

Information Technology
Support Services Committee Meeting
March 26, 2018
Information Submitted by: Michael Colvin

Action Agenda/New Business

Request Resolution:

Appropriate funds from the Computer Reserve fund for various computer and computer related purchases.

A.3110.220.1 Health Services \$41,000

A.1435.220.1 Human Resources \$1,000

A.1011.220.1 County Administrator \$1,000

Rationale:

Anticipated purchases and included in the budget.

Request Resolution:

Transfer \$8,000 from A.1990 469 Contingency to A.1680 470 Contract

Rationale:

Money was appropriated but not spent before end of 2017. PO carry-over was not submitted so money was returned. Project now complete.

Request Resolution:

Extend MOU with Social Services and change expiration from set date to until terminated by either party.

Rationale:

MOU/Extension is done every year for reimbursement. Change in language would alleviate need to repeat every year.

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: Information Technology

DATE: March xx, 2018

(a) Purpose of Request: **To appropriate funds from the Computer Reserve Fund to departmental budgets to purchase computers and related equipment and software.**

(b) Details:
A.3110 220.1 Health Services, \$41,000
A.1435 220.1 Human Resources, \$1,000
A.1011.220.1 County Administrator \$1,000

(c) Previous Resolution Number: **N/A**

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.895.00 Computer Reserve Fund**

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Information Technology

SIGNED: Michael Colvin

DATE: March XX, 2018

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A.1680 423	Contract	8,000

Please state reason for transfer request: PO closed before project finished

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

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Information Technology

DATE: March 26, 2018

- (a) Purpose of Contract Change: **Extend MOU with Social Services**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
- (c) Name of Contractor: **Social Services**
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: **1/1/2018**
- (g) Termination Date of Extension: **until termintaed by either party**
- (h) 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.
- (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:**

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

*as listed in budget and LOGOS