

WARREN COUNTY MUNICIPAL CENTER



LAKE GEORGE, NEW YORK 12845

PLANNING & COMMUNITY DEVELOPMENT
DEPARTMENT

Telephone: (518) 761-6410

**Planning and Community Development
Committee Meeting Agenda October 2012**

A. Pending Items:

None

B. Committee Actions Requested:

Resolution requests for consideration:

- Ratify contractual arrangement with Fountains Spatial for GIS services
- Transfer funds to cover contract costs
- Transfer funds for Capital Funds

C. Program Updates and Discussion:

GIS Updates

First Wilderness program updates

- North Creek streetscape
- Chester recreation Plan
- Station enclosure at Thurman and Hadley
- Action Plan update
- Marketing Plan preparation

239 Planning referrals

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Planning and Community Development

DATE: 10 October 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: GIS staffing services
- (c) Name of Contractor: Fountains Spatial
- (d) Address of Contractor: 137 Jay Street, Schenectady, NY 12305
- (e) Contractor's Contact Person and Telephone Number: Sara Frankenfeld
- (f) Has or will the Contract be provided, if so, please attach: no
- (g) Commencement Date of Contract: 1 October 2012
- (h) Termination Date of Contract: 31 December 2012
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount \$65.00
iii) total amount not to exceed \$15,000
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. monthly
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: 8022.470 GIS contracts

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Planning and Community Development
Name of Department

SIGNED: _____ DATE: 10 October 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A8022.110	Salaries - Regular	A8022.470	contract	\$8,900
A8022.810	Retirement	A8022.470	contract	\$1,500
A8022.830	Social Security	A8022.470	Contract	\$500

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

Please state reason for transfers requested:

To cover GIS contract services

*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.