

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: To amend county budget to accommodate funds received for Bicentennial Project from Town of Bolton.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A. 6422 410 Bicentennial Project Office Supplies \$ 1000.00

- (c) Revenue Code (with title), and Amount:
A. 6422 2390 Bicentennial Project Share of Joint Activity-Govt
\$ 1000.00

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: County Clerk - Bicentennial Project

DATE:

- (a) Is this a Result of a Bid or Request for Proposal? No (written quotes)

- (b) Purpose of Contract: To provide audio visual services for June 12, 2013 Bicentennial Program - Special Board Meeting

- (c) Name of Contractor: Infotainment Services, Inc.

- (d) Address of Contractor: PO Box 4164 , Queensbury NY 12804

- (e) Contractor's Contact Person and Telephone Number: Donna J. Gagnon , (518) 745-4422

- (f) Has or will the Contract be provided, if so, please attach: No

- (g) Commencement Date of Contract: Services are for one day event.

- (h) Termination Date of Contract: uncertain

- (i) Payment Provisions:
 - i) lump sum amount
 - 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. lump sum amount Upon completion of services.

- (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: A. 6422 410 supplies \$ 1245

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: County Clerk - Public Records

SIGNED: 

DATE: 5/23/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1665 130	Part-Time Salaries	To A 1410 120	Overtime Salaries	1000.00

Please state reason for transfers requested: To balance account for OT services due to pistol permit demands.

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			