

SUPPORT SERVICES COMMITTEE
COUNTY ATTORNEY AGENDA
JANUARY 22, 2019

**Committee Members: Supervisors Loeb, Leggett, Sokol, Hyde, Magowan, Hogan, Wild,
Driscoll, Dickinson**

- I. Committee meeting called to order by Chairman
- II. Motion to approve the minutes of the prior meeting
- III. Action Agenda/New Business Items:
 - 1.) Change the title of Legal Assistant-Real Estate to Tax Coordinator
 - ~~X~~ Extend contract with Clements Firm for Office of the Aging
- IV. Referrals/Pending Items:

None.

↳ Here referred to Health Services Committee
- V. Discussion Items:
 - 1.) Status update regarding County litigation
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

Attachments:

Form 14-Request to Reclassify Position

Form 4-Extending, Rescinding or Amending Existing Contract

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: County Attorney

DATE: 01/15/2019

- (a) Title of Reclassified Position: **Tax Coordinator**
- (b) Annual Salary of Reclassified Position (and Grade if Applicable):* **same**
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, including longevities, for any **existing** employee who is filling the position.
- (c) Title and Employee Number of Position to be Deleted:
Legal Assistant-Real Estate
- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):* **\$45,000**
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, including longevities, for any **existing** employee who is filling the position.
- (e) Effective Date:* **12/26/2018**
*Please do not backdate unless the purpose is to correct an error.
- (f) Where are the Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:

nothing will change other than title of position.
- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:*
*This is necessary **BEFORE** bringing the request to committees.

yes

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: County Attorney

DATE: January 18, 2019

- (a) Purpose of Contract Change:
Extend contract with The Clements Firm for Office of the Aging

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
508 of 2016

- (c) Name of Contractor:
The Clements Firm

- (d) Address of Contractor: **333 Glen Street**
Suite 202, PO Box 598
Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number:
Tom Clements 518-745-0978

- (f) Commencement Date of Extension: **01/01/2018**

- (g) Termination Date of Extension: **02/28/2018**

- (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:
A.6772.10 470

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

*as listed in budget and LOGOS