

AGENDA
FINANCE COMMITTEE
DECEMBER 11, 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) **Requests from the County Treasurer:**
 - A) Request for a contingent fund transfer in the amount of \$2,871 to cover larger than expected community college tuition costs for Warren County students attending community college outside the County.
 - B) Request to authorize extension of the loans made to the Westmount Health Facility (\$750,000 loan made on December 28, 2012; \$500,000 loan made on February 6, 2013) for an additional year as Westmount is experiencing cash flow problems and the 2013 IGT money has not been received.
 - C) Request to authorize a loan to the Westmount Health Facility from the General Fund in an amount not to exceed \$1.3 million at an interest rate of .25% as Westmount is experiencing cash flow problems which they expect to continue into 2014 until 2014 IGT funding is received.
 - 3) **Requests from the Clerk of the Board:**
 - A) Request to authorize payment to the Warren County Soil & Water Conservation District for 2014 in the amount of \$308,201.
 - B) Request to authorize payments to SUNY Adirondack in 2014 for the sum of \$1,852,623, to be paid in three installments (\$617,541 in each of the months of January, April and July of 2014).
 - 4) **Referrals from the Economic Growth & Development Committee:**
Planning & Community Development -
 - A) Request to close Capital Project No. H295.9550 280, *Countywide Broadband Study*; there are no funds remaining to return to the General Fund.
 - B) Request for a Contingent Fund transfer in the amount of \$2,400 to Budget Code A.9950 910, *Transfers-Capital Projects, Interfund Transfers*, to cover a shortfall in reimbursements received from the State for Capital Project No. H228.9550 280, *Lake George Loop*.
 - C) Request to increase Capital Project No. H228.9550 280, *Lake George Loop*, in the amount of \$2,400 with the source of funding to be a transfer from Budget Code A.9950 910, *Transfers-Capital Projects, Interfund Transfers*. This transfer is necessary in order to cover insufficient reimbursements from the State so that the Project can be closed.
 - D) Request to close Capital Project No. H228.9550 280, *Lake George Loop*; there are no funds remaining to return to the General Fund.
 - E) Request to increase Capital Project No. H292.9550 280, *First Wilderness Heritage Corridor-Making the Connection*, in the amount of \$199,248.39 with the source of funding being a transfer from Budget Code H292.9550 2791, *In Kind Contributions*.
 - F) Request to increase Capital Project No. H312.9550 280, *First Wilderness 2008 Building the Future*, in the amount of \$144,426.74 with the source of funding to be transfers from Budget Code H312.9550 2791, *In Kind Contributions*, in the amount of \$126,278.16, and from Budget Code H312.9550 5031, *Interfund Transfers*, in the amount of \$18,148.58.
 - G) Request to increase Capital Project No. H313.9550 280, *First Wilderness 2009 Hamlet Enhancement*, in the amount of \$393,659.51 to include: a transfer in the amount of \$365,873.05 from Budget Code H313.9550 2791, *In Kind Contributions*; a transfer of \$22,786.46 from Budget Code H313.9550 5031, *Interfund Transfers*; a decrease in Budget

**FINANCE COMMITTEE AGENDA
DECEMBER 11, 2013**

***Economic Growth & Development Committee -
Planning & Community Development referrals, continued***

Code H313.9550 2703, *Grants from Local Government*, in the amount of \$410,006; and an increase in Budget Code H313.9550 3897, *Culture & Recreation*, in the amount of \$415,006.

- H) Request to increase Capital Project No. H334.9550 280, *First Wilderness 2011*, in the amount of \$439,285.75 to include: a transfer in the amount of \$399,818.24 from Budget Code H334.9550 2791, *In Kind Contributions*; a transfer in the amount of \$39,467.51 from Budget Code H334.9550 5031, *Interfund Transfers*; a decrease in Budget Code H334.9550 2703, *Grants from Local Governments*, in the amount of \$463,116; and an increase in Budget Code H334.9550 3897, *Culture & Recreation*, in the amount of \$463,116.

5) **Referrals from the Health Services Committee:**
Public Health -

Request to amend the County Budget in the amount of \$1,484 to adjust the Family Health Program to reflect the cost of living adjustment provided in association with the Children with Special Health Care Needs grant.

6) **Referral from the Invasive Species Sub-Committee:**

Discussion regarding determination of a source of funding for consultant services relative to the SEQRA process and Environmental Impact Statement required in association with the proposed local law for mandatory boat inspections and washes. A copy of the Bid Tabulation sheet listing the bids received for the aforementioned services is attached.

7) **Referral from the Public Safety Committee:**
Office of Emergency Services -

Request to authorize the purchase of and determine a source of funding for on campus radios, in an amount not to exceed \$3,600, for use during emergency/training events. Due to time limitations, a funding source and permission to release a bid for the equipment prior to the December 20th Board meeting will be necessary.

8) **Referrals from the Public Works Committee:**
DPW -

- A) Request to decrease Capital Project No. H214.9550 280, *Woolen Mill Bridge*, in the amount of \$1,442,598 and return the remaining Local Share of \$45,538.15 to the General Fund.
- B) Request to amend the County Budget to appropriate the \$45,538.15 returned from Capital Project No. H214.9550 280, *Woolen Mill Bridge*, to Budget Code A.9950 910, *Transfers-Capital Projects, Interfund Transfers*, so that it may be used as the Local Share for other projects.
- C) Request to Increase Capital Project No. H322.9550 280, *Palisades Road over Brant Lake Inlet Bridge (CR 26)*, in the amount of \$20,000 to appropriate funds to the Local Share, with the source of funding being Budget Code A.9950 910, *Transfers-Capital Projects, Interfund Transfers*.
- D) Request to Increase Capital Project No. H342.9550 280, *Blair Road over Mill Brook*, in the amount of \$25,538.15 to appropriate funds to the Local Share, with the source of funding being Budget Code A.9950 910, *Transfers-Capital Projects, Interfund Transfers*.
- E) Request to decrease Capital Project No. H277.9550 280, *CR51/CR6 Beach Road Reconstruction*, in the amount of \$135,000 to remove funding associated with the storm water monitoring work for the project.
- F) Request to amend Resolution No. 486 of 2004 to designate a source of funding for the \$125,000 Warren County paid to the NYS Comptroller for a Betterment Agreement with the New York State Department of Transportation.
- G) Authorizing Supplemental Consultant Agreement No. 6 for the Beach Road (CR 51/6) Reconstruction Project to cover additional design and construction inspection services in an amount not to exceed \$91,500.

FINANCE COMMITTEE AGENDA
DECEMBER 11, 2013

Public Works Committee referrals, continued

Parks, Recreation & Railroad -

- H) Request to increase Capital Project No. H329.9550 280, *Warren County Bikeway Improvements*, in the amount of \$4,000 with the source of funding to be Budget Code A.9950 910, *Transfers-Capital Projects, Interfund Transfers*, to cover additional right-of-way mapping and acquisition costs associated with the construction of a sidewalk along State Route 149 from the intersection with State Route 9 to the Warren County Bikeway.
- I) Request to amend the Up Yonda budget to appropriate gift shop revenues in the amount of \$400 to Budget Code A.7111 416, *Up Yonda Farm, Oil & Gas-Heating*.

9) Referrals from the Support Services Committee:

Board of Elections -

- A) Request to close Capital Project No. H227.9550 280, *Election Equipment Procurement*, and return any remaining funds to the General Fund; the estimated balance remaining in the Project is \$1,472.45.
- B) Request for a new contract with NTS Data Services, LLC for provision of maintenance and support services for multiple Board of Elections software programs for the five-year term commencing January 1, 2014 and terminating December 31, 2018 at a cost of \$42,742 per year; the source of funding for this contract is to be Budget Code A.1450 470, *Board of Elections, Contract*.

10) Requests from the County Administrator:

- A) Request for a Contingent Fund transfer in the amount of \$2,600 to Budget Code A.1170 210, *Legal Defense-Indigents, Furniture/Furnishings*, to purchase furniture for the Assigned Counsel Office.
- B) Request for a Contingent Fund transfer in the amount of \$2,500 to Budget Code A.1165 440, *District Attorney, Legal Transcript Fees*, to provide additional funding needed through the end of 2013.
- C) Request to appropriate funds in the amount of \$1,656 from the Computer Reserve Fund to the Veterans' Services and Public Health budgets for the purchase of computers and related equipment and software.
- D) Request to appropriate funds in the amount of \$56,334 from the County Road fund balance to various budget codes within the DPW Budget to cover health and dental insurance costs through December 2013.
- E) Request to amend the existing contract with National Business Equipment & Supply, LLC to adjust the number of copies allowed under the contract based on actual usage, as well as to increase the contract amount to \$9,893.10 per month. The commencement date of the extension will be effective August 1, 2013 and will terminate on May 31, 2017.
- F) Request to extend the agreement with Integrys Energy Services of New York, Inc. as preferred supplier for electricity through the Municipal Electric & Gas Alliance (*MEGA*).
- G) Discussion regarding the purchase of additional time clocks for the Sheriff's Office with the proposed source of funding to be a Contingent Fund transfer.

- 11) Finance Committee action is required on the following items as approved by the Personnel Committee: Item No. 2.

IV. Pending Items

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: Countryside Adult Home

SIGNED:

DATE: 11/25/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030.410	Countryside Adult Home, Supplies	A.6030 210	Countryside Adult Home, Furnishings	5,000.00

Please state reason for transfers requested: Request to Transfer Funds from Supplies to Furnishings to Cover the cost of Purchasing a New Steam Table for the Kitchen.

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

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			

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: 12/11/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1040 860	Clerk of Bd Hospitalization	A.1010 860	Legislative Board-Hospitalization	700
A.1040 860	Clerk of Bd Hospitalization	A.1010 865	Legislative Board-Dental	1
A.1040 860	Clerk of Bd Hospitalization	A.1011 860	Admin & Fiscal-Hospitalization	222
A.1040 860	Clerk of Bd Hospitalization	A.1011 865	Admin & Fiscal-Dental	24
A.1410 860	County Clerk Hospitalization	A.1165 860	Dist. Attorney-Hospitalization	4,189
A.1430 860	Civil Service Hospitalization	A.1165 860	Dist. Attorney-Hospitalization	3,476
A.1670 860	Mailroom Hospitalization	A.1165 860	Dist. Attorney-Hospitalization	3,500
A.3150 865	Sheriff Corrections Dental	A.1165 860	Dist. Attorney-Hospitalization	980
A.1325 861	Treasurer Retiree Hosp.	A.1168 860	Crime Victims-Asst.DA-Hospitalization	6,684
A.1040 860	Clerk of Bd Hospitalization	A.1170 860	Legal Defen se Indigents-Hospitalization	51
A.1325 861	Treasurer Retiree Hosp	A.1325 860	Treasurer-Hospitalization	1,108
A.1040 860	Clerk of Bd Hospitalization	A.1340 860	Budget Officer-Hospitalization	68
A.1040 860	Clerk of Bd Hospitalization	A.1345 860	Purchasing-Hospitalization	282
A.1420 861	Law Retiree Hospitalization	A.1355 860	Real Property-Hospitalization	2,395
A.1040 860	Clerk of Bd Hospitalization	A.1355 865	Real Property-Dental	26
A.1040 860	Clerk of Bd Hospitalization	A.1420 860	Law-Hospitalization	278
A.1040 860	Clerk of Bd Hospitalization	A.1420 865	Law-Dental	84
A.1040 860	Clerk of Bd Hospitalization	A.1430 865	Civil Service - Dental	98
A.1040 860	Clerk of Bd Hospitalization	A.1450 865	Board of Election-Dental	164
A.1040 860	Clerk of Bd Hospitalization	A.1490 860	Public Works Admin-Hospitalization	111

Please state reason for transfers requested: To reconcile Health Insurance costs for year end.

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: Office of the County Administrator

SIGNED:

DATE: 12/11/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1624 861	H & H Svs Bld Retiree Hosp	A.1620 860	Buildings-Hospitalization	5,156
A.1040 860	Clerk of Bd Hospitalization	A.1620 865	Buildings-Dental	158
A.1624 861	H & H Sve Bld Retiree Hosp	A.1624 861	H & H Svs Bldg-Retire Hospitalization	6,135
A.3140 860	Probation Hospitalization	A.1665 860	Public Records-Hospitalization	12,111
A.1040 860	Clerk of Bd Hospitalization	A.1665 865	Public Records-Dental	168
A.1040 860	Clerk of Bd Hospitalization	A.1680 860	Info Technology-Hospitalization	315
A.1040 860	Clerk of Bd Hospitalization	A.1680 865	Info Technology-Dental	138
A.1325 861	Treasurer Retiree Hosp	A.1681 860	Telecom-Hospitalization	171
A.3150 860	Sheriff Correction Hospitalization	A.3110 860	Sheriff Law Enf-Hospitalization	21,700
A.3120 860	Sheriff 911 Center Hospitalization	A.3110 860	Sheriff Law Enf-Hospitalization	14,940
A.1325 861	Treasurer Retiree Hosp	A.3143 860	Probation Pre-trial-Hospitalization	171
A.1325 861	Treasurer Retiree Hosp	A.3144 860	Probation Day Reporting-Hospitalization	51
A.3150 860	Sheriff Correction Hospitalization	A.3150 861	Sheriff Correctn-Retire Hospitalization	20,787
A.1325 861	Treasurer Retiree Hosp	A.3410 860	Fire Prevention-Hospitalization	171
A.3150 865	Sheriff Correction Dental	A.3620 860	Building & Fire Code-Hospitalization	3,095
A.1325 861	Treasurer Retiree Hosp	A.3620 865	Building & Fire Code-Dental	120
A.1171 860	Public Defender Hospitalization	A.3620 861	Building & Fire Code-Retiree Hosp.	4,517
A.1325 861	Treasurer Retiree Hosp	A.3640 860	Civil Defense-Hospitalization	101
A.1450 861	Bd of Elections Retiree Hosp	A.5610 860	Airport-Hospitalization	3,401

Please state reason for transfers requested: To reconcile Health Insurance costs for year end.

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: Office of the County Administrator

SIGNED:

DATE: 12/11/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1010 810	Leg. Board-Retirement	A.1165 810	DA-Retirement	2,900
A.1040 810	Clerk of Board-Retirement	A.1165 810	DA-Retirement	3,400
A.1170 810	Legal Def. Indigent-Retirement	A.1165 810	DA-Retirement	220
A.1170 810	Legal Def. Indigent-Retirement	A.1340 810	Budget Officer-Retirement	126
A.1170 810	Legal Def. Indigent-Retirement	A.1355 810	Real Property-Retirement	600
A.1171 810	Public Defender.-Retirement	A.1355 810	Real Property-Retirement	1,556
A.1171 810	Public Defender-Retirement	A.1430 810	Civil Service-Retirement	1,079
A.1185 810	Medical Examiners-Retirement	A.1430 810	Civil Service-Retirement	1,355
A.1325 810	Treasurer's - Retirement	A.1430 810	Civil Service-Retirement	1,356
A.1325 810	Treasurer's - Retirement	A.1435 810	Human Resources-Retirement	1,581
A.1410 810	County Clerk - Retirement	A.1435 810	Human Resources-Retirement	2,270
A.1410 810	County Clerk - Retirement	A.1620 810	Buildings-Retirement	4,576
A.1420 810	Law - Retirement	A.1620 810	Buildings-Retirement	2,730
A.1624 810	H & H Services Bldg - Retirement	A.1620 810	Buildings-Retirement	3,500
A.3020 810	Sheriff 911 Center-Retirement	A.1665 810	Public Records-Retirement	3,500
A.3020 810	Sheriff 911 Center-Retirement	A.1670 810	Mailroom-Retirement	501
A.3020 810	Sheriff 911 Center-Retirement	A.1671 810	Printshop-Retirement	1,349
A.3020 810	Sheriff 911 Center-Retirement	A.3410 810	Fire Prevention-Retirement	4,100
A.6010 810	Social Services-Retirement	A.6030 810	Countryside-Retirement	8,600

Please state reason for transfers requested: To reconcile retirement costs for year end.

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: Office of the County Administrator

SIGNED:

DATE: 12/11/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1420 861	Law-Retiree Hospitalization	A.5610 865	Airport-Dental	89
A.6010 860	Social Services Hospitalization	A.5610 861	Airport-Retiree Hospitalization	7,276
A.1420 861	Law-Retiree Hospitalization	A.6010 865	Social Service-Dental	404
A.1420 861	Law-Retiree Hospitalization	A.6030 865	Countryside-Dental	48
A.1420 861	Law-Retiree Hospitalization	A.6510 860	Veteran's-Hospitalization	111
A.1450 861	Bd of Elections Retiree hosp.	A.6610 860	Weights & Measures-Hospitalization	111
A.1420 861	Law-Retiree Hospitalization	A.7111 865	Up Yonda Farm-Dental	48
A.1450 861	Bd of Election Retiree Hosp	A.7113 860	Railroad-Hospitalization	300
A.1450 861	Bd of Election Retiree Hosp	A.8021 860	Planning-Hospitalization	48
A.1450 861	Bd of Election Retiree Hosp	A.1010 861	Legislative Board Retiree Hosp	48
A.1450 861	Bd of Election Retiree Hosp	A.1320 861	County Auditor Retiree Hospitalization	54
A.1450 861	Bd of Election Retiree Hosp	A.1410 861	County Clerk Retiree Hospitalization	97
A.1450 861	Bd of Election Retiree Hosp	A.1430 861	Civil Service Retiree Hospitalization	15
A.1450 861	Bd of Election Retiree Hosp	A.1660 861	Central Storeroom Retiree Hospitalization	15
A.1450 861	Bd of Election Retiree Hosp	A.1680 861	Info Technology Retiree Hospitalization	15
A.3020 860	911 Center Hospitalization	A.3020 861	911 Center Retiree Hospitalization	64
A.6010 860	Social Services Hospitalization	A.3110 861	Sheriffs Law Enf. Retiree Hosp	9,176
A.1670 860	Mailrom Hospitalization	A.3110 861	Sheriffs Law Enf Retiree Hosp	2,894
A.3140 860	Probation Hospitalization	A.3140 861	Probation Retiree Hospitalization	101
A.6030 860	Countryside Hospitalization	A.6010 861	Social Services Retiree Hospitalization	18,391
A.6030 861	Countryside Retiree Hosp	A.6010 861	Social Services Retiree Hospitalization	7,521

Please state reason for transfers requested: To reconcile Health Insurance costs for year end.

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: 12/11/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1450 861	Bd of Election Retiree Hosp	A.6610 861	Weights & Meas Retiree Hosp	15
A.1450 861	Bd of Election Retiree Hosp	A.8021 861	Planning Retiree Hosp	15
A.3140 860	Probation Hospitalization	A.1450 860	Board of Elections-Hospitalization	7,073
A.3150 865	Sheriff Corrections Dental	A.1450 860	Board of Elections-Hospitalization	616
A.6030 861	Countryside Retiree Hosp	A.1450 860	Board of Elections-Hospitalization	3,705
D.3310 860	Traffic Control Hospitalization	D.5020 860	Engineering Hospitalization	450
D.5010 860	Highway Admin Hospitalization	D.5020 860	Engineering Hospitalization	6,062
D.5010 861	Highway Admin Retiree Hosp	D.5020 860	Engineering Hospitalization	1,572
D.5148 860	Services to Other Govt's	D.5020 860	Engineering Hospitalization	7,339

Please state reason for transfers requested: To reconcile Health Insurance costs for year end.

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: Office of the County Administrator

SIGNED:

DATE: 12/11/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.8021 810	Planning-Retirement	A.8022 810	Planning GIS-Retirement	3,600
A.8021 810	Planning Retirement	A.8750 810	Ag & Mkts-Retirement	100

Please state reason for transfers requested: To reconcile retirement costs for year end.

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: County Clerk - Public Records

SIGNED:



DATE: Dec. 9, 2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1410 130	Part-Time Salaries	A 1410 120	Overtime Salaries	300.00
A. 1410 425	Reproduction Exp	A. 1410 220	Equipment (Map Plotter)	2900.00
A. 1665 425	Reproduction Exp	A. 1665 210	Furniture: Shelving	4700.00

Please state reason for transfers requested: To balance account for OT services due to pistol permit demands and to purchase necessary equipment for RSC operation (part of Reproduction but required to put under separate .2 codes).

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-			

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. Hunsing

DATE: 12/10/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40.6326.		40.6326.		
110 TANF Salaries - Regular		120 TANF Salaries - Overtime		\$ 8.
110 TANF Salaries - Regular		810 TANF Retirement		\$ 4,189.
130 TANF Salaries - PT		810 TANF Retirement		\$ 69.
130 TANF Salaries - PT		470 TANF Contract		\$ 1,640.
410 TANF Supplies		470 TANF Contract		\$ 47.
434 TANF Allowances		470 TANF Contract		\$ 5.
830 TANF Social Security		470 TANF Contract		\$ 90.
830 TANF Social Security		831 TANF Medicare		\$ 133.
830 TANF Social Security		860 TANF Hospitalization		\$ 362.
830 TANF Social Security		865 TANF Dental Insurance		\$ 31.

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

Please state reason for transfers requested: All requested transfers are within code 40.6326 Summer TANF. The annual TANF budget is estimated at the beginning of the program. Final expenditures depend on actual enrollment and eligibility. Retirement was also not included in the original TANF budget (an omission that will be included in any future budgets). The proposed transfers are necessary to close out the program for the year. (See spreadsheet on the following page for further information.)

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Health Services

SIGNED:

DATE: 12/02/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4010.860	Health Services- Hospitalization	A.4010.110	Health Services-Salaries- Regular	21,000.00
		A.4010.120	Health Service-Salaries- Overtime	15,000.00
		A.4010.810	Health Services-Retirement	1,200.00
		A.4010.865	Health Services-Dental Insurance	54.00
A.4016.110	Long Term Home Health Care-Salaries-Regular	A.4016.810	Long Term Home Health Care-Retirement	760.00
		A.4016.860	Hospitalization	322.00
		A.4016.861	Dental Insurance	6.00
A.4018.0020.865	Preventative Program-Family Health-Dental Insurance	A.4018.860	Preventative Program- Hospitalization	158.00
A.4018.0020.130	Preventative Program-Family Health-Salaries-Part Time	A.4018.860	Hospitalization	74.00
A.4018.0020.130	“ “	A.4018.861	Retiree -Hospitalization	212.00
A.4018.0030.120	Preventative Program- Disease Control-Salaries Over Time	A.4018.0030.110	Disease Control-Salaries Regular	3,800.00
		A.4018.0030.860	Hospitalization	285.00
		A.4018.0030.865	Dental Insurance	5.00
A.4018.0040.260	Preventative Program-Health Education-Other Equipment	A.4018.0040.810	Preventative Program-Health Education-Retirement	400.00
A.4018.0040.442	Health Education- Automotive-Gas & Oil	A.4018.0040.810	Preventative Program-Health Education-Retirement	300.00
A.4018.0040.444	Health Education- Travel/Education/Conference	A.4018.0040.110	-Salaries Regular	281.00
A.4018.0040.436	-Advertising Fees	A.4018.0040.110	-Salaries Regular	50.00
A.4018.0040.445	-Food	A.4018.0040.110	-Salaries Regular	19.00
A.4018.0040.445	-Food	A.4018.0040.830	-Social Security	25.00
A.4018.0040.445	-Food	A.4018.0040.831	-Medicare Contribution	6.00
A.4054.130	Ed/Physically Hand. Children-Salaries Part Time	A.4054.110	Ed. Physically Hand. Children-Salaries Regular	300.00
		A.4054.810	Retirement	100.00
		A.4054.860	Hospitalization	145.00
		A.4054.865	Dental Insurance	3.00

A.4054.0060.130	Ed/Physically Hand. Children-Ed. Phys.- Hancappd/Early Intervnt.- Salaries Part Time	A.4054.0060.110	Ed/Physically Hand. Children-Ed. Phys.- Hancappd/Early Intervnt.- Salaries Regular	1,600.00
		A.4054.0060.810	-Retirement	900.00
		A.4054.0060.860	-Hospitalization	135.00
		A.4054.0060.865	Dental Insurance	1.00
A.4189.110	Public Health-Bio Terrorism- Salaries Regular	A.4018.0020.110	Preventative Program-Family Health-Salaries Regular	1,071.07
A.4189.130	-Salaries Part Time	A.4018.0020.130	-Salaries Part Time	4,986.45
A.4189.810	-Retirement	A.4018.0020.810	-Retirement	819.83
A.4189.830	-Social Security	A.4018.0020.830	-Social Security	375.57
A.4189.831	-Medicare Contribution	A.4018.0020.831	-Medicare Contribution	87.84
A.4189.110	-Salaries Regular	A.4018.0020.110	-Salaries Regular	898.38
A.4189.130	-Salaries Part Time	A.4018.0020.130	-Salaries Part Time	3,866.87
A.4189.810	-Retirement	A.4018.0020.810	-Retirement	768.98
A.4189.830	-Social Security	A.4018.0020.830	-Social Security	295.45
A.4189.831	-Medicare Contribution	A.4018.0020.831	-Medicare Contribution	69.10

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 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: 

For Finance Committee 12/11/13
DATE: 12/10/13

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.861 A.4018.0020.861 A.4013.861	Health Services-Retirement Health Expense Family Health-Retirement Health Expense WIC-Retirement Health Expense	A.4010.860 A.4010.860 A.4010.860	Health Services-Health Insurance Expense Health Services-Health Insurance Expense Health Services-Health Insurance Expense	\$2,182.00 \$1,611.00 \$1,707.00
2.	A.4018.0020.860	Family Health-Health Insurance Expense	A4016.860 A.4018.860 A.4018.0030.860 A.4054.860 A.4054.0060.860	Long Term Care-Health Insurance Expense Preventive Program-Health Insurance Expense Disease Program-Health Insurance Expense Preschool Program-Health Insurance Expense Early Intervention Pgm-Health Insurance Expense	\$71.00 \$50.00 \$57.00 \$26.00 \$27.00
3.	A.4018.810	Preventive Program-Retirement Expense	A.4018.861	Preventive Program-Retiree Health Insurance	\$20.00
4.	A.4018.865	Preventive Program-Dental Insurance Expense	A.4018.0020.865	Family Health-Dental Insurance Expense	\$168.00
5.	A.4010.810	Health Services-Retirement Expense	A.4010.865	Health Services-Dental Insurance Expense	\$14.00
6.	A.4189.810	Bioterrorism-Retirement Expense	A.4189.4000.810	Homeland Security-Retirement Expense	\$509.00
7.	A.4054.0060.444	Early Intervention-Education Expense	A.4054.0060.810	Early Intervention-Retirement Expense	\$4,151.00
8.	A.4016.470	Long Term Care-Contract Expense	A.4016.810	Long Term Care-Retirement Expense	\$710.00
9.	A.4013.469	WIC-Other Payments	A.4013.810	WIC-Retirement Expense	\$5,390.00
10.	A.4189.810	Bioterrorism-Retirement Expense	A.4018.0040.810	Health Education-Retirement Expense	\$1,962.00
Total Transfers					\$18,655.00

- To transfer funds to cover Health Insurance to year end for Health Services
- To transfer funds to cover health insurance to year end for LTC, Preventive Program, Disease Program, Preschool and Early Intervention Programs.
- To transfer funds to cover Retiree Health Insurance for the Preventive Program to Year end.
- To transfer funds to cover Dental Insurance for the Family Health Program to year end.
- To transfer funds to cover Dental Insurance for Health Services to year end.
- To Transfer funds to cover Retirement Expense for Homeland Security to year end
- To transfer funds to cover Retirement Expense for Early Intervention Program to year end
- To transfer funds to cover Retirement Expense for Long Term Care program to year end.
- To Transfer funds to cover Retirement Expense for WIC Program to year end.
- To Transfer funds to cover Retirement Expense for Health Education to year end.

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

DEPARTMENT NAME: Office for the Aging

SIGNED:

DATE: 12/06/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6772.130	Office for the Aging, Salaries-Part Time	A.6771.130	Nutri. For Elderly-Ham. Co., Salaries-Part Time	3,000.00
A.6772.130	Office for the Aging, Salaries-Part Time	A.6771.110	Nutri. For Elderly-Ham. Co., Salaries-Regular	584.00
A.6771.810	Nutri. For Elderly-Ham. Co., Retirement	A.6771.444	Nutri. For Elderly-Ham. Co., Travel/Education/ Conference	328.00
A.6773.130	Nutrit. For Elderly-War. Co., Salaries-Part Time	A.6773.110	Nutri. For Elderly-War. Co., Salaries-Regular	11,000.00
A.6774.130	S.N.A.P., Salaries-Part Time	A.6774.110	S.N.A.P., Salaries-Regular	81.00
A.6774.130	S.N.A.P., Salaries-Part Time	A.6774.445	S.N.A.P., Food	10,000.00
A.6774.260	S.N.A.P., Other Equipment	A.6774.444	S.N.A.P., Travel/ Education/Conference	925.00
A.6778.220.1	Comm. Serv. Elderly Warren, Office Equipment- Reserve	A.6778.110	Comm. Serv. Elderly Warren, Salaries-Regular	728.00
A.6772.130	Office for the Aging, Salaries-Part Time	A.6778.110	Comm. Serv. Elderly Warren, Salaries-Regular	2,043.00
A.6793.110	Weather Referral & Pack Prog., Salaries-Regular	A.6778.110	Comm. Serv. Elderly Warren, Salaries-Regular	3,447.00
A.6793.470	Weather Referral & Pack Prog., Contract	A.6785.110	Comm. Serv. Elderly Warren, Salaries-Regular	1,472.00
A.6793.470	Weather Referral & Pack Prog., Contract	A.6780.110	Comm. Ser. Elderly/Hamilton, Salaries-Regular	20.00

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6793.470	Weather Referral & Pack Prog., Contract	A.6783.110	Home Energy Asst. Prog., Salaries-Regular	625.00
A.6793.470	Weather Referral & Pack Prog., Contract	A.6785.100	OFA-Point of Entry-Warren, Salaries-Regular	100.00
A.6793.470	Weather Referral & Pack Prog., Contract	A.6786.110	OFA-Point of Entry-Hamilton, Salaries-Regular	100.00
A.6793.470	Weather Referral & Pack Prog., Contract	A.6789.110	E.I.S.E.P.-Hamilton, Salaries-Regular	120.00
A.6793.470	Weather Referral & Pack Prog., Contract	A.6773.445	Nutrit. For Elderly War. Co., Food	2,200.00
A.6786.470	OFA-Point of Entry-Hamilton, Contract	A.6773.445	Nutrit. For Elderly War. Co., Foods	9,336.00
A.6772.810	Office for the Aging, Retirement	A.6772.410	Office for the Aging, Supplies	2,300.00
A.6789.810	E.I.S.E.P.-Hamilton, Retirement	A.6771.445	Nutri. For Elderly-Ham. Co., Food	1,259.00
A.6774.130	S.N.A.P., Salaries-Part Time	A.6773.445	Nutrit. For Elderly War. Co., Food	5,739.00
A.6778.810	Comm. Serv. Elderly Warren, Retirement	A.6771.445	Nutri. For Elderly Ham., Food	882.00
A.6785.810	OFA Point of Entry-Warren, Retirement	A.6771.445	Nutri. For Elderly-Ham. Co., Food	918.00
A.6793.810	Weather Referral & Pack Prog., Retirement	A.6771.445	Nutri. For Elderly-Ham. Co., Food	701.00
A.6795.810	Title III E OFA, Retirement	A.6771.445	Nutri. For Elderly-Ham. Co., Food	894.00

Please state reason for transfers requested: Request to Transfer Funds from Supplies to Furnishings to Cover the cost of Purchasing a New Steam Table for the Kitchen.

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

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			

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: 12/6/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6772 860	Office for the Aging Health	A6773 860	Nutri. For Elderly War Cty Health	\$ 9,308
A6793 860	Weather Refer & Pack Health	A6773 860	Nutri. For Elderly War Cty Health	\$ 3,293
A6986 860	OFA MIPPA/ADRC Health	A6795 860	Title IIIIE OFA Health Health	\$ 3,096
A6988 860	OFA HIICAP Health	A6783 860	Home Energy Asst Prog Health	\$ 2,703
A6774 860	SNAP Health	A6786 860	OFA Point of Entry Ham Health	\$ 3,053
A6778 860	Comm Serv Elder Warr Health	A6786 860	OFA Point of Entry Ham Health	\$ 506
A6987 860	Title VII Elder Abuse Prev Health	A6785 860	OFA Point of Entry Warr Health	\$ 393
A6788 860	EISEP Warr Health	A6785 860	OFA Point of Entry Warr Health	\$ 224
A6772 .03 860	LTC Ombudsman Health	A6783 861	Home Energy Asst Prog Retiree Health	\$ 126
A6780 860	Comm Serv Elder Ham Health	A6783 861	Home Energy Asst Prog Retiree Health	\$ 2,201
A6789 860	EISEP Ham Health	A6783 861	Home Energy Asst Prog Retiree Health	\$ 1,078
A6793 860	Weather Refer & Pack Health	A6783 861	Home Energy Asst Prog Retiree Health	\$ 156
A6986 860	OFA MIPPA/ADRC Health	A6783 861	Home Energy Asst Prog Retiree Health	\$ 290
A6988 860	OFA HIICAP Health	A6783 861	Home Energy Asst Prog Retiree Health	\$ 26
A6778 860	Comm Serv Elder Warr Health	A6783 861	Home Energy Asst Prog Retiree Health	\$ 422
A6788 860	EISEP Warr Health	A6783 861	Home Energy Asst Prog Retiree Health	\$ 160
A6789 470	EISEP Ham Contract	A6783 861	Home Energy Asst Prog Retiree Health	\$ 1,006
A6789 470	EISEP Ham Contract	A6772 861	Office for the Aging Retiree Health	\$ 28
A6789 470	EISEP Ham Contract	A6773 861	Nutri. For Elderly War Cty Ret Health	\$ 16
A6789 470	EISEP Ham Contract	A6774 860	SNAP Retiree Health	\$ 54
A6789 470	EISEP Ham Contract	A6772 865	Office for the Aging Dental	\$ 12
A6772 .03 865	LTC Ombudsman Dental	A6772 865	Office for the Aging Dental	\$ 3
A6774 865	SNAP Dental	A6772 865	Office for the Aging Dental	\$ 58
A6778 865	Comm Serv Elder Warr Dental	A6772 865	Office for the Aging Dental	\$ 13
A6780 865	Comm Serv Elder Ham Dental	A6772 865	Office for the Aging Dental	\$ 74
A6789 470	EISEP Ham Contract	A6773 865	Nutri. For Elderly War Cty Dental	\$ 3
A6789 865	EISEP Ham Dental	A6773 865	Nutri. For Elderly War Cty Dental	\$ 17
A6793 865	Weather Refer & Pack Dental	A6773 865	Nutri. For Elderly War Cty Dental	\$ 78
A6795 865	Title IIIIE OFA Dental	A6773 865	Nutri. For Elderly War Cty Dental	\$ 43
A6986 865	OFA MIPPA/ADRC Dental	A6773 865	Nutri. For Elderly War Cty Dental	\$ 75
A6780 865	Comm Serv Elder Ham Dental	A6783 865	Home Energy Asst Prog Dental	\$ 31
A6789 470	EISEP Ham Contract	A6783 865	Home Energy Asst Prog Dental	\$ 14
A6987 865	Title VII Elder Abuse Prev Dental	A6788 865	EISEP Warr Dental	\$ 9
A6789 470	EISEP Ham Contract	A6785 865	OFA Point of Entry Warr Dental	\$ 33
A6789 470	EISEP Ham Contract	A6786 865	OFA Point of Entry Ham Dental	\$ 86
A6789 470	EISEP Ham Contract	A6988 860	OFA HIICAP Dental	\$ 47

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: 12/6/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6780 810	Comm Serv Elder Ham Retirement	A6773 810	Nutri. For Elderly War Cty Retirement	\$ 142
A6774 810	SNAP Retirement	A6773 810	Nutri. For Elderly War Cty Retirement	\$ 3,261
A6780 810	Comm Serv Elder Ham Retirement	A6786 810	OFA Point of Entry Ham Retirement	\$ 199
A6780 810	Comm Serv Elder Ham Retirement	A6788 810	EISEP Warr Retirement	\$ 240
A6780 810	Comm Serv Elder Ham Retirement	A6986 810	OFA MIPPA/ADRC Retirement	\$ 1,573
A6780 810	Comm Serv Elder Ham Retirement	A6987 810	Title VII Elder Abuse Prev Retirement	\$ 10
A6780 810	Comm Serv Elder Ham Retirement	A6988 810	OFA HIICAP Retirement	\$ 7

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

Please state reason for transfers requested: Adjustment to correct funding for Title VII/Ombudsmanager mandatory reporting system

*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

DEPARTMENT NAME: Planning and Community Development

SIGNED:

DATE: 11/25/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
71-8686 220	Home PBI. Administration, Office Equipment	71-8686 437	Home PBI, Administration, Consulting Fees	4,000.00

Please state reason for transfers requested: Grant funds will be used to offset department salaries.

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

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			

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED:  DATE: 4/26/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.7110 130	<u>Parks & Recreation</u> Salaries, PartTime	A.7113 110	<u>Railroad</u> Salaries, Regular	\$ 220.00

Please state reason for transfers requested:

To correct error in budgeting Salaries in Railroad

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

16

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

FROM: PUBLIC WORKS
Name of Department

SIGNED: _____ DATE: 4/26/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.7110 413	<u>Parks & Recreation</u> Repairs & Maintenance Buildings & Grounds <i>Property</i>	A.9950 910	<u>Transfer Capital Proj.</u> Interfund Transfer	\$ 4,000.00

Please state reason for transfers requested:
 To correct error in budgeting Salaries in Railroad

Transfer funds for ROW Mapping and Acquisition Costs

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: 12/6/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.7111 130	General, Up Yonda Farms Salaries, Part Time	A.7111 416	General, Up Yonda Farms Oil and Gas Heating	\$ 676.75

Please state reason for transfers requested:

Transfer unused Part Times Salary to Oil and Gas Heating needed to pay December fuel delivery

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:

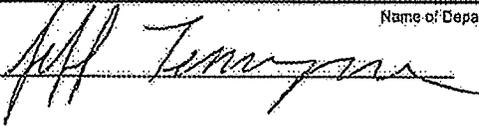
Please file original request with Clerk of the Board and retain copy for your records.

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED:  DATE: 11/25/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D5112 8185 280	County Road, Hudson Street Projects	D5112 8182 280	County Road, East River Drive Projects	\$2,500.00
D5112 8185 280	County Road, Hudson Street Projects	D5112 8191 280	County Road, Landon Hill Projects	\$2,500.00
D5112 8185 280	County Road, Hudson Street Projects	D5112 8181 280	County Road, Bloody Pond Rd. Projects	\$10,000.00
D5112 8185 280	County Road, Hudson Street	D5112 8187 280	County Road, Cameron Road Projects	\$1,000.00

Please state reason for transfers requested:

To transfer Funds from Completed Projects to Projects Requiring more funds.

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: 12/10/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5112 8185 280	<u>County Road</u> Hudson Street, Projects	D.5112 8190 280	<u>County Road</u> <u>Bay Road</u>	\$ 600.00

Please state reason for transfers requested:

To transfer funds from completed projects to projects requiring more funds.

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: 12/2/2013

Valentine Pond Road Budget Transfer request:

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
	<u>County Road, Maint. Of Roads</u>		<u>County Rd, County Roads</u>	
			<u>Valentine Pond Rd</u>	
D.5110 110	Salaries Regular	D.5112.8169 110	Salaries Regular	\$ 9,366.74
D.5110 130	Salaries Part time	D.5112 8169 130	Salaries Part Time	\$ 1,253.72
D.5110 810	Retirement	D.5112 8169 810	Retirement	\$ 1,959.09
D.5110 830	Social Security	D.5112 8169 830	Social Security	\$ 719.82
D.5110 831	Medicare Cont.	D.5112 8169 831	Medicare Cont.	\$ 168.33
D.5110 860	Hospitalization	D.5112 8169 860	Hospitalization	\$ 3,333.11
D.5110 865	Dental	D.5112 8169 865	Dental	\$ 46.92
D.5110 421	Equipment Rental	D.5112 8169 280	Project	\$ 20,343.43
	<u>County Rd, County Roads</u>			
	<u>Valentine Pond Rd</u>			
D.5112.8169	280 Project	D.5112 8169 120	Salaries, Overtime	\$ 914.65

CR#9 Hudson Street

	<u>County Road, Maint. Of Roads</u>		<u>County Rd, County Roads</u>	
			<u>CR#9 Hudson Street</u>	
D.5110 110	Salaries Regular	D.5112.8185 110	Salaries Regular	\$ 7,799.23
D.5110 130	Salaries Part time	D.5112 8185 130	Salaries Part Time	\$ 455.90
D.5110 810	Retirement	D.5112 8185 810	Retirement	\$ 2,074.01
D.5110 830	Social Security	D.5112 8185 830	Social Security	\$ 617.28
D.5110 831	Medicare Cont.	D.5112 8185 831	Medicare Cont.	\$ 144.33
D.5110 860	Hospitalization	D.5112 8185 860	Hospitalization	\$ 3,444.41
D.5110 865	Dental	D.5112 8185 865	Dental	\$ 51.54
D.5110 421	Equipment Rental	D.5112 8185 280	Project	\$ 9,780.65
	<u>County Rd, County Roads</u>			
	<u>CR #9 Hudson Street</u>			
D.5112.8185	280 Project	D.5112 8185 120	Salaries, Overtime	\$ 2,418.01

Landon Hill Road

	<u>County Road, Maint. Of Roads</u>		<u>County Rd, County Roads</u>	
			<u>Landon Hill Road</u>	
D.5110 110	Salaries Regular	D.5112.8191 110	Salaries Regular	\$ 11,625.95
D.5110 130	Salaries Part time	D.5112 8191 130	Salaries Part Time	\$ 1,914.78
D.5110 810	Retirement	D.5112 8191 810	Retirement	\$ 2,636.01
D.5110 830	Social Security	D.5112 8191 830	Social Security	\$ 952.47
D.5110 831	Medicare Cont.	D.5112 8191 831	Medicare Cont.	\$ 222.74
D.5110 860	Hospitalization	D.5112 8191 860	Hospitalization	\$ 4,354.01
D.5110 865	Dental	D.5112 8191 865	Dental	\$ 64.11
D.5110 421	Equipment Rental	D.5112 8191 280	Project	\$ 25,502.94
	<u>County Rd, County Roads</u>			
	<u>Landon Hill Road</u>			
D.5112.8191	280 Project	D.5112 8191 120	Salaries, Overtime	\$ 2,430.62

Bloody Pond Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8181 110
 D.5112 8181 810
 D.5112 8181 830
 D.5112 8181 831
 D.5112 8181 860
 D.5112 8181 865
 D.5112 8181 280

**County Rd, County Roads
Bloody Pond Road**

Salaries Regular \$ 6,670.09
 Retirement \$ 1,338.69
 Social Security \$ 378.83
 Medicare Cont. \$ 88.61
 Hospitalization \$ 2,528.65
 Dental \$ 34.82
 Project \$ 4,546.54

**County Rd, County Roads
Bloody Pond Road**

D.5112.8181 280 Project

D.5112 8181 120

Salaries, Overtime \$ 217.36

East River Drive**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8182 110
 D.5112 8182 810
 D.5112 8182 830
 D.5112 8182 831
 D.5112 8182 860
 D.5112 8182 865
 D.5112 8182 280

**County Rd, County Roads
East River Drive**

Salaries Regular \$ 4,996.03
 Retirement \$ 1,570.01
 Social Security \$ 458.33
 Medicare Cont. \$ 107.19
 Hospitalization \$ 2,593.67
 Dental \$ 40.07
 Project \$ 7,810.09

**County Rd, County Roads
East River Drive**

D.5112.8182 280 Project

D.5112 8182 120

Salaries, Overtime \$ 2,906.54

Trout Lake Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 130 Salaries Part time
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8183 110
 D.5112 8183 130
 D.5112 8183 810
 D.5112 8183 830
 D.5112 8183 831
 D.5112 8183 860
 D.5112 8183 865
 D.5112 8183 280

**County Rd, County Roads
Trout Lake Road**

Salaries Regular \$ 6,723.62
 Salaries Part Time \$ 284.93
 Retirement \$ 1,519.96
 Social Security \$ 486.59
 Medicare Cont. \$ 113.79
 Hospitalization \$ 2,322.48
 Dental \$ 35.80
 Project \$ 8,265.24

**County Rd, County Roads
Trout Lake Road**

D.5112.8183 280 Project

D.5112 8183 120

Salaries, Overtime \$ 1,088.34

Glen Athol Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 130 Salaries Part time
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8184 110
 D.5112 8184 130
 D.5112 8184 810
 D.5112 8184 830
 D.5112 8184 831
 D.5112 8184 860
 D.5112 8184 865
 D.5112 8184 280

County Rd, County Roads**Glen Athol Road**

Salaries Regular \$ 9,917.42
 Salaries Part Time \$ 581.27
 Retirement \$ 2,914.05
 Social Security \$ 914.30
 Medicare Cont. \$ 213.82
 Hospitalization \$ 4,587.26
 Dental \$ 66.03
 Project \$ 9,576.08

County Rd, County Roads**Glen Athol Road**

D.5112.8184 280 Project

D.5112 8184 120

Salaries, Overtime \$ 4,291.51

Stone School House Rd**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8186 110
 D.5112 8186 810
 D.5112 8186 830
 D.5112 8186 831
 D.5112 8186 860
 D.5112 8186 865
 D.5112 8186 280

County Rd, County Roads**Stone School House Rd**

Salaries Regular \$ 3,392.98
 Retirement \$ 754.04
 Social Security \$ 246.78
 Medicare Cont. \$ 57.70
 Hospitalization \$ 983.26
 Dental \$ 14.85
 Project \$ 6,171.63

County Rd, County Roads**Stone School House Road**

D.5112.8186 280 Project

D.5112 8186 120

Salaries, Overtime \$ 655.19

Cameron Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 130 Salaries Part time
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8187 110
 D.5112 8187 130
 D.5112 8187 810
 D.5112 8187 830
 D.5112 8187 831
 D.5112 8187 860
 D.5112 8187 865
 D.5112 8187 280

County Rd, County Roads**Cameron Road**

Salaries Regular \$ 6,441.35
 Salaries Part Time \$ 455.90
 Retirement \$ 1,417.94
 Social Security \$ 463.69
 Medicare Cont. \$ 108.47
 Hospitalization \$ 2,064.16
 Dental \$ 32.35
 Project \$ 9,165.54

County Rd, County Roads**Cameron Road**

D.5112.8187 280 Project

D.5112 8187 120

Salaries, Overtime \$ 769.61

Glendale Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8188 110
 D.5112 8188 810
 D.5112 8188 830
 D.5112 8188 831
 D.5112 8188 860
 D.5112 8188 865
 D.5112 8188 280

County Rd, County Roads**Glendale Road**

Salaries Regular \$ 11,361.86
 Retirement \$ 2,232.26
 Social Security \$ 735.24
 Medicare Cont. \$ 171.93
 Hospitalization \$ 3,550.59
 Dental \$ 45.82
 Project \$ 19,244.43

County Rd, County Roads**Glendale Road**

D.5112.8188 280 Project D.5112 8188 120 Salaries, Overtime \$ 1,123.76

Dartmouth Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 130 Salaries Part time
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8189 110
 D.5112 8189 130
 D.5112 8189 810
 D.5112 8189 830
 D.5112 8189 831
 D.5112 8189 860
 D.5112 8189 865
 D.5112 8189 280

County Rd, County Roads**Dartmouth Road**

Salaries Regular \$ 11,445.24
 Salaries Part Time \$ 535.66
 Retirement \$ 2,616.73
 Social Security \$ 809.90
 Medicare Cont. \$ 189.40
 Hospitalization \$ 4,284.76
 Dental \$ 65.36
 Project \$ 23,121.97

County Rd, County Roads**Dartmouth Road**

D.5112.8189 280 Project D.5112 8189 120 Salaries, Overtime \$ 1,382.78

Harrington Hill Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 130 Salaries Part time
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8195 110
 D.5112 8195 130
 D.5112 8195 810
 D.5112 8195 830
 D.5112 8195 831
 D.5112 8195 860
 D.5112 8195 865
 D.5112 8195 280

County Rd, County Roads**Harrington Hill Road**

Salaries Regular \$ 3,989.35
 Salaries Part Time \$ 182.36
 Retirement \$ 1,155.50
 Social Security \$ 343.12
 Medicare Cont. \$ 80.25
 Hospitalization \$ 1,592.98
 Dental \$ 22.52
 Project \$ 6,313.67

County Rd, County Roads**Harrington Hill Road**

D.5112.8195 280 Project D.5112 8195 120 Salaries, Overtime \$ 1,752.58

Hadley Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 130 Salaries Part time
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8194 110
 D.5112 8194 130
 D.5112 8194 810
 D.5112 8194 830
 D.5112 8194 831
 D.5112 8194 860
 D.5112 8194 865
 D.5112 8194 280

County Rd, County Roads**Hadley Road**

Salaries Regular \$3,787.35
 Salaries Part Time \$490.09
 Retirement \$951.35
 Social Security \$288.77
 Medicare Cont. \$67.49
 Hospitalization \$1,484.41
 Dental \$24.76
 Project \$ 11,100.73

County Rd, County Roads**Hadley Road**

D.5112.8194 280 Project

D.5112 8194 120

Salaries, Overtime \$ 663.45

Olmstedville Road**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 130 Salaries Part time
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8193 110
 D.5112 8193 130
 D.5112 8193 810
 D.5112 8193 830
 D.5112 8193 831
 D.5112 8193 860
 D.5112 8193 865
 D.5112 8193 280

County Rd, County Roads**Olmstedville Road**

Salaries Regular \$5,775.41
 Salaries Part Time \$0.00
 Retirement \$ 1,104.89
 Social Security \$ 367.45
 Medicare Cont. \$ 85.94
 Hospitalization \$ 1,940.70
 Dental \$ 27.62
 Project \$ 12,863.54

County Rd, County Roads**Olmstedville Road**

D.5112.8193 280 Project

D.5112 8193 120

Salaries, Overtime \$ 146.13

CR 11 Wash Out**County Road, Maint. Of Roads**

D.5110 110 Salaries Regular
 D.5110 130 Salaries Part time
 D.5110 810 Retirement
 D.5110 830 Social Security
 D.5110 831 Medicare Cont.
 D.5110 860 Hospitalization
 D.5110 865 Dental
 D.5110 421 Equipment Rental

D.5112.8192 110
 D.5112 8192 130
 D.5112 8192 810
 D.5112 8192 830
 D.5112 8192 831
 D.5112 8192 860
 D.5112 8192 865
 D.5112 8192 280

County Rd, County Roads**CR11 Washout**

Salaries Regular \$18,189.45
 Salaries Part Time \$592.66
 Retirement \$ 4,639.09
 Social Security \$ 1,323.90
 Medicare Cont. \$ 309.61
 Hospitalization \$ 5,469.73
 Dental \$ 87.39
 Project \$ 39,764.22

County Rd, County Roads**CR11 Washout**

D.5112.8192 280 Project

D.5112 8192 120

Salaries, Overtime \$ 2,583.54

Bay Road

County Road, Maint. Of Roads

D.5110 110 Salaries Regular
D.5110 130 Salaries Part time
D.5110 810 Retirement
D.5110 830 Social Security
D.5110 831 Medicare Cont.
D.5110 860 Hospitalization
D.5110 865 Dental
D.5110 421 Equipment Rental

D.5112.8190 110
D.5112 8190 130
D.5112 8190 810
D.5112 8190 830
D.5112 8190 831
D.5112 8190 860
D.5112 8190 865
D.5112 8190 280

County Rd, County Roads

Bay Road

Salaries Regular \$11,346.00
Salaries Part Time \$0.00
Retirement \$ 2,650.69
Social Security \$ 801.38
Medicare Cont. \$ 187.41
Hospitalization \$ 3,607.05
Dental \$ 51.71
Project \$ 13,188.11

County Rd, County Roads

Bay Road

D.5112.8190 280 Project

D.5112 8190 120

Salaries, Overtime

\$ 1,856.71

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: _____ DATE: 12/10/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
	<u>County Road, Maint. Of Roads</u>		<u>County Rd, County Roads</u>	
D.5110 421	Equipment Rental	D.5112 8187 280	<u>Cameron Road</u> Project	\$ 2,843.65
	<u>County Rd, County Roads</u>		<u>County Road, Maint. Of Roads</u>	
D.5112 8192 280	<u>CR11 Wash Out</u> Project	D.5110 421	Equipment Rental	\$ 2,614.37
	<u>County Road, Maint. Of Roads</u>		<u>County Rd, County Roads</u>	
D.5110 421	Equipment Rental	D.5112 8190 280	<u>Bay Road</u> Project	\$ 4,787.52

Additional Budget Transfers Required for County Roads

REQUEST FOR TRANSFER OF FUNDS

24

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

FROM: PUBLIC WORKS

Name of Department

SIGNED:  DATE: 10/22/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5148 110	County Roads	D.5148 120	County Roads, Services	\$ 1,500.00
	Services to other Governments		to Other Governments	
	Salaries		Overtime	

Please state reason for transfers requested:

To reallocate salaries in Services to Other Governments.

DPW did not budget Overtime or Part time Salaries in Services to Other Governments. We did pay some overtime during the year and we did use some of our Part Time Employees paving for the towns, which has caused negative balances in these accounts. This will transfer some of the Regular Salary Budget to Over Time Salary and Part Time Salary Budgets to offset the negative balances. Note: These salaries are billed to the Towns.

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.

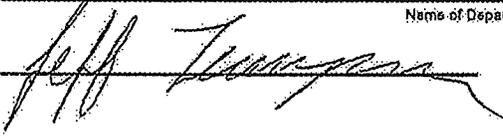
REQUEST FOR TRANSFER OF FUNDS

75

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

FROM: PUBLIC WORKS

Name of Department

SIGNED:  DATE: 11/25/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5142 120	<u>County Road, Snow Salaries, Overtime</u>	D.3310 110	<u>County Roads, Traffic Salaries, Regular</u>	\$ 4,350.00

Please state reason for transfers requested:

Year end adjustments between Snow and Ice and Traffic.

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: *[Signature]*

DATE: 11/25/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5142	<u>County Roads, Snow Removal</u>	D.5110	<u>County Roads, Maintenance of Roads</u>	
D.5142	110 Salaries, Regular	D.5110 110	Salaries, Regular	\$ 8,000.00
D.5142	120 Salaries, Over time	D.5110 110	Salaries, Regular	\$26,000.00
	<u>County Roads Maintenance of Roads</u>			
D.5110	130 Salaries, Part time	D.5110 110	Salaries, Regular	\$ 6,000.00
D.5110	830 Social Security	D.5110 831	Medicare	\$ 50.00

Please state reason for transfers requested:

Yearly adjustments between snow and Ice and regular Road Maintenance

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: Nathan H. York Sheriff
Name of Department

SIGNED: 

DATE: November 21, 2013

<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	\$25,000.00
A.3110 442	L.E. Gas & Oil	A.3020 428	911 Data Processing	6,000.00
A.3110 110	L.E. Salaries	A.3150 120	Jail Overtime	40,000.00
A.3150 445	Jail / Foods	A.3150 120	Jail Overtime	44,000.00
A.3150 413	Jail / Repair & Maint.	A.3150 435	Jail Medical	2,000.00
A.3150 445	Jail / Foods	A.3150 435	Jail Medical	15,000.00
A.3150 469	Jail /Other	A.3150 435	Jail Mecical	4,000.00
A.3150 470	Jail / Contracts	A.3150 435	Jail Medical	8,000.00
General Fund Surplus		A.3150 120	Jail Overtime	85,000.00

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

DEPARTMENT NAME: Social Services

SIGNED:

DATE: 11/25/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 110	Social Services, Salaries- Regular	A.6010 120	Social Services, Salaries Over Time	30,000.00
A.6100 470	Medicaid, Contract	A.6119 470	Child Care, Contract	110,000.00
A.6101 470	Medical Assistance, Contract	A.6109 470	Aid to Dependent Children, Contract	50,000.00
A.6101 470	Medical Assistance, Contract	A.6119 470	Child Care, Contract	50,000.00
A.6010 470	Social Services, Contract	A.6010.220	Social Services, Office Equipment	7,500.00

Please state reason for transfers requested: To Cover expenses through year end.

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

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			

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Tourism

SIGNED:

DATE: 11/22/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6417 130	Tourism Occupancy, Salaries-Part Time	A.6417 860	Tourism Occupancy, Hospitalization	468.00
A.6417 130	Tourism Occupancy, Salaries-Part Time	A.6417 220	Tourism Occupancy, Office Equipment	1,100.00
A.6417 130	Tourism Occupancy, Salaries-Part Time	A.6417 865	Tourism Occupancy, Dental Insurance	400.00

Please state reason for transfers requested: There are excess funds in our part time position at the Information Center due to the employee hired working less hours than originally anticipated. Dental Insurance however has been under budget. We are looking to purchase a storage unit for videos similar to what is used by our contractor, Production Equipment, and to transfer the excess into our Postage account.

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

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			

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Tourism

SIGNED:

DATE: 11/22/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6417 481	Tourism Occupancy-Tourism Promotion	A.6417 860	Tourism Occupancy- Hospitalization	9,400.00

Please state reason for transfers requested: It appears that one of our employees switched from Single coverage to Family Coverage after the budget was completed for 2013.

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

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			

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 2, 2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.9730 610	Bond Anticipation Notes, Principal - Indebtedness	A.2490 439	Community College Tuition- Misc Fees & Expense	\$46,199
A.9730 710	Bond Anticipation Notes, Interest - Indebtedness	A.2490 439	Community College Tuition- Misc Fees & Expense	\$2,930

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>
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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Westmount Health Facility

SIGNED:

DATE: 11/22/13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.72600.100 130	Westmount, Activities Program, Mgmt & Supervision, Salaries-Part Time	EF.72600.100 110	Westmount, Activities Program, Mgmt & Supervision, Salaries-Regular	3,100.00
EF.72600.100 130	Westmount, Activities Program, Mgmt & Supervision, Salaries-Part Time	EF.72600.100 120	Westmount, Activities Program, Mgmt & Supervision, Salaries-Overtime	100.00
EF.73300.500 110	Westmount, Physical Therapy, Aides, Orderlies, Assistants, Salaries –Regular	EF.73300.500 120	Westmount, Physical Therapy, Aides, Orderlies, Assistants, Salaries-Overtime	60.00
EF.83110.8302 469	Westmount, Fiscal Services Office, Pymnt/Contrib-NYS Assessment, other payments/Contributions	EF.60100.100 110	Westmount, Nursing Admin, Mgmt & Supervision, Salaries-Regular	11,000.00
EF.74100.800 130	Westmount, Medical Staff Services, Physician, Salaries-Part Time	EF.60100.600 120	Westmount, Nursing Admin, Clerical & Other Admin Wages, Salaries-Overtime	300.00
EF.83110.8302 469	Westmount, Fiscal Services Office, Pymnt/Contrib-NYS Assessment, other payments/Contributions	EF.60200.100 120	Westmount, Nursing Admin, Mgmt & Supervision, Salaries-Overtime	10,000.00
EF.60200.300 110	Westmount, Nursing-Nurses' Station, Registered Nurse Wages, Salaries-Regular	EF.60200.100 130	Westmount, Nursing Admin, Mgmt & Supervision, Salaries-Part Time	3,000.00

EF.74100.800 130	Westmount, Medical Staff Services, Physician, Salaries-Part Time	EF.60200.100 130	Westmount, Nursing Admin, Mgmt & Supervision, Salaries-Part Time	3,000.00
EF.83110.5830 220	Westmount, Fiscal Services Office, Office Equipment, Office Equipment	EF.60200.400 120	Westmount, Nursing Nurses' Station, LPN & Activities Director Wages, Salaries-Overtime	1,409.00
EF.82400.5830 220	Westmount, Fiscal Services Office, Office Equipment, Office Equipment	EF.60200.400 120	Westmount, Nursing Nurses' Station, LPN & Activities Director Wages, Salaries-Overtime	700.00
EF.83110.8302 469	Westmount, Fiscal Services Office, Pymnt/Contrib-NYS Assessment, other payments/Contributions	EF.60200.400 120	Westmount, Nursing Nurses' Station, LPN & Activities Director Wages, Salaries-Overtime	5,000.00
EF.60200.300 110	Westmount, Nursing-Nurses' Station, Registered Nurse Wages, Salaries-Regular	EF.60200.400 130	Westmount, Nursing Nurses' Station, LPN & Activities Director Wages, Salaries-Part Time	23,000.00
EF.82100.700 860	Westmount, Dietary Services, FSH HK LL Maintenance, Hospitalization	EF.60200.500 120	Westmount, Nursing Nurses' Station, Aides, Orderlies, Assistants, Salaries-Overtime	30,000.00
EF.60200.300 130	Westmount, Nursing-Nurses' Station, Registered Nurse Wages, Salaries-Part Time	EF.60200.500 120	Westmount, Nursing Nurses' Station, Aides, Orderlies, Assistants, Salaries-Overtime	4,275.00
EF.83110.8302 469	Westmount, Fiscal Services Office, Pymnt/Contrib-NYS Assessment, other payments/Contributions	EF.60200.500 130	Westmount, Nursing Nurses' Station, Aides, Orderlies, Assistants, Salaries-Part Time	40,000.00
EF.60200.5830 220	Westmount, Nursing Nurses' Station, Office Equipment, Office Equipment	EF.60200.500 130	Westmount, Nursing Nurses' Station, Aides, Orderlies, Assistants, Salaries-Part Time	1,803.00
EF.72600.5830 220	Westmount, Activities Program, Office Equipment, Office Equipment	EF.60200.500 130	Westmount, Nursing Nurses' Station, Aides, Orderlies, Assistants, Salaries-Part Time	700.00
EF.82200.7500 414	Westmount, Plant Operations & Maint, Gasoline, Gas-Natural	EF.60200.500 130	Westmount, Nursing Nurses' Station, Aides, Orderlies, Assistants, Salaries-Part Time	5,000.00

EF.74100.800 130	Westmount, Medical Staff Services, Physician, Salaries-Part Time	EF.82100.100 110	Westmount, Dietary Services, Mgmt & Supervision, Salaries-Regular	554.00
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-Part Time	8,000.00
EF.82100.700 810	Westmount, Dietary Services, FSH HK LL Maintenance, Retirement	EF.82100.700 130	Westmount, Dietary Services, FSH HK LL Maintenance, Salaries-Part Time	9,072.00
EF.82100.5803 260	Westmount, Dietary Services, Other Equipment	EF.82100.700 130	Westmount, Dietary Services, FSH HK LL Maintenance, Salaries-Part Time	10,634.00
EF.82400.100 810	Westmount, Housekeeping Service, Management & Supervision, Retirement	EF.82100.700 130	Westmount, Dietary Services, FSH HK LL Maintenance, Salaries-Part Time	885.00
EF.82400.700 130	Westmount, Housekeeping Service, FSH HK LL Maintenance, Salaries-Part Time	EF.82400.700 110	Westmount, Dietary Services, FSH HK LL Maintenance, Salaries-Regular	2,000.00
EF.82400.700 850	Westmount, Housekeeping Service, FSH HK LL Maintenance, Unemployment	EF.82400.700 110	Westmount, Dietary Services, FSH HK LL Maintenance, Salaries-Regular	2,885.00
EF.74100.800 130	Westmount, Medical Staff Services, Physician, Salaries-Part Time	EF.82500.100 110	Westmount, Laundry Service, Management & Supervision, Salaries-Regular	700.00
EF.82400.700 810	Westmount, Housekeeping Service, FSH HK LL Maintenance, Retirement	EF.82500.700 110	Westmount, Laundry & Linen Services, FSH HK LL Maintenance, Salaries-Regular	6,989.00
EF.83500.5802 210	Westmount, Administrative Services, Furniture Equipment, Furniture/Furnishings	EF.82500.700 110	Westmount, Laundry & Linen Services, FSH HK LL Maintenance, Salaries-Regular	511.00
EF.82100.5830 220	Westmount, Dietary Services, Office Equipment, Office Equipment	EF.83110.100 110	Westmount, Fiscal Services, Mgmt & Supervision, Salaries-Regular	700.00
EF.72600.100 810	Westmount, Activates Program, Management & Supervision, Retirement	EF.83500.100 110	Westmount, Admin. Services, Management & Supervision, Salaries-Regular	1,741.00

EF.83110.8302 469	Westmount, Fiscal Services Office, Pymnt/Contrib-NYS Assessment, other payments/Contributions	EF.83500.100 110	Westmount, Admin. Services, Management & Supervision, Salaries-Regular	9,000.00
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Please state reason for transfers requested: To cover Salary cost for the 2013 year.

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

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			

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 2, 2013

FROM CODE TITLE TO CODE TITLE AMOUNT

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.2490 439	Community College Tuition- Misc Fees & Expense	\$2,871

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 2, 2013

- (a) Purpose of Request: Authorize extension of \$750,000 loan made to Westmount on December 28, 2012 and \$500,000 loan made to Westmount on February 6, 2013 for an additional year.

- (b) Details: Westmount is experiencing cash flow problems and 2013 IGT money has not been received.

- (c) Previous Resolution Number: 739 of 2012

- (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

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 2, 2013

- (a) Purpose of Request: Authorize loan from the General Fund in the amount not to exceed \$1.3 million to Westmount at an interest rate of 0.25%.

- (b) Details: Westmount is experiencing cash flow problems and expects cash flow problems in 2014 until the 2014 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

Warren County Board of Supervisors

RESOLUTION NO. OF 2013

Resolution introduced by Supervisors Conover, Taylor, Sokol, Monroe, Bentley, Wood, Kenny, Merlino and Frasier

AUTHORIZING PAYMENT TO THE WARREN COUNTY SOIL & WATER CONSERVATION DISTRICT FOR 2014 IN THE AMOUNT OF \$308,201

RESOLVED, that the Warren County Board of Supervisors, hereby authorizes payment to the Treasurer of the Warren County Soil & Water Conservation District for 2014 in the amount of Three Hundred Eight Thousand Two Hundred One Dollars (\$308,201).

Warren County Board of Supervisors

RESOLUTION NO. OF 2012

Resolution introduced by Supervisors Conover, Taylor, Sokol, Monroe, Bentley, Wood, Kenny, Merlino and Frasier

AUTHORIZING PAYMENTS TO SUNY ADIRONDACK

WHEREAS, the Board of Supervisors of Warren County has appropriated, in the budget for the year 2014, the sum of One Million Eight Hundred Fifty-Two Thousand Six Hundred Twenty-Three Dollars (\$1,852,623) as the cost of the share of the County of Warren for the operation of SUNY Adirondack under the joint sponsorship of the Counties of Warren and Washington, now, therefore, be it

RESOLVED, that the County Treasurer be, and hereby is, authorized and directed to pay to the Treasurer of SUNY Adirondack the sum of One Million Eight Hundred Fifty-Two Thousand Six Hundred Twenty-Three Dollars (\$1,852,623), in three (3) installments, as follows:

<u>MONTH</u>	<u>OPERATING</u>
January, 2014	\$ 617,541
April, 2014	\$ 617,541
July, 2014	<u>\$ 617,541</u>
	\$1,852,623

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: Planning and Community Development

DATE: 25 November 2013

- (a) Purpose of Request: Close Capital Fund H295.9550.280 – Countywide Broad Band Study
- (b) Details: *There are no funds remaining in this Capital Project.*
- (c) Previous Resolution Number:
- (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. 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:** 25 November 2013

<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:
Funds are to cover a shortfall in State reimbursement

***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	A.9950 911	Interfund Transfers	\$2,400.

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. 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: Planning and Community Development

DATE: 25 November 2013

- (a) Exact Title and Number of Project*:
Capital Fund H228.9550.280 Lake George Loop
- (b) Is this a Capital Project?
Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):
\$2,400
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
A.9950 910 (General Fund)
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment:

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: Planning and Community Development

DATE: 25 November 2013

- (a) Purpose of Request: Close Capital Fund H228.9550.280 Lake George Loop
- (b) Details: *There are no funds remaining in this Capital Project.*
- (c) Previous Resolution Number:
- (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: Planning and Community Development

DATE: 25 November 2013

- (a) Purpose of Request: Amend Capital fund H292 to reflect local match requirements

- (b) Details: Increase Project H292 (FWHC-Making the Connection) by \$199,248.39. Source of funding will be In Kind Services (H292.9550 2791).

- (c) Previous Resolution Number: 864 of 2008

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: H292.9550 2791 In Kind Services \$199,248.39

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: Planning and Community Development

DATE: 25 November 2013

- (a) **Purpose of Request:** Amend Capital fund H312 to reflect local match requirements

- (b) **Details:** Increase Project H312 (First Wilderness 2008) by \$144,426.74. Source of funding will be In Kind Services (H312.9550 2791) for \$126,278.16 and Interfund Transfers (H312.9550 5031) for \$18,148.58.

- (c) **Previous Resolution Number:** 299 of 2010

- (d) **Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:** H312.9550 2791 In Kind Services \$126,278.16 and H312.9550 5031 Interfund Transfers for \$18,148.58.

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: Planning and Community Development

DATE: 25 November 2013

- (a) Purpose of Request: Amend Capital fund H313 to reflect local match requirements

- (b) Details: Increase Project H313 (First Wilderness 2009) by \$393,659.51. Source of funding will be In Kind Services (H313.9550 2791) for \$365,873.05, Interfund Transfers (H313.9550 5031) for \$22,786.46, Grants from Local Govt (H313.9550 2703) for (\$410,006.00), and Culture & Recreation (State Share) (H313.9550 3897) for \$415,006.00.

- (c) Previous Resolution Number: 300 of 2010

- (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: Planning and Community Development

DATE: 25 November 2013

- (a) Purpose of Request: Amend Capital fund H334 to reflect local match requirements

- (b) Details: Increase Project H334 (First Wilderness 2011) by \$439,285.75. Source of funding will be In Kind Services (H334.9550 2791) for \$399,818.24, Interfund Transfers (H334.9550 5031) for \$39,467.51, Grants from Local Govt (H334.9550 2703) for (\$463,116.00) and Culture & Recreation (State Share) (H334.9550 3897) for \$463,116.00.

- (c) Previous Resolution Number: 584 of 2011

- (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. 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: Warren County Health Services-Family Health Program

DATE: November 29, 2013 (For Finance Committee)

- (a) **Purpose of Amendment:** To amend the 2013 budget to adjust the Family Health Program to reflect the COLA (Cost of Living Adjustment) funds given for the CSHCN (Children with Special Health Care Needs) Grant in the amount of \$1,484.00. (for Dates of services 04/01/13-03/31/14) . All has been met by 9/30/13.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0020.469 Family Health –Other Payments \$1,484.00

Revenue Code (with title), and Amount:
**A.4018.0020.4452 Family Health –Children With Special Health Care Needs
Revenue \$1,484.00**

WARREN COUNTY
TABULATION SHEET

NO.: WC 68-13 ITEM(S): RFP FOR PREPARATION OF A STRATEGIC ACTION PLAN FOR AQUATIC INVASIVE SPECIES SPREAD PREVENTION FOR NAVIGABLE BODIES OF WATER IN WARREN COUNTY DATE: NOVEMBER 15, 2013 TIME: 3:00 P.M.	NAME & ADDRESS Dru Associates, Inc. Attn: Marilyn Drusinsky Abrams 40 Hitching Post Lane Glen Cove, NY 11542 Ph: 516-676-7107	NAME & ADDRESS The LA Group Attn: S. Jeffrey Anthony 40 Long Alley Saratoga Springs, NY 12866 Ph: 587-8100 Fax: 587-0180	NAME & ADDRESS Miller Engineering, PLLC Attn: Douglas Miller PO Box 422 Manlius, NY 13104 Ph: 315-682-0028 Fax: 315-682-0028	NAME & ADDRESS O'Brien & Gere Engineers, Inc. Attn: William Schiew 435 New Karner Rd. Albany, NY 12205 Ph: 484-804-7225 Fax: 215-628-9953
DESCRIPTION OF ITEM	PRICE	PRICE	PRICE	PRICE
A. Develop Scope of Services	\$2,400.00	\$3,220.00	\$6,615.00	\$7,700.00
B. Identification of Water Bodies	\$4,800.00	\$7,740.00	\$2,055.00	\$9,800.00
C. Needs and Benefit Assessment	\$20,550.00	\$63,980.00	\$57,740.00	\$131,750.00
D. Feasibility Study of Improved Spread Prevention Measures	\$8,800.00	\$43,960.00	\$18,310.00	\$60,300.00
E. Public Participation Program	\$16,250.00	\$16,320.00	\$92,665.00	\$29,760.00
F. Submission of a draft SAP	\$13,600.00	\$52,668.00	\$24,410.00	\$43,200.00
G. Project Deliverables	\$14,750.00	\$1,880.00	\$37,910.00	\$16,200.00
H. Project Administration		\$6,950.00		
Travel	\$869.00			
Publishing, copying	TBD			
Total Reimbursables		\$20,100.00	\$20,505.00	
AWARDED TO:	TOTAL:	\$82,019.00	\$216,818.00	\$298,710.00
✓				
JULIE A. PACYNA, PURCHASING AGENT				

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 Emergency Services

DATE: November 25, 2013

- (a) Purpose of Request: Requesting approval for the purchase of on campus radios for use during an emergency/training for an amount not to exceed \$3,600.

- (b) Details: Due to time limitations, a funding source and permission to go to bid prior to receiving Board approval is needed.

- (c) Previous Resolution Number:

- (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. 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: 11/25/13

(a) Exact Title and Number of Project*: Woolen Mill Bridge H214 .9550.280

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable):

(e) Amount of Decrease (if applicable): -\$1,442,598.00

-\$1,046,078.60 Federal Share

-\$ 163,889.30 State Marchiselli Share

-\$ 232,630.10 Local Match Share (transfer \$45,538.15 back to General Fund)

-\$1,442,598.00 Total

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: Amend grant for final project costs and obligation of State Marchiselli share

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: 11/25/13

(a) Purpose of Amendment: To transfer local match funds for Federal-Aid projects

(b) Appropriation Code (with title), Object Code (with title) and Amount:

A.9950 910 - Interfund Transfers (\$45,538.15)

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

A.1325 5031 - Interfund Transfers (\$45,538.15)

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: 11-25-13

(a) Exact Title and Number of Project*: Palisades Road (CR 26) over Brant Lake Inlet Bridge Repairs (H322.9550 280)

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): \$20,000

(e) Amount of Decrease (if applicable):

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

- \$ 0.00 Federal Share
- \$ 0.00 State Marchiselli Share
- \$ 20,000.00 Local Match (A.9950 910 - Transfers - Capital Projects)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: Unanticipated increase in scope of work to include ROW incidentals and acquisitions

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: 11/25/13

(a) Exact Title and Number of Project*: Blair Road over Mill Brook (H342.9550 280)

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): \$25,538.15

(e) Amount of Decrease (if applicable):

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

\$ 0.00 Federal Share

\$ 0.00 State Marchiselli Share

\$ 25,538.15 Local Match (A.9950 910 Transfers - Capital Projects)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: To cover the anticipated local match for right of way 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: 11/25/13

- (a) Exact Title and Number of Project*: Beach Road (CR 51/6) Reconstruction Project (H277.9550 280)
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable):
- (e) Amount of Decrease (if applicable): \$135,000.00
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):

NYS EFC GIGP Funding (Monitoring Funds from NYSEFC)

NYSEFC: \$-135,000.00
 Local: \$ -15,000.00 (reclassify as NYSDOT/FHWA local match)

Decrease: \$-150,000.00

NYSDOT/FHWA Funding

Local: \$ 15,000.00 (to be funded from EFC local match)

Increase \$ 15,000.00

Total Capital Project Increase: \$-135,000.00

- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Decrease project budget due to removal of storm water monitoring work for the Beach Road (CR 51/6) Reconstruction Project.

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: 12/11/13

- (a) Purpose of Request: To amend resolution 486 of 2004 which did not provide a funding source for the \$125,000 Warren County paid to the NYS Comptroller for a Betterment Agreement with NYS Department of Transportation.

- (b) Details: The original resolution was a request for NYS Department of Transportation to perform a betterment project to the railroad at a cost of \$125,000. Under paragraph 10 of the original resolution, the \$125,000 was appropriated from capital project H9552 19 280 (H890-219)-RR Track Restoration, but never provided/identified a funding source. The \$125,000 was advanced from the General fund. This request is to identify the fund source as the Unappropriated General Fund Balance.

- (c) Previous Resolution Number: 486 of 2004

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

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: DPW

DATE: 12/5/13

- (a) Purpose of Contract Change: Supplemental Consultant Agreement No. 6 for the Beach Road (CR 51/6) Reconstruction Project to cover additional design and construction inspection services
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 404 of 2007
- (c) Name of Contractor: Barton & Loguidice, P.C.
- (d) Address of Contractor: 10 Airline Drive, Suite 200., Albany, NY 12205
- (e) Contractor's Contact Person and Telephone Number: Rob Sipzner, PE, 218-1801
- (f) Commencement Date of Extension: Upon Execution
- (g) Termination Date of Extension: Until Complete
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed Add \$91,500
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: H277.9550 280 Beach Rd (CR 51/6) Reconstruction Project

**Architectural/ Engineering
Consultant Agreement**

Supplemental Agreement No. 6

PIN (s) 1757.28 Municipal Contract No. _____

Agreement made this ____ day of _____, _____ by and between

County of Warren

(municipal corporation)

having its principal office at 1340 State Route 9, in Lake George New York 12845 (the "Municipality")

and

Barton & Loguidice, P.C. with its office at 10 Airline Drive, Suite 200, Albany, New York 12205
(the "**Consultant**")

WITNESSETH:

WHEREAS, in connection with a federal-aid project funded through the New York State Department of Transportation ("NYSDOT") identified for the purposes of this agreement as Beach Road Reconstruction Project (as described in detail in Attachment A annexed hereto, the "Project") the Municipality has sought to engage the services of a Consultant Engineer) to perform the scope of services described in Attachment "B" of the original agreement as annexed hereto; and

WHEREAS, in accordance with required consultant selection procedures, including applicable requirements of NYSDOT and/or the Federal Highway Administration ("FHWA") the Municipality has selected the Consultant to perform such services in accordance with the requirements of this Agreement; and

WHEREAS, this Supplemental Agreement No. 6 shall supplement and amend the agreement entered into between the County of Warren and Barton & Loguidice, P.C. on June 25, 2007 for engineering services relative to the reconstruction of Beach Road in the Town and Village of Lake George, New York; and

WHEREAS, Kevin B. Geraghty, Chairman of the Board of Supervisors is authorized to enter this Agreement on behalf of the Municipality,

NOW, THEREFORE, the parties hereto agree as follows:

ARTICLE 1. DOCUMENTS FORMING THIS AGREEMENT

This agreement consists of the following:

- Agreement Form - this document titled "Architectural/Engineering Consultant Agreement";
- Attachment "A" - Project Description and Funding;
- Attachment "B" – Supplemental Task List;
- Attachment "C" - as applicable, Staffing Rates, Hours, Reimbursables and Fee.

ARTICLE 2. SCOPE OF SERVICES/STANDARD PRACTICES AND REQUIREMENTS.

2.1 The CONSULTANT shall render all services and furnish all materials and equipment necessary to provide the Municipality with plans, estimates and other services and deliverables more specifically described in Attachment "B" of the original agreement as supplemented by Attachment "B" herein.

2.2 The CONSULTANT shall ascertain the applicable practices of the Municipality, NYSDOT and/or FHWA prior to beginning any of the work of this PROJECT. All work required under this Agreement shall be performed in accordance with these practices, sound engineering standards, practices and criteria, and any special requirements, more particularly described in Attachment "B".

2.3 Except as herein modified, the Original Agreement dated June 25, 2007 including any amendments or revisions thereto not modified herein, remains in full force and effect.

2.4 The CONSULTANT will commence work no later than ten (10) days after receiving notice to proceed from the Municipality.

ARTICLE 3. COMPENSATION METHODS, RATES AND PAYMENT

3.1 As full compensation for Consultant's work, services and expenses hereunder the Municipality shall pay to the CONSULTANT, and the CONSULTANT agrees to accept compensation based the methods designated and described below. Payment of the compensation shall be in accordance with the Interim Payment procedures shown in the table and the final payment procedure in Article 6.

3.2 For services rendered pursuant to this Supplement, the CONSULTANT shall be paid on a Cost Plus Fixed Fee Method, as described in Section 3.1 of the original agreement, with an amount not to exceed \$91,500.

3.3 The revised maximum amount payable shall be increased to \$1,813,303 as shown on Exhibit C of Attachment C. Direct Technical Salaries shall not exceed the maximums shown in Exhibit A of Attachment C unless approved in writing by the Municipality. The overhead allowance as initially established at 178% in all events not to exceed 185% for Office Staff and as initially established at 107% in all events not to exceed 110% for Field Personnel and is subject to audit. The fixed fee for these supplemental services will be \$8,300.

**EXECUTIVE SUMMARY
SUPPLEMENT 6**

PIN 1757.28

Beach Road Reconstruction
Village of Lake George
Warren County, New York

This Locally Administered Federal Aid project provides for the reconstruction of Beach Road in the Town and Village of Lake George, Warren County. The project encompasses the corridor along Beach Road from the intersection with US Route 9 (Canada Street) to the intersection with NYS Route 9L with some portions including the NYSDEC owned section (Tasks 4 and 6).

The work included in this supplement will provide additional Construction Inspection and Construction Support Services related to the increased oversight to accelerate the project schedule, provide the necessary expertise related to the porous asphalt pavement installation, and sanitary sewer repairs, modifications, and installation.

The work included in this supplemental also includes additional preliminary and final design tasks, NYSDOT letting process tasks, and enhanced archaeology coordination, meetings, and documentation for the NYSDEC owned section of Beach Road (known as Phase II).

The provisions of the original project agreement, as supplemented by Supplemental Agreements No's. 1-5 remain in effect except as modified herein under this Supplement No. 6.

Exhibit C

Supplemental Scope Summary Supplemental 6

Beach Road Reconstruction
PIN 1757.28

		PE Design		Support / Inspection		
		1757.28.122		1757.28.321		TOTAL
		NYSDEC Section				
Item IA, Direct Technical Salaries (estimated) subject to audit	office	\$	4,518	\$	9,542	\$ 14,060
	field	\$	-	\$	14,631	\$ 14,631
Item IB, Direct Technical Salaries Premium Portion of overtime subject to audit (estimate)		\$	-	\$	240	\$ 240
Item II, Direct Non-Salary Cost (estimated) subject to audit		\$	-	\$	2,140	\$ 2,140
Item II Direct Non-Salary Cost subject to audit (Sub-Contractor Cost)		\$	-	\$	11,380	\$ 11,380
Item III, Overhead (estimated) subject to audit	office rate 1.78 %	\$	8,042	\$	16,985	\$ 25,027
	field rate 1.07 %	\$	-	\$	15,655	\$ 15,655
Item IV, Fixed Fee (negotiated)		\$	1,500	\$	6,800	\$ 8,300
TOTAL COST		\$	14,060	\$	77,373	\$ 91,433
Engineering Design Services		\$	14,060			
Construction Support and Inspection Services				\$	77,373	
Maximum Amount Payable Per Phase		\$	14,100	\$	77,400	
Maximum Amount Payable - Supp. Agreement No. 6			<u>\$91,500</u>			

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: 11/25/13

(a) Exact Title and Number of Project*: Warren County Bikeway Improvements
(H329.9550 280)

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): \$ 4,000.00

(e) Amount of Decrease (if applicable):

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

A.9950 910 – Transfers – Capital Projects: \$ 4,000.00

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: Increase to cover ROW
mapping and acquisition costs

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: Department of Public Works, Parks, Recreation and Railroad

- (a) Purpose of Amendment; To amend the Up Yonda Budget showing the actual increase in Gift Shop Revenue of \$400 over budget and to increase the heating oil budget to allow for another delivery in December.

- (b) Appropriation Code, Object Code, Full Title and Amount: A.7111 416 Up Yonda, Oil and Gas Heating \$400.

- (c) Revenue Code (with title), and Amount: A.7111 2657, Up Yonda Gift Shop Revenue. \$400

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: Board of Elections

DATE: 11-18-13

- (a) Purpose of Request: Close Capital Project H227

- (b) Details: Close project and return remaining money to general fund in the approximate amount of \$1472.45

- (c) Previous Resolution Number: 636 of 2002

- (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. 3

Request for New Contract

DEPARTMENT NAME: Board of Elections

DATE: 11-27-2013

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

- (b) Purpose of Contract: Continue with NTS DATA SERVICES LLC (NTS) for Multiple BOE Software operations Maintenance & Support

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

- (d) Address of Contractor: 2079 Saywer Dr, Niagara Falls, NY 14304

- (e) Contractor's Contact Person and Telephone Number: John Jennings (800)458-3820 ext101

- (f) Has or will the Contract be provided, if so, please attach: County Attorney has draft agreement.

- (g) Commencement Date of Contract: 01-01-2014

- (h) Termination Date of Contract: 12-31-2018

- (i) Payment Provisions:
 - i) lump sum amount yearly amount of \$42,742.00 to NTS for 5 years 01-15, 2013-2018
 - 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: \$42,742.00 1450.470

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: 12/11/2013

<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.1170 210	Legal Defense-Indigents-Furniture & Furnishings	\$2,600

Please state reason for transfer request: To purchase furniture for the Assigned Counsel Office.

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: Office of the County Administrator

SIGNED:

DATE: 12/11/2013

<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.1165 440	District Attorney Legal Transcript Fees	\$2,500

Please state reason for transfer request: Additional funding needed through the end of the year.

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: Office of the County Administrator

DATE: 12/11/2013

- (a) Purpose of Request: To appropriate funds from the Computer Reserve Fund to departmental budgets to purchase computers and related equipment and software.
- (b) Details: To appropriate funds in the amount of \$1,656.00 from the Computer Reserve (A.895.00) to codes:
 - A.6510 220.1 Veteran's Services Office Equip Reserve \$514.00
 - A.4010 220.1 Public Health Office Equip Reserve \$1,142.00
- (c) Previous Resolution Number: N/A
- (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

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: 12/11/2013

- (a) Purpose of Request: To transfer funds from County Road fund balance.
- (b) Details: Transfer of funds from County Road fund balance to cover health and dental insurance costs through December 2013.
- (c) Previous Resolution Number: N?A
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
- | | | |
|--|--|--------|
| Transfer of funds to: | | |
| D.5020 861 Engineering Retiree Hospitalization | | 21 |
| D.5020 865 Engineering Dental | | 158 |
| D.5110 860 Maint of Roads Hospitalization | | 44,780 |
| D.5110 861 Maint. of Roads Retiree Hospitalization | | 10,269 |
| D.5110 865 Maint. of Roads Dental | | 1,106 |

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office of the County Administrator

DATE: December 11, 2013

- (a) Purpose of Contract Change: To adjust number of copies allowed under contract based on actual usage and to increase contract amount.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 324 of 2012
- (c) Name of Contractor: National Business Equipment & Supply, LLC
- (d) Address of Contractor: 505 Bradford Street, Albany, NY 12206
- (e) Contractor's Contact Person and Telephone Number: Scott Mueller
518-724-6455.
- (f) Commencement Date of Extension: 8/1/2013
- (g) Termination Date of Extension: 5/31/2017
- (h) Payment Provisions:
 - i) lump sum amount \$9,893.10/mo
 - 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.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.1671 421 Print Shop Equipment Rental \$49,465.50

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

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: Admin. & Fiscal Services

DATE: 12/9/2013

- (a) Purpose of Request: Authorize extension and/or further agreement with Integrys Energy Services of New York, Inc.

- (b) Details: New or continued agreement with Integrys, upon such terms and conditions as may have been arranged through the Municipal Electric & Gas Alliance (MEGA) for a term commencing January 1, 2014 and terminating December 31, 2014

- (c) Previous Resolution Number: 762 of 2011

- (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

Warren County Board of Supervisors

RESOLUTION NO. 762 OF 2011

Resolution introduced by Supervisors Belden and Goodspeed

AUTHORIZING EXTENSION AND/OR FURTHER AGREEMENT WITH INTEGRYS ENERGY SERVICES OF NEW YORK, INC. AS PREFERRED SUPPLIER FOR ELECTRICAL THROUGH THE MUNICIPAL ELECTRIC & GAS ALLIANCE (MEGA)

WHEREAS, on or about August of 2008, the County entered into an agreement with Integrys Energy Services of New York, Inc., the designated preferred supplier of electricity and approved energy services company under the Municipal Electric and Gas Alliance formed by the New York State Association of Counties (formed for purposes of obtaining energy resources at lower costs), and

WHEREAS, the aforementioned agreement with Integrys Energy Services of New York, Inc. has been extended over the years and is scheduled to expire on December 31, 2011, and

WHEREAS, it has been proposed to enter into a new agreement and/or continue the former agreement with Integrys Energy Services of New York, Inc., for an additional or a new expiration date on or about January 1, 2014 (some flexibility is needed based on current agreement expiration date and the desire to renew for an approximate 24-month period), in view of remarkably low pricing now available, now, therefore, be it

RESOLVED, that Warren County enter into a new agreement and/or continue it's previous agreement with Integrys Energy Services of New York, Inc., upon such terms and conditions as may have been arranged through the Municipal Electric and Gas Alliance formed by New York State Association of Counties and as approved by the Chairman of the Warren County Board of Supervisors and subject to the approval of the County Attorney with regard to the form of the agreement.

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with Integrys Energy Services of New York, Inc., for a term commencing on or about January 1, 2012 and terminating on or about January 1, 2014 in order to obtain a new lower electric rate, in a form approved by the County Attorney.

AGENDA
PERSONNEL COMMITTEE
DECEMBER 11, 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 the Civil Service/Personnel Office:**
None.
 - 2) **Referrals from the Health Services Committee:**
Westmount Health Facility -
Request to reclassify the position of Senior Account Clerk #2, *Grade 7, Annual Base Salary of \$29,031*, to an Administrative Assistant, *Grade 8, Annual Base Salary of \$30,230*, effective December 27, 2013 and amending the Departmental Table of Organization accordingly.
 - 3) **Referrals from the Social Services Committee:**
Department of Social Services -
Request to fill the vacant position of Caseworker #26, *Grade 14, Base Annual Salary of \$35,385*, due to resignation, as well as any vacancies resulting from 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 \$8,647 due to a decrease in longevity pay.
- 3) **Item to be discussed by the County Administrator:**
 - A) Update on Human Resources Manager position and introduction of local law necessary to create Department.
- IV. **Pending Items:**
 - 1) Committee approved preparation of RFP's for codification of all County laws/rules/policies and for consultant services relating to salary and wage studies. (06.13.13)