

**PUBLIC WORKS COMMITTEE
DPW AGENDA
July 19, 2022**

Committee Members: *CONOVER*, Hogan, Dickinson, Thomas, Bruno, Merlino, and Strough

I. Committee meeting called to order by Chair

II. Approval of minutes of prior Committee Meeting

III. Action Agenda/New Business Items

1. Request: Amend Grant
Rationale: To include the construction funding for Olmstedville Road Reconstruction Project H394.
2. Request: Increase Capital Project
Rationale: To add the construction and Inspection funding to the Olmstedville Road Reconstruction Project H394
3. Request: Amend Existing Contract
Rationale: For the purpose of construction inspection for the Olmstedville Road Reconstruction Project H394.
4. Request: Notice of Intent to Fill Position – MEO (M) #1
Rationale: Due to promotion
5. Request: Amend Budget
Rationale: From closure of project and to move the remaining funding.
6. Request: Transfer of Funds
Rationale: Move funding from road projects.
7. Request: Miscellaneous – Funding for cost associated with the culvert repairs
Rationale: To fund the engineering design, right-of-way and construction of the County Route 2 and County Route 7 collapsed culvert projects.
8. Request: Increase to Capital Project
Rationale: Increase the project with funding for the engineering design, right-of-way and construction of the County Route 2 and County Route 7 collapsed culvert projects.

IV. Discussion Items

1. Update on Construction Projects

V. Referrals/Pending Items

VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)

VII. Motion to Adjourn

- Attachments:
1. Resolution Request Form No. 6 – Amend Grant
 2. Resolution Request Form No. 9 – Increase Capital Project
 3. Resolution Request Form No. 4 – Amend Contract
 4. Resolution Request Form No. 12 – Notice of Intent to Fill
 5. Resolution Request Form No. 7 – Amend Budget
 6. Resolution Request Form No. 10a – Transfer of Funds
 7. Resolution Request Form No. 20 – Miscellaneous
 8. Resolution Request Form No. 9 – Increase Capital Project

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: DPW

DATE: 7/19/22

- (a) Purpose of Grant Amendment: To add construction funding for PIN 1761.44 Olmstedville Road (CR19) Reconstruction, Town of Chester (H394)
- (b) Resolution No. which Authorized Original Application and Grant: 574 of 2019
- (c) Name of Grantor: NYSDOT
- (d) Address of Grantor: 50 Wolf Road, Albany, NY 12232
- (e) Grantor's Contact Person and Telephone Number: Josephine Carrasquillo 518-242-5074
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? Attached
- (g) Effective Date of Amendment or Extension: upon execution
- (h) Termination Date of Amendment or Extension: 8/31/2028
- (i) Total Dollar Amount Involved (not to exceed): increase of \$4,604,148.00
- (j) Is a Budget amendment required? If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: H394.9550 280 Olmstedville Road (CR 19) Reconstruction

Sponsor: County of Warren
PIN: 1761.44 BIN: _____
Comptroller's Contract No. D040068
Supplemental Agreement No. 2
Date Prepared: 6/23/2022 By: jc
Initials

Press F1 for instructions in the blank fields:

SUPPLEMENTAL AGREEMENT No. 2 to D040068 (Comptroller's Contract No.)

This Supplemental Agreement is by and between:

the New York State Department of Transportation ("NYSDOT"), having its principal office at 50 Wolf Road, Albany, NY 12232, on behalf of New York State ("State");

and

County of Warren (the Sponsor)
Acting by and through the Board of Supervisors
with its office at 4028 Main Street, Warrensburg, NY 12885.

This amends the existing Agreement between the parties in the following respects only (*check applicable categories*):

Amends a previously adopted Schedule A by (*check as applicable*):

- amending a project description
- amending the contract end date
- amending the scheduled funding by:
 - adding additional funding (*check and enter the # phase(s) as applicable*):
 - adding phase **Construction and Construction Inspection** which covers eligible costs incurred on/after 4/8/2021
 - adding phase _____ which covers eligible costs incurred on/after / /
 - increasing funding for a project phase(s)
 - adding a pin extension
 - change from Non-Marchiselli to Marchiselli
 - deleting/reducing funding for a project phase(s)
 - other (_____)

Amends a previously adopted Schedule "B" (Phases, Sub-phase/Tasks, and Allocation of Responsibility)

Amends a previously adopted Agreement by replacing the Appendix A dated January 2014 with the Appendix A dated October 2019

Amends the text of the Agreement as follows (*insert text below*):

Sponsor: County of Warren
PIN: 1761.44 BIN: _____
Comptroller's Contract No. D040068
Supplemental Agreement No. 2
Date Prepared: 6/23/2022 By: jc
Initials

Press F1 for instructions in the blank fields:

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized officials as of the date first above written.

SPONSOR:

SPONSOR ATTORNEY:

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

STATE OF NEW YORK

)ss.:

COUNTY OF Warren

On this _____ day of _____, 20__ before me personally came _____ to me known, who, being by me duly sworn did depose and say that he/she resides at _____; that he/she is the _____ of the Municipal/Sponsor Corporation described in and which executed the above instrument; (except New York City) that it was executed by order of the _____ of said Municipal/Sponsor Corporation pursuant to a resolution which was duly adopted on _____ and which a certified copy is attached and made a part hereof; and that he/she signed his/her name thereto by like order.

Notary Public

APPROVED FOR NYSDOT:

APPROVED AS TO FORM:
STATE OF NEW YORK ATTORNEY GENERAL

BY: _____
For Commissioner of Transportation

Agency Certification: In addition to the acceptance of this contract I also certify that original copies of this signature page will be attached to all other exact copies of this contract.

By: _____
Assistant Attorney General

Date: _____

COMPTROLLER'S APPROVAL:

By: _____
For the New York State Comptroller
Pursuant to State Finance Law '112

SCHEDULE A – Description of Project Phase, Funding and Deposit Requirements
NYSDOT/ State-Local Agreement - Schedule A for PIN 1761.44

OSC Municipal Contract #: D040068		Contract Start Date: <u>01/10/2020</u>		Contract End Date: <u>08/31/2028</u>	
<input type="checkbox"/> Check, if date changed from the last Schedule A					
Purpose:		<input type="checkbox"/> Original Standard Agreement		<input checked="" type="checkbox"/> Supplemental Schedule A No. 2	
Agreement Type:		<input checked="" type="checkbox"/> Locally Administered Municipality/Sponsor (Contract Payee): County of Warren			
		Other Municipality/Sponsor (if applicable):			
<input type="checkbox"/> State Administered		List participating Municipality(ies) and the % of cost share for each and indicate by checkbox which Municipality this Schedule A applies.			
		<input type="checkbox"/> Municipality:		% of Cost share	
		<input type="checkbox"/> Municipality:		% of Cost share	
		<input type="checkbox"/> Municipality:		% of Cost share	
Authorized Project Phase(s) to which this Schedule applies:					
		<input checked="" type="checkbox"/> PE/Design		<input checked="" type="checkbox"/> ROW Incidentals	
		<input checked="" type="checkbox"/> ROW Acquisition		<input checked="" type="checkbox"/> Construction/CI/CS	
Work Type: HWY RECONST		County (If different from Municipality):			
Marchiselli Eligible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		(Check, if Project Description has changed from last Schedule A): <input type="checkbox"/>			
Project Description: Olmstedville Road, CR19-Reconstruction-Town of Chester, Warren County					
Marchiselli Allocations Approved FOR ALL PHASES All totals will calculate automatically.					
Check box to indicate change from last Schedule A	State Fiscal Year(s)	Project Phase			TOTAL
		PE/Design	ROW (RI & RA)	Construction/CI/CS	
<input type="checkbox"/>	Cumulative total for all prior SFYs	\$0.00	\$0.00	\$0.00	\$ 0.00
<input checked="" type="checkbox"/>	Current SFY 20/21	\$60,575.00	\$75,925.00	\$362,000.00	\$ 498,500.00
Authorized Allocations to Date		\$60,575.00	\$ 75,925.00	\$ 362,000.00	\$ 498,500.00

A. Summary of allocated MARCHISELLI Program Costs FOR ALL PHASES For each PIN Fiscal Share below, show current costs on the rows indicated as "Current.". Show the old costs from the previous Schedule A on the row indicated as "Old." All totals will calculate automatically.

PIN Fiscal Share	"Current" or "Old" entry indicator	Federal Funding	Total Costs	FEDERAL Participating Share	STATE MARCHISELLI Match	LOCAL Matching Share	LOCAL DEPOSIT AMOUNT (Required only if State Administered)
1761.44.121	Current	STBG FLEX	\$326,251.00	\$261,000.00	\$48,938.00	\$16,313.00	\$0.00
	Old		\$ 326,251.00	\$261,000.00	\$48,938.00	\$16,313.00	\$0.00
1761.44.221	Current	STBG FLEX	\$ 100,459.00	\$ 80,367.00	\$ 15,069.00	\$ 5,023.00	\$0.00
	Old		0.00	0.00	0.00	0.00	\$0.00
1761.44.321	Current	STBG FLEX	\$ 4,603,998.00	\$3,683,198.00	362,000.00	\$ 558,800.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL CURRENT COSTS:			\$5,030,708.00	\$4,024,565.00	\$426,007.00	\$580,136.00	\$ 0.00

NYS DOT/State-Local Agreement – Schedule A

B. Summary of Other (including Non-allocated MARCHISELLI) Participating Costs FOR ALL PHASES For each PIN Fiscal Share, show current costs on the rows indicated as "Current.". Show the old costs from the previous Schedule A on the row indicated as "Old." All totals will calculate automatically.

Other PIN Fiscal Shares	'Current' or 'Old' entry indicator	Funding Source	TOTAL	Other FEDERAL	Other STATE	Other LOCAL
1761.44.121.	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$0.00	\$0.00	\$0.00	\$0.00
1761.44.221	Current		\$0.00	\$0.00	\$0.00	\$0.00
	Old	STGB FLEX	\$100,309.00	\$80,247.00	\$0.00	\$20,062.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
TOTAL CURRENT COSTS:			\$0.00	\$0.00	\$ 0.00	\$0.00

C. Local Deposit(s) from Section A:	\$ 0.00
Additional Local Deposit(s)	\$0.00
Total Local Deposit(s)	\$ 0.00

D. Total Project Costs All totals will calculate automatically.

Total FEDERAL Cost	Total STATE MARCHISELLI Cost	Total OTHER STATE Cost	Total LOCAL Cost	Total ALL SOURCES Cost
\$ 4,024,565.00	\$ 426,007.00	\$ 0.00	\$ 580,136.00	\$ 5,030,708.00

E. Point of Contact for Questions Regarding this Schedule A (Must be completed)	Name: <u>Josephine Carrasquillo</u> Phone No: <u>518-242-5074</u>
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See Agreement (or Supplemental Agreement Cover) for required contract signatures.

NYSDOT/State-Local Agreement – Schedule A

Footnotes: (See LPB's website for link to sample footnotes)

This Supplemental Agreement #2 adds the Construction and Construction Inspection for this phase to the project. Construction \$4,181,757.33 and Construction Inspection \$422,241.00 phase adds total \$4,603,998.33, approved 20/21 Marchiselli funds.

This Supplemental Agreement #1 adds the ROW Acquisition phase to the project. This SA #1 adds additional funds to the Design phase of the project and adds approved 20/21 Marchiselli funds to the Design phase of the project.

Marchiselli funding hereunder is limited by the amount authorized on the Comprehensive List. Additional Marchiselli funding is contingent on appropriate increase(s) to the Comprehensive List and the execution of a Supplemental Schedule A providing such additional funds. ROW Marchiselli funds will be requested in the 21/22 submission.

The Master Agreement was for the Design and ROW Incidentals phases of the project. Preliminary Design Phase I-IV (Authorize) = \$217,600.00; Detail Design Phase V-VI = \$93,196.00; ROW Incidentals = \$25,731.00.

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: 7/19/22

- (a) Exact Title and Number of Project*: Olmstedville Road (CR 19) Reconstruction, Town of Chester (H394)

- (b) Is this a Capital Project? Yes

- (c) Is this a Capital Reserve Project? No

- (d) Amount of Increase (if applicable): \$4,604,148.00

- (e) Amount of Decrease (if applicable):

- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
 - \$ 3,683,317.00 Federal funding (80%)
 - \$ 690,622.00 State Marchiselli Funding (15%)
 - \$ 230,209.00 Local Match Funding (5%) (Transfer from D.9950 910 Transfers - Capital Projects)

- (g) Changes in Funding (if Amendment):

- (h) Purpose of Increase or Decrease or Amendment: To add construction and construction inspection funding

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: DPW

DATE: 7/19/22

- (a) Purpose of Contract Change: To add construction inspection services
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 602 of 2019
- (c) Name of Contractor: McFarland Johnson, Inc.
- (d) Address of Contractor: 60 Railroad Place, Suite 402, Saratoga Springs, NY 12866
- (e) Contractor's Contact Person and Telephone Number: Laura Sanda (518) 691-3050
- (f) Commencement Date of Extension: Upon Execution
- (g) Termination Date of Extension: Upon Completion
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed increase of \$422,241.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: H394.9550 280 Olmstedville Road (CR 19) Reconstruction

**Architectural/Engineering
Consultant Agreement
Supplemental Agreement #2**

PIN (s) 1761.44

Municipal Contract No. _____

Agreement made this _____ day of _____, 2022, by and between

Warren County

(municipal corporation)

having its principal office at 1340 State Route 9, Lake George, NY 12845

(to be known throughout this document as the "Sponsor")

and

McFarland-Johnson, Inc.

with its office at 49 Court Street, Suite 240, Binghamton, NY 13901

(to be known throughout this document as the "Consultant")

WITNESSETH:

WHEREAS, in connection with a federal-aid project funded through the New York State Department of Transportation ("NYSDOT"), identified for the purposes of this agreement as Olmstedville Road (County Route 19) Reconstruction in the Town of Chester, New York (as described in detail in Attachment A annexed hereto, the "Project"), the Sponsor has sought to engage the services of a Consultant Engineer to perform the scope of services described in Attachment B annexed hereto; and

WHEREAS, in accordance with required consultant selection procedures, including applicable requirements of NYSDOT and/or the Federal Highway Administration ("FHWA"), the Sponsor has selected the Consultant to perform such services in accordance with the requirements of this Contract; and

WHEREAS, Chairman, Warren County Board of Supervisors is authorized to enter this Contract on behalf of the Sponsor,

NOW, THEREFORE, the parties hereto agree as follows:

ARTICLE 1. DOCUMENTS FORMING THIS CONTRACT

This contract consists of the following:

- **Agreement Form** - this document titled "Architectural/Engineering Consultant Contract";
- **Attachment "A"** – Project Description and Funding;
- **Attachment "B"** – Supplemental Agreement # 2 Scope of Services;
- **Attachment "C"** – Fee.
- **Attachment "D"** – CME Associates Scope and Fee
- **Appendix A** – Standard Clauses for New York State Contracts
- **Appendix "A-1"** – Supplemental Title VI Provisions (Civil Rights Act)

IN WITNESS WHEREOF, the parties have duly executed this Contract effective the day and year first above-written.

Reference: Sponsor Contract # _____

Sponsor – Warren County	Consultant – McFarland Johnson, Inc.
by: _____	by: _____
Chairman – Warren County Board of Supervisors	James M. Festa, P.E.
Date: _____	Chief Executive Officer
	Date: _____

STATE OF NEW YORK

ss:

ss:

COUNTY OF _____

On this _____ day of _____, _____ before me, the subscriber, personally appeared to me known, who, being by me duly sworn, did depose and say; that he resides in the _____, New York; that he is the Chairman of the Warren County Board of Supervisors, the corporation described in and which executed the foregoing instrument; that he is the authorized with the execution of the matter herein provided for, and that he signed and acknowledged the said instrument in his position as a duly authorized representative of Sponsor.

Notary Public, _____ County, N.Y.

STATE OF NEW YORK

ss:

ss:

COUNTY OF _____

On this _____ day of _____, _____ before me, the subscriber, personally appeared to me known, who, being by me duly sworn, did depose and say; that he resides in the _____, New York; that he is the Chief Executive Officer of McFarland-Johnson, Inc., the corporation described in and which executed the foregoing instrument; that he is the authorized with the execution of the matter herein provided for, and that he signed and acknowledged the said instrument in his position as a duly authorized representative of Sponsor.

Notary Public, _____ County, N.Y.

Attachment A
Architectural/ Engineering Consultant Contract
Project Description and Funding

PIN: 1761.44
BIN: N/A

Term of Agreement Ends: April 30, 2023

Main Agreement Amendment to Contract [add identifying #] Supplement to Contract

Phase of Project Consultant to work on:

P.E./Design ROW Incidentals ROW Acquisition
 Construction, C/I, & C/S

Dates or term of Consultant Performance:

Start Date: December 1, 2019 (Original)

Finish Date: April 30, 2023

PROJECT DESCRIPTION:

The Project involves the reconstruction of approximately 2.7 miles of Olmstedville Road (County Route 19) from Hidden Lake Road to the Warren and Essex County Boundary.

Project Location:

The project is located in the Town of Chester, Warren County, NY

Consultant Work Type(s): See Attachment B for more detailed Task List.

MAXIMUM AMOUNT OF FUNDS FOR ALL COMPENSATION PAYABLE UNDER THIS AGREEMENT FOR THE SCOPE OF WORK DESCRIBED IN ATTACHMENT B FOR THE PROJECT DESCRIBED IN THIS ATTACHMENT A, OTHERWISE IN ACCORDANCE WITH THE CHOSEN METHOD OF COMPENSATION AND OTHER TERMS OF THIS AGREEMENT:

\$422,241



Olmstedville Road Reconstruction

1761.44

Warren County
Attachment C - Fee

FEE SUMMARY

	DESIGN / PLANNING SERVICES	CONSTRUCTION SERVICES
1. DIRECT TECHNICAL LABOR		\$117,915.00
2. ESTIMATED OVERHEAD EXPENSES AND PAYROLL BURDEN Based on Percentage of Direct Salary Cost (exclusive of Premium Pay) with the estimated Percentage being 162.00 %		\$191,022.30
3. SUBTOTAL OF ITEMS 1 & 2		\$308,937.30
4. FIXED FEE / PROFIT		\$33,983.10
5. DIRECT EXPENSES		\$21,985.00
6. SUBCONSULTANT COSTS		\$51,310.00
CME Associates, Inc.		\$51,310
7. SUBCONTRACT COSTS - (ESTIMATE)		
8. OVERTIME PREMIUM		\$6,025.00
9. TOTAL FEE ESTIMATE		\$422,240.40

10. TOTAL FEE FOR ALL SERVICES

\$422,241

NOTE: Authorized hours worked in excess of forty per week are subject to a premium time charge

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: DPW.Maintenance Payroll Dept. No: 19.63
Title of Position: MEO (M) #1 Base Salary of Position: \$39246 Grade: 9
Filling at Step # (If Known): _____
Budget code and title: D.5110 MEO (M) #1 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 11619/CONVERSE J Date of Vacancy: 06/20/2022
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State _____% 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. *Pay 7/11/22*
Human Resources Director has approved this form when initialed. *AP 7/11/22*

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 *[Signature]* Date 7/11/22

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature *Frank E Thomas* Date 7/11/22

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works

- 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 7/19/22

MOTOR EQUIPMENT OPERATOR (MEDIUM)

GENERAL STATEMENT OF DUTIES: Operates one or more types of medium size automotive equipment and performs a variety of manual tasks in connection with such operation; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: These duties involve responsibility for the safe and efficient operation and care of moderately complex motor equipment in the performance of assigned tasks. Effectively works as an individual or as a member of a crew and coordinates efforts with other employees as appropriate. An employee in this class is also required to perform recurring manual duties related to the operation of the equipment. The work is usually performed under general supervision.

TYPICAL WORK ACTIVITIES: (Illustrative only)

Operates a ten-wheel truck in connection with the hauling of material for road construction and repair;
Operates front end loader, roller of similar road construction machinery on construction and maintenance projects;
Operates a snow plow or related snow removal equipment;
Performs minor mechanical repairs on automotive equipment;
On assignment operates bulldozer, grader, shovel or other heavy automotive equipment;
Services assigned vehicle and maintains it in clean condition;
Loads and unloads trucks;
May perform a variety of simple manual tasks, such as cleaning culverts, shoveling snow, painting and road maintenance work;
Responds after normal working hours to emergency situations and during snow and ice events.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES:

Good knowledge of the operation of trucks, tractors and other types of automotive equipment;
Ability to understand and carry out simple oral and written instructions;
Industry, dependability, good physical condition.

MINIMUM QUALIFICATIONS:

One (1) year of experience in the operation of motorized construction equipment.

SPECIAL REQUIREMENTS FOR ACCEPTANCE OF APPLICATIONS: Eligibility for an appropriate New York State Class A or B license with air brake endorsement. Possession at time of appointment.

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: DPW

DATE: 7/19/22

(a) Purpose of Amendment: To increase D.9950 910 (Transfers- Capital Projects) to account for local match for various capital projects

(b) Appropriation Code (with title), Object Code (with title) and Amount:

D.9950 910 Interfund Transfers \$2.70

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

D.5010 5031 Interfund Transfers \$2.70

REQUEST FOR TRANSFER OF FUNDS

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

FROM: DEPARTMENT OF PUBLIC WORKS

Name of Department

SIGNED: _____ DATE: 7/19/2022

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>	<u>TOWN</u>
D.5112.8311 280	Co Roads, 2020 CR#26 Palisades Rd	D.9950 910	Co Roads, Transfer - Capital Projects	\$ 58,432.74	Horicon
D.5112.8312 280	Co Roads, 2020 CR#30 Schroon River Rd	D.9950 910	Co Roads, Transfer - Capital Projects	\$ 60,169.14	Chester

\$ 118,601.88

<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

Please state reason for transfer request:

Reallocate budgeted funds to cover local match funds

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: Department of Public Works

DATE: 7/19/22

- (a) Purpose of Request: To Appropriate Funds from Unappropriated Surplus A 909.00 to A 9950 910 Transfer-Capital Project in the amount of \$3,500,000.00 to Fund H390-County Bridge & Culvert Project.

- (b) Details: To Appropriate Funds from Unappropriated Surplus A 909.00 to A 9950 910 Transfer-Capital Project in the amount of \$3,500,000.00.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A 909.00 Unappropriated Surplus \$3,500,000.00.

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

* as listed in budget and LOGOS

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: 7/19/22

- (a) Exact Title and Number of Project*: County Bridge & Culvert Project, Various Towns, (H390)
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Increase (if applicable): \$3,500,000.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
\$3,500,000.00 A 9950 910 Transfer-Capital Project
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: To fund the design, right of way acquisitions, construction and construction inspection phases for the Stony Creek Road (CR 2) over Number Nine Brook culvert replacement in the Town of Thurman and the Bay Road (CR 7) over Glen Lake Outlet culvert replacement in the Town of Queensbury