

# **SOCIAL SERVICES COMMITTEE**

## **AGENDA**

**Friday, October 24, 2014**

**9:30 a.m.**

1. **Committee Meeting called to order by Chairman.**
2. **Motion to approve minutes of prior Committee meeting.**
3. **Announcements       None**
4. **Action Items**
  - A. **PERSONNEL REQUEST**
    1. **Notice of Intent to fill the vacant position of Caseworker #6 in the Foster Care/Adoption Unit, due to the resignation of Dominique Rowland (Grade 14 Step 0), Salary \$36,093, and to back-fill any vacancies created by promotion, effective October 18, 2014.**
  - B. **FINANCE REQUEST**
    1. **Request for Transfer of Funds in the amount of \$50,000: \$25,000 from Salaries - Regular, to Salaries – Overtime; and \$25,000 from Salaries – Regular to Salaries – Part Time.**
5. **Countryside Adult Home**
6. **Other                   Overtime  
                              Monthly Revenue & Expenditures**

# 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: SOCIAL SERVICES Payroll Dept. No.: 40.01

Title of Position: CASEWORKER #6 Annual Base Salary: \$36,093 Grade: 14

Budget code and title: A.6010 110 Salaries-Regular Union  Non-Union

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

Employee No: 12441 Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal 50%  State 25%  Other 25% Local

### 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. \_\_\_\_\_

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

### 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 \_\_\_\_\_

OCT - 3 2014

Dominique R. Rowland

463 North Creek Road  
Greenfield Center NY 12833  
518-587-6245  
drar214@yahoo.com

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October 3, 2014

Warren County Department of Human Services  
Foster Care, Christian Hanchett  
1340 State Route 9  
Lake George NY 12845

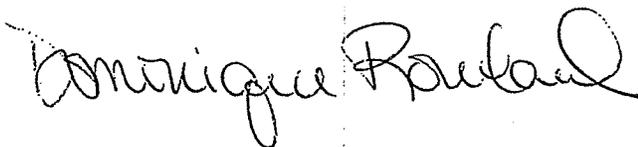
Mr. Hanchett,

At this time, I would like to thank you for the past year as a Foster Care Caseworker. It is with a very heavy heart, that I give my two weeks' notice. I have been offered another position and I feel that this is a position that I cannot at this time pass by.

My last day of employment with Warren County Department of Social Services will be on October 17<sup>th</sup>, 2014.

Thank you so much for the opportunities and growth that this position has afforded me.

Sincerely,

A handwritten signature in cursive script that reads "Dominique Rowland". The signature is written in black ink and is positioned above the printed name.

Dominique Rowland

**RESOLUTION REQUEST FORM NO. 10**

**Request for Transfer of Funds**

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

DEPARTMENT NAME: Social Services

SIGNED: *Maureen Schmidt*

DATE: 10/22/14

<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	25,000
A.6010 110	Salaries - Regular	A.6010 130	Salaries - Part time	25,000

**Please state reason for transfers requested:**

To cover overtime costs due to vacancies & Heap salaries through year end.

**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.

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR SEPTEMBER 2014

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

	2014 BUDGETED		SEPT 2014 EXP		SEPT 2013 EXP		2014 YTD ACTUAL		2013 Prior Year Totals	
<b>EXPENSES</b>										
110 Salaries - Regular	\$5,473,521.00		\$388,104.15		\$398,320.45		\$3,777,176.32		\$5,255,253.00	
120 Salaries - Overtime	\$85,222.00		\$7,236.30		\$5,903.87		\$54,527.77		\$87,194.00	
130 Salaries - Part Time	\$186,931.00		\$13,706.50		\$12,990.66		\$147,992.15		\$230,976.00	
<b>100's PERSONAL SERVICES Total</b>	<b>\$5,745,674.00</b>		<b>\$409,046.95</b>		<b>\$417,214.98</b>		<b>\$3,979,696.24</b>		<b>\$5,573,424.00</b>	
200's EQUIPMENT	\$11,000.00		\$43.92		\$21.86		\$8,425.73		\$14,866.00	
400's CONTRACTUAL	\$24,107,595.00		\$1,806,719.59		\$1,738,413.04		\$17,208,343.22		\$23,004,739.00	
800's EMPLOYEE BENEFITS	\$3,855,967.00		\$241,056.53		\$279,382.31		\$2,737,633.81		\$3,619,812.00	
<b>TOTALS</b>	<b>\$33,720,236.00</b>		<b>\$2,456,866.99</b>		<b>\$2,435,032.19</b>		<b>\$23,934,099.00</b>		<b>\$32,212,843.00</b>	

REVENUES	2014 BUDGETED	SEPT 2014 REVENUE	SEPT 2013 REVENUE	2014 YTD ACTUAL	2013 Prior Year Totals
	\$16,501,016.00	\$265,293.83	\$1,175,267.98	\$10,442,265.51	\$15,605,241.60

# Expense Budget Performance Report

Fiscal Year to Date 09/30/14

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rcd	Prior Year Total
<b>Department 6010 - Social Services</b>										
<b>EXPENSE</b>										
<b>Personal Services</b>										
110	Salaries - Regular	4,828,240.00	(25,000.00)	4,803,240.00	340,035.16	.00	3,323,583.14	1,479,656.86	69	4,602,210.31
120	Salaries - Overtime	49,222.00	.00	49,222.00	5,263.80	.00	41,328.52	7,893.48	84	65,315.65
130	Salaries - Part Time	26,052.00	25,000.00	51,052.00	973.85	.00	36,634.91	14,417.09	72	60,214.22
	<b>Personal Services Totals</b>	<b>\$4,903,514.00</b>	<b>\$0.00</b>	<b>\$4,903,514.00</b>	<b>\$346,272.81</b>	<b>\$0.00</b>	<b>\$3,401,546.57</b>	<b>\$1,501,967.43</b>	<b>69%</b>	<b>\$4,727,740.18</b>
<b>Equipment</b>										
220	Office Equipment	5,000.00	.00	5,000.00	14.00	.00	1,616.82	3,383.18	32	10,070.36
	<b>Equipment Totals</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	<b>\$14.00</b>	<b>\$0.00</b>	<b>\$1,616.82</b>	<b>\$3,383.18</b>	<b>32%</b>	<b>\$10,070.36</b>
<b>Contractual Expense</b>										
410	Supplies	60,000.00	3,500.00	63,500.00	2,561.96	1,167.09	36,014.76	26,318.15	59	55,155.86
411	Rent-Building/Property	564,547.00	.00	564,547.00	94,091.16	.00	470,455.78	94,091.22	83	564,547.00
418	Ins-General Liability	41,103.00	1,465.00	42,568.00	.00	.00	42,311.11	256.89	99	41,388.47
422	Repair/Maint-Equipment	5,000.00	.00	5,000.00	.00	.00	170.00	4,830.00	3	673.00
423	Telephone	18,000.00	.00	18,000.00	1,371.27	.00	13,164.76	4,835.24	73	18,989.18
424	Postage	20,000.00	8,045.00	28,045.00	2,342.86	.00	22,259.98	5,785.02	79	29,530.27
426	Subscriptions	1,200.00	.00	1,200.00	299.00	.00	299.00	901.00	25	487.50
427	Memberships & Dues	5,000.00	.00	5,000.00	.00	.00	4,168.00	832.00	83	4,037.00
428	Data Processing & Internet Fees	3,500.00	76.00	3,576.00	298.00	1,192.00	2,384.00	.00	100	3,498.00
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	5,104.00	89,896.00	5	95,000.00
435	Medical Fees	5,000.00	(3,500.00)	1,500.00	(33.22)	.00	643.54	856.46	43	1,435.13
436	Advertising Fees	1,500.00	.00	1,500.00	148.50	.00	1,335.07	164.93	89	28.20
437	Consulting Fees	5,000.00	(5,000.00)	.00	.00	.00	.00	.00	+++	4,676.70
439	Misc Fees & Expenses	5,000.00	.00	5,000.00	189.33	.00	1,068.64	3,931.36	21	6,659.13
440	Legal/Transcript Fees	6,000.00	.00	6,000.00	.00	.00	385.00	5,615.00	6	19,659.83
441	Auto-Supplies & Repair	4,000.00	.00	4,000.00	.00	.00	1,185.73	2,814.27	30	9,957.37
442	Autumn/Supplies - Gas & Oil	20,000.00	(4,000.00)	16,000.00	1,008.03	.00	7,398.94	8,601.06	46	11,734.48
444	Travel/Education/Conference	18,000.00	.00	18,000.00	609.16	.00	8,282.92	9,717.08	46	12,640.24
469	Other Payments/Contributions	5,000.00	.00	5,000.00	.00	.00	1,000.00	4,000.00	20	11,605.00
470	Contract	440,000.00	(5,586.00)	434,414.00	7,685.19	25,386.10	182,639.38	226,388.52	48	352,874.85
	<b>Contractual Expense Totals</b>	<b>\$1,322,850.00</b>	<b>(\$5,000.00)</b>	<b>\$1,317,850.00</b>	<b>\$110,571.24</b>	<b>\$27,745.19</b>	<b>\$800,270.61</b>	<b>\$489,834.20</b>	<b>63%</b>	<b>\$1,244,577.21</b>
<b>Employee Benefits</b>										
810	Retirement	933,833.00	.00	933,833.00	61,062.69	.00	654,613.82	279,219.18	70	936,661.78
830	Social Security	304,026.00	.00	304,026.00	20,222.42	.00	199,581.10	104,444.90	66	281,014.55
831	Medicare Contribution	71,105.00	.00	71,105.00	4,729.39	.00	46,676.29	24,428.71	66	65,720.94
860	Hospitalization	1,491,425.00	(1,140.00)	1,490,285.00	117,377.44	.00	1,080,690.72	409,594.28	73	1,330,528.73
865	Dental Insurance	23,166.00	.00	23,166.00	1,216.00	.00	15,980.00	7,186.00	69	21,320.00
	<b>Employee Benefits Totals</b>	<b>\$2,823,555.00</b>	<b>(\$1,140.00)</b>	<b>\$2,822,415.00</b>	<b>\$205,107.94</b>	<b>\$0.00</b>	<b>\$1,997,541.93</b>	<b>\$824,873.07</b>	<b>71%</b>	<b>\$2,635,246.00</b>

# Expense Budget Performance Report

Fiscal Year to Date 09/30/14  
 Include Rollup Account and Rollup to Account



Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD	% used/	Prior Year Tot
<b>Fund A - General</b>										
<b>Department 6010 - Social Services</b>										
<b>EXPENSE</b>										
<b>Other Benefits</b>										
840	Workmen's Compensation	43,058.00	.00	43,058.00	.00	.00	43,057.70	.30	100	31,924.7
850	Unemployment Insurance	35,000.00	.00	35,000.00	.00	.00	13,206.24	21,793.76	38	37,704.1
855	Disability	6,000.00	.00	6,000.00	.00	.00	2,459.55	3,540.45	41	3,996.6
861	Retirees Hospitalization	367,782.00	.00	367,782.00	.00	.00	261,022.57	106,759.43	71	342,934.9
862	EPO Co-Pay	.00	1,140.00	1,140.00	.00	.00	1,140.00	.00	100	10,859.1
<b>Other Benefits Totals</b>		<b>\$451,840.00</b>	<b>\$1,140.00</b>	<b>\$452,980.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$320,886.06</b>	<b>\$132,093.94</b>	<b>71%</b>	<b>\$427,419.6</b>
<b>EXPENSE TOTALS</b>		<b>\$9,506,759.00</b>	<b>(\$5,000.00)</b>	<b>\$9,501,759.00</b>	<b>\$661,965.99</b>	<b>\$27,745.19</b>	<b>\$6,521,861.99</b>	<b>\$2,952,151.82</b>	<b>69%</b>	<b>\$9,045,053.4</b>
<b>Department 6030 - Countywide Adult Home</b>		<b>EXPENSE</b>	<b>\$5,000.00</b>	<b>(\$9,501,759.00)</b>	<b>(\$661,965.99)</b>	<b>(\$27,745.19)</b>	<b>(\$6,521,861.99)</b>	<b>(\$2,952,151.82)</b>	<b>69%</b>	<b>(\$9,045,053.41)</b>
<b>Personnel Services</b>										
110	Salaries - Regular	645,281.00	.00	645,281.00	48,068.99	.00	453,593.18	191,687.82	70	633,591.9
120	Salaries - Overtime	36,000.00	.00	36,000.00	1,972.50	.00	13,199.25	22,800.75	37	21,878.8
130	Salaries - Part Time	160,879.00	.00	160,879.00	12,732.65	.00	111,357.24	49,521.76	69	170,762.1
<b>Personnel Services Totals</b>		<b>\$842,160.00</b>	<b>\$0.00</b>	<b>\$842,160.00</b>	<b>\$62,774.14</b>	<b>\$0.00</b>	<b>\$578,149.67</b>	<b>\$264,010.33</b>	<b>69%</b>	<b>\$826,232.8</b>
<b>Equipment</b>										
210	Furniture/Furnishings	5,500.00	4,749.00	10,249.00	.00	5,292.76	4,932.00	24.24	100	4,601.7
220	Office Equipment	.00	348.00	348.00	.00	.00	348.00	.00	100	194.5
260	Other Equipment	400.00	1,835.00	2,235.00	29.92	.00	1,528.91	706.09	68	.0
270	Lawn & Landscaping	100.00	.00	100.00	.00	.00	.00	100.00	0	.0
<b>Equipment Totals</b>		<b>\$6,000.00</b>	<b>\$6,932.00</b>	<b>\$12,932.00</b>	<b>\$29.92</b>	<b>\$5,292.76</b>	<b>\$6,808.91</b>	<b>\$830.33</b>	<b>94%</b>	<b>\$4,796.3</b>
<b>Contractual Expenses</b>										
410	Supplies	45,000.00	(21,000.00)	24,000.00	3,739.28	6,296.27	18,027.56	(323.83)	101	28,064.21
413	Repair & Maint.-Bldg/Property	30,000.00	3,500.00	33,500.00	3,653.75	4,819.36	21,200.20	7,480.44	78	27,150.26
415	Electricity	35,000.00	(11,000.00)	24,000.00	2,396.43	.00	16,358.58	7,641.42	68	22,326.01
416	Oil & Gas-Heating	50,000.00	.00	50,000.00	5,765.72	.00	33,758.93	16,241.07	68	39,410.21
418	Ins-General Liability	8,301.00	.00	8,301.00	.00	.00	7,509.27	791.73	90	7,777.96
422	Repair/Maint-Equipment	1,500.00	(300.00)	1,200.00	.00	.00	21.62	1,178.38	2	693.59
423	Telephone	3,500.00	(1,000.00)	2,500.00	351.88	.00	1,733.47	766.53	69	2,462.90
424	Postage	440.00	300.00	740.00	577.98	.00	639.25	100.75	86	190.41
426	Subscriptions	250.00	.00	250.00	.00	.00	242.97	7.03	97	.00
428	Data Processing & Internet Fees	1,200.00	.00	1,200.00	94.96	234.88	784.64	180.48	85	1,020.81
432	Special Project Supply	2,000.00	.00	2,000.00	110.50	.00	277.98	1,722.02	14	920.39
434	Allowances	25,800.00	(6,000.00)	19,800.00	1,250.00	.00	13,550.00	6,250.00	68	18,850.00
435	Medical Fees	3,200.00	.00	3,200.00	110.00	.00	2,627.67	572.33	82	2,595.00
436	Advertising Fees	1,000.00	(1,000.00)	.00	.00	.00	.00	.00	+++	160.50

# Expense Budget Performance Report

Fiscal Year to Date 09/30/14  
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Budget - YTD Transactions	% used/	Reord	Prior Year Total
<b>Department 6030 - Countryside Adult Home</b> <b>EXPENSE</b>											
<i>Contractual Expense</i>											
437	Consulting Fees	16,500.00	.00	16,500.00	1,227.67	810.00	9,213.69	6,476.31	61		14,650.00
439	Misc Fees & Expenses	4,750.00	(6,500.00)	(1,750.00)	90.00	.00	265.00	(2,015.00)	-15		400.00
440	Legal/Transcript Fees	2,000.00	.00	2,000.00	.00	.00	1,000.00	1,000.00	50		.00
441	Auto-Supplies & Repair	2,500.00	.00	2,500.00	.00	.00	1,866.07	634.93	75		2,124.21
442	Automotive - Gas & Oil	3,600.00	.00	3,600.00	206.66	.00	1,666.33	1,933.67	46		3,017.77
444	Travel/Education/Conference	1,500.00	.00	1,500.00	.00	.00	699.00	801.00	47		1,493.42
445	Food	127,000.00	.00	127,000.00	9,847.68	32,605.99	78,881.50	15,512.51	88		118,862.70
451	Medical Supply Expense	6,000.00	.00	6,000.00	664.22	1,481.70	2,829.13	1,669.17	72		3,656.70
453	Uniforms & Clothing	100.00	.00	100.00	.00	.00	.00	100.00	0		.00
470	Contract	31,000.00	17,000.00	48,000.00	.00	5,636.25	23,381.94	18,981.81	60		29,487.16
<b>Contract Total Expense Totals</b>		<b>\$402,141.00</b>	<b>(\$26,000.00)</b>	<b>\$376,141.00</b>	<b>\$30,086.73</b>	<b>\$51,884.45</b>	<b>\$236,533.80</b>	<b>\$87,722.75</b>	<b>77%</b>		<b>\$325,314.23</b>
<b>Employee Benefits</b>											
810	Retirement	144,417.00	21,000.00	165,417.00	10,132.93	.00	104,566.28	60,850.72	63		158,040.81
830	Social Security	52,212.00	.00	52,212.00	3,660.11	.00	33,823.32	18,388.68	65		49,081.99
831	Medicare Contribution	12,212.00	.00	12,212.00	855.98	.00	7,910.28	4,301.72	65		11,478.90
860	Hospitalization	246,477.00	.00	246,477.00	20,943.57	.00	187,550.79	58,926.21	76		230,783.61
865	Dental Insurance	4,186.00	.00	4,186.00	356.00	.00	3,172.00	1,014.00	76		3,912.00
<b>Other Benefits</b>		<b>\$459,504.00</b>	<b>\$21,000.00</b>	<b>\$480,504.00</b>	<b>\$35,948.59</b>	<b>\$0.00</b>	<b>\$337,022.67</b>	<b>\$143,481.33</b>	<b>70%</b>		<b>\$453,297.31</b>
<b>Other Benefits Totals</b>											
840	Workmen's Compensation	3,602.00	.00	3,602.00	.00	.00	3,601.14	.86	100		3,287.33
850	Unemployment Insurance	5,725.00	3,000.00	8,725.00	.00	.00	3,426.90	5,298.10	39		834.00
855	Disability	3,434.00	.00	3,434.00	.00	.00	1,791.91	1,642.09	52		1,694.03
861	Retirees Hospitalization	90,965.00	.00	90,965.00	.00	.00	61,801.92	29,163.08	68		80,840.50
862	EPO Co-Pay	.00	.00	.00	.00	.00	.00	.00	+++		760.00
<b>Other Benefits Totals</b>		<b>\$103,726.00</b>	<b>\$3,000.00</b>	<b>\$106,726.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$70,621.87</b>	<b>\$36,104.13</b>	<b>66%</b>		<b>\$87,415.86</b>
<b>EXPENSE TOTALS</b>		<b>\$1,813,531.00</b>	<b>(\$4,932.00)</b>	<b>\$1,818,463.00</b>	<b>\$128,839.38</b>	<b>\$57,177.21</b>	<b>\$1,229,136.92</b>	<b>\$537,148.87</b>	<b>71%</b>		<b>\$1,697,056.61</b>
<b>Department 6030 - Countryside Adult Home Totals</b>		<b>(\$1,813,531.00)</b>	<b>(\$4,932.00)</b>	<b>(\$1,818,463.00)</b>	<b>(\$128,839.38)</b>	<b>(\$57,177.21)</b>	<b>(\$1,229,136.92)</b>	<b>(\$532,148.87)</b>	<b>71%</b>		<b>(\$1,697,056.61)</b>
<b>Department 6030 - Public Facil. For Children</b> <b>EXPENSE</b>											
<i>Contractual Expense</i>											
469	Other Payments/Contributions	.00	12,941.60	12,941.60	.00	.00	11,766.52	1,175.08	91		27,829.13
470	Contract	75,000.00	(12,941.60)	62,058.40	.00	796.50	.00	61,261.90	1		17,935.20
<b>Contractual Expense Totals</b>		<b>\$75,000.00</b>	<b>(\$12,941.60)</b>	<b>\$62,058.40</b>	<b>\$0.00</b>	<b>\$796.50</b>	<b>\$11,766.52</b>	<b>\$62,436.98</b>	<b>17%</b>		<b>\$45,764.33</b>
<b>EXPENSE TOTALS</b>		<b>\$75,000.00</b>	<b>\$0.00</b>	<b>\$75,000.00</b>	<b>\$0.00</b>	<b>\$796.50</b>	<b>\$11,766.52</b>	<b>\$62,436.98</b>	<b>17%</b>		<b>\$45,764.33</b>
<b>Department 6030 - Public Facil. For Children Totals</b>		<b>(\$75,000.00)</b>	<b>\$0.00</b>	<b>(\$75,000.00)</b>	<b>\$0.00</b>	<b>(\$796.50)</b>	<b>(\$11,766.52)</b>	<b>(\$62,436.98)</b>	<b>17%</b>		<b>(\$45,764.33)</b>

# Expense Budget Performance Report

Fiscal Year to Date 09/30/14  
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rcd	Prior Year Tot
Fund A - General										
Department 6055 - Daycare										
	EXPENSE									
	Contractual Expense									
470	Contract	1,515,000.00	.00	1,515,000.00	164,426.61	.00	887,718.56	627,281.44	59	1,315,759.7
	Contractual Expense Totals	\$1,515,000.00	\$0.00	\$1,515,000.00	\$164,426.61	\$0.00	\$887,718.56	\$627,281.44	59%	\$1,315,759.7
	EXPENSE TOTALS	\$1,515,000.00	\$0.00	\$1,515,000.00	\$164,426.61	\$0.00	\$887,718.56	\$627,281.44	59%	\$1,315,759.7
	Department 6055 - Daycare Totals	(\$1,515,000.00)	\$0.00	(\$1,515,000.00)	(\$164,426.61)	\$0.00	(\$887,718.56)	(\$627,281.44)	59%	(\$1,315,759.73)
Department: 6070 - Services for Residents										
	EXPENSE									
	Contractual Expense									
470	Contract	315,000.00	.00	315,000.00	79,517.21	.00	212,801.09	102,198.91	68	323,203.6
	Contractual Expense Totals	\$315,000.00	\$0.00	\$315,000.00	\$79,517.21	\$0.00	\$212,801.09	\$102,198.91	68%	\$323,203.6
	EXPENSE TOTALS	\$315,000.00	\$0.00	\$315,000.00	\$79,517.21	\$0.00	\$212,801.09	\$102,198.91	68%	\$323,203.6
	Department: 6070 - Services for Residents Totals	(\$315,000.00)	\$0.00	(\$315,000.00)	(\$79,517.21)	\$0.00	(\$212,801.09)	(\$102,198.91)	68%	(\$323,203.6)
Department: 6104 - Medicaid										
	EXPENSE									
	Contractual Expense									
470	Contract	13,101,341.00	650,097.00	13,751,438.00	946,272.00	.00	10,676,053.50	3,075,384.50	78	12,805,147.0
	Contractual Expense Totals	\$13,101,341.00	\$650,097.00	\$13,751,438.00	\$946,272.00	\$0.00	\$10,676,053.50	\$3,075,384.50	78%	\$12,805,147.0
	EXPENSE TOTALS	\$13,101,341.00	\$650,097.00	\$13,751,438.00	\$946,272.00	\$0.00	\$10,676,053.50	\$3,075,384.50	78%	\$12,805,147.0
	Department: 6104 - Medicaid Totals	(\$13,101,341.00)	(\$650,097.00)	(\$13,751,438.00)	(\$946,272.00)	\$0.00	(\$10,676,053.50)	(\$3,075,384.50)	78%	(\$12,805,147.00)
Department: 6103 - Medical Assistance										
	EXPENSE									
	Contractual Expense									
470	Contract	500,000.00	.00	500,000.00	.00	.00	29,859.89	470,140.11	6	277,689.25
	Contractual Expense Totals	\$500,000.00	\$0.00	\$500,000.00	\$0.00	\$0.00	\$29,859.89	\$470,140.11	6%	\$277,689.25
	EXPENSE TOTALS	\$500,000.00	\$0.00	\$500,000.00	\$0.00	\$0.00	\$29,859.89	\$470,140.11	6%	\$277,689.25
	Department: 6103 - Medical Assistance Totals	(\$500,000.00)	\$0.00	(\$500,000.00)	\$0.00	\$0.00	(\$29,859.89)	(\$470,140.11)	6%	(\$277,689.25)
Department: 6109 - Aid To Dependent Children										
	EXPENSE									
	Contractual Expense									
470	Contract	2,115,000.00	.00	2,115,000.00	173,047.25	.00	1,378,294.64	736,705.36	65	2,023,700.03
	Contractual Expense Totals	\$2,115,000.00	\$0.00	\$2,115,000.00	\$173,047.25	\$0.00	\$1,378,294.64	\$736,705.36	65%	\$2,023,700.03
	EXPENSE TOTALS	\$2,115,000.00	\$0.00	\$2,115,000.00	\$173,047.25	\$0.00	\$1,378,294.64	\$736,705.36	65%	\$2,023,700.03
	Department: 6109 - Aid To Dependent Children Totals	(\$2,115,000.00)	\$0.00	(\$2,115,000.00)	(\$173,047.25)	\$0.00	(\$1,378,294.64)	(\$736,705.36)	65%	(\$2,023,700.03)

# Expense Budget Performance Report

Fiscal Year to Date 09/30/14  
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/Rec'd	Prior Year Total
Fund A - General										
Department 6113 - Child Care	EXPENSE									
	Contractual Expense	3,525,000.00	.00	3,525,000.00	216,304.73	.00	2,175,941.72	1,349,058.28	62%	3,457,825.26
	EXPENSE TOTALS	\$3,525,000.00	\$0.00	\$3,525,000.00	\$216,304.73	\$0.00	\$2,175,941.72	\$1,349,058.28	62%	\$3,457,825.26
	Department 6113 - Child Care Totals	(\$3,525,000.00)	\$0.00	(\$3,525,000.00)	(\$216,304.73)	\$0.00	(\$2,175,941.72)	(\$1,349,058.28)	62%	(\$3,457,825.26)
Department 6123 - Juvenile Delinquent Care	EXPENSE									
	Contractual Expense	2,500.00	.00	2,500.00	.00	.00	.00	2,500.00	0%	3,000.00
	EXPENSE TOTALS	\$2,500.00	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00	0%	\$3,000.00
	Department 6123 - State Training School	(\$2,500.00)	\$0.00	(\$2,500.00)	\$0.00	\$0.00	\$0.00	(\$2,500.00)	0%	(\$3,000.00)
Department 6123 - State Training School Totals	EXPENSE									
	Contractual Expense Totals	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0%	2,000.00
	EXPENSE TOTALS	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	0%	\$2,000.00
	Department 6123 - State Training School Totals	(\$2,000.00)	\$0.00	(\$2,000.00)	\$0.00	\$0.00	\$0.00	(\$2,000.00)	0%	(\$2,000.00)
Department 6141 - Home Relief	EXPENSE									
	Contractual Expense	1,098,000.00	.00	1,098,000.00	77,672.47	.00	708,162.63	389,837.37	64%	1,095,356.20
	EXPENSE TOTALS	\$1,098,000.00	\$0.00	\$1,098,000.00	\$77,672.47	\$0.00	\$708,162.63	\$389,837.37	64%	\$1,095,356.20
	Department 6141 - Fuel Crisis Assistance	(\$1,098,000.00)	\$0.00	(\$1,098,000.00)	(\$77,672.47)	\$0.00	(\$708,162.63)	(\$389,837.37)	64%	(\$1,095,356.20)
Department 6141 - Fuel Crisis Assistance Totals	EXPENSE									
	Contractual Expense Totals	30,000.00	.00	30,000.00	(40.48)	.00	6,605.68	23,394.32	22%	24,473.08
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	(\$40.48)	\$0.00	\$6,605.68	\$23,394.32	22%	\$24,473.08
	Department 6141 - Fuel Crisis Assistance Totals	(\$30,000.00)	\$0.00	(\$30,000.00)	\$40.48	\$0.00	(\$6,605.68)	(\$23,394.32)	22%	(\$24,473.08)

# Expense Budget Performance Report

Fiscal Year to Date 09/30/14  
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Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rcd	Prior Year Tot
Fund A - General										
Department 6342 - Emergency Aid For Adults										
	EXPENSE									
470	Contractual Expense	10,000.00	5,000.00	15,000.00	1,753.19	.00	13,801.28	1,198.72	92	5,104.2
	Contract									
	Contractual Expense Totals	\$10,000.00	\$5,000.00	\$15,000.00	\$1,753.19	\$0.00	\$13,801.28	\$1,198.72	92%	\$5,104.2
	EXPENSE TOTALS	\$10,000.00	\$5,000.00	\$15,000.00	\$1,753.19	\$0.00	\$13,801.28	\$1,198.72	92%	\$5,104.2
	Department 6342 - Emergency Aid For Adults Totals	(\$10,000.00)	(\$5,000.00)	(\$15,000.00)	(\$1,753.19)	\$0.00	(\$13,801.28)	(\$1,198.72)	92%	(\$5,104.23)
Department 7318 - Youth Program 4-H Camp										
	EXPENSE									
470	Contractual Expense	25,000.00	.00	25,000.00	.00	.00	25,000.00	.00	100	25,000.0
	Contract									
	Contractual Expense Totals	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.0
	EXPENSE TOTALS	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.0
	Department 7318 - Youth Program 4-H Camp Totals	(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	(\$25,000.00)	\$0.00	100%	(\$25,000.00)
Department 7311 - Youth Bureau										
	EXPENSE									
	Contractual Expense	100.00	.00	100.00	.00	.00	91.28	8.72	91	.0
410	Supplies	300.00	.00	300.00	.00	.00	.00	300.00	0	.0
423	Telephone	300.00	.00	300.00	18.89	.00	105.34	194.66	35	87.37
424	Postage	50.00	(50.00)	.00	.00	.00	.00	.00	+++	.0
425	Reproduction Expenses	.00	50.00	50.00	.00	.00	50.00	.00	100	50.0
427	Memberships & Dues	100.00	.00	100.00	.00	.00	56.00	44.00	56	113.0
444	Travel/Education/Conference	5,520.00	.00	5,520.00	299.00	2,323.00	3,197.00	.00	100	5,865.0
470	Contract	\$6,370.00	\$0.00	\$6,370.00	\$317.89	\$2,323.00	\$3,499.62	\$547.38	91%	\$6,115.4
	Contractual Expense Totals	17,342.00	.00	17,342.00	\$0.00	\$0.00	11,561.28	5,780.72	67	16,434.0
861	Retires Hospitalization	\$17,342.00	\$0.00	\$17,342.00	\$0.00	\$0.00	\$11,561.28	\$5,780.72	67%	\$16,434.0
	Other Benefits Totals	\$23,712.00	\$0.00	\$23,712.00	\$317.89	\$2,323.00	\$15,060.90	\$6,328.10	73%	\$22,549.4
	EXPENSE TOTALS	(\$23,712.00)	\$0.00	(\$23,712.00)	(\$317.89)	(\$2,323.00)	(\$15,060.90)	(\$6,328.10)	73%	(\$22,549.45)
	Department 7311 - Youth Bureau Totals									
	EXPENSE									
	Contractual Expense	128.00	.00	128.00	.00	.00	88.04	39.96	69	142.74
410	Supplies	200.00	.00	200.00	10.24	.00	18.49	181.51	9	89.80
424	Postage	100.00	76.00	176.00	.00	.00	176.00	.00	100	176.00
427	Memberships & Dues	90.00	(76.00)	14.00	.00	.00	.00	14.00	0	.00
428	Data Processing & Internet Fees	11,000.00	.00	11,000.00	.00	11,000.00	.00	.00	100	11,000.00
470	Contract	\$11,518.00	\$0.00	\$11,518.00	\$10.24	\$11,000.00	\$282.53	\$235.47	98%	\$11,408.54
	Contractual Expense Totals									

# Expense Budget Performance Report

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 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund A - General										
Department: 7312 - Special Delinquency Prev. Trals		\$11,518.00	\$0.00	\$11,518.00	\$10.24	\$11,000.00	\$282.53	\$235.47	98%	\$11,408.54
Department: 7313 - Youth Court		(\$11,518.00)	\$0.00	(\$11,518.00)	(\$10.24)	(\$11,000.00)	(\$282.53)	(\$235.47)	98%	(\$11,408.54)
	EXPENSE TOTALS									
Contractual Expense		50,875.00	.00	50,875.00	6,780.51	9,123.85	41,751.15	.00	100	50,858.19
470 Contract		\$50,875.00	\$0.00	\$50,875.00	\$6,780.51	\$9,123.85	\$41,751.15	\$0.00	100%	\$50,858.19
	EXPENSE TOTALS	\$50,875.00	\$0.00	\$50,875.00	\$6,780.51	\$9,123.85	\$41,751.15	\$0.00	100%	\$50,858.19
Department: 7313 - Youth Court		(\$50,875.00)	\$0.00	(\$50,875.00)	(\$6,780.51)	(\$9,123.85)	(\$41,751.15)	\$0.00	100%	(\$50,858.19)
Fund A - General		\$53,720,236.00	\$655,029.00	\$34,375,265.00	\$2,456,866.99	\$108,165.75	\$23,934,099.00	\$10,333,000.25		\$32,230,949.00
	Grand Totals	\$53,720,236.00	\$655,029.00	\$34,375,265.00	\$2,456,866.99	\$108,165.75	\$23,934,099.00	\$10,333,000.25		\$32,230,949.00

# Revenue Budget Performance Report

Fiscal Year to Date 09/30/14  
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD	% used/Rec'd	Prior Year Total
<b>Fund A - General</b>										
<b>Department 6010 - Social Services</b>										
<b>REVENUE</b>										
<b>Departmental Income</b>										
1801	Repay of Medical Assist	.00	.00	.00	.00	.00	(377.39)	377.39	+++	.00
1810	Administration	40,000.00	.00	40,000.00	3,646.67	.00	53,910.70	(13,910.70)	135	43,145.19
1811	Medical Incentive Earning	80,000.00	.00	80,000.00	4,421.30	.00	23,031.66	56,968.34	29	98,453.42
1840	Repay of Home Relief	.00	.00	.00	.00	.00	(720.38)	720.38	+++	.00
<b>Departmental Income Totals</b>		\$120,000.00	\$0.00	\$120,000.00	\$8,067.97	\$0.00	\$75,844.59	\$44,155.41	63%	\$141,598.61
<b>State Aid</b>										
3610	Social Services Admin	1,893,580.00	.00	1,893,580.00	.00	.00	1,385,908.50	507,671.50	73	2,046,126.15
3619	Child Care	20,000.00	.00	20,000.00	.00	.00	.00	20,000.00	0	.00
<b>State Aid Totals</b>		\$1,913,580.00	\$0.00	\$1,913,580.00	\$0.00	\$0.00	\$1,385,908.50	\$527,671.50	72%	\$2,046,126.15
<b>Federal Aid</b>										
4610	Social Services Admin	4,108,131.00	.00	4,108,131.00	.00	.00	2,536,626.00	1,571,505.00	62	3,400,532.19
4615	Flexible Fund for Family Service	1,383,000.00	.00	1,383,000.00	.00	.00	1,174,100.00	208,900.00	85	1,889,896.00
4661	Soc. Serv - Title IV-B Funds	.00	.00	.00	.00	.00	15,791.00	(15,791.00)	+++	37,843.00
<b>Federal Aid Totals</b>		\$5,491,131.00	\$0.00	\$5,491,131.00	\$0.00	\$0.00	\$3,726,517.00	\$1,764,614.00	68%	\$5,328,271.19
<b>State of Property and Compensation for Loss</b>										
2680	Insurance Recoveries	.00	.00	.00	.00	.00	1,642.14	(1,642.14)	+++	9,146.35
<b>State of Property and Compensation for Loss Totals</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,642.14	(\$1,642.14)	+++	\$9,146.35
<b>REVENUE TOTALS</b>		\$7,524,711.00	\$0.00	\$7,524,711.00	\$8,067.97	\$0.00	\$5,189,912.23	\$2,334,798.77	69%	\$7,525,142.30
<b>Department 6030 - Countywide Adult Home</b>		\$7,524,711.00	\$0.00	\$7,524,711.00	\$8,067.97	\$0.00	\$5,189,912.23	\$2,334,798.77	69%	\$7,525,142.30
<b>Departmental Income</b>										
1289	Other General Governmental Income	60,000.00	.00	60,000.00	.00	.00	45,000.00	15,000.00	75	60,000.00
1830	Repay - Adult Care, Pub Inst	680,000.00	.00	680,000.00	135,800.97	.00	659,487.80	20,512.20	97	814,768.80
<b>Departmental Income Totals</b>		\$740,000.00	\$0.00	\$740,000.00	\$135,800.97	\$0.00	\$704,487.80	\$35,512.20	95%	\$874,768.80
<b>State Aid</b>										
3630	Adult Care Priv. Inst.	529,059.00	.00	529,059.00	.00	.00	228,004.00	301,055.00	43	468,659.00
<b>State Aid Totals</b>		\$529,059.00	\$0.00	\$529,059.00	\$0.00	\$0.00	\$228,004.00	\$301,055.00	43%	\$468,659.00
<b>REVENUE TOTALS</b>		\$1,269,059.00	\$0.00	\$1,269,059.00	\$135,800.97	\$0.00	\$932,491.80	\$336,567.20	73%	\$1,343,427.80
<b>Department 6030 - Countywide Adult Home Totals</b>		\$1,269,059.00	\$0.00	\$1,269,059.00	\$135,800.97	\$0.00	\$932,491.80	\$336,567.20	73%	\$1,343,427.80
<b>Departmental Income</b>										
1830	Repay Pub. Facil (Children)	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	.00
<b>Departmental Income Totals</b>		\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$0.00
<b>State Aid</b>										
3650	Detention Home	35,750.00	.00	35,750.00	.00	.00	1,142.00	34,608.00	3	30,926.58

# Revenue Budget Performance Report

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Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encurrences	YTD Transactions	Budget - YTD Transactions	% used/	Reed	Prior Year Total
<b>Fund A - General</b>											
<b>Department 6050 - Public Facil. For Children</b>											
	REVENUE										
	<i>State Aid Totals</i>	\$35,750.00	\$0.00	\$35,750.00	\$0.00	\$0.00	\$1,142.00	\$34,608.00	3%		\$30,926.58
	REVENUE TOTALS	\$36,750.00	\$0.00	\$36,750.00	\$0.00	\$0.00	\$1,142.00	\$35,608.00	3%		\$30,926.58
	<i>Department 6050 - Public Facil. For Children Totals</i>	\$36,750.00	\$0.00	\$36,750.00	\$0.00	\$0.00	\$1,142.00	\$35,608.00	3%		\$30,926.58
	REVENUE										
	<i>Departmental Income</i>										
1855	Repayments of Day Care	30,000.00	.00	30,000.00	706.20	.00	7,178.94	22,821.06	24%		9,371.99
	<i>Departmental Income Totals</i>	\$30,000.00	\$0.00	\$30,000.00	\$706.20	\$0.00	\$7,178.94	\$22,821.06	24%		\$9,371.99
	REVENUE										
	<i>State Aid Totals</i>	1,485,000.00	.00	1,485,000.00	.00	.00	800,348.00	684,652.00	54%		1,428,404.00
	REVENUE TOTALS	\$1,485,000.00	\$0.00	\$1,485,000.00	\$0.00	\$0.00	\$800,348.00	\$684,652.00	54%		\$1,428,404.00
	<i>Department 6055 - Daycare Totals</i>	\$1,515,000.00	\$0.00	\$1,515,000.00	\$706.20	\$0.00	\$807,526.94	\$707,473.06	53%		\$1,437,775.99
	REVENUE										
	<i>Departmental Income</i>										
1870	Repay Soc. Srv Recipients	.00	.00	.00	589.78	.00	589.78	(589.78)	+++		.00
	<i>State Aid</i>	\$0.00	\$0.00	\$0.00	\$589.78	\$0.00	\$589.78	(\$589.78)	+++		\$0.00
	<i>Departmental Income Totals</i>	\$0.00	\$0.00	\$0.00	\$589.78	\$0.00	\$589.78	(\$589.78)	+++		\$0.00
	REVENUE										
	<i>State Aid Totals</i>	220,500.00	.00	220,500.00	.00	.00	307,962.00	(87,462.00)	140%		452,341.00
	REVENUE TOTALS	\$220,500.00	\$0.00	\$220,500.00	\$0.00	\$0.00	\$307,962.00	(\$87,462.00)	140%		\$452,341.00
	<i>Federal Aid</i>	\$220,500.00	\$0.00	\$220,500.00	\$0.00	\$0.00	\$307,962.00	(\$87,462.00)	140%		\$452,341.00
	REVENUE										
	<i>Departmental Income</i>										
4670	Services for Recipients	.00	.00	.00	.00	.00	73,287.00	(73,287.00)	+++		8,700.00
	<i>State Aid Totals</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73,287.00	(\$73,287.00)	+++		\$8,700.00
	REVENUE TOTALS	\$220,500.00	\$0.00	\$220,500.00	\$589.78	\$0.00	\$381,838.78	(\$161,338.78)	173%		\$461,041.00
	<i>Department 6070 - Services for Recipients Totals</i>	\$220,500.00	\$0.00	\$220,500.00	\$589.78	\$0.00	\$381,838.78	(\$161,338.78)	173%		\$461,041.00
	REVENUE										
	<i>Departmental Income</i>										
1801	Repay of Medical Assist	500,000.00	.00	500,000.00	27,233.42	.00	26,673.03	473,326.97	5%		329,465.93
	<i>Departmental Income Totals</i>	\$500,000.00	\$0.00	\$500,000.00	\$27,233.42	\$0.00	\$26,673.03	\$473,326.97	5%		\$329,465.93
	REVENUE TOTALS	\$500,000.00	\$0.00	\$500,000.00	\$27,233.42	\$0.00	\$26,673.03	\$473,326.97	5%		\$329,465.93
	<i>Department 6101 - Medical Assistance Totals</i>	\$500,000.00	\$0.00	\$500,000.00	\$27,233.42	\$0.00	\$26,673.03	\$473,326.97	5%		\$329,465.93
	REVENUE										
	<i>Departmental Income</i>										
1809	Repay of Aid to A.D.C.	250,000.00	.00	250,000.00	23,642.27	.00	209,464.23	40,535.77	84%		272,721.47
	<i>Departmental Income</i>										

# Revenue Budget Performance Report

Fiscal Year to Date 09/30/14  
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used	Prior Year Total
<b>Department 6109 - Aid To Dependent Children</b>										
<b>REVENUE</b>										
<i>Departmental Income Totals</i>										
3609	State Aid	4,750.00	.00	4,750.00	.00	.00	10,979.00	(6,229.00)	231%	6,795.60
	Aid for Family Assistance	\$4,750.00	\$0.00	\$4,750.00	\$0.00	\$0.00	\$10,979.00	(\$6,229.00)	231%	\$6,795.60
4609	Federal Aid	1,120,000.00	.00	1,120,000.00	.00	.00	560,332.00	559,668.00	50%	930,639.00
	Aid for Dependent Children	1,120,000.00	.00	1,120,000.00	.00	.00	560,332.00	559,668.00	50%	930,639.00
	<b>REVENUE TOTALS</b>	<b>\$1,374,750.00</b>	<b>\$0.00</b>	<b>\$1,374,750.00</b>	<b>\$23,642.27</b>	<b>\$0.00</b>	<b>\$780,775.23</b>	<b>\$593,974.77</b>	<b>57%</b>	<b>\$1,210,156.07</b>
<i>Department 6119 - Child Care</i>										
<b>REVENUE</b>										
<i>Departmental Income</i>										
1819	State Aid	225,250.00	.00	225,250.00	49,280.68	.00	246,236.28	(20,986.28)	109%	312,646.89
	Repay of Child Care	\$225,250.00	\$0.00	\$225,250.00	\$49,280.68	\$0.00	\$246,236.28	(\$20,986.28)	109%	\$312,646.89
3619	Federal Aid	1,613,500.00	.00	1,613,500.00	.00	.00	707,343.00	906,157.00	44%	1,369,846.10
	Child Care	1,613,500.00	.00	1,613,500.00	.00	.00	707,343.00	906,157.00	44%	1,369,846.10
4619	Federal Aid	1,600,000.00	.00	1,600,000.00	.00	.00	1,118,450.00	481,550.00	70%	1,030,187.00
	Foster Care	1,600,000.00	.00	1,600,000.00	.00	.00	1,118,450.00	481,550.00	70%	1,030,187.00
	<b>REVENUE TOTALS</b>	<b>\$3,438,750.00</b>	<b>\$0.00</b>	<b>\$3,438,750.00</b>	<b>\$49,280.68</b>	<b>\$0.00</b>	<b>\$2,072,029.28</b>	<b>\$1,366,720.72</b>	<b>60%</b>	<b>\$2,712,679.99</b>
<i>Department 6123 - Juvenile Delinquent Care</i>										
<b>REVENUE</b>										
<i>State Aid</i>										
3623	Juv. Delinquents - Facility	450.00	.00	450.00	.00	.00	.00	450.00	0%	.00
	Juv. Delinquents - Facility	\$450.00	\$0.00	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00	0%	\$0.00
<i>Federal Aid</i>										
4623	Juvenile Independent Live	450.00	.00	450.00	.00	.00	.00	450.00	0%	.00
	Juvenile Independent Live	\$450.00	\$0.00	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00	0%	\$0.00
	<b>REVENUE TOTALS</b>	<b>\$900.00</b>	<b>\$0.00</b>	<b>\$900.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$900.00</b>	<b>0%</b>	<b>\$0.00</b>
<i>Department 6129 - State Training School</i>										
<b>REVENUE</b>										
<i>Departmental Income</i>										
1829	Repay of State Train Sch	.00	.00	.00	.00	.00	.00	(75.00)	+++	277.25
	Repay of State Train Sch	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$75.00)	+++	\$277.25
	<b>REVENUE TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$75.00)</b>	<b>+++</b>	<b>\$277.25</b>

# Revenue Budget Performance Report

Fiscal Year to Date 09/30/14  
Include Rollup Account and Rollup to Account

Account	Account Description	Accepted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD	% used/	Prior Year Total
<b>Fund A - General</b>										
Department 6129 - State Training School Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.00	(\$75.00)	+++	\$277.25
Department 6140 - Home Relief REVENUE										
Departmental Income		160,000.00	.00	160,000.00	16,173.04	.00	67,825.71	92,174.29	42	174,315.23
1840	Repay of Home Relief	\$160,000.00	\$0.00	\$160,000.00	\$16,173.04	\$0.00	\$67,825.71	\$92,174.29	42%	\$174,315.23
State Aid		359,000.00	.00	359,000.00	.00	.00	144,552.00	214,448.00	40	242,280.00
4640	Home Relief	\$359,000.00	\$0.00	\$359,000.00	\$0.00	\$0.00	\$144,552.00	\$214,448.00	40%	\$242,280.00
Federal Aid Totals		30,000.00	.00	30,000.00	.00	.00	23,363.00	6,637.00	78	33,580.00
REVENUE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$23,363.00	\$6,637.00	78%	\$33,580.00
Department 6143 - Fuel Crisis Assistance REVENUE		\$549,000.00	\$0.00	\$549,000.00	\$16,173.04	\$0.00	\$235,740.71	\$313,259.29	43%	\$450,175.23
Departmental Income Totals		\$49,000.00	\$0.00	\$49,000.00	\$16,173.04	\$0.00	\$235,740.71	\$313,259.29	43%	\$450,175.23
Department 6143 - Fuel Crisis Assistance REVENUE		30,000.00	.00	30,000.00	3,799.50	.00	54,187.51	(24,187.51)	181	87,116.78
1841	Repay of Home Energy Asst	\$30,000.00	\$0.00	\$30,000.00	\$3,799.50	\$0.00	\$54,187.51	(\$24,187.51)	181%	\$87,116.78
Federal Aid Totals		.00	.00	.00	.00	.00	(52,802.00)	52,802.00	+++	(38,040.00)
REVENUE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$3,799.50	\$0.00	\$1,385.51	\$28,614.49	5%	\$49,076.78
Department 6142 - Emergency Aid For Adults REVENUE		\$30,000.00	\$0.00	\$30,000.00	\$3,799.50	\$0.00	\$1,385.51	\$28,614.49	5%	\$49,076.78
Departmental Income		.00	.00	.00	.00	.00	.00	.00	+++	13.68
1842	Repay Emer Aid for Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$13.68
State Aid		5,000.00	.00	5,000.00	.00	.00	5,115.00	(115.00)	102	2,543.00
3642	Emergency Aid for Adults	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$5,115.00	(\$115.00)	102%	\$2,543.00
REVENUE TOTALS		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$5,115.00	(\$115.00)	102%	\$2,556.68
Department 6142 - Emergency Aid For Adults REVENUE		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$5,115.00	(\$115.00)	102%	\$2,556.68
Departmental Income		10,000.00	.00	10,000.00	.00	.00	7,560.00	2,440.00	76	15,300.00
2006	Youth - Alive at 25	\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$7,560.00	\$2,440.00	76%	\$15,300.00



# Revenue Budget Performance Report

Fiscal Year to Date 09/30/14  
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/	Prior Year Total
3823	State Aid Youth Programs YD/DP 50% DFY	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	8,958.00
	REVENUE TOTALS	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$14,269.00
	Department 7312 - Special Delinquency Prev.	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$7,560.00	\$7,440.00	50%	\$29,569.00
	Department 7311 - Youth Bureau	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$7,560.00	\$7,440.00	50%	\$29,569.00
	REVENUE TOTALS	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$14,269.00
3822	State Aid Spec. Delinquency Prevention	5,759.00	.00	5,759.00	.00	.00	.00	5,759.00	0	5,689.00
	REVENUE TOTALS	\$5,759.00	\$0.00	\$5,759.00	\$0.00	\$0.00	\$0.00	\$5,759.00	0%	\$5,689.00
	Department 7312 - Special Delinquency Prev. Totals	\$5,759.00	\$0.00	\$5,759.00	\$0.00	\$0.00	\$0.00	\$5,759.00	0%	\$5,689.00
	Department 7313 - Youth Court	15,837.00	.00	15,837.00	.00	.00	.00	15,837.00	0	17,282.00
	REVENUE TOTALS	\$15,837.00	\$0.00	\$15,837.00	\$0.00	\$0.00	\$0.00	\$15,837.00	0%	\$17,282.00
	Department 7313 - Youth Court Totals	\$15,837.00	\$0.00	\$15,837.00	\$0.00	\$0.00	\$0.00	\$15,837.00	0%	\$17,282.00
	Department 7313 - Youth Court	\$16,501,016.00	\$0.00	\$16,501,016.00	\$265,293.83	\$0.00	\$10,442,265.51	\$6,058,750.49	0%	\$15,605,241.60
	REVENUE TOTALS	\$16,501,016.00	\$0.00	\$16,501,016.00	\$265,293.83	\$0.00	\$10,442,265.51	\$6,058,750.49	0%	\$15,605,241.60
	Grand Totals	\$16,501,016.00	\$0.00	\$16,501,016.00	\$265,293.83	\$0.00	\$10,442,265.51	\$6,058,750.49	0%	\$15,605,241.60

Social Services - Overtime Report - Comparison 2013/2014

Week End	2013 OT	2014 OT	Reason	CPS (After Hrs/OnCall)	Foster Care	APS/ CASA	Prevent ive	Medicaid	Chronic Care	TA/ Employ	FS/ HEAP	Training	CPS	Res Acctg	SCU	Admin/ Yth Ct
01/12/14	62.85	86.79	CPS-NR,Homeless Screening, Training/Med-Backlog	45.59				30.20				8.25	2.75			
01/26/14	87.99	126.92	CPS-NR,Assessment/FC-Court/APS-Mtg/Med-Backlog	45.10	2.50	4.00	0.75	72.22					2.35			
02/09/14	83.70	142.87	CPS-NR,Assess,Legal Mtg/Med-Backlog/Admin-Conf	34.42				62.70			1.50	39.45	3.80			1.00
02/23/14	46.29	73.55	CPS-NR ,HV,Assess/Med-Backlog/Yth-Alive 25 class ran late	26.55				20.60				19.55	6.45			0.40
03/09/14	62.10	96.82	CPS-NR,Transport/Med, Chronic Care-backlog/Training	53.62				14.70	15.00			12.00	1.50			
03/23/14	58.37	72.44	CPS-NR,Removals,legal referrals/Med-backlog/Training	41.79				17.40				8.10	5.15			
04/06/14	46.90	79.86	CPS-NR,Assess/FC-Transport, Mtg/APS-guardian/Med-case rev	46.01	1.70	2.00		25.40					4.75			
04/20/14	39.92	54.42	CPS-HV,Removal,Court/FC-HV/Medicaid-Case Reviews	40.22	0.50			12.90					0.80			
05/04/14	53.64	57.53	CPS-HV,Removal,Transport/FC-Crisis Placement/CC - Training	47.60	0.52		2.76					2.10	4.55			
05/18/14	88.53	56.91	CPS-NR,Assessments/FC-Hearing/Prev-Crisis,Transport/FS-backlog	30.76	0.70	2.00	5.00			1.00	3.00	8.70	5.75			
06/01/14	58.37	69.25	CPS-NR,Removal/FC-Transports,Reviews/FS-Backlog/Training	31.27	5.13						13.00	11.00	8.85			
06/15/14	78.45	92.39	CPS-NR,Assessment/FC-Intake,Transport/FS-Backlog/Training	29.24	4.75						18.00	35.25	4.45			0.70
06/29/14	55.50	55.40	CPS-NR,Assessments/FC-Transport,Court/FS-Backlog/Training	28.55	4.10						15.00	6.00	1.75			
07/13/14	69.64	31.09	CPS-NR,HV/Training-new CW/FC - HV, Court	20.46	1.33							9.30				
07/27/14	79.55	65.14	CPS-NR,Removal/FC-Backlog(staff shortage)/Training-New CW	39.72	10.92							10.50	4.00			
08/10/14	114.45	46.72	CPS-Court/Assessments/FC-Meeting/Training-CW Core	30.87	0.50							7.10	8.25			
08/24/14	84.66	33.22	CPS-NR/Assessments/HV/FC- Child Dr. Visit/CW- Core Training	24.66	0.50							5.00	3.06			
09/07/14	45.72	90.95	CPS-NR,Removal,Albany Med/FC-Court/5 CW's-Training/FS-Backlog	54.95	0.70						10.00	25.00				0.30
09/21/14	93.21	97.05	CPS-NR,Court,Assessments/Prev-Transport/FS-backlog/Mand train	30.05			2.00				28.90	31.75	4.35			
10/05/14	104.36	83.85	CPS-NR,Invest/Foster Care-Backlog/SCU-Training/Prev-Safety Plan	27.89	15.40		2.01				18.00		10.05		10.50	
10/19/14	175.52	52.27	CPS-NR,Removals,Home Visits,Safety Assessments	41.42									10.85			
11/02/14	185.75															
11/16/14	156.45															
12/07/14	119.83															
12/21/14	145.09															
12/31/14	75.56															
<b>Totals</b>	<b>2272.40</b>	<b>1565.44</b>		<b>770.74</b>	<b>49.25</b>	<b>8.00</b>	<b>12.52</b>	<b>256.12</b>	<b>15.00</b>	<b>1.00</b>	<b>107.40</b>	<b>239.05</b>	<b>93.46</b>	<b>0.00</b>	<b>10.50</b>	<b>2.40</b>

**SOCIAL SERVICES COMMITTEE AGENDA**  
**Countryside Adult Home [October 2014]**

**Action Agenda**

- 1) **Request:** Permission to revise the existing contract with Mahoney Notify Plus to include a \$85.50/Quarterly Fire Alarm Monitoring fee.  
**Rationale:** This was requested by the Purchasing Department.
- 2) **Request:** Permission to renew contract with Orkin for pest removal services in the amount of \$86.65/month.  
**Rationale:** This was requested by the Purchasing Department.

**Old Business/Pending Items**

Countryside Adult Home - Overtime Report

Week Ending	2014 OT Hours	2013 OT Hours	2012 OT Hours	2011 OT Hours	2010 OT Hours	Includes Holiday	Net Difference from 2013	Difference to Date from 2013	1st Shift Hours [OT]	2nd Shift Hours [OT]	3rd Shift Hours [OT]
01/12/13	99.5	97.5	75.5	91.5	101.7	New Years	2.0	2.0	1344[39.5]	356[26]	255[30]
01/27/13	95.0	87	4.5	12.5	10.9	Martin Luther King	8.0	10.0	1309[56.5]	343[19.5]	236[19]
02/10/13	17.0	6	81.4	84.6	126.5		11.0	21.0	1270.5	392.5[17]	257
02/24/13	92.8	113.2	0	3	27.8	Presidents Day	-20.4	0.6	1209.5[45.8]	389.3[25.5]	295[21.5]
03/10/13	0.0	15.5	80.5	89	169.1		-15.5	-14.9	1316	313	248
03/24/13	12.0	0	0	8	4.5		12.0	-2.9	1263[6]	286.5[6]	274
04/07/13	7.0	14.15	12.5	7	34.3		-7.2	-10.1	1169[6]	295.5	281[1]
04/21/13	15.5	0	0	0.9	11.5		15.5	5.4	1136[4]	277[11.5]	266
05/05/13	0.0	8	14	13	23		-8.0	-2.6	1144	307.5	248
05/19/13	0.0	4	16	10.4	9.5		-4.0	-6.6	1136	340	280
06/02/13	79.0	82	5.5	0.4	13	Memorial Day	-3	-9.6	1169.5[38]	274.5[23]	262[18]
06/16/13	1.5	4	97	95	118.3		-2.5	-12.1	1208[1.5]	341	334
06/30/13	0.0	3	0	3.5	55		-3.0	-15.1	1279.5	317.2	251
07/14/13	76.5	81.5	8.5	9.5	95.5	Independence Day	-5.0	-20.1	1235.5[35.5]	324[23]	257[18]
07/28/13	0.0	8	93	114	56		-8	-28.1	1203	324	257
08/11/13	0.0	2	29.4	8	4.9		-2.0	-30.1	1256.5	335	267
08/25/13	0.0	3.5	8	12.5	13.5		-3.5	-33.6	1322.9	324	258
09/08/13	82.0	86.5	0	41.9	39.5	Labor Day	-4.5	-38.1	1334.6[41]	330.5[23]	297[18]
09/22/13	4.0	8.5	93.5	114.3	102.5		-4.5	-42.6	1357	294.5[4]	282
10/06/13	0.0	0	0	0	10.5		0	-42.6	1240	296.5	267
10/20/13	82.0	82.5	8	0	22	Columbus Day	-0.5	-43.1	1364[40.5]	280.5[23.5]	270[18]
11/03/13		0	80.5	89.9	89.5						
11/17/13		85	26	23.5	15	Veteran's Day					
12/01/13		81	93	88.2	122	Thanksgiving					
12/15/13		3	107	101	129.8						
12/29/13		79	2	0	70.3	Christmas					
		95.5	99.5	99.5	128.5						
<b>TOTAL</b>	<b>663.8</b>	<b>1050</b>	<b>1035</b>	<b>1121</b>	<b>1605</b>						

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

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

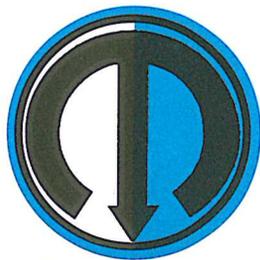
**DEPARTMENT NAME:**

**DATE: 10/24/2014**

- (a) Purpose of Contract Change:  
**REVISE CONTRACT**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:  
**297 of 2014**
- (c) Name of Contractor:  
**MAHONEY NOTIFY-PLUS INC.**
- (d) Address of Contractor: **PO BOX 767  
15 COOPER STREET  
GLENS FALLS, NY 12801**
- (e) Contractor's Contact Person and Telephone Number:  
**KEVIN MAHONEY, PH#(518)793-7788**
- (f) Commencement Date of Extension: **AUGUST 1, 2014**
- (g) Termination Date of Extension: **JULY 31, 2015**
- (h) Payment Provisions: i) lump sum amount **\$1346.00**  
ii) hourly rate amount **SEE CONTRACT**  
iii) total amount not to exceed  
iv) how will payments be made (i.e. monthly, quarterly,  
upon completion of the project, etc.  
**QUARTERLY**
- (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:  
**A.6030.413 MAINTENANCE/REPAIRS TO BUILDING**

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

\*as listed in budget and LOGOS



**Mahoney**  
Notify-Plus Inc.  
**Alarms**

P.O. Box 767 - 15 Cooper St.  
Glens Falls, NY 12801  
518/793-7788  
Fax 518/793-0602  
www.mahoneyalarms.com

Lake Placid, NY 12946  
518/523-1600  
Fax 518/793-0602

Plattsburgh, NY 12901  
518/566-9147  
Fax 518/793-0602

May 7, 2014

Ms. Deanna Park  
Director  
Countryside Adult Home  
353 Schroon River Road  
Warrensburg, NY 12885

Effective **August 1, 2014 Fire alarm system inspections** will be conducted **Semi-Annually** with 100% device inspection each semi-annual period and will include the following devices when applicable for the period August 1, 2014 thru July 31, 2015:

CONTROL PANEL  
ANNUNCIATOR PANEL  
SMOKE & HEAT DETECTORS  
MANUAL PULL STATIONS  
HORN STROBE UNITS  
POWER SUPPLY/BATTERIES  
SIREN/BELLS  
PANIC/HOLDUP  
TRANSMISSION TO AUTHORITIES  
SPRINKLER MONITORING DEVICES  
KITCHEN K TYPE FIRE EXTINGUISHER

**This quotation is based on Countryside Adult Home providing experienced personnel to assist with the inspection. The inspection will include the kitchen "K" type fire extinguisher visual inspection. In the event the "K" extinguisher requires a six year inspection or recharge Countryside Adult Home will be invoiced at an additional fee of \$137.50.**

**This inspection contract will be billed at a rate of \$1004.00 PER YEAR.** Technical service shall be invoiced at the prevailing wage rate of **\$102.00 per man hour** between the hours of 8:00am and 4:30pm, Monday thru Friday. After hours, weekends and holiday service will be provided at the prevailing wage rate of **\$153.00 per man hour**. Travel charges and services provided which do not fall within the prevailing wage rates will be invoiced at \$82.50 per man hour, portal to portal for the first hour and \$75.00 per man hour thereafter between the hours of 8:00am and 4:30pm, Monday thru Friday. After hours, weekends and holiday non prevail wage services will be provided at the rate of **\$123.75 per man hour, portal to portal, for the first hour and \$112.50 per man hour, portal to portal thereafter.**

#### TERMS AND CONDITIONS

The Alarm Company assumes no liability for interruption of service due to strikes, riots, floods, fires, interruptions in telephone service, acts of God, or any causes beyond the control of the Alarm Company, and the Alarm Company is not required to supply service to the Subscriber while such interruptions.

The Subscriber will provide access to the premises to the Alarm Company. Its agents and employers for service and will obtain for the Alarm Company permission as maybe required from the landlord or others to carry out this Agreement. The Alarm Company will have the right to install transmitting and receiving equipment in the telephone or mechanical equipment room and on the roof or top of the Subscribers Buildings or structure. The Subscriber agrees to furnish any necessary continuous electrical current and outlets at the Subscriber's expense for the Alarm Company equipment. The Subscriber understands that the installation will necessitate drilling and cutting into various parts of Subscriber's premise and gives Alarm Company permission to do so. The Subscriber also agrees to allow surface wiring as needed.

The Alarm Company does agree, in accordance with the repair services chosen by the Subscriber as checked, to repair the Alarm System during the term of this Agreement. The Subscriber agrees to carefully and properly test the Alarm System, including testing any ultrasonic, microwave, infrared, capacitance or other electronic equipment prior to each closed period and shall immediately report to the Alarm Company any problem with the System. The Alarm Company shall make any necessary repairs as soon after receipt of notice as is reasonably practical. The Subscriber shall at all times be solely responsible for the maintenance of the sprinkler system. If any, including providing adequate heat to the building, so that the sprinkler system will at all times are in good working order. The Subscriber agrees that all repair service to the Alarm System caused by improper use of the Alarm System, misuse, abuse, vandalism, lightning, or any other act of God are billable regardless of the repair services chosen by the Subscriber as checked.

The Alarm Company, upon receipt of an alarm signal from the Subscriber's premises, shall make every reasonable effort to notify the police or fire department having Jurisdiction, unless there is just cause to assume that an emergency condition does not exist and the Alarm Company shall make a reasonable effort to notify the Subscriber or his designated representative by telephone unless runner service is provided or the Alarm Company has been instructed to do so otherwise by the Subscriber. Should the Subscriber's representative fail to respond within thirty (30) minutes to an alarm with an outside ringer which is causing a disturbance, or an alarm which is constantly transmitting signals to the Central Station overburdening operators Subscriber authorizes Alarm Company, at its discretion, to gain entry to the building with whatever method is required, and remedy the malfunction on behalf of the Subscriber. Furthermore, Subscriber agrees to pay the Alarm Company for the service call at the then Current rate, for such call.

The Subscriber hereby agrees that the Alarm Company shall have the right to modify the charges at anytime or times after the expiration of six (6) months from the date of this Agreement upon giving the Subscriber written notice, a minimum of sixty (60) days in advance of the effective date of such change. If the Subscriber is unwilling to pay any such increase and notifies the Alarm Company in writing by certified mail, return receipt requested at least thirty (30) days prior to the effective date of such increase, the Alarm Company shall be permitted, at its sole option, upon written notice by certified mail, return receipt requested to the Subscriber, to terminate this Agreement as if the term had expired or in the alternative will continue the prior rate and will allow this Agreement to remain in full force and effect without further notice. Failure to notify the Alarm Company in writing at least thirty (30) days prior to the effective date of Increase will constitute the Subscriber's consent to the Increase, and all of the other terms and conditions of this Agreement shall remain in full force and effect.

Upon the Subscriber's failure to pay any sums due the Alarm Company under this Agreement, or upon premature cancellation of service by the Subscriber, the Alarm Company reserves the right to terminate its obligations under this Agreement and remove any of the Alarm Company owned equipment, wiring and apparatus from the Subscriber premises upon written notice to the Subscriber. The Alarm Company will have no obligation to repair or redecorate any portion of the Subscriber's premises due to removal of the Alarm Company's System upon termination. At such time, all charges incurred under the terms of this Agreement, up to the cancellation date, shall immediately become due and payable. In addition, the parties agree that it would be very difficult, if not impossible, to ascertain actual damages for any breach of this Agreement by the Subscriber, and the parties agree that the subscriber shall immediately pay to the Alarm Company, upon any breach, or upon premature cancellation of service by the Subscriber, as and for liquidated damages, the sum of seventy-five percent (75%) of any changes remaining to be paid under the terms and life of this contract. The parties further agree that the Subscriber shall pay all court costs, collection fees and reasonable attorney's fees of thirty-three and one-third percent (33 1/3%) of all monies remaining to be paid under this Agreement, should the Alarm Company have to place this contract in the hands of any attorney for collection.

If the Alarm Company incurs any new or increased charges for the use of telephone or other communication lines or services, or if any new or increased taxes or license fees shall be incurred by the Subscriber may not assign this Agreement unless such assignment shall be consented to in writing by the Alarm Company against, defend and hold the Alarm Company harmless from any action for subrogation which may be brought against the Alarm Company by any insurer or insurance company or its agents or assigns including the payment of all damages, expenses, costs and attorney's fees.

The Subscriber will not permit any person or persons, unauthorized by the Alarm Company, to alter, remove, or tamper with any System equipment and will safeguard said equipment against loss and damage during the term of this agreement. The Subscriber shall not permit any device, contrivance or apparatus, to be attached to the lines, wires, instruments or equipment at such System, except by the authorized agents of the Alarm Company, without the written permission of the Alarm Company.

The Subscriber authorizes and directs the Alarm Company, as its agent, to use its full discretion in determining or causing the arrest of any person or persons on or around the premises unauthorized by the Subscriber to enter the premises of the Subscriber during the scheduled Closed period and to hold such person or persons until released by the Subscriber or his known representative.

#### LIMITATION OF LIABILITY

It is understood and agreed: That the Alarm Company or its agents, assigns, employees, or independent contractors providing portions of the services for the Subscriber (including, but not limited to, signal carriers, telephone companies, municipal agencies, answering services, etc.), all hereinafter referred to as "Others", are not an Insurer; that insurance, if any, shall be obtained by the Subscriber, that the payments provided for herein are based solely on the value of the service as set forth herein and are unrelated to the value of the Subscriber's property or the property of others located on the Subscriber's premises; that the Alarm Company and Others make no guarantee or warranty, including any implied warranty of merchantability or fitness that the equipment or services supplied will avert or prevent occurrences or the consequences there from which the System or service is designed to detect or avert. The Subscriber acknowledges that it is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from the Alarm Company or Others' active or passive negligence, or from a failure to perform any of the obligations herein, or the failure of the System to properly operate with resulting loss to the Subscriber because of among other things:

- (a) The uncertain amount or value of the Subscriber's property or the property of others kept on the premises which may be lost, stolen, destroyed, damaged or otherwise affected by occurrences which the System or service is designed to detect or avert;
- (b) The uncertainty of the response time of any police or fire department, should the police or fire department be dispatched as a result of a signal being received or an audible device sounding;
- (c) The inability to ascertain what portion, if any, of any loss which would be proximately caused by the Alarm Company or Others' failure to perform or by failure of its equipment to operate;
- (d) The nature, of the service to be performed by the Alarm Company and Others.

The Subscriber understands and agrees that if the Alarm Company or Others should be found liable for personal injury or property loss or damage due from a failure of the Alarm Company or Others to perform any of the obligations herein, including but not limited to installation, repair service, monitoring or service or the failure of the System or equipment in any respect whatsoever, the Alarm Company or Others' liability shall be limited to a sum equal to the total of six (6) monthly payments or Two Hundred Fifty (\$250.00) Dollars, whichever is the greater, and this liability shall be exclusive; and that the provision of this Section shall apply if loss or damage, irrespective of cause or origin, results directly or indirectly to, persons or persons or property, from performance or non-performance of the obligations imposed by this contract, or from negligence, active or otherwise, of the Alarm Company or Others. No suit or action shall be brought against the Alarm Company more than one (1) year after the accrual of the cause of action therefore.

In the event that the Subscriber wishes the Alarm Company or Others to assume greater liability, the Subscriber may, as matter of right, obtain from the Alarm Company a higher limit by paying an additional amount proportioned to the increase in damages, but such additional obligation shall in no way be interpreted to hold the Alarm Company or Others as Insurers. This limitation of liability covers all of the Alarm Company equipment and services at all Subscriber locations.

#### INDEMNIFICATION

When the Subscriber ordinarily has the property of others in his custody, or the System extends to protect the other persons or the property of others, the Subscriber agrees to and shall indemnify, save, defend and hold harmless the Alarm Company and Others for and against all claims brought by parties other than the parties to this Agreement. This provision shall apply to all claims regardless of cause, including the Alarm Company or Others' performance or failure to perform and including defects in products design, installation, repair service, monitoring, operation or non-operation of the System, whether based upon negligence, active or passive, express or implied contract or warranty, contribution or indemnification or strict or product liability, on the part of the Alarm Company or Others; but this provision shall not apply to claim, for loss or damage solely and directly caused by an employer of the Alarm Company or Others while on the Subscriber's premises. The Subscriber agrees to indemnify the Alarm Company against, defend and hold the Alarm Company harmless from any action for subrogation which may be brought against the Alarm Company by any insurer or insurance company or its agents or assigns including the payment of all damages, expenses, costs and attorney's fees.

All verbal or written communication between the parties which occurred prior to the date of this Agreement are merged into the terms of this Agreement and the entire Agreement of the parties is expressed herein above. And no verbal understanding or agreement shall alter, change or modify the terms and provisions of this Agreement. The Subscriber is not relying on any advice or advertisement of the Alarm Company. In the event that any provision of this Agreement is found to be unenforceable; all other terms shall remain in full force and effect. It is understood and agreed that if there is any conflict between this Agreement and the Subscribers' purchase Order, or any other document, this Agreement will govern whether such purchase order or other document is executed prior or subsequent to this Agreement. The Alarm Company may assign this Agreement without prior notice or consent of the Subscriber, however, the Subscriber may not assign this Agreement unless such assignment shall be consented to in writing by the Alarm Company.

The parties agree that this contract is executed and becomes in full force and effect only upon an officer of the Alarm Company signing a copy of the Agreement and that the contract is executed in Warren County, New York. The parties further agree that venue shall be proper in Warren County, New York should any portion of this Contract have to be legally enforced.

If the Subscriber moves its residence or place of business, then the Subscriber is entitled to alarm service at this new location upon the payment of reasonable costs incurred in transferring the Alarm System to the new location. In addition, the Subscriber agrees to be liable for any increase in monthly charges occasioned by such a move. The remaining terms of the Agreement will remain in full force and effect and the Subscriber will continue to be liable for the remaining period under the terms of this Security Service Agreement.

#### PROPERTY INSURANCE AND WAIVER OF SUBROGATION

Subscriber agrees to obtain insurance to cover its losses to any and all of its property. In the event of any loss, including destruction, theft, damage or other loss, Subscriber shall look solely to its insurer for recovery of its loss. And hereby waives any and all claims for such loss against Alarm Company. Further, Subscriber agrees that its insurance policy will contain a provision that such waiver of subrogation does not invalidate its coverage.

**Fire alarm monitoring fees are invoiced at a rate of \$85.50 per quarter; \$342.00 per year.**

Charges for additional work over and above the semi-annual inspection will be in accordance with the labor rates as specified above plus any material which is necessary.

This Inspection Agreement is also subject to the following conditions:

- A. All agreements are made contingent upon strikes, fires accidents or causes beyond our control.
- B. This proposal shall be valid if acceptance is made within 30 days from the date written and upon our receipt of your Purchase Order.
- C. It is further agreed that this contract shall be in effect for a minimum period of one year.
- D. Mahoney Notify-Plus Inc. shall be deemed the exclusive authorized service company and will not be responsible for any repairs or tampering made by third parties.
- E. Mahoney Notify-Plus Inc., will not be held responsible for any damages that occur to the system as a result of fires, strikes, floods, lightning or other acts of God.

The undersigned parties have read and understand the terms referred to in this contract and are in complete agreement with same.

**AGREED & UNDERSTOOD: COUNTRYSIDE ADULT HOME**

Accepted by: \_\_\_\_\_  
Date: \_\_\_\_\_

**AGREED AND UNDERSTOOD: MAHONEY NOTIFY-PLUS INC.**

Accepted by Kevin Mahoney  
Date: 10/3/14

THE FOLLOWING PERSON(S) HAVE THE AUTHORIZATION TO ALLOW ACCESS TO THE ABOVE PROPERTY AND ARE AUTHORIZED TO APPROVE SERVICES RELATED TO THE AFOREMENTIONED ALARM SYSTEM.

\_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

# RESOLUTION REQUEST FORM NO. 3

## Request for New Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 10/24/2014

- (a) Is this a Result of a Bid or Request for Proposal?  
**YES**
- (b) Purpose of Contract:  
**PEST CONTROL SERVICES**
- (c) Name of Contractor:  
**ORKIN**
- (d) Address of Contractor: **537 Queensbury Ave, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number:  
**Steve Martindale PH#1-800-842-2847**
- (f) Has or will the Contract be provided, if so, please attach:  
**Attached**
- (g) Commencement Date of Contract:  
**10/24/2014**
- (h) Termination Date of Contract:  
**30 Days Notice of Termination**
- (i) Payment Provisions: i) lump sum amount  
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.)  
**\$86.65/monthly, with annual adjustment**
- (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.6030.413 MAINTENANCE/REPAIRS TO BUILDING**

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

\*as listed in budget and LOGOS

BRANCH OFFICE COPY



COMMERCIAL SERVICES

Industrial-Commercial-Institutional Pest Control Service Agreement

THIS AGREEMENT IS CONTINGENT UPON THE APPROVAL AND SIGNATURE OF THE ORKIN BRANCH MANAGER, WHO HAS SOLE AUTHORITY TO EXECUTE IT ON BEHALF OF ORKIN.

Slab Construction Type

1TH Service Day

6 Route #

12885 Grid #

Business/Billing Name Warren County

Phone 518 761-6533

Billing Address 1340 State Route 19

City Lake George

State NY

Zip 12845

1. SERVICE

ORKIN agrees to provide service for the following pests:

Roaches, Ants\* and Silverfish

Fire Ants\*\*

Flies and Mice

Pharaoh Ants\*\*

Other:

Service means the periodic eradication of existing infestations within practical limits.

\*Does not include Carpenter Ants or treatment for any mold or mold-like conditions, which is outside the scope of the intended treatment. Service to control Carpenter Ants may be obtained under separate Agreements. \*\*Additional charge to be included in monthly rate.

2. SERVICE LOCATION

Post Control service will be provided for Warren Co County, inside Adult (service name, if different from Billing name)

by ORKIN at the Customer's premises located at 353 Schoon River Rd, Warrensburg, NY 12885

County Name Warren

Is this within city limits?  yes  no

3. SERVICE SCHEDULE

ORKIN's representatives will service the Customer's premises

1 time per month

2 times per month

4 times per month

Other:

County side may elect to suspend service from November - April of each year

ORKIN's Post Control service representatives will provide additional service as is deemed necessary by ORKIN and the Customer at no additional charge. Such service visits shall be made promptly when requested by the Customer.

Additional Instructions: (person to contact, etc.)

4. PAYMENT

In consideration for the service to be provided by ORKIN, the Customer agrees to pay to ORKIN Post Control, its successors or assigns, the sum of \$ 86.65 plus tax of \$ for the initial month's service and \$ 86.65 plus tax of \$ per month for the following eleven (11) months.

Payment shall be due upon receipt of invoice. Orkin reserves the right, after the first year, to increase the service charge, but must first give 30 days notice in writing.

5. OFFER EXPIRATION:

ORKIN's offer to perform these services in accordance with the terms, conditions and price stated in this Agreement shall expire if not accepted within thirty days.

6. ORKIN'S MONEY-BACK GUARANTEE:

If, during the regularly scheduled Post Control treatments, the Customer is not completely satisfied with the results, ORKIN will return the Customer's last monthly payment. Should the problem persist, ORKIN will continue to work to solve the problem to the Customer's satisfaction or ORKIN will refund the Customer's last monthly payment.

7. CUSTOMER COOPERATION:

The Customer agrees to cooperate fully with ORKIN to ensure effective results from the Post Control service. In order to qualify for the Money-Back Guarantee, the Customer agrees to maintain structural and sanitary conditions at its premises as recommended in writing by ORKIN.

8. MATERIALS:

The materials used to control pests in and around Customer's premises shall conform to Federal, State and local laws and regulations, and shall be used in accordance with the labels and specifications.

9. PEST DAMAGE:

The Customer agrees that ORKIN is not responsible for insect or rodent damage or disruption to its operation, premises or its contents, and the Customer specifically releases ORKIN from liability for any such claims. In no case shall ORKIN's liability be greater than the cost of our monthly service.

10. INSURANCE:

Upon request, ORKIN shall furnish to the Customer a certificate of liability insurance coverage in effect.

11. EQUIPMENT REPLACEMENT:

The Customer agrees to pay ORKIN the repair or replacement cost of any and all Orkin equipment damaged, lost or destroyed on the Customer's premises. Costs will be those in effect at the time of the repair or replacement. (only if damaged by facility or staff)

12. TERMS OF AGREEMENT:

A. This Agreement shall be effective for an original period of one year. Thereafter, this Agreement shall renew itself from month to month until terminated by either party upon 30 days' written notice. B. Provided, however, that as to paragraph 13, MEDIATION/ARBITRATION, if the sentence precluding the arbitrator from conducting an arbitration proceeding as a class, representative or private attorney general action is found to be invalid or unenforceable then the entirety of paragraph 13 shall be deemed to be deleted from this Agreement.

13. MEDIATION/ARBITRATION:

ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT, OR THE SERVICES PERFORMED BY ORKIN UNDER THIS AGREEMENT OR ANY OTHER AGREEMENT, REGARDLESS OF WHETHER THE CONTROVERSY OR CLAIM AROSE BEFORE OR AFTER THE EXECUTION, TRANSFER OR ACCEPTANCE OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO ANY TORT AND STATUTORY CLAIMS, AND ANY CLAIMS FOR PERSONAL OR BODILY INJURY OR DAMAGE TO REAL OR PERSONAL PROPERTY, SHALL BE SETTLED BY BINDING ARBITRATION. UNLESS THE PARTIES AGREE OTHERWISE, THE ARBITRATION SHALL BE ADMINISTERED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA") AND SHALL BE CONDUCTED BY AAA. IF ADMINISTERED UNDER THE AAA RULES, A CLAIM SHALL BE DETERMINED UNDER THE AAA SUPPLEMENTARY PROCEDURES FOR CONSUMER-RELATED DISPUTES IN CASES WHERE SUCH PROCEDURES ARE APPLICABLE. ANY OTHER CONTROVERSY OR CLAIM SHALL BE DETERMINED UNDER THE AAA COMMERCIAL ARBITRATION RULES. THE CUSTOMER AND ORKIN AGREE THAT THE ARBITRATOR SHALL FOLLOW THE LAW, INCLUDING THE TERMS AND CONDITIONS OF THIS AGREEMENT. THE ARBITRATOR'S POWERS TO CONDUCT ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT SHALL BE LIMITED AS FOLLOWS: ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT WILL NOT BE CONSOLIDATED OR JOINED WITH ANY ACTION OR LEGAL PROCEEDING UNDER ANY OTHER AGREEMENT OR INVOLVING ANY OTHER PREMISES, AND WILL NOT PROCEED AS A CLASS ACTION, PRIVATE ATTORNEY GENERAL ACTION OR SIMILAR REPRESENTATIVE ACTION. THE AWARD RENDERED BY THE ARBITRATOR(S) SHALL BE FINAL AND BINDING. JUDGMENT MAY BE ENTERED ON THE AWARD IN ANY COURT HAVING JURISDICTION THEREOF. CUSTOMER AND ORKIN ACKNOWLEDGE AND AGREE THAT THIS ARBITRATION PROVISION IS MADE PURSUANT TO A TRANSACTION INVOLVING INTERSTATE COMMERCE AND SHALL BE GOVERNED BY THE FEDERAL ARBITRATION ACT. BEFORE HAVING RECOURSE TO ARBITRATION, CUSTOMER AND ORKIN EACH AGREES TO TRY IN GOOD FAITH TO SETTLE ANY CONTROVERSY OR CLAIM BY AT LEAST FOUR (4) HOURS OF MEDIATION ADMINISTERED UNDER THE AAA COMMERCIAL MEDIATION RULES WITH ORKIN AGREEING TO PAY THE COSTS OF THE MEDIATION.

14. CHEMICAL INFORMATION WARNING:

Customer shall notify all persons on the premises that Orkin will be applying pesticides or termiticides in and around the premises, and that virtually all pesticides and termiticides have some odor which may be present for a short time after application. If Customer knows of any person on the premises who believes they have a sensitivity to pesticides or termiticides or who has a medical condition affected by pesticides or termiticides, then Customer shall so notify Orkin in writing. At Customer's request, Orkin will provide information about the chemicals to be used in treating the premises.

15. Amount Remitted \$

Cash  Check  Credit Card

TYPE

ACCOUNT #

EXP. DATE

DUART

SIGNATURE

Queensbury, 537 Queensbury Ave

ORKIN BRANCH

BRANCH PHONE #

Steve Martindale

Management Approval - This agreement has been verified and mobile have been received as indicated.

ACCEPTED:

BY:

TITLE:

DATE: