

FINANCE COMMITTEE  
AGENDA  
JUNE 6, 2019

**Committee Members:** *Sokol, Simpson, Merlino, Dickinson, Strough, Beaty, Frasier, McDevitt, Geraghty, Braymer and Hyde*

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of prior Committee meetings.
- III. Action Agenda
  - 1) **Request for transfer of funds as attached for Committee approval.**
  - 2) **Items/Requests to be Discussed by the County Treasurer:**
    - A) Request to remove the Payroll Supervisor and Payroll Technician positions from the CSEA Union.
    - B) Request to amend the Salary Schedule to increase the salary of the Payroll Supervisor from current salary of \$56,671 (*Base Annual Salary \$46,492*) to \$62,000 effective June 24, 2019.
    - C) Request to amend the Salary Schedule to increase the salary of the Payroll Technician from current salary of \$39,541 (*Base Annual Salary \$37,633*), to \$48,500 effective June 24, 2019.
  - 3) **Referrals from the County Facilities Committee, Airport:**
    - A) Request to establish Capital Project H388, *Construct Airport T-Hangars*, in the amount of \$993,000.
    - B) Request to amend the County Budget in the amount of \$99,300 to appropriate funding for Capital Project H388, *Construct Airport T-Hangars*.
  - 4) **Referrals from the Criminal Justice & Public Safety Committee:**

*Public Defender -*

    - A) Request to amend the County Budget in the amount of \$21,200 to reflect the receipt of grant funding from the New York State Office of Indigent Legal Services (Contract No. C700052).

*Sheriff -*

    - B) Request to amend the County Budget in the amount of \$274,411.03 to correct a clerical error with calendar year 2018 purchase orders.
  - 5) **Referral from the Environmental Concerns & Real Property Tax Services Committee, Real Property:**

Authorizing the appropriation of funds in the amount of \$17,420 from from the Environmental Testing Reserve Fund (A.893.00) to Budget Code A.1355 470, *Real Property Tax Services, Contract*, to cover the cost of Asbestos and Lead Testing for Town of Town of Queensbury Tax Map Parcel No. 302.8-1-2 (*275 Bay Road*).
  - 6) **Referrals from the Health, Human & Social Services Committee:**

*Employment & Training -*

    - A) Request to amend the County Budget in the amount of \$7,000 to reflect receipt of Federal Trade Investment Act funding as reimbursement for costs associated with the training of a dislocated worker.
    - B) Request to amend the County Budget in the amount of \$117,541, to reflect receipt of State TANF (Temporary Assistance for Needy Families) funding for the Summer Youth Program.
    - C) Request to amend the County Budget in the amount of \$724,883 to reflect receipt of annual allocation of Federal Workforce Investment Opportunity Act (*WIOA*) funds for the program year 2019.

*Office for the Aging -*

    - D) Request to amend the 2018 County Budget in the amount of \$40,000 to reflect the receipt of funding from NYS Delivery Systems Reform Incentive Payment (*DSRIP*) Program.

*Social Services -*

    - E) To amend the 2019 Warren County Budget in the amount of \$75,000 to reflect the receipt of \$30,000 from the New York State Office of Children & Family Services Family First Transition Fund and \$45,000 from the New York State Office of Temporary & Disability Services Homeless Management Information System (HMIS) to support connectivity to local HMIS and other actions related to homelessness.

*Health Services -*

    - F) Request to amend the County Budget in the amount of \$50,000 to reflect the receipt of funding from the Adirondack Health Institute to support the NYS Delivery Systems Reform Incentive Payment (*DSRIP*) Program.

***Continued***

**7) Referrals from the Park Operations & Management Committee:**

Request to appropriate funds in the amount of \$1,728.95 from Budget Code A.691.07, *Deferred Revenue-Gaslight Village Parking Fees*, to Budget Codes A.1625 422, *Charles R. Wood Park, Repair & Maint.-Equipment* - \$909.95 and A.1625 441, *Charles R. Wood Park, Auto Supplies/Repair* - \$819.00, as well as to authorize reimbursement to the Village of Lake George for expenses incurred in relation to maintenance of the Charles R. Wood Park.

**8) Referrals from the Public Works Committee, DPW:**

- A) Request decrease Capital Project H352, *CR 13 & CR 31 Bridge Painting Project*, in the amount of \$26,395.84 to reconcile the funding shares to close out the Project.
- B) Request to close Capital Project H352, *CR 13 & CR 31 Bridge Painting Project*, and return estimated remaining funds of \$1,339.78 to the funding source (D.9950 910).
- C) Request to establish Capital Project H387, *Airport Fuel Farm (Vehicles)*, in the amount of \$155,000.
- D) Request to amend the County Budget in the amount of \$30,000 to appropriate funding for Capital Project H387, *Airport Fuel Farm (Vehicles)*.

**9) Requests/Items to be Discussed by the County Administrator:**

- A) Journal Reports of transfers approved by the County Administrator staff during April of 2019.
- B) Request to appropriate funds in the total amount of \$18,000 from the Vehicle Reserve to the Health Services Budget to cover replacement of Vehicle #1443.
- C) Request to authorize an "Office Space Permit Agreement" with the New York State Department of Labor for Lease of Employment and Training Office Space for a term commencing May 1, 2019 and terminating April 30, 2022.

**10) Requests from the County Attorney:**

- A) Request to authorize an agreement with the Warren County LDC to administer and perform economic development programs and initiatives, County and community planning services and grant/loan programs at no cost to Warren County.
- B) Discussion on Westmount private pay and County litigation.

11) Finance Committee action is required on the following items approved by the Personnel & Higher Education Committee: Personnel & Higher Education Committee Agenda Items 3A-B, 4 and 5B-C.

**IV. Pending Items:**

*No items this month.*

V. Privilege of the Floor

VI. Motion to Adjourn

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: \_\_\_\_\_

DATE: May 30, 2019

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4189.130	Bioterrorism-Part Time Salaries	A.4189.220	Bioterrorism-Office Equipment	\$3,500.00
	A.4189.130	Bioterrorism-Part Time Salaries	A.4189.410	Bioterrorism-Supplies	\$1,500.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.410	Bioterrorism-Supplies	\$310.00
	A.4189.830	Bioterrorism-Social Security Expense	A.4189.410	Bioterrorism-Supplies	\$73.00
	A.4189.831	Bioterrorism-Medicare Expense	A.4189.410	Bioterrorism-Supplies	\$460.00
2.	A.4189.130	Bioterrorism-Part Time Salaries	A.4189.110	Bioterrorism-Full Time Salaries	\$5,600.00

**Total Transfers** **\$11,443.00**

- 1 To transfer funds for Bioterrorism Grant to reflect anticipated expenses. Currently Part time salaries not being utilized due to a vacancy, therefore move funds to Equipment and Supplies needed for the Grant, which ends 6/30/19. Need to purchase such items as computers, printer, router and supplies for BT related functions. Fully funded by BT Grant.
- 2 To transfer funds from Part time to Full time salaries to cover actual expenses. Employee who was budgeted in PT salaries, is now in FT salaries, therefore need to reallocate funds to 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 Fund			

Please state reason for transfer request:

Total

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

REQUEST FOR TRANSFER OF FUNDS

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

FROM Department of Public Works  
Name of Department

SIGNED: \_\_\_\_\_ DATE: 5/30/2019

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
DM.5140 470	Road Machinery, Motor Fuel Farms Contract	DM.9950 910	Transfers -Capital Project	\$125,000.00

\$125,000.00

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			
	Please state reason for transfer request:			
	Help Fund Airport Fuel Farm (Vehicles)			

REQUEST FOR TRANSFER OF FUNDS

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

FROM Department of Public Works

Name of Department

SIGNED: \_\_\_\_\_ DATE: 5/30/2019

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5110	110 Co Roads, Maintenance of Roads Salaries - Regular	D.5142	110 Co Roads, Snow Removal - County Salaries - Regular	\$72.00
D.5110	120 Co Roads, Maintenance of Roads Salaries - Overtime	D.5142	120 Co Roads, Snow Removal - County Salaries - Overtime	\$1,340.86
D.5110	810 Co Roads, Maintenance of Roads Retirement	D.5142	810 Co Roads, Snow Removal - County Retirement	\$195.12
D.5110	830 Co Roads, Maintenance of Roads Social Security	D.5142	830 Co Roads, Snow Removal - County Social Security	\$ 85.91
D.5110	831 Co Roads, Maintenance of Roads Medicare	D.5142	831 Co Roads, Snow Removal - County Medicare	\$ 20.34
D.5110	860 Co Roads, Maintenance of Roads Hospitalization	D.5142	860 Co Roads, Snow Removal - County Hospitalization	\$ 133.49
D.5110	865 Co Roads, Maintenance of Roads Dental Insurance	D.5142	865 Co Roads, Snow Removal - County Dental Insurance	\$ 2.63
DM.5130	110 Road Machinery, Machinery Salaries - Regular	DM.5130	120 Road Machinery, Machinery Salaries - Overtime	\$216.31
				\$2,066.66

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request: Various Salaries - Regular, Overtime & benefits due to Snow & Ice.

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

REQUEST FOR TRANSFER OF FUNDS

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

FROM County Facilities

Name of Department

SIGNED: \_\_\_\_\_

DATE: 5/31/2019

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1620	470 General, Building, Contracts	A.1628	470 General, Waste Management Containment, Contracts	\$10,000.00

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request: Cover cost of Warren County Solid Waste Management Plan

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

REQUEST FOR TRANSFER OF FUNDS

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

FROM DPW

Name of Department

SIGNED: \_\_\_\_\_ DATE: 5/30/2019

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A 7111	110 Salaries - Regular	A.7111 130	Salaries - Part Time	\$8,000.00

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request: Program coverage for the summer months.

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

**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: Treasurer**

**DATE: June 3, 2019**

- (a) Purpose of Request: **To remove the Payroll Supervisor and Payroll Technician positions from the CSEA union.**
- (b) Details: **These positions should not be in the union due to the confidential nature of the positions and their involvement in implementing labor relations policies and their regular access to confidential information concerning the collective bargaining process.**
- (c) Previous Resolution Number: **N/A**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **A.1325 110 - County Treasurer - Salaries - Regular.**

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

**\* as listed in budget and LOGOS**

**RESOLUTION REQUEST FORM NO. 13****Request to Increase or Decrease Salary of Non-Union Position****DEPARTMENT NAME: Treasurer****DATE: June 3, 2019**

- (a) Employee Name, Title and Employee No.: **Heidi LeClair, Payroll Supervisor, #11444**
- (b) Current Annual **Base** Salary (and Grade if Applicable): **\$62,000, Out of Bargaining Unit**
- (c) Former Annual **Base** Salary (and Grade if Applicable): **Base (Entry) - \$46,492, Grade 18. Actual salary is \$56,671.**
- (d) Effective Date for Salary Change:\* **June 24, 2019**  
\*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.1325 110 - County Treasurer, Salaries - Regular \$2,665**  
**A.1325 830 - County Treasurer, Social Security - \$165**  
**A.1325 831 - County Treasurer, Medicare Contribution - \$39**  
**A.1325 810 - County Treasurer, Retirement - \$418**
- The increase will be covered by the 2019 budget.**
- (f) Justification of Request: **This position is responsible for overseeing the processing of a \$40 million payroll and reviewing the work of the Human Resources department for accuracy. The salary should be adjusted to reflect the level of responsibility required of this position and in line with salaries of other County departments and the area employment market.**

**RESOLUTION REQUEST FORM NO. 13*****Request to Increase or Decrease Salary of Non-Union Position*****DEPARTMENT NAME: Treasurer****DATE: June 3, 2019**

- (a) Employee Name, Title and Employee No.: **Melissa Durett-Clapper, Payroll Technician, #12819**
- (b) Current Annual **Base** Salary (and Grade if Applicable): **\$48,500, Out of Bargaining Unit**
- (c) Former Annual **Base** Salary (and Grade if Applicable): **Base (Entry) - \$37,633, Grade 10. Actual salary is \$39,541.**
- (d) Effective Date for Salary Change:\* **June 24, 2019**  
\*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.1325 110 - County Treasurer, Salaries - Regular - \$4,480**  
**A.1325 830 - County Treasurer, Social Security - \$278**  
**A.1325 831 - County Treasurer, Medicare Contribution - \$65**  
**A.1325 810 - County Treasurer, Retirement - \$703**

**The increase will be covered by the 2019 budget.**

- (f) Justification of Request: **This position provides administrative support to the Payroll Supervisor for a \$40 million payroll, serves as back up to the Payroll Supervisor in her absence and reviews the work of the Human Resources department for accuracy. The salary should be adjusted to reflect the level of responsibility required of this position and in line with salaries of other County departments and the area employment market.**

**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:** Airport

**DATE:** May 31, 2019

- (a) Exact Title **and** Number of Project (**must be obtained from Treasurer's Office**): Construct Airport T-Hangars H388
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Project: \$993,000.00
- (e) Source of Funding (including name & title of codes, etc.): NYS-DOT Grant Agreement OSC Contract # K006333 (Construct Airport T-Hangars H388) - \$893,700.00 (90%) and Local Match - Reserve, Airport Repair & Projects A892.00 - \$99,300.00 (10%).
- (f) Purpose of Establishment: For the construction of new airport T-Hangars at the Floyd Bennett Airport.

**RESOLUTION REQUEST FORM NO. 7**

***Request to Amend County Budget\****

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

**DEPARTMENT NAME: Airport**

**DATE: May 31, 2019**

- (a) Purpose of Amendment: To Fund Capital Project H388, Construct Airport T-Hangars with the Reserve, Airport Repair & Projects A 892.00.
  
- (b) Appropriation Code, Object Code, Full Title and Amount: A.9950 910, Transfers – Capital Projects \$99,300.00.
  
- (c) Revenue Code (with title), and Amount: N/A

**RESOLUTION REQUEST FORM NO. 7**

***Request to Amend County Budget\****

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

**DEPARTMENT NAME: Public Defender's Office**

**DATE: 05/24/2019**

- (a) Purpose of Amendment: **Request Grant/ Distribution Funds be allocated for immediate necessary Furniture & Computer/ Printer Equipment expenses**
  
- (b) Appropriation Code, Object Code, Full Title and Amount:  
**A.1171 210 Furniture/ Furnishings \$14,000**  
**A.1171 220 Computer Equipment \$7,200**
  
- (c) Revenue Code (with title), and Amount:  
**A.1171 3045 Office of Indigent Legal Services Distribution - \$21,200.00**

**RESOLUTION REQUEST FORM NO. 7*****Request to Amend County Budget\****

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

DEPARTMENT NAME: Sheriff

DATE: May 31, 2019

- (a) **Purpose of Amendment:** Amend County Budget due to clerical error with calendar year 2018 Purchase Orders. Amend County Budget to increase revenue to reflect monies to be received from Dormitory Authority of New York State Grant to purchase (4) marked police sedans; Amend County Budget to increase revenue to reflect monies to be received from NYSDHSES 2017 Interoperability Grant; Amend Budget to reflect monies to be received from NYSDHSES 17-18 PSAP Grant
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
- |   |              |
|---|--------------|
| A.3110 230 Sheriff's Law Enforcement Auto Equipment             | \$100,000.00 |
| A.3020.4036 260 Sheriff's 911 Center 2017 Interop Grant Equip   | \$167,519.07 |
| A.3020.4037 220 Sheriff's 911 Center 17-18 PSAP Grant Off Equip | \$6,891.96   |
- (c) **Revenue Code (with title), and Amount:**
- |  |              |
|--|--------------|
| A.3110.3384 Sheriff's Law Enforcement Other State Aid    | \$100,000.00 |
| A.3020.4036 4380 Sheriff's 911 Center 2017 Interop Grant | \$167,519.07 |
| A.3020.4037 4380 Sheriff's 911 Center 17-18 PSAP Grant   | \$6,891.96   |

\*Please note all amount must be in whole dollars – no cents.

**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: Real Property Tax Services**

**DATE: May 30, 2019**

- (a) Purpose of Request: **Appropriate funds from the Environmental Testing Reserve Fund to the Real Property Tax Services Department to fund the Asbestos and Lead Testing.**
- (b) Details: **Atalantic Testing Laboratories to do the work**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **Environmental Testing Fund Reserve (A.893.00) to Real Property Tax Services Contract budget code A.1355 470 in the amount of \$17,420.00**

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

\* as listed in budget and LOGOS

**RESOLUTION REQUEST FORM NO. 7**

***Request to Amend County Budget\****

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

**DEPARTMENT NAME:** Employment and Training

**DATE:** May 30, 2019

(a) Purpose of Amendment: add federal funds to county budget to reimburse training for a dislocated worker through the Trade Adjustment Act

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0305 433 - WIOA Dislocated Worker (Training-Client) \$7,000.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791 - WIOA Dislocated Worker - \$7,000.

**RESOLUTION REQUEST FORM NO. 7*****Request to Amend County Budget\****

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

**DEPARTMENT NAME:** Employment and Training

**DATE:** May 30, 2019

(a) Purpose of Amendment: add state grant funds to the county budget to administer the 2019 Summer Youth Employment Program

(b) Appropriation Code, Object Code, Full Title and Amount:

40.6326 110 - TANF Summer, Salaries - Regular - \$18,984;  
40.6326 130 - TANF Summer, Salaries - Part Time - \$63,947;  
40.6326 410 - TANF Summer, Supplies - \$400;  
40.6326 470 - TANF Summer, Contract - \$14,691;  
40.6326 810 - TANF Summer, Retirement - \$2,764;  
40.6326 830 - TANF Summer, Social Security - \$5,142;  
40.6326 831 - TANF Summer, Medicare - \$1,203;  
40.6326 840 - TANF Summer, Worker's Comp - \$762;  
40.6326 860 - TANF Summer, Hospitalization - \$7,817;  
40.6326 861 - TANF Summer, Retirees Hospitalization - \$1,831.

(c) Revenue Code (with title), and Amount: 40.6326 4786- TANF Summer - \$117,541.

**RESOLUTION REQUEST FORM NO. 7**

***Request to Amend County Budget\****

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

**DEPARTMENT NAME: Employment and Training Administration**

**DATE: May 30, 2019**

- (a) Purpose of Amendment: Amend county budget to add annual allocation of federal Workforce Investment and Opportunity Act Funds for program year 2019 WIOA Title I Program.
  
- (b) Appropriation Code, Object Code, Full Title and Amount: See attached detail sheet
  
- (c) Revenue Code (with title), and Amount: See attached detail sheet

## RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget – Attachment

30-May-19

## REVENUES

40.6293.0300 4791	Program Year 2018 WIOA Title I Program - Adult *	\$253,191	
40.6293.0305 4791	Program Year 2018 WIOA Title I Program - Dislocated Worker *	\$136,257	
40.6293.0310 4791	Program Year 2018 WIOA Title I Program - Youth	\$265,271	
40.6293.0313 4791	Program Year 2018 WIOA Title I Program - Admin	\$70,164	
	Program Year 2018 WIOA Title I Program - Adult *		\$253,191
40.6293.0300 110	Salaries – Regular	\$109,921	
40.6293.0300 220	Office Equipment	\$500	
40.6293.0300 410	Office Supplies	\$1,333	
40.6293.0300 411	Rent - Building/Property	\$19,255	
40.6293.0300 433	Training - Client	\$55,906	
40.6293.0300 810	Retirement	\$16,570	
40.6293.0300 830	Social Security	\$6,815	
40.6293.0300 831	Medicare Contribution	\$1,594	
40.6293.0300 860	Hospitalization	\$30,696	
40.6293.0300 861	Retirees Hospitalization	\$10,601	
	Program Year 2018 WIOA Title I Program - Dislocated Worker *		\$136,257
40.6293.0305 110	Salaries – Regular	\$57,455	
40.6293.0305 220	Office Equipment	\$335	
40.6293.0305 410	Office Supplies	\$894	
40.6293.0305 411	Rent - Building/Property	\$12,922	
40.6293.0305 433	Training - Client	\$26,102	
40.6293.0305 810	Retirement	\$8,739	
40.6293.0305 830	Social Security	\$3,562	
40.6293.0305 831	Medicare Contribution	\$833	
40.6293.0305 860	Hospitalization	\$19,874	
40.6293.0305 861	Retirees Hospitalization	\$5,541	
	Program Year 2018 WIOA Title I Program - Youth		\$265,271
40.6293.0310 110	Salaries - Regular	\$90,393	
40.6293.0310 130	Salaries - Part Time	\$59,340	
40.6293.0310 220	Office Equipment	\$502	
40.6293.0310 410	Office Supplies	\$1,338	
40.6293.0310 411	Rent - Building/Property	\$19,336	
40.6293.0310 433	Training - Client	\$6,120	
40.6293.0310 470	Contract	\$18,325	
40.6293.0310 810	Retirement	\$10,588	
40.6293.0310 830	Social Security	\$9,283	
40.6293.0310 831	Medicare Contribution	\$2,171	
40.6293.0310 860	Hospitalization	\$37,385	
40.6293.0310 861	Retirees Hospitalization	\$10,490	
	Program Year 2018 WIOA Title I Program - Admin		\$70,164
40.6293.0313 110	Salaries - Regular	\$32,498	
40.6293.0313 220	Office Equipment	\$163	
40.6293.0313 410	Office Supplies	\$10,632	
40.6293.0313 411	Rent - Building/Property	\$6,283	
40.6293.0313 810	Retirement	\$5,102	
40.6293.0313 830	Social Security	\$2,015	
40.6293.0313 831	Medicare Contribution	\$471	
40.6293.0313 860	Hospitalization	\$9,866	
40.6293.0313 861	Retirees Hospitalization	\$3,134	

\* includes transfer of \$5,000 from Adult to DLW

**RESOLUTION REQUEST FORM NO. 7**

***Request to Amend County Budget\****

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

**DEPARTMENT NAME: OFFICE FOR THE AGING**

**DATE: 5/8/2019**

(a) Purpose of Amendment:

**Transfer DSRIP monies from A 691.00 Deferred Revenues into department and utilize.**

(b) Appropriation Code, Object Code, Full Title and Amount:

**A.6772.4300 428 WHCOFA DSRIP Telephone (\$600.00)**

**A.6772.4300 260 WHCOFA DSRIP Other Equipment (\$5,000.00)**

**A.6772.4300 220 WHCOFA DSRIP Other Equipment (\$15,000.00)**

**A.6772.4300 410 WHCOFA DSRIP Supplies (\$19,400.00)**

**TOTAL = \$40,000.00**

(c) Revenue Code (with title), and Amount:

**A.6772.4300 3426 (\$40,000.00)**

**RESOLUTION REQUEST FORM NO. 7*****Request to Amend County Budget\****

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

**DEPARTMENT NAME: Social Services**

**DATE: 5/21/19**

- (a) Purpose of Amendment: **To increase DSS expense & revenue due to 2 new allocations.**
  
- (b) Appropriation Code, Object Code, Full Title and Amount: **\$75,000**
  - A.6010 410 Supplies (contractual expense) \$35,000**
  - A.6010 110 Salaries - Regular \$30,000**
  - A.6010 860 Hospitalization \$10,000**
  
- (c) Revenue Code (with title), and Amount: **\$75,000**
- (d) **A.6010 3610 Social Services Admin**

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
Attachment B

**ATTESTATION OF USE OF FAMILY FIRST TRANSITION FUNDS**

**Instruction:**

This form must be completed to receive Family First Transition Funds. Please complete and return to [FamilyFirstNY@ocfs.ny.gov](mailto:FamilyFirstNY@ocfs.ny.gov) by **June 15, 2019**. Such funds will not be used to supplant any other state or local funds. Claims for reimbursement under this appropriation will not be submitted for the same type and level of funding covered by any other state or locally authorized appropriation.

**Section I**

This is to certify that Warren County (insert LDSS name) plans to use the allocation of these funds authorized in the amount of \$ 30,000 toward one of the purposes listed below. This plan is subject to change based on individualized technical assistance and strategy selection. How the funds were used will be documented in the *Family First Transition Fund Progress Report* (Attachment C). Outcomes resulting from such expenditures will be documented in the *Family First Transition Fund Outcomes Report* (Attachment D).

**Plan for use of funds: (Check all that apply.)**

- Additional/enhanced targeted technical support
- Family search and engagement
- Enhancing support for foster parents
- Supporting kinship foster parents in meeting approval/certification requirements
- Improving recruitment and retention of foster families, including kinship caregivers
- Establishing administrative review teams to review proposed placements in non-kinship and congregate care settings
- Other (describe)

**Section II**

The LDSS agrees to participate in OCFS administered centralized technical assistance, and may receive additional technical assistance which may include one or more of the following:

- OCFS administered LDSS-specific technical assistance to assist with data analysis
- Consultant administered strategy development, system improvements and monitoring progress toward target goals

The LDSS has already received technical assistance toward the goal of reducing children in congregate care and increasing children in kinship foster care settings:

- Yes     No

If yes, describe:

**Section III**

**Instruction:**

OCFS has set statewide target goals for the percentage of children in foster care living in congregate care and kinship foster care, to be achieved by September 30, 2021, as follows: **12% congregate care placements and 30% kinship foster care placements**. To assist the state in meeting these targets, the LDSS must identify target goals to reduce congregate care and increase kinship foster care to be achieved by September 30, 2021. Progress toward these goals, as of September 30, 2020, will be documented in the *Family First Transition Fund Outcomes Report* due November 1, 2020.



## Office of Temporary and Disability Assistance

ANDREW M. CUOMO  
Governor

SAMUEL D. ROBERTS  
Commissioner

BARBARA C. GUINN  
Executive Deputy Commissioner

### Local Commissioners Memorandum

#### Section 1

<b>Transmittal:</b>	18-LCM-21
<b>To:</b>	Social Services District Commissioners
<b>Issuing Division/Office:</b>	Integrated Family Assistance Program (IFAP)/ Housing, Refugee Services, and Disability Determinations (HRDD)
<b>Date:</b>	November 20, 2018
<b>Subject:</b>	District Allocation
<b>Contact Person(s):</b>	Linda Camoin (518) 473-6661
<b>Attachments:</b>	<u>Attachment 1: Claiming Instructions</u>
<b>Attachment Available Online:</b>	<input checked="" type="checkbox"/>

#### Section 2

##### I. Purpose

This Local Commissioners Memorandum (LCM) provides notification to social service districts (districts) of an allocation in the amount of \$45,000 per district to support connectivity to their local Homeless Management Information System (HMIS) and other administrative actions related to Homeless Services Plans. This LCM outlines the requirements for use of these funds.

##### II. Background

Pursuant to 18 NYCRR §304.2, which was recently filed as an emergency regulation, each district must submit and implement an approved Homeless Services Plan and submit outcome reports consistent with requirements to be promulgated by OTDA. It is anticipated that districts will work with local Continuums of Care and HMIS administrators to coordinate services and meet any regulatory requirements issued, including reporting requirements. Providing funding to districts to support the development of Homeless Services Plans and the reporting requirements associated with those plans will improve the quality of the planning and data collection process.

##### III. Program Implications

Eligible costs include expenses directly related to developing the Homeless Services Plans and/or furthering reporting capabilities with HMIS, such as purchase of HMIS licenses for in house access to the local HMIS system, contracting with Continuums of Care to provide data analysis and reporting, tracking of Homeless Services Plan outcomes, and district costs, including staff costs, related to the compilation of and reporting on Homeless Services Plans, which are due on February 15, 2019. Eligible

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

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

**DEPARTMENT NAME:** Warren County Health Services-Home Care Division

**DATE:** May 30, 2019

- (a) **Purpose of Amendment:** To amend the 2019 budget to adjust the Health Services – Home Care Division to reflect the funds given from the Adirondack Health Institute (AHI) to support the DSRIP (New York State Delivery Systems Reform Incentive Payment Program) Project of **\$50,000.00**.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
**A.4010.4300.220 Health Services-DSRIP Office Equipment \$16,000.00**  
**A.4010.4300.260 Health Services-DSRIP Other Equipment \$15,000.00**  
**A.4010.4300.410 Health Services-DSRIP Supplies Expense \$ 3,000.00**  
**A.4010.4300.428 Health Services-DSRIP Data Processing \$16,000.00**

Revenue Code (with title), and Amount:  
**A.4010.4300.3426 Health Services—DSRIP Engagement Funds Revenue**  
**\$50,000.00**

**\*Note:** These funds were received in previous years, however have been in deferred revenues. As we spend the funds, we will need to both amend the current budget and will do internal Journal entries to recognize revenues when spent in 2019. Purchases involved with this amendment include additional lap top computers needed, Telemonitors needed for patients, Costs affiliated with having software created for our Crescendo system to allow us to interface with other providers, and camera's and other miscellaneous items needed for patient care/documentation all within the HomeCare division. DSRIP funds fully cover these expenses.

**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:** Park O & M

**DATE:** June 4, 2019

- (a) Purpose of Request: To Reimburse Village of Lake George for Charles R. Wood Park for repair of Bill Acceptor, Water Feature, and Golf Cart.
  
- (b) Details: Appropriation Code A.1625 422 Charles R. Wood Park, Repair and Maint - Equipment, \$909.95, A1625 441 Charles R. Wood Park, Auto Supplies/Repair, \$819.00.
  
- (c) Previous Resolution Number:
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: Deferred Revenue - Gaslight Village Parking Fees, A.691.07 \$1,728.95.

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

\* as listed in budget and LOGOS

Statement  
VILLAGE OF LAKE GEORGE  
P.O. Box 791  
Lake George, New York 12845  
518-668-5771

No 02523

Kevin Hajos  
TO: Warren County DPW  
4028 Main Street  
Warrensburg, NY 12885

4/19/2019  
DATE

FOR: Bill Acceptor repair LG 3 - Beach Road 25% \$ 34.95

*A51050.4*

Total Amount Due \$34.95

Very truly yours, Danae Bock  
Treasurer

191776

VILLAGE OF LAKE GEORGE

26 OLD POST ROAD  
PO BOX 791  
LAKE GEORGE, NY 12845-0791  
PHONE # (518) 668-5771 FAX # (518) 668-3735

PO Number : 191665  
Date : 03/15/2019  
Page: 1 of 1

Purchase Order

Vendor : 0000130125  
MACKAY METERS INC  
PO BOX 338  
NEW GLASGOW B2H 5E3

Ship To:  
VILLAGE OF LAKE GEORGE  
26 OLD POST ROAD  
LAKE GEORGE, NY 12845

Bill To:  
VILLAGE OF LAKE GEORGE  
PO BOX 791  
LAKE GEORGE, NY 12845

PHONE # (800) 683-6383 FAX # (973) 684-5594

Description: PAY & DISPLAY PART REPAIRS LG11 CPU AND LG3 AND SPARE VIL BILL ACCEPTORS

Qty	Unit	Description	Unit Price	Amount
0.0000		LG11 REPAIR BOARD OF CPU - James St	125.0000	125.00
1.0000		A.3320.0400 REPAIR BILL ACCEPTOR OUT OF LG3	139.80	139.80
1.0000		A.5650.0400 REPAIR VILLAGES SPARE BILL ACCEPTOR	139.80	139.80
		A.6650.0400		
Total:				\$525.00

Handwritten notes: *County # 2523 For \$34.95*

Handwritten notes on left: *Display PO 3/11/19 County # 4/19/19*

Stamp: **APPROVED**  
D J MCKINNEY  
PURCHASING AGENT

Stamp: APR 15 2019

Stamp: \$ 404.60

Ordered By: DH Approved By:

Authorized Official	Date	Authorized Official	Date
		<i>[Signature]</i>	4-10-17
Authorized Official	Date	Authorized Official	Date

Statement  
**VILLAGE OF LAKE GEORGE**  
P.O. Box 791  
Lake George, New York 12845  
518-668-5771

No 02530

TO: Kevin Hajos  
Warren County DPW  
\_\_\_\_\_  
4028 Main Street  
\_\_\_\_\_  
Warrensburg, NY 12885  
\_\_\_\_\_

May 24, 2019  
\_\_\_\_\_  
DATE

FOR: Wood Park Water Feature Repair  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount Due \$875.00  
\_\_\_\_\_

Very truly yours, Danae Bock  
Treasurer

192018

VILLAGE OF LAKE GEORGE

26 OLD POST ROAD  
PO BOX 791  
LAKE GEORGE, NY 12845-0791  
PHONE # (518) 668-5771 FAX # (518) 668-3735

PO Number : 191775  
Date : 05/01/2019  
Page: 1 of 1

Purchase Order

Vendor: 0000050003  
EMERICK ASSOCIATES, INC  
1107 LOUDON ROAD  
RD#1 BOX 151  
COHOES, NY 12047

Ship To:  
VILLAGE OF LAKE GEORGE  
26 OLD POST ROAD  
LAKE GEORGE, NY 12845

Bill To:  
VILLAGE OF LAKE GEORGE  
PO BOX 791  
LAKE GEORGE, NY 12845

PHONE # (518) 785-6692 FAX #

Description: WOOD PARK WATER FEATURE TO BE REIMBURSED BY COUNTY O&M

Qty	Unit	Description	Unit Price	Amount
1.0000		REPAIR PUMP FOR FOUNTAIN A.7110.0420	875 <sup>00</sup> <del>900.0000</del>	875 <sup>00</sup> <del>900.00</del>
			Total:	875 <sup>00</sup>

VOUCHERS MUST BE RECEIVED BY 10TH OF MONTH  
FOR PAYMENT TO BE MADE AT MONTHLY AUDIT  
TAX EXEMPT 14-6002271

Invt INV31550

Full Bill

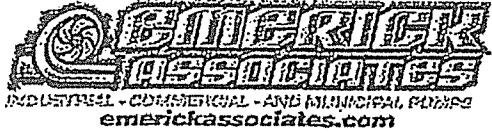
APPROVED  
D J MCKINNEY  
PURCHASING AGENT

\$ 875.00

Authorized Official [Signature] Date 5/26/19  
Authorized Official [Signature] Date MAY 20 2019

Ordered By: DH Approved By:  
Authorized Official \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

# Invoice



Page 1/1  
 Invoice INV31550  
 Date 5/3/2019

Bill To: TOWN OF LAKE GEORGE  
 20 OLD POST ROAD  
 LAKE GEORGE NY 12845

Ship To: TOWN OF LAKE GEORGE  
 20 OLD POST ROAD  
 LAKE GEORGE NY 12845

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Ship Date	Order No.
DAVE HARRINGTON	TOWNOFLAKE GEOR	BRIANM	UPS	NET30	5/3/2019	REPOD1001593
Ordered	Shipped	B/O	Item Number	Description	Net Each	Ext Price
1	1	0	SERVICE CALL	SERVICE CALL 4/29 WOOD PARK PS Inspect, repair, test Hydromatic pump	\$875.00	\$875.00

Subtotal \$875.00  
 Misc \$0.00  
 Tax \$0.00  
 Freight \$0.00  
**Total \$875.00**

Our standard terms and conditions apply unless otherwise noted.

COPY

Statement  
**VILLAGE OF LAKE GEORGE**  
P.O. Box 791  
Lake George, New York 12845  
518-668-5771

No 02524

TO: Kevin Hajos  
Warren County DPW

4/19/19  
DATE

4028 Main Street

Warrensburg, NY 12885

SK

FOR: Service Wood Park Golf Cart

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A2416

Total Amount Due \$819.00

Very truly yours, Danae Bock  
Treasurer

*D Bock*

Five Star Golf Cars & Utility Vehicles LLC

(3) 527-8095  
www.fivestargolfcars.com

FIVE STAR

# Invoice

INVOICE # 31824  
DATE 04/01/2019  
DUE DATE 04/11/2019  
TERMS Net 10

**BILL TO**  
Village of Lake George  
PO Box 791  
26 Old Post Rd.  
Lake George, NY 12845

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

P.O. NUMBER 191641 SALES REP CK

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/01/2019	Parts Serial: 5107038 - Tune Up Kit	1	50.00	50.00T
04/01/2019	Parts Crankcase Gasket	1	40.00	40.00T
04/01/2019	Parts Steering Rack	1	304.00	304.00T
04/01/2019	Service & Repair Labor	5	85.00	425.00T

Please remit payment to our billing office.

Five Star Golf Cars & Utility Vehicles  
29 Hidden Creek Drive  
Scarborough, ME 04074

SUBTOTAL	819.00
TAX (0%)	0.00
TOTAL	819.00
BALANCE DUE	<b>\$819.00</b>

*billed*  
 Wood Park Golf Cart Pd #  
 on 4/19/19 CK # 32520  
 Invoice # 2524 to Five Star

Thank you for your business!

**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: DPW

DATE: 5/30/19

- (a) Exact Title and Number of Project\*: H352 CR 13 & CR 31 Bridge Painting Project (PIN 1760.01)
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable):
- (e) Amount of Decrease (if applicable): \$26,395.84
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
  - \$ 21116.67 Federal Share
  - \$ 3959.63 State Marchiselli Share (actually available)
  - \$ 1319.54 Local Match (return to D.9950 910 Transfers - Capital Projects)
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Reconcile Funding Shares for Close-Out of Project

**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: DPW**

**DATE: 5/30/19**

(a) Purpose of Request: To authorize closure of the following capital projects:

Project	Estimated Funds	Funding Source
H352 - CR 13 & CR 31 Bridge Painting	\$1,339.78	D.9950 910

(b) Details: The projects listed are complete.

(c) Previous Resolution Number:

**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: DPW

DATE: May 30, 2019

- (a) Exact Title and Number of Project (must be obtained from Treasurer's Office): H387.9550 280 - Airport Fuel Farm (Vehicles)
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Project: \$155,000.00
- (e) Source of Funding (including name & title of codes, etc.): DM 894.00 Reserve Motor Fuel Farms (\$30,000.00) and DM.9950 910 Transfers - Capital Project (\$125,000.00)
- (f) Purpose of Establishment: Vehicle Fuel Dispensing

***RESOLUTION REQUEST FORM NO. 7***

***Request to Amend County Budget\****

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

**DEPARTMENT NAME: Department of Public Works**

**DATE: May 30, 2019**

- (a) Purpose of Amendment: To Fund Capital Project H387, Airport Fuel Farm (Vehicles) with the Reserve, DM 894.00 Motor Fuel Systems.
  
- (b) Appropriation Code, Object Code, Full Title and Amount: DM.9950 910, Transfers – Capital Projects \$30,000.00
  
- (c) Revenue Code (with title), and Amount: N/A

**WARREN COUNTY  
Journal Report - April 2019**

G/L Date	G/L Account Number	Account Description	Description	Increase Amount	Decrease Amount
<b>Building &amp; Fire - Building &amp; Fire Code</b>					
4/8/2019	A.3620 418	Ins-General Liability	Budget Transfer Within Object Code from A.3620 442	\$ 336.00	
4/8/2019	A.3620 442	Automotive - Gas & Oil	Budget Transfer Within Object Code to A.3620 418		\$ 336.00
<b>Clk of Legislati - Clerk of the Legislative Board</b>					
4/30/2019	A.1010 444	Travel/Education/Conference	Budget Transfer within Object Code to A.1010 445		\$ 368.13
4/30/2019	A.1010 445	Foods	Budget Transfer from Object Code A.1010 444	\$ 368.13	
<b>County Auditor - County Auditor</b>					
4/10/2019	A.1320 423	Telephone	Within object code transfer A.1320 427 to 423	\$ 140.00	
4/10/2019	A.1320 427	Memberships & Dues	Within object code transfer A.1320 427 to 423		\$ 140.00
<b>DPW_DPW Admin - DPW,DPW Administration</b>					
4/12/2019	A.7113 415	Electricity	Transfer Within Budget Code from A.7113 417	\$ 800.00	
4/12/2019	A.7113 417	Water/Sewer/Taxes	Transfer Within Budget Code to A.7113 415		\$ 800.00
4/15/2019	A.1620 410	Supplies	Transfer Within Budget Code to A.1620 439		\$ 250.00
4/15/2019	A.1620 439	Misc Fees & Expenses	Transfer Within Budget Code from A.1620 410	\$ 250.00	
4/15/2019	A.7113 410	Supplies	Transfer Within Budget Code to A.7113 415		\$ 138.00
4/15/2019	A.7113 415	Electricity	Transfer Within Budget Code from A.7113 410	\$ 138.00	
4/18/2019	DM.5130 230	Automotive Equipment	Transfer Within Budget Code to DM.5130 260		\$ 30,050.00
4/18/2019	DM.5130 260	Other Equipment	Transfer Within Budget Code from DM.5130 230	\$ 30,050.00	
4/30/2019	DM.5130 230	Automotive Equipment	Transfer Within Budget Code from DM.5130 260		\$ 30,000.00
4/30/2019	DM.5130 260	Other Equipment	Transfer Within Budget Code to DM.5130 230	\$ 30,000.00	
<b>Mental Health - Mental Health</b>					
4/5/2019	A.4310 437	Consulting Fees	Transfer funds from A.4310 437 to A.4310 444.01		\$ 1,200.00
4/5/2019	A.4310 444.01	Job Related Courses	Transfer funds to A.4310 444.01 from A.4310 437	\$ 1,200.00	

**WARREN COUNTY**  
**Journal Report - April 2019**

G/L Date	G/L Account Number	Account Description	Description	Increase Amount	Decrease Amount
OFA - Office for the Aging					
4/25/2019	A.6772 411	Rent-Building/Property	within object code transfer from A6772470	\$ 65,000.00	
4/25/2019	A.6772 470	Contract	within object code transfer to A6772411		\$ 65,000.00
Planning_Planning - Planning,Planning					
4/2/2019	A.8022 410	Supplies	budget transfer within object code from A.8022 422	\$ 135.98	
4/2/2019	A.8022 422	Repair/Maint-Equipment	budget transfer within object code to A.8022 410		\$ 135.98
Public Health_Health Services - Public Health,Health Services					
4/3/2019	A.4013 220	Office Equipment	Budget Transfer WIC to A4013.220 from A4013.260	\$ 100.00	
4/3/2019	A.4013 260	Other Equipment	Budget Transfer WIC to A4013.220 from A4013.260		\$ 100.00
4/10/2019	A.4010 436	Advertising Fees	Out of Code Budget Transfer CHHA A.4010.436 to Prev A.4018.410	\$ 800.00	
4/10/2019	A.4018 410	Supplies	Out of Code Budget Transfer CHHA A.4010.436 to Prev A.4018.410		\$ 800.00
4/19/2019	A.4010 436	Advertising Fees	Budget Transfer CHHA from A.4010.436 to A.4010.444	\$ 2,000.00	
4/19/2019	A.4010 444	Travel/Education/Conference	Budget Transfer CHHA from A.4010.436 to A.4010.444		\$ 2,000.00
Purchasing - Purchasing					
4/16/2019	A.1345 423	Telephone	Budget Transfers within Object Code from A.1345 444	\$ 150.00	
4/16/2019	A.1345 439	Misc Fees & Expenses	Budget Transfers within Object Code from A.1345 444	\$ 350.00	
4/16/2019	A.1345 444	Travel/Education/Conference	Budget Transfers within Object Code to A.1345 423		\$ 150.00
4/16/2019	A.1345 444	Travel/Education/Conference	Budget Transfers within Object Code to A.1345 439		\$ 350.00
Residential Hall - Countryside Adult Home					
4/18/2019	A.6030 439	Misc Fees & Expenses	Budget transfer with in object code from A.6030-445	\$ 1,000.00	
4/18/2019	A.6030 445	Foods	Budget transfer with in object code to A.6030-439		\$ 1,000.00
4/24/2019	A.6030 413	Repair & Maint.-Bldg/Property	Budget transfer with in object code to A 6030 439	\$ 3,000.00	
4/24/2019	A.6030 439	Misc Fees & Expenses	Budget transfer with in object code from A 6030413	\$ 3,000.00	
4/30/2019	A.6030 439	Misc Fees & Expenses	transfer funds between object 439 and 444		\$ 100.00
4/30/2019	A.6030 444	Travel/Education/Conference	transfer funds between object 439 and 444=	\$ 100.00	

**WARREN COUNTY**  
**Journal Report - April 2019**

G/L Date	G/L Account Number	Account Description	Description	Increase Amount	Decrease Amount
<b>Sheriff_Sheriff Law Enf - Sheriff_Sheriff Law Enforcement</b>					
4/30/2019	A.3110.4038 260	Other Equipment	Budget Amendment Out of Code Transfer from A.3110.4038 410	\$ 2,797.60	
4/30/2019	A.3110.4038 410	Supplies	Budget Amendment Out of Code Transfer to A.3110.4038 260		\$ 2,797.60
<b>Social Services - Social Services</b>					
4/5/2019	A.6010 418	Ins-General Liability	Budget Transfer within Object Code FROM A.6010 470	\$ 772.00	
4/5/2019	A.6010 470	Contract	Budget Transfer within Object Code TO A.6010 418		\$ 772.00
4/15/2019	A.6010 435	Medical Fees	Budget Transfer within Object Code from A.6010 444	\$ 600.00	
4/15/2019	A.6010 444	Travell/Education/Conference	Budget Transfer within Object Code to A.6010 435		\$ 600.00
<b>Tourism - Tourism</b>					
4/2/2019	A.6417.0001 210	Furniture/Furnishings	Transfer from A.6417.0001 424 - Out of code	\$ 2,130.00	
4/2/2019	A.6417.0001 424	Postage	Transfer to A.6417.0001 210 - Out of object code		\$ 2,130.00
4/24/2019	A.6417.0002 469	Other Payments/Contributions	Transfer to A.6417.0002 480	\$ 29,851.00	
4/24/2019	A.6417.0002 480	Tourism-Special Events	Transfer from A.6417.0002 469	\$ 29,851.00	
4/26/2019	A.6417.0001 470	Contract	Transfer to A.6417.0001 481	\$ 65.00	
4/26/2019	A.6417.0001 481	Tourism Promotion	Transfer from A.6417.0001 470	\$ 65.00	
<b>Traffic Safety - Traffic Safety</b>					
4/15/2019	A.3311 210	Furniture/Furnishings	Transfer of Funds Out of Object Code From A.3311 410	\$ 188.00	
4/15/2019	A.3311 410	Supplies	Transfer of Funds Out of Object Code to A.3311 210		\$ 188.00
<b>Treasurer - Treasurer</b>					
4/25/2019	A.1325 410	Supplies	Budget Transfer from A.1325 410 to A.1325 423	\$ 790.00	
4/25/2019	A.1325 423	Telephone	Budget Transfer from A.1325 410 to A.1325 423	\$ 790.00	

**RESOLUTION REQUEST FORM NO. 20**

**MISCELLANEOUS**

*\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.*

**DEPARTMENT NAME: Administrator**

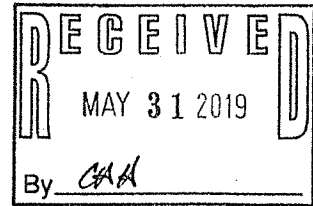
**DATE: 6/6/2019**

- (a) Purpose of Request:  
**To appropriate funds from the Vehicle Reserve to Health Services to cover replacement of Vehicle #1443**
  
- (b) Details:  
**Appropriate Vehicle Reserve funds to:  
A.4018 0040 230.1 Health Education, Automotive Equipment Reserve - \$18,000**
  
- (c) Previous Resolution Number:
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:  
**A.9950 896.00 Vehicle Reserves**

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

\* as listed in budget and LOGOS

WE ARE YOUR DOL

Department  
of LaborAndrew M. Cuomo, Governor  
Roberta L. Reardon, Commissioner**DONNA HARTNAGLE**

Property Manager I

(518) 457-2560 | [donna.hartnagle@labor.ny.gov](mailto:donna.hartnagle@labor.ny.gov)Department of Labor  
W. Averell Harriman State Office Campus  
Building 12, Room 536, Albany, NY 12240  
[www.labor.ny.gov](http://www.labor.ny.gov)

May 29, 2019

Mr. Kevin Geraghty, Chairman of Warren County  
Board of Supervisors  
333 Glen Street/Suite 300  
Glens Falls, NY 12801Re: Glens Falls  
Employment & Training Contract 05/01/19 – 04/30/22  
333 Glen Street/Suite 300  
Glens Falls, NY

Dear Mr. Geraghty:

Attached for your review and signature are four (4) copies of the lease contract between Employment & Training and DOL at the Glens Falls location for the dates of 05/01/19 – 04/30/22. Once these agreements are signed and notarized please return all four (4) copies to my attention for final execution. Once the agreements are fully executed I will send a copy back for your records.

Please let me know if you have any questions or require further information.

Sincerely,

Donna Hartnagle

DMH/ja

Att.

cc: P. Danaher  
L. Brooks  
C. O'Neill

**RENEWAL FACE PAGE**

<p><b>New York State Department of Labor Governor W. Averell Harriman State Office Building Campus, Building 12 Albany, NY 12240</b></p> <p><b>Agency Code 14000</b></p>	<p>Contract Number: A2016-001R1 Amount of Agreement: \$159,963.12</p> <p>CFDA # (If Applicable):</p> <p>Contract Period: 5/1/2019 to 4/30/2022</p> <p>Multi-Year Term (if applicable) From: 2019 To: 2022</p>
<p>Contractor Name/Project Sponsor: Warren County Office of Employment and Training</p> <p>Street: 333 Glen Street, Suite 300 City: Glens Falls State: New York Zip: 12801</p> <p>Billing Address (if different from above): Street: City: State: Zip:</p> <p>Title/Description of Project: Ancillary Agreement for office space within the DOL office located at 333 Glen Street, Glens Falls, NY.</p>	<p><b>Federal Tax Identification Number:</b></p> <p><b>Vendor Identification Number:</b></p> <p>Contractor is a Sectarian Entity <input type="checkbox"/> Check if Yes</p> <p><b>Check ONLY ONE of the Following Three Choices:</b> Contractor is a Municipality <input type="checkbox"/> Check if Yes</p> <p>MUNICIPALITY # (If Applicable: _____ or Contractor is a For-Profit Organization <input type="checkbox"/> Check if Yes Contractor is a Not-For-Profit Organization <input type="checkbox"/> Check if Yes</p>
<p><b>THIS AGREEMENT INCLUDES THE FOLLOWING:</b></p>	
<p><input checked="" type="checkbox"/> This Face Page and Standard Agreement</p> <p><input checked="" type="checkbox"/> Appendix A - Standard Clauses for all New York State Contracts <input type="checkbox"/> Appendix B - Project Budget and Program Narrative</p> <p><input type="checkbox"/> Appendix C - The Department's General Conditions <input type="checkbox"/> Appendix D - Certifications (as applicable) <input type="checkbox"/> Appendix E - Other Conditions, if applicable <input type="checkbox"/> Appendix X - Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods).</p> <p><input checked="" type="checkbox"/> Other - Addendum B</p>	<p><b>If Not-For-Profit:</b></p> <p>Charities Registration Number: Or Exempt Code:</p> <p>Contractor has timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports.</p> <p>Yes <input type="checkbox"/> or No <input type="checkbox"/></p>
<p><b>The Contractor and the Department agree to be bound by the terms and conditions contained in this Agreement</b></p>	
<p><b>CONTRACTOR</b></p>	<p><b>NYS DEPARTMENT OF LABOR</b></p>
<p>Signature of Contractor's Authorized Representative:  Date:</p>	<p>Signature of Authorized Official:  Date:</p>
<p>Type or Printed Name of Above Representative:  Title of Authorized Representative:</p>	<p>Type or Printed Name of Above Official:  Title of Authorized Representative:</p>
<p><b>Notary Public:</b> State of New York County of _____ On the ____ day of _____, 20____, before me personally appeared _____ to me known, who being by me duly sworn, did depose and say that he/she resides at _____ that he/she is the _____ of the _____ the corporation described herein which executed the foregoing instrument; and the he/she signed his/her name thereto by authority of the board of directors or said corporation.  (Notary) _____</p>	<p>State Agency Certification: In addition to the Acceptance of this contract, I also certify that original Copies of this signature page will be attached to all Other exact copies of this contract.</p>
<p><b>Renewal Information:</b> Renewal of agreement: \$159,963.12 As pertains to item 6, Addendum B of this renewal supersedes Addendum A.</p>	

**New York State Department of Labor**  
 W. Averell Harriman State Office Campus  
 Building 12, Room 436, Albany, NY 12240  
 www.labor.ny.gov

SHARED ONE STOP COSTS CONTRACT

THIS CONTRACT, made and entered into this 1<sup>st</sup> day of June, 2019, between THE STATE OF NEW YORK, acting and through the DEPARTMENT OF LABOR, hereinafter referred to as "NYSDOL", with offices located at the State Office Campus Building 12, Albany, New York 12240 and WARREN COUNTY, acting by and through its OFFICE OF EMPLOYMENT AND TRAINING, for use its OFFICE OF WORKFORCE INVESTMENT, whose address is: 333 Glen Street, Suite 300 Glens Falls, New York 12801 hereinafter referred to as the "PARTNER."

WITNESSETH

WHEREAS, NYSDOL has the right to use and occupy space at 333 Glen Street, Suite 300, Glens Falls NY 13820 ("the Premises") pursuant to a New York State Office of General Services lease with landlord 333 Glen Street Associates, LLC.; and

WHEREAS, the Workforce Investment Act of 1998 ("WIA") and the Workforce Innovation and Opportunity Act of 2014 ("WIOA") require that each state form a universal delivery system of state and local workforce development services ("Employment Services"); and

WHEREAS, PARTNER desires to use and occupy a portion of the Premises for Employment Services; and

WHEREAS, NYSDOL desires to grant to PARTNER the right to use and occupy a portion of the Premises as set forth in Addendum B hereto ("Contract Space") for such purposes;

Now, in consideration of the mutual covenants, terms, and conditions set forth below, the parties hereto agree as follows:

1. NYSDOL grants to the PARTNER a Contract (the "Contract") to use and occupy the Contract Space.
2. NYSDOL expressly warrants to PARTNER, that it has the authority to enter into this Contract with PARTNER for the full term set forth herein.
3. This Contract shall be for a term beginning on May 1<sup>st</sup>, 2019 (the "Commencement Date") and ending on April 30<sup>th</sup>, 2022.
4. The PARTNER shall use and occupy the Contract Space for Employment Services and such other services as are agreed to by the parties. NYSDOL agrees that in addition to PARTNER, said Contract Space shall be used and occupied by PARTNER's agents, invitees and business guests as approved/agreed to by NYSDOL.
5. The hours of operation of this Contract shall be from 8:30 a.m. – 5:00 p.m., Monday through Friday; any deviations from these hours would need written approval from NYSDOL.

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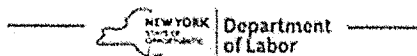
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6. The PARTNER shall pay to the NYSDOL a Contract Fee for office space, use of common areas at the Premises and operating expenses as set forth in Addendum B, to be paid in equal monthly installments, on or before the first day of each month during the term of this Contract and mailed to: NYS Department of Labor, SOBC- Building 12-Rm. 464, Albany, New York 12240. The remittance check shall be made payable to the "New York State Department of Labor" and contain the statement: "Fee for Space, Use and Occupancy of Department of Labor, Career Center, Glens Falls, NY." Such Contract Fee shall be inclusive of the cost of all utilities.
7. If NYSDOL has a change/escalation of Premise lease costs or operating expenses, NYSDOL shall, with PARTNER'S consent, adjust/increase the payment schedule in a proportional amount at any time during said Contract term, except that NYSDOL may adjust/increase the payment schedule without PARTNER's consent if PARTNER unreasonably withholds consent.
8. The PARTNER shall comply with all Federal, State, and local laws, ordinances, rules and regulations, and if the PARTNER fails to so comply, NYSDOL shall have the right to take whatever steps may be necessary to achieve compliance. Any cost or expense incurred by NYSDOL shall be added to the next installment of the Contract Fee coming due, including interest thereon, and all remedies herein affecting such fee shall also apply to such added amounts.
9. NYSDOL shall have the right to enter the Premises at any time for the purpose of making an inspection.
10. If the PARTNER: (a) deserts the Contract Space; (b) defaults in the payment of the Contract Fee or any part thereof; (c) sells, assigns, mortgages, pledges or sublets this Contract; (d) defaults in the performance of any of the terms, conditions or covenants of this Contract which the PARTNER is to keep and perform; (e) fails to comply with any Federal, State, or local law, ordinance rule or regulation applicable to the Contract Space after written notice by NYSDOL; or (f) files a petition in bankruptcy or is adjudicated a bankrupt or makes an assignment for the benefit of creditors, or takes advantage of any insolvency act, NYSDOL may, at any time thereafter terminate this Contract and the term thereof, on giving to the PARTNER or the legal representatives of the PARTNER and any person occupying the Premises, thirty (30) days prior written notice of its intention to terminate this contract. Upon the giving of such notice, this Contract and the term thereof shall terminate on the date fixed in such notice as if such date were the date originally fixed in this Contract for the termination or expiration thereof. Such notice addressed to the PARTNER at the Contract Space location may be given by first class mail to the PARTNER, or the legal representatives of the PARTNER.
11. In addition to any other remedies which NYSDOL may have, NYSDOL may apply for and obtain an injunction to enforce NYSDOL's rights.
12. NYSDOL shall not be liable for any damage to personal property or injury by elements or rain or storm water, which may be sustained by the PARTNER or other person or for any damage or injury resulting from the carelessness, negligence or improper conduct on the part of any person, or by reason of the breaking, leakage or obstruction of the water or soil pipes, or other leakage in or about any structure on the Premises.
13. The PARTNER shall save harmless and indemnify the State of New York, the NYSDOL, their officers and employees from and against any and all claims, suits, actions, cost and expense involving injury to person or property arising out of the use and occupancy of the Premises. The PARTNER, if not a self-insured governmental entity, agrees to obtain and maintain in force throughout the duration of this Contract a General Hazard and Comprehensive Public Liability Insurance Policy having coverage limits of not less than One Hundred Thousand Dollars (\$100,000.00) in the event of injury to any one person, and Three Hundred Thousand Dollars (\$300,000.00) in the event of injury to two or more persons while in and about the demised area. The PARTNER shall deliver certificates of such insurance to the NYSDOL prior to the beginning of the term of this Contract and thereafter not less than thirty (30) days prior to the expiration of any such policy. All such policies

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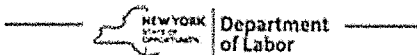


shall contain a provision that NYSDOL shall receive at least thirty (30) days notice prior to material change or cancellation.

14. PARTNER understands and agrees that, pursuant to law, all employees in the hire of the PARTNER shall be adequately and properly covered by Workers' Compensation Insurance and Disability Benefits coverage in all work concerned in and about the Contract Space or the building in which such Contract Space is located. The PARTNER shall notify NYSDOL at least thirty (30) days prior to material change or cancellation of such coverage.
15. NYSDOL may at any time terminate this Contract on giving to the PARTNER, or the legal representatives of the PARTNER, thirty (30) days prior written notice of its intention to terminate this Contract. Upon the giving of such notice, this Contract and the term thereof shall terminate on the date fixed in such notice, as if said date were the date originally fixed in this Contract for the termination or expiration thereof.
16. PARTNER may at any time terminate this Contract on giving to the NYSDOL, or the legal representatives of the NYSDOL, thirty (30) days prior written notice of its intention to terminate this Contract. Upon the giving of such notice, this Contract and the term thereof shall terminate on the date fixed in such notice, as if said date were the date originally fixed in this Contract for the termination or expiration thereof.
17. The PARTNER shall not: (a) sell, assign, mortgage or pledge this Contract; (b) let or sublet the whole or any part of the Contract Space; or (c) occupy or allow the Contract Space to be occupied for any business other than specified herein or for any immoral or illegal purpose.
18. The waiver or breach of any of the terms, conditions or covenants of this Contract by either party shall not be deemed a waiver of any subsequent breach thereof.
19. Holding Over – PARTNER will have no right to remain in possession of all or any part of the Contract Space after the expiration of the term absent the written permission of NYSDOL. If PARTNER remains in possession of all or any part of the Contract Space after the expiration of the term, with or without the consent of NYSDOL: (a) such use and occupancy will be deemed to be a periodic Contract from month to month only; (b) such use and occupancy will not constitute a renewal or extension of this Contract for any further term; and (c) such use and occupancy may be terminated by NYSDOL upon the earlier of thirty (30) days prior written notice or the earliest date permitted by law. If, however, NYSDOL has vacated its portion of the leased space, upon holding over, PARTNER shall be responsible for NYSDOL's total monthly cost of renting the entire space. If, in the alternative, NYSDOL either holds over or enters a new lease, PARTNER'S hold over rent shall be adjusted accordingly.
20. IT IS MUTUALLY UNDERSTOOD AND AGREED that the terms, conditions and covenants contained in this Contract shall be binding upon the parties hereto and upon their respective successors and legal representatives.
21. Appendix A, Standard Clauses for New York State Contracts is incorporated as if fully set forth herein, and shall take precedence in the event of any discrepancy, disagreement or ambiguity with any other contract documents.

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ADDENDUM "B"

Rent: \$53,321.04 per annum

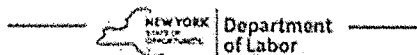
Rent is based upon occupied space of 3004 square feet, as well as covered operating expenses and use of common and shared areas at the Premises, at an annual rate of \$17.75 per square foot for a total of \$53,321.04 annually. Divided by twelve (12) this equals a monthly amount of \$4,443.42. Covered operating expenses are: rent, janitorial services, heat, electricity, security, and security alarm monitoring.

Summary:	5/1/19 - 4/30/22 (3 years)
Monthly Rent	\$ 4,443.42
Yearly Rent	\$53,321.04

**Total contract amount due \$159,963.12**

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# Warren County Board of Supervisors

## RESOLUTION NO. 117 OF 2016

**Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer**

**AUTHORIZING OFFICE SPACE LEASE AGREEMENT WITH STATE OF NEW YORK DEPARTMENT OF LABOR FOR LEASE OF OFFICE SPACE BY EMPLOYMENT & TRAINING ADMINISTRATION**

WHEREAS, the Employment and Training Administration's current office space lease agreement with the New York State Department of Labor expired December 31, 2014 and the Administration has continued to occupy its same space at 820 State Route 9 in Queensbury as a tenant at will while the new lease agreement was being negotiated, and while the new space at 333 Glen Street, Glens Falls, is being prepared for occupancy, and the Administration has negotiated with the New York State Department of Labor for a new lease for a period of up to ten (10) years for the term to commence on or about April 1, 2016 and terminating December 31, 2026 at the estimated rate of Fifty-Seven Thousand Seven Hundred Ninety-Six Dollars and Forty-Eight Cents (\$57,796.48) per year, and the office space is projected to be ready for occupancy and the Administration is scheduled to move on April 1, 2016, now, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an office space lease agreement with the New York State Department of Labor upon the following terms, 1) for an annual amount not to exceed Fifty-Seven Thousand Seven Hundred Ninety-Six Dollars and Forty-Eight Cents (\$57,796.48) per year; 2) for a term commencing April 1, 2016 or another date based on the actual date of occupancy and terminating December 31, 2026, and 3) with provisions for early termination by either party per agreement terms, in a form approved by the County Attorney, and be it further

RESOLVED, that the funding for such lease agreement expenses shall be paid from various Employment & Training Administration budget codes.

# Warren County Board of Supervisors

## RESOLUTION NO. 34 OF 2018

**RESOLUTION INTRODUCED BY SUPERVISORS SOKOL, SIMPSON, MERLINO, DICKINSON, STROUGH, BEATY, FRASIER, MCDEVITT, GERAGHTY, BRAYMER AND HYDE**

**AUTHORIZING AGREEMENT WITH THE WARREN COUNTY  
LOCAL DEVELOPMENT CORPORATION TO ADMINISTER AND  
PERFORM ECONOMIC DEVELOPMENT PROGRAMS AND  
INITIATIVES, COUNTY AND COMMUNITY PLANNING  
SERVICES AND GRANT/LOAN PROGRAMS**

WHEREAS, Local Law No. 2 of 2012 authorizes Warren County to enter into agreements with the Warren County Local Development Corporation to perform economic development, planning, and grant and loan administration services on behalf of Warren County, now, therefore, be it

RESOLVED, that Warren County enter into a contractual relationship with the Warren County Local Development Corporation, which contractual relationship will authorize the Warren County Local Development Corporation to administer and perform on behalf of Warren County economic development programs and initiatives, County and community planning services and grant/loan programs including micro-enterprise loan programs for a term commencing January 1, 201~~89~~ and terminating December 31, 201~~89~~ ~~in an amount not to exceed Fifty Thousand Dollars (\$50,000), and said funds to be expended from Budget Code A.6421.0385 470 Warren Co. Economic Devel., Local Development Corporation, Contract at no cost to Warren County,~~ and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the agreement in a form approved by the County Attorney.

## PERSONNEL AND HIGHER EDUCATION COMMITTEE

## AGENDA

JUNE 6, 2019

*Committee Members: Geraghty, Frasier, McDevitt, Leggett, Braymer, Simpson, Hyde, Diamond, Loeb, Merlino and Sokol*

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of prior Committee meetings.
- III. Privilege of the floor
- IV. Action Agenda
  - 1) SUNY Adirondack representatives to provide an update on the College.
  - 2) Items/Requests to be Discussed by the Human Resources Director and/or Personnel Officer:  
*Human Resources -*  
 Review of report on tracking of vacancies filled.
  - 3) Referrals from the Criminal Justice & Public Safety Committee, Public Defender:
    - A) Request to amend the Table of Organization and Salary Schedule to create and fill the new position of Case Manager- Public Defender, *Grade 14, Base Annual Salary \$40,954*, effective July 1, 2019.
    - B) Request to amend the Table of Organization and Salary Schedule to create and fill the new position of Legal Clerk, *Grade 5, Base Annual Salary \$30,520*, effective July 1, 2019.
  - 4) Referral from the Health, Human & Social Services Committee, Social Services  
 Request to amend the Table of Organization and Salary Schedule to create and fill the new position of Supervisor Case B #5, *Grade 20, Base Annual Salary \$49,557*, effective June 24, 2019.
  - 5) Items/Requests to be Discussed by the County Treasurer:
    - A) Request to remove the Payroll Supervisor and Payroll Technician positions from the CSEA Union.
    - B) Request to amend the Salary Schedule to increase the salary of the Payroll Supervisor from current actual salary of \$56,671 (*currently at Grade 18, Base Annual Salary \$46,492*) to an out-of-unit salary of \$62,000 effective June 24, 2019.
    - C) Request to amend the Salary Schedule to increase the salary of the Payroll Technician from current actual salary of \$39,541 (*currently at Grade 10, Base Annual Salary \$37,633*) to an out-of-Unit salary of \$48,500 effective June 24, 2019.
- V. Pending Items: None.
- VI. Vacancies Approved for Filling by Oversight Committee:

<i>Countryside -</i>	Institutional Aide #2, Part-Time, <i>Grade 3, Base Annual Salary \$28,026</i> , due to promotion
<i>County Attorney</i>	1 <sup>st</sup> Assistant County Attorney, <i>Annual Salary \$65,258</i> , due to resignation.
<i>Info. Technology -</i>	Computer Help Technician I #3, <i>Annual Salary \$44,000</i> , due to creation.
<i>Office for the Aging -</i>	Meal Site Cook #4, <i>Grade 2, Base Annual Salary \$27,438 (35 hr/week)</i> , due to resignation.
<i>Parks, Rec &amp; RR -</i>	Naturalist #2, <i>Annual Salary TBD</i> , due to retirement.
<i>Public Defender -</i>	8 <sup>th</sup> Assistant Public Defender, <i>Annual Salary \$47,500</i> .
<i>Sheriff -</i>	Communication Officer #3, <i>Annual Salary \$40,563.88</i> , due to promotion. Senior Communication Officer #3, <i>Annual Salary \$51,399.70</i> , due to promotion. Communication Supervisor, <i>Annual Salary \$54,149.70</i> , due to retirement. Investigator #4, <i>Annual Salary \$72,561</i> , due to retirement. Patrol Officer #TBD, <i>Annual Salary \$42,373</i> , due to promotion.
<i>Social Services -</i>	Keyboard Specialist #4, <i>Grade 3, Base Annual Salary \$28,026</i> , due to promotion. Keyboard Specialist #7, <i>Grade 3, Base Annual Salary \$28,026</i> , due to promotion. Social Services Investigator #3, <i>Grade 11, Base Annual Salary \$38,225</i> , due to retirement.