

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: August 25, 2014

- (a) Purpose of Contract Change: **Amend Existing Contract with Edmund McCann, MSW for Social Worker Consultant Services**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **606 of 2013**
- (c) Name of Contractor: **Edmund McCann, MSW**
- (d) Address of Contractor: **9 Charl Lane, Troy, NY 12180**
- (e) Contractor's Contact Person and Telephone Number: **Edmund McCann 518 279-1276**
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (h) Payment Provisions:
 - i) lump sum amount **Additional \$420.00 dollars**
 - ii) hourly rate amount **60.00/hr 7 hour 5 times year**
 - iii) total amount not to exceed **for total of \$2,100.00/yr**
 - 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: EF.72800.2900 437 Westmount, Social Services, Consulting Services, Consulting Fees \$2,273.00**

**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. 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: WESTMOUNT HEALT FACILITY

DATE: August 25, 2014

- (a) Purpose of Request:
Reimbursement of dental cost (\$1,200.00) to Resident family member for loss of upper dentures reported April 17, 2014.

- (b) Details:
Reimbursement of dental cost (\$1,200.00) to Resident family member for loss of upper dentures reported April 17, 2014.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
EF.60200.4900 435 \$1,200.00 Westmount, Nursing-Nurses' Station, Medical Fees Other Med Supplies, Medical Fee's.

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: August 25, 2014

- (a) Title of Requested Position: Senior Account Clerk Per diem
- (b) Annual **Base** Salary (and Grade if Applicable): Grade 7 \$29,612.00
- (c) Effective Date for New Position:* September 20th, 2014
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department=s Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: EF.83110 600 130 Westmount, Fiscal Services, Clerical & Other wages, Salaries Per diem \$ 500.00.
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain:
- (h) Is there expected revenue from this position? If so, please explain:

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. 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: **Westmount Health Facility**

Payroll Dept. No: **4114**

Title of Position: **Senior Account Clerk**

Annual Salary: **\$29,612** Grade: **7**

Budget code and title: **EF83110.600.110**

Union Non-Union

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

Employee No.: **8492**

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. *J. Staffen*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services

Date 8/6/14

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

The Administrator objects to the filling of the vacancy.

Administrator Signature

BUDGET OFFICER COMPLETES THIS SECTION

Date 8/8/14

The Budget Officer has no objection to the filling of the vacancy.

The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services

Date 8.25.14

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

The committee objects to the filling of the vacancy.

In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.

In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature

WARREN COUNTY TWO YEAR BUDGET COMPARISON

REVENUE AND EXPENDITURES FOR 2014 AS OF 8/13/2014 9:09:34 AM

EXPENSES	YTD ACTUAL	YTD ACTUAL THRU	YTD vs 13	% Change	Annualized 14	2014 AMENDED	2013 AMENDED
	THRU July 2014	July 2013				BUDGET	BUDGET
Salaries - Regular	\$1,578,691.94	\$1,676,575.95	(\$97,884.01)	(\$0.06)	\$2,736,400.42	\$2,911,779.00	\$3,035,885.00
Salaries - Overtime	\$197,018.40	\$182,195.67	\$14,822.73	\$0.08	\$341,498.69	\$232,335.00	\$336,093.00
Salaries - Part Time	\$372,703.23	\$292,486.04	\$80,217.19	\$0.27	\$646,019.18	\$916,306.00	\$581,097.00
TOTALS	\$2,148,413.57	\$2,151,257.66	(\$2,844.09)	-0.132%	\$3,723,918.29	\$4,060,420.00	\$3,953,075.00

88