

SULLIVAN COUNTY NH

**Board of Commissioners' – FY10 Budget Review Schedule & Minutes
Encompassing the following dates: April 6th, 10th, 13th, 17th, 24th, and 30th**

Place: Newport – 14 Main Street, Commissioners' Conference Rm.

Date / Department	Time of Day
Apr 6 – Monday	
DOC	Ross. L. Cunningham – Supt. 8:30 a.m. – 10:00 a.m.
County Treasurer	Dave French - Treasurer 10:00 a.m. – 10:15 a.m.
County Auditors	Greg Chanis –Cnty Administrator 10:15 a.m. – 10:20 a.m.
County Administrator	Greg Chanis –Cnty Administrator 10:20 a.m. – 10:25 a.m.
Court House	Greg Chanis –Cnty Administrator 10:25 a.m. – 10:30 a.m.
Woodhull County Complex	Greg Chanis –Cnty Administrator 10:30 a.m. – 10:40 a.m.
Emergency Reserve	Greg Chanis / Commissioners 10:40 a.m. – 10:45 a.m.
Cooperative Extension	Seth Wilner – Educator / Co. O.M. 10:45 a.m. – 11:00 a.m.
Payroll	Janice Bryk – Clerk I 11:00 a.m. – 11:30 a.m.
Commissioners	Greg Chanis –Cnty Administrator 11:30 a.m. – 12:00 p.m.
Apr 10 – Friday	
County Attorney	Mel O'Sullivan for Marc Hathaway 8:30 a.m. – 8:50 a.m.
Victim Witness Program	Cindy Vezina - Coordinator 8:50 a.m. – 9:10 a.m.
Conservation District	Jan Heighes – District Manager 9:15 a.m. – 9:30 a.m.
Facilities & Operations	Heather Presch – Facilities Assistant Director 9:50 a.m. – 10:30 a.m.
Sheriff's Office	Michael Prozzo – County Sheriff 10:30 a.m. – 11:00 a.m.
Cnty. Grants Fund 10	Commissioners 11:00 a.m. – 11:15 a.m.
Fund 24 Grants	Greg Chanis – Cnty Administrator 11:15 a.m. – 11:30 a.m.
Human Resources	Peter Farrand – Director 11:30 a.m. – 11:52 a.m.
Apr 13 – Monday	
County Grant	See detailed interview schedule 8:30 a.m. – 1:30 p.m.
Apr 17 – Friday	
S.C. Health Care	Ted Purdy - Administrator All Day
Apr 24 – Friday	
Registry of Deeds	Sharron King - Registrar 8:30 a.m. – 8:45 a.m.
Human Services/Incentive Funds	Sherrie Curtis 8:45 a.m. – 9:00 a.m.

April 6th – Additional Discussion during the day included:

1. Cunningham – Noted discussions at the NHAC Executive Council Meeting included FMAP Stimulus monies
2. Cunningham – Noted discussions at NHAC Executive Council Meeting also included whether the counties will be holding the 2009 NHAC Conference. Further discussions will ensue at the next council meeting.
3. Handouts during the 4/6/09 budget review included:
 - a. Sullivan County DOC Organizational Chart,
 - b. DOC Position listing,
 - c. "What Will It Cost" page from the Community Corrections Facility PowerPoint presentation,
 - d. Two e-mails from Dan Gokey to Ross Cunningham recapping inmate community program events through out the year, and
 - e. A "Standard Rates for FY10 County Administrator Budget of FICA, Life, Health, Retirement, Workers Compensation, Unemployment Compensation and Dental for both Non-Bargaining and Bargaining" worksheet.
4. FY09 Budget Adjustments – a running tally will be done at each meeting, of what the Board is considering to change in the FY10 budget, and how it will affect the tax burden.

April 10th – Additional Discussion points or handouts (none noted by Mr. Chanis).

April 13th – Interviewed all County grant applicants for Fund 10.861 (see Appendix A., list of organizations interviewed, amount requesting, and representatives that attended).

April 17th – Reviewed the FY10 Sullivan County Health Care (nursing home) budget. And conducted other County business as follows:

11:45 **Motion: to waive bidding requirements, per RSA 28:8, regarding design services related to the construction of the Sullivan county community corrections center.**
Made by: Nelson. Seconded by: Jarvis.
Voice vote: All in favor.

11:47 **Motion: authorize the County Administrator to develop contract with SMP Architects of New London NH for design services related to Sullivan County Community Corrections Center.**
Made by: Nelson. Seconded by: Jarvis.
Voice vote: All in favor.

Broke for lunch at 11:50 and reconvened at 1 PM to continue nursing home budget review until 2:30 PM

April 20th – Meeting postponed.

April 24th – The following items were reviewed and discussed as well as the FY10 budget:

- Agenda 2.** \$2 Million R.A.N. Borrowing, Review Bids / Motion Required for Line of credit to bank. Copies of the bids received were distributed, which included:
1. Connecticut River Bank @ 1.97% - Commissioner Barrette pointed out note on the bid indicates no service fee unless multiple draw downs required.
 2. Sugar River Bank @ 1.98%
 3. Lake Sunapee Bank @ 1.99%

**8:40 AM Motion: to authorize the County Treasurer to take out a line of credit of \$2 million with Connecticut River Bank.
Made by: Nelson. Seconded by: Jarvis.
Voice vote: All in favor.**

Agenda No. 1. FY10 \$70,000 Public Health Network (PHN) Grant Certificate of Vote and Agreement, Review & Ratify

Mr. Chanis noted NH State advised that only \$70,000 was approved of the FY10 PHN application. FY10 County budget includes \$75,000 expenses and \$2,610 In-Direct revenues. He does not want to cut the person, so cut In-Direct revenues and Ms. Rosman has suggested other cuts. He has a call in to Mary Miller of NH State to find out why they reduced the funding; and to discuss how the State feels it's important, but fails to provide the appropriate funding for the position and program. PHN Coordinator is getting married and will be going to a two-person coverage in health insurance. PHN Coordinator is looking for other funding to cover reductions.

**8:50 Motion: to accept the [\$70,000] grant and certify the vote.
Made by: Nelson. Seconded by: Jarvis.
Discussion: The Chair read through the Certificate of Vote (copy attached) verbatim.
Voice vote: all in favor.**

Agenda Item No. 4. Continue Review of the FY10 Proposed Budget

The Board went on to review the following budgets:

- Registry of Deeds
- Human Services
- County Grants Fund 10.861
- Capital
- And finished Sullivan County Health Care

Agenda Item No. 3 Transfer of Funds Request Forms

**2:28 Motion: to approve all transfers presented
Made by: Nelson. Seconded by: Jarvis.
Voice vote: All in favor**

Next Meeting

Special meeting set for next Thursday [4/30/09] 4 PM in Newport to vote on the final budget.

**2:30 Motion: to adjourn meeting.
Made by: Jarvis. Seconded by: Nelson.
Voice vote: All in favor.**

April 30th – Attendees: Commissioners Jeffrey Barrette – Chair, Bennie Nelson – Vice Chair and Ethel Jarvis – Clerk; Greg Chanis – County Administrator; Sharon Johnson-Callum (minute taker). Other attendees: Delegates Ray Gagnon and Bev Rodeschin, and Archie Mountain – Eagle Times Report.

4:03 The Chair opened the meeting for the main purpose to finalize the FY10 budget and “hand” the proposed budget to the Sullivan County EFC. All recited the Pledge of Allegiance.

Agenda Item No. 1. Location change of 5/21 Board meeting

As the nursing home has moved into a Code Orange status due to the swine flu; the Board decided to relocate their next meeting from within the facility to the Ahern Building. During This schedule with additional notes was adopted as work session meeting minutes at the 5/7/09 meeting

code Orange all are screened going into the nursing home, and this would alleviate an inconvenience for others to attend the Board meeting. Their next Board meeting will be here in Newport, May 7th 3 PM.

Agenda Item No. 2. Pick date to attend Sunapee Select Board Meeting

The Board chose June 1st.

Agenda Item No. 3. Pick a June date for Next Sullivan County Criminal Justice Coordinating Committee

The group decided to shoot for Monday June 15th 9 AM.

Agenda Item No. 4. Finalize FY10 proposed budget

Mr. Chanis noted Community Corrections Center (CCC) revenue of 6.9 million rev & exp side included. He pointed out, Fund 42 eliminated per request of the Auditors, will be used exclusively for the CCC project. Chanis noted additional funds added for Claremont sewer; he spoke to James Leonard who advised they are going before Claremont City Council for increases of 10% in July, an additional 12% in January - therefore Chanis increased the line by 15%, \$6,500 to expense 40.551; this would result in increasing taxes by that amount. Mr. Chanis highlighted on Notice Regarding Non Cash Fund Transfers; he indicated Auditors gave the County a material weakness for not budgeting for transfers between funds - he is recommending they perform this budgeting during the Delegation review stage. The spreadsheet illustrates how it currently is - this has no affect on what is to be raised by taxes, and these are all non-cash transfers. Mr. Chanis pointed out the column format changes.

Commissioner Jarvis noted she had a list of discussion points before approving the FY10 budget:

- 1) they originally reviewed Page 7 (6 on new report), the Barracuda Email Archiver @ \$3,000, web filter \$3,000 and maintenance @ \$2,000 - but never returned to review again as they indicated they would (line 10.400.21097); she wanted more information ...
 - a. Mr. Chanis noted the software allows you to pick out certain criteria, unlike current system, and can review all within the County.
 - b. Mr. Chanis confirmed the Comm's Office server is about 6 years old, the one machine runs the entire accounting software, and this week their office experience two shut down glitches; he confirmed the Unity complex server was replaced two years ago.
 - c. Commissioner Nelson inclined to do the server and hold "my breath on the rest of it for another year".
 - i. Comm. Barrette noted they gave the budget a lot of scrutiny, they can do all services, make capital improvements and only have a 2% increase and disapproves of any further changes.
 - ii. Mr. Chanis noted the current filter can do only a rudimentary filtering. He confirmed they have 80-90 workstations throughout the County.
 - iii. Comm. Nelson suggested they do archiving, not the filtering and do it on our own until next year.
 - iv. Comm. Jarvis and Nelson want to take \$5,000 away from this line: the Barracuda Web filter @ \$3,000 and the \$2,000 web filter 3 year maintenance/update plan.
 - v. The group debated how they wanted to approve of the budget and to deal with the new changes; they decided to approve the budget and send a letter of recommendation regarding the decreases.
- 2) Page 59, 10.480.21096 decentralizing dining - Commissioner Jarvis feels this will not work on Floor 3 - she feels the residents there are not the type to go around and chose their food, but that they must be begged to eat; she approves of the AC at \$100,000. Mr. Chanis confirmed virtually all labor would be provided in-house, except the sprinkler system, as this would require a certified person.

- i. Comm. Nelson – had issues with traffic flow, but agreed, as Board, previously, they would review the plan prior to work. He’s inclined to leave it in and thrash it out with Mr. Purdy on how it’s implemented.
- 3) Truck lease amount noted by Commissioner Jarvis - Page 62, \$7,000 lease, this is a 2000 Ford Truck – the group debated but decided on no change
- 4) Propane discussed by Page 164 – air handling unit on the kitchen is the biggest user of the propane, per Mr. Chanis
 - a. Comm. Nelson – send note to reduce to \$25,000
 - b. Comm. Barrette – propane prices low this year
 - c. They decided to include this in a Letter of Recommendation to reduce from \$32,500 to \$25,000

4:53 Motion: to approve the Sullivan County Commissioners Fiscal Year 2010 Proposed Budget with revenues of \$33,792,848 and expense of 33,792,848 with amount be raised by taxes of 13,228,191.

By: Jarvis. Second by: Nelson

All in favor.

4:54 Motion to send letter of recommendation on the decrease discussed for the two changes of \$5,000 and \$25,000.

Made by: Jarvis. Seconded by: Nelson

Voice vote: Jarvis/Nelson in favor. Barrette against. The motion carried with majority.

Public Participation - Rep. Rodeschin noted the Sullivan County EFC has scheduled a meeting on 5/11.

4:58 Motion to adjourn.

Made by: Nelson. Seconded by: Jarvis.

Voice vote: All in favor.

The preceding schedule and additional notes and discussions were adopted as minutes of the meetings occurring on: 4/16/09, 4/10/09, 4/13/09, 4/17/09, 4/24/09, and 4/30/09.

Respectfully submitted,

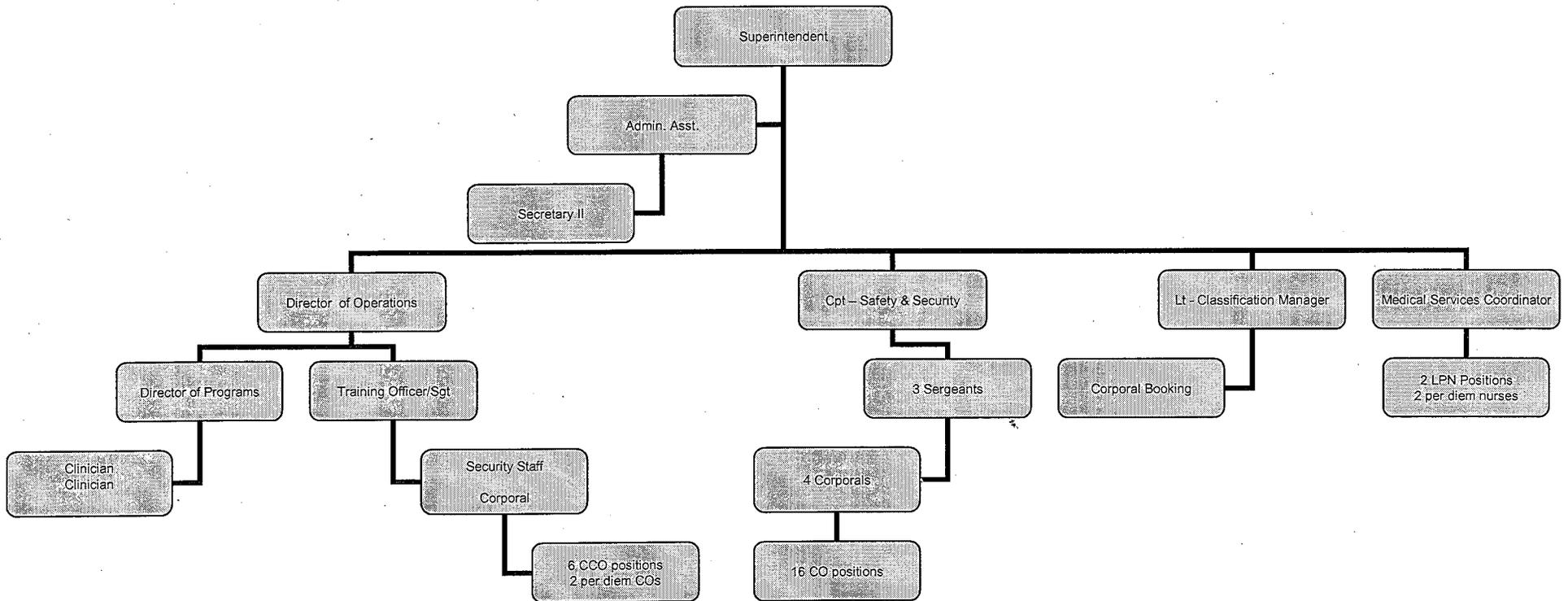


Ethel Jarvis, Clerk
Board of Commissioners

EJ/s.j-c.

Date signed: 5-7-09

Sullivan County DOC Organization Chart



Position #	Title	Date of Hire	Date of Last Promotion/Move	Grade	# of hours	Filled FTE	Name	
60001	Superintendent	8/20/07		26	40	1	Cunningham, Ross	Existing
60039	Director of Operations			20	40	1	Start 7/1/09	New – no benefits
60004	Captain	8/1/93	3/21/99	18	40	1	Milliken, John	Existing – change in title/grade
60005	Lieutenant	8/26/94	12/17/07	18	40	1	Roberts, Douglass	Existing
60003	Admin Asst	3/16/92		10	40	1	Keefe, Lori	Existing
61007	Dir of Programs	10/04/07		23	40	1	Gramuglia, John	Existing
61008	Clinician	1/4/09		17	40	1	Poisson, Sara	Existing
60038	Secretary	2/17/09		6	24	.6	MacGlafin, T.	Existing
60002	Sergeant	7/9/84	7/01/03	13	40	1	Lee, Sherry	Existing
60008	Sergeant	7/29/96	12/16/07	13	40	1	Mellish, Sean	Existing
60022	Sergeant	12/4/97	8/03/08	13	40	1	Gokey, Daniel	Existing
60007	Sergeant	5/10/01	9/14/08	13	40	1	Lemere, Jason	Existing
60027	Corporal	12/8/98	2/04/01	10	40	1	Wallace, Gary	Existing
60024	Corporal	5/10/01	01/06/08	10	40	1	Lockhart, Matthew	Existing
60009	Corporal	7/11/05	1/4/09	10	40	1	Holbrook, Jonathan	Existing
60018	Corporal	3/21/04	8/03/08	10	40	1	Brookens, Joseph	Existing
60017	Corporal			10	40	1		Existing
60034	Corporal - Bkg	11/26/84	1/4/09	10	40	1	Adams, Cynthia	Existing
60021	CCCO	9/6/07	4/6/08	5	40	1	McLaughlin, T.	Existing
60016	CCCO	1/17/08		5	40	1	Neal, Cassidy	Existing
60015	CO	1/1/09		5	40	1	Seymour, Shawn	Existing
60032	CCCO	4/1/07	1/4/09	5	40	1	Mahair, Peter	Existing
60033	CCCO	11/09/08	5/09	5	40	1	Symonds, Sarah	Existing
60006	CO	6/15/08		5	40	1	Carrier, David	Existing
60010	CO	11/28/05		5	40	1	Castillo, Rene	Existing
60011	CO	4/13/81	4/18/95	5	40	1	Young, Gail	Existing
60012	CO	10/27/03		5	40	1	Siani, David	Existing
60013	CO	11/4/07		5	40	1	Blake, Ricky	Existing
60014	CO	12/13/04		5	40	1	Porter, Eric	Existing
60019	CO	6/05/06		5	40	1	Coughlan, Shawn	Existing
60020	CO	6/16/96	3/2/09	5	40	1	Chartier, Donna	Existing
60023	CO	8/06/08		5	40	1	Sanborn, George	Existing
60025	CO	1/4/09		5	40	1	Rhodes, Dustin	Existing
60026	CO	9/14/08		5	40	1	Picard, Christopher	Existing
60028	CO	9/11/05		5	40	1	Moore, Gerald	Existing
60029	CO	8/05/08		5	40	1	Cota, Curtis	Existing
60030	CO			5	40	1	Perkins, Jason	Existing
60031	CO	9/07/07		5	40	1	Strickland, Jack	Existing
60035	CCO			5	40	1	Start 7/1/09	new
60036	CCO			5	40	1	Start 7/1/09	new
60037/38	CO part time	1/4/09		5	24 24	.6 .6	Coons, Donald ?	Existing – increased hrs
61001	MSC, RN	6/9/99	6/07/04	18	40	1	Lady, Carol	Existing
61003	LPN	8/6/07		12	40	1	Cornish, Denise	Existing
61004	LPN	1/19/09		12	40	1	Carrien, Meredith	Existing
61005/06	RN per diem	2/1/06					Potanas/Fraser	Existing

43 FT FTE positions – 39 are filled

1 PT FTE – filled

2 Per Diem

4/16/09 Hand at

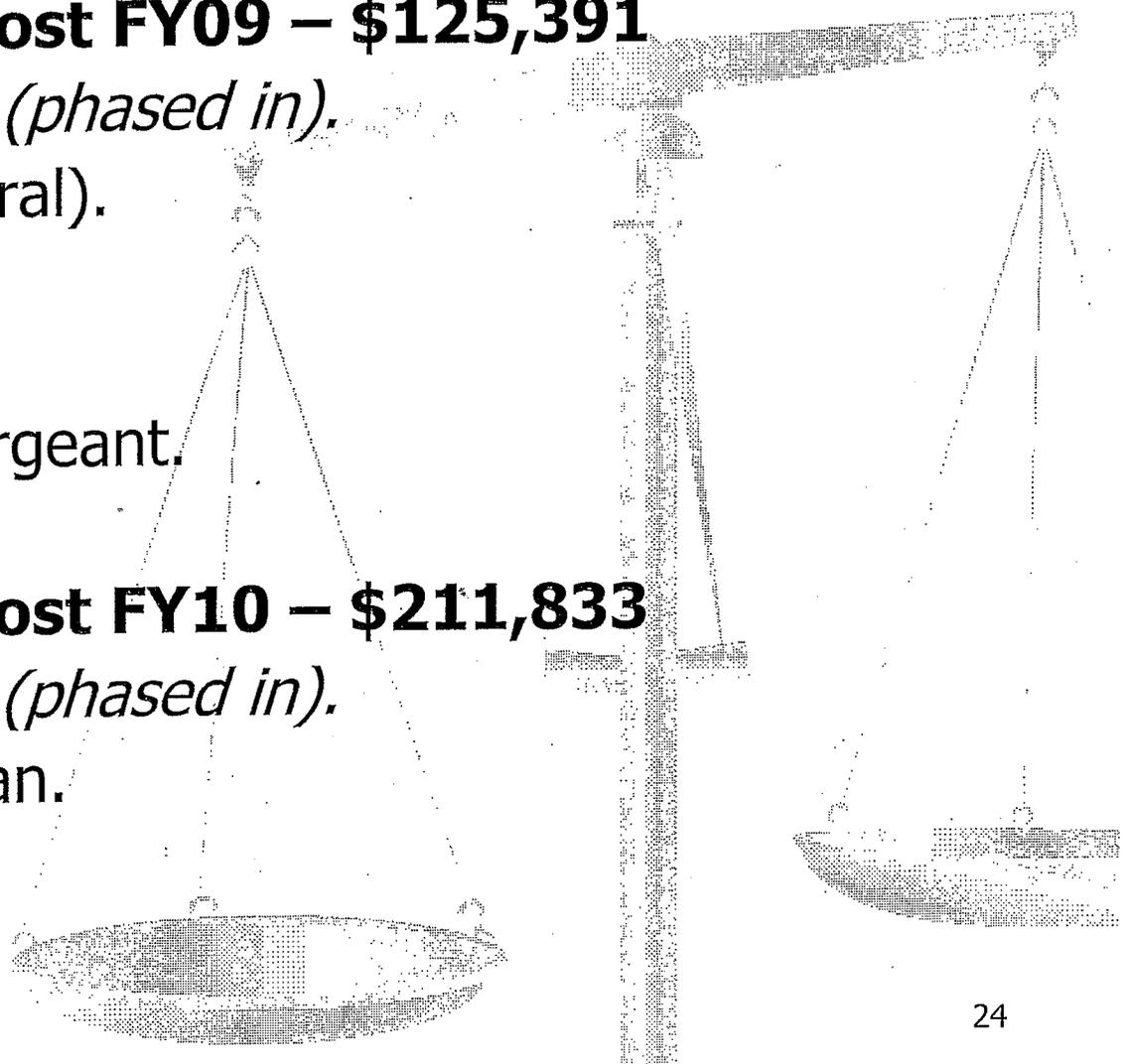
What Will It Cost?

Staffing Operational Cost FY09 – \$125,391

- 2 Correctional Officers (*phased in*).
- Booking Officer (Corporal).
- 1 Clinician
- Part-Time Secretary.
- Change Corporal to Sergeant.

Staffing Operational Cost FY10 – \$211,833

- 4 Correctional Officers (*phased in*).
- 1 Mental Health Clinician.
- 1 Clinician.



Ross Cunningham

From: Dan Gokey [dgokey@sullivancountynh.gov]
Sent: Thursday, April 02, 2009 10:01 AM
To: 'Ross Cunningham'
Subject: Follow Up on Community Service

Last year at this time we performed Community Service for Bourdon Center and the Town of Goshen.

Communities, Towns, Organizations requesting Community Service thus far for 2009:

Bourdon Center - Grounds Work and General Maintenance

State Highway Department - Roadside Cleanup for
Unity
Newport
Goshen
Lempster

Town of Claremont - Main St. Program
Snow Removal in Newport and Claremont
Office Space Remodeling
Moving Furniture

Town of Charlestown - Recycling Project

Town of Cornish - Grounds Work and Painting

Town of Goshen - Grounds Work, Painting and Moving Furniture

Town of Newport - Grounds Work

Town of Sunapee - Grounds Work and Recycling Project

Sullivan County - Painting Courthouse and Offices

Sergeant D. Gokey
Training Coordinator

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Ross Cunningham

From: Dan Gokey [dgokey@sullivancountynh.gov]
Sent: Thursday, April 02, 2009 9:13 AM
To: 'Ross Cunningham'
Subject: Community Service

Dear Sir,

I have attached the 2008 and 2009 Community Service spreadsheets for your review. However, please see below for immediate information you requested for a comparison for the months of January, February and March. Service conducted for 2009 has been Road-Side Cleanup, Snow Removal, School Classrooms and Moody Building Offices were done over by cleaning and scraping Trim, Plaster, Sheetrock and Painting, General maintenance for the Bourdon Center, Moving Furniture for local Schools, Working with local Transfer Stations with recycling projects and grounds work at local Cemeteries. If you should need any additional information please ask at any time. Thank you.

2008

January - 104 hrs
February - 221 hrs
March - 3 hrs

2009

January - 259
February - 399
March - 303

Sergeant D. Gokey
Training Coordinator

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**STANDARD RATES FOR FY10 COUNTY ADMINISTRATOR
BUDGET**

11010 FICA 7.65%

11011 LIFE \$1.66 X 13 X Number of Employees

11012 HEALTH

NON-BARGAINING:

Single \$6,898
2 Person \$12,800
Family \$16,680
2 Employed-2 Person \$14,064
2 Employed-Family \$18,765

BARGAINING:

Single \$6,132
2 Person \$12,263
Family \$16,680

11013 RETIREMENT

GROUP I 9.09%
GROUP II 12.68%

11014 WORKERS COMPENSATION No Change from last year

11015 UNEMPLOYMENT COMPENSATION No Change from last year.

11016 DENTAL

NON-BARGAINING:

Single \$427
2 Person \$694
Family \$1092
2 Employed-2 Person \$742
2 Employed-Family \$1234

BARGAINING:

Single \$363
2 Person \$675
Family \$1072

FY 10 County Grant Applicant Schedule Monday, 4/13/09

TIME	GRANT APPLICANT	REPRESENTATIVE
APRIL 13 TH - Monday		
8:30 AM – 9:00 AM	LAKE SUNAPEE AREA MEDIATION > FY '10 Request \$10,000 > FY '09 Allocation: \$ 7,500 > FY '08 Allocation: \$10,000 > FY '07 Allocation: \$10,000 > FY '06 Allocation: \$10,000	Rebecca Morley Program Director
9:00 AM – 9:30 AM	COMMUNITY ALLIANCE OF HUMAN SERVICES: COMMUNITY TRANSPORTATION SERVICES > FY '10 Request: \$40,000 > FY '09 Allocation: \$ 38,000 > FY '08 Allocation: \$38,000 > FY '07 Allocation: \$38,000 > FY '06 Allocation: \$28,000 > FY '05 Allocation: \$24,000	Director of Community Transportation – Lisa Paquette Barbara Brill Executive Director of CAHS
9:30 AM – 10:00 AM	COMMUNITY ALLIANCE OF HUMAN SERVICES: FAMILY SERVICES DEPT. > FY '10 Request: \$31,000 > FY '09 Allocation: \$23,250 > FY '08 Allocation: \$30,500 > FY '07 Allocation: \$29,500 > FY '06 Allocation: \$27,000 > FY '05 Allocation: \$20,000	Director of Family Services Dept. – Julie Carson Barbara Brill Executive Director of CAHS
10:00 AM – 10:30 AM	CLAREMONT SOUP KITCHEN: > FY '10 Request: \$20,000 > FY '09 Allocation: \$20,000 > FY '08 Allocation: \$20,000 > FY '07 Allocation: \$15,000 > FY '06 Allocation: \$10,000 > FY '05 Allocation: \$10,000	Janet Bunnell Program Director
10:30 AM – 11:00 AM	Good Beginnings of Sullivan County > FY '10 Request: \$30,000 > FY '09 Allocation: \$22,500 > FY '08 Allocation: \$20,000 > FY '07 Allocation: \$20,000 > FY '06 Allocation: \$20,000 > FY '05 Allocation: \$15,000	Ellie Tsetsi Executive Director
11:00 AM – 11:30 AM	NEWPORT FOOD PANTRY > FY '10 Request: \$ 10,000	Rich Chappell Program Director
11:30 AM – 12:00 PM	TURNING POINTS NETWORK (Fka: WOMEN'S SUPPORTIVE SERVICES) > FY '10 Request: \$55,000 > FY '09 Allocation: \$50,000 > FY '08 Allocation: \$55,000 > FY '07 Allocation: \$55,000 > FY '06 Allocation: \$40,000 > FY '05 Allocation: \$40,000	Deborah Mozden Executive Director

(With Previous Years Approved Allocations)

APRIL 13TH – MONDAY – NEWPORT COUNTY COMPLEX
Monday – April 13, 2008 – County Grant Application Interview Agenda

12 Noon – 1 PM

LUNCH BREAK

1:00 PM – 1:30 PM

RSVP / THE VOLUNTEER CENTER:
Thresholds & Decision Program

Teresa Volta,
Program Director

- **FY '10 Request: \$2,276**
- FY '09 Allocation: \$ 1,000
- FY '08 Allocation: \$ 1,000
- FY '06 Allocation: \$ 1,000

1:30 PM – 2:00 PM

NCTV10 & CCTV Inc. Collaboration

Jeff Nintzel
NCTV10 Program
Executive Director
and
Keith Druhl, CCTV Inc.
Executive Director

- **FY '10 Request: \$ 8,480**



Service that earns your trust

P.O. Box 500
Charlestown, NH 03603
Tel. 800-281-3884
Fax. 603-826-4034

www.crbna.com

Administrative Offices

245 Main Street
Charlestown, NH
603-826-7764

Branch Locations

Bethlehem, NH
603-869-3311

Claremont, NH
603-545-1276

Franconia, NH
603-823-8104

Keene, NH
603-357-1619

Lancaster, NH
603-788-4769

Langdon, NH
603-835-6333

Littleton, NH
603-444-5333

Littleton, NH
Meadow View
603-444-0412

Springfield, VT
802-885-4948

Waipole, NH
603-756-9293

April 17, 2009

Carroll D. French
Treasurer Sullivan County NH
FY 2009 Line of Credit
14 Main Street
Newport, NH 03773

Dear Mr. French:

In response to your request, please accept this letter as Connecticut River Bank's formal bid proposal for a \$2MM line of credit at a rate of 1.97%.

We would like to thank you for the opportunity to serve Sullivan County and look forward to hearing from you. If you should have any questions, please do not hesitate to contact me or Gary Gray at 826-1236 or 826-1227, respectively.

Sincerely,

David A. Bennett
Vice President, Cashier & CFO

CC: Gary W. Gray

David Bennett returned
my call 4/21/09.

If there is a one time
draw down he would waive the
fee. If there are frequent or
multiple draw downs there will be
\$20.⁰⁰ fee each draw down.

APR 17 '09 PM 1:1

2009-04-10 10:25



April 10, 2009

Treasurer, Sullivan County NH
FY 2009 Line of Credit
14 Main St.
Newport, NH 03773

Dear Mr. French:

Pursuant to your bid request dated April 9, 2009, I am pleased to provide you with a bid for an extension of credit.

Upon acceptance of this proposal, we will proceed in our efforts to arrange financing as follows:

General Obligation Note

Borrower: Sullivan County

Loan Amount: \$2,000,000

Purpose of Loan: Revenue Anticipation Note

Interest Rate: A fixed rate of 1.98%

Term and Amortization: 8 month line of credit, interest and principal due at maturity

Issuance Cost: None

Repayment: The County will be billed at maturity for principal plus interest due

Prepayment: No prepayment penalties apply

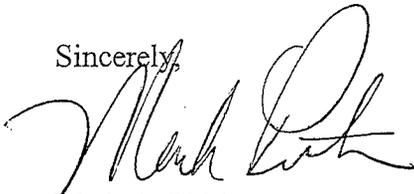
Security: General Obligation

Requirements: Application signed by authorized officials
Governmental borrowing resolution
County Counsel Opinion of vote
Copy of vote(s) to appropriate funds
Most recent County Report
Bid acceptance subject to approval by SRB's Executive Committee

Issuance Date: No later than May 1, 2009

If you have any questions or alternate terms/needs to discuss, please feel free to call me. I look forward to working with you further.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Pitkin". The signature is fluid and cursive, with a large initial "M" and "P".

Mark A. Pitkin
President



April 10, 2009

Sullivan County
Mr. Carroll D. French, County Treasurer
14 Main Street
Newport NH 03773

RE: Response to a request for a quote

Mr. French:

Lake Sunapee Bank is pleased to offer Sullivan County the following proposal to finance your request for a \$2,000,000 Tax Anticipation line of credit. As you are aware, the loan can be utilized in increments as needed and interest will only accrue on the actual amount outstanding. The terms and conditions we propose are listed below.

Lender:	Lake Sunapee Bank, fsb.
Borrower:	Sullivan County, New Hampshire
Loan Amount:	\$2,000,000.00
Loan Purpose:	Tax Anticipation Loan for revenue shortfalls
Term:	Will mature on 12/31/2009
Interest Rate:	Fixed Rate of 1.99%
Payments:	Principal and interest payment due December 31, 2009
Utilization:	Monies do not have to be disbursed immediately, but may be advanced as required.
Processing Fees	\$ 500.00 Waived
Origination Fees:	\$ 5,000.00 Waived
Pre-Payment Penalty:	Waived
Collateral:	None will be required
Guarantors:	None will be required

Sullivan County, NH
April 10, 2009
Page 2 of 2

Financial Reporting: Copy of County Annual Report and budget. Periodic requests may be made for financial statements to allow comparisons of actual and budgeted figures. The Borrower agrees to provide additional information as Lender may reasonably request.

Expiration: This commitment shall expire if not signed and returned prior to May 1st, 2009.

Closing Date: The loan transaction contemplated herein shall close on a date that is mutually agreeable.

If the terms and conditions outlined above are acceptable, sign and return the enclosed copy of this letter. Should you have any questions or need any assistance, please call me at 603-865-6133 or e-mail me at aadams@lakesunbank.com.

Lake Sunapee Bank is committed to serving the Sullivan County community and is grateful for the opportunity to finance this loan request. I look forward working with you.

Sincerely,



Arlene F. Adams

Vice President, Commercial Lending

Accepted by Sullivan County, New Hampshire

By: _____

Name: Carroll D. French

Title: County Treasurer

COPY

Sharon Johnson-Callum

From: Sharon Johnson-Callum [sharonjc@sullivancountynh.gov]
Sent: Tuesday, April 21, 2009 8:32 AM
To: Comm. Bennie Nelson; Comm. Ethel Jarvis; Comm. Jeff Barrette
Cc: Jessica Rosman; Gregory Chanis-C.Admin
Subject: FY10 PHN Contract w/State

Good morning Commissioners:

We just received notice NH State approved **\$70,000** for the Public Health Network program, in Fiscal Year 2010. The State has provided the necessary "Agreement", which requires Greg's signature and notarization, plus the **Certificate of Vote** form that requires the Chair to sign and the Board to approve to authorize Greg to sign the contract.

As your next meeting is Friday, 4/24/09 (which is also the deadline for us to mail the ratified contract back to Neil Twitchell), we will place this first thing on the agenda to review and ratify, so that we can mail it in the morning.

I've attached a copy of the letter from Mr. Twitchell, the Agreement and the Certificate of Vote (hard copies will be in your binders for Friday's meeting).

As a side note: the amount approved is a reduction from what was submitted by the County Administrator to you in the FY10 County budget book (24.955 Department). Accordingly, I'll have a revised page reflecting the amounts the lines should show in 24.955 Department by Friday, which you can adopt as part of your budget you send on to the County Delegation Executive Finance Committee.

If you have any questions, please let me know. Sharon

Sharon Johnson-Callum
Administrative Assistant

Sullivan County Commissioners' Office
14 Main Street
Newport NH 03773

Tel. 603.863-2560
Fax. 603.863-9314
Web. www.sullivancountynh.gov

"All Day, Every Day, We Make Life Better"

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient's and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-5194 1-800-852-3345 Ext. 5194
Fax: 603-271-7623 TDD Access: 1-800-735-2964

José Thier Montero
Director

April 17, 2009

Sullivan County
Greg Chanis, Administrator
14 Main Street
Newport, NH 03773

RE: New Hampshire Public Health Network Services FY'10 agreement

Dear Mr. Chanis:

Enclosed are the State of New Hampshire agreement forms with required attachments that need to be reviewed and signed in order to prepare an agreement between your corporation and the Department of Health and Human Services, Division of Public Health Services, Bureau of Community Health Services, Community Public Health Development Section, to be effective for the time period July 1, 2009 or the date of Governor and Council (G&C) approval, whichever is later, through June 30, 2010. You are not authorized to incur any expenses under this agreement until the effective date.

The following steps will lead you through completing the documents:

1. **Certificate of Vote:**

The **Certificate of Vote** authorizes, by position, a representative(s) of your corporation to enter into an agreement with the State of New Hampshire. This document ensures the person signing the agreement is authorized, as of the date he or she signs, to enter into agreements with the State of New Hampshire. The enclosed Certificate of Vote form requires a Board officer's signature, which must be either notarized or include a corporate seal, that confirms the title of the person authorized to sign the agreement. The date in item number 3 and the date the Board officer signs must be **on or after** the date the Agreement (P-37) and Agreement Exhibits are signed. Also the date the notary signs, must be the same date the Board officer signs (i.e., all dates, with the possible exception of the Board of Directors' meeting date in item number 2, must match). It is preferable to have all signatures and dates be done on the same day to avoid confusion and possible errors.

You may use your own format for the Certificate of Vote, as long as it authorizes the person signing to enter into agreements with the State of New Hampshire as of the date he/she signs the agreement.

2. **Agreement:**

In order to complete this agreement, we need the following signatures:

The **Agreement** (P-37) of the contract requires the authorized signatory, identified in the Certificate of Vote, to sign in block 1.11 and print or type his/her name and title in block 1.12. The notary acknowledges this signature using blocks 1.13, 1.13.1 and 1.13.2. Each page of the P-37 requires signature or initials, and dates.

All **Exhibit** pages require signatures or initials, and dates. The authorized signatory must sign or initial and date these Exhibit pages on the same date as the Agreement P-37 page.

3. **Attachments:**

Also enclosed is a list of items that are required in order to complete the agreement package that will go before G&C for approval. Please complete the indicated items. Return the Budget and Key Administrative Personnel Sheet electronically as well as in hard copy form.

Please mail all completed information on or before April 24, 2009 to:

Neil Twitchell
Division of Public Health Services
Bureau of Community Health Services
Community Public Health Development Section
29 Hazen Drive
Concord, NH 03301-6504

If you have any questions on the enclosed, please do not hesitate to contact me at 271-5194, or e-mail at ntwitchell@dhhs.state.nh.us.

Sincerely,

Neil Twitchell

Neil Twitchell
Administrator
Community Public Health Development Section

NT/js

Enclosures: Certificate of Vote Form & Instructions
Agreement Document (P-37 & Exhibits A-H)
Agreement Attachment List
Budget Form/Instructions
Budget Justification Form
Key Administrative Personnel Sheet

cc: Lisa Bujno

COPY

WITH SEAL

CERTIFICATE OF VOTE

I, Jeffrey Barrette, of County of Sullivan, NH, do hereby certify that:

1. I am the duly elected Chair of the Board of Commissioners of County of Sullivan
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on April 24th, 20 09;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services.

RESOLVED: That the County Administrator is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.
Greg Chanis is the duly elected County Administrator of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 24th, 20 09.

IN WITNESS WHEREOF, I have hereunto set my hand as the Commissioner of the corporation this 24th day of April, 20 09.

Jeffrey Barrette, Commissioner Chair

(CORPORATE SEAL)

Subject: New Hampshire Public Health Network Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Sullivan County		1.4 Contractor Address 14 Main Street Newport, NH 03773	
1.5 Contractor Phone Number (603) 863-2560	1.6 Account Number 010-090-5171-102-0731	1.7 Completion Date June 30, 2010	1.8 Price Limitation \$70,000
1.9 Contracting Officer for State Agency José Montero, MD		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature		1.12 Name and Title of Contractor Signatory Greg Chanis, County Administrator	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Sullivan</u> , On <u>4/24</u> ²⁰⁰⁹ before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace			
1.14 State Agency Signature		1.15 Name and Title of State Agency Signatory José Montero, MD, Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: _____ On: _____			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Account	Description	Approved FY09	YTD FY09	County Administrator FY10	<u>JESSICA ROSMAN</u>	FY10 ADM	DODI WITH CORR.	HEALTH &
						VS JESS = DIFF	HEALTH & DENTAL	DENTAL INC
24.955.00000	PHNC	\$0.00	\$0.00	\$0.00				
24.955.10001	SALARY	\$43,000.00	\$34,725.60	\$43,000.00	\$46,000.00	(\$3,000.00)	<u>\$43,000.00</u>	
24.955.11010	FICA	\$3,290.00	\$2,609.19	\$3,290.00	\$3,519.00	(\$229.00)	\$3,290.00	
24.955.11011	LIFE INSURANCE	\$0.00	\$16.04	\$22.00	\$22.00	\$0.00	✓ \$22.00	
24.955.11012	GROUP HEALTH INSURANCE	\$7,904.00	\$5,628.15	<u>\$6,860.00</u>	\$11,328.00	(\$4,468.00)	\$11,262.00	(\$4,402.00)
24.955.11013	RETIREMENT	\$3,908.00	\$3,035.02	\$3,909.00	\$4,182.00	(\$273.00)	\$3,909.00	
24.955.11014	WORKERS COMPENSATION	\$226.00	\$167.42	\$226.00	\$0.00	\$226.00	\$226.00	
24.955.11015	UNEMPLOYMENT COMP INSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
24.955.11016	DENTAL INSURANCE	\$1,032.00	\$337.30	\$428.00	\$1,628.00	(\$1,200.00)	\$628.00	(\$200.00)
24.955.11017	EDUCATION & TRAINING	\$2,500.00	\$651.43	\$1,000.00	\$600.00	\$400.00	\$1,000.00	
24.955.11018	EXPENSE ACCOUNT	\$0.00	\$2,466.85	\$1,808.00	\$400.00	\$1,408.00	\$1,808.00	
24.955.11019	TRAVEL	\$2,500.00	\$5,720.45	\$3,577.00	\$1,000.00	\$2,577.00	\$3,577.00	
24.955.12020	LEGAL SERVICES	\$200.00	\$0.00	\$200.00	\$0.00	\$200.00	\$200.00	
24.955.12029	CONTRACT SERVICES	\$2,000.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	
24.955.12031	ADVERTISING	\$3,500.00	\$842.35	\$2,320.00	\$450.00	\$1,870.00	\$2,320.00	
24.955.13032	GENERAL SUPPLIES	\$0.00	\$257.13	\$0.00	\$0.00	\$0.00	\$0.00	
24.955.13036	OFFICE SUPPLIES	\$1,500.00	\$686.73	\$1,500.00	\$200.00	\$1,300.00	\$1,500.00	
24.955.13037	SUBSCRIPTIONS	\$200.00	\$40.00	\$80.00	\$0.00	\$80.00	\$80.00	
24.955.13038	POSTAGE	\$300.00	\$67.96	\$300.00	\$72.00	\$228.00	\$300.00	
24.955.16068	TELEPHONE/INTERNET	\$480.00	\$484.78	\$480.00	\$600.00	(\$120.00)	\$480.00	
24.955.19082	GENERAL MAINTENANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
24.955.21097	NEW EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		\$72,540.00	\$57,736.40	\$70,000.00	\$70,001.00	(\$1.00)	\$74,602.00	(\$4,602.00)



44290.
3388
22
11262
4026.

Jess

**STANDARD RATES FOR FY10 COUNTY ADMINISTRATOR
BUDGET**

11010 FICA 7.65%

11011 LIFE \$1.66 X 13 X Number of Employees

11012 HEALTH

NON-BARGAINING:

Single \$6,861

2 Person \$12,729

Family \$16,586

2 Employed-2 Person \$13,987

2 Employed-Family \$18,659

BARGAINING:

Single \$6,098

2 Person \$12,196

Family \$16,586

11013 RETIREMENT

GROUP I 9.09%

GROUP II 12.68%

11014 WORKERS COMPENSATION No Change from last year

11015 UNEMPLOYMENT COMPENSATION No Change from last year.

11016 DENTAL

NON-BARGAINING:

Single \$427

2 Person \$694

Family \$1092

2 Employed-2 Person \$742

 ORIGINAL

REQUEST FOR TRANSFER OF FUNDS

Department: Commissioners Office

DATE: 4/24/09

	Account description	Account Number	Transfer From	Transfer To	Purpose of Transfer
1	Group Health insurance	10.400.11012	425		To cover YTD expenses and estimated final expenses
	Equipment Rental	10.400.12030		425	
2	Group Health insurance	10.400.11012	500		To cover YTD expenses and estimated final expenses
	Equipment	10.400.12031		500	
3	Group Health insurance	10.400.11012	300		To cover YTD expenses and estimated final expenses
	General Maintenance and Repair	10.400.19082		300	
4					
5					
6					

N/A
Dept. Head / Date

[Signature] 4/23/09
County Administrator / Date

Commissioner Chair / Date

N/A
Executive Finance Committee Chair / Date

REQUEST FOR TRANSFER OF FUNDS

Department: Treasurer

DATE: 4/24/09

	Account description	Account Number	Transfer From	Transfer To	Purpose of Transfer
1	Education and Training	10.401.11017	250		To cover YTD expenses and estimated final expenses
	Expense Account	10.401.11018		250	
2	Educ. And Training (Commisioners	10.400.11017	250		To cover YTD expenses and estimated final expenses
	Expense Account	10.401.11018		250	
3					
4					
5					
6					

N/A
Dept. Head / Date

[Signature] 4/23/09
County Administrator/ Date

Commissioner Chair / Date

N/A
Executive Finance Committee Chair / Date

REQUEST FOR TRANSFER OF FUNDS

DEPARTMENT: Laundry

DATE: 4/24/09

	Account description	Account Number	Transfer From	Transfer To	Purpose of Transfer
1	Group Health insurance	40.560.11012	2500		To cover YTD expenses and anticipated final expenses.
	General Maintenance and repair	40.560.19082		2500	
2	Group Health insurance	40.560.11012	81		To cover final cost of new dryer in Laundry
	Equipment	40.560.21097		81	
3					
4					
5					
6					

N/A
Dept. Head / Date

[Signature] 4/23/09
County Administrator / Date

Commissioner Chair / Date

N/A
Executive Finance Committee Chair / Date

 ORIGINAL

REQUEST FOR TRANSFER OF FUNDS

Department: County Administrator

DATE: 4/24/09

	Account description	Account Number	Transfer From	Transfer To	Purpose of Transfer
1	Travel	10.403.11019	100		To cover YTD expenses and estimated final expenses
	Expense Account	10.403.11018		100	
2	Travel	10.403.11019	50		To cover YTD expenses and estimated final expenses
	Office Supplies	10.403.13036		50	
3					
4					
5					
6					

N/A
Dept. Head / Date

[Signature] 4/23/09
County Administrator / Date

Commissioner Chair / Date

N/A
Executive Finance Committee Chair / Date

 ORIGINAL

REQUEST FOR TRANSFER OF FUNDS

Department: Payroll Office

DATE: 4/24/09

	Account description	Account Number	Transfer From	Transfer To	Purpose of Transfer
1	Salary	10.405.10001	650		To cover YTD expenses and estimated final expenses
	General Maintenance and Repair	10.405.19082		650	
2					
3					
4					
5					
6					

N/A
Dept. Head / Date

[Signature] 4/23/09
County Administrator / Date

Commissioner Chair / Date

N/A
Executive Finance Committee Chair / Date

REQUEST FOR TRANSFER OF FUNDS

Department: Operation of Plant (SCHC)

DATE: 4/24/09

	Account description	Account Number	Transfer		Purpose of Transfer
			From	Transfer To	
1	Fuel Oil	40.550.16065	1000		To cover YTD expenses and estimated final expenses
	Vehicle Repairs	40.550.19084		1000	
2					
3					
4					
5					
6					

N/A
 Dept. Head / Date

[Signature] 4/23/09
 County Administrator / Date

 Commissioner Chair / Date

N/A
 Executive Finance / Committee Chair / Date



**Sullivan County NH
Board of Commissioners**

Thursday, April 30, 2009, 4:00 PM

AGENDA

Place: Newport NH – 14 Main Street
Remington Woodhull County Complex
Commissioners Conference Room - 1st Floor

- 4:00 PM
- Agenda 1. Location change of 5/21st Board meeting
 - Agenda 2. Pick date to attend Sunapee Select Board meeting
Either June 1st or June 15th
 - Agenda 3. Pick a June date for next Sullivan County Criminal
Justice Coordinating Committee *6/15/09 9am.*
 - Agenda 4. Finalize FY10 Proposed Budget
 - Agenda 5. Adjourn meeting

*Moved to Aheon building
Sherry check in*

Times reflected on the agenda, other than the start time, are approximate times and depend on the level of participation/discussion for each issue.