

A G E N D A
FINANCE COMMITTEE
JULY 10, 2013

- 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.
- 2) Referral from the County Treasurer:**
Requesting a Contingent Fund transfer in the amount of \$10,824 to cover remaining six months of the year for a tax collection system maintenance contract.
- 3) Referral from the County Clerk-Motor Vehicles Committee:**
Requesting a new two year contract with Time Warner Cable to provide an additional high speed telecommunication line to the Clerk's Office as required for Clerk's Electronic Computer System, commencing July 2013 for a monthly amount of \$236.99, plus a \$75 setup fee.
- 4) Referrals from the Criminal Justice Committee:**
District Attorney:
Request to submit a grant application to the New York State Office of Victim Services to fund the Victim Assistance Program, commencing October 1, 2013 and terminating September 30, 2014, for a total amount not to exceed \$118,451.
- Public Defender:**
Request to submit a grant application to the New York State Office of Indigent Legal Services to hire a Project Manager to manage grant applications and assist with Secretarial duties, commencing June 1, 2013 and terminating May 31, 2016, for a total amount not to exceed \$160,218.
- 5) Referral from the Economic Growth & Development Committee:**
Planning & Community Development:
Establishing Capital Project No. H340.9550 280 FWHC 2012 Award in the amount of \$616,600 to administer the grant award, with the source of funding to be H340.9550 3897 Culture and Recreation in the amount of \$308,000; H340.9550 2790 Share of Joint Activity, Local in the amount of \$249,500; and H340.9550 5031 Interfund Transfers in the amount of \$59,100.
- 6) Referral from the Human Services Committee:**
Employment & Training Administration:
Amending the 2013 County budget to increase estimated revenues and appropriations in the amount of \$20,000 to reflect receipt of Federal funds to reimburse training for dislocated workers through the Trade Adjustment Act.

7) Referral from the Public Safety Committee:

Office of Emergency Services:

Amending the 2013 County budget to increase estimated revenues and appropriations in the amount of \$60,000 to reflect receipt of FY13 State Homeland Security Program grant funds.

8) Referrals from the Public Works Committee:

DPW:

A) Establishing Capital Project No. H342.9550 280 Blair Road over Mill Brook Bridge Replacement in the amount of \$208,000 for the preliminary engineering for the project, with the source of funding to be \$166,400 Federal Share (80%); and \$41,600 Local Share (5% Local Share plus 15% to cover State Marchiselli Share that is not available at this time) to be transferred from D.9950 910 Transfers-Capital Projects.

B) Amending the 2013 County budget to increase estimated revenues and appropriations in the amount of \$130,000 to reflect an increase in Consolidated Highway Aid Revenue 2013 and to create a new road project for County Route 11 damages 2013.

9) Finance Committee action is required on the following item as approved by the Personnel Committee: Item Nos. 2, 3D, 3E, 6A and 6C.

IV. Topics to be reported on/discussions/updates

1) 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) Accepting credit payments County-wide pending review of State contract and other vendors. County treasurer to provide an update at the next Committee meeting (06.13.13).

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: County Clerk

SIGNED: 

DATE: 7/3/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1410 424	Postage	A. 1410 120	Overtime	\$ 1000

Please state reason for transfers requested: To balance account due to excessive work in Pistol Permit Unit (NYSAFE Act).

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:

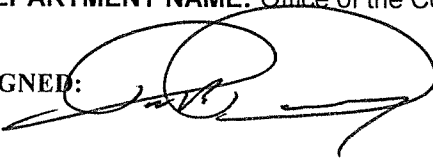
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Office of the County Administrator

SIGNED:



DATE: July 12, 2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 444	Travel/Education	A.1011 120	Salaries OT	500.00

Please state reason for transfers requested: To Transfer funds to pay overtime expenses.

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

SIGNED: *Danica*

DATE: 6/28/13

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.110	Health Services-CHHA-Full Time Salary	A.4010.130	Health Services-CHHA-Part Time Salary	\$3,287.04
2.	A.4010.410	Health Services -Supplies Expense	A.4010.861	Health Services-Retirees Hospitalization	\$4,000.00
	A.4010.418	Health Services-Insurance/Gen.Liability	A.4010.861	Health Services-Retirees Hospitalization	\$2,000.00
	A.4010.441	Health Services-Auto Supplies & Repair	A.4010.861	Health Services-Retirees Hospitalization	\$2,435.00
	A.4010.470	Health Services -Contract Expense	A.4010.861	Health Services-Retirees Hospitalization	\$3,000.00
3.	A.4010.110	Health Services-CHHA-Full Time Salary	A.4010.130	Health Services-CHHA-Part Time Salary	\$10,000.00
4.	A.4054.130	Preschool-Part Time Salary	A.4054.0060.110	Early Intervention-Full Time Salary	\$460.00
	A.4054.830	Preschool-Social Security Expense	A.4054.0060.830	Early Intervention-Social Security Expense	\$29.00
	A.4054.831	Preschool-Medicare Expenses	A.4054.0060.831	Early Intervention-Medicare Expense	\$7.00
5.	A.4054.130	Preschool -Part Time Salary	A.4054.0060.810	Early Intervention-Retirement Expense	\$100.00
	A.4189.110	Bioterrorism-Full Time Salary	A.4018.0020.110	Preventive pgm-Family Health-Full Time salary	\$941.60
	A.4189.130	Bioterrorism-Part Time Salary	A.4018.0020.130	Preventive pgm-Family Health-Part Time salary	\$3,748.57
	A.4189.810	Bioterrorism-Retirement Expense	A.4018.0020.810	Preventive pgm-Family Health-Retirement Expense	\$684.90
	A.4189.830	Bioterrorism-Social Security Expense	A.4018.0020.830	Preventive pgm-Family Health-Social Security Exp	\$290.79
	A.4189.831	Bioterrorism-Medicare Expense	A.4018.0020.831	Preventive pgm-Family Health-Medicare Expense	\$68.01

Total Transfers \$31,051.91

- To transfer from Full time to Part time salary the portion from 1/1/13-6/16/13 payroll related to IV call pay/salary for two employees that are now PT not FT.
- To transfer funds to cover Retiree Hospitalization which has increased from budget due to two retirements this year as of May 2013.
- To transfer funds from Full time to part time salary to cover absentee full time salaries that are being covered by Per Diem.
- To transfer funds to cover salary increase for Sr. Service Coordinator for Early Intervention from Preschool part time position. Preschool position will be downgraded.
- To transfer funds to cover additional retirement expense for Sr. Service Coordinator for Early Intervention to be effective 7/22/13.
- To transfer funds from BT to Lead Program(within Family Health) for hours for Salary/fringe related to 1st quarter January to March 2013.

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

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: June 28, 2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.300 130	Westmount, Nursing Nurses' Station LPN, Salaries – Part Time	EF.60200.100 120	Westmount, Nursing Nurses' Station Management & Supervision, Salaries - OT	30,000.00
EF.60200.400 130	Westmount, Nursing Nurses' Station Registered Nurses, Salaries – Part Time	EF.60200.400 120	Westmount, Nursing Nurses' Station Registered Nurses, Salaries - OT	20,000.00
EF.82100.700 110	Westmount, Dietary Services, FSH HK LL Maintenance - Salaries - Regular	EF.82100.700 130	Westmount, Dietary Services, FSH HK LL Maintenance - Salaries – P/T	50,000.00
EF.83110.600 110	Westmount, Fiscal Services, Clerical & Other Adm Wages Salaries – Regular	EF.83110.600 130	Westmount, Fiscal Services, Clerical & Other Adm Wages Salaries – P/T	120.00

Please state reason for transfers requested: Correct reporting of budgeted part-time & OT positions.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Office for the Aging

SIGNED:

DATE: 6.28.13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6774 445	SNAP-Food	A.6774 260	SNAP-Other Equipment	\$3,000.00
A.6986 110	OFA MIPPA/ADRC Sal Reg	A.6786 110	OFA-POE-Ham Sal Reg	\$14,172.00
A.6773 130	Nutr for Eld Warr Co Sal PT	A.6773 110	Nutr for Eld Warr Co Sal Reg	\$30,000.00

Please state reason for transfers requested: To fund the purchase of a new refrigerator at the Cedars meal site and to transfer money between various salary codes to adjust for the SFY close-out program year 4/1/12-3/31/13

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			

34

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS
Name of Department

SIGNED: _____ DATE: 6/26/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5110 120	County Road - Maintenance Salaries, Overtime	D.3310 120	Country Road, Traffic Control Salaries, Overtime	\$ 2,000.00

Please state reason for transfers requested:

To transfer Road Maintenance overtime salaries to traffic control overtime salaries as needed for emergency work in the Traffic Department

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.

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: _____ DATE: 7/1/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.7111 110	Up Yonda Farms Salaries - Regular	A.7111 130	UpYonda Salaries, Part Time	\$ 3,000.00

Please state reason for transfers requested:

To transfer regular salaries in Up Yonda Farms to Part Time salaries due to changes in staff.

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

DEPARTMENT NAME: Treasurer

SIGNED: 

DATE: July 8, 2013

<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.1325 422	Treasurer - Repair/Maint Equip	\$10,824.00

Please state reason for transfer request: Transfer funds to cover remaining 6 months of year for a tax collection system maintenance contract

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~T~~County Clerk

DATE:

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To provide additional high speed telecommunication line to Clerk's Office as required for Clerk's Electronic Computer System.
- (c) Name of Contractor: Time Warner Cable
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number: Stephen Levandusky (518)
6400-8572
- (f) Has or will the Contract be provided, if so, please attach: Attached
- (g) Commencement Date of Contract: July 2013
- (h) Termination Date of Contract: 2 yr contract
- (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. monthly billing to County Clerk
- (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 1410 423 Telephone

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

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: DA's office - Victim Assistance Program

DATE: 6-18-13

(a) Purpose of Grant:

Fund the Victim Assistance Program

(b) Name of Grantor:

New York State Office of Victim Services

(c) Address of Contractor:

Alfred E. Smith Office Building
80 South Swan Street 2nd Floor
Albany NY 12210-8002

(d) Grantor's Contact Person and Telephone Number:

Tina Stanford 518-485-2763

(e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? See notice attached

(f) Effective Date of Grant: 10-1-2013

(g) Termination Date of Grant: 9-30-2014

(h) Total Dollar Amount Involved (not to exceed):

\$118,451.00

(i) Deadline to Submit Grant Application and/or Grant Agreement:

unknown at this time

(j) Is a Budget amendment required? If yes, also complete and submit Form No. 7. NO

(k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable. NO

(i) Is a Local Share Required? YES If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:

From A.1168 - Victim Assistance Program

Sample: A.1010 470 Legislative Board - Contract Sxx.xx

Capital Project No. H289.9550 480 - Old Jail Renovations Sxx.xx

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Public Defender

DATE: 7/10/2013

- (a) Purpose of Grant: To submit for Distribution #3 grant to hire a Project Manager to manage grant applications and assist with Secretarial duties.
- (b) Name of Grantor: New York State Office of Indigent Legal Services
- (c) Address of Contractor: State Capitol Room 128, Albany, NY 12224
- (d) Grantor's Contact Person and Telephone Number: Karen Jackuback 486-9713
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Yes
- (f) Effective Date of Grant: 6/1/2013
- (g) Termination Date of Grant: 5/31/2016
- (h) Total Dollar Amount Involved (not to exceed): \$160,218.00
- (i) Deadline to Submit Grant Application and/or Grant Agreement: July 15, 2013
- (j) Is a Budget amendment required? Yes, when grant is approved by State. If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable. No
- (i) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

**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. 8

Request to Establish 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: 22 Feb 2013

- (a) Exact Title* and Number of Project (must be obtained from Treasurer's Office):
H340.9550 280, FWHC 2012 award
- (b) Is this a Capital Project?
Yes
- (c) Is this a Capital Reserve Project?
No
- (d) Amount of Project:
\$616,600
- (e) Source of Funding (including name & title of codes, etc.):
H340.9550 3897 Culture and Recreation \$308,000.00, H340.9550 2790 Share of joint activity, local \$249,500, H340.9550 5031 interfund transfers \$59,100.
- (f) Purpose of Establishment:
Administer grant award

***Title should reflect department if possible:**

i.e. Capital Project No. H.270 9550 280 *Air Handler Installation* would be clearer if name was listed as Westmount Air Handler Installation;

Capital Project No. H274.9550 280 *Replace VASI with PAPI* would be clearer if name was listed as Airport Replace VASI with PAPI.

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: June 28, 2013

- (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 433 - WIA Dislocated Worker (Training-Client) \$20,000.

- (c) Revenue Code (with title), and Amount: 40.6293.0305 4791- WIA Dislocated Worker - \$20,000.

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: Office of Emergency Services

DATE: July 1, 2013

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

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

A.3645.4007 240 – FY13 State Homeland Security Program – Highway Equipment	\$17,000
A.3645.4007 250 – FY13 State Homeland Security Program – Technical Equipment	\$24,600
A.3645.4007 260 – FY13 State Homeland Security Program – Other Equipment	\$17,630
A.3645.4007 410 – FY13 State Homeland Security Program – Supplies	\$ 770

(c) Revenue Code (with title), and Amount:

A.3645.4007 4380 – FY13 State Homeland Security Program –
State Homeland Security Program \$60,000

RESOLUTION REQUEST FORM NO. 8

Request to Establish 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: 7/2/13

(a) Exact Title and Number of Project (must be obtained from Treasurer's Office): H342.9550 280 Blair Road over Mill Brook Bridge Replacement

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No.

(d) Amount of Project: \$208,000.00

(e) Source of Funding (including name & title of codes, etc.):

Master Agreement \$166,400.00 Federal Share (80%)

\$ 0.00 State Marchiselli Share (20%) none available at this time

\$ 41,600.00 Local Match Share (5% - including 15% to cover State Marchiselli share) - D.9950 910 Transfers - Capital Projects

Total \$208,000.00

(f) Purpose of Establishment: Preliminary Engineering for the Blair Road over Mill Brook Bridge Replacement project (H342.9550 280)

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: Public Works

DATE: 07/03/2013

- (a) Purpose of Amendment: To amend the County budget for increase in Consolidated Highway Aid Revenue 2013 and to create a new road project for County Route 11 damages 2013.

- (b) Appropriation Code, Object Code, Full Title and Amount: D.5112.8192 280 County Roads, CR11 2013 Washout Repair, Project. \$130,000

- (c) Revenue Code (with title), and Amount: D.5010 3501 County Road, Maintenance, Consolidated Highway Aid. \$130,000

AGENDA
PERSONNEL COMMITTEE
JULY 10, 2013

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of the prior Committee meeting.
- III. Action Agenda
 - 1) **Requests from Civil Service/Personnel Office:**
 - 2) **Referral from the County Facilities Committee:**
Buildings & Grounds -

Request to delete the position of Laborer #43 and create the position of Cleaner #11, (*Grade 2; Annual Base Salary of \$23,706*), thereby amending the Departmental Table of Organization.
 - 3) **Referral from the Health Services Committee:**
Public Health -
 - A) Request to fill the vacant position of WIC Nutrition Aide #1 (*Grade 6, Step 2; Annual Base Salary of \$28,477*) due to resignation, as well as to backfill any vacancies created as a result of promotion. This is a non-mandated, Union position which receives 100% State reimbursement;
 - B) Request to fill the vacant position of WIC Infant Feeding Advocate (*Grade 3, Step 2; Annual Base Salary of \$25,139, pro-rated to \$12,569.54 for 20 work hours per week*) due to resignation, as well as to backfill any vacancies created as a result of promotion. This is a non-mandated, Union position which receives 100% State reimbursement;
 - C) Request to fill the vacant position of Community Health Nurse #5 (*Grade 20, Step 10; Annual Base Salary of \$51,973*) due to retirement, as well as to backfill any vacancies created as a result of promotion. This is a non-mandated, Union position that receives 100% reimbursement from various sources depending upon patient insurances;
 - D) Request to create and fill the new position of Early Intervention Service Coordinator (*Grade 18; Annual Base Salary of \$40,170, to be pro-rated to \$30,128 based on 30 work hours per week*) and to delete the position of Community Health Nurse #13 effective July 22, 2013, thereby amending the Departmental Table of Organization; and
 - E) Request to reclassify the position of Early Intervention Service Coordinator #1 (*Grade 18, Step 5; Annual Base Salary of \$46,818*) to Senior Early Intervention Service Coordinator (*Grade 19, Step 5; Annual Base Salary of \$47,846*) effective July 22, 2013, thereby amending the Departmental Table of Organization.
 - 4) **Referrals from the Human Services Committee:**
Office for the Aging -
 - A) Request to fill the vacant position of Food Service Helper #3 Cedars (*Grade 2; Annual Base Salary of \$23,706, pro-rated to \$20,742.72 for 35 work hours per week*) due to retirement. This is a non-mandated, Union position which receives 20% Federal reimbursement; the filling of this position will result in a budgetary savings of \$5,746.11 due to a decrease in longevity pay; and
 - B) Request to fill the vacant position of Meal Site Cook #5 Warrensburg (*Grade 2; Annual Base Salary of \$23,706, pro-rated to \$17,779.48 for 30 work hours per week*) due to resignation. This is a non-mandated, Union position which receives 20% Federal reimbursement; the filling of this position will result in a budgetary savings of \$5,300.52 due to a decrease in longevity pay.

PERSONNEL COMMITTEE AGENDA
JULY 10, 2013

- 5) **Referral from the Public Safety Committee:**
Fire Prevention & Building Code Enforcement -
Request to fill the vacant position of Administrator (*Annual Salary to be determined based on a salary study*) due to retirement. This is a non-Union position which is not mandated and receives no reimbursement.
- 6) **Referrals from the Social Services Committee:**
Countryside Adult Home -
- A) Request to delete the position of Cook #1, as well as the Dietary Manager stipend, and create the new position of Cook Manager (*Grade 5, Annual Base Salary of \$26,370*) effective July 22, 2013, thereby amending the Departmental Table of Organization. This action will result in a budgetary savings of \$4,951 for the change in title, as well as an additional savings of \$7,265 due to the reduction in longevity pay;
 - B) Request to fill the vacant position of Cook Manager (*Grade 5, Annual Base Salary of \$26,370*), due to creation (*if approved by item 6A*);
 - C) Request to increase the salary of Deanna Park, Director of the Countryside Adult Home, from \$45,350 to \$49,500 effective July 1, 2013;
- Department of Social Services -**
- D) Request to fill the vacant position of Senior Caseworker #5 (*Grade 15; Annual Base Salary of \$36,410*) due to resignation, as well as to backfill any vacancies created as a result of promotion. This is a mandated, Union position which receives 50% Federal and 23% State reimbursements; the filling of this position will result in a budgetary savings of \$9,313 due to a decrease in longevity pay; and
 - E) Request to fill the vacant position of Social Welfare Examiner #13 (*Grade 8; Annual Base Salary of \$30,230*) due to resignation, as well as to backfill any vacancies created as a result of promotion. This is a mandated, Union position which receives 50% Federal and 50% State reimbursement; the filling of this position will result in a budgetary savings of \$5,127 due to a decrease in longevity pay.
- 7) **Referral from the Support Services Committee:**
Information Technology -
Request to authorize Jeremy Scime, Senior Programmer Analyst, to enroll in the following job-related course:
- | | |
|---------------|---------------------------------|
| Course Title: | Information Security Management |
| Institution: | Florida Institute of Technology |
| Course Term: | August 2013 - December 2013 |
| Course Cost: | \$1,650 |
- If approval to enroll in the aforementioned course is approved, Mr. Scime will be due reimbursement of 50% of the course costs, upon completion with a grade of "C" or better.
- 8) **Items to be discussed by the County Administrator:**
- A) New retiree health insurance contribution rules;
 - B) Human Resources/Civil Service Office reorganization; and
 - C) Creation of temporary help position within the Probation Department.
- IV. **Pending Items:**
None.