

WARREN COUNTY  MUNICIPAL CENTER

LAKE GEORGE, NEW YORK 12846

PLANNING & COMMUNITY DEVELOPMENT
DEPARTMENT

Telephone: (518) 761-6410

Planning and Community Development
Committee Meeting Agenda
5 November 2015

Committee Members: Taylor, Monroe Wood, Beaty, Strough

I. Committee meeting called to order by Chairman

II. Motion to approve minutes of prior Committee meeting

III: Committee Actions Requested:

1. Resolution request establishing Capital Fund H363 to administer grant. The County was awarded funding to develop procedures to provide address point information, along with information about truss-roofed structures (as required by New York State law), to dispatchers via the New World System. Grant funds will also be used for consultant services to develop an Android/iOS application that will provide the required (and additional) information to First Responders via an Android/iOS app.
2. Resolution request authorizing contract with Mohawk Valley GIS, 114 Genessee St, Floor 3, Utica, 13502 for work elements identified in the grant award, to develop an app for E-911 responders.
3. Resolution request transfer remaining funding in 8029 to Capital fund H334. These funds are provided as complimentary funds to the grant award and cover ancillary expenses not eligible for reimbursement and/or to provide local match for County expenditures.

IV. Referral/Pending Items:

- None identified

V. Information for Discussion/Review:

- None identified

VI. Privilege of the floor to discuss any additional items to come before the Committee

VII. Motion to adjourn

Attachments:

- Resolution request to create H363
- Resolution request authorizing contract
- Resolution request to transfer funds to transfer fund account
- Resolution request to transfer funds to H334

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: Planning and Community Development

DATE: 5 November 2015

- (a) **Exact Title* and Number of Project (must be obtained from Treasurer's Office):**
H363.9550 280 Local Government Records Management Improvement Fund 2015

- (b) **Is this a Capital Project?**

- (c) **Is this a Capital Reserve Project?**
No

- (d) **Amount of Project:**
H363.9550 280 - \$29,171,

- (e) **Source of Funding (including name & title of codes, etc.):**
H363.9550 3989 – Other Home Comm Service \$29,171

- (f) **Purpose of Establishment:**
Administer grant award from NYS Education Department (SED)

***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. 3

Request for New Contract

DEPARTMENT NAME: Planning and Community Development

DATE: 5 November 2015

- (a) Is this a Result of a Bid or Request for Proposal? no
- (b) Purpose of Contract: Develop an Android/iOS application
- (c) Name of Contractor: Mohawk Valley GIS,
- (d) Address of Contractor: 114 Genessee St, Floor 3, Utica, 13502,
- (e) Contractor's Contact Person and Telephone Number: 315.625.9545
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract: 1 Jan 2016
- (h) Termination Date of Contract: July 2016
- (i) Payment Provisions: i) lump sum amount \$9,975
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. Monthly
- (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: H363.9550 280 Local Government Records Management Improvement Fund 2015

**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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Planning and Community Development
Name of Department

SIGNED: _____ **DATE:** 5 November 2015

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A8029.470	Contract	A9950 910	Transfers	\$5,500

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

Please state reason for transfers requested:

Correcting codes.

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

To transfer to Capital funds as matching/supplemental funds

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

RESOLUTION REQUEST FORM NO. 9

Request to Increase or Decrease or Amend Existing Capital Project or Capital Reserve Project*

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

DEPARTMENT NAME: Planning and Community Development

DATE: 5 November 2015

- (a) Exact Title and Number of Project*:
H334.9550 280
- (b) Is this a Capital Project?
Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):
\$5,500
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
H334 9950 5031 Transfers
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment:
Move matching funds into project.