

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
1340 STATE ROUTE
LAKE GEORGE, NEW YORK 12845

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DIRECTOR

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HUMAN SERVICES COMMITTEE MEETING
MONDAY, AUGUST 27th 2012 9:45am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Dave Strainer
- II. Action Agenda
 - a) Resolution Request Form #10 Transfer of Funds- Various codes
 - b) Authorization to attend a meeting
- III. Old business/pending items- N/A
- IV. Current business- N/A

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: OFA

SIGNED:

DATE: 8/27/12

<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	A6783 424	Home Energy Assist. Prog Postage \$	14
A6773 130	Nut. For Eld-War.Co. Sal PT	A6773 120	Nut. For Eld-War.Co Sal OT	\$ 52

Please state reason for transfers requested: Mid year transfers to adjust for overages in certain codes and transfer from salaries to contract to account for Nutr Svc Coordinator retiring and working on contract basis.

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.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Human Services Committee hereby authorizes Christie Sabo

(Supervisory Committee) (Employee Name)

to attend NYSAAA Leadership Institute

(Name of meeting or organization)

at Gideon Putnam, Saratoga Springs, NY

(Address)

on 10/30-11/1/12. Mode of transportation to be used county vehicle

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 8/27/12



Department Head Signature

Date: 8/27/12



Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.