

A G E N D A
FINANCE COMMITTEE
DECEMBER 12, 2012

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of prior Committee meeting.
- III. **Action Agenda**
 - 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) Authorizing a loan from the General Fund in the amount not to exceed \$1.5 million to Westmount Health Facility at an interest rate of 0.25% to be repaid within one year, due to cash flow problems until the IGT funding is received.
 - B) Request to change the hours the Treasurer's Office is open to the public to 8:30 a.m. to 4:30 p.m. to allow staff to have the proper amount of time to cash out and investigate any differences at the end of the day. The request was tabled at the November 7, 2012 Finance Committee meeting.
 - 3) **Referral from the Community College Committee:**

Authorizing payments to SUNY Adirondack for the year 2013 for the sum of \$1,844,538 as follows:
January 2013 - \$614,846
April 2013 - \$614,846
July 2013 - \$614,846.
 - 4) **Referral from the County Clerk-Motor Vehicles Committee:**

Amending the 2012 County budget to increased estimated revenues and appropriations in the amount of \$2,500 to reflect receipt of funds from towns in support of the Bicentennial Project.
 - 5) **Referrals from the County Facilities Committee:**

Airport:

 - A) Amending the 2012 County budget to increase estimated revenues and appropriations in the amount of \$1,052.40 to reflect receipt of reimbursement for Airport expenses incurred during the July 16, 2012 aircraft accident.
 - B) Closing certain Airport Capital Projects and returning all remaining funds to the General Fund, as per the attached.
 - C) Increasing Capital Project No. H306.9550 280 Land/Avigation Easement-Forest Ent. in the amount of \$11,570.52 to fund the Local Share of the next Phase of the Project, with the source of funding to be General Fund Unappropriated Surplus.
 - D) Amending the 2012 County budget to increase estimated revenues and appropriations in the amount of \$11,570.52 to fund the Local Share of Capital Project No. H306.9550 280 Land/Avigation Easement-Forest Ent.

Buildings & Grounds:

- E) Requesting a Contingent Fund transfer in the amount of \$3,500 to purchase a power meter for the Human Services Building (\$2,500) and locksets for the safe rooms in the Municipal Center (\$1,000).

6) Referrals from the Criminal Justice Committee:**Probation:**

- A) Requesting a Contingent Fund transfer in the amount of \$16,378 to provide additional funding for the Alternative Sentencing Program contract.

District Attorney:

- B) Requesting a Contingent Fund transfer in the amount of \$1,200 to provide additional funding for the sick leave incentive.

7) Referrals from the Gaslight Village Ad Hoc Committee:

- A) Amending the 2012 County budget to increase estimated revenues and appropriations in the amount of \$1,861.50 to reflect reimbursement to the Village of Lake George for legal fees incurred in connection with the second SEQRA review of the former Gaslight Village property; with the source of funding to be a transfer from Code A.691.07 Deferred Revenue-Gaslight Village.

- B) Amending Resolution No. 817 of 2010 which authorized reimbursement for maintenance completed on the former Gaslight Village property, to correct the budget codes from A.1620 439 to A.1625 413 for the amount of \$2,371.50 and A.1625 439 for the amount of \$1,657.50.

8) Referral from the Human Services Committee:**Employment & Training Administration:**

Amending the 2012 County budget to increase estimated revenues and appropriations in the amount of \$93,256 to reflect receipt of Federal funds to reimburse training for dislocated workers through the Trade Adjustment Act.

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

- A) Amending the 2012 County budget to increase estimated revenues and appropriations in the amount \$3,081 to reflect receipt of insurance recoveries.

Office of Emergency Services:

- B) Increasing Capital Project No. H254.9550 280 Fire Training Center Project in the amount of \$197,598 to include the entire amount of the grant, which was not reflected in the original budget for the Capital Project, with the source of funding to be H254.9550 3002 Fire Training Center Project-Shared Municipal Services Incentive State Grant.

Fire Prevention & Building Codes

- C) Requesting a Contingent Fund transfer in the amount of \$2,150 to cover a shortfall in auto repair budget code as a result of excessive repairs to vehicles.

10) Referrals from the Public Works Committee:**Parks, Recreation & Railroad:**

- A) Amending the 2013 County budget to increase estimated revenues and appropriations in the amount of \$1,600 to reflect receipt of a grant award from the Charles R. Wood Foundation for the purchase of electronic equipment for outreach programs for Up Yonda Farm. (Note: this request will be held until January 2013.)
- B) Closing Capital Project No. H223.9550 280 RR Grade Crossing Improvements and returning the remaining funds, estimated at \$0.50 to the General Fund.
- C) Amending Resolution No. 263 of 2012 to change the budget codes as per the attached.

DPW:

- D) Closing various Capital Projects and returning remaining funds to the General Fund and to the Reserve for Bridge Replacement and Repair, as per the attached.
- E) Amending the 2012 County budget to increase estimated revenues and appropriations in the amount of \$119,017.24 to fund the Local Share of Capital Project Nos. H319.9550 280 Hicks Road Reconstruction (CR 52) and H320.9550 280 Crane Mountain Road Bridge.
- F) Increasing Capital Project No. H319.9550 280 Hicks Road Reconstruction (CR 52) in the amount of \$71,410.34 for the anticipated 5% Local Share for the project construction and construction inspection services.
- G) Increasing Capital Project No. H320.9550 280 Crane Mountain Road Bridge in the amount of \$47,606.90 for the anticipated 5% Local Share for the project construction and construction inspection services.

11) Referrals from the Support Services Committee:**County Administrator:**

- A) Closing Capital Project No. H108.9550 280 Computerization Effort and returning the remaining amount of approximately \$4,605.37 to the General Fund.
- B) Amending Resolution No. 671 of 2012 to clarify the computer and related equipment to be purchased with Reserve Funds.
- C) Request to transfer funds from the General Fund to the Computer Capital Reserve Fund in the amount of \$4,605.37.
- D) County Administrator will provide a Transfer of Funds to pay for the copier project and employee benefits at the December 21, 2012 Board meeting.
- E) Request for authorization to extend the contract with Hess (expiring 12/31/2012) for purchase of natural gas for County operations through Municipal Electrical and Gas Alliance (MEGA).

- F) Request for authorization to expend funds from the Computer Capital Reserve Fund for replacement of computers and related equipment.

County Attorney:

- G) Request for opinion by the U.S. Board of Geographic Names to rename Bald Mountain to Jimmys Peak and rename Jimmys Peak to Willard Mountain.

Board of Elections:

- H) Requesting a new contract with NTS Data Services, LLC to add full document imaging to the existing Voter Registration Program, commencing December 24, 2012 and terminating December 31, 2013 for a lump sum amount of \$41,963.

12) Referral from the Tourism Committee:

Amending the 2013 County budget to increase estimated revenues and appropriations in the amount of \$25,878 to reflect the costs associated with leasing space at the Adirondack Outlet Mall and the salary of a part-time employee. (Note: this request will be held until January 2013.)

13) Referral from the Traffic Safety Committee:

Amending the 2012 County budget to increase estimated revenues and appropriations in the amount of \$4,320 to reflect receipt of grant funds.

- 14) Authorizing payment to Treasurer of Warren County Soil & Water Conservation District in the amount of \$284,000.

- 15) Finance Committee action is required on the following items as approved by the Personnel Committee: Item Nos. 3, 4C, 4D, 4E, 5A, 5B, 6B and 8.

IV. Topics to be reported on/discussions/updates

- 1) Notice of Contemplated Deviation from the IDA Standard PILOT Agreements for 21 Bay Street Properties.
- 2) Response to the Budget Analysis Report from the County Treasurer as prepared by the County Administrator, will be emailed when completed.

V. Pending Items:

- 1) County Attorney to contact Erie County Attorney's Office to discuss the legal theory of the 911 lawsuit and on what basis they were proceeding, and report back to the Committee with his findings. (10.12.11) Status Update: County Attorney expressed the County's interest in participating in the 911 lawsuit and would continue to follow up on the issue. Mr. Auffredou informed at the November 7, 2012 Committee meeting that he would make one more attempt to obtain information and report back to the Committee.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Treasurer

SIGNED: 

DATE: December 11, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1325 120	County Treasurer, Salaries-Overtime	A.1325 110	County Treasurer, Salaries-Regular	\$1,000.00
A.1325 130	County Treasurer, Salaries-Part Time	A.1325 110	County Treasurer, Salaries-Regular	\$633.00
A.1325 130	County Treasurer, Salaries-Part Time	A.1325 810	County Treasurer, Retirement	\$757.00
A.1325 130	County Treasurer, Salaries-Part Time	A.1325 860	County Treasurer, Hospitalization	\$5,863.00
A.1325 130	County Treasurer, Salaries-Part Time	A.1325 865	County Treasurer, Dental Insurance	\$147.00

Please state reason for transfers requested: To cover overages in budget

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			

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Treasurer

SIGNED: 

DATE: December 6, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1325 110	County Treasurer, Salaries, Regular	A.1325 140	County Treasurer, Salaries - Sick Leave Incentive	\$400.00

Please state reason for transfers requested: To cover sick leave incentive payment not budgeted.

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			

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Probation

SIGNED: Robert F. Iusi, Jr.



DATE: 12/10/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3140.410	Supplies	A.3140.860	Hospitalization	\$747.00
A.3140.410	Supplies	A.3140.861	Retirees Hospitalization	\$367.00
A.3140.410	Supplies	A.3140.865	Dental Insurance	\$28.00

Please state reason for transfers requested: Shortage of funds in respective codes.

CONTINGENT FUND TRANSFER REQUESTS

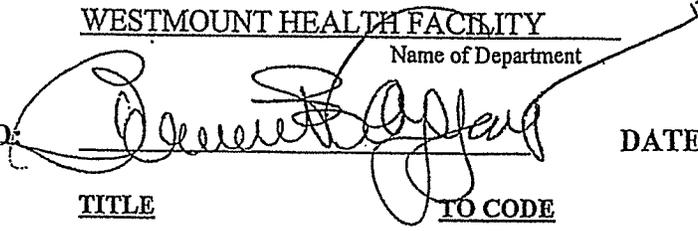
<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: 

DATE: December 6, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60100.600 110 <i>A</i>	Westmount, Nursing Admin-Clerical & Other Admin Wages, Salaries - Regular	EF.60200.300 130	Westmount, Nursing Nurses' Station, RN, Salaries - Part-time	1,500.00
EF.60200.500 110 <i>B</i>	Westmount, Nursing Nurses' Station, Aides, Orderlies, Asst Salaries - Regular	EF.60200.400 110	Westmount, Nursing Nurses' Station LPN, Salaries - Regular	20,000.00
EF.60100.100 110 <i>C</i>	Westmount, Nursing Administration, Manage & Super, Salaries- Regular	EF.60200.400 120	Westmount, Nursing-Nurses' Station LPN, Salaries - Over time	20,000.00
EF.60200.500 110 <i>D</i>	Westmount, Nursing Nurses' Station, Aides, Orderlies, Asst, Salaries- Regular	EF.60200.400 130	Westmount, Nursing-Nurses' Station LPN, Salaries - Part-time	15,000.00
EF.60200.500 110 <i>E</i>	Westmount, Nursing Nurses' Station, Aides, Orderlies, Asst, Salaries- Regular	EF.60200.500 120	Westmount, Nursing-Nurses' Station, Aides, Orderlies, Asst, Salaries - Over time	55,000.00
EF.82200.700 120 <i>F</i>	Westmount, Plant Operations & Maint, FSH HK LL Maint, Salaries- OT	EF.82200.100 120	Westmount, Plant Operations & Maint, Management & Supervision, Salaries - OT	500.00
EF.60100.600 110 <i>G</i>	Westmount, Nursing Admin, Clerical & Other Admin Wages Salaries - Regular	EF.83110.600 120	Westmount, Fiscal Services Office, Clerical & Other Admin Wages Salaries - Over time	1000.00

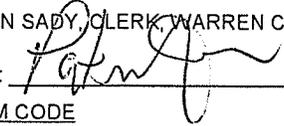
Please state reason for transfers requested:

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

SIGNED:  _____

DATE: 12/6/12

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4189.220	Bioterrorism-Office Equipment	A.4189.410	Bioterrorism-Office Supplies Expense	\$222.00
	A.4189.260	Bioterrorism-Other Equipment	A.4189.410	Bioterrorism-Office Supplies Expense	\$147.00
2.	A.4013.260	WIC-Other Equipment	A.4013.410	WIC -Office Supplies Expense	\$1,600.00
3.	A.4010.110	Health Services-CHHA-Full Time Salary	A.4010.120	Health Services-CHHA Overtime Salary	\$7,000.00
	A.4010.110	Health Services-CHHA-Full Time Salary	A.4016.110	Long Term Care-Full Time Salary	\$3,600.00
4.	A.4010.110	Health Services-CHHA-Full Time Salary	A.4018.0020.110	Family Health-Full Time Salary	\$8,000.00
	A.4010.830	Health Services-CHHA-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$496.00
	A.4010.831	Health Services-CHHA-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$116.00
5.	A.4010.130	Health Services-Part Time Salaries	A.4010.140	Health Services-Sick Leave Incentive	\$400.00
6.	A.4018.130	Preventive Program-Part Time Salaries	A.4018.140	Preventive Program-Sick Leave Incentive	\$400.00
7.	A.4010.470	Health Services-Contract Expense	A.4016.470	Long Term Care-Contract Expense	\$60,000.00
8.	A.4010.861	Health Services-Retiree Hospitalization	A.4016.860	Long Term Care -Hospitalization Expense	\$1,302.00
9.	A.4018.0030.120	Disease Program -Overtime Salary Expense	A.4018.0030.110	Disease Program-Full time Salary	\$1,000.00
10.	A.4018.0030.220	Disease Program-Office Equipment	A4018.0030.435	Disease Program-Medical Expenses	\$500.00
11.	A.4018.0020.120	Family Health-Overtime salary expense	A.4018.0020.130	Family Health-Full time salary	\$2,000.00
12.	A.4018.0030.130	Disease Program-Part Time Salaries	A.4016.860	Long Term Care -Hospitalization Expense	\$50.00
	A.4018.0030.130	Disease Program-Part Time Salaries	A.4018.860	Preventive Program-Hospitalization Expense	\$257.00
	A.4018.0030.130	Disease Program-Part Time Salaries	A.4018.861	Preventive Program-Retiree Hospitalization Expense	\$107.00
	A.4018.0030.130	Disease Program-Part Time Salaries	A.4018.0020.860	Family Health-Hospitalization Expense	\$301.00
	A.4018.0030.130	Disease Program-Part Time Salaries	A.4018.0020.861	Family Health-Retiree Hospitalization Expense	\$151.00
	A.4018.0030.130	Disease Program-Part Time Salaries	A.4018.0030.860	Disease program-Hospitalization Expense	\$301.00
	A.4018.0030.130	Disease Program-Part Time Salaries	A.4054.860	Preschool Program-Hospitalization Expense	\$150.00
	A.4018.0030.130	Disease Program-Part Time Salaries	A.4054.0060.860	Early Intervention Program-Hospitalization Expense	\$160.00
Total Transfers					\$88,260.00

- To transfer funds from equipment lines to supply expense to cover costs for BT.
- To transfer funds from equipment lines to supply expense to cover costs for WIC.
- To Transfer funds from CHHA salary to CHHA OT needed and LTC salary needed to year end.
- To Transfer funds for Employee #9409 whose hours have been shared between CHHA and MCH however all salary budgeted in CHHA. Transferring estimated expenses needed for last quarter 2012.
- To Transfer funds to cover sick incentive for CHHA(Health Services) for 2012.(one employee)
- To Transfer funds to cover sick incentive for Preventive Program for 2012.(one employee)
- To transfer funds to cover contract expenses anticipated for LTC program to year end.
- To transfer funds from CHHA retiree hospitalization to cover LTC hospitalization expense increase effective 12/1/12
- To transfer funds to cover full time salaries from overtime salary expense.
- To transfer funds from equipment lines to medical supply expense to cover costs for Disease Program.
- To transfer funds to cover Family Health full time salaries.
- To transfer funds to cover anticipated increase in Health and Retiree Health Insurances for December 2012.

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

REQUEST FOR TRANSFER OF FUNDS



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

FROM: PUBLIC WORKS

Name of Department

SIGNED: _____ DATE: _____

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D5112 8177	Bay Road CR7	D5112 8176	Peaceful Valley Road CR29	\$ 20,917.48
D5112 8178	Federal Hill Road CR27	D5112 8176	Peaceful Valley Road CR29	\$ 15,000.00
D5112 8180	Riverbank Road CR11	D5112 8176	Peaceful Valley Road CR29	\$11,076.26

Please state reason for transfers requested:
Adjust scope of work & construction expense

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: Kathleen Barrie, Personnel Officer
Name of Department
Human Resources

SIGNED:

DATE: December 6, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1435 110	Salaries Regular	A. 1435 810	Retirement	\$ 452
A. 1435 410	Medical Fees	A. 1435 810	Retirement	\$ 736
A. 1435 423	Telephone	A. 1435 810	Retirement	\$ 178
A. 1435 427	Membership/Dues	A. 1435 810	Retirement	\$ 180
A. 1435 444	Trav/Educ/Conf	A. 1435 810	Retirement	\$ 130
A. 1435 444	Trav/Educ/Conf	A. 1435424	Postage	\$ 10
A. 1435 444	Trav/Educ/Conf	A.1435 865	Dental Insurance	\$ 24
A. 1435 444	Trav/Educ/Conf	A.1435 860	Hospitalization	\$ 316

Please state reason for transfers requested: To balance funds for end of year.

*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: 2010 budget underfunded the Personnel Officer position and the final payout upon retirement of Personnel Officer

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: Kathleen Barrie, Personnel Officer
Name of Department
Civil Service

SIGNED: *Kathleen Barrie*

DATE: December 6, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1430 130	Salaries, Part Time	A.1430 120	Salaries -- Overtime	\$ 350
A. 1430 435	Medical Fees	A. 1430 865	Dental Insurance	\$ 460

Please state reason for transfers requested: To balance funds for end of year.

*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: 2010 budget underfunded the Personnel Officer position and the final payout upon retirement of Personnel Officer

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

#1

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Nathan H. York Sheriff
Name of Department

SIGNED: 

DATE: November 27, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3110 110	L.E Salaries	A.3110 120	L.E. Overtime	\$65,000.00
A.3150 110	Correction Salaries	A.3150 120	Corrections Overtime	\$70,000.00
A.3150 130	Salaries-Part Time	A.3150 120	Corrections OT	\$ 5,000.00
A.3150 140	Sick Leave	A.3150 120	Corrections OT	\$ 5,000.00
A.3150 250	Technical Equip	A.3150 120	Corrections OT	\$ 8,000.00
A.3020 110	911 Salaries	A.3020 120	911 Overtime	\$ 8,000.00
A.3110 418	L.E. Insurance	A.3150 435	Corrections Medical	\$ 4,000.00
A.3110 421	L.E. Equip Rental	A.3150 435	Corrections Medical	\$ 6,000.00
A.3110 422	L.E. Repair/Maint	A.3150 435	Corrections Medical	\$ 4,000.00
A.3110 130	L.E. Part Time	A.3150 435	Corrections Medical	\$ 20,000.00

Please state reason for transfers requested: Adjusting codes in the black.

*Please note: All amounts must be in whole dollars – no cents. !! FORMTEXT ¶ 1

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: Keep code in black at end of 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: Nathan H. York Sheriff
Name of Department

SIGNED: 

DATE: December 5, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3110 220	L.E. Office Equip	A.3020 423	911 Telephone	\$ 4,000.00
A.3110 440	L.E. Legal Fees	A.3020 423	911 Telephone	\$ 2,000.00
A.3110 413	L.E. Mant. Bldg&Prop	A.3020 428	911 Data Processing	\$ 4,000.00
A.3110 418	L.E. Insurance	A.3020 428	911 Data Processing	\$ 200.00
A.3110 444	L.E. Travel & Education	A.3020 428	911 Data Processing	\$ 1,000.00

Please state reason for transfers requested: Adjusting codes in the black.

*Please note: All amounts must be in whole dollars – no cents. || FORMTEXT ¶ ⊥

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: Keep code in black at end of 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: Nathan H. York Sheriff
Name of Department

SIGNED: DATE: December 10, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3150 860	Corr. Hopitalization	A.3020 860	911 Hospitalization	\$23,297.00
A.3110 860	L.E. Hospitalization	A.3020 860	911 Hospitalization	\$18,481.00
A.3110 861	L.E. Retirees Hosp.	A.3020 860	911 Hospitalization	\$ 546.00
A.3110 861	L.E. Retirees Hosp.	A.3020 861	911 Retirees Hosp.	\$ 1,077.00

Please state reason for transfers requested: Adjusting codes in the black.

*Please note: All amounts must be in whole dollars – no cents. !! FORMTEXT ¶ ±

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: Keep code in black at end of 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: Employment and Training Administration
Name of Department

SIGNED: Chris A. Hensley DATE: 11/28/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40.6293.0300	110 WIA Adult Salaries - Regular	40.6293.0300	130 WIA Adult Salaries - Part Time	\$ 79.
40.6293.0300	110 WIA Adult Salaries - Regular	40.6293.0300	130 WIA Adult Salaries - Sick Leave	\$ 400.
40.6293.0305	433 WIA DW Training-Client	40.6293.0300	433 WIA Adult Training-Client	\$27,800.

\$ 28,279

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

Please state reason for transfers requested: transfer funds within an account code from Salaries - Regular to Salaries - Part Time and Sick Leave to account for expenses in the current year. Transfer from Dislocated Worker to Adult Training Funds to cover anticipated obligations through June 30, 2013.

*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

DEPARTMENT NAME: OFA

SIGNED:

DATE: 11/28/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6773 130	Nut. For Eld-War.Co. Sal PT	A6793 110	WRAP Sal Reg	\$ 1,550
A6773 130	Nut. For Eld-War.Co. Sal PT	A6988 110	HIICAP Sal Reg	\$ 2,164
A6771 110	Nut. For Eld-Ham.Co. Sal Reg	A6773 445	Nut. For Eld-War.Co Food	\$ 2,102
A6771 110	Nut. For Eld-Ham.Co. Sal Reg	A6771 130	Nut. For Eld-Ham.Co. Sal PT	\$ 2,770
A6773 130	Nut. For Eld-War.Co. Sal PT	A6986 110	OFA MIPPA/ADRC	\$ 5,000
A6773 130	Nut. For Eld-War.Co. Sal PT	A6773 110	Nut. For Eld-War.Co. Sal REG	\$ 5,900

Please state reason for transfers requested: Transfers to adjust for overages in certain codes and to fund remaining 2012 expenses

CONTINGENT FUND TRANSFER REQUESTS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Social Services

SIGNED:



DATE: 12/11/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6010 110	Salaries	A6010 860	Hospitalization	\$93,519
A6010 110	Salaries	A6010 862	EPO Co-Pay	\$10,352
A6010 110	Salaries	A6010 865	Dental Insurance	\$ 1,129

Please state reason for transfers requested: To cover employee benefit expenses through 12/31/12

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

DEPARTMENT NAME: SOCIAL SERVICES

SIGNED: *Suzanne Wheeler*

DATE: 11/27/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 470	CONTRACT	A.6010860	HOSPITALIZATION	\$150,000
A.6109 470	CONTRACT	A.6119 470	CONTRACT	\$350,000

Please state reason for transfers requested: TO COVER BENEFIT & CONTRACT COSTS

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: Planning and Community Development
Name of Department

SIGNED: DATE: 30 November 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
See attached				

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

Please state reason for transfers requested:

To acquire GIS materials and to cover negative balances

*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.

FROM CODE	TITLE	TO CODE	TITLE	AMOUNT
A8022.831	Medicare Contribution	A.8022.470	Contract	\$131.18
A.8022.810	Retirement	A.8022.470	Contract	\$380.04
A.8022.830	Social security	A.8022.470	Contract	\$59.78
A.8021.410	Supplies	A.8022.470	Contract	\$2,000.00
A.8021.418	Insurance	A.8022.470	Contract	\$220.00
A8021.110	Salary	A.8022.470	Contract	\$8,217.00
A.8021.110	Salary	A.8021.810	Retirement	\$16,783.00
A.8021.130	Salary part time	A.8021.810	Retirement	\$3,428.00
A8021.130	Salary part time	A.8021.860	Hospitalization	\$2,571.00

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: County Clerk

Name of Department

SIGNED: Pamela J. Vogel

DATE: 11/28/2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1410 425	Reproduction Expense	A. 6422 425	Reproduction Expense	\$ 1898.00
A.1410 425	Reproduction Expense	A. 6422 410	Supplies	600.00

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

Please state reason for transfers requested: To balance Bicentennial Expense account – exhibits for Clerk/RSC and supplies.

*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			

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Tourism
Name of Department

SIGNED: **DATE:** 11/28/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6417 470	Contract	A.6417 220	Office Equipment	\$4,000.00
A.6417 481	Tourism-Promotion	A.6417 120	Salaries-Overtime	\$200.00
A.6417 481	Tourism-Promotion	A.6417 220	Office Equipment	\$459.00

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

Please state reason for transfers requested: To purchase equipment/furniture for Tourism Information Center in the Adirondack Outlet Center; Employee attending Mt. Everest Ski Show in East Rutherford, NJ; and Funds will be used to purchase an Apple Ipad for Tanya Brand, Group Tour/Convention

*Please note: All amounts must be in whole dollars – no cents. Promoter to use at her functions.

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

DEPARTMENT NAME: TOURISM

SIGNED: 

DATE: 12/7/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 6417 861	Retirees Hospitalization	A. 6417 860	Hospitalization	\$1036.92
A.6417 424	Postage	A. 6417 860	Hospitalization	\$ 721.70
A.6417 424	Postage	A.6417 810	Retirement	\$ 405.00
A.6417 424	Postage	A.6417 830	Social Security	\$ 500.00
A.6417 424	Postage	A.6417 831	Medicare Contribution	\$120.00
A.6417 424	Postage	A.6417 865	Dental Insurance	\$ 24.00

Please state reason for transfers requested: to cover shortages in 800 codes

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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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Office for the Aging

SIGNED:

DATE:

FROM CODE TITLE TO CODE TITLE AMOUNT

Please see attached

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

Please state reason for transfers requested: End of year transfers in fringe codes to account for salary distribution changes

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

CONTINGENT FUND TRANSFER REQUESTS

FROM CODE TITLE TO CODE TITLE AMOUNT

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.

REQUEST FOR TRANSFER OF FUNDS

Office for the Aging

12/10/2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6772 861	Office for the Aging- Retirees Hospitalization	A6772 350 860	Long Term Care Ombudsman- Hospitalization	\$33.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6772 350 865	Long Term Care Ombudsman- Dental Ins	\$1.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6773 861	Nutri. For Elderly- War Co- Retirees Hospitalization	\$106.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6778 860	Comm. Ser. Elderly/Warren- Hospitalization	\$218.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6778 810	Comm. Ser. Elderly/Warren- Retirement	\$280.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6783 860	Home Energy Assist. Prog.- Hospitalization	\$230.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6783 865	Home Energy Assist. Prog.- Dental	\$5.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6788 810	E.I.S.E.P.- Warren- Retirement	\$700.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6788 860	E.I.S.E.P.- Warren- Hospitalization	\$188.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6789 865	E.I.S.E.P.- Hamilton- Dental Insurance	\$36.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6793 810	Weather Referral & Pack. Prog.- Retirement	\$783.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6793 830	Weather Referral & Pack. Prog.- Social Sec	\$249.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6793 831	Weather Referral & Pack. Prog.- Medicare	\$58.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6793 860	Weather Referral & Pack. Prog.-Hospitalization	\$1,051.00
A6772 861	Office for the Aging- Retirees Hospitalization	A6793 865	Weather Referral & Pack. Prog.- Dental	\$33.00
A6773 860	Nutri. For Elderly- War Co- Hospitalization	A6793 860	Weather Referral & Pack. Prog.-Hospitalization	\$240.00
A6773 860	Nutri. For Elderly- War Co- Hospitalization	A6780 861	Comm. Ser. Elderly/Hamilton- Retiree Hospital	\$3,350.00
A6773 860	Nutri. For Elderly- War Co- Hospitalization	A6780 865	Comm. Ser. Elderly/Hamilton- Dental	\$39.00
A6785 470	OFA- Point of Entry- Warren- Contract	A6986 810	OFA MIPPA/ADRC- Retirement	\$2,254.00
A6785 470	OFA- Point of Entry- Warren- Contract	A6986 860	OFA MIPPA/ADRC- Hospitalization	\$4,184.00
A6771 810	Nutri. For Elderly- Ham Co- Retirement	A6987 810	Title VII Elder Abuse Prev.- Retirement	\$265.00
A6771 810	Nutri. For Elderly- Ham Co- Retirement	A6987 860	Title VII Elder Abuse Prev.- Hospitalization	\$142.00
A6771 810	Nutri. For Elderly- Ham Co- Retirement	A6987 865	Title VII Elder Abuse Prev.- Dental Insurance	\$4.00
A6771 810	Nutri. For Elderly- Ham Co- Retirement	A6988 810	OFA HIICAP- Retirement	\$100.00
A6771 810	Nutri. For Elderly- Ham Co- Retirement	A6988 860	OFA HIICAP- Hospitalization	\$423.00

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Traffic Safety/STOP DWI

Name of Department

SIGNED:

DATE: 12/5/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3315 410	Supplies	A.3315130	Salaries-Part-Time	\$1,000.00

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			

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. 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 10, 2012

- (a) Purpose of Request: Authorize loan from the General Fund in the amount not to exceed \$1.5 million to Westmount at an interest rate of 0.25% to be repaid within a year.

- (b) Details: Westmount is experiencing cash flow problems until the IGT funding is received.

- (c) Previous Resolution Number: N/A

- (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

SUNY ADIRONDACK

SCHEDULE OF PAYMENTS 2013 Calendar Year

MONTH	WARREN COUNTY		WASHINGTON COUNTY	
	Operating		Operating	
January	\$	614,846	\$	420,540
April	\$	614,846	\$	420,540
July	\$	614,846	\$	420,540
TOTALS:	\$	<u>1,844,538</u>	\$	<u>1,261,620</u>

Respectfully submitted,



William F. Long, III

Vice President for Administrative Services and Treasurer

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: County Clerk/Bicentennial Project

DATE: 11/28/2012

(a) Purpose of Amendment: To amend the County Budget to accommodate funds received from towns in support of the Bicentennial Project A. 6422.

(b) Appropriation Code, Object Code, Full Title and Amount:

A. 6422 410 Supplies \$ 2500.00

(c) Revenue Code (with title), and Amount:
Dept A6422 Bicentennial Project:

Rev Code 2390 Share of Joint Activity, Govt \$ 2500.00

1

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: DPW-Airport

DATE: 12/04/2012

- (a) Purpose of Amendment: Allocate reimbursement for airport expenses incurred during July 16th aircraft accident.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: A.5610 413 Repair & Maint. Bldg/Property for \$626.61 and A.5610. 120 Salaries - Overtime for \$425.79

- (c) Revenue Code (with title), and Amount: A.5610 2680-02 Insurance Recoveries - Airport for ~~\$1,127.40~~ and ~~A.5610-1770 Airport Rentals for \$75~~
\$ 1,052.40

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 - Airport

DATE: December 4, 2012

- (a) Purpose of Request: To close out certain airport capital projects. The balances shown below are the estimated projected balances at the time of closure, actual balance to be determined by the treasurers department.

- (b) Details: H198 Airport Master Plan \$3,545.19; H211 Runway Sensor & Snow Equipment \$2096.19; H265 Design Snow Removal Equipment Building \$4.84; H266 Design Runway 12-30 Rehab \$45.27; H273 Complete Fence/Install Lighting \$0; H274 Replace VASI with PAPI \$1,217.77; H279 Construct Runway 12-30 Rehab \$825.41; H288 Airport Obstruction Study \$34.10; H305 Land Acquisition/Powers Parcel \$459.36; H307 Airport Paving Project \$0; H308 Airport Paint & Pavement Markings \$26.44; H310 Airport Fire Truck & Snow Blower \$3,315.95; H316 ARFF Bldg Expansion Design \$0.

The treasurers office has detemined that all the remaining funds originated in the General A.200.01 fund. A separate transfer funds request will be submitted to move the remaining cash balances into H306 200.01, Land/Avigation Esmt/Forest Ent., Cash, General.

- (c) Previous Resolution Number:

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: 12/02/2012

- (a) Exact Title and Number of Project*: H306 Land/Avigation Esmnt/Forest Ent.
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? NO
- (d) Amount of Increase (if applicable): \$11570.52
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.): General Fund Unappropriated Surplus
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Fund Local Share of Next Phase of Project.

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: DPW

DATE: 12/4/2012

- (a) Purpose of Amendment: Fund Local Share of Project H306 Land/Avigation
EXMNT/Forest Ent

- (b) Appropriation Code, Object Code, Full Title and Amount: A.9950 910

Transfers to Capital Projects \$11570.52

- (c) Revenue Code (with title), and Amount: A.1325 5031
County Treasurer \$11570.52

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: BUILDINGS & GROUNDS

Name of Department

SIGNED:

DATE: DECEMBER 4, 2012

<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: To purchase a power meter for the Human Services Building to determine peak power usage. (\$2,500.00) To purchase locksets for the safe rooms in the Municipal Center (\$1,000.)

*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.1620 260	Buildings – Other Equipment	\$2500.00
		A. 1620 413	Buildings-Repair & Maint.- Bldg./Property	\$1000.00

Other Payments/Contributions

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Probation Department

SIGNED: 

DATE: 11/29/12

<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:

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.3140.470	Contract	\$16,378.00

Please state reason for transfer request: Additional funding is needed to support the Alternative Sentencing Program.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME:

District Attorney

SIGNED:

Rita Hays

DATE:

12/11/12

FROM CODE

TITLE

TO CODE

TITLE

AMOUNT

Please state reason for transfers requested:

CONTINGENT FUND TRANSFER REQUESTS

FROM CODE

TITLE

TO CODE

TITLE

AMOUNT

A.1990 469

Contingent Account-
Other Payments/Contributions

A. 1165 140

Sick leave

\$ 1,200-

Please state reason for transfer request:

We have no money in Code 140.

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: GASLIGHT VILLAGE AD HOC

DATE: DECEMBER 4, 2012

- (a) Purpose of Amendment: To amend the 2012 County Budget to increase estimated revenues and appropriations in the amount of \$1,861.50 to reflect reimbursement to the Village of Lake George for legal fees incurred in connection with the second SEQRA review of the former Gaslight Village property. The source of funding will be a transfer from Code A691.07 Deferred Revenue - Gaslight Village.

- (b) Appropriation Code, Object Code, Full Title and Amount: A.1625 439 Gaslight Village Property - Misc. Fees & Expenses - \$1,861.50.

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.1625 2566 Gaslight Village Property - Parking Fees - \$1,861.50

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: DPW

DATE: 12/7/2012

- (a) Purpose of Request: Amend Resolution No. 817 of 2010 to correct budget codes

- (b) Details: Resolution No. 817 of 2010 should be amended to correct the budget accounts for payment as follows: \$2,371.50 shall be paid from A.1625 413 and \$1,657.50 shall be paid from A.1625 439.

- (c) Previous Resolution Number: Resolution No. 817 of 2010

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: See above

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 817 OF 2010

Resolution introduced by Supervisors Belden, Bentley, Stec, Merlino, Champagne, Loeb, McCoy, Conover and Wood

APPROVING AND AUTHORIZING REIMBURSEMENT FOR MAINTENANCE AND PARKING SERVICES SUBMITTED BY THE TOWN OF LAKE GEORGE FOR FORMER GASLIGHT VILLAGE PROPERTY

RESOLVED, that the Warren County Board of Supervisors approves and authorizes reimbursement for maintenance completed on the former Gaslight Village property in an amount not to exceed Two Thousand Three Hundred Seventy-One Dollars and 50/100 (\$2,371.50) (153 hours @ \$15.50 per hour) as shown on invoices submitted by the Town of Lake George, and be it further

RESOLVED, that the Warren County Board of Supervisors approves and authorizes reimbursement for salaries for parking attendants in an amount not to exceed One Thousand Six Hundred Fifty-Seven Dollars and 50/100 (\$1,657.50) (195 hours of parking services @ \$8.50 per hour) as shown on a invoices submitted by the Town of Lake George, and be it further

RESOLVED, that the reimbursement be paid from the specific fund set up by the County Treasurer for fees and other payments received for use of the Gaslight Village Property (Code No. A.1620 439 - Buildings - Misc. Fees & Expenses).

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: Employment and Training

DATE: November 28, 2012

- (a) Purpose of Amendment: add federal funds to county budget to reimburse training for dislocated workers through the Trade Adjustment Act

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
40.6293.0305 - WIA Dislocated Worker 433 (Training-Client) \$93,256.

- (c) Revenue Code (with title), and Amount: 40.4791- WIA - \$93,256.

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: Sheriff

DATE: ^{November 8,} ~~October 24,~~ 2012

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies received from Insurance recoveries.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
- | | | |
|------------|-----------------------------|------------|
| A.3110 422 | L.E. Repair/Maint-Equipment | \$3,081.00 |
|------------|-----------------------------|------------|
- (c) **Revenue Code (with title), and Amount:**
- | | | |
|-------------|---------------------------|------------|
| A.3110 2680 | L.E. Insurance Recoveries | \$3,081.00 |
|-------------|---------------------------|------------|

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

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: Office of Emergency Services

DATE: November 29, 2012

- (a) Exact Title and Number of Project*: H254.9550 280 Fire Training Center Project - Projects
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$197,598
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
H254.9550 3002 Fire Training Center Project - Shared Municipal Services
Incentive State Grant
- (g) Changes in Funding (if Amendment): \$197,598
- (h) Purpose of Increase or Decrease or Amendment: The entire amount of the grant was not reflected in the original budget for the capital project.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: FIRE PREVENTION & BUILDING CODE ENFORCEMENT

SIGNED: *Karen Putney*

DATE: *12/11/12*

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
------------------	--------------	----------------	--------------	---------------

Please state reason for transfers requested:

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.3620 441	AUTO-SUPPLIES & REPAIR	\$2,150.00

Please state reason for transfer request:

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: Parks, Recreation and Railroad

DATE: 12/4/2012

- (a) Purpose of Amendment: To amend the 2013 County Budget to increase estimated revenues and appropriations to reflect receipt of a grant award from the Charles R. Wood Foundation in the amount of \$1,600. for the purchase of electronic equipment for outreach programs with the source of funding to be a transfer from Code A691.00 Deferred Revenue.

- (b) Appropriation Code, Object Code, Full Title and Amount: A.7111 220 Up Yonda Farm - Office Equipment \$1,600.

- (c) Revenue Code (with title), and Amount: A.7111 2714 Up Yonda Farm - Grants from Local Businesses \$1,600.

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: 12-4-12

- (a) Purpose of Request: To authorize the closure of a capital projects.

- (b) Details: Projects closed to the General Fund Project Amount \$ 0.50, H223 RR Grade Crossing Improvements (Estimated - Final Numbers to be verified by Treasurer)

- (c) Previous Resolution Number: NA

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: 12/11/2012

- (a) Purpose of Request: To Amend Resolution # 263 of 2012 Parks, Recreation & Railroad

- (b) Details: Amend Resolution #263 of 2012 to appropriate from A 880.00, Reserve, Up Yonda Repairs and Improvements.
Change amended codes from:
A.7111 410 Up Yonda Farm-Supplies \$755.00
A.7111 413 Up Yonda Farm-Repair & Maint.-Bldg/Property \$4,700.00
A.7111 470 Up Yonda Farm-Contract \$4,946.00

Change amended codes to:
A.7111 260 Up Yonda Farm-Other Equipment \$575.00
A.7111 270 Up Yonda Farm-Lawn & Landscaping \$5,026.00
A.7111 275 Up Yonda Farm-Buildings \$4,800.00

- (c) Previous Resolution Number: 263/2012

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.880.00 Up Yonda Reserve.

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: DPW

DATE: 12-4-12

- (a) Purpose of Request: To authorize the closure of various capital projects.

- (b) Details: The list of capital projects to be closed is attached.

- (c) Previous Resolution Number: NA

Projects closed to the General Fund

<u>Project#</u>	<u>Amount</u>	
H126 Sewer District No. 2	\$ 13,958.86	(Estimated - Final Numbers to be verified by Treasurer)
H166 Lake George Basin Sewer	\$95,064.33	(Estimated - Final Numbers to be verified by Treasurer)
H293 County Center Electrical Panel	\$ 9,994.05	(Estimated - Final Numbers to be verified by Treasurer)

Projects closed to the Reserve Fund

<u>Project#</u>	<u>Amount</u>	<u>Closed To</u>
H196 Chester Creek Bridge	\$ 898.17	A 872.00 Reserve Bridge Replacement and Repair

Projects closed to Debt Service

<u>Project#</u>	<u>Amount</u>
H283 Purchase of DPW Equipment	\$ 0.17

Projects Closed

Project#
H163 Glens Falls Transportation Study
H276 Energy Rehab Municipal Center
H301 1R-Resurface Glenwood Ave. CR34
H302 1R-Resurface Corinth Ave. CR28

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:

DATE:

(a) Purpose of Amendment: Fund Local Share of Project H319, Hicks Road, and H320 Crane Mountain Road Bridge.

(b) Appropriation Code, Object Code, Full Title and Amount: A.9950 910
Transfers to Capital Projects \$119,017.24

(c) Revenue Code (with title), and Amount: A.1325 5031
County Treasurer \$119,017.24

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: 12-4-12

- (a) Exact Title and Number of Project*: Hicks Road Reconstruction (H319.9550 280)
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$71,410.34
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
A.9950.910 - Transfers to Capital Projects - \$71,410.34
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Anticipated Local Match (5%) funds for project construction and construction inspection services.

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: 12-4-12

- (a) Exact Title and Number of Project*: Crane Mountain Road Bridge (H320.9550 280)
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$47,606.90
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
A.9950:910 - Transfers to Capital Projects - \$47,606.90
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Anticipated Local Match (5%) funds for project construction and construction inspection services.

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: Office of the County Administrator

DATE: 12/12/2012

- (a) Purpose of Request: To close Capital Project No. H108.9550 280 Computerization Effort

- (b) Details: To close Capital Project No. H108.9550 280 Computerization Effort and returning the remaining amount of approximately \$4,605.37 to the General Fund

- (c) Previous Resolution Number: N/A

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: H108.9550 280 Computerization Effort \$4,605.37

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: Office of the Administrator

DATE: 12/12/2012

- (a) Purpose of Request: To Amend Resolution No. 671 of 2012 to clarify the computer and related equipment to be purchased with reserve funds.

- (b) Details: Where Resolution 671 of 2012 refers to the purpose of the reserve funds in the second Resolved, revise to read “..for the purchase of computers and all computer related network and support equipment and material including, but not limited to hardware, software and servers and the purchase of vehicles..”

- (c) Previous Resolution Number: N?A

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

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: Office of the County Administrator

DATE: 12/12/2012

- (a) Purpose of Request: To transfer funds from General Fund to the Computer Capital Reserve Fund.

- (b) Details: Transfer \$4,605.37 to A.895.00 Computer Capital Reserve Fund. Source of funding from General Fund.

- (c) Previous Resolution Number: N?A

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: General Fund

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: Office of the County Administrator

DATE: 12/12/2012

(a) Purpose of Request: To appropriate funds from the Computer Reserve Fund to departmental budgets to purchase computer related equipment and software.

(b) Details:

To appropriate funds in the amount of \$46,632 from the Computer Reserve (A.895.00) to codes:

A.1011 220.1 County Administrator Office Equipment Reserve	\$814
A.1165 220.1 District Attorney Office Equipment-Reserve	\$814
A.1355 220.1 Real Property Office Equipment-Reserve	\$690
A.1450 220.1 Board Of Elections Office Equipment-Reserve	\$8,260
A.1490 220.1 Public Works Admin Office Equipment Reserve	\$690
A.1680 220.1 Information Technology Office Equipment Reserve	\$690
A.3150 220.1 Sheriff Corrections Office Equipment - Reserve	\$8,700
A.3110 220.1 Sheriff Law Enforcement Office Equipment - Reserve	\$18,950
A.4010 220.1 Health Services Office Equipment-Reserve	\$2,070
A.4054 220.1 Ed. Phys Handicap Child Office Equip Reserve	\$690
A.4054 0060 220.1 Early Intervention Office Equip Reserve	\$690
A.6010 220.1 Social Services Office Equipment-Reserve	\$1,380
A.6610 220.1 Weights & Measures Office Equipment-Reserve	\$814
D.5130 220.1 Public Works Machinery Office Equipment Reserve	\$1,380

(c) Previous Resolution Number: NA

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.895.00 Computer Reserve Fund

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

* as listed in budget and LOGOS



U.S. BOARD ON GEOGRAPHIC NAMES

GEOGRAPHIC NAME PROPOSAL RECOMMENDATION

Proposed Geographic Name Changes: Rename Bald Mountain to Jimmys Peak and rename Jimmys Peak to Willard Mountain

This is to notify the U.S. Board on Geographic Names that:

Warren County

Recommends that the U. S. Board on Geographic Names:

- Approve the Proposed Changes
Reject the Proposed Changes
Take Action as Specified Below
Render a Decision Without Our Recommendation

Comments (the following factors contributed to this recommendation; attach supporting documentation if appropriate):

(Name)

(Title)

(Address)

(Telephone)

(City, State, ZIP Code)

(E-mail)

(Signature)

(Date)

Return to: U.S. Board on Geographic Names
U.S. Geological Survey
523 National Center
Reston VA 20192-0523
Telephone: (703) 648-4552
Fax: (703) 648-4549
E-mail: BGNEXEC@usgs.gov



UNITED STATES BOARD ON GEOGRAPHIC NAMES

In reply please use this address:
U. S. Geological Survey
523 National Center
Reston, Virginia 20192-0523

October 15, 2012

Warren County Commissioners
Warren County Municipal Center
1340 State Rt. 9
Lake George, NY 12845

Dear Commissioners:

The U. S. Board on Geographic Names (BGN) is responsible by law for adjudicating decisions regarding geographic names for use by the departments and agencies of the Federal government. The Board has received a proposal to revise the 2010 decision to apply the name Jimmys Peak to previously unnamed summit in Warren County.

In August 2010, after receiving resolutions expressing support with recommendations from the Town of Warrensburg and Warren County, the BGN voted to approve the name Jimmys Peak for the middle summit of The Three Sisters. The Town of Warrensburg approved Resolution 133-10 in July 2010. The New York Geographic Names Committee had no objection to the proposal.

In May 2012, we were advised by the Town of Thurman Supervisor that descendants of James Cameron, for whom Jimmys Peak is named, have contacted her to state that they do not agree with the BGN's approval of the name as submitted. She indicated that the name should apply instead to the peak that is currently named Bald Mountain, while the recently approved Jimmys Peak is in fact locally known as Willard Mountain.

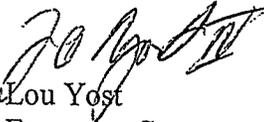
The name Jimmys Peak honors "Tory" James "Jimmy" Cameron who lit signal fires on the summit during the American Revolution.

We notified the original Jimmys Peak proponent of the proposed changes, and she conceded that the correct location of the summit was believed to be Bald Mountain, but because since this summit was already named she proposed the name for the nearby unnamed summit instead. The original proponent has no objection to the proposed changes. We would like to know if the County Commissioners also have no objection to the amendment.

We have enclosed for your review a copy of the proposal, along with a map showing the location of the summits and a Geographic Name Proposal Recommendation form to facilitate a response from your office. In order for the Board to review all responses and vote on this issue in a timely manner, we ask that if possible you respond with an opinion by December 30, 2012. Please let us know if you need more time to review the proposal.

If you have any questions or to submit your recommendation, we may be contacted by mail at the address above; by telephone at (703) 648-4552; by fax at (703) 648-4549; or by e-mail at <BGNEXEC@usgs.gov>.

Sincerely yours,



Lou Yost
Executive Secretary
Domestic Names Committee
U.S. Board on Geographic Names

Enclosures

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Board of Elections

DATE:

- (a) Is this a Result of a Bid or Request for Proposal? no

- (b) Purpose of Contract: Add Full Document Imaging to Existing Voter Registration Program

- (c) Name of Contractor: NTS DATA SERVICES, LLC

- (d) Address of Contractor: 1342 Military Rd; Niagara Falls, NY 14304

- (e) Contractor's Contact Person and Telephone Number: John Jennings 1-800-458-3820 ext.101

- (f) Has or will the Contract be provided, if so, please attach: Attached to this request

- (g) Commencement Date of Contract: 12-24-2012

- (h) Termination Date of Contract: 12-31-2013

- (i) Payment Provisions:
 - i) lump sum amount X
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

- (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: \$41,963.00 Code: 1450-470 Contracts

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

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: TOURISM

DATE: 11/28/12

- (a) Purpose of Amendment: Amend the 2013 Tourism budget to transfer \$25,878 from the Occupancy Tax Reserve to Salaries-Part-time and Tourism-Contract for a part-time person to work at the Adirondack Factory Outlet Center office, and for the lease of the space there.

- (b) Appropriation Code, Object Code, Full Title and Amount:
 - A.6417 130 – Salaries - Part-time \$10,878
 - A. 6417 470 – Tourism – Contract \$15,000

- (c) Revenue Code (with title), and Amount: A.881 Reserve, Occupancy Tax \$25,878

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: **Traffic Safety**

DATE: 10/1/2012

- (a) Purpose of Amendment: Increase both sides of the budget

- (b) Appropriation Code, Object Code, Full Title and Amount: A.3315 470 Contracts
\$4320

- (c) Revenue Code (with title), and Amount: A.3315 2615 STOP DWI Program
\$4320.00

Warren County Board of Supervisors

RESOLUTION NO. 746 OF 2011

Resolution introduced by Supervisors Thomas, Taylor, Goodspeed, Belden, Monroe, VanNess, Kenny, Merlino and Conover

AUTHORIZING PAYMENT TO THE WARREN COUNTY SOIL & WATER CONSERVATION DISTRICT FOR 2012 IN THE AMOUNT OF \$284,000

RESOLVED, that the Warren County Board of Supervisors, hereby authorizes payment to the Treasurer of the Warren County Soil & Water Conservation District for 2012 in the amount of Two Hundred Eighty-Four Thousand Dollars (\$284,000).

AGENDA
PERSONNEL COMMITTEE
DECEMBER 12, 2012

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of the December 5th Committee meeting.
- III. **Action Agenda**
 - 1) **Requests from the Civil Service/Personnel Office:**
 - A) Request to extend the contract with National Employers Council (PeopleSystems) to administer the unemployment insurance program for the term commencing January 1, 2013 and terminating December 31, 2013 at a cost of \$2,614.40.
 - B) Request for a transfer of funds totaling \$810 between various codes within the Civil Service Budget to balance funds for the end of the year.
 - C) Request for a transfer of funds totaling \$2,026 between various codes within the Human Resources Budget to balance funds for the end of the year.
 - 2) **Request from the Clerk of the Board:**

Request to amend Resolution No. 333 of 2012, "Approving Standard Workday and Time Reporting Resolution for all Elected and Appointed Officials for Retirement Purposes" to include updated information, as well as verbiage allowing the Clerk of the Board to make changes to the Schedule A list of appointed officials as necessitated by changes in personnel and civil service status without the need for a resolution. Any changes made to the Schedule A will be included in subsequent Standard Workday and Reporting resolutions.
 - 3) **Referral from the Economic Growth & Development Committee:**

Planning & Community Development:
Request to amend the Departmental Table of Organization to increase the hours of the part-time Construction Cost Coordinator, Annual Base Salary of \$47,053, from 24 hours per week to 32 hours per week effective retroactive to November 30, 2012, in order to assume the E911 addressing responsibilities.
 - 4) **Referrals from the Health Services Committee:**

Public Health:
 - A) Authorizing Dorothy Muessig, RN, Community Health Nurse, to enroll in a job related course, NUR304 - Health Assessment, at SUNY Plattsburgh for the course term beginning January 28, 2013 and completing on June 9, 2013. This course is required for Ms. Muessig to obtain a bachelor's degree in nursing which will allow her to better perform the duties associated with her position. If the authorization is provided, Ms. Muessig will be due reimbursement in the amount of \$425.10 for 50% of the total course cost (\$850.20), as well as for 50% of the text books associated with the course, upon completion of the course with a final grade of "C" or better.
 - B) The Public Health Department is suffering a lack of nurses due to the hiring freeze; at the December 5th Health Services Committee meeting, a referral was unanimously approved to advise the Personnel Committee of the lack of staffing and the need to fill vacant positions as soon as possible once the hiring freeze expires.

Westmount Health Facility:
 - C) Request to increase the salaries for the Nurse Manager #1 and Nurse Manger #2 positions from a Grade 21 Annual Base Salary of \$43,905 to a Grade 21 fifth year differential Annual Base Salary of \$50,580 effective January 1, 2013, due to the level of expertise held by the persons hired to fill the positions. The additional amount of \$6,675 per position will be funded by a reduction in the budget code for per diem CNA positions.
 - D) Request to create and fill the position of LPN (Floating Shift) Full Time, Grade 10, Annual

*PERSONNEL COMMITTEE AGENDA
DECEMBER 12, 2012*

Base Salary of \$32,516, effective January 1, 2013. The intention of this position is to cover vacant positions that contracted nursing agency services are currently filling and it will be funded by a reduction in CNA per diem budget code.

- E) Request to create and fill the position of RN (Floating Shift) Full Time, Grade 20, Annual Base Salary of \$42,818, effective January 1, 2013. The intention of this position is to cover vacant positions that contracted nursing agency services are currently filling and it will be funded by a reduction in CNA per diem budget code.

5) **Referrals from the Public Works Committee:**

DPW:

- A) Request to delete the position of MEO Light #16, Grade 5 Annual Base Salary of \$26,370, and create and fill the position of Laborer #47, Grade 2 Annual Base Salary of \$23,706, effective January 1, 2013, thereby amending the Departmental Table of Organization. This position is not mandated or reimbursed; it will be used to sustain employment for a person cited for layoff through the 2013 Budget process.
- B) Request to create and fill the position of Laborer #48, Grade 2 Annual Base Salary of \$23,706, effective January 1, 2013, thereby amending the Departmental Table of Organization. This position is to be funded using monies identified for a vacant MEO Med #23 position in order to avoid any increase to the 2013 Budget. This position is not mandated or reimbursed; it will be used to sustain employment for a person cited for layoff through the 2013 Budget process.

6) **Referrals from the Social Services Committee:**

Social Services:

- A) Request to authorize Christina Mastrianni, Foster Care Caseworker, to enroll in two job related courses at Sage Graduate School entitled "Family Law" and "Substance Abuse: Vulnerabilities, Prevention & Treatment", both commencing January 22, 2013 and completing May 13, 2013. If the authorization is provided, Ms. Mastrianni will be due reimbursement in the amount of \$1,980 for 50% of the total course costs (\$1,980 per course), as well as for 50% of the text book costs, upon completion of the course with a final grade of "C" or better.
- B) Appointing Suzanne Wheeler as Commissioner of the Department of Social Services at an annual salary of \$80,000 with four weeks of vacation.

7) **Referrals from the Support Services Committee:**

Information Technology:

- A) Authorizing reimbursements to Jeremy Scrim, Senior Programmer/Analyst, for costs relating to job related courses taken online through the Florida Institute of Technology as follows:
- i) Web Programming
Term: May 2012 - July 2012 Cost: \$1,650
 - ii) Information Systems
Term: August 2012 - December 2012 Cost: \$1,650
 - iii) Operating Systems
Term: August, 2012 - December 2012 Cost: \$1,650

These courses have been completed and a grade of "C" or better achieved. If the aforementioned request is approved, employee will receive reimbursement for 50% of the course costs at a total of \$2,475.

8) **Referrals from the Tourism Committee:**

*PERSONNEL COMMITTEE AGENDA
DECEMBER 12, 2012*

Request to create and fill the position of Clerk (part-time), Grade 2 pro-rated salary of \$10,878, effective January 2, 2013 to work at the satellite Tourism location in the Adirondack Outlet Mall. A copy of the Notice of Intent to Fill Vacant Position form is also attached.

IV. Pending Items:

- 1) Filling of the vacant Director of Nursing position at the Westmount Health Facility was authorized with a salary range of \$65,000 - \$80,000 with the final salary to be determined dependent upon qualifications and experience, contingent upon final review and approval by the County Administrator. A firm salary figure will need to be identified and the Departmental Table of Organization amended accordingly. (11.07.12)
- 2) Requests to fill vacant positions tabled at the October 19th Board meeting:
 1. Probation - Part Time Senior Typist (R586/2012);
 2. Public Health/Patient Services - Community Health Nurse #25 (R587/2012);
 3. Social Services - Keyboard Specialist #1 (R588/2012); and
 4. Social Services - Caseworker #27 (R589/2012).
- 3) Filling of the vacant positions of Mealsite Manager #7 (Office for the Aging) and Leisure Time Activity Aide #1 (Westmount Health Facility) were tabled at the Personnel Committee meeting due to the hiring freeze. (11.07.12)

**NOTICE OF PUBLIC HEARING
NOTICE OF CONTEMPLATED DEVIATION**

November 8, 2012

VIA CERTIFIED MAIL

To: The Attached List of Affected Tax Jurisdictions

Re: City of Glens Falls Industrial Development Agency
21 Bay Street Properties, LLC
Notice of Public Hearing and Contemplated Deviation

Ladies and Gentlemen:

On December 13, 2012, at 7:30 a.m. at Glens Falls City Hall, located at 42 Ridge Street, Glens Falls, New York 12801, the City of Glens Falls Industrial Development Agency (the "Agency") will conduct a public hearing regarding the above-referenced project. Attached is a copy of the Notice of Public Hearing describing the project and the financial assistance contemplated by the Agency. The Notice has been submitted to *The Post Star* for publication.

You are welcome to attend such hearing at which time you will have an opportunity to review the project application and present your views, both orally and in writing, with respect to the project. The public hearing is being conducted pursuant to Section 859-a of the General Municipal Law. We are providing this notice to you, pursuant to General Municipal Law Section 859-a, as the chief executive officer of an affected tax jurisdiction within which the project is located.

This letter is further provided as a notice of contemplated deviation from the Agency's Uniform Tax Exemption Policy (the "Policy") in connection with the Agency's undertaking of the Project. While the Policy does not specifically define mixed-use projects to be included as an eligible end-use or define "new construction" so that it includes substantial renovation, such as alterations falling within Alternation Level 3, in accordance with and as defined by the Existing Building Code of New York State, the Agency nonetheless may desire to provide financial assistance to the Project because the Project will promote employment opportunities and prevent further economic deterioration within a highly distressed area of the City. As you may be aware, the Project involves the comprehensive rehabilitation and development of the 21 Bay Street and 14 Maple Street structure into a multi-purpose retail, commercial and residential facility.

Pursuant to Section 874 of the General Municipal Law, the within notice of deviation is being forwarded to your attention at least thirty (30) days prior to a meeting of the Agency immediately following the public hearing on December 13, 2012 whereat the Agency shall consider whether to approve such deviation. Prior to taking action at such meeting, the Agency shall review and respond to any correspondence received from any affected taxing jurisdiction and allow any representative of an affected taxing jurisdiction present at such meeting to address the Agency regarding such proposed deviation.

CITY OF GLENS FALLS INDUSTRIAL
DEVELOPMENT AGENCY
Judith Calogero, Chairman

Enc.