

WARREN COUNTY MUNICIPAL CENTER



LAKE GEORGE, NEW YORK 12845

PLANNING & COMMUNITY DEVELOPMENT
DEPARTMENT

Telephone: (518) 761-6410

**Planning and Community Development Committee
Meeting Agenda
December 3, 2009**

A. Pending Items: (There are none as reported by the Clerk of the Board's Office)

B. Actions and Discussion Items:

1. Request reappointment of Jack Fazio to the Warren County Planning Board.
2. Request resolution to submit funding request for the HOME Program.
3. Request resolution to submit funding request for Access to HOME Program.
4. Request resolution to submit funding request for Restore Program.
5. Request resolution to transfer matching funds to the capital project account for the FEHC - Making the Connection
6. Discussion concerning use of AHC-7J15 housing funding award for \$120,000.
7. Discussion and brief update on broadband needs analysis and funding requests.
8. Adirondack North Country Association - County Planning Director's involvement.
9. Discussion on staffing and re-direction of personnel resources for FY - 2010.
10. Department office relocation to the 3d floor of the Human Services Building planned for December 17th and 18th.

C. Other:.....

RESOLUTION REQUEST FORM NO. 1

*Request to Appoint or Reappoint Member of Committee, Board or Agency**

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: Warren County Planning and Community Development Department

DATE: December 2, 2009

- (a) Name of Appointee: Jack Fazio
- (b) Is this a Reappointment? yes _____ If so, please provide the Resolution No. which authorized the last appointment of this individual 13-2007
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible. _____
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title _____
- (e) Address of Appointee: PO BOX 522 Lake Luzerne, NY 12846
- (f) Title of Appointment: County Planning Board Member
- (g) Effective Date of Appointment: 1/1/10
- (h) Termination Date of Appointment: 12/31/13
- (i) Name of Person Being Replaced (if applicable): _____
- (j) Reason for Replacement: _____

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Planning and Community Development

DATE: 3 December 2009

- (a) Purpose of Grant: housing assistance
- (b) Name of Grantor: NYS Housing Trust Fund - HOME Program
- (c) Address of Grantor: Office of Community Development, Hampton Plaza, 38-40 State Street, Albany NY 12207
- (d) Grantor's Contact Person and Telephone Number: Lynn kopka, 518.402.6870
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Upon funding award
- (f) Effective Date of Grant: To be determined by grantor agency
- (g) Termination Date of Grant: To be determined by grantor agency
- (h) Total Dollar Amount Involved (not to exceed): \$750,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 11 March 2010
- (j) Is a Budget amendment required? _____ If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No
If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: _____

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Planning and Community Development

DATE: 3 December 2009

- (a) Purpose of Grant: housing assistance
- (b) Name of Grantor: NYS Housing Trust Fund - Access to HOME Program
- (c) Address of Grantor: Office of Community Development, Hampton Plaza, 38-40 State Street, Albany NY 12207
- (d) Grantor's Contact Person and Telephone Number: Lynn Kopka, 518.402.6870
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Upon funding award
- (f) Effective Date of Grant: To be determined by grantor agency
- (g) Termination Date of Grant: To be determined by grantor agency
- (h) Total Dollar Amount Involved (not to exceed): \$500,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 11 March 2010
- (j) Is a Budget amendment required? _____ If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No
If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: _____

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Planning and Community Development

DATE: 3 December 2009

- (a) Purpose of Grant: housing assistance
- (b) Name of Grantor: NYS Housing Trust Fund - RESTORE Program
- (c) Address of Grantor: Office of Community Development, Hampton Plaza, 38-40 State Street, Albany NY 12207
- (d) Grantor's Contact Person and Telephone Number: Lynn Kopka, 518.402.6870
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Upon funding award
- (f) Effective Date of Grant: To be determined by grantor agency
- (g) Termination Date of Grant: To be determined by grantor agency
- (h) Total Dollar Amount Involved (not to exceed): \$75,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 11 March 2010
- (j) Is a Budget amendment required? _____ If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No
If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: _____

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:
