

**AGENDA**  
**FINANCE COMMITTEE**  
**SEPTEMBER 10, 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) **Requests from the Treasurer's Office:**  
None.
  - 3) **Request from the Board of Elections:**  
Request to amend agreement with Mullen Bros., Inc. for moving of ballot marking devices to add Federal Primary costs.
  - 4) **Referrals from the Economic Growth & Development Committee:**  
***Planning & Community Development -***  
Request to increase Capital Project No. H349.9550 280, *First Wilderness 2013*, in the amount of \$4,688.18 with the source of funding to be a transfer from Budget Code A.9950 910, *Transfers-Capital Projects, Interfund Transfers*.
  - 5) **Referrals from the Health Services Committee:**  
***Public Health - WIC -***
    - A) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$45,630 for Performance Improvement Project funds awarded to the WIC Program.***Westmount Health Facility -***
    - B) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$929 for insurance recovery funds received in relation to the replacement of dentures for a former resident.
    - C) Request to amend the 2014 County Budget in an amount totaling \$400,000 to reflect increases in Public Nursing Home revenues and various expenditures.
  - 6) **Referral from the Occupancy Tax Coordination Committee:**  
Request to appropriate \$3,000 from the Occupancy Tax Reserve, A.881.00, to Budget Code A.3110 120, *Sheriff's Law Enforcement, Salaries-Overtime*, to offset overtime costs incurred during the Adirondack Nationals Car Show.
  - 7) **Referral from the Public Works Committee:**  
***DPW -***
    - A) Request to increase Capital Project No. H321.9550 280, *Lanfear Road (CR 76) over Stony Creek Bridge Repairs*, in the amount of \$42,900 to include the 15% State Marchiselli Share of the project costs.
    - B) Request to increase Capital Project No. H331.9550 280, *County Bridge Projects*, in the amount of \$170,000 with the source of funding to be a transfer from Budget Code D.9950 910, *County Road, Transfers-Capital Projects, Interfund Transfers*.

*Continued*

**8) Requests/Items to be Discussed by the County Administrator:**

- A) Request to appropriate funds in the amount of \$514 from the Computer Reserve, A.895.00, to Budget Code A.6010 220.1, *Social Services, Office Equipment Reserve*, for the purchase of computer and related equipment/software.
  - B) Request to appropriate a total of \$7,100 from the Contingent Fund, A.1990 469, to Budget Codes A.1610 441, *Fleet-Auto Supplies & Repair* - \$1,500, and A.1610 442, *Fleet-Auto Gas & Oil* - \$5,600, to cover additional expenses primarily relating to the addition of cars to the County Fleet.
- 9) Finance Committee action is required on the following items as approved by the Personnel Committee: Item Nos. 2A, 2B, and 3.

**V. 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:** 08/22/2014

<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 810	Countryside Adult Home, Retirement	\$21,000.00
A.6030 439	Countryside Adult Home, Misc Fees & Expenses	A.6030 850	Countryside Adult Home, Unemployment	\$3,000.00

**Please state reason for transfers requested:**

To cover Retirement & Unemployment Expenses for the remainder of the Year.

**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:**

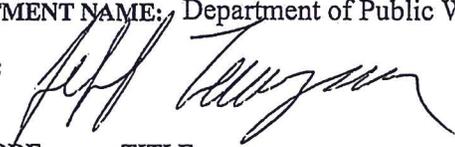
**Please file original request with Clerk of the Board and retain copy for your records.**

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

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

DEPARTMENT NAME: Department of Public Works

SIGNED: 

DATE: 9/10/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D5112.8197 280	2014 CR#22 Harrisburg Road	D5112.8218 280	2014 CR#35 Diamond Point Road	\$15,000.00
D5112.8197 280	2014 CR#22 Harrisburg Road	D5112.8208 280	2014 CR#19 Olmstedville Road	\$15,000.00
D5112.8193 280	CR19 Olmstedville Road	D5112.8208 280	2014 CR#19 Olmstedville Road	\$8,992.92
D5112.8199 280	2014 CR#21 New Hague Road	D5112.8196 280	2014 CR#7 Bay Road	\$40,433.69
D5112.8217 280	2014 CR#21 West Hague Road	D5112.8196 280	2014 CR#7 Bay Road	\$20,000.00

**Please state reason for transfers requested:**

Project D5112.8218 - Extended for 300 feet to encompass larger area from winter damage.

Project D5112.8208 - Extended for 475 feet to encompass larger area from winter damage.

Project D5112.8196 - Extended for approximately a 1/2 mile to encompass larger area from winter damage.

### CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: Patricia [Signature]

DATE: 8/25/14

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.110	Health Services-Full Time Salaries	A.4010.130	Health Services -Part Time Salaries	\$10,000.00

**Total Transfers**

**\$10,000.00**

1. To transfer funds to cover part time salary & per diem coverage for CHHA for 2014 due to nursing staff shortage.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

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

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

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

**FROM:** Planning and Community Development  
Name of Department

**SIGNED:** \_\_\_\_\_ **DATE:** 28 August 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A8021.110	Salaries - Regular	A8021.120	Salaries - Overtime	\$2,708
A8022.120	Salaries - Overtime	A8022.130	Salaries - Part Time	\$3,000
A.8029 470	Contracts	A9950 910	Transfers	\$4,688.18

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

**Please state reason for transfers requested:**

Correcting codes.

**\*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			

**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: August 25, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.400 130	Westmount, Nursing-Nurses' Station, LPN, Salaries – Part time	EF.60200.400 120	Westmount, Nursing-Nurses' Station LPN, Salaries – Over time	25,000.00
EF.60200.500 130	Westmount, Nursing-Nurses' Station, Aides, Salaries – Part time	EF.60200.500 120	Westmount, Nursing-Nurses' Station Aides, Salaries – Over time	75,000.00
EF.82100.700 120	Westmount, Dietary Services FSH, Salaries – Over time	EF.82100.100 120	Westmount, Dietary Services Management & Super, Salaries – Over Time	300.00
EF.83110.600 110	Westmount, Fiscal Services Clerical & Other Admin, Salaries – Regular	EF.83110.600 130	Westmount, Fiscal Services Clerical & Other Admin, Salaries – Part time	500.00

Please state reason for transfers requested: cover part time positions, over time budgets

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

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: Board of Elections**

**DATE: 08-13-14**

- (a) Purpose of Contract Change: **To Amend Agreement with Mullen Bros., Inc. to add Federal Primary Costs**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **484 of 2013**
- (c) Name of Contractor: **Mullen Bros Inc**
- (d) Address of Contractor: **50 Downing Two;Pittsfield MA 01201**
- (e) Contractor's Contact Person and Telephone Number: **Martin Mullen 885-7676**  
**Fax 885-7655**
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (h) Payment Provisions:
  - i) lump sum amount **Per Election**
  - 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: (Money is in .470.) Increase amount from \$11,564.00 to \$17,346.00 to cover Federal Primary that was held June 24, 2014**

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

\*as listed in budget and LOGOS

## ***RESOLUTION REQUEST FORM NO. 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:** 28 August 2014

- (a) Exact Title and Number of Project\*:  
H349.9550 280
- (b) Is this a Capital Project?  
Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):  
\$4,688.18
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):  
A.9950 910 Transfers
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment:  
Move matching funds into project.

## 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-WIC Program

**DATE:** August 25, 2014

- (a) **Purpose of Amendment:** To amend the 2014 budget to adjust the WIC Program to reflect the Performance Improvement Project funds given to the WIC Program in the amount of **\$45,630.00**.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
**A.4013.469 WIC Program- Other Payments \$45,630.00**  
  
Revenue Code (with title), and Amount:  
**A.4013.4403 WIC Program-WIC Revenue \$45,630.00**

## **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: WESTMOUNT HEALT FACILITY**

**DATE: August 25, 2014**

- (a) Purpose of Amendment: **Amend 2014 Budget due to Insurance Recovery; DOL January 25, 2014 replacement of dentures for former Resident.**
  
- (b) Appropriation Code, Object Code, Full Title and Amount: **EF.60200.4900 435 \$929.00 Westmount, Nursing - Nurses' Station, Medical Fees Other Med Supply, Medical Fee's.**
  
- (c) Revenue Code (with title), and Amount: **EF.901001 2680 \$ 929.00 Westmount, Insurance Recovery**

# 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: WESTMOUNT HEALTH FACILITY

DATE: August 25, 2014

(a) Purpose of Amendment: To Amend budget codes to reflect increases in Public Nursing Home Revenue and various Expenditures.

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

EF.60200.6801.470 Nursing-Nurses' Stations, Contracted Services - \$124,000.00  
EF.73400.6802 470 Occupation Therapy, Contracted Services - \$35,000.00  
EF.82200.6101 413 Plant Oper & Main, Repair & Main Bldg/Prop \$60,000.00.  
EF.83500.3000 440 Administrative Services, Legal Services - \$61,000.00  
EF.83500.9105 469 Administrative Services, Misc Fees – \$120,000.00  
(Indirect cost allocation)

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

EF.503201 1650 Public Nursing Home Income \$400,000.00

# ***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: OCCUPANCY TAX**

**DATE: August 8, 2014**

- (a) Purpose of Request: **To appropriate funds from the Occupancy Tax Reserve (A.881.00) to Budget Code A. 3110 120 Sheriff's Law Enforcement, Salaries-Overtime in the amount of \$3,000.**
- (b) Details: **To offset overtime time costs during the Adirondack Nationals Car Show in September 2014.**
- (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: 8/20/14**

- (a) Exact Title and Number of Project\*: Lanfear Road (CR 76) over Stony Creek Bridge Repairs (H321.9550 280)
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$42,900
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):

Supplemental No. 2:

\$ 0.00 Federal Share (80%)  
 \$42,900.00 State Marchiselli Share (15%)  
 \$ 0.00 Local Match Share (5%)

Total \$42,900.00

- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Supplemental Agreement No. 2 to obligate State Marchiselli Share funds.

**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: 8/20/14**

(a) Exact Title and Number of Project\*: County Bridge Projects (H331.9550 280)

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): \$170,000.00

(e) Amount of Decrease (if applicable): NA

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

\$170,000.00 (D.9950 910 Transfers to Capital Projects)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: To increase the capital project for 2014 bridge work

# ***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: 9/10/2014**

- (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 \$514.00 from the Computer Reserve (A.895.00) to codes:  
A.6010 220.1 Social Services Office Equip Reserve                      \$514.00
- (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

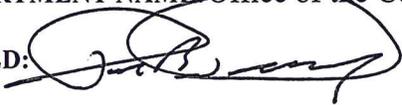
**RESOLUTION REQUEST FORM NO. 10**

***Request for Transfer of Funds***

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

**DEPARTMENT NAME:** Office of the County Administrator

**SIGNED:**



**DATE:** 9/10/2014

**FROM CODE      TITLE                      TO CODE      TITLE                      AMOUNT**

**Please state reason for transfers requested:**

**CONTINGENT FUND TRANSFER REQUESTS**

<b><u>FROM CODE</u></b>	<b><u>TITLE</u></b>	<b><u>TO CODE</u></b>	<b><u>TITLE</u></b>	<b><u>AMOUNT</u></b>
A.1990 469	Contingent Account-	A.1610 441	Fleet-Auto Supplies & Repair	\$1,500
	Other Payments/Contributions	A.1610 442	Fleet-Auto Gas & Oil	\$5,600

**Please state reason for transfer request:** Increase costs mostly due to additional cars added to the County Fleet.

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

**AGENDA**  
**PERSONNEL COMMITTEE**  
**SEPTEMBER 10, 2014**

*Committee Members: Taylor, Kenny, Sokol, Merlino, Dickinson, Girard, Vanselow, Wood and Simpson*

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of the prior Committee meeting.
- III. Action Agenda
  - 1) **Requests/Items to be discussed by the Human Resources Director/Personnel Officer:**
    - A) Gretchen Steffan, Human Resources Director, and Patricia Nenninger, Personnel Officer, to make presentation on Human Resources/Civil Service Administration Office staffing.
    - B) Ms. Steffan to revisit discussion on the Reallocation Committee's recommendations for the Payroll Supervisor position in the Treasurer's Office. *Discussion on recommendations was tabled at the August 6, 2014 Committee meeting.*
    - C) Ms. Steffan to present report on the costs/savings of vacant positions filled.
  - 2) **Referrals from the Health Services Committee:**

***Public Health - WIC***

    - A) Request to hire temporary help to fulfill the scope of work for a special project being undertaken in the WIC division as a result of the release of "unallocated" grant funding for 2015. The temporary help is to be provided by a per diem Health Educator currently working about 15 hours per week; the additional work associated with the WIC project will increase the number of hours worked by the per diem Health Educator to approximately 24 hours per week for the duration of the project.

***Westmount Health Facility***

    - B) Request create to the new position of Senior Account Clerk per diem, *Grade 7, Annual Base Salary of \$29,612*, and to ratify the actions of the Administrator of Westmount Health Facility in filling the position prior to receiving Personnel Committee and Board approval. This position is to be used for a limited number of hours to provide training by a former Senior Account Clerk to the newly hired Senior Account Clerk at a total cost not to exceed \$1,000. Funding for this expense is available within the existing budget.
  - 3) **Referral from the Public Works Committee:**

***DPW -***

Request to authorize Maja Tlokinska-Scroggins, Senior Account Clerk, to enroll in the job-related courses entitled "Intro to College Writing; Intro to Algebra; and Intro to Business, Financial Accounting" through SUNY Adirondack, for the term commencing in the fall of 2014 and terminating in December of 2014 at a cost of \$2,150.70, as part of the requirements for an Accounting Degree program. If the request is approved, Ms. Tlokinska-Scroggins will be due reimbursement for 50% of the course costs upon completion with a grade of "C", or its equivalent, or better.
  - 4) **Requests/Items to be Discussed by the County Administrator:**

None.

*Continued*

**IV. Vacancies Filled:**

**Public Health - WIC**

1. Infant Feeding Advocate (part-time), *Grade 3, Base Hourly Rate of \$11.87*, due to resignation. This is a mandated, non-Union position which receives 100% State reimbursement through the WIC program.

**Sheriff**

1. Patrol Officer #25, *Annual Base Salary of \$36,414; Hiring at Step 3 Salary of \$47,710 - Current Incumbent Salary is \$61,288*, due to retirement. This is a non-mandated, Union position that receives no reimbursements.

**Treasurer**

1. Junior Accountant - Temp, *Annual Base Salary \$50,000*, due to creation. Position to be used to fill vacancy during family medical leave absence. This is a non-mandated, non-Union position which does not receive any reimbursements. *This position was created by Resolution No. 405 of 2014, adopted on August 15, 2014.*

**Westmount Health Facility -**

1. Senior Account Clerk, *Grade 7, Annual Base Salary of \$29,612*, due to resignation. This is a non-mandated, Union position which receives no reimbursements.

**V. Pending Items:**

1. County Attorney to present suggested revisions to proposed Warren County Ethics Law (*the Ethics Law was presented at the May 20<sup>th</sup> Board Meeting and referred back to the Personnel Committee for review and revision*). 05.20.14