

FINANCE COMMITTEE

AGENDA

JUNE 3, 2021

Committee Members: Beaty, Thomas, McDevitt, Merlino, Braymer, Diamond and Bruno

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of prior Committee meetings.
- III. Action Agenda
 - 1) Request for transfers of funds as attached for Committee approval.
 - 2) Requests/Items to be Discussed by the County Administrator (Ryan Moore, County Administrator):
 - A) Journal Report of transfers approved by the County Administrator staff for April 2021.
 - B) Request to authorize revisions to the Warren County Volunteer Policy.
 - 3) Requests/Items to be Discussed by the County Treasurer (Mike Swan, County Treasurer):
 - A) Request to approve list of chargebacks/refunds/corrections.
 - B) Request to close Capital Project H368, *SUNY Adirondack NSTEM*, and return estimated balance of \$52,034.46 to the Debt Service Fund; and to close Capital Project H373, *SUNY Adirondack Culinary Expansion*, and return estimated balance of \$41.53 to the General Fund.
 - C) Request to appropriate \$121,053.15 from Budget Code A.897.00, *Reserve, Westmount Legacy Costs*, to Budget Code A.4530 475, *Public Nursing Home, Bad Debt Expense*, to partially fund the write-off of Westmount Nursing Home receivables.
 - D) Request to authorize the write-off of \$342,560.10 in Westmount receivables which have been deemed uncollectible.
 - 4) Referrals from the Economic Growth & Development Committee (Chaired by Supervisor Hogan):

Employment & Training Administration (Liza Ochsendorf, Director, Employment & Training Administration)

 - A) Request to amend the County Budget in the amount of \$11,222.48 to reflect the receipt of Dislocated Worker Grant funds from the State of New York.

Planning & Community Development (Wayne LaMothe, County Planner)

 - B) Request to establish Capital Project H405, *Lake George Septic Replacement Program*, in the amount of \$340,000.
 - C) Request to amend the County Budget in the amount of \$5,000 to reflect the receipt of a NYSERDA Clean Energy Communities grant award.
 - D) Request to authorize a transfer of funds in the amount of \$4,984 from the Contingent Account, *A.1990 469*, to Budget Code A.8021 420, *Planning & Comm. Dev., Contract*, to provide for the County's share of the NYSERDA Level 2 Energy Audit.
 - E) Request to authorize a transfer of funds in the amount of \$1,443.34 from the Contingent Account, *A.1990 469*, to Budget Code A.9901 901, *Interfund Transfers*, to offset and write-off State receivables associated with CD34.
 - F) Authorizing the write-off of State receivables in the amount of \$1,443.34 for CD34.
 - 5) Referral from the Environmental Concerns & Real Property Tax Services Committee (Chaired by Supervisor Dickinson):

Real Property Tax Services (Lexie Delurey, Director of Real Property Tax Services) -

 - A) Request to authorize the appropriation of funds in the amount of \$6,000 from Budget Code A.893, *Reserve, Environmental Testing Funds*, to Budget Code A.1355 470, *Real Property Tax Services, Contract*, to pay Atlantic Testing Laboratories for a Limited Hazardous Materials Survey of Town of Johnsbury Tax Map Parcel No. 133.8-1-27 (*Mosher's Garage*).
 - B) Request to authorize the County Attorney's Office to obtain outside counsel to assist with the process of re-instating the Temporary Incident of Ownership on the Mosher property located in the Town of Johnsbury.
 - 6) Referral from the Health Services Committee (Chaired by Supervisor Frasier):

Public Health (Ginelle Jones, Director of Public Health/Patient Services) -

Request to amend the County Budget in the amount of \$4,660 to reflect receipt of increased funding provided by Health Research, Inc. to support the current expenses related to the Coronavirus.

CONTINUED

- 7) **Referral from the Public Safety Committee (Chaired by Supervisor Diamond):**
Office of Emergency Services (Ann Marie Mason, Director, Office of Emergency Services)
Request to increase Capital Project No. H254, Fire Training Center Project, in the amount of \$7,992.73 to reflect reimbursements from Washington County in the same amount.
- 8) **Referrals from the Public Works Committee (Chaired by Supervisor Conover):**
DPW (Kevin Hajos, Superintendent of Public Works) -
- A) Request to increase Capital Project No. H322, *Palisades Road (CR 26) over Brant Lake Inlet Bridge Replacement - Town of Horicon*, in the amount of \$161,985.69 to increase federal, state and local match shares for low bid construction costs.
 - B) Request to increase Capital Project No. H395, *Oxbow Hill & Moon Hill Road (CR63) Rehabilitation & Reconstruction*, in the amount of \$2,175,465.00 to add all shares for construction phase.
 - C) Request to increase Capital Project No. H386, *CR7 Halfway Creek Bridge Replacement*, in the amount of \$44,086.00 to increase funding for right-of-way incidentals and acquisitions.
 - D) Request to increase Capital Project No. H394, *Olmstedville Road (CR19) Reconstruction*, in the amount of \$ 90,033 to add all shares for right-of-way acquisition phase and increase preliminary engineering and right-of-way incidental phases.
 - E) Request for a transfer of funds in the amount of \$12,000 from the Contingent Account, *A.1990 439*, to Budget Code *A.1628 470, Waste Management Containment, Contract*, to fund the July 24, 2021 Household Hazardous Waste Collection event.
- 9) **Referrals from the Tourism & Occupancy Tax Coordination Committee (Chaired by Supervisor Geraghty):**
- A) Request to amend the County Budget in the amount of \$300,000 to move funds from the Occupancy Tax Reserve to the 2021 Occupancy Tax Budget in reflection of savings from the 2020 Deficit Reduction Plan.
 - B) Request to amend the County Budget in the amount of \$40,744.02 to amend the Tourism Budget to record the difference between the revenue and expenditures from the 2021 Winterfest event.
- 10) Finance Committee action is required on the following item(s) approved by the Personnel, Administration & Higher Education Committee - Agenda Items 2B, 6, 7A-C, 8 and 9:
- 2B) **Requests/Items to be Discussed by the Clerk of the Board (Amanda Allen, Clerk):**
Request for funding for NACo Travel.
- 6) **Referral from the Criminal Justice Committee (Chaired by Supervisor Leggett):**
District Attorney (Jason Carusone, District Attorney) -
Request to amend the Table of Organization and Salary Schedule to delete the position of Senior Crime Victim Specialist, *Annual Salary \$55,494*, and to create and fill the new position of Crime Victim Specialist, *Annual Salary \$40,954*, effective June 21, 2021.
- 7) **Referrals from the Health Services Committee (Chaired by Supervisor Frasier):**
Office for the Aging (Dee Park, Director, Office for the Aging) -
- A) Request to amend the Table of Organization and Salary Schedule to delete the position of Services Specialist, *Grade 10, Base Annual Salary \$37,633*, and to create and fill the new position of Services Assistant - Office for the Aging #1, *Grade 7, Base Annual Salary \$33,600*, effective June 21, 2021.
 - B) Request to amend the Table of Organization and Salary Schedule to delete the position of Supervisor of Volunteers, *Grade 4, Base Annual Salary \$29,333*, and to create and fill the new position of Services Assistant - Office for the Aging #2, *Grade 7, Base Annual Salary \$33,600*, effective June 21, 2021.
 - C) Request to amend the Table of Organization and Salary Schedule to delete the position of Aging Services Assistant - PT, *Grade 4, Base Annual Salary \$29,333 (20 hours/week)*, and to create and fill the new position of Services Assistant - Office for the Aging PT, *Grade 7, Base Annual Salary \$33,600 (20 hours/week)*, effective June 21, 2021.
- 8) **Referral from the Human Services Committee (Chaired by Supervisor Driscoll):**
Countryside Adult Home (Amy McByrne, Director, Countryside Adult Home) -
Request to amend the Table of Organization and Salary Schedule to delete the position of Part-Time Case Manager and to create and fill the new position of Case Manager, *Grade 14, Base Annual Salary \$40,954*.

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- 9) **Request/Item to be Discussed by the County Treasurer (Mike Swan, County Treasurer):**
Request to re-introduce the County Treasurer's request to remove the Payroll Supervisor and Payroll Technician positions from the CSEA Union and the associated requests for salary adjustments which were tabled at the June 6, 2019 Personnel & Higher Education Committee meeting. Finance Committee action only necessary if the Personnel Committee takes action on this item.

IV. Pending Items:

Committee to further consider proposed changes in policy to eliminate mileage reimbursement to members of the Board of Supervisors for travel related to Committee and Board Meetings after they are submitted in writing. (04.29.21)

- V. Privilege of the Floor/Public Comment (*please allow for 15 second delay on live stream meetings*)

- VI. Motion to adjourn

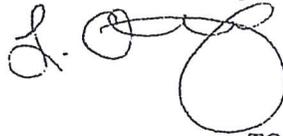
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Employment and Training

SIGNED: Liza Ochsendorf



DATE: May 24, 2021

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40.6293.0300 110	WIOA Adult	40.6293.0305 110	WIOA Dislocated Worker	10,000.00
40.6293.0300 110	WIOA Adult	40.6293.0313 110	WIOA Admin	3,000.00

Please state reason for transfers requested: Carryover budget adjustment for New World platform purposes.

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds FOR 2021

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

SIGNED: _____

TRANSFERS FOR 2020 BUDGET

DATE: May 24, 2021

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4192.435	COVID-19 Additional-Medical Supplies	A.4192.120	COVID-19 Additional-Overtime Salaries	\$2,264.00
	A.4192.428	COVID-19 Additional -Data Processing	A.4192.120	COVID-19 Additional-Overtime Salaries	\$283.00

Total Transfers \$2,547.00

1. To Transfer expenses within the COVID 19 Additional funding to cover Overtime salaries

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

WARREN COUNTY
Journal Report - April

Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type
Admn.Fiscal Srv - Administrative Fiscal Services	2021-00001574 Posted	BA	GL	04/28/2021	Transfer within Budget Code			
	G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
	04/28/2021	A.1011 410	Supplies	Transfer within Budget Code from A.1011 444		400.00		
	04/28/2021	A.1011 444	Travel/Education/Conference	Transfer within Budget Code to A.1011 410			400.00	
				Number of Entries: 2		\$400.00	\$400.00	
Brd. of Election - Board of Elections	2021-00001482 Posted	BA	GL	04/23/2021	BUDGET TRANSFERS WITHIN OBJECT CODE			
	G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
	04/23/2021	A.1450 426	Subscriptions	BUDGET TRANSFERS WITHIN OBJECT CODE FROM A.1450 439		1,330.00		
	04/23/2021	A.1450 439	Misc Fees & Expenses	BUDGET TRANSFERS WITHIN OBJECT CODE TO A.1450 426			1,330.00	
				Number of Entries: 2		\$1,330.00	\$1,330.00	
Brd. of Election - Board of Elections	2021-00001590 Posted	BA	GL	04/30/2021	BUDGET TRANSFERS WITHIN OBJECT CODE			
	G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
	04/30/2021	A.1450 422	Repair/Maint-Equipment	BUDGET TRANSFERS WITHIN OBJECT CODE FROM A.1450 439		8,484.00		
	04/30/2021	A.1450 439	Misc Fees & Expenses	BUDGET TRANSFERS WITHIN OBJECT CODE TO A.1450 422			8,484.00	
				Number of Entries: 2		\$8,484.00	\$8,484.00	
Clk of Legislati - Clerk of the Legislative Board	2021-00001264 Posted	BA	GL	04/14/2021	Budget Transfer out of Object Code to			
	G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
	04/14/2021	A.1010 220	Office Equipment	Budget Transfer from Out of Code A.1010 444		667.00		
	04/14/2021	A.1010 444	Travel/Education/Conference	Budget Transfer Out of Object Code to A.1010 220			667.00	

WARREN COUNTY
Journal Report - April

ITEM 2A

Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type	
Number of Entries: 2								\$667.00	\$667.00
County Auditor - County Auditor					within object code transfer A.1320 444 to 410				
	2021-00001606 Posted	BA	GL	04/30/2021					
G/L Date	G/L Account Number	Account Description			Description	Source		Increase Amount	Decrease Amount
04/30/2021	A.1320 410	Supplies			within object code transfer A.1320 444 to 410			400.00	
04/30/2021	A.1320 444	Travel/Education/Conference			within object code transfer A.1320 444 to 410				400.00
Number of Entries: 2								\$400.00	\$400.00
Dist. Attorney_Dist. Attorney - District Attorney, District Attorney					Budget Transfer within object code				
	2021-00001507 Posted	BA	GL	04/27/2021					
G/L Date	G/L Account Number	Account Description			Description	Source		Increase Amount	Decrease Amount
04/27/2021	A.1165 860	Hospitalization			Budget Transfer within object code to A.1165 862 Health Ins Cost				1,500.00
04/27/2021	A.1165 862	Health Insurance Cost Reimbursement			Budget Transfer within object code from A.1165 860 Hospitalizati			1,500.00	
Number of Entries: 2								\$1,500.00	\$1,500.00
DPW_DPW Admin - DPW,DPW Administration					Transfer Within Budget Code				
	2021-00001193 Posted	BA	GL	04/07/2021					
G/L Date	G/L Account Number	Account Description			Description	Source		Increase Amount	Decrease Amount
04/07/2021	A.7113 415	Electricity			Transfer Within Budget Code to A.7113 416				144.43
04/07/2021	A.7113 416	Oil & Gas-Heating			Transfer Within Budget Code from A.7113 415			144.43	
04/07/2021	DM.5130 220	Office Equipment			Transfer Within Budget Code from DM.5130 260			31.00	
04/07/2021	DM.5130 260	Other Equipment			Transfer Within Budget Code to DM.5130 220				31.00
Number of Entries: 4								\$175.43	\$175.43
DPW_DPW Admin - DPW,DPW Administration					Transfer Within Budget Code				
	2021-00001196 Posted	BA	GL	04/07/2021					

WARREN COUNTY
Journal Report - April

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Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type	
G/L Date	G/L Account Number	Account Description			Description	Source		Increase Amount	Decrease Amount
04/07/2021	D.5110 444	Travel/Education/Conference			Transfer Within Budget Code from D.5110 465			41.00	
04/07/2021	D.5110 465	Road/Bridge Materials			Transfer Within Budget Code to D.5110 444				41.00
Number of Entries: 2								\$41.00	\$41.00
DPW_DPW Admin - DPW,DPW Administration					Transfer Within Budget Code				
	2021-00001327	BA	GL	04/14/2021					
Posted									
G/L Date	G/L Account Number	Account Description			Description	Source		Increase Amount	Decrease Amount
04/14/2021	A.7113 416	Oil & Gas-Heating			Transfer Within Budget Code from A.7113 470			108.91	
04/14/2021	A.7113 470	Contract			Transfer Within Budget Code to A.7113 416				108.91
04/14/2021	D.3310 410	Supplies			Transfer Within Budget Code to D.3310 455				114.59
04/14/2021	D.3310 455	Safety Equipment			Transfer Within Budget Code from D.3310 410			114.59	
Number of Entries: 4								\$223.50	\$223.50
DPW_DPW Admin - DPW,DPW Administration					Transfer Within Budget Code				
	2021-00001500	BA	GL	04/26/2021					
Posted									
G/L Date	G/L Account Number	Account Description			Description	Source		Increase Amount	Decrease Amount
04/26/2021	A.7111 439	Misc Fees & Expenses			Transfer Within Budget Code from A.7111 453			277.00	
04/26/2021	A.7111 453	Uniforms & Clothing			Transfer Within Budget Code to A.7111 439				277.00
Number of Entries: 2								\$277.00	\$277.00
DPW_DPW Admin - DPW,DPW Administration					Transfer Within Budget Code				
	2021-00001583	BA	GL	04/29/2021					
Posted									
G/L Date	G/L Account Number	Account Description			Description	Source		Increase Amount	Decrease Amount
04/29/2021	A.1624 410	Supplies			Transfer Within Budget Code to A.1624 421				958.00
04/29/2021	A.1624 421	Equipment Rental			Transfer Within Budget Code from A.1624 410			958.00	
Number of Entries: 2									

WARREN COUNTY
Journal Report - April

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Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type
								\$958.00
								\$958.00
DPW_DPW Admin - DPW,DPW Administration					Transfer Within Budget Code			
	2021-00001600 Posted	BA	GL	04/30/2021				
	G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
	04/30/2021	A.1610 410	Supplies	Transfer Within Budget Code to A.1610 444			60.00	
	04/30/2021	A.1610 444	Travel/Education/Conference	Transfer Within Budget Code from A.1610 410		60.00		
				Number of Entries: 2		\$60.00	\$60.00	
Legal Def-Indgnt - Legal Defense - Indigents					From a. 1170 440 to A1170 424 Postage Over Budget			
	2021-00001608 Posted	BA	GL	04/30/2021		A.1170 440		
	G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
	04/30/2021	A.1170 424	Postage	From a. 1170 440 to A1170 424 Postage Over Budget	A.1170 440	200.00		
	04/30/2021	A.1170 440	Legal/Transcript Fees	From a. 1170 440 to A1170 424 Postage Over Budget	A.1170 440		200.00	
				Number of Entries: 2		\$200.00	\$200.00	
OFA - Office for the Aging					Within Object Code Transfer A6771.260 to A6771.220			
	2021-00001199 Posted	BA	GL	04/07/2021				
	G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
	04/07/2021	A.6771 220	Office Equipment	Within Object Code Transfer A6771.260 to A6771.220		96.00		
	04/07/2021	A.6771 260	Other Equipment	Within Object Code Transfer A6771.260 to A6771.220			96.00	
				Number of Entries: 2		\$96.00	\$96.00	
OFA - Office for the Aging					Within Object Code Transfer A6772.260 to A6772.220			
	2021-00001200 Posted	BA	GL	04/07/2021				
	G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	

WARREN COUNTY
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Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type
	04/07/2021	A.6772 220			Office Equipment		Within Object Code Transfer A6772.260 to A6772.220	224.00
	04/07/2021	A.6772 260			Other Equipment		Within Object Code Transfer A6772.260 to A6772.220	224.00
							Number of Entries: 2	\$224.00 \$224.00

Office of EMS - Office of Emergency Services

Budget transfer within object code

2021-00001246 BA GL 04/13/2021
Posted

G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount
04/13/2021	A.3410 410	Supplies	Budget transfer within object code to A.3410 426			47.95
04/13/2021	A.3410 426	Subscriptions	Budget transfer within object code from A.3410 410		47.95	
					Number of Entries: 2	\$47.95 \$47.95

Planning_Planning - Planning,Planning

budget transfer out of object code

2021-00001522 BA GL 04/28/2021
Posted

G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount
04/28/2021	A.8021 220	Office Equipment	budget transfer out of object code from A.8021 410		54.99	
04/28/2021	A.8021 410	Supplies	budget transfer out of object code to A.8021 220			54.99
					Number of Entries: 2	\$54.99 \$54.99

Public Health_Health Services - Public Health,Health Services

Budget Transfer to A4192.435 from Many A4192

2021-00001151 BA GL 04/02/2021
Posted

G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount
04/02/2021	A.4192 410	Supplies	Budget Transfer to A4192.435 from Many A4192			256.42
04/02/2021	A.4192 411	Rent-Building/Property	Budget Transfer to A4192.435 from Many A4192			708.00
04/02/2021	A.4192 435	Medical Fees	Budget Transfer to A4192.435 from Many A4192		1,264.42	

WARREN COUNTY
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Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type
	04/02/2021 A.4192 445	Foods			Budget Transfer to A4192.435 from Many A4192			300.00
					Number of Entries: 4		\$1,264.42	\$1,264.42
Public Health_Health Services - Public Health,Health Services					Budget transfer Dis Prog			
	2021-00001329 Posted	BA	GL	04/14/2021				
G/L Date	G/L Account Number	Account Description		Description	Source		Increase Amount	Decrease Amount
04/14/2021	A.4018.0030 435	Medical Fees		Budget transfer Dis Prog to A4018.0030.441				250.00
04/14/2021	A.4018.0030 441	Auto-Supplies & Repair		Budget transfer Dis Prog from A4018.0030.435			250.00	
				Number of Entries: 2			\$250.00	\$250.00
Public Health_Health Services - Public Health,Health Services					Out ofcode Tran WIC to A.4013.860 from A4013.469 Paquette Health			
	2021-00001504 Posted	BA	GL	04/26/2021				
G/L Date	G/L Account Number	Account Description		Description	Source		Increase Amount	Decrease Amount
04/26/2021	A.4013 469	Other Payments/Contributions		Out ofcode Tran WIC to A.4013.860 from A4013.469 Paquette Health				7,250.00
04/26/2021	A.4013 860	Hospitalization		Out ofcode TransWIC to A.4013.860 from A4013.469 Paquette Health			7,250.00	
				Number of Entries: 2			\$7,250.00	\$7,250.00
Public Health_Health Services - Public Health,Health Services					Budget Transfer Health Ed Veh Repairs A.4018.0040.441 from .410			
	2021-00001519 Posted	BA	GL	04/27/2021				
G/L Date	G/L Account Number	Account Description		Description	Source		Increase Amount	Decrease Amount
04/27/2021	A.4018.0040 410	Supplies		Budget Transfer Health Ed Veh Repairs A.4018.0040.411 from .410				100.00
04/27/2021	A.4018.0040 441	Auto-Supplies & Repair		Budget Transfer Health Ed Veh Repairs A.4018.0040.411 from .410			100.00	
				Number of Entries: 2			\$100.00	\$100.00
Public Health_Health Services - Public Health,Health Services					Budget Transfer Disease to A4018.0030.445 fm A4018.0030.424			
	2021-00001589 Posted	BA	GL	04/29/2021				

WARREN COUNTY
Journal Report - April

ITEM 2A

Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type
G/L Date	G/L Account Number	Account Description		Description	Source	Increase Amount	Decrease Amount	
04/29/2021	A.4018.0030 424	Postage		Budget Transfer Disease to A4018.0030.445 fm A4018.0030.424			200.00	
04/29/2021	A.4018.0030 445	Foods		Budget Transfer Disease to A4018.0030.445 fm A4018.0030.424		200.00		
Number of Entries: 2						\$200.00	\$200.00	

Public Health_Health Services - Public Health,Health Services
2021-00001607 BA GL 04/30/2021 Bud trans DisA40180030428 frm A40180030435 \$1000 mailchimp
Posted

G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
04/30/2021	A.4018.0030 428	Data Processing & Internet Fees	Bud trans DisA40180030428 frm A40180030435 \$1000 mailchimp		1,000.00		
04/30/2021	A.4018.0030 435	Medical Fees	Bud trans DisA40180030428 frm A40180030435 \$1000 mailchimp			1,000.00	
Number of Entries: 2						\$1,000.00	\$1,000.00

Purchasing - Purchasing
2021-00001167 BA GL 04/05/2021 Budget Transfers Out-of-Code
Posted

G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount	
04/05/2021	A.1345 220	Office Equipment	Out of Object Budget Code Transfer from A.1345 410s		45.00		
04/05/2021	A.1345 410	Supplies	Out of Object Budget Code Transfer to A.1345 220			45.00	
Number of Entries: 2						\$45.00	\$45.00

Purchasing - Purchasing
2021-00001226 BA GL 04/12/2021 Budget Transfers Out-of-Code
Posted

G/L Date	G/L Account Number	Account Description	Description	Source	Increase Amount	Decrease Amount
04/12/2021	A.1345 220	Office Equipment	Out of Object Budget Code Transfer from A.1345 424		41.00	
04/12/2021	A.1345 424	Postage	Out of Object Budget Code Transfer to A.1345 220			41.00

WARREN COUNTY
Journal Report - April

ITEM 2A

Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type
							Number of Entries: 2	\$41.00 \$41.00
Sheriff_Sheriff Law Enf - Sheriff,Sheriff Law Enforcement					Budget Transfer within object code			
		2021-00001344 Posted	BA	GL	04/16/2021			
G/L Date	G/L Account Number	Account Description			Description	Source	Increase Amount	Decrease Amount
04/16/2021	A.3110 410	Supplies			Budget Transfer within object code to A.3110 440			8,748.00
04/16/2021	A.3110 440	Legal/Transcript Fees			Budget Transfer within object code from A.3110 410		8,748.00	
							Number of Entries: 2	\$8,748.00 \$8,748.00
Sheriff_Sheriff Law Enf - Sheriff,Sheriff Law Enforcement					Budget Transfer within object code			
		2021-00001597 Posted	BA	GL	04/30/2021			
G/L Date	G/L Account Number	Account Description			Description	Source	Increase Amount	Decrease Amount
04/30/2021	A.3110 439	Misc Fees & Expenses			Budget Transfer within object code to A.3110 440			726.00
04/30/2021	A.3110 440	Legal/Transcript Fees			Budget Transfer within object code from A.3110 439		726.00	
							Number of Entries: 2	\$726.00 \$726.00
Social Services - Social Services					Budget Transfer within object code			
		2021-00001341 Posted	BA	GL	04/15/2021			
G/L Date	G/L Account Number	Account Description			Description	Source	Increase Amount	Decrease Amount
04/15/2021	A.6010 410	Supplies			Budget Transfer within object code to A.6010 439			3,000.00
04/15/2021	A.6010 439	Misc Fees & Expenses			Budget Transfer within object code from A.6010 410		3,000.00	
							Number of Entries: 2	\$3,000.00 \$3,000.00
Social Services - Social Services					Budget Transfer within object code			
		2021-00001342 Posted	BA	GL	04/16/2021			

WARREN COUNTY
Journal Report - April

ITEM 2A

Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type	
G/L Date	G/L Account Number	Account Description		Description	Source	Increase Amount	Decrease Amount		
04/16/2021	A.6010 435	Medical Fees		Budget Transfer within object code from A.6010 470		1,000.00			
04/16/2021	A.6010 470	Contract		Budget Transfer within object code to A.6010 435				1,000.00	
Number of Entries: 2						\$1,000.00		\$1,000.00	

Veterans Service - Veterans Service

Out of Code Funds transfer - New Laptop purchase P2P

2021-00001238
Posted
BA GL 04/13/2021

G/L Date	G/L Account Number	Account Description		Description	Source	Increase Amount	Decrease Amount		
04/13/2021	A.6510.0125 220	Office Equipment		Out of Code funds transfer from 470 Contract Laptop purch		544.00			
04/13/2021	A.6510.0125 470	Contract		Out of Code funds transfer to 220 Ofc Equip Laptop purch				544.00	
Number of Entries: 2						\$544.00		\$544.00	

Veterans Service - Veterans Service

Out of Code Funds transfer

2021-00001575
Posted
BA GL 04/28/2021

G/L Date	G/L Account Number	Account Description		Description	Source	Increase Amount	Decrease Amount		
04/28/2021	A.6510 220	Office Equipment		Out of Code Funds transfer from 410 (2) wireless mouse		58.48			
04/28/2021	A.6510 410	Supplies		Out of Code Funds transfer to 220 (2) wireless mouse				58.48	
Number of Entries: 2						\$58.48		\$58.48	

Weights & Meas - Weights & Measures

budget transfers within object code

2021-00001252
Posted
BA GL 04/13/2021

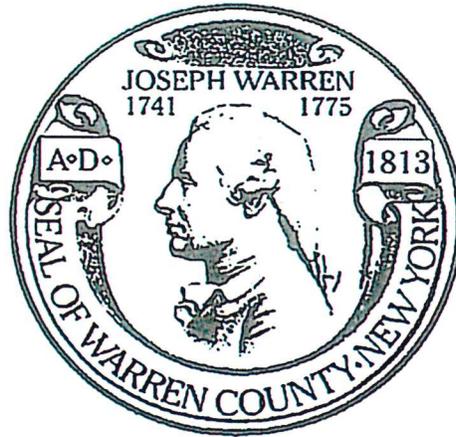
G/L Date	G/L Account Number	Account Description		Description	Source	Increase Amount	Decrease Amount		
04/13/2021	A.6610 410	Supplies		budget transfers within object code from A.6610 441		200.00			
04/13/2021	A.6610 441	Auto-Supplies & Repair		budget transfers within object code to A.6610 410				200.00	

WARREN COUNTY
Journal Report - April

ITEM 2A

Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type	
Number of Entries: 2								\$200.00	\$200.00

ITEM 2B



Warren County Volunteer Policy and Procedure

Approved ~~8-21-15~~ 06/16/2021
Resolution No. 415 of 2015—???? of 2021

1. Introduction

Warren County desires to involve more people in volunteering to enhance the services that are provided by the County and to enrich the lives of people in our communities. ~~Warren County appreciates and acknowledges the dedication and time that our valued volunteers provide to our community and we thank you in advance for your desire and commitment to volunteering.~~

Warren County is committed to involving volunteers directly within the organization to:

- contribute to the delivery of our services
- assist on various boards
- make sure we are responsive to the needs of those who use our services
- provide different skills and perspectives
- offer opportunities for participation by people who might otherwise be excluded
- increase our contact with the local communities we serve

This policy sets out the principles and practice by which we ~~may~~ involve volunteers.

2. Principles

Warren County:

- recognizes that voluntary work brings benefits to volunteers themselves, to clients and to paid staff
- will ensure that volunteers are properly integrated into the organization structure and that mechanisms are in place for them to contribute to the services that Warren County provides
- will not introduce volunteers to replace paid staff
- expects that staff at all levels will work positively with volunteers and, where appropriate, will actively seek to involve them in their work.
- recognizes that volunteers require satisfying work and personal development and will seek to help volunteers meet these needs, as well as providing the training for them to do their work effectively

3. Scope of volunteer policy and definition of Volunteer

Unless specifically stated, these policies apply to all ~~non-elected~~ volunteers in all programs and projects undertaken on or on behalf of the County, and to all departments and sites of operation of the County.

The County also accepts as volunteers those participating in student community service activities (e.g. Youth Court), student interns (e.g. ~~from schools, colleges.~~ See Warren County

Internship policy), alternative sentencing or diversion programs, and other similar volunteer referral programs. In each of these cases, however, a special agreement must be in effect with the organization, schools, or program from which the special case volunteers originate and must be responsible for management and care of the volunteers.

A volunteer as that word is used in this policy is anyone who, without compensation or expectation of compensation beyond reimbursement, performs a task at the direction of and on behalf of the County. A volunteer must be officially accepted and enrolled by the County Department prior to performance of the task. Unless specifically stated, volunteers shall not be considered as "employees" of the County

4. Service at the discretion of the County and Volunteer

Before a Department of the County may accept the services of a volunteer, the Department Head shall request and receive approval from the County Administrator, whose approval shall be based on whether the volunteer will positively impact the work of the department and County as a whole. The County Administrator shall consider the tasks to be performed by the volunteer, staff supervision time, impact on department workload and space needs as well as overall County impacts, if any.

The County accepts the services of all volunteers with the understanding that such service is at the sole discretion of the County. Volunteers by accepting a volunteer position with the County agree that the County may at any time, for whatever reason, decide to terminate the volunteer's relationship with the County.

The volunteer may anytime, for whatever reason, decide to sever the volunteer's relationship with the County. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor. Upon separation from volunteer service, the volunteer will be offered an opportunity to meet with their Supervisor to discuss their volunteer experience and possible ways in which improvements can be made. The Department Head will send notice to the County Administrator and Clerk of the Board indicating the end date of the volunteer service so that the volunteer list can be updated and acknowledgment of the Volunteer service can occur.

5. Recruitment, screening and physical requirements

Recruitment of volunteers will generally be from all sections of the community, and will be in line with Warren County's Equal Opportunities Policy. The sole qualification for volunteer recruitment shall be suitability to perform a task on behalf of the County. Persons interested in becoming volunteers for Warren County should contact a Warren County Department. The Department Head will provide information about the Department in general and information about the specific volunteer opportunities available. If the person is still interested in becoming

a volunteer the Department Head will request the person complete the "Volunteer Registration Form" (Appendix A). The Department Head will review the request, if approved by the Department Head, the Volunteer Registration Form will be forwarded to the County Administrator for Approval. If approved by the County Administrator, the volunteer will be added to the volunteer list maintained by the County Administrator's office and a the Volunteer Registration Form will be returned to the Department and advise the Volunteer if accepted.

In certain cases and as appropriate for the protection of clients, volunteers in certain assignments may be asked to submit to a background criminal check. Volunteers who do not agree to the background check may be refused assignment.

In cases where volunteers will be working with clients with health difficulties, a health screening procedure may be required. In addition if there are physical requirements necessary for performance of the task, health screening or testing procedures may be required to ascertain the ability of the volunteer to safely perform the tasks.

A volunteer is a person who offers services to Warren County, without pay, and whose offer is accepted by the Department Head on behalf of the County. Volunteers are not employees, nor are they unpaid employees.

Volunteers must be at least 16 years of age with working papers. Volunteers aged 16 to 17 are subject to pertinent labor laws. Volunteers under the age of 16, fulfilling requirements for community service, must be accompanied by a parent, guardian or teacher.

6. Introduction, Training and Support

Every volunteer will receive information from the department as to what their role is. Training appropriate to the role will be provided by the County. All volunteers will have a named person as their main point of contact.

7. Conduct

Volunteers are expected to follow rules of conduct that will protect the interest and safety of all volunteers, staff and the County. If applicable, volunteers will also be required to comply with NYS Department of Health Regulations.

Volunteers are expected to comply with the Warren County Ethics and Disclosure Law.

Each volunteer must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and will preserve and strengthen public confidence in Warren County activities. Likewise, volunteers must refrain from engaging in any activity in which

personal interests conflict, potentially conflict or appear to conflict with those of Warren County. If a Department Head has concerns regarding conflicts of interest they shall meet with the volunteer to review the situation and take action as appropriate.

Volunteers will be bound by the same requirement for confidentiality as paid staff. Department Heads concerned with confidentiality issues shall discuss the situation with the volunteer and take action as appropriate.

Volunteers shall refrain from providing their personal contact information to the clients that they serve.

8. Health and Safety

Warren County will take all reasonable and practicable steps to ensure the volunteers' health, safety and welfare while volunteering for Warren County. The Department supervisor will provide Volunteers with information about the County's various policies as applicable to their type of volunteer service. I.e. Warren County Safety and Health Program Policy, Warren County Smoking and Tobacco Use Policy, Warren County Plan and Program on Workplace Harassment, Workplace Violence Prevention Plan and Program, Warren County Emergency Action and Response Plans.

Volunteers are additional insured's on Warren County's liability insurance policy while they are working within the scope of duties for the County.

The County does not carry or maintain health, medical or disability insurance for any volunteer. However, Warren County Local Law No. 4 of 2005 (~~Appendix B~~) may provide limited assistance with the payment of medical bills incurred by Volunteers as a result of injuries sustained by reason of accidents while volunteers are working within the scope of duties.

If a volunteer is injured during the course of their services to Warren County they should immediately notify their supervisor and also complete the "Non-employee, Visitor, Volunteer, ~~or other non-employee Incident Injury Report~~" form in the packet of forms under Appendix C. The volunteer should forward the completed form to their supervisor as soon as possible. ~~The supervisor and Department Head should complete the appropriate forms under Appendix C within 3 business days.~~

9. Volunteer Drivers

Volunteers, clients, members of volunteers family, etc. are not authorized to operate County owned vehicles, except county volunteers who hold a valid New York State driver's license and are requested by a Department Head shall be authorized to operate County owned vehicles for: 1) ~~for~~ programs offered by Veteran's Services under Executive Law Section 358 of Veteran's

ITEM 2B

All volunteers and staff will work in accordance with Warren County's equal opportunities policy and Warren County's ADA/Section 504 Policy and will prevent discrimination on any grounds.

13. Monitoring and Recordkeeping

Each Department may evaluate an individual volunteer service as needed. In addition, County Departments should continually monitor and evaluate their use of volunteers with reference to this Volunteer Policy. Departments that find concerns with this policy should forward the concern to the Warren County Risk Management Steering Committee for review.

Each Department will keep various records and forms in association with this policy on file within their department.

14. Implementation

This policy will be effective upon approval by the Warren County Board of Supervisors. All current volunteers will be advised of the new policy by their assigned supervisor. All current volunteers should complete the Volunteer Registration Form (Appendix A). **All Department Heads and those supervising Volunteers will be provided with and shall comply with this policy.**

APPENDIX A

VOLUNTEER REGISTRATION FORM (Page 1 of 2)

Department Completes:

Department: _____

Volunteer Will Report to: _____

Responsibilities: _____

Anticipated Start Date _____ Anticipated End Date _____

Anticipated Days/Hours _____

Volunteer Applicant Completes:

Name: _____

Address: _____

Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Can you perform the required duties with or without reasonable accommodation? Warren County is an equal opportunity/affirmative action employer. If necessary, please explain.

Have you ever been convicted of any crime that impacts the volunteer work you are applying for? (felony or misdemeanor), accused of sexual abuse or similar misconduct miss conduct? Yes ___ No ___
If yes, please explain and provide dates (Note: This will not automatically bar you from the position as each case is considered on its merits.)

Do you know any foreign languages? Yes ___ No ___

Language: _____ Speak ___ Read ___ Write ___

Language: _____ Speak ___ Read ___ Write ___

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Continued next page....

Volunteer Registration Form continued (Page 2 of 2):

By signing below, the Volunteer Applicant acknowledges the following:

- Volunteer has received a copy of the Warren County Volunteer Policy and Procedure, and agrees to adhere to the standards contained therein while serving in the capacity of a Volunteer.
- Warren County does not provide compensation or financial assistance for volunteer services.
- Volunteers must conduct themselves to protect the interest and safety of all other volunteers, staff and the County.
- Volunteers are an additional insured on the County's liability policy while they are within the scope of their services.
- The County does not carry health, medical, or disability insurance for any volunteer. However, very limited medical expense reimbursement may be available per Local Law No. 4 of 2005.
- Warren County does not provide automobile insurance for any volunteer utilizing a private automobile during their service.
- Volunteers must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and strengthen public confidence in Warren County activities.
- The Volunteer understands that the Activities include work that may be hazardous and releases Warren County from all liability for injury, illness, death, or property damage arising out of or resulting from the Volunteer's activities.
- Volunteer acknowledges that a background check may be done and agrees to provide additional information as requested by Warren County to complete the background check.
- Volunteer's assignment or activities for Warren County may be terminated by Warren County at any time for any reason.

I authorize the release of my name and contact information for the purposes of recognition to the Clerk of the Board if requested: Yes No

Volunteer Applicant Signature _____ Date _____

Printed Name: _____

Parent Legal Guardian Signature (if under 18) _____

Date _____

Volunteer Applicant date of birth (if under 18) _____

To be completed by the Department Head Completes:

Volunteer Approved? Yes No

Department Head Signature: _____ Date: _____

To be Completed by the County Administrator:

Volunteer Approved? Yes No

County Administrator Signature: _____ Date: _____

Appendix B

Warren County Volunteer DMV Release

Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (Name of Volunteer) _____ authorize Warren County to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicles.

I also authorize release of this information to Warren County and its agents.

Signature of Volunteer

Address: _____ City: _____ State _____ ZIP _____

Drivers License Number State Date of Birth

Street Address & Mailing Address

City _____ State _____ Zip _____

Date signed: _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number.

It does not include information on vehicular accidents, driving violations and driver status.

Visitor, Volunteer, or other Non-Employee



Incident Report Form

Facility Where Incident Occurred

Name of Facility: _____ Address: _____

Injured Person

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If a minor, please provide Parent or Guardian Name: _____ Phone: _____

If more than one party involved, please attach additional sheets.

Incident Details

Date of incident: _____ Time: _____ AM PM

Specific Location: (e.g., floor, room, area, etc): _____

Weather conditions: _____

Type of incident (circle one) Trip & Fall Slip & Fall Fall From Height Crime Other _____

Description of incident: _____

Description of Property Damage or Injury: _____

Photos Taken: Yes (attach) No (explain why not _____)

Witnesses: Yes No (if yes, list below, attach additional sheets if necessary)

Name(1): _____ Address: _____

Phone: _____ If County Employee, Department: _____

Name(2): _____ Address: _____

Phone: _____ If County Employee, Department: _____

Medical Attention Provided, if Any

Professional Medical Attention Offered or Requested: Yes No Explain: _____

First Aid Measures Applied: Yes No if Yes, by whom: _____

Ambulance Yes No Hospital: _____

Reporting Information

Above completed by: _____ Phone: _____ Date: _____ Dept: _____

Immediately send to County Attorney, fax 761-6377 or email turcottea@warrencountyny.gov and copy Self-Insurance, fax 761-6249 or email

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, 2021

- (a) Purpose of Request:
To allow the Treasurer to process the list of Chargebacks/Refunds/Corrections to the properties shown on the attached list. All of these corrections are from the 2021 January tax rolls or Court ordered assessment changes.

- (b) Details:

- (c) Previous Resolution Number:

- (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

Chargeback of Taxes 2021

Town	Year	Assessed to & Tax Map No.	Location	Breakdown		Coding	Reason
Bolton	2021	Jones, Margaret 214.03-1-6	10 Elizabeth Is.	County	171.79		Assessment Change
				Town	20.64		
				Fire Prot	12.58		
				Total	205.01		
Chester	2021	McKenna, Clinton 35.4-2-47	71 Olmstedvi lle Rd.	Pottersville Fire	2,416.63		Bill Adj.
				Pottersville Water	3,641.09		
					6,057.72		
Chester	2021	Gabriel, Francis J 120.7-1-5	837 Atateka Dr.	County	313.36		Bill Adj.
				Town	138.80		
				Fire	64.24		
				Total	516.40		
Horicon	2021	Fitts, Kathleen A. 36.11-1-10	370 East Shore Dr.	County	81.93		Correction
				Town	18.94		
				Fire Prot	7.94		
				Schroon Lk Pk	0.69		
				Total	109.50		
Horicon	2021	State Lands 903.-1-1 903.-2-2./1 903.-2-3		Fire Protection	0.28		Billed in error Billed in error Billed in error
				Fire Protection	26.22		
				Fire Protection	1,774.21		
Johnsburg	2021	State Lands 904.-1-1 904.4-4-4 146.-1-52		No. Creek Fire	37.28		Billed in error Billed in error Billed in error
				Johnsburg Fire	408.05		
				Johnsburg Fire	1.29		

ITEM 3A

Lake George	2021	Sullivan, Hugh James 251.16-1-25	18 Ledges Ln.	County Town Fire Prot Total	35.28		Correction
					11.71		
					3.14		
					50.13		
Queensbury	2021	Tribals, LLC 296.9-1-2	1043 State Route 9	County Town School Relevy	6,976.71		PILOT billed in error
					930.47		
					30,825.82		
					38,733.00		
Chester	2019 & 2020	Paul & Eileen Whitman 120.19-1-15	625 Atateka Dr.	County 2019 County 2020	598.05		Assesment Reduction
					471.71		
					1,069.76		

ITEM 3A

Paul & Eileen Whitman

120.19-1-15

Assesment Year	Original Bill	Original Assessment	Reduced Assessment	Difference	Rate		Refund Amount
2018	\$1,694.48	\$425,000.00	\$275,000.00	\$150,000.00	3.987	1000	\$598.05
2019	\$1,567.31	\$393,400.00	\$275,000.00	\$118,400.00	3.984	1000	\$471.71

Total	\$1,069.76
-------	------------

THE LAW OFFICE OF
ROBERT L. BEEBE, LLC
ATTORNEYS AND COUNSELLORS AT LAW

514 VISCHERS FERRY ROAD
CLIFTON PARK
NEW YORK 12065

(518) 373-1500
FAX (518) 373-0030
www.Beebelaw.com



ROBERT L. BEEBE
LEGAL ASSISTANT
TRACY A. BARCORI

April 28, 2021

Michael Swan, County Treasurer
Warren County Municipal Center
1340 U.S. Route 9
Lake George, New York 12845

Re: Paul Whitman v. Town of Chester, et al.
Index Nos.: EF2018-65664, EF2019-67050

Dear Mr. Swan:

Enclosed is a copy of the Stipulation of Settlement and Order and Judgment signed by Supreme Court Justice Robert J. Muller, and filed electronically with the Warren County Clerk, on April 28, 2021

The Stipulation and Order concludes property tax litigation for the years 2018 and 2019. The Order requires Warren County and the Town of Chester to refund the overpayment of taxes for the years 2018 and 2019. Please make your check payable to The Law Office of Robert L. Beebe, LLC in Trust for Paul Whitman. I am enclosing a stamped, self-addressed envelope for your convenience.

If you have any further questions, please call me.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Robert L. Beebe".

Robert L. Beebe

Enc.

STATE OF NEW YORK
SUPREME COURT COUNTY OF WARREN
In the Matter of the Application of

PAUL WHITMAN,
Petitioner,

STIPULATION OF
SETTLEMENT

-against

Index Nos. EF2018-65664,
EF2019-67050

TOWN OF CHESTER, GREGORY
KLINGLER, ASSESSOR OF THE
TOWN OF CHESTER and THE
BOARD OF THE ASSESSMENT
REVIEW OF THE TOWN OF CHESTER,

Respondents,

Hon. Robert J. Muller

and

NORTH WARREN CENTRAL SCHOOL DISTRICT,
Intervenor-Respondent.

To review certain real property assessments for the
years 2018 and 2019 pursuant to Article 7 of the Real Property Tax Law.

The Petitioner, Paul Whitman, being the owner of certain parcel of real property located at 625 Atateka Drive, situated in the Town of Chester, County of Warren, State of New York, having tax map identification number of 120.19-1-15; and

The Respondents, Gregory Klingler, Assessor of the Town of Chester and the Town of Chester, having assessed the Petitioner's real property at \$425,000 on the final 2018 assessment roll of the Town of Chester, and at \$393,400 on the final 2019 assessment roll of the Town of Chester; and

The Petitioner having duly commenced special proceedings pursuant to Article 7 of the Real Property Tax Law to review the 2018 and 2019 assessments placed upon the subject real property; and

The Petitioner being represented by The Law Office of Robert L. Beebe, LLC, Robert L. Beebe, Esq., of counsel; the Respondents being represented by Miller, Mannix, Schachner & Hafner, LLC, Jacquelyn P. White, Esq., of counsel; and the Intervenor-Respondent, North Warren Central School District, being represented by Guercio & Guercio, LLP, Frank G. Barile, Esq., of counsel; and

The parties, by and through their attorneys, having agreed to reductions of the assessments of the subject properties as follows:

Parcel No.	Assessment Roll	Original Assessed Value	Reduced Assessed Value
120.19-1-15	2018	\$425,000	\$275,000
120.19-1-15	2019	\$393,400	\$275,000;

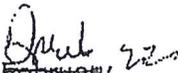
NOW, THEREFORE, IT IS HEREBY STIPULATED, that a final Order may be made and entered correcting, reducing, and fixing the assessments of Parcel No. 120.19-1-15 to be \$275,000 on the final 2018 assessment roll of the Town of Chester, and \$275,000 on the final 2019 assessment roll of the Town of Chester; and

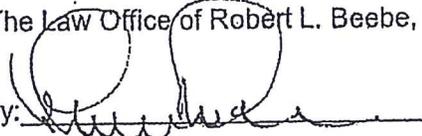
Such Order shall direct any and all officials having custody of the 2018 and 2019 assessment rolls, or any copies thereof, to correct the assessment of the subject property on such rolls in accordance herewith; and

Such Order shall further direct that, pursuant to Real Property Tax Law, §726, excessive taxes paid to any taxing authority as a result of excessive or unequal assessments shall be refunded to the Petitioner, without interest, provided such refunds are paid to the Petitioner, in care of its counsel of record, by any such taxing authority, within ninety (90) days of service of the Order upon Respondents; and

Such Order shall further direct that the amendments, reductions and revisions set forth herein are not subject to the provisions of Real Property Tax Law, §727; and

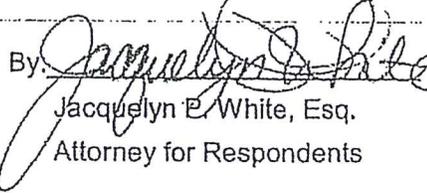
Such Order shall further direct that these proceedings shall be discontinued with prejudice, without costs or disbursements against either party.

Dated:  February 22, 2021

The Law Office of Robert L. Beebe, LLC
By: 
Robert L. Beebe, Esq.
Attorney for Petitioner

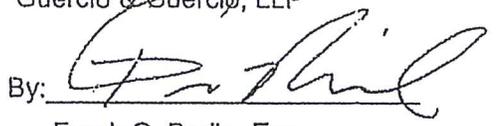
Miller, Mannix, Schachner & Hafner, LLC

Dated: April 14
~~February~~, 2021

By: 
Jacquelyn E. White, Esq.
Attorney for Respondents

Guercio & Guercio, LLP

Dated: April 19
~~February~~, 2021

By: 
Frank G. Barile, Esq.
Attorney for Intervenor-Respondent,
North Warren Central School District

At a term of the Supreme Court of the State of New York held in and for the County of Warren in Chester, New York on the 28 day of April, 2021.

PRESENT: HON. ROBERT J. MULLER

STATE OF NEW YORK
SUPREME COURT COUNTY OF WARREN

In the Matter of the Application of

PAUL WHITMAN,

Petitioner,

ORDER AND JUDGMENT

-against-

Index Nos. EF2018-65664,
EF2019-67050

TOWN OF CHESTER, GREGORY KLINGLER,
ASSESSOR OF THE TOWN OF CHESTER,
and THE BOARD OF ASSESSMENT REVIEW OF
THE TOWN OF CHESTER,

Respondents,

and

NORTH WARREN CENTRAL SCHOOL DISTRICT,
Intervenor-Respondent.

To review certain real property assessments for the years 2018 and 2019 under Article 7 of the Real Property Tax Law.

The Petitioner, having duly commenced special proceedings pursuant to Article 7 of the Real Property Tax Law to review the 2018 and 2019 tax assessments placed upon a certain parcel of real property, owned by the Petitioner and identified as 625 Atateka Drive, designated as Parcel No. 120.19-1-15, such property being situated in the Town of Chester, County of Warren, State of New York; and

It now being proposed that the subject special proceedings be resolved upon the terms and conditions set forth in the annexed Stipulation of the parties; and

NOW, THEREFORE, upon the joint motion of Robert L. Beebe, Esq., of counsel, of The Law Office of Robert L. Beebe, LLC for the Petitioner; and Jacquelyn P. White, Esq., of counsel, of Miller, Mannix, Schachner & Hafner, LLC, for the Respondents; and Frank G. Barile, Esq., of counsel, of Guercio & Guercio, LLP, for the Intervenor-Respondent it is

FILED: WARREN COUNTY CLERK 04/28/2021 11:06 AM

NYSCEF DOC. NO. 15

ORDERED AND ADJUDGED, that the Stipulation of Settlement of the parties is hereby approved, and it is further

ORDERED AND ADJUDGED, that the tax assessments of the subject real property located at 625 Atateka Drive (Parcel No.120.19-1-15) shall be reduced from \$425,000 to \$275,000 on the final 2018 assessment roll of the Town of Chester, and shall be reduced from an assessment of \$393,400 to an assessment of \$275,000 on the final 2019 assessment roll of the Town of Chester; and it is further

ORDERED AND ADJUDGED, that there shall be audited, allowed and paid by the Town of Chester, County of Warren, the North Warren Central School District and any other taxing authority, the amounts, if any, paid by the Petitioner, his agents or representatives, as taxes against the original 2018, and 2019 assessments of the subject real property located at 625 Atateka Drive (Parcel No.120.19-1-15), in excess of what the taxes would have been if such assessments had been made as determined by this Order; and, it is further

ORDERED, that any refunds shall be made in the form of checks or drafts made payable to The Law Office of Robert L. Beebe, LLC, as attorneys for the Petitioner, Paul Whitman, and delivered to counsel for the Petitioner at its office address; and it is further

ORDERED AND ADJUDGED, that the excess taxes to be refunded shall be paid without interest, provided such refund is paid on or before the expiration of ninety (90) days from the date of service of this Order upon the Respondents. If any such refunds shall not be made within the time so provided, interest at the statutory rate per annum shall accrue, commencing on the date of service until the date of payment, and shall be included with the refunds when paid; and it is further

FILED: WARREN COUNTY CLERK 04/28/2021 11:06 AM

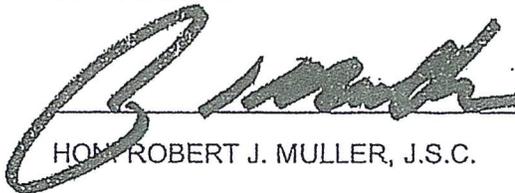
NYSCEF DOC. NO. 15

ORDERED, that the assessments of such parcels shall not be subject to the restrictions of RPTL §727 for the years 2020, 2021 and 2022; and, it is further

ORDERED AND ADJUDGED, that these proceedings shall be discontinued with prejudice, without costs or disbursements against either party.

SO ORDERED:

Lake George
Dated at ~~Chester~~, New York
the 28 day of April, 2021


HON. ROBERT J. MULLER, J.S.C.

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: May 25, 2021

- (a) Purpose of Request: To close capital project H368 - SUNY Adirondack NSTEM and return estimated cash of \$52,034.46 to the Debt Service Fund. To close capital project H373 - SUNY Adirondack Culinary Expansion and return estimated cash of \$41.53 to the General Fund.
- (b) Details: The projects have been completed.
- (c) Previous Resolution Number: N/A
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: N/A

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

* as listed in budget and LOGOS

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: May 24, 2021

- (a) Purpose of Request: **Appropriate from A 897.00 Reserve, Westmount Legacy Costs to partially fund the write-off of Westmount Nursing Home receivables.**
- (b) Details: **Increase budget code A.4530 475 Public Nursing Home, Bad Debt Expense in the amount of \$121,053.15 through an appropriation of A 897.00 Reserve, Westmount Legacy Costs**
- (c) Previous Resolution Number: **N/A**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A 897.00 Reserve, Westmount Legacy Costs**

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

* as listed in budget and LOGOS

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: May 24, 2021

- (a) Purpose of Request: Write-off \$342,560.10 in Westmount receivables which have been deemed to be uncollectable as follows:

A 382.01 - Private Pay - \$299,713.88

A 380.02 - Medicare A - \$9,605.05

A 382.02 - Private Pay Part B - \$20,240.72

A 382.03 - Private Pay Comm Ins - \$13,000.45

- (b) Details: These balances have been outstanding since the County sold the Westmount Nursing Home in 2015. An outside attorney had been working on some of the larger balances since then and the County has recouped some of our money. The remaining balances are not deemed to be collectable.

- (c) Previous Resolution Number: NA

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A 389.01 Allowance for Receivables - Nursing Home - \$221,506.95
A.4530 475 Public Nursing Home, Bad Debt Expense - \$121,053.15

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 24, 2021

- (a) Purpose of Amendment: Add Funds to the Dislocated Worker Grant from NYS received on 2/25/2021

- (b) Appropriation Code, Object Code, Full Title and Amount:
40.6293.0305 433 Employment Recovery Dislocated Workers Grant -
(ER-NDWG) \$11,222.48

- (c) Revenue Code (with title), and Amount: 40.4791 WIOA \$11,222.48

RESOLUTION REQUEST FORM NO. 8

*Request to Establish Capital Project or Capital Reserve Project**

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

DEPARTMENT NAME: Planning and Community Development

DATE: May 2021

- (a) Exact Title* and Number of Project (must be obtained from Treasurer's Office):
H405 Lake George Septic Replacement program
- (b) Is this a Capital Project?
Yes
- (c) Is this a Capital Reserve Project?
No
- (d) Amount of Project:
\$340,000
- (e) Source of Funding (including name & title of codes, etc.):
H405.9990 State Septic System Replacement \$340,000
- (f) Purpose of Establishment:
The County was notified that it had received a Round 2 award under the State Septic System Replacement Fund Program. This Capital Fund is established to allow for County Administration of the grant award.

*Title should reflect department if possible:

i.e. Capital Project No. H274.9550 280 *Replace VASI with PAPI* would be clearer if name was listed as Airport Replace VASI with PAPI.

RESOLUTION REQUEST FORM NO. 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: Planning Department

DATE: 5/11/2021

- (a) Purpose of Amendment:
Accept \$5000 Designation Grant from NYSERDA

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.8021.470 Contract, \$5000

- (c) Revenue Code (with title), and Amount:
A.8021 3950 - NYSERDA

INSERT COUNTY LETTERHEAD

May XX, 2021

New York State Research and Development Authority
Clean Energy Communities
17 Columbia Circle
Albany, NY 12203

RE: Clean Energy Communities – Designation Grant Award

Dear President Harris,

Warren County is pleased to claim the \$5,000 designation grant that was retroactively awarded to us for being named a Clean Energy Community.

As a County, we are proud of our ongoing efforts to address climate change while at the same time reducing municipal operating costs.

In that spirit, we are applying to use our \$5,000 Designation Grant to offset upfront costs of an energy audit for two County buildings. Evaluating opportunities to increase energy efficiency is a win-win for the objectives of Warren County and the Clean Energy Communities program.

We look forward to continuing the work of our Climate Change Task Force and participating in NYSERDA programs.

Sincerely,

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Planning and Community Development

SIGNED:

DATE: 5/11/2021

<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.8021 470	Contract	\$4,984

Please state reason for transfer request:

County share of NYSERDA Level 2 Energy Audit

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Planning and Community Development
Name of Department

SIGNED: _____ DATE: May 2021

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

Funds are to be transferred to CD34 to write off State receivable of \$1,443.34

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

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A9901.901	Interfund transfer	\$1,443.34

Please state reason for transfer request: To offset State Recieveables

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: Planning and Community Development

DATE: May 2021

- (a) Purpose of Request:
Offset State Recieveables
- (b) Details:
The County received grant funds from HUD for a Section 108 loan program. The program also included funding for resurfacing improvements for the Feeder Canal. The 108 program required a public hearing in NYC by the Grantor agency. The cost of that public hearing was not an eligible grant cost. The Department has transferred Contingency funds in the amount of \$1,443.34 to the interfund transfer account to offset these costs. The Department is requesting that the County use the interfund transfer to write off the State receivable.
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
A.9901.910 InterFund transfers \$1,443.34

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

* as listed in budget and LOGOS

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 25, 2021

- (a) Purpose of Request:
Appropriate funds from A.893 Reserve, Environmental Testing Funds to A.1355
470 Real Property Tax Services, Contracts

- (b) Details:
To pay Atlantic Testing Laboratories for a Limited Hazardous Materials Survey of
the Mosher's Garage, 3485 State Route 8, Johnsbury NY tax map parcel
133.8-1-27. Estimated Cost is \$5,709.50 but possible LBP chip samples may be
required at \$10.50 each. Request would be for \$6,000.00.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and
Amount:
\$6,000.00

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

* as listed in budget and LOGOS

EXHIBIT 1.B
FEE SCHEDULE

Service	Estimated Quantity	Unit Fee	Estimated Cost
Atlantic Testing Laboratories			
Technical Personnel			
Asbestos Building Inspector	1	\$520.00 / Day	\$520.00
CAD Operator	1	\$480.00 / Day	\$480.00
EPA Lead Inspector	1	\$520.00 / Day	\$520.00
Project Manager	1	\$792.00 / Day	\$792.00
Miscellaneous			
XRF Equipment	1	\$150.00 / Day	\$150.00
Subtotal Atlantic Testing Laboratories			\$2,462.00
Subcontracted			
Laboratory Analysis			
LBP chip sample (72-Hour TAT)	--	\$10.50 / Each	If Required
PLM (72-hour TAT)	45	\$9.50 / Each	\$427.50
PLM NOB (72-hour TAT)	60	\$15.00 / Each	\$900.00
TEM (72-hour TAT)	60	\$32.00 / Each	\$1,920.00
Subtotal Subcontracted			\$3,247.50
Estimated Cost			\$5,709.50

NOTES TO THE FEE SCHEDULE

The Estimated Cost is based on the foregoing Scope of Services and Fee Schedule, and is not intended to be a not-to-exceed amount. The actual cost for ATL services is subject to change should the project require additional site work time, laboratory analyses, and/or report preparation time. The actual number of laboratory analyses and hours expended will be dependent upon field conditions and/or direction by the CLIENT.

As used in this schedule:

A standard day is defined as time portal-to-portal up to an 8-hour period, Monday through Friday, within the hours of 6:00 a.m. and 6:00 p.m.

Services provided for 4 or more hours outside the standard day, as defined above, are subject to a night differential.

Unless otherwise stated in the Fee Schedule, daily overtime rates are calculated by dividing the daily rate by 8 and multiplying by 1.50 and hourly overtime rates are calculated by multiplying the hourly rate by 1.50. Services performed on Saturdays and Sundays/Holidays will be invoiced at 1.50 and 1.75 times the unit fees, respectively. Travel performed on Saturdays/Sundays/Holidays may be invoiced at 1.25 times the unit fees.

The foregoing fees for laboratory services reflect a 72-hour laboratory turn-around-time (TAT). A laboratory surcharge up to 100% is applicable to samples requiring priority TAT. Advance notification of priority TAT is required to ensure completion of the laboratory work within specified time frames.

The foregoing fees for laboratory services are applicable for a standard workweek, Monday through Friday. When weekend analysis/delivery is requested, a shipping surcharge for Saturday delivery or travel expenses in accordance with the fee schedule for Sunday delivery are applicable. Laboratory analysis will be subcontracted to AmeriSci New York via FedEx Overnight Delivery.

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

DATE: May 24, 2021

- (a) **Purpose of Amendment:** To amend the 2021 budget to reflect both the Revenue and Expenses related to the COVID-19 Grant. (A.4192) It will be Health Services-COVID19 Addition and reflects the balance of funds given from Health Research Inc. to support the current expenses related to the Coronavirus (COVID19) of \$4,660.00.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
- | | |
|---|-------------|
| A.4192.120 Public Health-COVID 19 Addition Overtime Salaries | \$ 4,400.00 |
| A.4192.130 Public Health-COVID 19 Addition Part Time Salaries | \$ 260.00 |

Revenue Code (with title), and Amount:

A.4192.4401 Public Health COVID19 Addition Revenue \$4,660.00

*Note: Warren County Health Services was notified by HRI on 4/8/2020 that additional funding of \$27,883 and \$67,490 (TOTAL \$95,373) was awarded to Warren County for COVID-19(Coronavirus) expenses. We initially thought \$17,350 was the balance to carry over from 2020, when actually it is \$22,010 therefore we would like to amend the 2021 budget to include this additional amount of \$4,660. Most of these expenses were related to Salaries. Therefore the difference between the total grant of \$95,373 and the \$73,363 that was expensed in 2020 is \$22,010 and need to adjust the allotted amount into 2021 and adjusting both Overtime and Part Time Salaries.

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: Office of Emergency Services

DATE: May 24, 2021

- (a) Exact Title and Number of Project*:
H.254.9550 280 Fire Training Center Project - Projects
- (b) Is this a Capital Project?
Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):
\$7,992.73
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
H.254.9550 2390 - Fire Training Center - Share of Joint Activity, Gov't
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment:
To correct the Fire Training Center Project to reflect reimbursement receipts from Washington County in the amount of \$7,992.73.

Search

99+



Maintenance

2390 - Share of Joint Activity, Govt

Summary Budget Analysis Five Year Trend Budget History Detail

Annual Totals YTD Reclass Journal Type

Classification Intergovernmental Charges Fiscal Year 2021

Amended Budget	Revenues	YTD Balance	Percent Received
\$78,917.34	\$86,910.07	-\$7,992.73	110%

Month	Budget	Amendments	Revenues	Current YTD Balance	Percent Received
January	\$0.00	\$72,483.37	\$86,910.07	-\$14,426.70	120 %
February	\$0.00	\$6,433.97	\$0.00	-\$7,992.73	110 %
March	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
April	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
May	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
June	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
July	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
August	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
September	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
October	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
November	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %

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: 5/25/2021

(a) Exact Title and Number of Project*: PIN 1759.28 Palisades Road (CR 26) over Brant Lake Inlet Bridge Replacement (H322.9550 280), Town of Horicon

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): \$161,985.69

(e) Amount of Decrease (if applicable):

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

\$130,957.00 Federal Share

\$ 24,555.00 State Marchiselli Share

\$ 6,473.69 Local Match Share (transfer from D.9950 910 - Transfers - Capital Projects)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: Increase federal, state and local match shares for low bid construction costs.

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: 5/25/2021

- (a) Exact Title and Number of Project*: H395 Oxbow Hill & Moon Hill Road (CR63) Rehabilitation & Reconstruction
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): increase \$2,175,465.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
- \$ 1,740,372.00 Federal Share
- \$ 326,320.00 State Marchiselli Share
- \$ 108,773.00 Local Match (Transfer from D.9950 910 Transfers - Capital Projects)
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: Add all Shares for Construction Phase

*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: 5/25/2021

- (a) Exact Title and Number of Project*: CR 7 Halfway Creek Bridge Replacement
H386
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$44,086.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
\$ 41,882.00 Federal (Bridge NY 95%)
0.00 State
\$ 2,204.00 Local(Transfer from D.9950 910 Transfers - Capital Projects)
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: To increase funding for Right
of Way Incidentals and Right of Way Acquisiton phases

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: 5/25/2021

- (a) Exact Title and Number of Project*: H394 Olmstedville Road (CR19) Reconstruction
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$90,033
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
- | | | |
|----|-----------|---|
| \$ | 72,026.00 | Federal Share(80%) |
| \$ | 13,505.00 | State Marchiselli Share (15%) |
| \$ | 4,502.00 | Local Match (5%)(Transfer from D.9950 910 Transfers - Capital Projects) |
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: add all Shares for Right of Way Acquisition Phase and increase Preliminary Engineering and Right of Way Incidental Phases

REQUEST FOR TRANSFER OF FUNDS

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

FROM: DEPARTMENT OF PUBLIC WORKS

Name of Department

SIGNED: _____ DATE: 5/25/2021

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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A.1990 439	Contingent Fund	A.1628 470	Waste Management Containment, Contract	\$12,000.00
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Please state reason for transfer request:

To Fund House Hold Hazardous Waste collection 7/24/21

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: Tourism & Occupancy Tax Coordination

DATE: 5/25/21

- (a) Purpose of Amendment: We did \$303,535 better than expected in the 2020 Deficit Reduction Plan, therefore this money should be appropriated from the Occupancy Tax Reserve to the 2021 Occupancy Tax budget.

- (b) Appropriation Code, Object Code, Full Title and Amount: A.6417.0002 469, Other Payments/Contributions \$184,610.00; A.6417.0002 480, Tourism-Special Events \$115,390.00

- (c) Revenue Code (with title), and Amount: appropriate from Reserve, 881.00 - Reserve- Occupancy Tax \$300,000; increase revenue code A.1113, Tax-Hotel Room Occupancy \$300,000

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: Tourism & Occupancy Tax Coordination

DATE: 5/25/21

- (a) Purpose of Amendment: **to amend the Tourism budget to record the revenue and expenditures from the 2021 Winterfest event.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.6417.0002 480, Tourism- Special Events - \$40,744.02**

- (c) Revenue Code (with title), and Amount: **A.6417.0002 2065, Special Events - \$40,744.02**

Committee Members: Braymer, Geraghty, Driscoll, Conover and Magowan

I. Committee meeting called to order by Chairman.

II. Motion to approve minutes of prior Committee meetings.

III. Action Agenda

1) **SUNY Adirondack representatives to provide an update on the College.**

2) **Requests/Items to be Discussed by the Clerk of the Board (Amanda Allen, Clerk):**

A) Resolution Tracking Report.

B) Request for funding for NACo Travel.

3) **Warren County Ethics and Disclosure Law**

4) **Requests/Items to be Discussed by the County Attorney (Robert Terwilliger, First Assistant County Attorney):**

A) Litigation update - Executive Session.

B) Update regarding the County Attorney position.

5) **Requests/Items to be Discussed by the Human Resources Director (Jackie Figueroa, Director):**

A) Review of report on tracking of vacancies filled.

B) Update on terminations and exit interviews.

C) Discussion regarding vacation carryover of 60 extra days.

D) Update on the recruitment process for the County Attorney position.

E) Discussion regarding Notice of Workplace Violence investigation - Executive session.

F) Request to ratify the approval of the contract with the CSEA.

G) "Warren County Leadership training via Metrix".

6) **Requests/Items to be Discussed by the Director of Information Technology (Michael Colvin, Director):**

Request for a new contract with Spectrum Enterprise to replace the current public internet connection.

7) **Referral from the Criminal Justice Committee (Chaired by Supervisor Leggett):**

District Attorney (Jason Carusone, District Attorney) -

Request to amend the Table of Organization and Salary Schedule to delete the position of Senior Crime Victim Specialist, *Annual Salary \$55,494*, and to create and fill the new position of Crime Victim Specialist, *Annual Salary \$40,954*, effective June 21, 2021.

8) **Referrals from the Health Services Committee (Chaired by Supervisor Frasier):**

Office for the Aging (Dee Park, Director, Office for the Aging) -

A) Request to amend the Table of Organization and Salary Schedule to delete the position of Services Specialist, *Grade 10, Base Annual Salary \$37,633*, and to create and fill the new position of Services Assistant - Office for the Aging #1, *Grade 7, Base Annual Salary \$33,600*, effective June 21, 2021.

B) Request to amend the Table of Organization and Salary Schedule to delete the position of Supervisor of Volunteers, *Grade 4, Base Annual Salary \$29,333*, and to create and fill the new position of Services Assistant - Office for the Aging #2, *Grade 7, Base Annual Salary \$33,600*, effective June 21, 2021.

C) Request to amend the Table of Organization and Salary Schedule to delete the position of Aging Services Assistant - PT, *Grade 4, Base Annual Salary \$29,333 (20 hours/week)*, and to create and fill the new position of Services Assistant - Office for the Aging PT, *Grade 7, Base Annual Salary \$33,600 (20 hours/week)*, effective June 21, 2021.

9) **Referral from the Human Services Committee (Chaired by Supervisor Driscoll):**

Countryside Adult Home (Amy McByrne, Director, Countryside Adult Home) -

Request to amend the Table of Organization and Salary Schedule to delete the position of Part-Time Case Manager and to create and fill the new position of Case Manager, *Grade 14, Base Annual Salary \$40,954.*

10) **Request/Item to be Discussed by the County Treasurer (Mike Swan, County Treasurer):**

Request to re-introduce the County Treasurer's request to remove the Payroll Supervisor and Payroll Technician positions from the CSEA Union and the associated requests for salary adjustments which were tabled at the June 6, 2019 Personnel & Higher Education Committee meeting.

IV. **Pending Items:**

Personnel & Administration -

Robert Terwilliger, *First Assistant County Attorney*, to research whether it is possible to increase the appointment of the County Attorney beyond a two-year term and report back to Committee. (04.29.21)

Higher Education - None.

V. **Positions authorized for filling by Standing Committees since last meeting:**

Buildings and Grounds - Cleaner #11, *Grade 2, Base Annual Salary \$27,438*, due to termination.

District Attorney - 6th Assistant District Attorney, *Base Annual Salary \$66,563*, due to resignation.
- 7th Assistant District Attorney, *Base Annual Salary \$66,563*, due to promotion.
- 8th Assistant District Attorney, *Base Annual Salary \$66,563*, due to promotion.
- Legal Clerk #2, *Base Annual Salary \$30,520*, due to promotion.
- Legal Clerk #1, *Base Annual Salary \$30,520*, due to resignation - *EMERGENCY FILL.*

Health Services - Registered Professional Nurse #22, *Grade 19, Base Annual Salary \$47,523*, due to resignation.

Human Resources - Human Resources Specialist, *Annual Salary \$46,222*, due to resignation - *EMERGENCY FILL.*

Office for the Aging - Food Service Manager, *Grade 4, Base Annual Salary \$29,333 (35 hrs/week)*, due to resignation - *EMERGENCY FILL*

Parks, Recreation & Railroad - Building Maintenance Mechanic, *Grade 15, Base Annual Salary \$42,141.*

Public Defender - Coordinating Assistant Public Defender, *Annual Salary \$94,475*, extending prior authorization.

Sheriff - Communications Officer #5, *Annual Salary \$41,740*, due to resignation.

Social Services - Caseworker #13, *Grade 16, Base Annual Salary \$43,390*, due to resignation.
- Caseworker #34, *Grade 16, Base Annual Salary \$43,390*, due to termination.

Treasurer - Accounting Technician #2, *Grade 19, Base Annual Salary \$47,523*, due to resignation.

VI. Privilege of the Floor/Public Comment (*please allow for 15 second delay on live stream meetings*)

VII. Motion to adjourn

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: BOARD OF SUPERVISORS

SIGNED:

DATE: JUNE 3, 2021

<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.1010 444	Legislative Board, Travel/Education/Conf.	\$10,000

Please state reason for transfer request:

Funding for travel to July NACo Conference in Maryland - estimate is \$2500 pp for conference fee, hotel and transp. This was not budgeted for in 2021.

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

Funding amount requested is to cover four attendees - any unused funding will be carried over and used towards the cost of the Fall NYSAC Conf.

Early bird rates are available if registration is processed and paid before June 11th (saves \$185 pp on registration fee). Also asking permission to process registrations before this transfer is made using other funds in budget.

*RESOLUTION REQUEST FORM NO. 11**Request to Create New Position*

DEPARTMENT NAME: District Attorney Crime Victims Assistance Unit

DATE: May 24, 2021

- (a) Title of Requested Position: Crime Victim Specialist
- (b) Annual Base Salary (and Grade if Applicable): \$40,954.00, Grade 14
- (c) Effective Date for New Position:* June 21, 2021
*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):
001065 Senior Crime Victim Specialist, \$55,494.00, Grade 17
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.1168 110 Salaries Regular
- (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:
No
- (h) Is there expected revenue from this position? If so, please explain:
No

CRIME VICTIM SPECIALIST

DISTINGUISHING FEATURES OF THE CLASS: This position exists in the District Attorney's Office and involves responsibility for delivery of program services to individuals who are victims of crimes. The incumbent assists in preparing victim impact statements, accompanies victims to court appearances when appropriate and assists the victim in communications with other representatives of the criminal justice system. Work is performed under the general direction of the Senior Crime Victim Specialist or higher level supervisor with discretion allowed for the use of independent judgment within established guidelines. Does related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative only)

- Interviews crime victims to determine types of assistance needed;
- Refers crime victims needing medical assistance, counseling, emergency shelter or legal assistance to appropriate agencies;
- Provides support to crime victims throughout court proceedings;
- Assists crime victims in preparing victim impact statements and claim forms to be submitted to the Crime Victims Board;
- Arranges for rape crisis and domestic violence counseling for victims of sexual assault and domestic violence;
- Assists victims in completing forms and paperwork regarding compensation, insurance claims, property and ancillary services;
- Provides follow-up services for continuing cases;
- May arrange appointments, transportation, lodging, interpreters and other services for crime victims;
- Serves as a liaison between victim and the District Attorney's office attorneys and staff;
- Assists the prosecutor in preparing victims to testify in Grand Jury or Court proceedings;
- Accompanies victim to court when sentencing occurs, assists in the development of sentencing victim impact statements, reads victim statements into court when requested on behalf of the victim and provides support to the victim when speaking at sentencing;
- May be present in local courts for victims assistance during scheduled court proceedings;
- Meets with all victims when referred to the program, including cross-complaint witness and victims in uncharged cases;
- Assists the Director, as assigned, with program audits;
- Maintains a variety of records and prepares statistical and financial reports regarding service delivery and program operations;
- Attends local conferences and meetings relating to victim advocacy, domestic violence and sexual assault;

FULL PERFORMANCE KNOWLEDGE, SKILLS ABILITIES AND PERSONAL CHARACTERISTICS: Working knowledge of the structure, organization and procedures of the criminal justice system; working knowledge of the rights of victims; working knowledge of the policies and procedures of the District Attorney's Office; working knowledge of community resources and services available to crime victims; working knowledge of the principles and practices of interviewing & restitution requests and calculations; working knowledge of legal terminology; ability to assess the need for professional counseling and make appropriate referrals; ability to develop and maintain satisfactory working relationships with crime victims, professional staff and the public; ability to communicate effectively both orally and in writing; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: Graduation from high school or possession of a high school equivalency diploma and either:

- A) Graduation from a regionally accredited or New York State registered college or university with a bachelor's degree or higher in criminal justice, psychology, sociology, social work or a related behavioral sciences or human services field, Or
- B) Graduation from a regionally accredited or New York State registered college or university with an associate's degree in criminal justice, psychology, sociology, social work or a related behavioral sciences or human services field and two years of paid experience where the major function of the job was in the field of crime victim advocacy or criminal justice , OR
- C) An equivalent combination of experience and training as defined by the limits of (A) and (B)..

Warren County Civil Service
Adopted: 6/7/07
Amended: 10/18/17, 10/17/18

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: District Attorney Crime Victim Assistance Unit Payroll Dept. No: 5.02
Title of Position: Crime Victim Specialist Base Salary of Position: \$40,954.00 Grade: 14
Filling at Step # (If Known): 1
Budget code and title: A.1168 110 Salaries Regular Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other [checked]
Employee No./Last Name: 11293/Johr (Senior Crime Victim Specialist) Date of Vacancy: May 18, 2021
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [] Federal [] % [checked] State [] % [] Other [] %

Creation of Crime Victim Specialist due to resignation Senior Crime Victim Specialist

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[checked] 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.

pay 5/10/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 5/10/21

BUDGET OFFICER COMPLETES THIS SECTION

- [checked] 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 5/13/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice
[checked] 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 C. Leaggett Verbeek Date 5/27/21
Approved [Signature]

*RESOLUTION REQUEST FORM NO. 11**Request to Create New Position*

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 5/20/2021

- (a) Title of Requested Position: Services Assistant - Office for the Aging #1
- (b) Annual Base Salary (and Grade if Applicable): \$33,600; Grade 7
- (c) Effective Date for New Position:* 6/21/2021
*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):
Services Specialist, Office for the Aging; Grade 10; \$37,633
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6772.110
- (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:
NO
- (h) Is there expected revenue from this position? If so, please explain:
NO

SERVICES ASSISTANT- OFFICE FOR THE AGING

DISTINGUISHING FEATURES OF THE CLASS: This position involves responsibility for assisting higher level staff in the support of Office for the Aging programs. Duties may include assignments in the areas of client services assessments, Home Energy Assistance Program, volunteer coordination and other Department program and services functions. The work is performed under the general supervision of the Director of the Office for the Aging with some leeway allowed for the exercise of independent judgment. Performs related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative only)

Works directly with clients or their delegates to identify agencies and individuals offering appropriate services;

Performs home visit assessments in accordance with NYSOFA requirements to determine needs and well-being of clients and potential clients;

Assists in obtaining appropriate services for clients;

Assists clients in completing applications for various program services such as HEAP, Medicaid, MSP, Medicare, Social Security, STAR, Veteran's benefits, SNAP, etc.,

Assists in the coordination of the Volunteer program for meal sites and medical transportation program;

Assists high level staff in a variety of tasks in support of Department programs and services;

Distributes and relates information about resources and services available to the elderly in the community;

Assists in the preparation and distribution of a variety of public relations materials including newsletters and news releases for local papers;

Prepares and maintains a variety of program records and reports;

Uses computer applications or other automated systems such as spread sheets, word processing, calendar, email and database software in performing work assignments;

Serves as general a source of information for visitors, phone contacts, employee contacts etc.;

May speak along with other Department staff before senior and other community groups to provide information on departmental programs;

Performs assigned office or program tasks to assist Department requirements.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Good knowledge of programs and services available through the Office for the Aging and other service providers; good knowledge of office terminology, procedures and equipment; ability to operate a computer with a high degree of accuracy and utilize common office software programs including word processing, spreadsheets and databases to generate necessary reports; ability to communicate clearly and effectively both verbally and in writing; ability to show empathy for the problems and feelings of the senior population, tact and courtesy, integrity.

MINIMUM QUALIFICATIONS: Either:

- A. Graduation from a regionally accredited or New York State registered college or university with an Associate's Degree in Social or Behavioral Sciences, Human Services, Business Administration or related field; or
- B. Graduation from high school or possession of a high school equivalency diploma and two years of full-time paid experience, (or its part-time equivalent) providing services to seniors.

SPECIAL REQUIREMENT: Possession of a New York State driver's license at time of appointment.

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: Office for the Aging Payroll Dept. No: 57.01
Title of Position: Services Assistant-Office for the Aging #1 Base Salary of Position: 533,600 Grade: 7
Filling at Step # (If Known):
Budget code and title: A6772.110 Warren - Salaries FT Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [] Other [X]
Employee No./Last Name: Date of Vacancy: 6/21/2021
Is this position mandated? [] Yes [X] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [] Federal [] % [X] State 75 [] % [] 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] 5/21/21

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 5/24/21

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 5/25/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services
[X] 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 5/26/21
Approved [Signature]

*RESOLUTION REQUEST FORM NO. 11**Request to Create New Position*

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 5/20/2021

- (a) Title of Requested Position: Services Assistant - Office for the Aging #2
- (b) Annual Base Salary (and Grade if Applicable): \$33,600; Grade 7
- (c) Effective Date for New Position:* 6/21/2021
*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):
Supervisor of Volunteers; Grade 4; \$29,333
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6772.110
- (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:
NO
- (h) Is there expected revenue from this position? If so, please explain:
NO

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: Office for the Aging Payroll Dept. No: 57.01
Title of Position: Services Assistant-Office for the Aging #2 Base Salary of Position: \$33,600 Grade: 7
Filling at Step # (If Known): 3
Budget code and title: A6772.110 Warren - Salaries FT Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [X] Other
Employee No./Last Name: Date of Vacancy: 6/21/2021
Is this position mandated? [] Yes [X] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [] Federal % [X] State 75 % [] 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. 12/5/21/21

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 5/24/21

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 Frank E. Thomas Date 5/25/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services
[X] 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 E. Jasica Verbelly Date 5/20/21
Approved [Signature]

*RESOLUTION REQUEST FORM NO. 11**Request to Create New Position*

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 5/20/2021

- (a) Title of Requested Position: Services Assistant - Office for the Aging PT
- (b) Annual Base Salary (and Grade if Applicable): \$33,600 (20 hours/week); Grade 7
- (c) Effective Date for New Position:* 6/21/2021
*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):
Aging Services Assistant - PT; Grade 4; \$29,333 (20 hours/week)
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6772.130
- (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:
NO
- (h) Is there expected revenue from this position? If so, please explain:
NO

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: Office for the Aging Payroll Dept. No: 57.01
Title of Position: Services Assistant-Office for the Aging PT Base Salary of Position: \$33,600 (20 hours/wk) Grade: 7
Filling at Step # (If Known): 1
Budget code and title: A6772.130 Warren - Salaries PT Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [X] Other
Employee No./Last Name: Date of Vacancy: 6/21/2021
Is this position mandated? [] Yes [X] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [] Federal % [X] State 75 % [] 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. 7/21/21
Human Resources Director has approved this form when initiated. 5/21/21

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 5/24/21

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 Frank E. Thomas Date 5/25/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services
[X] 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 E. Frieser Verbally Date 5/26/21
Approved (Seal)

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Countryside Adult Home

DATE: 5/12/2021

- (a) Title of Requested Position: Case Manager
- (b) Annual Base Salary (and Grade if Applicable): Grade 14, \$40,954
- (c) Effective Date for New Position:* June 21st 2021
*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):
Part time Case Manager
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6030-110
- (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 staffing requiremnts are monitored by DOH in accoradance with NYCRR 487.9
- (h) Is there expected revenue from this position? If so, please explain:
Some of the job duties of a Case Manager are to help in marketing of Countryside and the evaluation and admitting of new residents that will create revenue. Positions are reimbursed at 50% by the state as well.

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 SECTIONDepartment: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00Title of Position: Case Manager Base Salary of Position: 40,954 Grade: 14

Filling at Step # (If Known): _____

Budget code and title: Salaries-FT A6030 110 Union Non-Union This position is vacated due to: Retirement Resignation Termination Promotion OtherEmployee No./Last Name: 13507 Date of Vacancy: 3/4/2021Is this position mandated? Yes No Is the position reimbursable? Yes NoSource of reimbursement: Federal _____ % State 50 % 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. _____

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 _____ Date _____

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 _____ Date _____

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 _____ Date _____

CASE MANAGER

DISTINGUISHING FEATURES OF THE CLASS: An incumbent in this class is responsible for providing case management services for both the DSS Temporary Assistance unit and Countryside Adult Home. Duties include coordinating and monitoring the provision of social services to those individuals and families that reside in temporary housing or are at risk of losing housing. The incumbent also acts as an advocate for Countryside residents and assists with their medical, social and environmental needs. The work is performed under general supervision within the framework of rules, regulations and guidelines of appropriate agencies. Does related work as required.

TYPICAL WORK ACTIVITIES: (ILLUSTRATIVE ONLY)**For DSS Temporary Assistance Unit:**

Perform initial intake screenings and assessments of consumer service needs and develops an Independent Living Plan;
 Work with clients to set up needed services with appropriate agencies and community programs;
 Maintain case records including service plans, case notes and monitoring reports;
 Collaborate with DSS eligibility staff to help consumers comply with temporary assistance requirements, employment requirements, as well as other programmatic requirements;
 Coordinate with other agency service staff, including those in case services and fraud, to meet consumer needs;
 Identify potential temporary and non-temporary housing resources and ensure compliance with any required inspection or other regulatory requirements;
 Coordinate client transportation needs and other services provided for in the Independent Living Plan;
 Facilitate and participate in meetings with local resources, as well as advocate for consumers and the agency;
 Participate in meetings with the local Continuum of Care, Coordinated Entry, and additional meetings as necessary to meet the on-going needs of the homeless population;
 Complete the Continuum of Care Full Assessment for consumer referrals in addition to regulatory data reporting requirements;
 Assist in the completion of the Homeless Services Plan and maintains data for program performance outcomes;
 Perform other related duties as assigned.

For Countryside Adult Home:

Conduct community outreach to promote adult home and collaborate with administration to facilitate admission of new residents;
 Perform initial and periodic evaluations of resident needs and assist facility administrator and staff in meeting those needs;
 Work with residents and his/her family to set up needed services and assist in obtaining authorization for these services;
 Assist residents in obtaining and maintaining services and providers to meet his/her medical, social and mental health needs;
 Assist residents in efforts to develop and maintain family and community ties and to develop new relationships by encouraging resident participation in facility and community activities;
 Maintain case management notes to document resident needs and activities undertaken to meet those needs;
 Coordinate a variety of services for residents, including assisting with resident mail, budgeting, bill paying, etc;
 Assist residents with eligibility applications and recertification requirements for public assistance;
 Orient new residents and families to adjust to the facility routine and life;
 Maintain contact with family regarding their loved one's condition;
 Attend staff meetings and make recommendations regarding care of residents;
 Assist with resident discharge when alternate living arrangements are required;

*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.: Payroll Supervisor,
- (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.: Payroll
Technician
- (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.