



Contact The Comptroller [#98]

Thomas Newton to: bobantonacci, nancycampolito

09/11/2015 04:16 PM

Your Name
(required) Thomas Newton

Your e-mail
Address
(required) tc_newton@yahoo.com

Please enter your message below: FOIL Request: May I get copies of the written budget transfer requests that were made by depts thru Executive Transfer to date in 2105 as well as any budget transfers made by the Co Legislature that we to fund the amphitheater. Thanks

**ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET**

DMB-TRFR FORM (REV. 01/15)

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Division of Purchase

4a. Request By: Sean Carroll

4b. Title: Director of Purchase

4c. Date: 09/04/2015

5. Signature: Sean Carroll

6. Executive ☒ or Legislative ☐

TRANSFER FROM

TRANSFER TO

Department Information

7a. Department/Parent Code # 75

7b. Department/Parent Name Div of Purchase

Program Information

8a. Program Code # 7510100000

8b. Program Name Admin

8c. Fund # 10001

8d. Project Title and Year _____

8e. Project # and Phase _____

Accounting Information

9a. Parent Account Code # 641010

9b. Parent Account Name Salaries

9c. Child Account Code # na

9d. Child Account Name na

Financial Information

10a. Adopted Budget \$1,036,266

10b. Modified Budget \$1,114,540

10c. Projected Balance before this transfer \$661

10d. Amount of Requested Transfer \$661

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Projected salary savings

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Ergonomic chair needed for employee with physical disability

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No net effect

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: ✓ Date: 9/9/15

Approved: ✓ Date: 9/9/15

Adopted: _____ Date: _____

Signature: Tanaka

Signature: [Signature]

Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: 9/14/15

PeopleSoft DOC. NO.: ET15024

INITIALS: KB

**ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET**

DMB-TRFR FORM (REV. 01/15)

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Onondaga County Department of Transportation

4a. Request By: Thomas Gottstein 4b. Title: Sr. Management Analyst

4c. Date: 8/26/2015

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

	<u>TRANSFER FROM</u>	<u>TRANSFER TO</u>
<u>Department Information</u>		
7a. Department/Parent Code #	<u>9320000000</u>	<u>9320000000</u>
7b. Department/Parent Name	<u>Road Machinery Fund</u>	<u>Road Machinery Fund</u>
<u>Program Information</u>		
8a. Program Code #	<u>9320000000</u>	<u>9320000000</u>
8b. Program Name	<u>Road Machinery Fund</u>	<u>Road Machinery Fund</u>
8c. Fund #	<u>10009</u>	<u>10009</u>
8d. Project Title and Year		
8e. Project # and Phase		
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>693000</u>	<u>694100</u>
9b. Parent Account Name	<u>Supplies and Materials</u>	<u>All Other Expenses</u>
9c. Child Account Code #	<u>650420</u>	<u>668500</u>
9d. Child Account Name	<u>Gasoline</u>	<u>All Other Expenses</u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>\$2,504,122</u>	<u>\$44,915</u>
10b. Modified Budget	<u>\$2,511,264</u>	<u>\$44,915</u>
10c. Projected Balance before this transfer	<u>\$694,517</u>	<u>-\$7,500</u>
10d. Amount of Requested Transfer	<u>\$7,500</u>	<u>\$7,500</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Fuel Costs and usage have been less than budgeted throughout the year.

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Increased contractual costs for rubbish removal and laundry services.

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

This request will have no operating budget impact.

<u>MANAGEMENT & BUDGET</u>	<u>COUNTY EXECUTIVE</u>	<u>LEGISLATURE</u>
Approved: <u>[Signature]</u> Date: <u>9/1/15</u>	Approved: <u>[Signature]</u> Date: <u>9/2/15</u>	Adopted: _____ Date: _____
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: _____
<u>COMPTROLLER CERTIFICATION</u>		
DATE POSTED: <u>9/3/15</u>	PeopleSoft DOC. NO.: <u>EN5023</u>	INITIALS: <u>KB</u>

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Information Technology

4a. Request By: Kevin Sexton 4b. Title: CIO 4c. Date: 08.19.15

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

	TRANSFER FROM	TRANSFER TO
<u>Department Information</u>		
7a. Department/Parent Code #	<u>27</u>	<u>27</u>
7b. Department/Parent Name	<u>IT</u>	<u>IT</u>
<u>Program Information</u>		
8a. Program Code #	<u>2750000000</u>	<u>2750000000</u>
8b. Program Name	<u>IT Administration</u>	<u>IT Administration</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year	<u></u>	<u></u>
8e. Project # and Phase	<u></u>	<u></u>
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>641010</u>	<u>641030</u>
9b. Parent Account Name	<u>Salaries</u>	<u>Other Employee Wages</u>
9c. Child Account Code #	<u></u>	<u></u>
9d. Child Account Name	<u></u>	<u></u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>4,653,464</u>	<u>0</u>
10b. Modified Budget	<u>4,653,464</u>	<u>7,500</u>
10c. Projected Balance before this transfer	<u>291,638</u>	<u>(3,918)</u>
10d. Amount of Requested Transfer	<u>4,500</u>	<u>4,500</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Due to retirements, there is surplus funds in the 641010

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Temporary help to cover front desk phones and website site support

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No net impact

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: ☒ Date: 8/24/15 Approved: ☒ Date: 8/28/15 Adopted: ☐ Date:
Signature: [Signature] Signature: [Signature] Signature:

COMPTROLLER CERTIFICATION

DATE POSTED: 8/31/15 PeopleSoft DOC. NO.: ET15022 INITIALS: KB

(21)

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Finance

4a. Request By: Jason Dean

4b. Title: Deputy Director of Financial Operations

4c. Date: 08/06/2015

5. Signature: 

6. Executive ☒ or Legislative ☐

	TRANSFER FROM	TRANSFER TO
<u>Department Information</u>		
7a. Department/Parent Code #	<u>39</u>	<u>39</u>
7b. Department/Parent Name	<u>Finance</u>	<u>Finance</u>
<u>Program Information</u>		
8a. Program Code #	<u>3930100000</u>	<u>3930100000</u>
8b. Program Name	<u>Financial Operations</u>	<u>Financial Operations</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year		
8e. Project # and Phase		
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>641010</u>	<u>641030</u>
9b. Parent Account Name	<u>Salaries</u>	<u>Other Empl Wages</u>
9c. Child Account Code #		
9d. Child Account Name		
<u>Financial Information</u>		
10a. Adopted Budget	<u>\$4,568,314</u>	<u>\$71,682</u>
10b. Modified Budget	<u>\$4,560,814</u>	<u>\$71,682</u>
10c. Projected Balance before this transfer	<u>\$30,000</u>	<u>(\$26,321)</u>
10d. Amount of Requested Transfer	<u>\$30,000</u>	<u>\$30,000</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Projected salary savings

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Intern (seasonal aide) support needed for special projects

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No net effect

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved:  Date: 8/10/15

Approved:  Date: 8/13/15

Adopted: _____ Date: _____

Signature: 

Signature: 

Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: _____

PeopleSoft DOC. NO.: _____

INITIALS: _____

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Division of Purchase

4a. Request By: Sean Carroll

4b. Title: Director of Purchase

4c. Date: 08/03/2015

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

TRANSFER FROM

TRANSFER TO

Department Information

7a. Department/Parent Code #

75

75

7b. Department/Parent Name

Div of Purchase

Div of Purchase

Program Information

8a. Program Code #

7510100000

7510100000

8b. Program Name

Admin

Admin

8c. Fund #

10001

10001

8d. Project Title and Year

8e. Project # and Phase

Accounting Information

9a. Parent Account Code #

641010

641030

9b. Parent Account Name

Salaries

Other Empl Wages

9c. Child Account Code #

na

na

9d. Child Account Name

na

na

Financial Information

10a. Adopted Budget

\$1,036,266

\$15,709

10b. Modified Budget

\$1,028,766

\$15,709

10c. Projected Balance before this transfer

\$30,204

(\$20,886)

10d. Amount of Requested Transfer

\$20,886

\$20,886

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Projected salary savings

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Temporary staff and interns needed to support various Purchasing projects

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No net effect

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: ☒

Date: 8/4/15

Approved: ☒

Date: 8/5/15

Adopted: ☐

Date:

Signature: [Signature]

Signature: [Signature]

Signature:

COMPTROLLER CERTIFICATION

DATE POSTED: 8/5/15

PeopleSoft DOC. NO.: ET15020

INITIALS: KB

1. Requesting Department: <u>Emergency Communications</u>			
2a. Requested By: <u>William R. Bleyle</u>		2b. (Title) <u>Commissioner</u>	
3. Signature <u>[Signature]</u>		2c. (Date) <u>07/20/15</u>	
		TRANSFER FROM	
		TRANSFER TO	
4. Executive <u>X</u> or Legislative <u> </u>	FIRST ACCOUNT	SECOND ACCOUNT	ONE ACCOUNT ONLY
5. Department Organizational Code #	<u>3420000000</u>		<u>3420000000</u>
6. Department Org. Code Title	<u>Emerg Communic</u>		<u>Emerg Communic</u>
7. Index (Speed Type) Code #	<u>305020</u>		<u>305020</u>
8. Parent Account Code #	<u>A641010</u>		<u>A641030</u>
9. Parent Account Code Title	<u>Regular Salaries</u>		<u>Temporary Wages</u>
10. Child Account Code #	<u>A641010</u>		<u>A641030</u>
11. Project Number	<u>n/a</u>		<u>n/a</u>
12. Project Title and Year	<u>n/a</u>		<u>n/a</u>
13. Adopted Budget	<u>7,304,122</u>		<u>50,000</u>
14. Budget as Modified	<u>7,304,122</u>		<u>50,000</u>
15. Projected Balance	<u>292,264</u>		<u>(62,359)</u>
16. Amount of Requested Transfer	<u>62,359</u>		<u>62,359</u>

17. **TRANSFER FROM:** Provide an explanation for the availability of surplus funds:
The projected surplus in this account is caused by vacancies due to staff shortages thus far during 2015.

18. a) **TRANSFER TO:** State the purpose for the request of additional funds. Why is this additional request necessary?
Hours worked by employees on the Temporary payroll have been greater than budgeted. Hours worked by employees on the 103 payroll are available on an as needed basis to fill 9-1-1 Center hours that would normally be filled using overtime, paid at the rate of time and a half. For this reason hours worked on the 103 payroll represent a savings for the County.

18. b) State how this request will directly affect either your department's budget and/or programs/services or another department's budget.
This transfer will not effect other department's budgets and will allow this Department to make the best use of our assigned resources.

MANAGEMENT & BUDGET		COUNTY EXECUTIVE		LEGISLATURE	
Approved: <u>[Signature]</u>	Date: <u>7/23/15</u>	Approved: <u>[Signature]</u>	Date: <u>7/28/15</u>	Adopted: <u> </u>	Date: <u> </u>
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Resolution #: <u> </u>	

COMPROLLER CERTIFICATION		
POSTED ON: <u>7/29/15</u>	PeopleSoft DOC. NO. <u>ET 15019</u>	INITIALS <u>KB</u>
(DATE)		

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Health Department

4a. Request By: Kristi Smiley

4b. Title: Administrative Officer

4c. Date: 07/07/2015

5. Signature: Kristi Smiley

6. Executive ☒ or Legislative ☐

TRANSFER FROM

TRANSFER TO

Department Information

7a. Department/Parent Code #

43510200000

43510200000

7b. Department/Parent Name

Medical Examiner

Medical Examiner

Program Information

8a. Program Code #

43510200000

4351020100

8b. Program Name

Medical Examiner's Office

Medical Examiner's Office

8c. Fund #

10001

10001

8d. Project Title and Year

8e. Project # and Phase

Accounting Information

9a. Parent Account Code #

641010

641030

9b. Parent Account Name

Regular Employees Salaries

Other Employee Wages

9c. Child Account Code #

641010

641030

9d. Child Account Name

Regular Employees Salaries

Other Employee Wages

Financial Information

10a. Adopted Budget

1,999,169

0

10b. Modified Budget

1,838,646

0

10c. Projected Balance before this transfer

118,166

0

10d. Amount of Requested Transfer

22,000

22,000

11. TRANSFER FROM: **Provide an explanation for the availability of surplus funds.**

Funds are available as result of additional salary savings realized in the department as well as a forensic investigator going out on unpaid maternity leave.

12. TRANSFER TO: **State the purpose for the request of additional funds. Why is this additional request necessary?**

Funds are needed for a Seasonal Aide (rate of \$8.75/hr, 30 hrs a week for approximately 15 wks) and a Forensic Investigator (Grade 10 step A, 40hrs per week for approximately 19 wks). The requested Forensic Investigator will be taking over the caseload for an existing Investigator who will be out on Maternity leave for approximately 23 weeks.

13. NET EFFECT: **State how this request will directly affect either your department's budget and/or programs/services or other department's budget.**

This transfer will allow the Medical Examiner's Office to accomplish several special projects and prevent a backlog of cases and an increase in overtime, it has no negative budget implication.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: ✓ Date: 7/21/15

Approved: ✓ Date: 7/23/15

Adopted: _____ Date: _____

Signature: N. Smith

Signature: Andy

Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: 7/24/15

PeopleSoft DOC. NO.: ET15018

INITIALS: KB

**ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET**

DMB-TRFR FORM (REV. 01/15)

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Finance Department

4a. Request By: Steve Morgan 4b. Title: CFO 4c. Date: 6.23.2015

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

	<u>TRANSFER FROM</u>	<u>TRANSFER TO</u>
<u>Department Information</u>		
7a. Department/Parent Code #	<u>2365150000</u>	<u>0200000000</u>
7b. Department/Parent Name	<u>County General</u>	<u>Authorized Agency-Human Services</u>
<u>Program Information</u>		
8a. Program Code #	<u>2365150000</u>	<u>0200000000</u>
8b. Program Name	<u>County General</u>	<u>Authorized Agency-Human Services</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year	<u></u>	<u></u>
8e. Project # and Phase	<u></u>	<u></u>
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>694100</u>	<u>695700</u>
9b. Parent Account Name	<u>All Other Expenses</u>	<u>Contractual Expenses</u>
9c. Child Account Code #	<u>665000</u>	<u>658560</u>
9d. Child Account Name	<u>All Other Expenses</u>	<u>Contractual Expenses</u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>81,916</u>	<u></u>
10b. Modified Budget	<u>90,116</u>	<u></u>
10c. Projected Balance before this transfer	<u>82,616</u>	<u></u>
10d. Amount of Requested Transfer	<u>7,500</u>	<u>\$7,500</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Membership expenses for 2015 are projected to be less than anticipated in the adopted budget.

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

The request for funding is to support the agency mission of community revitalization efforts by providing services to foster economic development.

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

There is no adverse impact on the budget.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: [Signature] Date: 6/25/15 Approved: [Signature] Date: 6/30/15 Adopted: Date:

Signature: [Signature] Signature: [Signature] Signature:

COMPTROLLER CERTIFICATION

DATE POSTED: 7/1/15 PeopleSoft DOC. NO.: ET15017 INITIALS: KB

Fm 6/30/15

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☒ NO ☐

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

119

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Legislature

4a. Request By: J. Ryan McMahon

4b. Title: Chairman

4c. Date: 6/9/15

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

Department Information

7a. Department/Parent Code #

2500000000

7b. Department/Parent Name

Legislature

TRANSFER TO

0300000000

Authorized Agencies-Financial Physical

Program Information

8a. Program Code #

2500000000

8b. Program Name

8c. Fund #

8d. Project Title and Year

8e. Project # and Phase

0300000000

Accounting Information

9a. Parent Account Code #

666500

9b. Parent Account Name

Contingent

9c. Child Account Code #

9d. Child Account Name

695700

Contractual Exp. non gov't

658560

Contractual Expense

Financial Information

10a. Adopted Budget

690,070

10b. Modified Budget

584,070

10c. Projected Balance before this transfer

0

10d. Amount of Requested Transfer

7,500

0

0

(7,500)

7,500

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Few expenditures made to date.

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Tourism incentive funds were allocated in the legislature's 2015 budget. Payment shall be made to the Skaneateles Lake Association. This funding will be used to purchase a motor for a pontoon boat used for maintenance and prevention of invasive species by use of benthic matting. The clear water of Skaneateles Lake is a tourism draw supporting ROT and sales tax.

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No effect.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: ☒ Date: 6/17/15

Approved: ☐ Date: 6/18/15

Adopted: ☐ Date: ☐

Signature: [Signature]

Signature: [Signature]

Signature: ☐

COMPTROLLER CERTIFICATION

DATE POSTED: 6/19/15

PeopleSoft DOC. NO.: ET15016 INITIALS: KB

**ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET**

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

TRANSFER REQUEST FORM

3. Requesting Department Name: Finance - Management & Budget

4a. Request By: Matt Campbell 4b. Title: Admin. Intern 4c. Date: 6/10/2015

5. Signature: *Matt Campbell*

6. Executive ☒ or Legislative ☐

	TRANSFER FROM	TRANSFER TO
<u>Department Information</u>		
7a. Department/Parent Code #	<u>3900000000</u>	<u>3900000000</u>
7b. Department/Parent Name	<u>Finance</u>	<u>Finance</u>
<u>Program Information</u>		
8a. Program Code #	<u>3910200000</u>	<u>3910200000</u>
8b. Program Name	<u>Treasury</u>	<u>Treasury</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year	<u></u>	<u></u>
8e. Project # and Phase	<u></u>	<u></u>
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>694010</u>	<u>694100</u>
9b. Parent Account Name	<u>Travel/Training</u>	<u>All Other Expense</u>
9c. Child Account Code #	<u>664050</u>	<u>665000</u>
9d. Child Account Name	<u>Program Travel Expense</u>	<u>All Other Expense</u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>\$3790.00</u>	<u>\$3119.00</u>
10b. Modified Budget	<u>\$3790.00</u>	<u>\$3119.00</u>
10c. Projected Balance before this transfer	<u>\$3000.00</u>	<u>(\$134)</u>
10d. Amount of Requested Transfer	<u>\$134.00</u>	<u>\$134.00</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

The Travel/Training account typically pays for travel to New York City for meetings with the Ratings Agencies. The agencies came here this year, so no travel to NYC was necessary.

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

We are using more expensive laser check stock this year, which requires slightly more funds to cover the cost than what was budgeted. The budget was calculated based on the previous less expensive laser check stock.

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

None

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: *[Signature]* Date: 6/10/15 Approved: *[Signature]* Date: 6/17/15 Adopted: Date:
Signature: *[Signature]* Signature: *[Signature]* Signature:

COMPTROLLER CERTIFICATION

DATE POSTED: 6/16/15 PeopleSoft DOC. NO.: BT15015 INITIALS: KB

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Onondaga County Public Library

4a. Request By: Matt DeLaney 4b. Title: Administrative Director 4c. Date: 6/8/15

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

	TRANSFER FROM	TRANSFER TO
<u>Department Information</u>		
7a. Department/Parent Code #	<u>65</u>	<u>65</u>
7b. Department/Parent Name	<u>OCPL</u>	<u>OCPL</u>
<u>Program Information</u>		
8a. Program Code #	<u>6520000000</u>	<u>6520000000</u>
8b. Program Name	<u>System Support</u>	<u>System Support</u>
8c. Fund #	<u>20015</u>	<u>20015</u>
8d. Project Title and Year	<u></u>	<u></u>
8e. Project # and Phase	<u></u>	<u></u>
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>694130</u>	<u>671500</u>
9b. Parent Account Name	<u>Maint, Utilities, and Rent</u>	<u>Automotive Equipment Bud & Expense</u>
9c. Child Account Code #	<u>663480</u>	<u></u>
9d. Child Account Name	<u>Telephone Communications</u>	<u></u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>1,068,434</u>	<u>28,000</u>
10b. Modified Budget	<u>1,105,490</u>	<u>54,245</u>
10c. Projected Balance before this transfer	<u>6,000</u>	<u>(6,000)</u>
10d. Amount of Requested Transfer	<u>6,000</u>	<u>6,000</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

After planning the 2015 budget, we accrued credits for 2015 from one of our vendors (OCLC) for cataloging services that we had not anticipated. As a result, our projected costs for 2015 are lower than budgeted.

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

The model of vans that we planned to purchase in 2015 are no longer available and the cost of the new models are \$29,218.50 and \$30,775.50 for a total cost of \$59,994. Vehicle - 2015 Chevy Express Cargo Van.

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

This purchase will complete the cycle of replacing OCPL's delivery vans, which are used for delivering library books and materials to 32 libraries throughout Onondaga County on a daily basis. Over 2.8 million items are delivered annually throughout the system.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: [Signature] Date: 6/11/15 Approved: [Signature] Date: 6/15/15 Adopted: Date:

Signature: [Signature] Signature: [Signature] Signature:

COMPTROLLER CERTIFICATION

DATE POSTED: 6/15/15 PeopleSoft DOC. NO.: ET15014 INITIALS: KB

13

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Audit & Control

4a. Request By: James Maturo

4b. Title: Deputy Comptroller

4c. Date: 6/5/15

5. Signature: _____

6. Executive ☒ or Legislative ☐

Department Information

7a. Department/Parent Code #

1320000000

1320000000

7b. Department/Parent Name

Accounting Division

Accounting Division

Program Information

8a. Program Code #

1320060000

1320060000

8b. Program Name

Acct Div Admin

Acct Div Admin

8c. Fund #

10001

10001

8d. Project Title and Year

NA

NA

8e. Project # and Phase

NA

NA

Accounting Information

9a. Parent Account Code #

641010

641030

9b. Parent Account Name

9c. Child Account Code #

641010

641030

9d. Child Account Name

Reg Employee Salaries

Other Employee Wages

Financial Information

10a. Adopted Budget

1,238,622.00

2,500.00

10b. Modified Budget

1,238,622.00

2,500.00

10c. Projected Balance before this transfer

5,000.00

(3,500.00)

10d. Amount of Requested Transfer

3,500.00

3,500.00

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Funds available due to salary savings

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Additional funds needed to pay seasonal aides for the summer

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No effect on total budget.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: ☒

Date: 6/8/15

Approved: ☒

Date: 6/17/15

Adopted: _____

Date: _____

Signature: [Signature]

Signature: [Signature]

Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: 6/16/15

PeopleSoft DOC. NO.: BT15013

INITIALS: KB

COUNTY OF ONONDAGA
DIVISION OF MANAGEMENT & BUDGET
TRANSFER REQUEST FORM

BUDGET YEAR 2015

1. Requesting Department: Onondaga County Public Library

2a. Requested By: Susan Mitchell

2b. (Title) Executive Director

2c. (Date) 05/19/2015

3. Signature Susan Mitchell

TRANSFER FROM

TRANSFER TO

4. Executive x or Legislative

FIRST ACCOUNT

SECOND ACCOUNT

ONE ACCOUNT ONLY

5. Department Organizational Code #

6510100000

6510100000

6. Department Org. Code Title

Central Library

Central Library

7. Index (Speed Type) Code #

390114

390114

8. Parent Account Code #

641010

694080

9. Parent Account Code Title

Reg Empl Sal

Professional Svcs

10. Child Account Code #

n/a

664800

11. Project Number

n/a

Fees for Services

12. Project Title and Year

n/a

n/a

13. Adopted Budget

\$4,414,425

\$92,226

14. Budget as Modified

\$4,414,425

\$92,226

15. Projected Balance

\$66,257

(\$7,500)

16. Amount of Requested Transfer

\$7,500

\$7,500

17. TRANSFER FROM: Provide an explanation for the availability of surplus funds:

Salary savings due to vacancies

18. a) TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

To support expenses related to the knowledge transfer from retired Admin Director

18. b) State how this request will directly affect either your department's budget and/or programs/services or another department's budget.

No net effect

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: [Signature] Date: 6/1/15

Approved: [Signature] Date: 6/2/15

Adopted: Date:

Signature: [Signature]

Signature: [Signature]

Resolution #:

COMPTROLLER CERTIFICATION

POSTED ON: 6/3/15
(DATE)

PeopleSoft DOC. NO. ET15012

INITIALS KB

COUNTY OF ONONDAGA
DIVISION OF MANAGEMENT & BUDGET
TRANSFER REQUEST FORM

BUDGET YEAR 2015

1. Requesting Department: Planning

2a. Requested By: Don Jordan 2b. (Title) Deputy Planning Director 2c. (Date) 05/07/15

3. Signature [Signature] TRANSFER FROM TRANSFER TO

4. Executive X or Legislative _____ FIRST ACCOUNT SECOND ACCOUNT ONE ACCOUNT ONLY

5. Department Organizational Code # 8720100000 8720200000

6. Department Org. Code Title SOCPA Admin County Planning

7. Index (Speed Type) Code # 260100 260158

8. Parent Account Code # 641010 694010

9. Parent Account Code Title Reg Empl Sal Travel/Training

10. Child Account Code # _____ 664050

11. Project Number _____

12. Project Title and Year _____

13. Adopted Budget \$1,085,313 \$0

14. Budget as Modified \$1,085,313 \$0

15. Projected Balance \$45,111 (\$2,500)

16. Amount of Requested Transfer \$2,500 \$2,500

17. TRANSFER FROM: Provide an explanation for the availability of surplus funds:

Salary savings from vacant Director position

18. a) TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

To support expenses related to APA Northeast Planning Conference on June 25-26, 2015

18. b) State how this request will directly affect either your department's budget and/or programs/services or another department's budget.

No net effect

MANAGEMENT & BUDGET	COUNTY EXECUTIVE	LEGISLATURE
Approved: <u>X</u> Date: <u>5/19/15</u>	Approved: <u>✓</u> Date: <u>5/15/15</u>	Adopted: _____ Date: _____
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Resolution #: _____

POSTED ON: 5/19/15 (DATE)

COMPROLLER CERTIFICATION

PeopleSoft DOC. NO. ET15011 INITIALS KB

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☐

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Audit & Control

4a. Request By: Kirk Schanzenbach

4b. Title: Deputy comptroller/Audit

4c. Date: 5/7/15

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

TRANSFER FROM

TRANSFER TO

Department Information

7a. Department/Parent Code #

1330000000

1330000000

7b. Department/Parent Name

Audit Division

Audit Division

Program Information

8a. Program Code #

8b. Program Name

8c. Fund #

10001

10001

8d. Project Title and Year

8e. Project # and Phase

Accounting Information

9a. Parent Account Code #

402046 641010

402046 641010

9b. Parent Account Name

9c. Child Account Code #

641010

664050

9d. Child Account Name

Reg Employee Salaries

Training

Financial Information

10a. Adopted Budget

512672.00

900.00

10b. Modified Budget

512672.00

900.00

10c. Projected Balance before this transfer

387817.19

839.62

10d. Amount of Requested Transfer

1500.00

1500.00

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Auditor 1 position vacant for 6 months

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Fraud training for accounting and auditing staff.

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No effect on total budget.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: [Signature]

Date: 5/7/15

Approved: [Signature]

Date: 5/11/15

Adopted: _____

Date: _____

Signature: [Signature]

Signature: [Signature]

Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: 5/12/15

PeopleSoft DOC. NO.: ET15010

INITIALS: KB

COUNTY OF ONONDAGA
DIVISION OF MANAGEMENT & BUDGET
TRANSFER REQUEST FORM

BUDGET YEAR 2015

1. Requesting Department: Law

2a. Requested By: Lori Tarolli, Esq.

2b. (Title) Acting County Attorney

2c. (Date) 4-28-15

3. Signature [Signature]

TRANSFER FROM

TRANSFER TO

4. Executive X or Legislative

FIRST ACCOUNT

SECOND ACCOUNT

ONE ACCOUNT ONLY

5. Department Organizational Code #

4710200000

4710200000

6. Department Org. Code Title

Family Court

Family Court

7. Index (Speed Type) Code #

210120

210120

8. Parent Account Code #

641010

641030

9. Parent Account Code Title

Total Salaries

Temporary Payroll

10. Child Account Code #

641010

641030

11. Project Number

N/A

N/A

12. Project Title and Year

N/A

N/A

13. Adopted Budget

\$887,081.00

\$2,500.00

14. Budget as Modified

\$887,081.00

\$2,500.00

15. Projected Balance

\$15,086.00

\$0.00

16. Amount of Requested Transfer

\$3,750.00

\$3,750.00

17. TRANSFER FROM: Provide an explanation for the availability of surplus funds:
Vacant positions were not immediately filled.

18. a) TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?
Requesting funds be transferred into a 103 Account to hire 4 Seasonal Aides for the summer.

18. b) State how this request will directly affect either your department's budget and/or programs/services or another department's budget.
We expect this to have no adverse effect on our budget.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: [Signature] Date: 5/11/15

Approved: [Signature] Date: 5/15/15

Adopted: _____ Date: _____

Signature: [Signature]

Signature: [Signature]

Resolution #: _____

COMPTROLLER CERTIFICATION

POSTED ON: 5/15/15
(DATE)

PeopleSoft DOC. NO. ET15009

INITIALS KB

COUNTY OF ONONDAGA
DIVISION OF MANAGEMENT & BUDGET
TRANSFER REQUEST FORM

BUDGET YEAR 2015

1. Requesting Department: Law

2a. Requested By: Lori Tarolli, Esq. 2b. (Title) Acting County Attorney 2c. (Date) 4-28-15

3. Signature [Signature] TRANSFER FROM TRANSFER TO

4. Executive <u>X</u> or Legislative	FIRST ACCOUNT	SECOND ACCOUNT	ONE ACCOUNT ONLY
5. Department Organizational Code #	<u>4710200000</u>		<u>4710300000</u>
6. Department Org. Code Title	<u>Family Court</u>		<u>Municipal</u>
7. Index (Speed Type) Code #	<u>210120</u>		<u>210138</u>
8. Parent Account Code #	<u>641010</u>		<u>641030</u>
9. Parent Account Code Title	<u>Total Salaries</u>		<u>Temporary Payroll</u>
10. Child Account Code #	<u>641010</u>		<u>641030</u>
11. Project Number	<u>N/A</u>		<u>N/A</u>
12. Project Title and Year	<u>N/A</u>		<u>N/A</u>
13. Adopted Budget	<u>\$887,081.00</u>		<u>\$2,500.00</u>
14. Budget as Modified	<u>\$887,081.00</u>		<u>\$2,500.00</u>
15. Projected Balance	<u>\$15,086.00</u>		<u>\$0.00</u>
16. Amount of Requested Transfer	<u>\$3,750.00</u>		<u>\$3,750.00</u>

17. TRANSFER FROM: Provide an explanation for the availability of surplus funds:
Vacant positions were not immediately filled.

18. a) TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?
Requesting funds be transferred into a 103 Account to hire 4 Seasonal Aides for the summer.

18. b) State how this request will directly affect either your department's budget and/or programs/services or another department's budget.
We expect this to have no adverse effect on our budget.

MANAGEMENT & BUDGET	COUNTY EXECUTIVE	LEGISLATURE
Approved: <u>[Signature]</u> Date: <u>5/11/15</u>	Approved: <u>[Signature]</u> Date: <u>5/11/15</u>	Adopted: _____ Date: _____
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Resolution #: _____

30124771-2 6/15/15

COMPROLLER CERTIFICATION

POSTED ON: 5/5/15 (DATE)

PeopleSoft DOC. NO. ET15008 INITIALS KB

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Emergency Management

4a. Request By: Joe Rinefield

4b. Title: Director of Emergency Management Fire Bureau

4c. Date: 4/16/2015

5. Signature: Joseph W. Rinefield

6. Executive ☒ or Legislative ☐

	TRANSFER FROM	TRANSFER TO
<u>Department Information</u>		
7a. Department/Parent Code #	<u>38</u>	<u>38</u>
7b. Department/Parent Name	<u>Emergency Management</u>	<u>Emergency Management</u>
<u>Program Information</u>		
8a. Program Code #	<u>3810000000</u>	<u>3810000000</u>
8b. Program Name	<u>Emergency Management Admin</u>	<u>Emergency Management Admin</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year	<u>na</u>	<u>na</u>
8e. Project # and Phase	<u>na</u>	<u>na</u>
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>641010</u>	<u>694100</u>
9b. Parent Account Name	<u>Regular Salary Employees</u>	<u>All Other Expenses</u>
9c. Child Account Code #	<u>na</u>	<u>665000</u>
9d. Child Account Name	<u>na</u>	<u>All Other Expenses</u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>405,979</u>	<u>1,825</u>
10b. Modified Budget	<u>405,979</u>	<u>1,825</u>
10c. Projected Balance before this transfer	<u>18,000</u>	<u>-1,200</u>
10d. Amount of Requested Transfer	<u>1,200</u>	<u>1,200</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Surplus in 641010 account due to vacancy of the Commissioner of Emergency Management position

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

Deficit in 665000 due to the need of advertisement to fill the Commissioner of Emergency Management position

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

no net effect

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: ✓ Date: 4/24/15

Approved: ✓ Date: 4/28/15

Adopted: _____ Date: _____

Signature: [Signature]

Signature: [Signature]

Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: 4/28/15

PeopleSoft DOC. NO.: ET150060

INITIALS: KB

**ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET**

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

TRANSFER REQUEST FORM

3. Requesting Department Name: Financial Operations

4a. Request By: Jason Dean 4b. Title: Deputy Dir Fin Ops 4c. Date: 3/30/15

5. Signature: 

6. Executive ☒ or Legislative ☐

	<u>TRANSFER FROM</u>	<u>TRANSFER TO</u>
<u>Department Information</u>		
7a. Department/Parent Code #	<u>39</u>	<u>39</u>
7b. Department/Parent Name	<u>Finance Dept</u>	<u>Finance Dept</u>
<u>Program Information</u>		
8a. Program Code #	<u>3930100000</u>	<u>3930100000</u>
8b. Program Name	<u>Financial Operations</u>	<u>Financial Operations</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year	<u>na</u>	<u>na</u>
8e. Project # and Phase	<u>na</u>	<u>na</u>
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>641010</u>	<u>694130</u>
9b. Parent Account Name	<u>Reg Empl Salaries</u>	<u>Maint, Util, Rents</u>
9c. Child Account Code #	<u>na</u>	<u>663470</u>
9d. Child Account Name	<u>na</u>	<u>Rents</u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>4,568,314</u>	<u>16,844</u>
10b. Modified Budget	<u>4,568,314</u>	<u>19,069</u>
10c. Projected Balance before this transfer	<u>7,500</u>	<u>(7,500)</u>
10d. Amount of Requested Transfer	<u>7,500</u>	<u>7,500</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.
Salary Savings

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?
For copier expense in Financial Operations

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.
No net effect.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved:  Date: 4/8/15 Approved:  Date: 4/13/15 Adopted: _____ Date: _____
Signature: _____ Signature: _____ Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: 4/14/15 PeopleSoft DOC. NO.: ET15005 INITIALS: KB

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Office of Environment

4a. Request By: Travis Glazier

4b. Title: Environment Director

4c. Date: 3/13/15

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

	TRANSFER FROM	TRANSFER TO
<u>Department Information</u>		
7a. Department/Parent Code #	<u>3600000000</u>	<u>3600000000</u>
7b. Department/Parent Name	<u>Office of Environment</u>	<u>Office of Environment</u>
<u>Program Information</u>		
8a. Program Code #	<u>3600000000</u>	<u>3600000000</u>
8b. Program Name	<u>Office of Environment</u>	<u>Office of Environment</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year	<u>n/a</u>	<u>n/a</u>
8e. Project # and Phase	<u>n/a</u>	<u>n/a</u>
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>641010</u>	<u>694130</u>
9b. Parent Account Name	<u>Regular Salaries</u>	<u>Maint, Utilities and Rents</u>
9c. Child Account Code #	<u>n/a</u>	<u>663480</u>
9d. Child Account Name	<u>n/a</u>	<u>Telecommunications</u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>100,343</u>	<u>0</u>
10b. Modified Budget	<u>100,343</u>	<u>0</u>
10c. Projected Balance before this transfer	<u>80,000</u>	<u>0</u>
10d. Amount of Requested Transfer	<u>800</u>	<u>800</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

New Environmental Director started at lower grade than previous incumbent

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

For County issued cell phone

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

no net affect

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: [Signature] Date: 3/13/15

Approved: [Signature] Date: 3/17/15

Adopted: _____ Date: _____

Signature: [Signature]

Signature: [Signature]

Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: 3/17/15

PeopleSoft DOC. NO.: ET15004

INITIALS: KB

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Emergency Management

4a. Request By: Joe Rinefield

4b. Title: Director of EM Fire Bureau

4c. Date: 3-11-15

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

	TRANSFER FROM	TRANSFER TO
<u>Department Information</u>		
7a. Department/Parent Code #	<u>3800000000</u>	<u>3800000000</u>
7b. Department/Parent Name	<u>Emergency Management</u>	<u>Emergency Management</u>
<u>Program Information</u>		
8a. Program Code #	<u>3830000000</u>	<u>3830000000</u>
8b. Program Name	<u>Emergency Medical Svcs</u>	<u>Emergency Medical Svcs</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year	<u>n/a</u>	
8e. Project # and Phase	<u>n/a</u>	
<u>Accounting Information</u>		
9a. Parent Account Code #	<u>694080</u>	<u>693000</u>
9b. Parent Account Name	<u>Professional Svcs</u>	<u>Supplies and Materials</u>
9c. Child Account Code #	<u>664800</u>	<u>650010</u>
9d. Child Account Name	<u>Fees for Service</u>	<u>Books, Office Supplies</u>
<u>Financial Information</u>		
10a. Adopted Budget	<u>110,000</u>	<u>9,000</u>
10b. Modified Budget	<u>110,000</u>	<u>9,000</u>
10c. Projected Balance before this transfer	<u>30,000</u>	<u>-7,500</u>
10d. Amount of Requested Transfer	<u>7,500</u>	<u>7,500</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

The professional service account acts as a pass through for various services performed throughout the year so for the most part this account is replenished.

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

For an expense the department takes responsibility for as a pass through for CPR training. EM provides CPR cards. This account will act as a pass through for the expense and will be reimbursed throughout the year. Department will not see reimbursement for County Employees. Enough appropriations need to support this and their normal operations.

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No net affect

<u>MANAGEMENT & BUDGET</u>	<u>COUNTY EXECUTIVE</u>	<u>LEGISLATURE</u>
Approved: <u>[Signature]</u> Date: <u>3/26/15</u>	Approved: <u>[Signature]</u> Date: <u>3/31/15</u>	Adopted: _____ Date: _____
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: _____
<u>COMPTROLLER CERTIFICATION</u>		
DATE POSTED: <u>3/31/15</u>	PeopleSoft DOC. NO.: <u>ET15003</u>	INITIALS: <u>KB</u>

1. IS THIS A CONTINGENCY
ACCT. TRANS. REQUEST?
YES ☐ NO ☒

ONONDAGA COUNTY FINANCE DEPARTMENT
DIVISION OF MANAGEMENT & BUDGET

2

DMB-TRFR FORM (REV. 01/15)

2. BUDGET YEAR 2015

TRANSFER REQUEST FORM

3. Requesting Department Name: Division of Purchase

4a. Request By: Sean Carroll 4b. Title: Director of Purchase

4c. Date: 03/05/2015

5. Signature: [Signature]

6. Executive ☒ or Legislative ☐

	TRANSFER FROM	TRANSFER TO
Department Information		
7a. Department/Parent Code #	<u>75</u>	<u>75</u>
7b. Department/Parent Name	<u>Division of Purchase</u>	<u>Division of Purchase</u>
Program Information		
8a. Program Code #	<u>7520200000</u>	<u>7530100000</u>
8b. Program Name	<u>SS Buyers</u>	<u>Contracts</u>
8c. Fund #	<u>10001</u>	<u>10001</u>
8d. Project Title and Year	<u>na</u>	<u>na</u>
8e. Project # and Phase	<u>na</u>	<u>na</u>
Accounting Information		
9a. Parent Account Code #	<u>641010</u>	<u>694080</u>
9b. Parent Account Name	<u>Salaries</u>	<u>Prof Svcs</u>
9c. Child Account Code #	<u>na</u>	<u>664800</u>
9d. Child Account Name	<u>na</u>	<u>Fees for Svcs</u>
Financial Information		
10a. Adopted Budget	<u>1,036,266</u>	<u>0</u>
10b. Modified Budget	<u>1,036,266</u>	<u>0</u>
10c. Projected Balance before this transfer	<u>7,500</u>	<u>(7,500)</u>
10d. Amount of Requested Transfer	<u>7,500</u>	<u>7,500</u>

11. TRANSFER FROM: Provide an explanation for the availability of surplus funds.

Salary Savings

12. TRANSFER TO: State the purpose for the request of additional funds. Why is this additional request necessary?

For professional services provided by Karin Dromgoole for knowledge transfer post-retirement.

13. NET EFFECT: State how this request will directly affect either your department's budget and/or programs/services or other department's budget.

No net effect.

MANAGEMENT & BUDGET

COUNTY EXECUTIVE

LEGISLATURE

Approved: [Signature] Date: 3/6/15

Approved: [Signature] Date: 3/10/15

Adopted: _____ Date: _____

Signature: [Signature]

Signature: [Signature]

Signature: _____

COMPTROLLER CERTIFICATION

DATE POSTED: 3/10/15

PeopleSoft DOC. NO.: ET15002

INITIALS: KB

IS THIS A GENERAL FUND
CONTINGENCY ACCT. TRANS.
REQUEST? YES ___ NO X

COUNTY OF ONONDAGA
DIVISION OF MANAGEMENT & BUDGET
TRANSFER REQUEST FORM

DMB-TRFR FORM (REV. 10/12)

BUDGET YEAR 2015

1. Requesting Department:	<u>Information Technology</u>			
2a. Requested By:	<u>Kevin Sexton</u>	2b. (Title)	<u>CIO</u>	
3. Signature	<u>[Signature]</u>		2c. (Date)	<u>12.31.14</u>
	TRANSFER FROM		TRANSFER TO	
4. Executive <u>X</u> or Legislative	FIRST ACCOUNT	SECOND ACCOUNT	ONE ACCOUNT ONLY	
5. Department Organizational Code #	<u>2750000000</u>		<u>2750000000</u>	
6. Department Org. Code Title	<u>IT Administration</u>		<u>IT Administration</u>	
7. Index (Speed Type) Code #	<u>160005</u>		<u>160005</u>	
8. Parent Account Code #	<u>693000</u>		<u>641030</u>	
9. Parent Account Code Title	<u>Books, Office Supp & Materials</u>		<u>Other Emp Wages</u>	
10. Child Account Code #	<u>650010</u>		<u>641030</u>	
11. Project Number				
12. Project Title and Year				
13. Adopted Budget	<u>250,000</u>		<u>0</u>	
14. Budget as Modified				
15. Projected Balance	<u>250,000</u>		<u>0</u>	
16. Amount of Requested Transfer	<u>7,500</u>		<u>7,500</u>	

17. **TRANSFER FROM:** Provide an explanation for the availability of surplus funds:

As it is the beginning of the year, we will cut back spending in the Supplies Account to fund the temporary help needed to cover the phones during the summer. It will also fund support for our website

18. a) **TRANSFER TO:** State the purpose for the request of additional funds. Why is this additional request necessary?

Temporary help to cover front desk phones and website site support

18. b) State how this request will directly affect either your department's budget and/or programs/services or another department's budget.

No net impact

MANAGEMENT & BUDGET	Legislature COUNTY EXECUTIVE	County Executive LEGISLATURE
Approved: <u>✓</u> Date: <u>1/6/15</u>	Approved: <u>✓</u> Date: <u>1/7/15</u>	Adopted: <u>✓</u> Date: <u>1/7/15</u>
Signature: <u>T. Anderson</u>	Signature: _____	Resolution #: <u>2015-001</u>

1/8/15 GT15001 KB

COMPTROLLER CERTIFICATION