

**AGENDA
FINANCE COMMITTEE
DECEMBER 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) **Request from the Treasurer's Office:**
 - A) Request for a new contract with TAG Consulting Group Corp. for indirect cost analysis services for the term commencing January 1, 2015 and terminating December 31, 2017 with the option of a three-year renewal; the annual cost of the contract will be \$5,200 for years 2015-2017 and \$5,000 for years 2018-2020. Funding for this contract is available within the existing Budget.
 - B) Request to fill the vacant position of Account Clerk #1 *19 hours per week (Grade 4, Annual Base Salary \$12,279)*
- 3) **Request from the Clerk of the Board's Office:**
 - A) Request for a resolution authorizing payment to the Warren County Soil & Water Conservation District for 2015 in the amount of \$313,000.
 - B) Request for a resolution authorizing payments to SUNY Adirondack in the amount of \$618,233 to be made in January, April and July of 2015.
- 4) **Request from the Administrator of Westmount Health Facility:**

Request for new contract with North East Fire Protection System's Inc. for a lump sum of \$2,250 to install three dry sidewall sprinklers to cover the overhang outside the Administration Offices at the Westmount Health Facility. Funding for this expense is available within the existing Budget.
- 5) **Referrals from the County Facilities Committee:**

Buildings & Grounds -

 - A) Request to establish Capital Project No. H355 9550.280, *Municipal Center Security Renovations*, in the amount of \$20,000 to provide secure entrances to the Municipal Center. The County Facilities Committee has requested the Finance Committee to determine a source of funding for this Capital Project.
 - B) The County Facilities Committee has requested the Finance Committee to determine a source of funding for the additional security personnel necessary to initiate the Municipal Center Security Proposal at a cost of approximately \$39,000.
- 6) **Referrals from the Health Services Committee:**

Public Health -

 - A) Request to amend the 2015 County Budget to adjust the Disease Program to reflect the receipt of unanticipated revenues and appropriations in the amount of \$12,000 for the New York State Department of Health Performance Incentive Initiative Award. ***Please note: this item will be held for presentation at the January 16, 2015 Board Meeting.***
 - B) Request to amend the 2014 County Budget to adjust the Family Health Program to reflect the receipt of unanticipated revenues and appropriations in the amount of \$739 for a cost of living adjustment to the Children with Special Health Care Needs grant.

Westmount Health Facility -

 - C) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$1,200 for an insurance recovery reimbursement relating to the replacement of dentures for a Westmount resident.

Continued

7) **Referrals from the Human Services Committee:**

Employment & Training Administration -

- A) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$34,860 as reimbursement for training of five dislocated workers through the Federal Trade Adjustment Act.
- B) Request to amend the 2014 County Budget to reflect the receipt of unanticipated revenues and appropriations in the amount of \$2,136 from the Federal Ticket to Work Program.

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

DPW -

- A) Request to increase Capital Project No. H328.9550 280, *West Mountain Road Bicycling Improvements*, in the amount of \$12,750 to include the 15% State Marchiselli funding share.
- B) Request to establish Capital Project No. H354.9550 280, *County Highway Preservation Project*, in the amount of \$160,650.

9) **Referral from the Support Services Committee:**

Self-Insurance Administration -

Request to authorize the County Treasurer to make interfund transfers of unencumbered monies in the Self-Insurance Fund, of up to the maximum amount of \$4 million, to the Contributory Reserve Fund.

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

- A) Request for a contingent fund transfer in the amount of \$20,694.18 to adjust the budget for the Human Resources/Civil Service Division; *request is contingent upon prior approval from the Personnel Committee.*
- B) Request to increase the Insurance Termination Reserve (T 020.02) to \$1 million. An insurance termination reserve was previously established in the amount of \$550,000 in 2011 which represented one half of the potential costs if the County decided to terminate coverage with BSNENY. The current estimated insurance termination liability is \$1 million and the County has enough funds available to sustain the entire estimated termination liability.

11) **Requests/Items to be Discussed by the County Attorney:**

Enforcement matter concerning NYSDEC.

12) Finance Committee action is required on the following items as approved by the Personnel Committee: Personnel Agenda Items 2A-E.

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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: DPW Airport

SIGNED:

DATE: 10/30/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.9950 910	Interfund Transfers	A 892.00	Reserve, Airport Repair & Projects	\$87,000

Please state reason for transfers requested: The prerequisite airport projects for anticipated FAA Grants were not completed in time to apply for the 2014 projects. The local share for those projects is in A.9950 910 and is requested to transfer to A 892.00 to make those funds available for the 2015 fiscal 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.

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS - Buildings + Grounds
Name of Department

SIGNED: _____ DATE: 11/28/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>		<u>TITLE</u>	<u>AMOUNT</u>
A.1624 110	General, Health & Human Services Building Salaries, Regular	A.1620	110	General, Buildings Salaries, Regular	\$ 32,000.00
A.1624 110	General, Health & Human Services Building Salaries, Regular	A.1628	110	General, Waste Management Containment Salaries, Regular	\$ 1,500.00
A.1624 110	General, Health & Human Services Building Salaries, Regular	A.1620	810	General, Buildings Retirement	\$ 3,400.00
A.1624 130	General, Health & Human Services Building Salaries, Part Time	A.1620	860	General, Buildings Hospitalization	\$ 12,000.00
A.1624 860	General, Health & Human Services Building Hospitalization	A.1620	860	General, Buildings Hospitalization	\$ 23,000.00
A.1624 830	General, Health & Human Services Building Social Security	A.1620	860	General, Buildings Hospitalization	\$ 3,000.00
A.1624 120	General, Health & Human Services Building Salaries, Overtime	A.1620	861	General, Buildings Retirees Hospitalization	\$ 5,500.00
A.1624 865	General, Health & Human Services Building Dental Insurance	A.1620	865	General, Buildings Dental Insurance	200
A.1624 865	General, Health & Human Services Building Dental Insurance	A.1628	810	General, Waste Management Containment Retirement	100
A.5610 120	General, Airport Salaries, Overtime	A.5610	865	General, Airport Dental Insurance	220

Please state reason for transfers requested:
 To transfer Budgets to adjust for staffing changes

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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REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS - DRW
Name of Department

SIGNED: _____ DATE: 11/25/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1620 415	General, Building and Grounds, Electricity	D.5142 410	County Roads, Snow and Ice Supplies	\$20,000.00
A.1620 470	General Building and Grounds, Contracts	D.5142 410	County Roads, Snow and Ice Supplies	\$20,000.00
D.5110 470	County Roads, Road Maintenance, Contract	D.5142 410	County Roads, Snow and Ice Supplies	\$15,000.00
D.5110 465	County Roads, Road Maintenance, Road Materials	D.5142 410	County Roads, Snow and Ice Supplies	\$36,000.00

Please state reason for transfers requested:

Transfers needed for additional Salt Supplies.

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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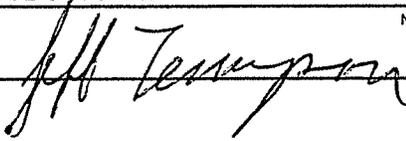
Please state reason for transfer request:

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: 

DATE: 11/26/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5112 8203 280	County Road, County Roads River Street , Project	D.5112.8208 280	County Road,County Roads, Olmsteadville Road	\$ 2,000.00
D.5112 8203 280	County Road, County Roads River Street , Project	D.5112 8199 280	County Road, County Roads New Hague Road	\$ 2,000.00

Please state reason for transfers requested:

Transfer to County Roads that may need additional 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 - DPW
Name of Department

SIGNED: _____ DATE: 11/25/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5148 110	County Road Services to Other Governments Salaries, Regular	D.5110 110	County Road Maintenance of Roads Salaries, Regular	\$34,928.00
D5148 120	County Road Services to Other Governments Salaries, Overtime	D.5110 120	County Road Maintenance of Roads Salaries, Overtime	\$ 3,200.00
D.5148 120	County Road Services to Other Governments Salaries, Overtime	D.5148 130	County Road Services to Other Governments Salaries, Part Time	\$ 200.00
D.5148 810	County Road Services to Other Governments Benefits, Retirement	D.5110 810	County Road Maintenance of Roads Benefits, Retirement	\$ 6,061.00
D.5148 830	County Road Services to Other Governments Benefits, Social Security	D.5110 830	County Road Maintenance of Roads Benefits, Social Security	\$ 2,444.00
D.5148 831	County Road Services to Other Governments Benefits, Medicare	D.5110 831	County Road Maintenance of Roads Benefits, Medicare	\$ 572.00
D.5148 860	County Road Services to Other Governments Benefits, Hospitalization	D.5110 860	County Road Maintenance of Roads Benefits, Hospitalization	\$ 11,372.00

Please state reason for transfer request:

To transfer unused Budgets from Services to Other Governments to County Road Maintenance Accounts, and to off set deficits.

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 - DPW
Name of Department

SIGNED: _____ DATE: 12/3/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D5010 860	County Road Highway Administration Hospitalization	D.5010 861	County Road Highway Administration Retiree's Hospitalization	\$ 4,126.82
D.5020 110	County Road Engineering Salaries, Regular	D.5110 110	County Road Maintenance of Roads Salaries, Regular	\$ 67,000.00
D.5020 830	County Road Engineering Benefits, Social Security	D.5020 865	County Road Engineering Benefits, Dental	\$ 150.00
D.5020 810	County Road Engineering Benefits, Retirement	D.5110 810	County Road Maintenance of Roads Benefits, Retirement	\$ 5,000.00
D.5020 830	County Road Engineering Benefits, Social Security	D.5110 830	County Road Maintenance of Roads Benefits, Social Security	\$ 3,000.00
D.5110 110	County Road Maintenance of Roads Salaries Regular	D.5110 130	County Road Maintenance of Roads Salaries, Part Time	\$ 5,240.00
D.5142 810	County Road Snow and Ice Benefits, Retirement	D.5110 860	County Road Snow and Ice Benefits, Hospitalization	\$ 25,000.00
D.5110 110	County Road Maintenance of Roads Salaries, Regular	D.5112 See list	110 County Road Road Projects Salaries, Regular	\$201,628.90
D.5110 860	County Road Maintenance of Roads Benefits, Health Insurance	D.5112 See list	810 County Road Road Projects Benefits, Retirement	\$ 46,518.24
D.5110 830	County Road Maintenance of Roads Benefits, Social Security	D.5112 See list	830 County Road Road Projects Benefits, Social Security	\$ 15,342.03
D.5110 831	County Road Maintenance of Roads Benefits, Medicare	D.5112 See list	831 County Road Road Projects Benefits, Medicare	\$ 3,604.59
D.5110 860	County Road Maintenance of Roads Benefits, Hospitalization	D.5112 See list	860 County Road Road Projects Benefits, Hospitalization	\$ 82,687.97
D.5110 865	County Road Maintenance of Roads Benefits, Dental	D.5112 See list	865 County Road Road Projects Benefits, Dental	\$ 1,120.61

Please state reason for transfer request:

To transfer unused Budgets from Various County Road Accounts to County Road Maintenance Accounts, and to off set deficits.

Road Transfers for 2014

110

D.5112

Salaries, Reg

8169 Valentine Pond Rd	\$ 138.71
8184 Glen Athol	\$ 2,115.88
8193 Olmsteadville Rd	\$ 130.63
8196 Bay Road	\$ 19,066.00
8197 Harrisburg Rd	\$ 15,328.57
8198 Valley Woods Rd	\$ 7,868.17
8199 New Hague Rd	\$ 8,852.27
8201 Mountain Ave.	\$ 14,544.63
8202 Garnet Lake Road	\$ 21,971.29
8203 River Street	\$ 7,988.93
8204 Horicon Ave.	\$ 12,252.02
8205 Valentine Pond Rd	\$ 25,739.75
8206 Dartmouth Road	\$ 12,628.06
8208 Olmsteadville Rd	\$ 15,882.40
8209 Haviland Rd	\$ 19,633.11
8210 East River Drive	\$ 2,316.21
8214 Schroon River Rd	\$ 2,884.18
8216 Hadley Rd	\$ 4,151.58
8217 West Hague Rd	\$ 5,671.65
8217 Diamond Point Rd	\$ 2,464.76
Total	\$ 201,628.80

Road Transfers for 2014

810

Benefits

D.5112

Retirement

8169 Valentine Pond Rd	\$ 27.88
8184 Glen Athol	\$ 526.52
8193 Olmsteadville Rd	\$ 47.52
8196 Bay Road	\$ 4,763.56
8197 Harrisburg Rd	\$ 3,333.13
8198 Valley Woods Rd	\$ 1,746.45
8199 New Hague Rd	\$ 1,850.00
8201 Mountain Ave.	\$ 3,235.47
8202 Garnet Lake Road	\$ 4,391.27
8203 River Street	\$ 1,695.44
8204 Horicon Ave.	\$ 3,091.59
8205 Valentine Pond Rd	\$ 5,312.29
8206 Dartmouth Road	\$ 2,706.38
8208 Olmsteadville Rd	\$ 3,991.69
8209 Haviland Rd	\$ 5,362.50
8210 East River Drive	\$ 534.76
8214 Schroon River Rd	\$ 742.94
8216 Hadley Rd	\$ 1,139.68
8217 West Hague Rd	\$ 1,390.24
8217 Diamond Point Rd	\$ 628.93
	\$ 46,518.24

Road Transfers for 2014

830

Benefits

D.5112

Social Security

8169 Valentine Pond Rd	\$	7.96
8184 Glen Athol	\$	170.50
8193 Olmsteadville Rd	\$	14.07
8196 Bay Road	\$	1,501.94
8197 Harrisburg Rd	\$	1,082.50
8198 Valley Woods Rd	\$	577.58
8199 New Hague Rd	\$	600.54
8201 Mountain Ave.	\$	1,019.53
8202 Garnet Lake Road	\$	1,535.83
8203 River Street	\$	533.28
8204 Horicon Ave.	\$	1,005.46
8205 Valentine Pond Rd	\$	1,749.32
8206 Dartmouth Road	\$	859.76
8208 Olmsteadville Rd	\$	1,520.73
8209 Haviland Rd	\$	1,667.50
8210 East River Drive	\$	169.76
8214 Schroon River Rd	\$	246.05
8216 Hadley Rd	\$	395.45
8217 West Hague Rd	\$	478.48
8217 Diamond Point Rd	\$	205.78
	\$	15,342.02

Road Transfers for 2014

831

Benefits

D.5112

Medicare

8169 Valentine Pond Rd	\$ 1.86
8184 Glen Athol	\$ 39.87
8193 Olmsteadville Rd	\$ 3.29
8196 Bay Road	\$ 367.88
8197 Harrisburg Rd	\$ 253.15
8198 Valley Woods Rd	\$ 135.11
8199 New Hague Rd	\$ 140.46
8201 Mountain Ave.	\$ 238.42
8202 Garnet Lake Road	\$ 359.15
8203 River Street	\$ 124.71
8204 Horicon Ave.	\$ 235.14
8205 Valentine Pond Rd	\$ 409.12
8206 Dartmouth Road	\$ 201.04
8208 Olmsteadville Rd	\$ 355.68
8209 Haviland Rd	\$ 389.95
8210 East River Drive	\$ 39.68
8214 Schroon River Rd	\$ 57.53
8216 Hadley Rd	\$ 92.52
8217 West Hague Rd	\$ 111.90
8217 Diamond Point Rd	\$ 48.13
	\$ 3,604.59

Road Transfers for 2014

860

Benefits

D.5112

Hospitalization

8196 Bay Road	\$	7,741.76
8197 Harrisburg Rd	\$	9,919.14
8198 Valley Woods Rd	\$	294.74
8199 New Hague Rd	\$	2,442.50
8201 Mountain Ave.	\$	4,323.91
8202 Garnet Lake Road	\$	11,425.04
8203 River Street	\$	1,866.98
8204 Horicon Ave.	\$	10,562.39
8205 Valentine Pond Rd	\$	8,861.87
8208 Olmsteadville Rd	\$	5,256.76
8209 Haviland Rd	\$	15,951.82
8210 East River Drive	\$	2,018.78
8214 Schroon River Rd	\$	1,470.15
8216 Hadley Rd	\$	454.27
8217 West Hague Rd	\$	97.86
	\$	82,687.97

Road Transfers for 2014

865

Benefits

D.5112

Dental

8196 Bay Road	\$ 121.86
8197 Harrisburg Rd	\$ 125.67
8198 Valley Woods Rd	\$ 4.05
8199 New Hague Rd	\$ 30.37
8201 Mountain Ave.	\$ 56.50
8202 Garnet Lake Road	\$ 150.42
8203 River Street	\$ 23.42
8204 Horicon Ave.	\$ 145.87
8205 Valentine Pond Rd	\$ 102.95
8208 Olmsteadville Rd	\$ 53.34
8209 Haviland Rd	\$ 253.66
8210 East River Drive	\$ 25.76
8214 Schroon River Rd	\$ 18.80
8216 Hadley Rd	\$ 6.44
8217 West Hague Rd	\$ 1.50

\$ 1,120.61

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS -DPW
Name of Department

SIGNED: _____ DATE: 11/25/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5110 470	County Road Road Maintenance Contracts	D.5112 See list	Overtime	\$42,229.51
D.3310 410	County Road Traffic Supplies	D.3310 110	County Road Traffic Salaries, Regular	\$ 3,100.00
D.5110 470	County Road Road Maintenance Contracts	D.5112 See List	Part Time	\$ 15,937.92
D.5142 120	County Road Snow and Ice Salaries, Overtime	D.5110 120	County Road Road Maintenance Salaries, Overtime	\$ 4,000.00

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.

D.5112	Road Transfers for 2014	120
		Salary
		Overtime
	8184 Glen Athol	\$ 810.18
	8193 Olmsteadville Rd	\$ 105.81
	8196 Bay Road	\$ 6,235.51
	8197 Harrisburg Rd	\$ 2,024.57
	8198 Valley Woods Rd	\$ 722.17
	8199 New Hague Rd	\$ 520.50
	8201 Mountain Ave.	\$ 2,105.41
	8202 Garnet Lake Road	\$ 1,873.07
	8203 River Street	\$ 539.61
	8204 Horicon Ave.	\$ 3,864.05
	8205 Valentine Pond Rd	\$ 1,915.89
	8206 Dartmouth Road	\$ 988.51
	8208 Olmsteadville Rd	\$ 6,339.68
	8209 Haviland Rd	\$ 8,223.99
	8210 East River Drive	\$ 391.62
	8214 Schroon River Rd	\$ 1,015.78
	8216 Hadley Rd	\$ 2,162.29
	8217 West Hague Rd	\$ 1,568.15
	8217 Diamond Point Rd	\$ 822.72
		\$ 42,229.51

Road Transfers for 2014

130

D.5112

Salaries, Part Time

8169 Valentine Pond Rd	
8184 Glen Athol	
8193 Olmsteadville Rd	
8196 Bay Road	\$ 616.13
8197 Harrisburg Rd	\$ 1,162.50
8198 Valley Woods Rd	\$ 1,133.44
8199 New Hague Rd	\$ 651.00
8201 Mountain Ave.	\$ 465.00
8202 Garnet Lake Road	\$ 2,139.03
8203 River Street	\$ 558.00
8204 Horicon Ave.	\$ 1,005.56
8205 Valentine Pond Rd	\$ 2,185.50
8206 Dartmouth Road	\$ 744.00
8208 Olmsteadville Rd	\$ 3,162.01
8209 Haviland Rd	\$ 465.00
8210 East River Drive	\$ 186.00
8214 Schroon River Rd	\$ 279.00
8216 Hadley Rd	\$ 418.50
8217 West Hague Rd	\$ 581.25
8217 Diamond Point Rd	\$ 186.00
	\$ 15,937.92

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS - *Parks, Rec + RR*
Name of Department

SIGNED: _____ DATE: 11/25/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.7110	810 General, Parks& Rec Retirement	A.1490 860	General, DPW Admin Hospitalization	\$ 5,500.00
A.7110	830 General, Parks& Rec Social Security	A.1490 860	General, DPW Admin Hospitalization	\$ 2,000.00
A.7110	860 General, Parks& Rec Hospitalization	A.1490 860	General, DPW Admin Hospitalization	\$12,509.92
A.7110	810 General, Parks& Rec Employees Ret.	A.7110 861	General, Parks& Rec Retires Hospitalization	\$ 4,200.00
A.7110	810 General, Parks& Rec Retirement	A.7111 810	General, Up Yonda Retirement	\$ 1,300.00
A.7110	860 General, Parks& Rec Hospitalization	A.7111 860	General, Up Yonda Hospitalization	\$13,600.00
A.7110	865 General, Parks& Rec Dental	A.7111 865	General, Up Yonda Dental	\$ 240.00
A.7110	860 General, Parks& Rec Hospitalization	A.7113 860	General, Railroad Hospitalization	\$ 1,200.00

Please state reason for transfers requested:

To correct Budgeting Errors in Employee benefits.

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:

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: 12/10/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 110	Salaries Regular	A.1011 436	Advertising Fees	400.00
A.1011 110	Salaries Regular	A.1011 120	Salaries Overtime	100.00

Please state reason for transfers requested: To allocate funds to pay for advertising for Confidential Secretary and to cover overtime.

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: 12/10/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 860	Co. Admin - Hospitalization	A.1010 860	Leg. Board Hosp.	\$4,306
A.1165 860	Dist. Atty – Hospitalization	A.1010 860	Leg. Board Hosp.	618
		A.1040 860	Clk Leg. Board Hosp.	141
		A.1168 860	Crime Victims Asst.Hosp	34
		A.1320 860	County Auditor Hosp.	1,223
		A.1340 860	Budget Officer Hosp	13
		A.1345 860	Purchasing Hosp	81
		A.1355 860	Real Property Hosp	17,784
A.1171 860	Pub. Def – Hospitalization	A.1355 860	Real Property Hosp.	406
		A.1420 860	Co. Attorney Hosp	65
		A.1450 860	Board of Elections Hosp	64
		A.1670 860	Mailroom Hosp	17
		A.1681 860	Telecom Hosp	48
		A.3110 860	Sheriff Law Enf Hosp	6,288
A.3020 860	Sheriff 911 Hosp	A.3110 860	Sheriff Law Enf Hosp	1,760
A.3150 860	Sheriff Correction Hosp	A.3110 860	Sheriff Law Enf Hosp	38,921
A.1171 860	Pub Def – Hospitalization	A.3140 860	Probation Hospitalization	248
		A.3143 860	Probation Pre Trial Hosp	48
		A.3144 860	Probation Day Rep Hosp	1,755
		A.4310 860	Mental Health Adm Hosp	142
A.4018 860	Prev Program Hosp	A.4018 0030 860	Prev Prog-Disease Hosp	12
A.6010 860	Social Services Hosp	A.6030 860	Countryside Hosp	4,437
		A.6510 860	Veterans Hosp	34
		A.6610 860	Weight & Measures Hosp	34
		A.8021 860	Planning Hosp	34
		A.9060 860	Hospitalization Hosp	1,270

Continued.....

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1165 865	Dist Atty Dental	A.1010 865	Leg. Board Dental	125
A.3020 865	911 Center Dental	A.1355 865	Real Property Dental	206
A.3140 865	Probation Dental	A.3144 865	Probation Day Rep Dental	36
A.6010 865	Social Services Dental	A.6030 865	Countryside Dental	54
A.1040 861	Clk of Board Ret. Hosp	A.1010 861	Leg Board Ret Hosp	703
		A.1011 861	Co Admin Ret Hosp	17
		A.1320 861	Co Auditor Ret Hosp	50
		A.1355 861	Real Prop Ret Hosp	17
		A.1430 861	HR/CS Ret Hosp	2,616
A.1490 861	Pub Works Admin Ret Hosp	A.1430 861	HR/CS Ret Hosp	2,622
		A.1624 861	Buildings-Retiree Hosp	48
		A.1660 861	Storeroom Retiree Hosp	17
		A.1665 861	Public Records Retiree Hosp	17
A.1410 860	Co Clerk-Hospitalization	A.1680 861	Info Tech Retiree Hosp	14,320
		A.3144 861	Probation Day Rep Ret Hosp	3,497
		A.3143 861	Probation Pre Trial Ret Hosp	17
		A.6030 861	Countryside Retiree Hosp	364
		A.6417 861	Tourism Retiree Hosp	44
		A.8021 861	Planning Retiree Hosp	17
		A.3020 861	911 Center Retiree hosp	660
A.1628 860	Waste Mgmt Hosp	A.3020 861	911 Center Retiree Hosp	5,105
		A.3110 861	Sheriff Law Enf Ret Hosp	6,753
A.5610 860	Airport Hosp	A.3110 861	Sheriff Law Enf. Ret Hosp	19,667
A.6010 860	Social Services Hospital	A.3110 861	Sheriff Law Enf Ret Hosp	15,368
		A.3150 861	Sheriff Corrections Ret Hosp	3,063
		A.3620 861	Building Code Ret Hosp	3,936
		A.6010 861	Social Services Ret Hosp	26,933
A.4010 861	Health Retiree Hosp	A.4018 861	Preventive Program Ret Hosp	34
		A.4018 0020 861	Family Health Ret Hosp	34

Please state reason for transfers requested: To reconcile Health and Dental Insurance budget codes to actual costs.

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: Warren County Clerk-DMV

SIGNED:



DATE: 12/4/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1410 425	Reproduction Expense	A. 1410 210	Furniture	\$4150
A. 1410130	Part Time Salaries	A. 1410 120	Overtime Salaries	\$ 500

Please state reason for transfers requested:

- 1.) Furniture request is to purchase 9 ergonomically correct replacement task chairs for the DMV as per Needham Risk Mgt. survey conducted 6/9/014 and for 4 replacement chairs for the public records room (second half of project begun in 2013). State contract: Funds from additional revenue from internet sales.
- 2.) Funds for OT is request to respond to address high volume in the Pistol Permit office and also to address need in DMV due to unanticipated long-term medical leave within the DMV. Funds are from unused p/t salaries.

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 (Page 1 of 2)

SIGNED:

DATE: 12/1/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6771 110	Nutrition for Elderly Ham Cty Salaries Reg	A6771 130	Nutrition for Elderly Ham Cty Salaries PT	10,594.00
A6773 130	Nutrition for Elderly Warr Cty Salaries PT	A6771 130	Nutrition for Elderly Ham Cty Salaries PT	3,500.00
A6773 130	Nutrition for Elderly Warr Cty Salaries PT	A6772 110	Office for The Aging Salaries Reg	13,300.00
A6773 130	Nutrition for Elderly Warr Cty Salaries PT	A6772 130	Office for The Aging Salaries PT	2,600.00
A6774 130	SNAP Salaries PT	A6778 110	Comm Svc for Elderly Warr Sal Reg	8,900.00
A6773 110	Nutrition for Elderly Warr Cty Salaries Reg	A6778 110	Comm Svc for Elderly Warr Sal Reg	3,000.00
A6773 130	Nutrition for Elderly Warr Cty Salaries PT	A6778 110	Comm Svc for Elderly Warr Sal Reg	600.00
A6986 110	OFA Mippa/ADRC Salaries Reg	A6780 110	Comm Svc for Elderly Ham Sal Reg	2,900.00

Please state reason for transfers requested:

I have 19 different GL lines for salaries and the programs cover four different budget years (1.1 to 12.31, 4.1 to 3.31, 10.1 to 9.30, and 9.30 to 9.29). Many of my program expenses are variable, particularly in the nutrition program, and it is very difficult to anticipate expense trends so it is necessary to make budget transfers at the end 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: Office for the Aging (Page 2 of 2)

SIGNED:

DATE: 12/1/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6774 130	SNAP Salaries PT	A6783 110	Home Energy Asst Program Sal Reg	250.00
A6788 470	EISEP Warren Contract	A6788 110	EISEP Warren Sal Reg	3,500.00
A6789 470	EISEP Ham Contract	A6789 110	EISEP Ham Sal Reg	2,700.00
A6789 470	EISEP Ham Contract	A6987 110	Title VII Elder Abuse Prev. Sal Reg	50.00
A6986 110	OFA Mippa/ADRC Salaries Reg	A6988 110	OFA HIICAP Sal Reg	4,000.00
A6774 130	SNAP Salaries PT	A6795 110	Title IIIIE OFA Sal Reg	270.00
A6789 470	EISEP Ham Contract	A6988 470	OFA HIICAP Contract	2000.00

Please state reason for transfers requested:

I have 19 different GL lines for salaries and the programs cover four different budget years (1.1 to 12.31, 4.1 to 3.31, 10.1 to 9.30, and 9.30 to 9.29). Many of my program expenses are variable, particularly in the nutrition program, and it is very difficult to anticipate expense trends so it is necessary to make budget transfers at the end 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: Office for the Aging (EOY pg 1 of 4)

SIGNED:

DATE: 12/9/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6787 470	Balancing Incentive Program- Contract	A6772 860	Office for the Aging-Hospitalization	1951.00
A6787 470	Balancing Incentive Program- Contract	A6772 865	Office for the Aging- Dental	26.00
A6787 470	Balancing Incentive Program- Contract	A6772 810	Office for the Aging-Retirement	1000.00
A6787 470	Balancing Incentive Program- Contract	A6772 830	Office for the Aging-Social Sec	300.00
A6787 470	Balancing Incentive Program- Contract	A6772 831	Office for the Aging- Medicare	100.00
A6787 470	Balancing Incentive Program- Contract	A6772 350 860	OFA- LTC Ombudsman- Hospitalization	30.00
A6787 470	Balancing Incentive Program- Contract	A6773 861	Nutrit for Elderly- WC- Retiree Hospital	34.00
A6787 470	Balancing Incentive Program- Contract	A6778 830	Comm Serv for Eld- WC- Social Security	500.00

Please state reason for transfers requested:

End of year transfers

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 (EOY pg 2 of 4)

SIGNED:

DATE: 12/9/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6787 470	Balancing Incentive Program- Contract	A6778 831	Comm Serv for Eld- WC- Medicare	200.00
A6787 470	Balancing Incentive Program- Contract	A6783 810	Home Energy Asst Prog- Retirement	1000.00
A6787 470	Balancing Incentive Program- Contract	A6783 860	Home Energy Asst Prog- Hospitalization	580.00
A6787 470	Balancing Incentive Program- Contract	A6780 830	Comm Serv for Eld- HC- Social Sec	50.00
A6787 470	Balancing Incentive Program- Contract	A6780 831	Comm Serv for Eld- HC- Medicare	25.00
A6787 470	Balancing Incentive Program- Contract	A6785 860	OFA- Point of Entry- WC- Hospitalization	28.00
A6787 470	Balancing Incentive Program- Contract	A6786 810	OFA- Point of Entry- HC- Retirement	2700.00
A6787 470	Balancing Incentive Program- Contract	A6788 830	EISEP- WC- Social Sec	120.00

Please state reason for transfers requested:

End of year transfers

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 (EOY pg 3 of 4)

SIGNED:

DATE: 12/9/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6787 470	Balancing Incentive Program- Contract	A6788 831	EISEP- WC- Medicare	50.00
A6787 470	Balancing Incentive Program- Contract	A6788 860	EISEP- WC- Hospitalization	64.00
A6787 470	Balancing Incentive Program- Contract	A6789 830	EISEP- HC- Social Sec	100.00
A6787 470	Balancing Incentive Program- Contract	A6789 831	EISEP- HC- Medicare	50
A6787 470	Balancing Incentive Program- Contract	A6795 860	Title IIIE OFA - Hospitalization	525.00
A6787 470	Balancing Incentive Program- Contract	A6987 860	Title VII Elder Abuse Prev- Hospitalization	87.00
A6787 470	Balancing Incentive Program- Contract	A6988 810	OFA HIICAP- Retirement	1000.00
A6787 470	Balancing Incentive Program- Contract	A6988 830	OFA HIICAP- Social Sec	100.00

Please state reason for transfers requested:

End of year transfers

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 (EOY pg 4 of 4)

SIGNED:

DATE: 12/9/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6787 470	Balancing Incentive Program- Contract	A6988 831	OFA HIICAP- Medicare	50.00

Please state reason for transfers requested:

End of year transfers

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:

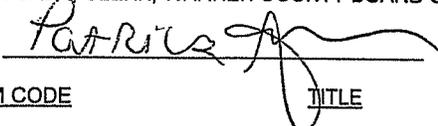
Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____



DATE: 11/25/14

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4054.444	Preschool-Education Expense	A.4010.220	Health Services - Office Equipment	\$21,000.00
2.	A.4010.470	Health Services-CHHA Contractual Expenses	A.4010.110	Health Services-CHHA-Full time Salary Expense	\$6,000.00
	A.4010.470	Health Services-CHHA Contractual Expenses	A.4010.120	Health Services-CHHA-Overtime Salary Expense	\$1,500.00
	A.4010.130	Health Services-CHHA Part time Salary Expense	A.4010.120	Health Services-CHHA-Overtime Salary Expense	\$2,500.00
3.	A.4016.469	Long Term Care-Other Payments	A.4016.110	Long Term Care-Full time Salary Expense	\$1,000.00
4.	A.4018.0030.120	Disease Program-Overtime Salary Expense	A.4018.0030.110	Disease Program-Full time Salary expense	\$2,100.00
5.	A.4018.0040.410	Health Education-Supplies Expense	A.4018.0040.110	Health Education-Full Time Salary Expense	\$100.00
6.	A.4018.0040.260	Health Education-Other Equipment Expense	A.4018.0040.810	Health Education-Retirement Expense	\$500.00
	A.4018.0040.410	Health Education-Supplies Expense	A.4018.0040.810	Health Education-Retirement Expense	\$150.00
	A.4018.0040.410	Health Education-Supplies Expense	A.4018.0040.830	Health Education-Social Security Expense	\$15.00
	A.4018.0040.410	Health Education-Supplies Expense	A.4018.0040.831	Health Education-Medicare Expense	\$3.00
7.	A.4018.0055.260	Tobacco-Other Equipment Expense	A.4018.0055.410	Tobacco-Supplies Expense	\$300.00
8.	A.4054.810	Preschool -Retirement Expense	A.4054.110	Preschool-Full Time Salary Expense	\$620.00
9.	A.4054.0060.130	Early Intervention-Part time Salary Expense	A.4054.0060.110	Early Intervention-Full time Salary Expense	\$1,000.00
10.	A.4189.130	Bioterrorism-Part time Salary Expense	A.4189.110	Bioterrorism-Full time Salary Expense	\$100.00
11.	A.4018.130	Preventive Program-Part Time Salary	A.4018.110	Preventive Program-Full Time Salaries	\$1,250.00
Total Transfers					\$38,138.00

1. To transfer funds to CHHA for the purchase ten laptops as replacement for use by nurses.
2. To transfer funds for Health Services to cover estimated Full time and overtime salaries to year end 2014.
3. To transfer funds for Long Term Care to cover Full time Salaries to year end 2014.
4. To transfer funds for Disease Program to cover Full time Salaries to year end 2014.
5. To transfer funds for Health Education Program to cover Full Time salary expense to year end 2014.
6. To transfer funds for Health Education Program to cover estimated Retirement, Social Security and Medicare expenses to year end 2014.
7. To transfer funds for Tobacco Program from Other equipment which will not be utilized to expenses for year en 2014.
8. To transfer funds for Preschool Program to cover Full time Salary Expenses to year end 2014.
9. To transfer funds for Early Intervention program to cover Full time Salary Expense to year end 2014.
10. To transfer funds for Bioterrorism Program to cover Full time salary expense to year end 2014.
11. To transfer funds for Preventive Program to cover Full time salary expense to year end 2014.

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: Nathan H. York, Sheriff

Signed:  _____

Date: November 28, 2014

From Code	Title	To Code	Title	Amount
A.3150 110	Correction Salaries	A.3110 120	L.E. Overtime	\$60,000.00
A.3150 110	Correction Salaries	A.3110 130	L.E. Part Time	\$45,000.00
A.3150 130	Corrections P.T	A.3020 120	911 Overtime	\$10,000.00
A.3020 470	911 Contracts	A.3150 470	L.E. Contracts	\$20,000.00
A.3150 120	Corrections O.T	A.3150 470	L.E. Contracts	\$10,000.00
A.3150 130	Corrections P.T	A.3150 470	L.E. Contracts	\$40,000.00

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:

DATE: 11/28/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 110	Salaries - Regular	A.6010 120	Salaries - Overtime	\$15,000
A.6010 110	Salaries - Part Time	A.6010 130	Salaries - Part Time	\$10,000
A.6010 470	Contract	A.6010 220	Office Equipment	\$25,000

Please state reason for transfers requested:

Salary transfers to ensure enough money in our overtime & HEAP/Part time codes through 12/31/14. Transfer from Contract to Office Equipment to purchase approx. 10 new laptops & approx. 30 desktop computers to replace current out-dated machines, IT to determine the needs of the dept. This will allow money budgeted County-wide for computers to used for servers and other IT equipment necessary to run the County efficiently.

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:

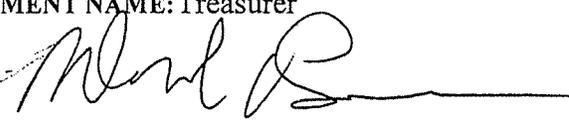
Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Treasurer

SIGNED: 

DATE: December 3, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1910 418	Unallocated Insurance-Ins Gen Liab	A.3150 419	Sheriff's Correction Div - Settlements	\$50,000.00

Please state reason for transfers requested: To transfer money authorized by resolution #452 of 2014 to cover a settlement agreement cost to the proper code.

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: November 25, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.83110.8302 469	Westmount, Fiscal Services Office, Other Payment/Contributions	EF.83500.8200 710	Westmount, Administrative Services, Interest	2,917.00
EF.60200.300 110	Westmount, Nursing-Nurses' Station, RN, Salaries – Regular	EF.60200.100 120	Westmount, Nursing-Nurses' Station, Mgmt & Super, Salaries – Over Time	14,560.00
EF.60200.400 110	Westmount, Nursing-Nurses' Station, LPN, Salaries – Regular	EF.60200.400 120	Westmount, Nursing-Nurses' Station, LPN, Salaries – Over Time	20,000.00
EF.73300.500 110	Westmount, Physical Therapy, Aides, Salaries – Regular	EF.72600.100 110	Westmount, Activities Program, Mgmt & Super, Salaries – Regular	5,200.00
EF.73800.200 110	Westmount, Social Services, Social Worker, Salaries – Regular	EF.72600.400 120	Westmount, Activities Program, Aides, Salaries – Overtime	400.00
EF.73800.200 110	Westmount, Social Services, Social Worker, Salaries – Regular	EF.72600.400 130	Westmount, Activities Program, Aides, Salaries – Part Time	4000.00
EF.73800.200 110	Westmount, Social Services, Social Worker, Salaries – Regular	EF.82100.200 120	Westmount, Dietary Service, Cooks, Salaries – Over Time	572.00
EF.60200.400 130	Westmount, Nursing-Nurses' Station, LPN, Salaries – Part Time	EF.82100.700 130	Westmount, Dietary Service, FSH, Salaries – Part Time	24,000.00
EF.73800.200 110	Westmount, Social Services, Social Worker, Salaries – Regular	EF.82500.700 120	Westmount, Laundry & Linen, LL Services, Salaries – Over Time	750.00
EF.83110.600 130	Westmount, Fiscal Services Office, Clerical & Other Admin, Salaries- Part Time	EF.83110.600 120	Westmount, Fiscal Services, Clerical & Other Adm, Salaries – Over Time	500.00
EF.60200.500 130	Westmount, Nursing-Nurses' Station, Aides Wages, Salaries – Part Time	EF.60200.100 810	Westmount, Nursing-Nurses' Station, Mgmt & Super, Retirement	24,000.00

Please state reason for transfers requested: to cover various salary and retirement costs for the 2014 year.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Treasurer

DATE: December 3, 2014

- (a) Is this a Result of a Bid or Request for Proposal? **Yes - WC 57-14**
- (b) Purpose of Contract: **Indirect Cost Analysis**
- (c) Name of Contractor: **TAG Consulting Group Corp**
- (d) Address of Contractor: **254 Springfield Ave., Rutherford, NJ 07070**
- (e) Contractor's Contact Person and Telephone Number: **John Stefanko,
(201) 939-3454**
- (f) Has or will the Contract be provided, if so, please attach: **Will be provided**
- (g) Commencement Date of Contract: **January 1, 2015**
- (h) Termination Date of Contract: **December 31, 2017, with 3 year renewal option**
- (i) Payment Provisions:
 - i) lump sum amount **2014 - \$5,200**
2015 - \$5,200
2016 - \$5,200

3 year extension 2017 - \$5,000
2018 - \$5,000
2019 - \$5,000
 - 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. **Upon
Completion**
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title*
and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and
Amount: A.1325 470 - County Treasurer, Contract - \$5,200.**

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. 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

Title of Position: Account Clerk #1 (19 hours) Annual Base Salary: 12,279[✓] Grade: 4[✓]

Budget code and title: A.1325 130 - County Treasurer Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No: 12540 Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. gs

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date 12/3/14

The Administrator has no objection to the filling of the vacancy.

The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 12/4/14

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. Howard

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____ Date _____

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 _____

Warren County Board of Supervisors

RESOLUTION NO. OF 2014

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

**AUTHORIZING PAYMENT TO THE WARREN
COUNTY SOIL & WATER CONSERVATION DISTRICT FOR
2015 IN THE AMOUNT OF \$313,000**

RESOLVED, that the Warren County Board of Supervisors, hereby authorizes payment to the Treasurer of the Warren County Soil & Water Conservation District for 2015 in the amount of Three Hundred Thirteen Thousand Dollars (\$313,000).

Warren County Board of Supervisors

RESOLUTION NO. OF 2014

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

AUTHORIZING PAYMENTS TO SUNY ADIRONDACK

WHEREAS, the Warren County Board of Supervisors has appropriated in the budget for the year 2015, the sum of One Million Eight Hundred Fifty-Four Thousand Six Hundred Ninety-Nine Dollars (\$1,854,699) 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 Warren 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-Four Thousand Six Hundred Ninety-Nine Dollars (\$1,854,699), in three (3) installments, as follows:

<u>MONTH</u>	<u>OPERATING</u>
January, 2015	\$ 618,233
April, 2015	\$ 618,233
July, 2015	<u>\$ 618,233</u>
	\$1,854,699

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: December 9, 2014

- 1115
- (a) Is this a Result of a Bid or Request for Proposal? No
 - (b) Purpose of Contract: 3 Dry Sidewall Sprinklers to cover the overhang outside the Administration Offices that is over 48".
 - (c) Name of Contractor: North East Fire Protection System's Inc.
 - (d) Address of Contractor: PO Box 508, Burn Hills, NY 12027
 - (e) Contractor's Contact Person and Telephone Number: Cary R. Stewart, 518 885-1115
 - (f) Has or will the Contract be provided, if so, please attach:
 - (g) Commencement Date of Contract: Upon execution of agreement
 - (h) Termination Date of Contract: completion of project
 - (i) Payment Provisions:
 - i) lump sum amount \$2,250.00
 - 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, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: EF.82200.6101 413 Westmount, Plant Operation & Maintenance, Repair & Maint PS DA Bldg/Property - Repair & Maint - Bldg/Property \$2,250.00.



North East Fire Protection System's Inc

P.O. BOX 508 BURNT HILLS, N.Y. 12027 (518) 885-1115 FAX (518) 885-0526
E-MAIL NEFPI@AOL.COM

QUOTATION / PROPOSAL / CONTRACT

PROJECT: West Mount Health Facility 42 Gurney Lane, Queensbury, NY 12804
SPECIFICATION / DIVISION: Active Fire Protection

FURNISHED & INSTALLED: \$2250.00

TAXES INCLUDED: No

SCOPE: We propose to add 3 dry Sidewall sprinklers to cover the overhang outside the administration offices that is over 48". The price include the materials and labor to complete this work.

QUALIFICATIONS:

EXCLUSIONS: permit, paint, patch and stamped drawings & posted wages.

SUBMITTED BY:  DATE: 11-10-2014
Cary R. Stewart

Price subject to change after 30 days.

If proposal is accepted please sign below and return to us

Accepted By:
Contractor/Purchaser:  Date: 12/9/14

RESOLUTION REQUEST FORM NO. 8

*Request to Establish Capital Project or Capital Reserve Project**

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Buildings and Grounds

DATE: 12/2/14

- (a) Exact Title* and Number of Project (must be obtained from Treasurer's Office):
H - 355 Municipal Center Security Renovations

- (b) Is this a Capital Project?
yes

- (c) Is this a Capital Reserve Project?
no

- (d) Amount of Project:
\$20,000

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

- (f) Purpose of Establishment:
Secure entrances of municipal center and basement doors. Provide magnetometer station screening and designate employee and public entrances. Video monitoring for security.

*Title should reflect department if possible:

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

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Disease Program

DATE: November 25, 2014

- (a) **Purpose of Amendment:** To amend the 2015 budget to adjust the Disease Program to reflect the funds given for the NYS DOH Performance Incentive Initiative Award in the amount of **\$12,000.00**.

- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0030.469 Disease Program- Other Payments \$12,000.00

Revenue Code (with title), and Amount:
A.4018.0030. 3407 Disease Program-Public Health Revenue \$12,000.00

ATTACHMENT #5

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 25, 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 \$739.00. This has been prorated to only reflect the portion from 10/1/14-3/31/15 for the current Grant #C-024650 which began 10/1/14.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0020.469 Family Health Program-Other Payments \$739.00

Revenue Code (with title), and Amount:
A.4018.0020.4452 Family Health Program – CSHCN Revenue \$739.00

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 HEALTH FACILITY

DATE: November 25, 2014

- (a) Purpose of Amendment: **Amend 2014 Budget due to Insurance Recovery; DOL April 17, 2014 reimbursement for replacement of dentures for current Resident.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **EF.60200.4900 435 \$1,200.00 Westmount, Nursing - Nurses' Station, Medical Fees Other Med Supply, Medical Fee's.**

- (c) Revenue Code (with title), and Amount: **EF.901001 2680 \$1,200.00 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: Employment and Training

DATE: December 1, 2014

(a) Purpose of Amendment: add federal funds to county budget to reimburse training for 5 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) \$34,860.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791- WIA Dislocated Worker - \$34,860.

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: December 1, 2014

(a) Purpose of Amendment: add federal funds to county budget from the Ticket to Work Program

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0354 220 Office Equipment - \$1,000; 40.6293.0354 433 Training - Client - \$1,136.

(c) Revenue Code (with title), and Amount: 4 40.6293.0354 4791 – Ticket to Work \$2,136.

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: 11/25/14

- (a) Exact Title and Number of Project*: West Mountain Road Bicycling Improvements (H328.9550 280)
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$12,750.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):

Supplemental No. 1:

\$ 0.00 Federal Share (80%)
 \$12,750.00 State Marchiselli Share (15%)
 \$ 0.00 Local Match Share (5%)

Total \$12,750.00

- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Supplemental Agreement No. 1 to obligate State Marchiselli Share funds.

RESOLUTION REQUEST FORM NO. 8

Request to Establish Capital Project or Capital Reserve Project*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: DPW

DATE: 11/26/14

(a) Exact Title **and** Number of Project (**must be obtained from Treasurer's Office**): H354.9550 280 County Highway Preservation Project

(b) Is this a Capital Project? Yes

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

(d) Amount of Project: \$160,650.00

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

\$160,650.00 Local Match Share (5% - including 15% to cover State Marchiselli share) - D.9950
910 Tranfers - Capital Projects

(f) Purpose of Establishment: Preliminary Engineering and Construction for the County Highway Preservation Project (H354.9550 280)

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: Self-Insurance

DATE: 12/¹⁰~~15~~/14

- (a) Purpose of Request: Authorizing interfund transfers

- (b) Details: Authorizing the Warren County Treasurer to transfer unencumbered monies in the Self-Insurance Fund up to the maximum limit of Four Million Dollars(\$4,000,000), as of December 31, 2014, into the Contributory Reserve Fund.

- (c) Previous Resolution Number: R796 of 2009

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: S.1710 10 Self-Insurance Fund Administration & S.1720 10 Self-Insurance Fund - Benefits and Awards.

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 796 OF 2009

Resolution introduced by Supervisors Sheehan, VanNess, Girard, Simmes, Goodspeed, Strainer and Taylor

AUTHORIZING INTERFUND TRANSFERS WITHIN SELF-INSURANCE DEPARTMENT BUDGET - SELF-INSURANCE

RESOLVED, that the Warren County Treasurer be, and hereby is, authorized and directed to transfer

unencumbered monies in the Self-Insurance Fund up to the maximum limit of Four Million Five Hundred Thousand Dollars (\$4,500,000), as of December 31, 2009, into the Contributory Reserve Fund, as follows:

<u>FROM CODE</u>	<u>DESCRIPTION</u>
S.1710 10	Self-Insurance Fund - Administration
S.1720 10	Self-Insurance Fund - Benefits & Awards

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Human Resources/Civil Service

SIGNED:

DATE:

<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-	A.1430 110	Salaries - Regular	\$12,368.13
	Other Payments/Contributions	A.1430 830/831	SS/Medicare	\$766.82/\$179.34

Please state reason for transfer request: Budget not properly adjusted during the 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: Human Resources/Civil Service

SIGNED:

DATE:

<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-	A.1430 130	Salaries - Part Time	\$6,860.46
	Other Payments/Contributions	A.1430 830/831	SS/Medicare	\$425.35/\$99.48

Please state reason for transfer request: Budget not properly adjusted during 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: County Administrator

DATE: November 25, 2014

- (a) Purpose of Request: **Increase Insurance Termination Reserve (T 020.02) to \$1,000,000.**
- (b) Details: **An insurance termination reserve was previously established in the amount of \$550,000 in 2011 which represented one half of the potential costs if the County decides to terminate coverage with BSNENY. The current estimated insurance termination liability is \$1,000,000. The County currently has enough funds available to fund the entire estimated termination liability.**
- (c) Previous Resolution Number: **594 of 2011**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **T 020.01 - Group Insurance EPO.**

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

* as listed in budget and LOGOS

AGENDA
PERSONNEL COMMITTEE
DECEMBER 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:**

- A) Request to fill the vacant position of Personnel Aide *less than part-time (Grade 3, Annual Base Salary of \$24,699 - pro-rated)* due to resignation. This is a non-Union, non-mandated position for which no reimbursements are received.
- B) Request for approval for the Personnel Officer to carry over up to five (5) additional (*total of ten*) vacation days earned in 2014 to be used by June 1, 2015. The Personnel Officer was unable to utilize accrued vacation time in 2014 due to ongoing duties and responsibilities resulting from her transfer from the DSS Attorney's Office in March of 2014 and her subsequent appointment to the position of Personnel Officer.
- C) Report on tracking of salary implications for positions filled from January - November 2014.

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

- A) Request to authorize a 2% increase in the hourly pay rate for all part-time Security Officers in the Sheriff's Department (*from \$16.65 to \$16.98*) effective January 1, 2015 as approved by the Salary and Compensation Plan for 2015. This will not affect the amount budgeted for part-time help because the increase was already accounted for. These positions are included in the 2015 Budget under the "part-time help" category which does not differentiate between the individual positions; therefore, a resolution is necessary to authorize the Treasurer's Office to increase the hourly pay rate for the part-time Security Officer positions to include the additional 2%.
- B) Request to amend the Table of Organization to increase the hourly rate for the Sheriff Investigator-Medicaid position from \$25.00 to \$25.50 effective January 1, 2015. This will not affect the amount budgeted for part-time help as the increase was already accounted for.
- C) Request to amend the Table of Organization to increase the hours of the Keyboard Specialist in the Veterans' Services Department from 28 hours per week to 40 hours per week at a Base Annual Salary of \$25,193 effective January 1, 2015. The costs associated with this increase in hours has been included in the 2015 Budget.
- D) Request to amend the Table of Organization to increase the number of hours worked by the Executive Secretary of the Traffic Safety Board by six per week effective January 1, 2015. The cost of the additional hours worked will be funded through the Traffic Safety Board Budget which has already been adjusted in the 2015 Budget.
- E) Request for a contingent fund transfer in the amount of \$20,694.18 for the Human Resources/Civil Service Division.
- F) Request to amend the Table of Organization to set the salary of the Confidential Secretary to the County Administrator position which was recently vacated due to resignation.

IV. **Vacancies Filled:**

Department of Public Works -

- 1. Auto Mechanic #10, *Grade 9, Annual Base Salary \$31,915*, due to retirement. This is a non-mandated, Union position that receives no reimbursements. *Note: the filling of this position was approved by the Public Works Committee contingent upon approval by the County Human Resources Director, County Administrator and Budget Officer.*
- 2. Building Maintenance Worker #12, *Grade 6, Annual Base Salary \$28,046*, due to termination. This is a non-mandated, Union position that receives no reimbursements.