

Criminal Justice, Public Safety & Emergency Services Committee  
Office of Emergency Services  
October 22, 2024

COMMITTEE MEMBERS: GERACI, Conover, Maday, Strainer, Gilligan, Driscoll, Etu

- I. Committee meeting called to order by Chair
  - II. Approval of minutes of prior Committee Meeting
  - III. Privilege of the floor and public comment
  - IV. Action Agenda/New Business Items:
    1. Request: Resolution request for a transfer of funds from A.1990 469 Contingency Account-Other Payments/Contributions to A.9950 910 Transfers Capital Projects in the amount of \$2,411.19. *Attachment #1*
    2. Request: Resolution request for a transfer of funds from A.1990 469 Contingency Account-Other Payments/Contributions to A.9950 910 Transfers Capital Projects in the amount of \$1,253.53. *Attachment #2*  
Rationale: Transfer is needed to provide funding source for the local match needed to offset the contractor costs paid by the County. The total contractor cost for the Hazard Mitigation Plan is \$89,740, of which \$88,486.47 has been reimbursed by FEMA. The
    3. Request: Resolution request for a transfer of funds from A.3640 Civil Defense to A.9550 910 Transfers Capital Projects in the amount of \$2,228.71. *Attachment #3*  
Rationale: Transfer is needed to provide funding source for the local match charged to the Hazard Mitigation Grant Program for the period
    4. Request: Resolution request for a transfer of funds from A.3410 130 Fire Prevention & Control-Salaries Part Time to A.3410 810 Fire Prevention & Control-Retirement in the amount of \$850.00. *Attachment #4*  
Rationale: Transfer is needed to cover a projected deficit in the G/L Account A.3410 810 Fire Prevention & Control-Retirement.
  - V. Discussion Items
  - VI. Referrals/Pending Items
  - VII. Privilege of the floor and public comment
  - VIII. Motion to adjourn
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Attachments:

1. Resolution Request Form #10
2. Resolution Request Form #10
3. Resolution Request Form #10
4. Resolution Request Form #10

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

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

**DEPARTMENT NAME:** Office of Emergency Services

**SIGNED:**

**DATE:** October 22, 2024

<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.9950 910	Transfers Capital Projects	\$2,411.19

**Please state reason for transfer request:**

Transfer needed to provide funding source for the local match charged to the Hazard Mitigation Grant Program for the period April-December, 2023.

**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

**DEPARTMENT NAME:** Office of Emergency Services

**SIGNED:**

**DATE:** October 22, 2024

<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.9950 910	Transfers Capital Projects	\$1,253.53

**Please state reason for transfer request:**

Transfer needed to provide funding source for contractor costs not reimbursed by HMGP funds.

**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

**DEPARTMENT NAME:** Office of Emergency Services

**SIGNED:**

**DATE:** October 22, 2024

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3640 110	Civil Defense - Salaries Regular	A.9950 910	Transfers Capital Projects	\$1,554.44
A.3640 810	Civil Defense - Retirement	A.9950 910	Transfers Capital Projects	\$242.55
A.3640 830	Civil Defense - Social Security	A.9950 910	Transfers Capital Projects	\$89.41
A.3640 831	Civil Defense - Medicare	A.9950 910	Transfers Capital Projects	\$20.90
A.3640 860	Civil Defense - Hospitalization	A.9950 910	Transfers Capital Projects	\$315.67
A.3640 865	Civil Defense - Dental Insurance	A.9950 910	Transfers Capital Projects	\$5.74

**Please state reason for transfers requested:**

Transfer needed to provide funding source for the local match charged to the Hazard Mitigation Plan Update for the period January 1-June 30, 2024. Total transfer requested is \$2,228.71.

### 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

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

**DEPARTMENT NAME:** Office of Emergency Services

**SIGNED:**

**DATE:** October 22, 2024

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3410 130	Fire Prevention & Control - Salaries Part Time	A.3410 810	Fire Prevention & Control - Retirement	\$850.00

**Please state reason for transfers requested:**

Transfer is needed to cover a projected deficit in G/L Account A.3410 810 Fire Prevention & Control - Retirement

### 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.**