

Economic Growth & Development Committee  
Planning & Community Development Agenda  
June 28, 2024

COMMITTEE MEMBERS: Supervisors **Etu**, Strough, Bean, Maday, Turner, Crocitto and Wild - *Chair of the Board shall serve as an Ex-Officio member when needed in accordance with the Section C(4) of the Rules of the Board*

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Action Agenda/New Business Items:
  1. Request: Enter into a new contract for administration of NYS Restore Program  
Rational: WCPD was awarded \$200,000 for an emergency home repair program for seniors. WCPD solicited proposals from qualified community organizations and selected “Rebuilding Together Saratoga.”
  2. Request: Apply for grant funding through the NYSDOS Brownfield Opportunity Area (BOA) program via the 2024 Consolidated Funding Application (CFA) process  
Rationale: NYSDOS requires a resolution for submission of a funding application to participate in NYS BOA program. This particular program will allow WCPD to inventory vacant and underutilized properties that are scattered across the county.
  3. Request: Transfer of funds for overtime  
Rationale: WCPD staff has worked anticipated overtime
  4. Request: Increase capital account H18  
Rational: Warren County was awarded an additional round of funding (\$400,000) via NYSDEC Septic Replacement program. In order to continue running this program WCPD needs to increase the capital account that was established for the first round of septic replacement funds.
  5. Request: Update intermunicipal agreement (IMA) with City of Glens Falls  
Rationale: The City of Glens Falls would like to purchase additional licenses of ArcGIS software. This is done through an IMA between the County and City in which the County purchases licenses on behalf of the City and is reimbursed by the City. The dollar amount of the existing IMA needs to be increased to accommodate the additional license cost.
  6. Request: Amend budget GIS Software  
Rational: The amended budget accounts for expenses and revenue related to Intermunicipal Agreements between the County and the City of Glens Falls and Village of Lake George to cover GIS software purchases. These expenses are reimbursed to the County by the municipalities.
- IV. Discussion Items:
  1. Grant Projects and Programs for 2024 Grant Cycle
  2. Housing Update: STRs
  3. LCLGRP Update
- V. Referrals/Pending Items:

*None*

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

VII. Motion to adjourn

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Attachments

1. Reso request # 3 Enter into new contract for Restore NY program
2. Reso request # 5 Apply for funding through NYSDOS BOA program
3. Reso request # 7 Increase overtime
4. Reso request # 9 Increase capital account for septic replacement funds
5. Reso request # 4 Update intermunicipal agreement with Glens Falls for GIS
6. Reso request # 7 Amend budget for GIS software

# ***RESOLUTION REQUEST FORM NO. 3***

## ***Request for New Contract***

**DEPARTMENT NAME: Planning**

**DATE: June 18, 2024**

- (a) Is this a Result of a Bid or Request for Proposal?  
**Yes, RFP**
- (b) Purpose of Contract:  
**Administer NYS Restore Program**
- (c) Name of Contractor:  
**Rebuilding Together Saratoga County**
- (d) Address of Contractor: **132 Milton Avenue, Ballston Spa NY 12020**
- (e) Contractor's Contact Person and Telephone Number:  
**Michelle Larkin 518-587-3315**
- (f) Has or will the Contract be provided, if so, please attach:  
**See proposal**
- (g) Commencement Date of Contract:  
**Upon BOS approval**
- (h) Termination Date of Contract:  
**December 2025**
- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed **\$195000**  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)  
**Determined by pace of expenditure**
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount:  
**CD79 79.866 470 \$195,000**

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

\*as listed in budget and LOGOS

# ***RESOLUTION REQUEST FORM NO. 5***

## ***Request to Apply for a Grant Application and Grant Agreement***

**DEPARTMENT NAME: Planning**

**DATE: 6/18/2024**

- (a) Purpose of Grant:  
**Conduct Countywide Pre-Planning Inventory and Analysis of Brownfield affected areas via the NYSDOS Brownfield Opportunity Area (BOA) program**
- (b) Name of Grantor:  
**NYS Department of State**
- (c) Address of Contractor: **Office of Planning, Development & Community Infrastructure. NYSDOS. 99 Washington Ave, Suite 1010 Albany NY 12231**
- (d) Grantor's Contact Person and Telephone Number:  
**Lesley Zlatev (518) 474-1843**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **TBD**
- (f) Effective Date of Grant: **TBD**
- (g) Termination Date of Grant: **TBD**
- (h) Total Dollar Amount Involved (not to exceed): **\$150,000**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:  
**July 31st 2024**
- (j) Is a Budget amendment required? **No** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **NA** If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **Yes** 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:

**8021**

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

\*as listed in budget and LOGOS

# ***RESOLUTION REQUEST FORM NO. 10***

## ***Request for Transfer of Funds***

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

**DEPARTMENT NAME:** PLANNING & COMMUNITY DEVELOPMENT

**SIGNED:**

**DATE:** 06/28/2024

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.8021 110	Planning, Salaries-Full Time	A.8021 120	Planning, Salaries-Overtime	\$4,000.00

**Please state reason for transfers requested:**

To cover anticipated overtime costs

### **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. 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: Planning and Community Development**

**DATE: 5/8/2024**

- (a) Exact Title and Number of Project\*:  
**NYS Septic Replacement Program capital project H418**
- (b) Is this a Capital Project?  
**Y**
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):  
**\$400,000**
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment:  
**NYSDEC announced that Warren County is to receive \$400,000 in additional funding for the NYS Septic Replacement Fund. This will increase the total amount of funding to the account to \$1,035,00.00  
Appropriation code: H418.9550 280  
Revenue code: H418.9550 3990**

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: Planning**

**DATE: 4/12/2024**

- (a) Purpose of Contract Change:  
**Amend Intermunicipal Agreement with the City of Glens Falls for ArcGIS Software to increase dollar amount from \$1000 to \$5000 to cover the purchase of additional software licenses**
  - (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:  
**contract # 582-A-156**
  - (c) Name of Contractor: City of Glens Falls
  - (d) Address of Contractor: 42 Glen Street  
Glens Falls NY 12801
  - (e) Contractor's Contact Person and Telephone Number:  
**Mayor Bill Collins, (518) 761-3805**
  - (f) Commencement Date of Extension: **6/21/24**
  - (g) Termination Date of Extension:
  - (h) Payment Provisions:
    - i) lump sum amount
    - ii) hourly rate amount
    - iii) total amount not to exceed **\$5000**
    - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **annually**)
  - (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:**
- A. 8022.422**

\*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: Planning**

**DATE: 5/31/2024**

(a) Purpose of Amendment:

**To amend the Planning GIS Program budget to cover GIS software maintenance costs reimbursed by the City of Glens Falls and Village of Lake George.**

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

**8022 422 Planning GIS Program, Repair/Maintenance - Equipment \$6000**

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

**8022 2210 Planning GIS Program, General Services, Intergovt \$6000**