

Human Services Committee
Warren County Department of Social Services
COMMITTEE MEETING AGENDA
March 2, 2020

Committee Members: Supervisors Driscoll, Hogan, Bruno, Frasier, Magowan, McDevitt and Shepler.

I. Committee meeting called to order by Chairman

II. Motion to approve minutes of prior Committee meeting

III. Action Agenda/New Business

1. **Personnel Requests:**

- **Notice of Intent to Fill** the vacant position of Social Welfare Examiner #8 (Grade 8-Step 9) in the Medicaid Unit, due to promotion effective February 10, 2020.

Rationale: The position is mandated and reimbursed.

- **Request to Reclassify Position:** From Sr. Account Clerk #5 (Grade 7), to Principal Account Clerk #2 (Grade 10), in the Accounting Unit, effective March 23, 2020.

Rationale: The work carried out by the employee matches the duties and responsibilities of Principal Account Clerk.

- **Request to Create and Fill two Caseworker Positions** (Grade 16), in the Children's Services Units.

Rationale: Two additional positions will ensure Casework compliance in consideration of intermittent increased caseloads, increased reporting requirements, unanticipated case-related work, and allow the department to better function when approved leaves of absence and/or vacancies arise.

PLEASE SEE ATTACHMENT(s) #1

2. **Request Resolution:**

Request to Appoint and Re-Appoint various members to the Warren County Youth Board for 2020.

Rationale: Youth Board membership includes members from the Board of Supervisors, Warren County Youth Representatives and representation from the Municipalities within the County.

PLEASE SEE ATTACHMENT #2

IV. Pending Items - There are no pending items

V. Information for Discussion and/or Review

Chris Hanchett, Commissioner

- Introduce Unit Staff Supervisor – Unit Overview
- Commissioner's Activities & Updates Report;

Julie Montero, Fiscal Manager - Monthly Revenue & Expenditures, and Overtime Reports;

PLEASE SEE ATTACHMENT #3

Countryside Adult Home Agenda/Action Items

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to Adjourn

ATTACHMENTS:

1. PERSONNEL REQUESTS

Notice of Intent to Fill-Social Welfare Examiner #8

Request to Re-Classify Sr. Account Clerk #5 to Principal Account Clerk #2

Request to Create & Fill Caseworker Positions #38 and #39

2. Request to Appoint Members to the Warren County Youth Board 2020

3. Monthly Fiscal & Overtime Reports

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: SOCIAL SERVICES Payroll Dept. No: 40.03
Title of Position: Social Welfare Examiner #8 Base Salary of Position: \$34,988 (2019) Grade: 8
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 11759/Rowland Date of Vacancy: 2/10/20
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % 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. 2/18/20
Human Resources Director has approved this form when initialed. 2/18/20

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 2/18/20

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 [Signature] Date 2/19/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

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 3/2/2020

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 03/02/20

- (a) Title of Reclassified Position: **Principal Account Clerk #2 - Grade 10**

- (b) Annual Salary of Reclassified Position (and Grade if Applicable):* **\$46,615 Gr10/Step10**
*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.

- (c) Title and Employee Number of Position to be Deleted:
Sr. Account Clerk #5

- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):* **\$42,036 Gr7/Step10**
*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.

- (e) Effective Date:* **03/23/20**
*Please do not backdate unless the purpose is to correct an error.

- (f) Where are the Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:

A 6010 110 - Salaries - Regular

- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:*
*This is necessary **BEFORE** bringing the request to committees.

Yes

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

ATTACHMENT #1

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: SOCIAL SERVICES Payroll Dept. No: 40.03
Title of Position: Social Welfare Examiner #8 Base Salary of Position: \$34,988 (2019) Grade: 8
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Date of Vacancy: 2/10/20
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50% State 25% 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

- 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

Unbudgeted Items 2020

Position Changes

	Salary	Fica/Medicare	Total
Senior Account Clerk (Grade 7) to	\$ 42,036	\$ 3,215.75	\$ 45,251.75
Principal Account Clerk (Grade 10)	\$ 46,615	\$ 3,566.05	\$ 50,181.05

Increase to Salary/Benefits \$ 4,929.29

Request is to compensate for the skills necessary to perform the complex duties of this position.

Create Positions

Caseworker (Grade 16) Entry Level	\$ 43,390	\$ 3,319.34	\$ 46,709.34
Caseworker (Grade 16) Entry Level	\$ 43,390	\$ 3,319.34	\$ 46,709.34
	\$ 86,780	\$ 6,638.67	\$ 93,418.67

Health Insurance based on Family Plan X 2 \$ 39,322.32

Increase to Salary/Benefits \$ 132,740.99

Requests are to reduce case count per CW
After training, will reduce overtime costs
Reduce stress, staff retention

Total Increase to 6010 Budget	\$ 137,670.28
Anticipated Reimbursement	76%
	\$ 104,629
Projected Cost to County	\$ 33,041

plus contractual increase to wages

1. Name of Officer or Employee

Warren County Personnel and Civil Service
1340 State Rte 9, Lake George, NY 12845
Job Classification Questionnaire

Form MS 220
Leave this space blank

Last First Middle

2. Payroll or Budget Title

Senior Account Clerk #5

3. City, County, Town, or Village

Warren County

4. Rate of Pay Annually

Monthly

Daily

Hourly

\$ 42,036

5. Place of Work (Building and Room)

HSB - Accounting Unit

6. Department

Social Services

7. Division or Bureau

8. Civil Service Status of Position

Competitive

Non Competitive

Unclassified

Not now classified

Exempt

Labor

9. Number Years in Service

10

10. How Many Years in Present Position

7

10a. How Many Hours Per Week Do You Work In This Position? 35

11. Names and titles of persons from whom you receive supervision or direction, and the degree of this supervision.

Names	Titles	Degree of Supervision Received
Julie Montero	Fiscal Manager	Minimal
Doris Gonnely	Principal Account Clerk	Minimal

12. If your work involves the direction or supervision of the work of others, give their names, titles and the degree of supervision

Names	Titles	Degree of Supervision Received

13. Description of Duties: Describe the work that you do. Use a separate paragraph for each kind of work. Take the most important kind first; that is the kind that takes up most of your time. Explain it fully. Then take up the next most important, and so on, putting the special or occasional duties last. Be sure to make your descriptions definitive enough and detailed enough to give a clear picture of the work. In the column at the left give your best estimate of the fraction or percent of your total working time that is taken up by each kind of work described.

Percent of Time	Job Duty
70%	Maintain Accounts Payable/Receivables within Foster Care Agencies. Preventive cases daycare subsidies. Cams. child support. Union Dues collection from daycare providers. Education of the Handicapped. Domestic Violence & Independent Living programs. Includes. checking/correcting all paylines. invoices. Stacs & MSAR rates
20%	Maintain monthly journal entries & ledgers to track spending & budget. Strong record keeping for State. Federal. & Local audits That occur throughout the year. Record authorizations within DSS to ensure proper payment for services. Adjustments to prior Payments for accurate compliance of State. Federal. & County rules & regulations.
10%	Determines eligibility on cases prior to payment/compare with Institution billing. Assuring compliance with the Federal/State rates. Maintains & corrects all payments that are non-reimbursable, thus increasing DSS revenue.
5%	Works diligently with other units & agencies problem solving, again to make proper payments with optimum Reimbursement. Many phone calls, emails to have to deal with throughout the day.
5%	Creates & submits monthly claims for all expenditures which is what generates our revenue from the State & Federal Government.

What Licenses or Certificates are Required for This Position? N/A

IF MORE SPACE IS NEEDED ATTACH A SEPARATE SHEET

14. Describe fully in what detail your assignments are made to you, stating what form (such as: penciled lay-out, rough draft, etc.) your work is in when it comes to you, what decisions have already been made for you, what decisions are left to you.

Paylines come down from Services for review/ changes for accuracy. Bills from Institutions for review/payment. Self-prioritizing is essential to this position in order to make payments accurately & timely.

15. Summarize your work responsibilities, as you understand them.

Works independently to make all payments as required by State & Federal law.

16. Who checks or reviews your work, and what is the nature of such check? Federal/State/Local Auditors

17. Date
2/6/20

18. Signature - I certify that the entries to the above questions are my own answers to the questions, and to the best of my knowledge and belief are correct and complete answers to the questions.

TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF EMPLOYEE

19. Place a ✓ mark opposite that item in each group which will best describe the work of this position.

- Simple repetitive routine.
- Repetitive but involves independent decisions in individual cases.
- Customarily involves independent decisions on order of tasks and methods used.
- Customarily involves independent decisions as to scope and planning of projects.

- Does not involve any oversight, planning or supervision of the work of others.
- Involves some advisory or "straw-boss" supervision of the work of others.
- Involves the regular but routine supervision of the work of others in the immediate field of activity.
- Involves responsibility for the planning and assigning of work activities of considerable variety and importance.

- Requires no previous training or specialized education.
- Requires some previous training or experience but with NO specialization in the department activity.
- Requires some previous training or experience WITH some specialization in the department activity.
- Requires thorough training in the trade or profession but NO specialized experience in the department activity.
- Requires thorough training in the trade or profession WITH specialized experience in the department activity.
- Requires administrative ability in the trade or profession with advanced training and experience in the department activity.

IF THE POSITION INVOLVES STENOGRAPHY CHECK ONE OF THE FOLLOWING

- Includes occasional or incidental stenography but a qualified stenographer is NOT necessary to fill the position.
- Includes occasional or incidental stenography and REQUIRES a qualified stenographer.
- Involves stenography as the major function of the position.
- Involves stenographic duties of a secretarial nature.
- Involves shorthand reporting of hearings or similar audiences.

IF THE POSITION INVOLVES TYPING CHECK ONE OF THE FOLLOWING

- Includes occasional or incidental typing but a qualified typist is NOT necessary to fill the position.
- Includes occasional or incidental typing and REQUIRES a qualified typist.
- Involves typing as the major function of the position.
- Involves typing requiring the ability to set up complex tabulations, statistical tables and similar material.

- Is under immediate oversight.
- Is not under immediate supervision but is performed according to a definitely prescribed practice or procedure.
- Is under general supervision and makes decisions on ordinary questions of procedure and order of tasks.
- Is subject to administrative approval and is responsible for planning and initiating of projects.

20. How much formal education should be required in case of a vacancy. Show by the letter "N" in the appropriate space, the least that you consider should be accepted and by a "D" the amount desirable.

Merely read and write	Common School and High School											College				Other Special or Technical Courses:
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	
												(12)				

21. Are the above statements of the employee accurate and complete? (Indicate any inaccuracies or incomplete items).

Yes

22. Give your idea of the essential nature of the work and responsibilities of the position and the attention and supervision it requires.

Pays hundreds of thousands of dollars annually for Foster Care, Daycare, Adoption Subsidies, & Special Education. Accuracy & timeliness is essential to the position, ensuring optimum reimbursement on expenditures.

23. Date
2/6/20

24. Signature of Immediate Supervisor

TO BE FILLED IN BY THE DEPARTMENT HEAD

25. Comment on above statements of employee and supervisor. (Indicate any inaccuracies).

26. Date

27. Signature of Department Head

Medicaid	4/15-3/16	4/16-3/17	4/17-3/18	4/18-3/19
Payments	110,004,002	114,260,645	125,308,812	134,769,201
Retro Payments	<u>1,877,936</u>	<u>2,436,631</u>	<u>4,662,903</u>	<u>3,572,785</u>
Total	<u>111,881,938</u>	<u>116,697,276</u>	<u>129,971,715</u>	<u>138,341,986</u>

Federal	61,887,143	65,920,959	73,870,502	80,798,541
State	31,473,015	32,001,654	35,172,991	36,343,330
Local	<u>18,521,780</u>	<u>18,774,663</u>	<u>20,928,222</u>	<u>21,200,115</u>
Total	<u>111,881,938</u>	<u>116,697,276</u>	<u>129,971,715</u>	<u>138,341,986</u>

Total Annual Wkly Shares Paid	12,132,184	12,833,122	11,951,858	11,783,407
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1.37%

11.57%

1.3%

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 3/02/20

- (a) Title of Requested Position: Caseworker # 38 and #39
- (b) Annual Base Salary (and Grade if Applicable): \$43,390 (2019) GR 16
- (c) Effective Date for New Position: * 03/23/20
*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):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A 6010 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:
- (h) Is there expected revenue from this position? If so, please explain:

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #38 Base Salary of Position: \$43,390 (2019) Grade: 16
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [X] Other-creation
Employee No./Last Name: Date of Vacancy: 3/23/20
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. 2/19/20

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 3/4/20

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 3/5/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human 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 03/05/2020

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: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #39 Base Salary of Position: \$43,390 (2019) Grade: 16
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other creation
Employee No./Last Name: _____ Date of Vacancy: 3/23/20
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % 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. 2/19/20
Human Resources Director has approved this form when initialed. 2/19/20

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 3/4/20

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 [Signature] Date 3/5/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

- 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 03/05/2020

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 03.02.20

- (a) Name of Appointee: **Wendy Burkowski**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Town of Bolton Recreation Commission Board Member
- (e) Address of Appointee: **[REDACTED], Bolton Landing, NY 12814**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

Reso#214/2019 Town of Bolton

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 03.02.20

- (a) Name of Appointee: **Mindy Conway**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Town Clerk of the Board, Town of Chester
- (e) Address of Appointee: **[REDACTED], Chestertown, NY 12817**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

Reso#210/2019 Town of Chester

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 03.02.20

- (a) Name of Appointee: **Jesse Epstein**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Town of Stony Creek Youth Director
- (e) Address of Appointee: **[REDACTED], Stony Creek, NY 12878**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

Reso#121/2019 Town of Stony Creek

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 03.02.20

- (a) Name of Appointee: **Jill Metcalf**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Warr Co. Employment & Training Admin; Youth Counselor
- (e) Address of Appointee: **Warren County ETA 333 Glen St, Glens Falls, NY 12801**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
Chris Hunsinger
- (j) Reason for Replacement:
Prior member left Agency

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 03.02.20

- (a) Name of Appointee: **Amelia Murray**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Student Representative
- (e) Address of Appointee: 
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 03.02.20

- (a) Name of Appointee: **Lori O'Shaughnessy**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Town of Queensbury-Assistant Parks & Recreation Director
- (e) Address of Appointee: **Town of Queensbury, 742 Bay Rd, Queensbury, NY 12804**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

Reso#12/2020 Town of Queensbury

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 03.02.20

- (a) Name of Appointee: **Brian Seeley**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Town of Warrensburg Youth Sports
- (e) Address of Appointee: **[REDACTED] Warrensburg, NY 12885**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
Donne-Lynn Winslow
- (j) Reason for Replacement:

Reso#181/2019 Town of Warrensburg

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2019

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

	2019 BUDGETED		2019 YTD	2018 Prior Year Totals
110 Salaries - Regular	\$6,581,907.00		\$6,097,473.11	\$6,037,534.79
120 Salaries - Overtime	\$75,222.00		\$130,008.89	\$110,463.65
130 Salaries - Part Time	\$255,907.00		\$223,940.89	\$222,771.07
100's PERSONAL SERVICES Total	\$6,913,036.00	\$0.00	\$6,451,422.89	\$6,370,769.51
200's EQUIPMENT	\$23,000.00		\$89,305.99	\$77,356.64
400's CONTRACTUAL	\$22,863,554.00		\$21,953,818.84	\$20,493,598.42
800's EMPLOYEE BENEFITS	\$3,682,346.00		\$3,272,581.40	\$3,424,900.45
TOTALS	\$33,481,936.00	\$0.00	\$31,767,129.12	\$30,366,625.02
		Est A/P	\$695,239.90	
		Total 2019 Budget	\$32,462,369.02	

	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
REVENUES	\$15,860,999.00	\$14,443,185.06	\$14,631,898.10
	Est A/R	\$465,715.89	
Total 2019 Revenue	\$14,908,900.95		

ATTACHMENT #

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,800,929.00	(20,000.00)	5,780,929.00	574,525.95	.00	5,366,249.52	414,679.48	93	5,310,005.74
120	Salaries - Overtime	49,222.00	50,000.00	99,222.00	8,834.09	.00	97,797.78	1,424.22	99	77,907.33
130	Salaries - Part Time	75,814.00	.00	75,814.00	9,590.82	.00	62,655.17	13,158.83	83	69,766.47
<i>Personal Services Totals</i>		\$5,925,965.00	\$30,000.00	\$5,955,965.00	\$592,950.86	\$0.00	\$5,526,702.47	\$429,262.53	93%	\$5,457,679.54
<i>Equipment</i>										
210	Furniture/Furnishings	2,000.00	30,300.00	32,300.00	.00	28,384.71	3,424.99	490.30	98	6,675.18
220	Office Equipment	3,000.00	8,400.00	11,400.00	719.92	(414.22)	11,736.55	77.67	99	36,269.04
230.1	Automotive Equipment - Reserve	.00	61,686.00	61,686.00	.00	.00	61,686.00	.00	100	16,341.00
230 - Totals		\$0.00	\$61,686.00	\$61,686.00	\$0.00	\$0.00	\$61,686.00	\$0.00	100%	\$16,341.00
<i>Equipment Totals</i>		\$5,000.00	\$100,386.00	\$105,386.00	\$719.92	\$27,970.49	\$76,847.54	\$567.97	99%	\$59,285.22
<i>Contractual Expense</i>										
410	Supplies	57,015.00	23,920.00	80,935.00	2,996.34	3,160.48	54,265.58	23,508.94	71	45,526.76
411	Rent-Building/Property	650,000.00	.00	650,000.00	54,166.66	.00	650,000.00	.00	100	564,546.94
418	Ins-General Liability	30,735.00	772.00	31,507.00	.00	.00	31,433.53	73.47	100	29,492.81
423	Telephone	21,000.00	(3,500.00)	17,500.00	1,496.36	.00	17,308.21	191.79	99	18,183.35
424	Postage	32,000.00	(4,300.00)	27,700.00	4,553.25	.00	27,439.92	260.08	99	28,761.98
426	Subscriptions	500.00	1,300.00	1,800.00	.00	.00	1,188.00	612.00	66	471.46
427	Memberships & Dues	5,000.00	.00	5,000.00	10.00	.00	4,829.00	171.00	97	4,679.00
428	Data Processing & Internet Fees	10,000.00	(1,100.00)	8,900.00	468.56	.00	2,810.08	6,089.92	32	3,858.00
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	54,189.00	40,811.00	57	94,839.00
435	Medical Fees	500.00	1,700.00	2,200.00	538.40	.00	290.45	1,909.55	13	(158.99)
436	Advertising Fees	500.00	.00	500.00	.00	.00	49.57	450.43	10	32.76
439	Misc Fees & Expenses	7,000.00	(2,000.00)	5,000.00	2,004.84	.00	4,853.33	146.67	97	6,505.51
440	Legal/Transcript Fees	15,000.00	.00	15,000.00	16.84	.00	3,016.84	11,983.16	20	16,853.19
441	Auto-Supplies & Repair	10,000.00	(3,887.00)	6,113.00	317.24	.00	4,702.87	1,410.13	77	6,517.80
442	Automotive - Gas & Oil	8,000.00	.00	8,000.00	904.91	.00	7,026.21	973.79	88	7,186.15
444	Travel/Education/Conference	17,000.00	(3,600.00)	13,400.00	1,195.13	122.00	9,022.86	4,255.14	68	7,621.73
457	Child Care Fees	.00	480.00	480.00	.00	.00	480.00	.00	100	.00
469	Other Payments/Contributions	2,000.00	1,000.00	3,000.00	.00	1,000.00	2,000.00	.00	100	2,000.00
470	Contract	315,000.00	59,128.00	374,128.00	24,692.58	.00	283,391.19	90,736.81	76	294,214.66
<i>Contractual Expense Totals</i>		\$1,276,250.00	\$69,913.00	\$1,346,163.00	\$93,361.11	\$4,282.48	\$1,158,296.64	\$183,583.88	86%	\$1,131,132.11
<i>Employee Benefits</i>										
810	Retirement	755,337.00	.00	755,337.00	32,644.94	.00	672,939.45	82,397.55	89	675,154.97
830	Social Security	367,414.00	.00	367,414.00	33,930.44	.00	317,363.55	50,050.45	86	314,805.78
831	Medicare Contribution	85,923.00	.00	85,923.00	7,935.32	.00	74,222.07	11,700.93	86	73,623.84
860	Hospitalization	1,556,986.00	10,000.00	1,566,986.00	105,599.77	.00	1,379,348.60	187,637.40	88	1,324,349.29

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
	EXPENSE									
	<i>Employee Benefits</i>									
865	Dental Insurance	23,904.00	.00	23,904.00	1,710.23	.00	22,243.71	1,660.29	93	22,243.94
	<i>Other Benefits</i>									
	Workmen's Compensation	43,857.00	.00	43,857.00	.00	.00	43,856.65	.35	100	42,075.04
850	Unemployment Insurance	10,000.00	.00	10,000.00	3,864.00	.00	8,601.00	1,399.00	86	4,218.00
855	Disability	6,000.00	.00	6,000.00	.00	.00	4,207.04	1,792.96	70	2,372.38
861	Retirees Hospitalization	289,878.00	.00	289,878.00	20,340.89	.00	259,095.21	30,782.79	89	418,285.01
862	Health Insurance Cost Reimbursement	5,250.00	.00	5,250.00	278.13	.00	4,348.47	901.53	83	3,710.19
	<i>Other Benefits Totals</i>	\$354,985.00	\$0.00	\$354,985.00	\$24,483.02	\$0.00	\$320,108.37	\$34,876.63	90%	\$470,660.62
	EXPENSE TOTALS	\$10,351,764.00	\$210,299.00	\$10,562,063.00	\$893,335.61	\$32,252.97	\$9,548,072.40	\$981,737.63	91%	\$9,528,935.31
Department 6010 - Social Services Totals		\$10,351,764.00	(\$210,299.00)	(\$10,562,063.00)	(\$893,335.61)	(\$32,252.97)	(\$9,548,072.40)	(\$981,737.63)	91%	(\$9,528,935.31)
Department 6030 - Countryside Adult Home										
	EXPENSE									
	<i>Personal Services</i>									
110	Salaries - Regular	780,978.00	(8,000.00)	772,978.00	75,055.74	.00	731,223.59	41,754.41	95	727,529.05
120	Salaries - Overtime	26,000.00	8,000.00	34,000.00	4,956.15	.00	32,211.11	1,788.89	95	32,556.32
130	Salaries - Part Time	180,093.00	.00	180,093.00	18,531.07	.00	161,285.72	18,807.28	90	153,004.60
	<i>Personal Services Totals</i>	\$987,071.00	\$0.00	\$987,071.00	\$98,542.96	\$0.00	\$924,720.42	\$62,350.58	94%	\$913,089.97
	<i>Equipment</i>									
210	Furniture/Furnishings	4,000.00	3,450.00	7,450.00	950.00	6,359.00	950.00	141.00	98	671.82
220	Office Equipment	1,000.00	150.00	1,150.00	.00	.00	1,010.99	139.01	88	48.82
230										
230-1	Automotive Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	31,989.00
	230 - Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$31,989.00
260	Other Equipment	12,500.00	(2,700.00)	9,800.00	4,004.17	.00	9,612.23	187.77	98	5,592.88
270	Lawn & Landscaping	500.00	(60.00)	440.00	.00	.00	325.24	114.76	74	375.80
	<i>Equipment Totals</i>	\$18,000.00	\$840.00	\$18,840.00	\$4,954.17	\$6,359.00	\$11,898.46	\$582.54	97%	\$38,678.32
	<i>Contractual Expense</i>									
410	Supplies	30,000.00	500.00	30,500.00	1,918.21	(1,887.84)	32,265.85	121.99	100	30,181.63
413	Repair & Maint.-Bldg/Property	27,000.00	335.00	27,335.00	6,601.62	418.22	24,986.81	1,929.97	93	21,651.13
415	Electricity	30,000.00	(6,000.00)	24,000.00	4,819.01	.00	24,584.73	(584.73)	102	23,628.32
416	Oil & Gas-Heating	22,000.00	2,000.00	24,000.00	4,002.34	.00	22,397.57	1,602.43	93	26,030.62
417	Water/Sewer/Taxes	.00	1,380.00	1,380.00	1,379.39	.00	1,379.39	.61	100	.00
418	Ins-General Liability	9,324.00	.00	9,324.00	.00	.00	9,152.00	172.00	98	8,216.51
422	Repair/Maint-Equipment	1,000.00	1,350.00	2,350.00	.00	.00	2,300.58	49.42	98	9,421.58
423	Telephone	2,000.00	1,000.00	3,000.00	244.65	.00	2,836.08	163.92	95	2,212.83
424	Postage	500.00	.00	500.00	12.88	.00	66.34	433.66	13	160.13

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General											
Department 6030 - Countryside Adult Home											
EXPENSE											
<i>Contractual Expense</i>											
426	Subscriptions	300.00		360.00	.00	.00	352.12	7.88		98	681.26
427	Memberships & Dues	.00	775.00	775.00	.00	.00	722.00	53.00		93	.00
428	Data Processing & Internet Fees	1,500.00	650.00	2,150.00	204.96	.00	1,923.12	226.88		89	1,936.21
434	Allowances	18,000.00	.00	18,000.00	200.00	.00	15,000.00	3,000.00		83	14,823.47
435	Medical Fees	2,500.00	.00	2,500.00	100.00	.00	1,420.00	1,080.00		57	1,735.00
436	Advertising Fees	3,105.00	(3,000.00)	105.00	.00	.00	.00	105.00		0	.00
437	Consulting Fees	18,000.00	1,000.00	19,000.00	3,172.00	.00	18,547.00	453.00		98	17,320.32
439	Misc Fees & Expenses	1,000.00	3,800.00	4,800.00	50.00	198.00	4,269.21	332.79		93	707.00
440	Legal/Transcript Fees	500.00	.00	500.00	.00	.00	.00	500.00		0	.00
441	Auto-Supplies & Repair	2,000.00	2,704.08	4,704.08	868.63	.00	1,732.56	2,971.52		37	1,484.67
442	Automotive - Gas & Oil	1,500.00	410.00	1,910.00	340.40	.00	1,904.40	5.60		100	2,246.34
444	Travel/Education/Conference	1,000.00	1,300.00	2,300.00	.00	.00	2,198.00	102.00		96	3,845.34
445	Foods	110,000.00	20,000.00	130,000.00	13,227.96	.00	125,035.41	4,964.59		96	111,612.04
451	Medical Supply Expense	3,000.00	125.00	3,125.00	126.31	.00	3,037.48	87.52		97	2,826.71
453	Uniforms & Clothing	250.00	.00	250.00	.00	.00	169.95	80.05		68	118.48
470	Contract	45,000.00	(23,925.00)	21,075.00	91.85	.00	11,837.25	9,237.75		56	33,469.68
		\$329,479.00	\$4,464.08	\$333,943.08	\$37,360.21	(\$1,271.62)	\$308,117.85	\$27,096.85		92%	\$314,309.27
<i>Contractual Expense Totals</i>											
<i>Employee Benefits</i>											
810	Retirement	124,283.00	.00	124,283.00	9,955.97	.00	107,228.39	17,054.61		86	101,969.27
830	Social Security	61,199.00	.00	61,199.00	5,732.34	.00	53,980.71	7,218.29		88	53,331.51
831	Medicare Contribution	14,314.00	.00	14,314.00	1,340.62	.00	12,624.48	1,689.52		88	12,472.76
860	Hospitalization	228,182.00	(4,854.00)	223,328.00	14,588.06	.00	184,158.50	39,169.50		82	201,075.58
865	Dental Insurance	3,888.00	.00	3,888.00	269.64	.00	3,554.36	333.64		91	3,770.45
		\$431,866.00	(\$4,854.00)	\$427,012.00	\$31,886.63	\$0.00	\$361,546.44	\$65,465.56		85%	\$372,619.57
<i>Employee Benefits Totals</i>											
<i>Other Benefits</i>											
840	Workmen's Compensation	17,717.00	100.00	17,817.00	.00	.00	17,716.87	100.13		99	11,359.94
850	Unemployment Insurance	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00		0	3,653.72
855	Disability	3,000.00	.00	3,000.00	300.45	.00	300.45	2,699.55		10	1,510.32
861	Retirees Hospitalization	66,679.00	4,754.00	71,433.00	7,965.86	.00	94,719.31	(23,286.31)		133	102,475.11
862	Health Insurance Cost Reimbursement	1,500.00	.00	1,500.00	.00	.00	115.16	1,384.84		8	351.96
		\$93,896.00	\$4,854.00	\$98,750.00	\$8,266.31	\$0.00	\$112,851.79	(\$14,101.79)		114%	\$119,351.05
<i>Other Benefits Totals</i>											
		\$1,860,312.00	\$5,304.08	\$1,865,616.08	\$181,010.28	\$5,087.38	\$1,719,134.96	\$141,393.74		92%	\$1,758,048.18
		(\$1,860,312.00)	(\$5,304.08)	(\$1,865,616.08)	(\$181,010.28)	(\$5,087.38)	(\$1,719,134.96)	(\$141,393.74)		92%	(\$1,758,048.18)
<i>EXPENSE TOTALS</i>											
<i>Department 6030 - Countryside Adult Home Totals</i>											

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6050 - Public Facil. For Children										
EXPENSE										
Contractual Expense										
469	Other Payments/Contributions	.00	17,000.00	17,000.00	.00	.00	15,618.79	1,381.21	92	19,589.69
470	Contract	30,000.00	(30,000.00)	.00	.00	.00	.00	.00	+++	.00
<i>Contractual Expense Totals</i>										
		\$30,000.00	(\$13,000.00)	\$17,000.00	\$0.00	\$0.00	\$15,618.79	\$1,381.21	92%	\$19,589.69
		\$30,000.00	(\$13,000.00)	\$17,000.00	\$0.00	\$0.00	\$15,618.79	\$1,381.21	92%	\$19,589.69
		(\$30,000.00)	\$13,000.00	(\$17,000.00)	\$0.00	\$0.00	(\$15,618.79)	(\$1,381.21)	92%	(\$19,589.69)
Department 6055 - Daycare										
EXPENSE										
Contractual Expense										
470	Contract	1,350,000.00	(590,000.00)	760,000.00	46,397.22	.00	707,980.47	52,019.53	93	868,090.17
<i>Contractual Expense Totals</i>										
		\$1,350,000.00	(\$590,000.00)	\$760,000.00	\$46,397.22	\$0.00	\$707,980.47	\$52,019.53	93%	\$868,090.17
		\$1,350,000.00	(\$590,000.00)	\$760,000.00	\$46,397.22	\$0.00	\$707,980.47	\$52,019.53	93%	\$868,090.17
		(\$1,350,000.00)	\$590,000.00	(\$760,000.00)	(\$46,397.22)	\$0.00	(\$707,980.47)	(\$52,019.53)	93%	(\$868,090.17)
Department 6070 - Services for Recipients										
EXPENSE										
Contractual Expense										
470	Contract	315,000.00	50,000.00	365,000.00	28,597.23	.00	316,277.21	48,722.79	87	312,983.62
<i>Contractual Expense Totals</i>										
		\$315,000.00	\$50,000.00	\$365,000.00	\$28,597.23	\$0.00	\$316,277.21	\$48,722.79	87%	\$312,983.62
		\$315,000.00	\$50,000.00	\$365,000.00	\$28,597.23	\$0.00	\$316,277.21	\$48,722.79	87%	\$312,983.62
		(\$315,000.00)	(\$50,000.00)	(\$365,000.00)	(\$28,597.23)	\$0.00	(\$316,277.21)	(\$48,722.79)	87%	(\$312,983.62)
Department 6070 - Services for Recipients Totals										
		11,966,775.00	40,000.00	12,006,775.00	1,132,700.00	.00	12,006,620.00	155.00	100	11,823,331.00
<i>Contractual Expense Totals</i>										
		\$11,966,775.00	\$40,000.00	\$12,006,775.00	\$1,132,700.00	\$0.00	\$12,006,620.00	\$155.00	100%	\$11,823,331.00
		\$11,966,775.00	\$40,000.00	\$12,006,775.00	\$1,132,700.00	\$0.00	\$12,006,620.00	\$155.00	100%	\$11,823,331.00
		(\$11,966,775.00)	(\$40,000.00)	(\$12,006,775.00)	(\$1,132,700.00)	\$0.00	(\$12,006,620.00)	(\$155.00)	100%	(\$11,823,331.00)
Department 6100 - Medicaid										
EXPENSE										
Contractual Expense										
470	Contract	1,000.00	500.00	1,500.00	269.12	.00	1,053.28	446.72	70	.00
<i>Contractual Expense Totals</i>										
		\$1,000.00	\$500.00	\$1,500.00	\$269.12	\$0.00	\$1,053.28	\$446.72	70%	\$0.00
		\$1,000.00	\$500.00	\$1,500.00	\$269.12	\$0.00	\$1,053.28	\$446.72	70%	\$0.00
		(\$1,000.00)	(\$500.00)	(\$1,500.00)	(\$269.12)	\$0.00	(\$1,053.28)	(\$446.72)	70%	\$0.00
Department 6101 - Medical Assistance										
EXPENSE										
Contractual Expense										
470	Contract	1,000.00	500.00	1,500.00	269.12	.00	1,053.28	446.72	70	.00
<i>Contractual Expense Totals</i>										
		\$1,000.00	\$500.00	\$1,500.00	\$269.12	\$0.00	\$1,053.28	\$446.72	70%	\$0.00
		\$1,000.00	\$500.00	\$1,500.00	\$269.12	\$0.00	\$1,053.28	\$446.72	70%	\$0.00
		(\$1,000.00)	(\$500.00)	(\$1,500.00)	(\$269.12)	\$0.00	(\$1,053.28)	(\$446.72)	70%	\$0.00
Department 6109 - Aid To Dependent Children										
EXPENSE										
Contractual Expense										

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund A - General										
Department 6109 - Aid To Dependent Children										
EXPENSE										
Contractual Expense										
470	Contract	2,150,000.00	(542,000.00)	1,608,000.00	71,085.16	.00	1,446,285.51	161,714.49	90%	1,795,602.25
		<i>Contractual Expense Totals</i>								
		\$2,150,000.00	(\$542,000.00)	\$1,608,000.00	\$71,085.16	\$0.00	\$1,446,285.51	\$161,714.49	90%	\$1,795,602.25
EXPENSE TOTALS										
		\$2,150,000.00	(\$542,000.00)	\$1,608,000.00	\$71,085.16	\$0.00	\$1,446,285.51	\$161,714.49	90%	\$1,795,602.25
		(\$2,150,000.00)	\$542,000.00	(\$1,608,000.00)	(\$71,085.16)	\$0.00	(\$1,446,285.51)	(\$161,714.49)	90%	(\$1,795,602.25)
Department 6109 - Aid To Dependent Children Totals										
EXPENSE										
Contractual Expense										
470	Contract	3,900,000.00	528,000.00	4,428,000.00	734,774.32	.00	4,318,621.70	109,378.30	98%	3,468,085.50
		\$3,900,000.00	\$528,000.00	\$4,428,000.00	\$734,774.32	\$0.00	\$4,318,621.70	\$109,378.30	98%	\$3,468,085.50
		\$3,900,000.00	\$528,000.00	\$4,428,000.00	\$734,774.32	\$0.00	\$4,318,621.70	\$109,378.30	98%	\$3,468,085.50
		(\$3,900,000.00)	(\$528,000.00)	(\$4,428,000.00)	(\$734,774.32)	\$0.00	(\$4,318,621.70)	(\$109,378.30)	98%	(\$3,468,085.50)
Department 6119 - Child Care										
EXPENSE										
Contractual Expense										
470	Contract	250,000.00	(32,000.00)	218,000.00	.00	.00	.00	218,000.00	0%	250,000.00
		\$250,000.00	(\$32,000.00)	\$218,000.00	\$0.00	\$0.00	\$0.00	\$218,000.00	0%	\$250,000.00
		\$250,000.00	(\$32,000.00)	\$218,000.00	\$0.00	\$0.00	\$0.00	\$218,000.00	0%	\$250,000.00
		(\$250,000.00)	\$32,000.00	(\$218,000.00)	\$0.00	\$0.00	(\$0.00)	(\$218,000.00)	0%	(\$250,000.00)
Department 6129 - State Training School										
EXPENSE										
Contractual Expense										
470	Contract	1,050,000.00	550,000.00	1,600,000.00	162,269.45	.00	1,519,365.53	80,634.47	95%	1,315,553.82
		\$1,050,000.00	\$550,000.00	\$1,600,000.00	\$162,269.45	\$0.00	\$1,519,365.53	\$80,634.47	95%	\$1,315,553.82
		\$1,050,000.00	\$550,000.00	\$1,600,000.00	\$162,269.45	\$0.00	\$1,519,365.53	\$80,634.47	95%	\$1,315,553.82
		(\$1,050,000.00)	(\$550,000.00)	(\$1,600,000.00)	(\$162,269.45)	\$0.00	(\$1,519,365.53)	(\$80,634.47)	95%	(\$1,315,553.82)
Department 6140 - Home Relief										
EXPENSE										
Contractual Expense										
470	Contract	30,000.00	.00	30,000.00	83.07	.00	19,482.51	10,517.49	65%	3,850.72
		\$30,000.00	\$0.00	\$30,000.00	\$83.07	\$0.00	\$19,482.51	\$10,517.49	65%	\$3,850.72
		\$30,000.00	\$0.00	\$30,000.00	\$83.07	\$0.00	\$19,482.51	\$10,517.49	65%	\$3,850.72
		(\$30,000.00)	\$0.00	(\$30,000.00)	(\$83.07)	\$0.00	(\$19,482.51)	(\$10,517.49)	65%	(\$3,850.72)
Department 6141 - Fuel Crisis Assistance										
EXPENSE										
Contractual Expense										
470	Contract	30,000.00	.00	30,000.00	83.07	.00	19,482.51	10,517.49	65%	3,850.72
		\$30,000.00	\$0.00	\$30,000.00	\$83.07	\$0.00	\$19,482.51	\$10,517.49	65%	\$3,850.72
		\$30,000.00	\$0.00	\$30,000.00	\$83.07	\$0.00	\$19,482.51	\$10,517.49	65%	\$3,850.72
		(\$30,000.00)	\$0.00	(\$30,000.00)	(\$83.07)	\$0.00	(\$19,482.51)	(\$10,517.49)	65%	(\$3,850.72)

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund A - General										
Department 6142 - Emergency Aid For Adults										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	50,000.00	(15,000.00)	35,000.00	5,294.50	.00	30,551.75	4,448.25	87	29,399.36
		\$50,000.00	(\$15,000.00)	\$35,000.00	\$5,294.50	\$0.00	\$30,551.75	\$4,448.25	87%	\$29,399.36
		\$50,000.00	(\$15,000.00)	\$35,000.00	\$5,294.50	\$0.00	\$30,551.75	\$4,448.25	87%	\$29,399.36
		(\$50,000.00)	\$15,000.00	(\$35,000.00)	(\$5,294.50)	\$0.00	(\$30,551.75)	(\$4,448.25)	87%	(\$29,399.36)
<i>Contractual Expense Totals</i>										
		25,000.00	.00	25,000.00	.00	.00	25,000.00	.00	100	25,000.00
		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	(\$25,000.00)	\$0.00	100%	(\$25,000.00)
Department 7310 - Youth Program 4-H Camp										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	50.00	185.00	235.00	190.03	.00	190.03	44.97	81	42.02
		50.00	(50.00)	.00	.00	.00	.00	.00	+++	.00
		100.00	(85.00)	15.00	7.91	.00	11.21	3.79	75	.52
		50.00	(50.00)	.00	.00	.00	.00	.00	+++	.00
		5,500.00	.00	5,500.00	576.00	.00	1,760.00	3,740.00	32	2,304.00
		\$5,750.00	\$0.00	\$5,750.00	\$773.94	\$0.00	\$1,961.24	\$3,788.76	34%	\$2,346.54
<i>Contractual Expense Totals</i>										
		12,035.00	.00	12,035.00	1,006.92	.00	11,957.42	77.58	99	13,888.68
		\$12,035.00	\$0.00	\$12,035.00	\$1,006.92	\$0.00	\$11,957.42	\$77.58	99%	\$13,888.68
		\$17,785.00	\$0.00	\$17,785.00	\$1,780.86	\$0.00	\$13,918.66	\$3,866.34	78%	\$16,235.22
		(\$17,785.00)	\$0.00	(\$17,785.00)	(\$1,780.86)	\$0.00	(\$13,918.66)	(\$3,866.34)	78%	(\$16,235.22)
<i>Other Benefits</i>										
861	Retirees Hospitalization	.00	579.99	579.99	.00	20.00	559.99	.00	100	141.01
		\$0.00	\$579.99	\$579.99	\$0.00	\$20.00	\$559.99	\$0.00	100%	\$141.01
<i>Equipment</i>										
220	Office Equipment	5,000.00	(4,710.00)	290.00	290.00	.00	290.00	.00	100	3,914.75
		150.00	(100.00)	50.00	.00	.00	1.21	48.79	2	63.85
		275.00	(100.00)	175.00	.00	.00	175.00	.00	100	175.00
		100.00	(100.00)	.00	.00	.00	.00	.00	+++	582.75
		9,500.00	(9,500.00)	.00	.00	.00	.00	.00	+++	7,869.36
<i>Contractual Expense Totals</i>										
		5,000.00	(4,710.00)	290.00	290.00	.00	290.00	.00	100	3,914.75
		150.00	(100.00)	50.00	.00	.00	1.21	48.79	2	63.85
		275.00	(100.00)	175.00	.00	.00	175.00	.00	100	175.00
		100.00	(100.00)	.00	.00	.00	.00	.00	+++	582.75
		9,500.00	(9,500.00)	.00	.00	.00	.00	.00	+++	7,869.36

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 7312 - Special Delinquency Prev.										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	50,275.00	14,510.00	64,785.00	22,410.00	2,043.85	55,612.90	7,128.25	89	47,760.00
	<i>Contractual Expense Totals</i>	\$65,300.00	\$0.00	\$65,300.00	\$22,700.00	\$2,043.85	\$56,079.11	\$7,177.04	89%	\$60,365.71
	EXPENSE TOTALS	\$65,300.00	\$579.99	\$65,879.99	\$22,700.00	\$2,063.85	\$56,639.10	\$7,177.04	89%	\$60,506.72
	Department 7312 - Special Delinquency Prev. Totals	(\$65,300.00)	(\$579.99)	(\$65,879.99)	(\$22,700.00)	(\$2,063.85)	(\$56,639.10)	(\$7,177.04)	89%	(\$60,506.72)
Department 7313 - Youth Court										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	69,000.00	.00	69,000.00	11,987.01	.00	22,507.25	46,492.75	33	67,295.00
	<i>Contractual Expense Totals</i>	\$69,000.00	\$0.00	\$69,000.00	\$11,987.01	\$0.00	\$22,507.25	\$46,492.75	33%	\$67,295.00
	EXPENSE TOTALS	\$69,000.00	\$0.00	\$69,000.00	\$11,987.01	\$0.00	\$22,507.25	\$46,492.75	33%	\$67,295.00
	Department 7313 - Youth Court Totals	(\$69,000.00)	\$0.00	(\$69,000.00)	(\$11,987.01)	\$0.00	(\$22,507.25)	(\$46,492.75)	33%	(\$67,295.00)
	Fund A - General Totals	\$33,481,936.00	\$192,683.07	\$33,674,619.07	\$3,292,283.83	\$39,404.20	\$31,767,129.12	\$1,868,085.75		\$31,342,506.56
	Grand Totals	\$33,481,936.00	\$192,683.07	\$33,674,619.07	\$3,292,283.83	\$39,404.20	\$31,767,129.12	\$1,868,085.75		\$31,342,506.56

WARREN COUNTY Receipts by G/L Distribution Report - Summary

From Date: 01/01/2019 - To Date: 12/31/2019

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
	01/03/2019			1	\$0.00	\$814.00
	01/11/2019			2	\$0.00	\$671,448.00
	01/16/2019			1	\$0.00	\$19,239.23
	01/18/2019			1	\$0.00	\$1,944.00
	01/31/2019			2	\$0.00	\$209,736.00
	02/07/2019			3	\$0.00	\$705,184.00
	02/14/2019			1	\$0.00	\$353,301.00
	02/28/2019			3	\$0.00	\$344,699.00
	03/05/2019			1	\$0.00	\$91,511.00
	03/18/2019			2	\$0.00	\$34,968.00
	03/26/2019			1	\$0.00	\$69,551.00
	03/28/2019			4	\$0.00	\$640,307.00
	03/31/2019			2	\$0.00	\$361,489.00
	04/16/2019			1	\$0.00	\$2,949.00
	04/30/2019			1	\$0.00	\$462,673.00
	05/02/2019			1	\$0.00	\$86,337.00
	05/08/2019			2	\$0.00	\$810.00
	05/16/2019			1	\$0.00	\$8,333.00
	05/24/2019			1	\$0.00	\$96,686.00
	05/30/2019			1	\$0.00	\$242,892.00
	05/31/2019			2	\$0.00	\$238,451.00
	06/04/2019			1	\$0.00	\$367,290.00
	06/26/2019			1	\$0.00	\$65.00
	06/30/2019			4	\$0.00	\$1,671,266.00
	07/02/2019			1	\$0.00	\$7,508.00
	07/10/2019			1	\$0.00	\$7,798.00
	07/31/2019			1	\$0.00	\$82,813.00
	08/02/2019			1	\$0.00	\$62,112.00
	08/05/2019			1	\$0.00	\$239,586.00

Fund: A - General

Account: 400.00 - State&Federal,Social Services

08/21/2019	1	\$0.00	\$427,523.00
08/30/2019	2	\$0.00	\$425,814.00
09/04/2019	3	\$0.00	\$89,467.00
09/05/2019	2	\$0.00	\$4,749.00
09/17/2019	1	\$0.00	\$16,797.00
09/27/2019	5	\$0.00	\$661,623.00
09/30/2019	8	\$0.00	\$933,969.00
10/04/2019	3	\$0.00	\$242,848.00
10/15/2019	1	\$0.00	\$112,633.00
10/22/2019	1	\$0.00	\$436,438.00
10/30/2019	2	\$0.00	\$249,980.00
11/04/2019	2	\$0.00	\$511,310.00
11/07/2019	1	\$0.00	\$21,816.00
11/20/2019	2	\$0.00	\$112,312.29
11/29/2019	2	\$0.00	\$682,512.00
12/13/2019	1	\$0.00	\$11,010.00
12/17/2019	3	\$0.00	\$34,272.00
12/20/2019	1	\$0.00	\$104,879.00
12/31/2019	4	\$0.00	\$171,057.79
90		\$0.00	\$12,332,770.31

Account Total: State&Federal, Social Services

Fund Total: General

Grand Total:

\$0.00	\$12,332,770.31
\$0.00	\$12,332,770.31

TOTAL Federal
 12/31/2019

09/06/2019	2	\$0.00	\$22,806.00
09/16/2019	1	\$0.00	\$1,994.13
09/17/2019	2	\$0.00	\$2,324.50
09/30/2019	2	\$0.00	\$3,339.89
10/02/2019	1	\$0.00	\$4,389.33
10/07/2019	2	\$0.00	\$21,897.73
10/15/2019	4	\$0.00	\$8,424.27
10/28/2019	1	\$0.00	\$161.00
10/31/2019	1	\$0.00	\$1,627.57
11/05/2019	9	\$0.00	\$19,149.20
11/15/2019	1	\$0.00	\$943.55
11/22/2019	1	\$0.00	\$6,720.83
11/29/2019	2	\$0.00	\$985.00
12/02/2019	1	\$0.00	\$1,962.22
12/03/2019	1	\$0.00	\$350.00
12/19/2019	1	\$0.00	\$1,122.11
12/20/2019	1	\$0.00	\$2,865.00
12/31/2019	1	\$0.00	\$4,731.00
72		\$0.00	\$219,653.74

Account Total: Repay of Home Relief

Department Total: Home Relief

Fund Total: General

Grand Total:

\$0.00	\$219,653.74
\$0.00	\$219,653.74
\$0.00	\$2,100,408.56
\$0.00	\$2,100,408.56

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TOTAL LOCAL

WARREN COUNTY Receipts by G/L Distribution Report - Summary

From Date: 01/01/2019 - To Date: 12/31/2019

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Fund: A - General Department: 6010 - Social Services Account: 1810 - Administration	02/14/2019			1	\$0.00	\$784.89
	03/04/2019			1	\$0.00	\$8,750.00
	03/14/2019			1	\$0.00	\$792.49
	04/01/2019			1	\$0.00	\$1,250.00
	04/12/2019			1	\$0.00	\$758.50
	04/30/2019			1	\$0.00	\$1,250.00
	05/14/2019			1	\$0.00	\$962.12
	06/03/2019			1	\$0.00	\$1,250.00
	06/21/2019			1	\$0.00	\$483.89
	07/01/2019			1	\$0.00	\$2,500.00
	07/16/2019			1	\$0.00	\$730.56
	08/08/2019			1	\$0.00	\$272.96
	09/04/2019			1	\$0.00	\$15.00
	09/16/2019			1	\$0.00	\$620.10
	10/15/2019			1	\$0.00	\$282.89
	11/15/2019			1	\$0.00	\$9,328.98
	12/19/2019			1	\$0.00	\$11,837.38
	12/31/2019			1	\$0.00	\$1,250.00
Account Total: Administration				18	\$0.00	\$43,119.76
Account: 1811 - Medical Incentive Earning	02/13/2019			1	\$0.00	\$166.41
	02/14/2019			1	\$0.00	\$4,056.00
	02/26/2019			1	\$0.00	\$50.00
	03/04/2019			1	\$0.00	\$50.00
	03/14/2019			1	\$0.00	\$4,056.00
03/15/2019			1	\$0.00	\$577.01	
04/01/2019			1	\$0.00	\$50.00	

04/12/2019	2	\$0.00	\$5,120.62
04/30/2019	1	\$0.00	\$50.00
05/08/2019	1	\$0.00	\$398.34
05/14/2019	1	\$0.00	\$4,056.00
06/03/2019	1	\$0.00	\$50.00
06/12/2019	1	\$0.00	\$164.70
06/21/2019	1	\$0.00	\$4,056.00
07/01/2019	1	\$0.00	\$50.00
07/11/2019	1	\$0.00	\$181.06
07/16/2019	1	\$0.00	\$4,056.00
08/01/2019	1	\$0.00	\$50.00
08/08/2019	1	\$0.00	\$4,056.00
08/13/2019	1	\$0.00	\$240.30
09/04/2019	1	\$0.00	\$50.00
09/16/2019	1	\$0.00	\$4,056.00
10/02/2019	1	\$0.00	\$50.00
10/08/2019	1	\$0.00	\$113.99
10/15/2019	1	\$0.00	\$4,056.00
10/24/2019	1	\$0.00	\$171.86
10/31/2019	1	\$0.00	\$50.00
11/15/2019	2	\$0.00	\$4,222.56
12/02/2019	1	\$0.00	\$50.00
12/11/2019	1	\$0.00	\$163.56
12/19/2019	1	\$0.00	\$3,910.00
12/31/2019	1	\$0.00	\$50.00
Account Total: Medical Incentive Earning		\$0.00	\$48,478.41

Account: 2680 - Insurance Recoveries

02/26/2019	1	\$0.00	\$4,404.26
09/18/2019	1	\$0.00	\$113.00
Account Total: Insurance Recoveries		\$0.00	\$4,517.26

Department Total: Social Services

Department: 6030 - Countryside Adult Home

Account: 1830 - Repay - Adult Care, Pub Inst

02/26/2019	2	\$0.00	\$72,187.15
03/01/2019	1	\$0.00	\$11,199.30
03/04/2019	1	\$0.00	\$47,990.10
Account Total: Social Services		\$0.00	\$96,115.43

03/29/2019	1	\$0.00	\$11,199.30
04/01/2019	1	\$0.00	\$54,253.84
04/30/2019	2	\$0.00	\$71,062.56
06/03/2019	2	\$0.00	\$59,097.23
07/01/2019	2	\$0.00	\$59,914.36
08/01/2019	2	\$0.00	\$55,184.14
09/04/2019	2	\$0.00	\$59,781.57
10/02/2019	2	\$0.00	\$54,478.70
10/31/2019	2	\$0.00	\$45,910.42
12/02/2019	2	\$0.00	\$56,024.87
12/31/2019	2	\$0.00	\$59,629.34
Account Total: Repay - Adult Care, Pub Inst		\$0.00	\$717,912.88

Account: 2680 - Insurance Recoveries

08/23/2019	1	\$0.00	\$899.82
Account Total: Insurance Recoveries		\$0.00	\$899.82

Account: 2701 - Refund of Prior Year Expense

08/14/2019	1	\$0.00	\$902.15
Account Total: Refund of Prior Year Expense		\$0.00	\$902.15

Department Total: Countryside Adult Home

Department: 6055 - Daycare

Account: 1855 - Repayments of Day Care

03/04/2019	1	\$0.00	\$2,389.88
04/01/2019	1	\$0.00	\$1,143.97
04/30/2019	1	\$0.00	\$4,765.50
06/03/2019	1	\$0.00	\$181.00
07/01/2019	1	\$0.00	\$213.38
10/02/2019	1	\$0.00	\$236.36
12/02/2019	1	\$0.00	\$5,851.92
12/31/2019	1	\$0.00	\$55.00
Account Total: Repayments of Day Care		\$0.00	\$14,837.01

Department Total: Daycare

Department: 6101 - Medical Assistance

Account: 1801 - Repay of Medical Assist

02/14/2019	1	\$0.00	\$3,767.66
Account Total: Repay of Medical Assist		\$0.00	\$3,767.66

02/26/2019	1	\$0.00	\$16,538.97
03/04/2019	1	\$0.00	\$33,888.54
03/14/2019	1	\$0.00	\$4,215.28
04/01/2019	1	\$0.00	\$26,053.14
04/12/2019	1	\$0.00	\$6,813.41
04/30/2019	1	\$0.00	\$12,539.47
05/14/2019	1	\$0.00	\$3,143.09
06/03/2019	1	\$0.00	\$63,998.21
06/21/2019	1	\$0.00	\$3,547.71
07/01/2019	1	\$0.00	\$10,816.20
07/16/2019	1	\$0.00	\$4,051.53
08/01/2019	1	\$0.00	\$7,380.16
08/08/2019	1	\$0.00	\$3,372.74
09/04/2019	1	\$0.00	\$17,979.27
09/16/2019	1	\$0.00	\$4,192.03
10/02/2019	1	\$0.00	\$93,008.61
10/15/2019	1	\$0.00	\$4,260.42
10/31/2019	1	\$0.00	\$460.00
11/15/2019	1	\$0.00	\$3,113.54
12/02/2019	1	\$0.00	\$693.95
12/19/2019	1	\$0.00	\$3,340.32
12/31/2019	1	\$0.00	\$4,099.64
	23	\$0.00	\$331,273.89

Account Total: Repay of Medical Assist

Department Total: Medical Assistance

Department: 6109 - Aid To Dependent Children

Account: 1809 - Repay of Aid to A.D.C.

\$0.00

\$331,273.89

02/14/2019	2	\$0.00	\$14,237.75
02/26/2019	1	\$0.00	\$228.36
03/04/2019	1	\$0.00	\$175.00
03/14/2019	3	\$0.00	\$19,155.16
04/01/2019	1	\$0.00	\$762.02
04/12/2019	3	\$0.00	\$49,133.79
04/30/2019	1	\$0.00	\$125.00
05/14/2019	3	\$0.00	\$29,089.81
06/03/2019	1	\$0.00	\$912.70
06/21/2019	3	\$0.00	\$23,598.79
07/01/2019	1	\$0.00	\$11,378.67

07/16/2019	3	\$0.00	\$18,710.68
08/01/2019	1	\$0.00	\$935.98
08/08/2019	3	\$0.00	\$11,724.08
09/04/2019	1	\$0.00	\$1,611.92
09/16/2019	3	\$0.00	\$19,112.32
10/02/2019	1	\$0.00	\$2,413.10
10/15/2019	3	\$0.00	\$10,150.84
10/31/2019	1	\$0.00	\$985.02
11/15/2019	3	\$0.00	\$18,095.95
12/02/2019	1	\$0.00	\$415.33
12/19/2019	3	\$0.00	\$11,725.77
12/31/2019	1	\$0.00	\$102.57
44		\$0.00	\$244,780.61

Account Total: Repay of Aid to A.D.C.

Department Total: Aid To Dependent Children

Department: 6119 - Child Care

Account: 1819 - Repay of Child Care

02/14/2019	1	\$0.00	\$1,157.88
02/26/2019	1	\$0.00	\$377.90
03/01/2019	1	\$0.00	\$2,535.00
03/04/2019	1	\$0.00	\$377.90
03/14/2019	1	\$0.00	\$1,098.24
03/29/2019	1	\$0.00	\$2,535.00
04/01/2019	1	\$0.00	\$1,127.00
04/12/2019	1	\$0.00	\$9,236.83
04/30/2019	2	\$0.00	\$17,531.08
05/14/2019	1	\$0.00	\$2,061.04
06/03/2019	1	\$0.00	\$97,140.93
06/21/2019	1	\$0.00	\$1,427.87
07/01/2019	1	\$0.00	\$22,299.78
07/16/2019	1	\$0.00	\$1,595.24
08/01/2019	1	\$0.00	\$92,775.08
08/08/2019	1	\$0.00	\$1,783.00
09/04/2019	1	\$0.00	\$64,227.13
09/16/2019	1	\$0.00	\$2,122.54
10/02/2019	1	\$0.00	\$41,478.79
10/15/2019	1	\$0.00	\$1,271.86
10/31/2019	1	\$0.00	\$7,111.72

11/15/2019	1	\$0.00	\$1,683.54
12/02/2019	1	\$0.00	\$19,345.54
12/19/2019	1	\$0.00	\$1,443.72
12/31/2019	1	\$0.00	\$80,288.42
Account Total: Repay of Child Care			
	26	\$0.00	\$474,033.03

Department Total: Child Care
 Department: 6140 - Home Relief
Account: 1840 - Repay of Home Relief

01/14/2019	1	\$0.00	\$485.85
01/25/2019	1	\$0.00	\$6,690.40
01/29/2019	1	\$0.00	\$128.00
02/07/2019	2	\$0.00	\$12,533.45
02/14/2019	2	\$0.00	\$9,076.76
02/26/2019	1	\$0.00	\$1,086.46
03/04/2019	1	\$0.00	\$1,206.04
03/14/2019	1	\$0.00	\$1,480.52
04/01/2019	1	\$0.00	\$10,486.07
04/08/2019	2	\$0.00	\$2,385.19
04/12/2019	1	\$0.00	\$3,272.56
04/29/2019	2	\$0.00	\$2,312.02
04/30/2019	2	\$0.00	\$4,469.19
05/07/2019	1	\$0.00	\$1,655.10
05/13/2019	1	\$0.00	\$133.00
05/14/2019	1	\$0.00	\$2,423.00
06/03/2019	1	\$0.00	\$7,736.03
06/05/2019	3	\$0.00	\$8,391.00
06/13/2019	1	\$0.00	\$2,388.00
06/18/2019	1	\$0.00	\$609.00
06/21/2019	1	\$0.00	\$1,373.00
07/01/2019	1	\$0.00	\$11,495.58
07/05/2019	2	\$0.00	\$7,273.00
07/16/2019	2	\$0.00	\$3,075.97
07/26/2019	1	\$0.00	\$184.00
08/01/2019	1	\$0.00	\$4,600.72
08/05/2019	1	\$0.00	\$5,224.40
08/08/2019	1	\$0.00	\$1,156.89
09/04/2019	1	\$0.00	\$529.21

COMMISSIONER'S ACTIVITY and UPDATE REPORT
March 2, 2020 DSS Committee Meeting

- 1/22 – 1/24/20: Attended the 2020 NY Public Welfare Association Winter Conference in Albany.
- 2/5/20: Workplace Violence Annual Meeting with County Executive and Sheriff's Office.
- 2/6/20: Hosted OCFS Kinship Training at Warren DSS.
- 2/11/20: Hosted Mental Health First Aide Training at DSS. Presented by Center for Prevention.
- 2/12/20: Attended Public Health PAC Meeting at Public Health.
- 2/13/20: Held Warren County Multi-Disciplinary Team (MDT) Meeting at DSS.
- 2/14/20: Foster Care Parent fundraiser event – Bake Sale at DSS.
- 2/14/20: DSS Employee Valentine's Day luncheon and morale building activities.
- 2/19/20: NYSAC Medicaid Webinar.
- 2/24/20: Youth Board Planning and Organizational Meeting at DSS.
- 2/25/20: DSS hosted Warren County Homeless Collaboration Committee at HSB.