

Health & Human Services Committee
Warren County Department of Social Services

AGENDA
July 24, 2017

Committee Members: Supervisors Frasier, MacDonald, Vanselow, Montesi, Braymer, McDevitt, and Leggett.

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business

1. Request Resolutions:

- Notice of Intent to Fill the Vacant Position of Caseworker #20 (Grade 16, Step 7), Salary \$48,007, due to resignation effective July 6, 2017.
- Notice of Intent to Fill the Vacant Position of Caseworker #22 (Grade 16, Step 3), Salary \$41,924, due to resignation effective August 4, 2017.
- Notice of Intent to Fill the Vacant Position of Keyboard Specialist #6 (Grade 3, Step 2) , Salary \$26,585, in the Child Support Unit, due to resignation effective June 28, 2017.
- Notice of Intent to Fill the Vacant Position of Social Welfare Examiner #41 (Grade 8, Step 1) in the Temporary Assistance Unit, Salary \$33,738, due to resignation effective August 11, 2017.

Rationale: These are mandated positions.

Please See Attachments #1

2. Request Resolutions:

- Request to increase the Salary of the Case Supervisor - Grade A from \$59,000 to \$63,000.

Rationale: The Case Supervisor Grade A oversees the work of three Case B Supervisors.

- Request to Create and Fill (Notice of Intent to Fill) the position of Resource Recovery Coordinator, Grade 14, in the Resource Recovery Unit, due to the retirement of the Resource Assistant Grade 12, who previously supervised the unit.
(Abolish the position of Resource Assistant Grade 12)

Rationale: The Resource Recovery Coordinator supervises 3 staff and reports directly to the Commissioner.

Please see Attachments #2

3. Request Resolution:

- Request authorization to submit the application for Youth Program Funds to the New York State Office of Children and Family Services as outlined in the 2017 Resource Allocation Plan.
- Request authorization for Warren County to contract with the Towns and Municipalities within the County, to reimburse a portion of the costs for Recreational programs and services for 2017.

Rationale: These funds are allocated for youth programs and services throughout Warren County.

Please see Attachments #3

4. Request Resolution:

Request authorization to accept a \$20,000 donation from the Children's Committee of Warren County, to fund a part-time position that would serve Foster Care Youth.

- (note: Resolution No. 263 of 2017 was rescinded at the July 21, 2017 Board Meeting in order to correctly reflect that the *funds would be used to cover the salary of a part-time Community Services Aide*).

Rationale: Correction. (Approved at the June 21, 2017 Health, Human & Social Services Committee Meeting) .

Please see Attachment #4

IV. Pending Item

There are no pending items

V. Information for Discussion/Review

1. Update from the Commissioner
2. Countryside Adult Home
3. Monthly Revenue & Expenditures, Overtime Report and Budget - Julie Montero

Please see Attachment #5

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

VII. Motion to Adjourn

Attachments:

1.

-Notice of Intent to Fill – Caseworker #20

-Notice of Intent to Fill – Caseworker #22

-Notice of Intent to Fill –Keyboard Specialist #6

-Notice of Intent to Fill – Social Welfare Examiner #41

2.

-Request to Increase the salary of the Supervisor Grade A

-Create & Fill the position of Resource Recovery Coordinator

3.

-Request authorization to submit application for 2017 Youth Program Funds as outline in Resource Allocation Plan; and

-Request to contract with municipalities to reimburse a portion of recreation program funds

4.

-Request to Accept \$20,000 donation from the Children's Committee of Warren County, to be *used to hire a part-time Community Services Aide*.

5.

-Monthly Revenues & Expenditures Report

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 #2920** Base Salary of Position: **\$41,158** Grade: **16**
Filling at Step # (If Known): Request to Backfill Due to Promotion: Yes No
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.: **11720** Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50% State 25% 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. *PT 7/21/17*

*Personnel
7/21/17*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature *W. B. B. B. B.* Date *7/24/17*

BUDGET OFFICER COMPLETES THIS SECTION

- 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 *Grande E. Thomas* Date *7/24/17*

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- 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 *Edna A. Grassi* Date _____

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 #22**

Base Salary of Position: **\$41,158**

Grade: **16**

Filling at Step # (If Known):

Request to Backfill Due to Promotion: Yes No

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.: **12505**

Is this position mandated? ^{SA 17} Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal **50%** State **25%** 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. *PAW 7/24/17*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature

B. H. [Signature]

Date

7/24/17

BUDGET OFFICER COMPLETES THIS SECTION

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

Date

7/24/17

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

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

Edna A. Frazier

Date

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: 40.07
Title of Position: KEYBOARD SPECIALIST #6 Base Salary of Position: \$33,189.26, 585 Grade: 3
Filling at Step # (If Known): Request to Backfill Due to Promotion: [X] Yes [] No
Budget code and title: A.6010 110 - Salaries Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [X] Resignation [] Termination [] Promotion [] Other
Employee No.: 12517 Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. [Signature] 7/24/17

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 7/24/17

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 [Signature] Date 7/24/17

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee
[] 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 [Signature] Date

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: **40.00**
Title of Position: **SOCIAL WELFARE EXAMINER #41** Base Salary of Position: **\$33,189** Grade: **8**
Filling at Step # (If Known): Request to Backfill Due to Promotion: Yes No
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.: **12854** Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50% State 25% Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other *8-11-17*
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. *7/21/17*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature *L. B. M. [Signature]* Date *7/24/17*

BUDGET OFFICER COMPLETES THIS SECTION

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* Date *7/24/17*

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____
 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 *Edna A. Funei* Date _____

Copy

RESOLUTION REQUEST FORM NO. 13***Request to Increase or Decrease Salary of Non-Union Position*****DEPARTMENT NAME: SOCIAL SERVICES****DATE: July 24, 2017**

- (a) Employee Name, Title and Employee No.: **Tammy Breen, Supervisor Case A**
- (b) Current Annual **Base** Salary (and Grade if Applicable): **63,000**
- (c) Former Annual **Base** Salary (and Grade if Applicable): **59,000**
- (d) Effective Date for Salary Change:* **August 18, 2017**
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
A 6010 110 - Salaries Regular
- (f) Justification of Request:
The Case A position supervises three Case B Unit Supervisors

Copy

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Social Services

DATE: July 24, 2017

- (a) Title of Requested Position: **Resource Recovery Coordinator**
- (b) Annual **Base** Salary (and Grade if Applicable): **\$38,848 Grade 14**
- (c) Effective Date for New Position:* **August 18, 2017**
*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):
Resource Assistant #2 - Grade 12
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6010 110 Regular Salaries
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
Yes. This position supervises 3 staff and reports directly to the Commissioner.
- (h) Is there expected revenue from this position? If so, please explain:

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: 40.00
Title of Position: RESOURCE RECOV COORD Base Salary of Position: \$38,848 Grade: 14
Request to Backfill Due to Promotion: [X] Yes [] No
Budget code and title: A.6010 110 - Salaries Regular Union [X] Non-Union []
This position is vacated due to: [X] Retirement [] Resignation [] Termination [] Promotion [] Other - creation
Employee No.: Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [X] 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. [Signature] 7/24/17

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 7/24/17

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 [Signature] Date 7/24/17

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services
[] 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 [Signature] Date 8/30/17

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: SOCIAL SERVICES

DATE: 7/24/17

- (a) Purpose of Request: **Requesting authorization to to submit the Application for Youth Program Funds to New York State Office of Children & Family Services as outlined in the 2017 Resource Allocation Package.**
- (b) Details: **Funds are distributed to the Municipalities for Youth Programs.**
- (c) Previous Resolution Number: **Resolution 349 of 2015; Resolution 330 of 2016**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

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

* as listed in budget and LOGOS

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
RESOURCE ALLOCATION PLAN

Copy

Submitted herewith and incorporated herein is the Resource Allocation Package for Warren County, containing the youth services program and project applications for the 2017 program year. This submission is one of the required components of the Children and Family Services Plan, which was approved by the Office of Children and Family Services (OCFS) on 7/17/2017.

The signing of this plan by the above-named County will qualify the County for State reimbursement for the program year, in accordance with OCFS's allocation of funds appropriated for counties engaged in comprehensive planning for the Children and Family Services Plan, provided that the youth services are rendered in accordance with the Rules and Regulations of OCFS and the Children and Family Services Plan guidelines and OCFS fiscal policies. Subject to the provisions hereof, the amount approved for allocation to the County is \$ 54,724 as delineated in the program summary submitted herewith and incorporated herein.

OCFS will reimburse the County directly for expenditures relating to this Resource Allocation Package. OCFS will reimburse the County for expenditures made in accordance with the approved Program Applications and Budgets for the agencies listed on the program summary submitted herewith. Reimbursement will be made to the County only after the submission of vouchers and supporting documents which conform to applicable federal and State laws, rules, regulations, OCFS fiscal policies, procedures, and requirements, including those established by the Comptroller of the State of New York, and which are acceptable to OCFS as proof of expenditures. The County will submit, upon request, adequate and acceptable documentation to substantiate claims for reimbursement.

The County shall retain the overall responsibility to monitor and ensure the maintenance and availability of complete financial and project records for all programs. Within six weeks of the end of the program period, the County will submit Program Annual Reports on forms supplied by the Office of Children and Family Services.

The County agrees to permit on-site inspections and financial audits during the term of this Resource Allocation Plan and at any time thereafter by authorized representatives of OCFS and the New York State Comptroller, to keep records necessary to assure proper accounting for program funds, and to disclose fully the receipt and disposition of funds received under this Plan. The County agrees to allow OCFS, or its representatives when specifically directed by OCFS, to take possession of all books, records, and documents relating to this Plan provided, however, that OCFS will return to the County such books, records, and documents upon completion of OCFS's official purpose.

Any change or modification in the services to be rendered, or in the program budgets, must be approved in writing by OCFS, which reserves the right to modify the services rendered by the County or the program budgets at its discretion or when such modifications may be required by the State Comptroller.

OCFS may withhold approval for State Aid reimbursement for youth programs included in the Resource Allocation Package when there is noncompliance with this plan and/or the above referenced Rules, Regulations and Guidelines, or when the county does not have a Children and Family Services Plan approved by OCFS. This plan shall be deemed executory to the extent of monies made available to OCFS from the State of New York for Local Assistance programs and no liability on account thereof shall be incurred by OCFS or the State of New York beyond monies made available for such purposes.

The County certifies that a resolution was properly passed by the County Board approving this Resource Allocation

COUNTY CHIEF EXECUTIVE OFFICER:

COUNTY FISCAL OFFICER:

Signature:

Signature:

Date:

Date:

Print Name:

Print Name:

Title:

Title:

Address:

Address:

Copy

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: SOCIAL SERVICES

DATE: July 24, 2017

(a) Purpose of Request:

Requesting authorization for Warren County to contract with the Towns and Municipalities within the County, to reimburse a portion of the costs for recreational programs and services for 2017.

(b) Details:

The New York State Office of Children & Family Services provides an allocation to reimburse Warren County costs to the Towns and Municipalities as outlined. Reimbursement is 100% up to this allocation.

(c) Previous Resolution Number:

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

**Expense Code: A.7312 470 Special Delinquency Prevention Contract \$16,697
Revenue Code: A.7312 3822 Special Delinquency Prevention State Aid \$16,697**

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

* as listed in budget and LOGOS



QYDS (../Default.aspx)

My Applications

QYDS ID:

Empty input field for QYDS ID

Search Cancel

	<u>Program</u>	<u>Status</u>	<u>ID</u>	<u>Funds Requested</u>	<u>Date Created</u>	
✓ Open	<i>Queensbury</i> Annual Recreation Programs [Copied from program #69888]	Incomplete	75747	\$3,375.00	1/31/2017	Delete
✓ Open	Glens Falls Recreation Department [Copied from program #69889]	Incomplete	75767	\$3,375.00	1/31/2017	Delete
✓ Open	Hadley Luzerne Youth Recreation [Copied from program #69890]	Incomplete	75768	\$1,625.00	1/31/2017	Delete
✓ Open	Hague Recreation Program [Copied from program #69891]	Incomplete	75769	\$1,325.00	1/31/2017	Delete
<i>N/A</i> Open	Homebased Parent Education [Copied from program #69892]	Incomplete	75770	\$3,393.00	1/31/2017	Delete
✓ Open	T. of Horicon Youth Recreation Program [Copied from program #69893]	Incomplete	75771	\$1,375.00	1/31/2017	Delete
✓ Open	T. of Warrensburg Youth Recreation [Copied from program #69894]	Incomplete	75772	\$1,775.00	1/31/2017	Delete
✓ Open	Thurman Recreation Program [Copied from program #69895]	Incomplete	75773	\$1,375.00	1/31/2017	Delete



QYDS (./Default.aspx)

My Applications

QYDS ID:

Empty input field for QYDS ID

Search Cancel

	<u>Program</u>	<u>Status</u>	<u>ID</u>	<u>Funds Requested</u>	<u>Date Created</u>	
✓ Open	Town of Bolton Recreation [Copied from program #69896]	Incomplete	75774	\$1,275.00	1/31/2017	Delete
✓ Open	Town of Chester Youth Recreation [Copied from program #69897]	Incomplete	75775	\$2,375.00	1/31/2017	Delete
✓ Open	Town of Johnsbury Youth Recreation [Copied from program #69898]	Incomplete	75776	\$1,435.00	1/31/2017	Delete
✓ Open	Town of Stony Creek Recreation Program [Copied from program #69899]	Incomplete	75777	\$1,325.00	1/31/2017	Delete
N/A Open	Warren County Alternative Sentencing Program [Copied from program #69900]	Incomplete	75778	\$2,296.00	1/31/2017	Delete
N/A Open	Warren County Youth Court [Copied from program #69901]	Incomplete	75779	\$17,282.00	1/31/2017	Delete
N/A Open	Youth & Family Counseling [Copied from program #69902]	Incomplete	75780	\$5,311.00	1/31/2017	Delete
✓ Open	<u>Youth Bureau- Administration</u> [Copied from program #69903]	Incomplete	75781	\$3,365.00	1/31/2017	Delete



[QYDS \(../Default.aspx\)](#)

My Applications

QYDS ID:

Search Cancel

	<u>Program</u>	<u>Status</u>	<u>ID</u>	<u>Funds Requested</u>	<u>Date Created</u>	
✓ Open	<i>Lake George</i> Youth Commission [Copied from program #69906]	Incomplete	75782	\$1,435.00	1/31/2017	Delete
N/A Open	Youth Court [Copied from program #69908]	Incomplete	75783	\$1,715.00	1/31/2017	Delete

1	2	3
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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: Social Services

DATE: July 20, 2017

- (a) Purpose of Request: **Request permission to accept a donation in the amount of \$20,000 from the Children's Committee of Warren County, to fund a part-time Community Service position.**
- (b) Details: **Donation from Childrens's Committee Trust Account**
- (c) Previous Resolution Number: **n/a**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **Donated money to be set up into a Trust Account by the Warren County Treasurer's Dept.**

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

* as listed in budget and LOGOS

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR JUNE 2017

FUND(S): A

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

EXPENSES	2017 BUDGETED	JUNE 2017 EXP	JUNE 2016 EXP	2017 YTD ACTUAL	2016 Prior Year Totals
110 Salaries - Regular	\$5,933,344.00	\$451,279.09	\$424,699.29	\$2,771,772.08	\$5,519,162.2
120 Salaries - Overtime	\$75,222.00	\$8,098.63	\$5,120.68	\$44,904.65	\$73,784.6
130 Salaries - Part Time	\$211,133.00	\$14,834.03	\$13,176.73	\$120,412.03	\$239,609.7
100's PERSONAL SERVICES Total	\$6,219,699.00	\$474,211.75	\$442,996.70	\$2,937,088.76	\$5,832,556.0
200's EQUIPMENT	\$32,100.00	\$21,382.96	\$18.44	\$24,531.41	\$71,350.4
400's CONTRACTUAL	\$22,744,201.00	\$1,678,819.72	\$1,428,640.10	\$10,153,064.56	\$22,697,544.1
800's EMPLOYEE BENEFITS	\$3,741,065.00	\$281,198.30	\$277,051.82	\$1,782,894.31	\$3,452,153.1
TOTALS	\$32,737,065.00	\$2,455,612.73	\$2,148,707.06	\$14,897,579.04	\$32,053,603.9

REVENUES	2017 BUDGETED	JUNE 2017 REVENUE	JUNE 2016 REVENUE	2017 YTD ACTUAL	2016 Prior Year Totals
	\$15,751,437.00	\$325,879.13	\$648,855.39	\$5,507,623.02	\$14,706,523.0

ATTACHMENT #5

Expense Budget Performance Report

Fiscal Year to Date 06/30/17

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 6010 - Social Services										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,257,048.00	91,337.00	5,348,385.00	400,406.09	.00	2,450,576.22	2,897,808.78	46	4,896,926.59
120	Salaries - Overtime	49,222.00	.00	49,222.00	5,447.30	.00	33,310.31	15,911.69	68	48,179.98
130	Salaries - Part Time	43,463.00	.00	43,463.00	857.98	.00	34,023.90	9,439.10	78	65,817.83
<i>Personal Services Totals</i>		\$5,349,733.00	\$91,337.00	\$5,441,070.00	\$406,711.37	\$0.00	\$2,517,910.43	\$2,923,159.57	46%	\$5,010,924.40
<i>Equipment</i>										
210	Furniture/Furnishings	1,500.00	.00	1,500.00	.00	.00	407.00	1,093.00	27	4,241.00
220	Office Equipment	5,000.00	1,000.00	6,000.00	.00	817.00	4,868.77	314.23	95	4,976.84
220.1	Office Equipment - Reserve	.00	16,000.00	16,000.00	.00	15,971.18	.00	28.82	100	.00
220 - Office Equipment Totals		\$5,000.00	\$17,000.00	\$22,000.00	\$0.00	\$16,788.18	\$4,868.77	\$343.05	98%	\$4,976.84
230	Automotive Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	14,125.00
230.1	Automotive Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	\$14,125.00
230 - Automotive Equipment - Reserve Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$14,125.00
<i>Equipment Totals</i>		\$6,500.00	\$17,000.00	\$23,500.00	\$0.00	\$16,788.18	\$5,275.77	\$1,436.05	94%	\$23,342.84
<i>Contractual Expense</i>										
410	Supplies	60,000.00	(1,000.00)	59,000.00	144.61	3,677.66	17,527.19	37,795.15	36	53,420.73
411	Rent-Building/Property	564,547.00	.00	564,547.00	47,045.58	.00	282,273.48	282,273.52	50	564,546.94
418	Ins-General Liability	38,957.00	.00	38,957.00	.00	.00	35,876.24	3,080.76	92	37,157.40
423	Telephone	20,000.00	.00	20,000.00	1,667.31	.00	9,049.49	10,950.51	45	19,679.88
424	Postage	30,000.00	.00	30,000.00	2.31	.00	12,806.25	17,193.75	43	31,073.37
426	Subscriptions	500.00	(165.00)	335.00	.00	.00	27.90	307.10	8	490.36
427	Memberships & Dues	5,000.00	.00	5,000.00	.00	.00	4,918.00	82.00	98	4,411.00
428	Data Processing & Internet Fees	5,000.00	4,405.00	9,405.00	935.00	5,390.00	4,015.00	.00	100	8,747.00
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	403.00	94,597.00	0	95,000.00
435	Medical Fees	1,000.00	.00	1,000.00	(280.22)	.00	(225.73)	1,225.73	-23	411.31
436	Advertising Fees	500.00	25.00	525.00	.00	.00	197.20	327.80	38	.00
439	Misc Fees & Expenses	5,000.00	(1,025.00)	3,975.00	140.14	.00	1,219.89	2,755.11	31	4,885.72
440	Legal/Transcript Fees	7,000.00	1,000.00	8,000.00	.00	.00	7,554.03	445.97	94	18,704.86
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	136.01	.00	3,975.74	6,024.26	40	8,634.58
442	Automotive - Gas & Oil	12,000.00	.00	12,000.00	.00	.00	2,651.24	9,348.76	22	5,499.67
444	Travel/Education/Conference	17,000.00	.00	17,000.00	1,078.10	1,127.00	4,986.22	10,886.78	36	11,432.95
469	Other Payments/Contributions	4,000.00	.00	4,000.00	500.00	.00	500.00	3,500.00	12	1,800.00
470	Contract	325,000.00	(4,240.00)	320,760.00	777.00	3,116.63	46,587.61	271,055.76	15	287,124.13
<i>Contractual Expense Totals</i>		\$1,200,504.00	(\$1,000.00)	\$1,199,504.00	\$52,145.84	\$13,311.29	\$434,342.75	\$751,849.96	37%	\$1,153,019.90
<i>Employee Benefits</i>										
810	Retirement	727,179.00	14,249.00	741,428.00	54,514.88	.00	355,280.53	386,147.47	48	685,689.65
830	Social Security	331,675.00	5,663.00	337,338.00	22,169.39	.00	146,306.40	191,031.60	43	292,588.86

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 6010 - Social Services										
EXPENSE										
<i>Employee Benefits</i>										
831	Medicare Contribution	77,574.00	1,324.00	78,898.00	5,493.52	.00	34,216.71	44,681.29	43	68,428.27
860	Hospitalization	1,568,161.00	.00	1,568,161.00	121,019.83	.00	722,973.52	845,187.48	46	1,438,925.21
865	Dental Insurance	24,144.00	.00	24,144.00	1,968.00	.00	11,452.00	12,692.00	47	22,265.73
<i>Employee Benefits Totals</i>		\$2,728,733.00	\$21,236.00	\$2,749,969.00	\$206,485.62	\$0.00	\$1,270,229.16	\$1,479,739.84	46%	\$2,507,897.72
<i>Other Benefits</i>										
840	Workmen's Compensation	50,658.00	.00	50,658.00	.00	.00	50,657.67	.33	100	52,684.54
850	Unemployment Insurance	15,000.00	.00	15,000.00	.00	.00	.00	15,000.00	0	8,701.34
855	Disability	6,000.00	.00	6,000.00	.00	.00	183.44	5,816.56	3	6,003.90
861	Retirees Hospitalization	392,256.00	.00	392,256.00	33,003.69	.00	196,764.96	195,491.04	50	366,748.44
862	Health Insurance Cost Reimbursement	.00	.00	.00	12.32	.00	1,423.37	(1,423.37)	+++	.00
<i>Other Benefits Totals</i>		\$463,914.00	\$0.00	\$463,914.00	\$33,016.01	\$0.00	\$249,029.44	\$214,884.56	54%	\$434,138.22
EXPENSE TOTALS		\$9,749,384.00	\$128,573.00	\$9,877,957.00	\$698,358.84	\$30,099.47	\$4,476,787.55	\$5,371,069.98	46%	\$9,129,323.08
Department 6010 - Social Services Totals		(\$9,749,384.00)	(\$128,573.00)	(\$9,877,957.00)	(\$698,358.84)	(\$30,099.47)	(\$4,476,787.55)	(\$5,371,069.98)	46%	(\$9,129,323.08)
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	676,296.00	12,018.00	688,314.00	50,873.00	.00	321,195.86	367,118.14	47	622,235.65
120	Salaries - Overtime	26,000.00	.00	26,000.00	2,651.33	.00	11,594.34	14,405.66	45	25,604.69
130	Salaries - Part Time	167,670.00	2,053.00	169,723.00	13,976.05	.00	86,388.13	83,334.87	51	173,791.31
<i>Personal Services Totals</i>		\$869,966.00	\$14,071.00	\$884,037.00	\$67,500.38	\$0.00	\$419,178.33	\$464,858.67	47%	\$821,631.65
<i>Equipment</i>										
210	Furniture/Furnishings	5,400.00	(488.00)	4,912.00	.00	.00	123.00	4,789.00	3	4,356.72
230	Automotive Equipment - Reserve	.00	21,500.00	21,500.00	21,371.00	.00	21,371.00	129.00	99	.00
230.1	Automotive Equipment - Reserve	.00	21,500.00	21,500.00	21,371.00	.00	21,371.00	129.00	99%	\$0.00
230 - Automotive Equipment - Reserve Totals		\$0.00	\$21,500.00	\$21,500.00	\$21,371.00	\$0.00	\$21,371.00	\$129.00	99%	\$0.00
260	Other Equipment	20,000.00	488.00	20,488.00	.00	.00	535.50	19,952.50	3	43,650.91
270	Lawn & Landscaping	200.00	.00	200.00	11.96	.00	11.96	188.04	6	.00
<i>Equipment Totals</i>		\$25,600.00	\$21,500.00	\$47,100.00	\$21,382.96	\$0.00	\$22,041.46	\$25,058.54	47%	\$48,007.63
<i>Contractual Expense</i>										
410	Supplies	30,000.00	217.56	30,217.56	1,302.10	17,865.23	10,617.27	1,735.06	94	26,057.23
413	Repair & Maint.-Bldg/Property	35,000.00	.00	35,000.00	3,676.31	6,121.92	9,333.35	19,544.73	44	39,840.34
415	Electricity	28,000.00	.00	28,000.00	1,996.16	.00	9,130.02	18,869.98	33	24,170.12
416	Oil & Gas-Heating	40,000.00	.00	40,000.00	603.29	.00	11,006.12	28,993.88	28	17,474.87
418	Ins-General Liability	9,564.00	.00	9,564.00	.00	.00	9,030.85	533.15	94	9,138.18
422	Repair/Maint-Equipment	1,000.00	.00	1,000.00	200.00	.00	200.00	800.00	20	.00
423	Telephone	3,000.00	.00	3,000.00	133.16	.00	918.77	2,081.23	31	1,956.91
424	Postage	700.00	.00	700.00	42.11	.00	59.02	640.98	8	195.65

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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 6030 - Countryside Adult Home										
EXPENSE										
<i>Contractual Expense</i>										
426	Subscriptions	300.00	4.00	304.00	.00	.00	303.73	.27	100	275.81
428	Data Processing & Internet Fees	1,250.00	.00	1,250.00	94.96	630.24	569.76	50.00	96	1,139.52
432	Special Project Supply	1,000.00	(4.00)	996.00	.00	.00	.00	996.00	0	172.76
434	Allowances	19,000.00	.00	19,000.00	900.00	.00	7,300.00	11,700.00	38	16,250.00
435	Medical Fees	3,200.00	.00	3,200.00	215.00	.00	571.00	2,629.00	18	1,605.00
436	Advertising Fees	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	298.70
437	Consulting Fees	18,000.00	.00	18,000.00	1,338.02	7,648.14	8,028.12	2,323.74	87	16,284.52
439	Misc Fees & Expenses	1,100.00	.00	1,100.00	149.00	175.00	224.00	701.00	36	713.61
440	Legal/Transcript Fees	1,000.00	.00	1,000.00	.00	.00	220.00	780.00	22	.00
441	Auto-Supplies & Repair	3,000.00	.00	3,000.00	334.16	.00	712.07	2,287.93	24	1,137.07
442	Automotive - Gas & Oil	2,000.00	.00	2,000.00	.00	.00	628.88	1,371.12	31	1,117.88
444	Travel/Education/Conference	1,700.00	.00	1,700.00	.00	.00	.00	1,700.00	0	959.00
445	Foods	119,500.00	.00	119,500.00	8,815.40	15,530.97	45,608.27	58,360.76	51	98,537.42
451	Medical Supply Expense	5,000.00	.00	5,000.00	80.80	1,788.73	1,044.22	2,167.05	57	2,621.45
453	Uniforms & Clothing	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	61,000.00	.00	61,000.00	13,146.36	9,425.04	25,331.96	26,243.00	57	35,192.36
<i>Contractual Expense Totals</i>		\$386,414.00	\$217.56	\$386,631.56	\$33,026.83	\$59,185.27	\$140,837.41	\$186,608.88	52%	\$295,138.40
<i>Employee Benefits</i>										
810	Retirement	109,968.00	2,195.00	112,163.00	7,976.79	.00	51,958.62	60,204.38	46	104,558.02
830	Social Security	53,939.00	872.00	54,811.00	3,934.20	.00	24,496.70	30,314.30	45	48,207.44
831	Medicare Contribution	12,614.00	204.00	12,818.00	920.05	.00	5,729.03	7,088.97	45	11,274.34
860	Hospitalization	232,604.00	.00	232,604.00	18,884.88	.00	113,147.25	119,456.75	49	221,044.34
865	Dental Insurance	3,480.00	.00	3,480.00	314.00	.00	1,894.00	1,586.00	54	3,430.00
<i>Employee Benefits Totals</i>		\$412,605.00	\$3,271.00	\$415,876.00	\$32,029.92	\$0.00	\$197,225.60	\$218,650.40	47%	\$388,514.14
<i>Other Benefits</i>										
840	Workmen's Compensation	8,416.00	.00	8,416.00	.00	.00	8,415.68	.32	100	5,019.93
850	Unemployment Insurance	6,300.00	.00	6,300.00	.00	.00	.00	6,300.00	0	4,316.00
855	Disability	4,000.00	.00	4,000.00	.00	.00	.00	4,000.00	0	1,183.21
861	Retirees Hospitalization	103,214.00	.00	103,214.00	8,487.53	.00	51,385.11	51,828.89	50	97,577.25
<i>Other Benefits Totals</i>		\$121,930.00	\$0.00	\$121,930.00	\$8,487.53	\$0.00	\$59,800.79	\$62,129.21	49%	\$108,096.39
EXPENSE TOTALS		\$1,816,515.00	\$39,059.56	\$1,855,574.56	\$162,427.62	\$59,185.27	\$839,083.59	\$957,305.70	48%	\$1,661,388.21
Department 6030 - Countryside Adult Home Totals		(\$1,816,515.00)	(\$39,059.56)	(\$1,855,574.56)	(\$162,427.62)	(\$59,185.27)	(\$839,083.59)	(\$957,305.70)	48%	(\$1,661,388.21)
Department 6050 - Public Facil. For Children										
EXPENSE										
<i>Contractual Expense</i>										
469	Other Payments/Contributions	30,000.00	.00	30,000.00	1,196.00	.00	1,196.00	28,804.00	4	37,310.50
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$1,196.00	\$0.00	\$1,196.00	\$28,804.00	4%	\$37,310.50

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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										
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	\$1,196.00	\$0.00	\$1,196.00	\$28,804.00	4%	\$37,310.50
	Department 6050 - Public Facil. For Children Totals	(\$30,000.00)	\$0.00	(\$30,000.00)	(\$1,196.00)	\$0.00	(\$1,196.00)	(\$28,804.00)	4%	(\$37,310.50)
	Department 6055 - Daycare									
	EXPENSE									
	Contractual Expense									
470	Contract	1,515,000.00	.00	1,515,000.00	91,120.27	.00	451,033.52	1,063,966.48	30	1,208,301.16
	Contractual Expense Totals	\$1,515,000.00	\$0.00	\$1,515,000.00	\$91,120.27	\$0.00	\$451,033.52	\$1,063,966.48	30%	\$1,208,301.16
	EXPENSE TOTALS	\$1,515,000.00	\$0.00	\$1,515,000.00	\$91,120.27	\$0.00	\$451,033.52	\$1,063,966.48	30%	\$1,208,301.16
	Department 6055 - Daycare Totals	(\$1,515,000.00)	\$0.00	(\$1,515,000.00)	(\$91,120.27)	\$0.00	(\$451,033.52)	(\$1,063,966.48)	30%	(\$1,208,301.16)
	Department 6070 - Services for Recipients									
	EXPENSE									
	Contractual Expense									
470	Contract	300,000.00	.00	300,000.00	44,934.48	.00	125,703.08	174,296.92	42	313,073.26
	Contractual Expense Totals	\$300,000.00	\$0.00	\$300,000.00	\$44,934.48	\$0.00	\$125,703.08	\$174,296.92	42%	\$313,073.26
	EXPENSE TOTALS	\$300,000.00	\$0.00	\$300,000.00	\$44,934.48	\$0.00	\$125,703.08	\$174,296.92	42%	\$313,073.26
	Department 6070 - Services for Recipients Totals	(\$300,000.00)	\$0.00	(\$300,000.00)	(\$44,934.48)	\$0.00	(\$125,703.08)	(\$174,296.92)	42%	(\$313,073.26)
	Department 6100 - Medicaid									
	EXPENSE									
	Contractual Expense									
470	Contract	12,023,087.00	.00	12,023,087.00	919,468.00	.00	5,960,604.00	6,062,483.00	50	13,047,476.50
	Contractual Expense Totals	\$12,023,087.00	\$0.00	\$12,023,087.00	\$919,468.00	\$0.00	\$5,960,604.00	\$6,062,483.00	50%	\$13,047,476.50
	EXPENSE TOTALS	\$12,023,087.00	\$0.00	\$12,023,087.00	\$919,468.00	\$0.00	\$5,960,604.00	\$6,062,483.00	50%	\$13,047,476.50
	Department 6100 - Medicaid Totals	(\$12,023,087.00)	\$0.00	(\$12,023,087.00)	(\$919,468.00)	\$0.00	(\$5,960,604.00)	(\$6,062,483.00)	50%	(\$13,047,476.50)
	Department 6101 - Medical Assistance									
	EXPENSE									
	Contractual Expense									
470	Contract	25,000.00	.00	25,000.00	.00	.00	.00	25,000.00	0	1,214.20
	Contractual Expense Totals	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$1,214.20
	EXPENSE TOTALS	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$1,214.20
	Department 6101 - Medical Assistance Totals	(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	\$0.00	(\$25,000.00)	0%	(\$1,214.20)
	Department 6109 - Aid To Dependent Children									
	EXPENSE									
	Contractual Expense									
470	Contract	2,100,000.00	.00	2,100,000.00	163,402.57	.00	858,572.68	1,241,427.32	41	2,106,953.69
	Contractual Expense Totals	\$2,100,000.00	\$0.00	\$2,100,000.00	\$163,402.57	\$0.00	\$858,572.68	\$1,241,427.32	41%	\$2,106,953.69
	EXPENSE TOTALS	\$2,100,000.00	\$0.00	\$2,100,000.00	\$163,402.57	\$0.00	\$858,572.68	\$1,241,427.32	41%	\$2,106,953.69
	Department 6109 - Aid To Dependent Children Totals	(\$2,100,000.00)	\$0.00	(\$2,100,000.00)	(\$163,402.57)	\$0.00	(\$858,572.68)	(\$1,241,427.32)	41%	(\$2,106,953.69)

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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 6119 - Child Care										
EXPENSE										
Contractual Expense										
470	Contract	3,750,000.00	.00	3,750,000.00	244,956.67	.00	1,624,426.65	2,125,573.35	43	3,962,734.89
Contractual Expense Totals		\$3,750,000.00	\$0.00	\$3,750,000.00	\$244,956.67	\$0.00	\$1,624,426.65	\$2,125,573.35	43%	\$3,962,734.89
EXPENSE TOTALS		\$3,750,000.00	\$0.00	\$3,750,000.00	\$244,956.67	\$0.00	\$1,624,426.65	\$2,125,573.35	43%	\$3,962,734.89
Department 6119 - Child Care Totals		(\$3,750,000.00)	\$0.00	(\$3,750,000.00)	(\$244,956.67)	\$0.00	(\$1,624,426.65)	(\$2,125,573.35)	43%	(\$3,962,734.89)
Department 6123 - Juvenile Delinquent Care										
EXPENSE										
Contractual Expense										
470	Contract	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	5,850.82
Contractual Expense Totals		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$5,850.82
EXPENSE TOTALS		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$5,850.82
Department 6123 - Juvenile Delinquent Care Totals		(\$5,000.00)	\$0.00	(\$5,000.00)	\$0.00	\$0.00	\$0.00	(\$5,000.00)	0%	(\$5,850.82)
Department 6129 - State Training School										
EXPENSE										
Contractual Expense										
470	Contract	.00	.00	.00	.00	.00	.00	.00	+++	60,000.00
Contractual Expense Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$60,000.00
EXPENSE TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$60,000.00
Department 6129 - State Training School Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$60,000.00)
Department 6140 - Home Relief										
EXPENSE										
Contractual Expense										
470	Contract	1,200,000.00	.00	1,200,000.00	124,148.56	.00	528,346.52	671,653.48	44	984,603.02
Contractual Expense Totals		\$1,200,000.00	\$0.00	\$1,200,000.00	\$124,148.56	\$0.00	\$528,346.52	\$671,653.48	44%	\$984,603.02
EXPENSE TOTALS		\$1,200,000.00	\$0.00	\$1,200,000.00	\$124,148.56	\$0.00	\$528,346.52	\$671,653.48	44%	\$984,603.02
Department 6140 - Home Relief Totals		(\$1,200,000.00)	\$0.00	(\$1,200,000.00)	(\$124,148.56)	\$0.00	(\$528,346.52)	(\$671,653.48)	44%	(\$984,603.02)
Department 6141 - Fuel Crisis Assistance										
EXPENSE										
Contractual Expense										
470	Contract	30,000.00	.00	30,000.00	(151.10)	.00	(1,221.93)	31,221.93	-4	42,617.04
Contractual Expense Totals		\$30,000.00	\$0.00	\$30,000.00	(\$151.10)	\$0.00	(\$1,221.93)	\$31,221.93	-4%	\$42,617.04
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	(\$151.10)	\$0.00	(\$1,221.93)	\$31,221.93	-4%	\$42,617.04
Department 6141 - Fuel Crisis Assistance Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	\$151.10	\$0.00	\$1,221.93	(\$31,221.93)	-4%	(\$42,617.04)

Expense Budget Performance Report

Fiscal Year to Date 06/30/17

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 6142 - Emergency Aid For Adults										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	50,000.00	.00	50,000.00	4,456.60	.00	12,397.56	37,602.44	25	34,629.53
<i>Contractual Expense Totals</i>		\$50,000.00	\$0.00	\$50,000.00	\$4,456.60	\$0.00	\$12,397.56	\$37,602.44	25%	\$34,629.53
EXPENSE TOTALS		\$50,000.00	\$0.00	\$50,000.00	\$4,456.60	\$0.00	\$12,397.56	\$37,602.44	25%	\$34,629.53
Department 6142 - Emergency Aid For Adults Totals		(\$50,000.00)	\$0.00	(\$50,000.00)	(\$4,456.60)	\$0.00	(\$12,397.56)	(\$37,602.44)	25%	(\$34,629.53)
Department 7310 - Youth Program 4-H Camp										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	25,000.00	.00	25,000.00	.00	12,500.00	12,500.00	.00	100	25,000.00
<i>Contractual Expense Totals</i>		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$12,500.00	\$12,500.00	\$0.00	100%	\$25,000.00
EXPENSE TOTALS		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$12,500.00	\$12,500.00	\$0.00	100%	\$25,000.00
Department 7310 - Youth Program 4-H Camp Totals		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	(\$12,500.00)	(\$12,500.00)	\$0.00	100%	(\$25,000.00)
Department 7311 - Youth Bureau										
EXPENSE										
<i>Contractual Expense</i>										
410	Supplies	76.00	.00	76.00	.00	.00	.00	76.00	0	400.00
423	Telephone	50.00	.00	50.00	.00	.00	.00	50.00	0	.00
424	Postage	250.00	.00	250.00	.00	.00	.52	249.48	0	45.03
444	Travel/Education/Conference	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	5,500.00	.00	5,500.00	115.00	4,103.00	897.00	500.00	91	2,967.00
<i>Contractual Expense Totals</i>		\$5,976.00	\$0.00	\$5,976.00	\$115.00	\$4,103.00	\$897.52	\$975.48	84%	\$3,412.03
<i>Other Benefits</i>										
861	Retirees Hospitalization	13,883.00	.00	13,883.00	1,179.22	.00	7,075.32	6,807.68	51	13,506.72
<i>Other Benefits Totals</i>		\$13,883.00	\$0.00	\$13,883.00	\$1,179.22	\$0.00	\$7,075.32	\$6,807.68	51%	\$13,506.72
EXPENSE TOTALS		\$19,859.00	\$0.00	\$19,859.00	\$1,294.22	\$4,103.00	\$7,972.84	\$7,783.16	61%	\$16,918.75
Department 7311 - Youth Bureau Totals		(\$19,859.00)	\$0.00	(\$19,859.00)	(\$1,294.22)	(\$4,103.00)	(\$7,972.84)	(\$7,783.16)	61%	(\$16,918.75)
Department 7312 - Special Delinquency Prev.										
EXPENSE										
<i>Contractual Expense</i>										
410	Supplies	200.00	.00	200.00	.00	.00	.00	200.00	0	208.74
424	Postage	40.00	.00	40.00	.00	.00	1.98	38.02	5	7.03
427	Memberships & Dues	275.00	.00	275.00	.00	.00	175.00	100.00	64	226.00
470	Contract	28,885.00	.00	28,885.00	.00	.00	.00	28,885.00	0	34,785.00
<i>Contractual Expense Totals</i>		\$29,400.00	\$0.00	\$29,400.00	\$0.00	\$0.00	\$176.98	\$29,223.02	1%	\$35,226.77
EXPENSE TOTALS		\$29,400.00	\$0.00	\$29,400.00	\$0.00	\$0.00	\$176.98	\$29,223.02	1%	\$35,226.77
Department 7312 - Special Delinquency Prev. Totals		(\$29,400.00)	\$0.00	(\$29,400.00)	\$0.00	\$0.00	(\$176.98)	(\$29,223.02)	1%	(\$35,226.77)

Expense Budget Performance Report

Fiscal Year to Date 06/30/17

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 7313 - Youth Court										
EXPENSE										
Contractual Expense										
470	Contract	68,820.00	.00	68,820.00	.00	.00	.00	68,820.00	0	68,819.99
<i>Contractual Expense Totals</i>		<i>\$68,820.00</i>	<i>\$0.00</i>	<i>\$68,820.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$68,820.00</i>	<i>0%</i>	<i>\$68,819.99</i>
EXPENSE TOTALS		\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$0.00	\$0.00	\$68,820.00	0%	\$68,819.99
Department 7313 - Youth Court Totals		(\$68,820.00)	\$0.00	(\$68,820.00)	\$0.00	\$0.00	\$0.00	(\$68,820.00)	0%	(\$68,819.99)
Fund A - General Totals		\$32,737,065.00	\$167,632.56	\$32,904,697.56	\$2,455,612.73	\$105,887.74	\$14,897,579.04	\$17,901,230.78		\$32,741,441.41
Grand Totals		\$32,737,065.00	\$167,632.56	\$32,904,697.56	\$2,455,612.73	\$105,887.74	\$14,897,579.04	\$17,901,230.78		\$32,741,441.41

WARREN COUNTY
Receipts by G/L Distribution Report - Summary

REVENUE

From Date: 06/01/2017 - To Date: 06/30/2017

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Fund: A - General						
Department: 6010 - Social Services						
Account: 1810 - Administration						
	06/01/2017			1	\$0.00	\$5,000.00
	06/09/2017			2	\$0.00	\$594.50
	06/29/2017			1	\$0.00	\$1,250.00
Account Total: Administration				4	\$0.00	\$6,844.50
Account: 1811 - Medical Incentive Earning						
	06/06/2017			1	\$0.00	\$230.00
	06/09/2017			1	\$0.00	\$4,212.00
Account Total: Medical Incentive Earning				2	\$0.00	\$4,442.00
Department Total: Social Services					\$0.00	\$11,287.00
Department: 6030 - Countryside Adult Home						
Account: 1830 - Repay - Adult Care, Pub Inst						
	06/01/2017			1	\$0.00	\$58,466.00
	06/29/2017			2	\$0.00	\$48,359.00
Account Total: Repay - Adult Care, Pub Inst				3	\$0.00	\$106,825.00
Department Total: Countryside Adult Home					\$0.00	\$106,825.00
Department: 6055 - Daycare						
Account: 1855 - Repayments of Day Care						
	06/29/2017			1	\$0.00	\$379.00
Account Total: Repayments of Day Care				1	\$0.00	\$379.00
Department Total: Daycare					\$0.00	\$379.00
Department: 6101 - Medical Assistance						
Account: 1801 - Repay of Medical Assist						

WARREN COUNTY
Receipts by G/L Distribution Report - Summary

From Date: 06/01/2017 - To Date: 06/30/2017

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
	06/01/2017			1	\$0.00	\$22,403.9
	06/09/2017			1	\$0.00	\$7,819.0
	06/29/2017			1	\$0.00	\$12,469.2
Account Total: Repay of Medical Assist				3	\$0.00	\$42,692.2
Department Total: Medical Assistance					\$0.00	\$42,692.2
Department: 6109 - Aid To Dependent Children						
Account: 1809 - Repay of Aid to A.D.C.						
	06/01/2017			1	\$0.00	\$1,513.2
	06/09/2017			3	\$0.00	\$20,176.7
	06/29/2017			2	\$0.00	\$1,997.6
Account Total: Repay of Aid to A.D.C.				6	\$0.00	\$23,687.6
Department Total: Aid To Dependent Children					\$0.00	\$23,687.6
Department: 6119 - Child Care						
Account: 1819 - Repay of Child Care						
	06/01/2017			1	\$0.00	\$22,735.6
	06/09/2017			1	\$0.00	\$99.9
	06/29/2017			2	\$0.00	\$37,453.9
Account Total: Repay of Child Care				4	\$0.00	\$60,289.6
Department Total: Child Care					\$0.00	\$60,289.6
Department: 6140 - Home Relief						
Account: 1840 - Repay of Home Relief						
	06/01/2017			1	\$0.00	\$11,487.0
	06/05/2017			1	\$0.00	\$1,592.0
	06/09/2017			1	\$0.00	\$1,728.8
	06/29/2017			1	\$0.00	\$829.6

Receipts by G/L Distribution Report - Summary

From Date: 06/01/2017 - To Date: 06/30/2017

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Account Total: Repay of Home Relief				4	\$0.00	\$15,637.5
Department Total: Home Relief					\$0.00	\$15,637.5
Fund Total: General					\$0.00	\$260,800.1
Grand Total:				27	\$0.00	\$260,800

Social Services - Overtime Report - Comparison 2016/2017

Week End	2016 OT	2017 OT	Reason	CPS After Hrs/OnCall	Foster Care	APS/CASA	Preventive	FS/ HEAP	Training	CPS
01/08/17	80.71	31.61	CPS-HV, FC-HV, Heap-emergency heat	29.71	0.25			0.50		1.15
01/22/17	39.18	121.50	CPS-HV,Safety Assess/FC-Mtg,HV,Transport/APS-backlog	79.25	10.85	12.00			16.75	2.65
02/05/17	58.92	65.88	CPS-NR,HV,Backlog/FC-Court/Prev-HV/APS-Backlog	44.68	0.75	1.00	1.00		6.75	11.70
02/19/17	55.29	94.50	CPS-NR,HV,Removal,Backlog/FC-HV,Placement	52.23	1.07				22.90	18.30
03/05/17	29.72	70.56	CPS-NR,SA,Backlog,Coverage/Preventive-Family Crisis	49.05			0.50		9.55	11.46
03/19/17	40.05	87.14	CPS-NR,HV-SA/FC-Court,transport,GFH/Prev-Respite placement	54.00	2.60		4.00		22.80	3.74
04/02/17	55.53	69.51	CPS-NR, HV,Removal/FC-Court,Placement/Prev-emerg placement	36.79	2.31		1.00		24.31	5.10
04/16/17	88.76	51.66	CPS-NR,Removal/FC-Court,Transport/Prev-Emerg. Placement	20.15	7.61		2.25		14.72	6.93
04/30/17	47.24	52.78	CPS-NR,Coverage,Backlog/FC-Legal Meeting	40.28	1.70				5.80	5.00
05/14/17	43.23	102.96	CPS-Coverage,Backlog/FC-Court,Emergency placement/transport	48.56	6.12				34.70	13.58
05/28/17	45.67	86.08	CPS-Coverage,SA,Court,Backlog/FC-Court,transportation	47.29	4.36				17.67	16.76
06/11/17	70.46	63.24	CPS-Coverage,Safety Assess, Notes/FC-ensure med care to child	35.48	0.66				21.60	5.50
06/25/17	35.95	110.56	CPS-NR,Coverage,Court,Mtg/FC-Child hospital/APS-outreach	55.34	18.00	1.00			30.62	5.60
07/09/17	70.84	70.38	CPS-NR,Backlog,Notes/FC-Safety assess, trip to visit Foster Child	29.15	5.25					35.98
07/23/17	77.19									
08/06/17	84.93									
08/20/17	71.63									
09/03/17	27.56									
09/17/17	71.80									
10/01/17	87.14									
10/15/17	63.47									
10/29/17	44.12									
11/12/17	37.52									
11/26/17	37.24									
12/10/17	65.89									
12/24/17	75.61									
Totals	1505.65	1078.36		621.96	61.53	14.00	8.75	0.50	228.17	143.45