

AGENDA
FINANCE COMMITTEE
OCTOBER 8, 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 for a Contingent Fund transfer in the amount of \$1,134.75 to Budget Code A.1325 436, *County Treasurer, Advertising Fees*, to pay for a supplemental notice of foreclosure.
 - 3) **Referral from the Health Services Committee:**
 - A) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$742 for a cost of living adjustment to the Family Health Program's Children with Special Health Care Needs grant.
 - B) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$2,635 for a cost of living adjustment to the Disease Program's Immunization Action Program grant.
 - C) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$1,352 for a cost of living adjustment to the Disease Program's Rabies grant.
 - D) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$1,757 for a cost of living adjustment to the Disease Program's Lead grant.
 - E) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$36,596 for a cost of living adjustment to the WIC program for the 2014-2015 program year.
 - 4) **Referral from the Human Services Committee:**
Employment & Training Administration -
Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$48,016 from the Federal Trade Adjustment Act as reimbursement for the training of ten dislocated workers.
 - 5) **Referral from the Public Works Committee:**
DPW -
Request to increase Capital Project No. H342.9550 280, *Blair Road over Mill Brook*, in the amount of \$195,000 to include local match funding to be transferred from Budget Code D.9950 910, *Transfers-Capital Projects*.
 - 6) **Referral from the Support Services Committee:**
Information Technology -
Request to appropriate \$117,582 from the Computer Reserve, *Budget Code A895.00*, to Budget Code A.1680 220.1, *Information Technology, Office Equipment-Reserve*, for network upgrades at the County Center and the Sheriff's Office.
 - 7) **Requests/Items to be Discussed by the County Administrator:**
None.
 - 8) Finance Committee action is required on the following items as approved by the Personnel Committee: 2A, 2B and 3.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Information Technology

SIGNED:

DATE: October 1, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1680 470	Information Technology, Contract	A.1680 220	Information Technology, Office Equipment	\$800
A.1680 428	Data Processing & Internet Fees	A.1680 220		\$1,000
A.1680 444	Travel/Education/Conference	A.1680 220.1	Office Equipment-Reserve	\$1,000

Please state reason for transfers requested:

Temperature Alarms for server rooms, ceiling microphones for Committee Room, network upgrades for County Center and Sheriff's Office

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 for the Aging

SIGNED:

DATE: 9.29.14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6771 130	Nutri. For Elder ly-Ham.Co-PT Salaries	A6771 445	Nutri. For Elder ly-Ham.Co-Food	\$5,594
A6771 130	Nutri. For Elder ly-Ham.Co-PT Salaries	A6771 110	Nutri. For Elder ly-Ham.Co-Salaries- Reg	\$5,000
A6773 130	Nutri. For Elder ly-Warr.Co-PT Salaries	A6773 437	Nutri. For Elder ly-Warr.Co- Consulting Fees	\$2,310
A6774 130	S.N.A.P PT Salaries	A6774 110	S.N.A.P. Salaries Regular	\$4,000
A6773 110	Nutri. For Elder ly-Warr.Co Salaries Reg	A6773 445	Nutri. For Elder ly-Warr.Co Food	\$10,000
A6795 470	Title III E - OFA Contract	A6780 470	Comm. Ser. Elderly/Hamilton Contract	\$9,500
A6773 130	Nutri. For Elder ly-Warr.Co PT Salaries	A6774 445	S.N.A.P. Food	\$4,000

Please state reason for transfers requested:

End of year adjustments

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			

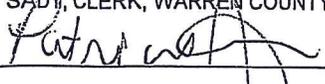
Please state reason for transfer request:

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: 

DATE: 9/26/14

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4016.469	Long Term Care-Other Payments	A.4010.469	Health Services(CHHA)-Other Payments	\$4,000.00
2.	A.4013.469	WIC -Other payments	A.4013.210	WIC -Furniture	\$3,000.00
3.	A.4054.0060.444	Early Intervention-Education Expense	A.4018.0060.810	Early Intervention-Retirement Expense	\$2,000.00
	A.4054.0060.444	Early Intervention-Education Expense	A.4018.0060.860	Early Intervention-Health Insurance Expense	\$6,000.00
4.	A.4018.0020.469	Family Health-Other Payments	A.4018.0020.865	Family Health-Dental Insurance Expense	\$175.00
5.	A.4018.0030.469	Disease Program-Other Payments	A.4018.0030.860	Disease Program-Health Insurance Expense	\$600.00

Total Transfers **\$15,775.00**

1. To transfer funds from LTC to CHHA toward monthly Cash Assessment payments to cover to Year end.
2. To transfer funds to purchase equipment needed for WIC to year end. Fully funded by WIC grant.
3. To transfer funds for Early Intervention to cover additional expenses incurred for both Retirement and Health Insurance.(Employee went from 2-person to Family Health)
4. To transfer funds for Family Health to cover additional expense incurred for Dental Expense.
5. To transfer funds for Disease Program to cover additional expense incurred for Health Insurance.

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

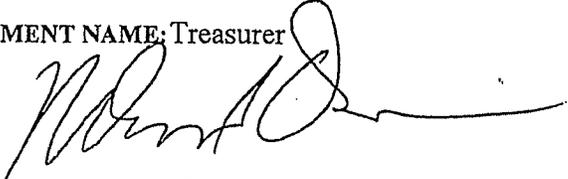
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Treasurer

SIGNED:



DATE: October 2, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1325 110	County Treasurer, Salaries-Regular	A.1325 130	County Treasurer, Salaries-Part Time	\$4,900.00

Please state reason for transfers requested: To cover part time salaries during maternity leave

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: To pay for a supplemental notice of foreclosure.

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: September 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.60200.100 130	Westmount, Nursing-Nurses' Station RN, Salaries – Part time	12,000.00
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	62.00

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.

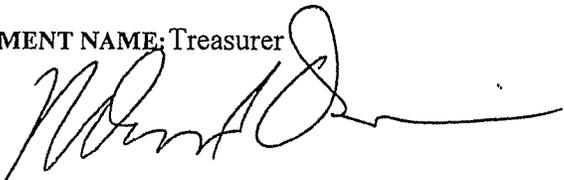
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Treasurer

SIGNED:



DATE: October 2, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A.1325 436	County Treasurer, Advertising Fees	\$1,134.75

Please state reason for transfer request: To pay for a supplemental notice of foreclosure.

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

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: September 26, 2014

- (a) **Purpose of Amendment:** To amend the 2014 budget to adjust the Family Health Program to reflect the COLA (Cost of Living Adjustment) funds given for the CSHCN Grant (Children with Special Health Care Needs) in the amount of \$742.00. This has been prorated to only reflects the portion from 4/1/14-9/30/14 for the current Grant #C-024650.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0020.469 Family Health Program-Other Payments \$742.00

Revenue Code (with title), and Amount:

A.4018.0020.4452 Family Health Program – CSHCN Revenue \$742.00

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: Warren County Health Services-Disease Program

DATE: September 26, 2014

- (a) **Purpose of Amendment:** To amend the 2014 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the IAP Grant (Immunization Action Program) in the amount of \$2,635.00. This is related to grant contract #C-028327.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program-Other Payments \$1,531.00
A.4018.0030.436 Disease Program-Advertising Expense \$1104.00

Revenue Code (with title), and Amount:

A.4018.0030.3407 Disease Program – Revenue \$2,635.00

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: Warren County Health Services-Disease Program

DATE: September 26, 2014

(a) **Purpose of Amendment:** To amend the 2014 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the Rabies Grant in the amount of **\$1,352.00**.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program- Other Payments \$1,352.00

Revenue Code (with title), and Amount:

A.4018.0030. 3407 Disease Program-Public Health Revenue \$1,352.00

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: Warren County Health Services-Disease Program

DATE: September 26, 2014

(a) **Purpose of Amendment:** To amend the 2014 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the Lead Grant in the amount of \$1,757.00 for contract #C-026544.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0030.469 Disease Program- Other Payments \$1,757.00

Revenue Code (with title), and Amount:

A.4018.0030.4457 Disease Program –Lead Revenue \$1,757.00

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: Warren County Health Services-WIC Program

DATE: September 26, 2014

- (a) **Purpose of Amendment:** To amend the 2014 budget to adjust the WIC Program to reflect the COLA (Cost of Living Adjustment) funds given in the amount of \$36,596. This is for the 2014-2015 Year.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4013.469 WIC-Other Payments \$36,596.00

Revenue Code (with title), and Amount:
A.4013.4403 WIC Revenue \$36,596.00

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: Employment and Training

DATE: September 29, 2014

(a) Purpose of Amendment: add federal funds to county budget to reimburse training for 10 dislocated workers through the Trade Adjustment Act

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0305 433 - WIA Dislocated Worker (Training-Client) \$48,016.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791 - WIA Dislocated Worker - \$48,016.

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: 9/25/14

(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): \$195,000.00

(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

\$ 195,000.00 Local Match (from D.9950 910 Transfers – Capital Projects)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: To increase local match share in anticipation of Right of Way Acquisitions, Construction and Construction Inspection project phases

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: Information Technology

DATE: October 1, 2014

(a) Purpose of Request:

To appropriate funds from the Computer Reserve Fund to the Information Technology budget for network upgrades for the County Center and Sheriff's Office

(b) Details:

To appropriate funds in the amount of \$117,582 from the Computer Reserve Fund (A895.00) to Budget Code A.1680 220.1 (Information Technology, Office Equipment-Reserve)

(c) Previous Resolution Number:

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

A895.00, Computer Reserve Fund

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

* as listed in budget and LOGOS

**AGENDA
PERSONNEL COMMITTEE
OCTOBER 8, 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:**

- A) Request to terminate E4 Health Contract for EAP (*Employee Assistance Program*) services and release an RFP seeking services from another company.
- B) Requesting final extension of employment for Temporary HR/Civil Service Assistant from November 20, 2014 through December 31, 2014 and requesting a transfer in the amount of \$4,173 from the Contingent Fund to cover the associated salary costs.
- C) Review of report tracking salary implications of positions filled from July-October.

2) **Referrals from the Criminal Justice Committee:**

District Attorney -

- A) Request to amend the Table of Organization to reduce the hours of the part-time Investigator #2 position from 32 hours per week to not to exceed 8 hours per week.
- B) Request to amend the Table of Organization to create and fill the new position of part-time Investigator #4, *Annual Base Salary \$20,642, not to exceed 20 hours per week*, effective October 20, 2014.

3) **Referral from the Social Services Committee:**

Department of Social Services

Request to amend the Table of Organization to transfer several Social Welfare Examiner and Intake Clerk positions between Department of Social Services Departments.

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

- A) Review of health insurance coverage and rates.
- B) Review and approval of revised Notice of Intent to Fill Vacant Position form.

IV. **Vacancies Filled:**

Countryside Adult Home -

- 1. Institutional Aide, *Grade 3, Annual Base Salary \$24,699*, due to resignation. This is a mandated, Union position which receives 50% State reimbursement.

DMV -

- 1. Motor Vehicle Licensing Clerk #1, *Grade 6, Annual Base Salary \$28,046*, due to resignation. This is a mandated, Union position that receives 12.7% revenue based reimbursements.

Office for the Aging -

- 1. Food Service Manager, *Grade 4, Annual Base Salary \$25,851*, due to resignation. This is a non-mandated, Union position which receives 10% Federal and 71% State reimbursements.
- 2. Typist, *Grade 4, Annual Base Salary \$24,699*, due to resignation. This is a non-mandated, Union position which receives 50% Federal and 11% Hamilton County reimbursements.

Sheriff's Office -

- 1. Patrol Officer #25, *Annual Base Salary \$47,710*, due to promotion. This is a non-mandated, Union position which receives no reimbursements.
- 2. Patrol Sergeant #10, *Annual Base Salary \$68,452*, due to retirement. This is a non-mandated, Union position which receives no reimbursements.

Continued...