

**AGENDA
FINANCE COMMITTEE
JULY 9, 2014**

Committee Members: Conover, Taylor, Sokol, Monroe, Wood, Kenny, Merlino, Frasier and Dickinson.

- 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) **Request from the Treasurer's Office:**
Request to fill the vacant position of Payroll Technician, *Grade 10, Annual Base Salary \$33,166*, due to resignation.
 - 3) **Referral from the Criminal Justice Committee:**
Assigned Counsel -
Request to amend the County Budget in the amount of \$29,690 to reflect the receipt of grant funds from the New York State Office of Indigent Legal Services (*NYS OILS*).
 - 4) **Referrals from the Human Services Committee:**
Office for the Aging -
 - A) Request to amend the County Budget in the amount of \$159,136 to reflect the receipt of BIP (*Balancing Incentive Program*) grant funds.
 - B) Request to amend the County Budget in the amount of \$68,984 to reflect the receipt of an additional allocation from NY Connects under the BIP grant.
 - 5) **Referral from the Occupancy Tax Coordination Committee:**
Request to amend the County Budget to appropriate funds in the amount of \$41,846 from Budget Code A.881.00, *Reserve, Occupancy Tax*, to Budget Code A.6417 469, *Tourism Occupancy, Other Payments/Contributions*, to provide the remaining funding necessary to make payment of the initial distribution of 2014 Occupancy Tax collections to other municipalities.
 - 6) **Referral from the Personnel Committee:**
Human Resources -
Request to determine a source of funding for costs associated with the County Human Resources Director's attendance at the NYSPERLA 40th Annual Training Conference to be on July 16th - 18th in Saratoga Springs, NY (\$350), contingent upon Personnel Committee approval of same.
 - 7) **Referral from the Public Works Committee:**
DPW -
Request to increase Capital Project No. H277.9550 280, *CR51/CR6 Beach Road Reconstruction*, in the amount of \$110,426 to add Federal and State funding received for reconstruction of the NYSDEC-owned portion of Beach Road.
 - 8) **Referral from the Real Property Tax Services Committee:**
Request to amend the County Budget to appropriate funds in the amount of \$1,600 from Budget Code A 893.00, *Reserve, Environmental Testing Fund*, to Budget Code A.1355 470, *Real Property Tax Service Agency, Contract*, to fund Phase II testing performed by Clark Patterson Lee for several different parcels.
 - 9) County Purchasing Agent to address Committee regarding Pcard implementation, review and modification.

10) Requests/Items to be discussed by the County Attorney:

- A) Request to ratify the actions of the Chairman of the Board in signing an agreement with NEC Corporation of America for maintenance support services agreement for the Sheriff's Office.
- B) Request for a new contract with Mailings Made Easy to authorize payment in the amount of \$1,010 for mailing services rendered on June 25th in connection with the tax foreclosure proceedings.

11) Finance Committee action is required on the following items as approved by the Personnel Committee: Item Nos. 2A-B.

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: Buildings and Grounds

SIGNED:

DATE: 7/3/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1620.260	Other Equipment	A.3110.260	Other Equipment (Sheriff)	\$598.00

Please state reason for transfers requested: Reimbursement for interface equipment purchased by credit card

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

SIGNED: *Samela J. Vogel*

DATE: 6/26/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1665425	Reproduction Expense	A 1665 210.	Office Furniture	\$ 1000

Please state reason for transfers requested: To balance account due to need for additional supplies for DMV including safe replacement.

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: Office of Emergency Services

SIGNED:

DATE: July 9, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3645.4005 422	FY12 Hazmat Grant Program - Repair/Maint-Equipment	A.3645.4005 260	FY12 Hazmat Grant Program - Other Equipment	\$11,135

Please state reason for transfers requested: To purchase equipment for the Adirondack Regional Hazmat Consortium

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: Social Services

SIGNED: *Maureen Schmidt, Deputy Commissioner* DATE: 7/7/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 470	Administration Contract <i>Social Services</i>	A.6142 470	Emergency Aid For Adults Contract	\$5,000

Please state reason for transfers requested:

Increased costs for Emergency Aid For Adults.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: June 27, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73800.200 110	Westmount, Social Services, Social Worker Wages, Salaries - Regular	EF.73800.200 120	Westmount, Social Services, Social Worker Wages, Salaries – Over time	25.00
EF.60200.300 110	Westmount, Nursing-Nurses' Station, RN, Salaries - Regular	EF.60200.100 120	Westmount, Nursing-Nurses' Station Mgmt & Supervision, Salaries – Over time	30,000.00
EF.60200.300 110	Westmount, Nursing-Nurses' Station, RN, Salaries - Regular	EF.60200.300 120	Westmount, Nursing-Nurses' Station RN, Salaries – Over time	5,000.00
EF.82100.700 110	Westmount, Dietary Services FSH, Salaries – Regular	EF.82100.700 130	Westmount, Dietary Services FSH, Salaries – Part Time	50,000.00

Please state reason for transfers requested: position re-class, over time budgets

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

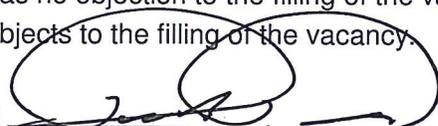
NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department **Treasurer** Payroll Dept. No. **11.0**
Title of Position **Payroll Technician** Annual Salary **\$33,166** Grade **10**
Budget code and title **County Treasurer, Salaries - Regular** Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. **11283**
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other %
Impact to Budget: **None**
Human Resources Director has approved this form when initialed. _____

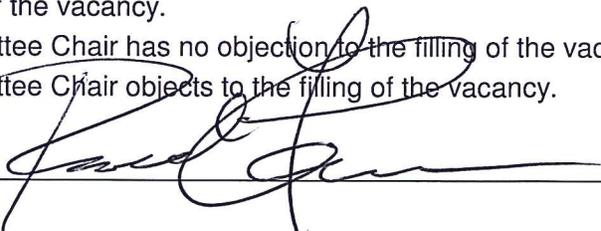
COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Finance - Treasurer Date 6/13/14
 The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature 

BUDGET OFFICER COMPLETES THIS SECTION

Date 6/17/14
 The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Finance Date 6/20/14
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature 

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: Assigned Counsel

DATE: 6/25/2014

- (a) Purpose of Amendment: **To amend budget to include grant funds from the NYS Office of Indigent Legal Services.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.1170 470 Legal Defense-Indigent - Contract \$29,690.**

- (c) Revenue Code (with title), and Amount: **A.1170 3045 Legal Defense - Indigent - Office of Legal Services Distribution - \$29,690**

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: OFA

DATE: 6.30.14

- (a) Purpose of Amendment: To increase the county budget to reflect allocation for the BIP program as per allocation schedule.

- (b) Appropriation Code, Object Code, Full Title and Amount: A6787 220 Balancing Incentive Program- Office Equipment \$10,000 A6787 470 Balancing Incentive Program- Contracts \$149,136

- (c) Revenue Code (with title), and Amount: A6787 4795 Balancing Incentive Program- Federal Aid \$ 159,136

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: OFA

DATE: 6.30.14

- (a) Purpose of Amendment: To increase the county budget to reflect an additional allocation for NY Connects under the BIP program allocation schedule.

- (b) Appropriation Code, Object Code, Full Title and Amount: A.6785 470 OFA Point of Entry Warren – Contract \$ 68,984

- (c) Revenue Code (with title), and Amount: A.6785 3785 OFA Point of Entry Warren – State Aid \$ 68,984

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: Tourism

DATE: July 2, 2014

- (a) Purpose of Request: to appropriate funds from the Occupancy Tax Reserve to A.6417 469, Other Payments/Contributions, for payment of the initial distribution of 2014 Occupancy Tax collections to other municipalities.
- (b) Details: Collections from Occupancy Tax equaled \$3,707,382.54 for 2013. Twenty five percent is due back to the municipalities that collected it, or \$926,845.64. Tourism budgeted \$885,000 for this expense for 2014. An additional \$41,846 is needed to meet this obligation.
-
- (c) Previous Resolution Number: none
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.881.00, Reserve, Occupancy Tax \$41,846

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

* as listed in budget and LOGOS

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Personnel Committee hereby authorizes Gretchen Steffan
(Supervisory Committee) (Employee Name)

to attend **NYSPERLA's 40th Annual Training Conference**
(Name of meeting or organization)

at **Saratoga Springs – Holiday Inn, 232 Broadway, Saratoga Springs, NY 12866**
(Address)

on **July 16th – July 18th**. Mode of transportation to be used **personal vehicle.**
(Dates) (County Vehicle or Mass Transportation)

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

Will drive personal vehicle for convenience.

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.- \$350.00**

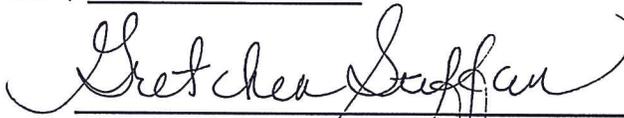
For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 7/1/14



Department Head Signature

Date: _____

Committee Chair Signature

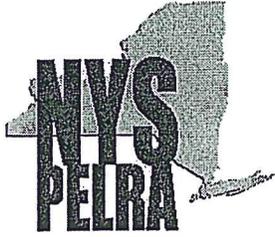
Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, If required.
5. Copy to County Administrator if credit card will be used.



New York State
Public Employer Labor Relations Association Inc.

Dear NYSPELRA Colleague:

On behalf of the New York State Public Employer's Labor Relations Association, I invite you to attend our 40th Annual Training Conference which will once again be held in beautiful downtown Saratoga Springs at the Holiday Inn. The conference will begin on the morning of Wednesday, July 16th and run through noon on Friday, July 18th, 2014

President Elect, Peter Troiano, along with the assistance of your Board, has put together a program of timely and relevant topics for the labor relations practitioner. The following sessions are on this year's agenda: Collective Bargaining, Enhancing Supervisor Skills Executive Session, Collective Bargaining and the New York State Meeting Law, What's New with FLSA, Bargaining Basics, Legislative Update, Civil Service Law for Labor Relations Professionals, Taylor Law, Affordable Care Act Update, Ask the Arbitrators - Now is your Chance as well as the always popular Arbitrator Review.

This year we are hosting a special reception to celebrate the 40th Anniversary of NYSPELRA we hope that you will be able to attend. The reception will be held Thursday evening at the beautiful Saratoga National Golf Course. Please make plans to attend this event.

We hope that you will join us for what promises to be a very informative and exciting conference along with an invaluable opportunity to network with colleagues across the State.

Enclosed you will find the conference registration form, program agenda, hotel registration information, and instructions. You can also visit NYSPELRA's website at www.nyspelra.org for these materials. Please keep in mind that we offer a discounted registration rate for NYSPELRA members which will also apply to any non-member who attends the Conference and decides to join our fine organization. We also offer a discounted conference rate for any "retiree member" of NYSPELRA. For all the attorney participants, we also intend to apply for CLE credits. Any questions about the Conference should be directed to our Secretary/Treasurer Jack Kalinkewicz at 518-885-2225 or jjkpersassoc@yahoo.com.

I look forward to seeing you in Saratoga!

Sincerely,
John Talerico

John Talerico
President

C/O John J. Kalinkewicz Secretary/Treasurer · 15 Rum Cherry Road · Ballston Spa, New York 12020 · (518) 885-2225 · Fax (518) 884-4752

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: 7/2/14

- (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): **\$110,426.00**
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
 - \$ 46,560 Federal Share (80%)**
 - \$ 52,226 State Marchiselli Share (15%)**
 - \$ 11,640 Other State Funding (5%)**
 - \$ 0 Local Match Share (0%)**
 - \$110,426 Total**
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: **To increase the participating Federal, State Marchiselli and other State fund shares.**

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: Real Property Tax Services

DATE: July 1, 2014

- (a) Purpose of Request: **To appropriate funds from the Reserve, Environmental Testing Fund to the Real Property Tax Services budget code A.1355 470**
\$1600.
- (b) Details: **Clark Patterson Lee Engineers to do a plan for Phase II testing on Chester 104.10-4-5, Hague 25.1-1-8, Johnsbury 133.8-1-27 and Queensbury 302.8-1-2.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A 893.00 Reserve, Environmental Testing Fund**

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

* as listed in budget and LOGOS