/09

- (a) Exact Title and Number of Project*: Harrington Rd Bridge - H272.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$10,000
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
\$ 10,000 Local (Transfer required from A.9950 910 - Transfers Cap. Projects)
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Local Share to match anticipated construction in 2010

RESOLUTION REQUEST FORM NO. 9

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

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

DEPARTMENT NAME: DPW

DATE: 12/01/09

- (a) Exact Title and Number of Project*: Middleton Bridge - H278.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$10,000
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
\$ 10,000 Local (Transfer required from A.9950 910 - Transfers Cap. Projects)
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Local Share to match anticipated Design Phase Supplemental Agreement in 2010.

RESOLUTION REQUEST FORM NO. 9

Request to Increase *Existing* Capital Project *

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

DEPARTMENT NAME: DPW

DATE: December 1, 2009

(a) Exact Title and Number of Project*: Lake George Basin Sewer
H.166.9550-280

*Please specify whether this is a Capital Project or a Capital Reserve Project

(b) Amount of Increase (if applicable): 75,000.00

(c) Amount of Decrease (if applicable): _____

(d) Source of Funding (if increase) (include name & title of codes, etc.): _____
Transfer funds from A9950-910

(e) Changes in Funding (if Amendment): _____

(f) Purpose of Increase or Decrease or Amendment: Local share

RESOLUTION REQUEST FORM NO. 8

Request to *Establish* Capital Project

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

DEPARTMENT NAME: Public Works

DATE: 12/1/2009

(a) Exact Title and Number of Project* (must be obtained from Treasurer's Office):

AIRPORT PAVING PROJECT H307.9550-280

*Please specify whether this is a Capital Project or a Capital Reserve Project

(b) Amount of Project \$35,000.00

(c) Source of Funding (include name & title of codes, etc A5610.465

Airport Road And Bridge Mmaterials

(d) Purpose of Establishment: to pave the Airport access road and parking areas

Work was scheduled for 2009 but cold weather prevented the paving

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: DPW

DATE: 1-Dec-09

(a) Resolution No. which Authorized the Original Contract: 43 OF 2005, 47 OF 2006
836 of 2006 790 of 2007
752 of 2008

(b) Name of Contractor: SNOW & ICE CONTRACTS-SEE ATTACHED

(c) Address of Contractor: SEE ATTACHED

(d) Contractor's Contact Person and Telephone Number: SEE ATTACHED

(e) Commencement Date of Extension: 1-Jan-10

(f) Termination Date of Extension: 31-Dec-10

(g) Payment Provisions: i) 67% of Snow and Ice in January 2010
ii 33% of Snow and Ice in July 2010
iii 100% of Mowing and Sweeping In July 2010
iv

(h) Where are the Funds for this Contract: List Budget Code, (with title), Object Code (with title) and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: (D.5142.470 FOR \$ 816,5310; D5110.470 FOR \$ 98,289; Total \$914,820

2010 MUNICIPAL CONTRACT
HIGHWAY RECOMMENDED PAYMENT RATE

\$4,992/MI. PLOW/ICE CONTROL APPLICATION WITH TYPICAL SNOW/ICE REMOVAL OPERATIONS BETWEEN STORMS, ADJUST MILES APPROPRIATE FOR MULTIPLE LANE HIGHWAYS.

\$1,386/MI. ADDITIONAL WITH VERY FREQUENT SNOW/ICE REMOVAL OPERATIONS BETWEEN STORMS, I.E. SNOW DRIFTS AND SNOW REMOVAL ON CITY STREETS, NUMEROUS INTERSECTIONS.

\$ 693 ADDITIONAL FOR WEIGHT RESTRICTED OR BRIDGES THAT REQUIRE SPECIAL EQUIPMENT OTHER THAN TYPICAL ROAD PLOW VEHICLE.

\$ 554/MI. SWEEP ROAD IN SPRING AFTER WINTER OPERATIONS ARE COMPLETED ONE TIME PER YEAR.

\$ 140/MI. MOWING IN MID JUNE TO LATE JULY, ONE TIME PER YEAR. ONE 6' PASS EACH SIDE OF HIGHWAY AND CLEAR FOR INTERSECTION SITE DISTANCE.

TOWN	MILES \$4,992	MILES \$1,386	BRIDGES \$693	D.5142 TOTAL	MILES \$554	MILES \$140	D.5110 TOTAL	ESTIMATE OF PAYMENT
BOLTON	17.64	1.65	1	\$ 91,039	17.64	17.64	\$ 12,242	\$ 103,281
CHESTER	32.87	0.5	1	\$ 165,473	32.87	32.87	\$ 22,812	\$ 188,285
HAGUE	9.02	0.5	1	\$ 46,414	9.02	0	\$ 4,997	\$ 51,411
HORICON	26.32	0.5	1	\$ 132,775	26.32	0	\$ 14,581	\$ 147,357
LAKE GEORGE	4.11	1.37	0	\$ 22,416	4.11	4.11	\$ 2,852	\$ 25,268
LAKE LUZERNE	8.94	1.27	0	\$ 46,389	8.94	8.94	\$ 6,204	\$ 52,593
STONY CREEK	21.72	9.05	3	\$ 123,049	21.72	0	\$ 12,033	\$ 135,081
THURMAN	26.53	8.81	1	\$ 145,341	26.53	26.53	\$ 18,412	\$ 163,753
WARRENSBURG	6.82	3.29	1	\$ 39,298	6.82	0	\$ 3,778	\$ 43,077
WASHINGTON	0.68	0.68	0	\$ 4,337	0.68	0	\$ 377	\$ 4,714
	154.65 MI	27.62 MI	9	\$ 816,531	154.65 MI	90.09 MI	\$ 98,289	\$ 914,820

11-3-09

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: DPW

DATE: 12/4/09

- (a) Purpose of Request: To reject the unresponsive apparent low bid from Trak Engineering for the Fuel Management System Bid
- (b) Details: The County received three (3) Bids for WC 103-09. The apparent low bid was reviewed and found to be unresponsive for the following reasons:
1. Bidder can not secure a Performance Bond, as required by the County Attorney.
 2. Bidder has no local repair service provider, and therefore does not meet the requirements of the RFB.
 3. Customer reference provided by the bidder has had multiple/excessive equipment problems with the Trak system.

DPW recommends that Warren County reject the Trak Bid and award to the next lowest Bidder (Northeast Petroleum). We have reviewed the Northeast bid and find that it is fully responsive to the RFB.

- (c) Previous Resolution Number: 677 of 2009

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: DPW

DATE: 12/3/09

- (a) Purpose of Contract Change: Extra work - The addition of extra design work, specifically, further subsurface investigations, based on comments received from NYSDOT.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 366 of 2007
- (c) Name of Contractor: Clough Harbour and Associates, LLP
- (d) Address of Contractor: 3 Winners Circle, Albany
- (e) Contractor's Contact Person and Telephone Number: Tony Papile, P.E. Project Manager 453-4500
- (f) Commencement Date of Extension: December, 2009
- (g) Termination Date of Extension: Until Complete
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$20,000.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: H272 9950 280

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: 11/20/09

- (a) Purpose of Amendment: Increasing appropriations and revenues

- (b) Appropriation Code (with title), Object Code (with title) and Amount: Increase
A6140.0175 470 Homeless Prevention Rehousing \$44,976.00

- (c) Revenue Code (with title), and Amount: Increase
A.6140.0175 4640 Homeless Prevention Rehousing \$44,976.00

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

- 1) **Referral from the County Treasurer:**
Request to fill the vacant position of Senior Account Clerk, base salary of \$28,532, Grade 7, Employee No. 7730, due to retirement. The Notice of Intent to Fill Vacant Position is attached.

- 2) **Referral from the Criminal Justice Committee:**
Probation:
Amending the Table of Organization within the Probation Department as follows: Transfer Employee No. 8028 from A.3144-Probation Day Reporting to A.3140-Probation; Transfer Employee No. 9611 from A.3143-Probation-Pre-Trial to A.3144 Probation-Day Reporting; and Transfer Employee No. 10416 from A.3140 Probation to A.3143 Probation-Pre-Trial.

- 3) **Referral from the Human Services Committee:**
Youth Bureau:
Request for the Director of the Youth Bureau to continue employment with the County following retirement on a part-time basis, base salary of \$19 per hour not to exceed 19 hours per week.

- 4) **Referral from the Public Safety Committee:**
Sheriff & Communications:
Request to fill the vacant position of Correction Officer, base salary of \$32, 400, Employee No. 10725, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

- 5) **Referrals from the Social Services Committee:**
 - A) Request to fill the vacant position of Intake Clerk, base salary of \$24,480, Grade 4, Employee No. 11368, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

 - B) Request to fill the vacant position of Intake Clerk, base salary of \$24,480, Grade 4, Employee No. 11408, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

 - C) Creating position of Director of Child Support Enforcement and Fraud, base salary of \$37,934, Grade 17, effective December 21, 2009 and deleting the position of Supervising Support Investigator, base salary of \$35,196, Grade 15; thereby amending the Department's table of Organization.

 - D) Request to fill the vacant position of Director of Child Support Enforcement and Fraud, base salary of \$37,934, Grade 17, due to creation. The Notice of Intent to Fill Vacant Position is attached.

-
- E) Request to fill the vacant position of Social Welfare Examiner, base salary of \$29,199, Grade 8, Employee No. 1629, due to lateral transfer. The Notice of Intent to Fill Vacant Position is attached.
 - F) Request to fill the vacant position of Senior Account Clerk, base salary of \$28,041, Grade 7, Employee No. 11103, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
 - G) Request to fill the vacant position of Administrative Assistant, base salary of \$29,710, Grade 8, Employee No. 8496, due to creation of position. The Notice of Intent to Fill Vacant Position is attached.
 - H) Request to fill the vacant position of Case Supervisor Grade B, base salary of \$37,934, Grade 17, Employee No. 8259, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
 - I) Request to fill the vacant position of Senior Caseworker, base salary of \$35,169, Grade 15, Employee No. 9641, due to resignation. The Notice of Intent to Fill Vacant Position is attached.
 - J) Recommending Lisa Zulaf receive the Employee Suggestion Award of \$100 for her efforts to negotiate lower motel rates for Temporary Assistance recipients.
 - K) Requesting to change the job status description of the Deputy Commissioner position to either non-competitive or exempt so that they can serve at the will of the Commissioner.
- 6) **Referrals from the Support Services Committee:**
- Information Technology:**
- A) Decreasing the salary of the Director of Information Technology from the former base salary of \$78,963 to the current base salary of \$63,170; thereby amending the Department's Table of Organization. Please note: as per the County Attorney, an affirmative action resolution providing for health insurance coverage as special circumstance is needed.
- Administrative & Fiscal Services:**
- B) Request to fill the vacant position of Messenger, base salary of \$26,558, Grade 6, Employee No. 4055, due to retirement. The Notice of Intent to Fill Vacant Position is attached.
 - C) Request for Deputy Commissioner of Administrative & Fiscal Services to enroll in job related course entitled "Program Planning and Evaluation" at Empire State College, commencing January 19, 2010 and completing April 30, 2010, for a total cost of \$491.20.