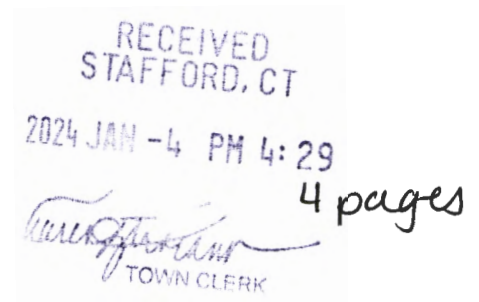


Town of Stafford
Board of Finance
Regular Meeting
Warren Memorial Town Hall
Veteran's Room
January 8, 2024 6:30 PM



AGENDA:

1. Call to order
2. Establish a quorum
3. Approve minutes from December 4, 2023 Regular Meeting
4. Transfers
5. Director of Finance Report
 - FY 2023 Audit Submission
 - Distribution of First Selectman comments on Solar/Geothermal Project
 - Report/Discussion General Fund and BOE FY 2024 Budget/Actual
 - Town of Stafford Financial Policies Discussion
6. Adjournment

TRANSFER REQUEST FORM

Department Name: First Selectman's Office

Fiscal Year: FY 2024

Transfer From Account # 20-02-020-201

Account Name: Useable Cash Surplus

Transfer To Account # 20-998-9998

Account Name: Transfers-out

Total Transfer

Amount- \$2,000

Transfer to newly established Emergency Fund for use by Veterans Organization,

Acct # 54-100-8250

William Morrison

Printed Name: (person requesting transfer)

Signature: (person requesting transfer)

Requires Town Meeting approval per C.G.S. 7-348 Yes- No xx

Date: 12/6/2023

Reviewed by the Board of Selectmen

Date: _____

Approved by Board of Finance

First Selectman

Board of Finance Chairman

TRANSFER REQUEST FORM

Department Name: Building Dep

Fiscal Year: FY 2024

Transfer From Account # 20-270-2030

Account Name: Health Insurance

Department Name: Interest on Long Term Debt

Transfer To Account # 20-481-9350

Account Name: Transfer Agent/Issuance Costs

Transfer Amount – \$4,250

Explanation: To cover annual audit filing fee with EMMA for continuing disclosure for debt service for FY 2022 and FY 2023. Funds available in health insurance due to Zoning Officer vacancy.

Lynn Nenri

Printed Name: (person requesting transfer)

Lynn Nenri

Signature: (person requesting transfer)

Requires Town Meeting approval per C.G.S. 7-348 Yes- No xx

Date: 12-6-2023

Reviewed by the Board of Selectmen

Date: _____

Approved by Board of Finance

First Selectman

Board of Finance Chairman

TRANSFER REQUEST FORM

Department Name: Treasurer

Fiscal Year: FY 2024

Transfer From Account # 20-170-2030

Account Name: Health Insurance

Transfer To Account # 20-170-1100

Account Name: Salary/Administrative

Transfer Amount – \$14,500

Explanation: To cover projected shortfall in Finance Director position and approximate 2 week overlap for orientation. Funds available in health insurance due to vacancy in permanent position.

Lynn Nenni

Printed Name: (person requesting transfer)

Lynn Nenni
Signature: (person requesting transfer)

Requires Town Meeting approval per C.G.S. 7-348 Yes- No xx

Date: 12-6-2023
Reviewed by the Board of Selectmen

Date: _____
Approved by Board of Finance

First Selectman

Board of Finance Chairman