

Health Services Committee
Mental Health Services

AGENDA

11/21/16

Committee Members:

- Chairman Sokol
- Supervisor Simpson
- Supervisor Seeber
- Supervisor Frasier
- Supervisor Strough
- Supervisor Vanselow
- Supervisor McDevitt
- Supervisor MacDonald
- Supervisor Braymer

I. Action Agenda/New Business

1. Request to reappoint Kimberly Brayton, JD, PhD, Queensbury resident, to the Warren County Community Services Board (term: 1/1/2017 – 12/31/2020).
2. Requests to approve 2017 contracts with community mental health, substance abuse and developmental disability services provider agencies, consistent with amounts approved in the 2017 Warren County budget.
3. Request for budget amendments to move existing 100% State Aid funding (up to \$77,000) between contract agencies, to maximize State Aid allocation and to prevent deficit at Warren-Washington Association for Mental Health's outpatient mental health clinic.

II. Motion to adjourn

Attachments:
Resolution Requests

RESOLUTION REQUEST FORM NO. 1

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

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

DEPARTMENT NAME: Mental Health

DATE: 11/21/16

- (a) Name of Appointee: **Kimberly Brayton, JD, Ph.D.**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #18 of 2013.**
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
- (e) Address of Appointee: **Queensbury, NY**
- (f) Title of Appointment: **Warren County Community Services Board**
- (g) Effective Date of Appointment: **1/1/2017**
- (h) Termination Date of Appointment: **12/31/2020**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Mental Health**

DATE: 11/21/2016

- (a) Is this a Result of a Bid or Request for Proposal? **Yes -- Parsons Child and Family Center and PEOPLE, Inc. No for the remainder, which are authorized by the Warren County Community Services Board.**
- (b) Purpose of Contract: **To provide community mental health services pursuant to provisions of NYS Mental Hygiene Law, for amounts not to exceed the amounts set forth on the attached Schedule A.**
- (c) Name of Contractor: **See attached Schedule A.**
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number:
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **1/1/2017**
- (h) Termination Date of Contract: **12/31/2017**
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly advances**)
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: See attached Schedule A.**

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

*as listed in budget and LOGOS

Schedule A – 2017 OCS
Contract Agencies

<u>Name</u>	<u>Amount</u>	<u>Budget Code</u>
<u>Mental Health Assn</u>	\$855,765.00	A.4320.0120
<u>BHS of G.F. Hosp.</u>	\$607,591.00	A.4320.0080
<u>Liberty House</u>	\$256,637.00	A.4320.0090
<u>C.W.I., Inc.</u>	\$51,723.00	A.4320.0070
<u>Council for Prevent.</u>	\$228,787.00	A.4320.0110
<u>ACCA.</u>	\$221,526.00	A.4320.0145
<u>Parson's Child & Family</u>	\$972,660.00	A.4320.0165
<u>PEOPLE, Inc.</u>	\$138,684.00	A.4320.0065

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health

DATE: 11/21/16

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide specialized mental health crisis respite services.**
- (c) Name of Contractor: **Wait House**
- (d) Address of Contractor: **10-12 Wait St., Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **Michael Lajeunesse, Executive Director, 518-798-2077**
- (f) Has or will the Contract be provided, if so, please attach: **Contract to be written**
- (g) Commencement Date of Contract: **1/1/2017**
- (h) Termination Date of Contract: **12/31/2017**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **yes**
 - iii) total amount not to exceed **\$18,882**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **monthly**)
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: **A.4310-470 - Contract -- \$33,729 (100% State Aid).****

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health

DATE: 11/21/2016

- (a) Is this a Result of a Bid or Request for Proposal? **No.**
- (b) Purpose of Contract: **To provide specialized mental health respite services.**
- (c) Name of Contractor: **Northeast Parent and Child Society, Inc.**
- (d) Address of Contractor: **530 Franklin St., Schenectady, NY 12304**
- (e) Contractor's Contact Person and Telephone Number: **William Gettman, Jr., Chief Executive Officer, 518-346-1284**
- (f) Has or will the Contract be provided, if so, please attach: **Contract to be written**
- (g) Commencement Date of Contract: **1/1/2017**
- (h) Termination Date of Contract: **12/31/2017**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **yes**
 - iii) total amount not to exceed **\$26,104**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **monthly**)
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: **A.4310-470 Contract --\$26,104 (100% State Aid).****

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Mental Health

SIGNED: **DATE:** 11/21/2016

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A4320.0165 470	Mental Health Progs-Parsons Ch & Fam	A4320.0120 470	Mental Health Progs-Mental Health Assoc.	\$77,000
A.4320.0165 3490	Mental Health Progs-Parsons Ch&Fam	A4320.0120 3490	Mental Health Progs-Mental Health Assoc.	\$77,000

Please state reason for transfers requested: To maximize 100% State Aid allocation and to avoid deficit at the Warren-Washington Association for Mental Health's outpatient mental health clinic.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

**Health & Human Services Committee
Warren County Department of Social Services**

AGENDA

November 21, 2016

Committee Members: Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer.

I. Committee meeting called to order by Chairman

II. Motion to approve minutes of prior Committee meeting

III. Action Agenda/New Business

1. Request Resolution:

Notice of Intent To Fill the Vacant Position of Caseworker #7 in the Child Protective Services Unit, including back-fills, Salary \$39,979, Employee No. 12508, effective December 1, 2016, due to resignation.

Rationale: This is a mandated and reimbursed position.

Please see Attachment #1

IV. Pending Item

There are no pending items.

V. Information for Discussion/Review

1. Countryside Adult Home

2. Monthly Revenue & Expenditures, Overtime Report and Budget

Please see Attachment #2

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

VII. Motion to Adjourn

Attachments:

1. Notice of Intent to Fill Vacant Position of Caseworker #7
2. Monthly Revenues & Expenditures Report

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

ATTACHMENT #1

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: **Social Services** Payroll Dept. No: **40.01**
 Title of Position: **Caseworker #7** Base Salary of Position: **\$39,979** Grade: **16**
 Filling at Step # (If Known): Request to Backfill Due to Promotion: Yes No
 Budget code and title: **A6010 110 Salaries Regular** Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No.: **12508** Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal 50% State 25% Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
- The Administrator objects to the filling of the vacancy.

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
- The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature _____ Date _____

ATTACHMENT #2

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR OCTOBER 2016

FUND(S): A

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

EXPENSES	2016 BUDGETED	OCT 2016 EXP	OCT 2015 EXP	2016 YTD ACTUAL	2015 Prior Year Totals
110 Salaries - Regular	\$5,746,066.00	\$617,901.01	\$391,202.26	\$4,155,047.41	\$5,384,752.81
120 Salaries - Overtime	\$80,222.00	\$10,148.78	\$5,720.98	\$53,895.45	\$67,959.36
130 Salaries - Part Time	\$195,541.00	\$29,458.97	\$13,532.91	\$172,694.85	\$219,908.66
100's PERSONAL SERVICES Total	\$6,021,829.00	\$657,508.76	\$410,456.15	\$4,381,637.71	\$5,672,620.83
200's EQUIPMENT	\$21,600.00	\$35,380.94	\$1,352.90	\$41,053.46	\$68,621.56
400's CONTRACTUAL	\$23,308,081.00	\$1,875,183.11	\$1,793,839.02	\$15,645,435.25	\$22,854,930.56
800's EMPLOYEE BENEFITS	\$3,630,498.00	\$320,719.39	\$247,682.87	\$2,650,387.44	\$3,606,016.20
TOTALS	\$32,982,008.00	\$2,888,792.20	\$2,453,330.94	\$22,718,513.86	\$32,202,189.15

REVENUES	2016 BUDGETED	OCT 2016 REVENUE	OCT 2015 REVENUE	2016 YTD ACTUAL	2015 Prior Year Totals
	\$16,151,956.00	\$383,206.76	\$163,011.81	\$10,980,984.66	\$15,777,219.98

Expense Budget Performance Report

Fiscal Year to Date 10/31/16
 Include Rollup Account and Rollup to Account



Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,071,844.00	(50,000.00)	5,021,844.00	550,375.04	.00	4,059,072.65	962,771.35	81	4,752,816.01
120	Salaries - Overtime	49,222.00	.00	49,222.00	6,259.14	.00	41,135.63	8,086.37	84	45,594.42
130	Salaries - Part Time	26,755.00	50,000.00	76,755.00	8,490.81	.00	44,567.68	32,187.32	58	67,859.79
	<i>Personal Services Totals</i>	\$5,147,821.00	\$0.00	\$5,147,821.00	\$65,124.99	\$0.00	\$4,144,775.96	\$1,003,045.04	81%	\$4,866,270.22
<i>Equipment</i>										
210	Furniture/Furnishings	.00	4,320.00	4,320.00	.00	.00	4,241.00	79.00	98	1,472.64
220	Office Equipment	15,000.00	(1,200.00)	13,800.00	.00	2,280.58	2,654.72	8,864.70	36	39,923.51
220	Office Equipment	.00	.00	.00	.00	.00	.00	.00	+++	18,369.00
220.1	Office Equipment - Reserve	\$15,000.00	(\$1,200.00)	\$13,800.00	\$0.00	\$2,280.58	\$2,654.72	\$8,864.70	36%	\$58,292.51
	<i>220 - Office Equipment Totals</i>	\$15,000.00	(\$1,200.00)	\$13,800.00	\$0.00	\$2,280.58	\$2,654.72	\$8,864.70	36%	\$58,292.51
230	Automotive Equipment	.00	.00	.00	.00	.00	.00	.00	+++	229.98
230	Automotive Equipment	.00	16,200.00	16,200.00	.00	16,125.00	.00	75.00	100	.00
230.1	Automotive Equipment - Reserve	\$0.00	\$16,200.00	\$16,200.00	\$0.00	\$16,125.00	\$0.00	\$75.00	100%	\$229.98
	<i>230 - Automotive Equipment Totals</i>	\$0.00	\$16,200.00	\$16,200.00	\$0.00	\$16,125.00	\$0.00	\$75.00	100%	\$229.98
	<i>Equipment Totals</i>	\$15,000.00	\$19,320.00	\$34,320.00	\$0.00	\$18,405.58	\$6,895.72	\$9,018.70	74%	\$59,995.13
<i>Contractual Expense</i>										
410	Supplies	52,000.00	.00	52,000.00	7,221.85	5,553.49	41,568.97	4,877.54	91	56,658.67
411	Rent-Building/Property	564,547.00	.00	564,547.00	47,045.58	.00	470,455.80	94,091.20	83	564,546.94
418	Ins-General Liability	39,147.00	(2,045.82)	37,101.18	.00	.00	37,101.18	.00	100	37,640.48
422	Repair/Maint-Equipment	200.00	.00	200.00	.00	.00	.00	200.00	0	.00
423	Telephone	20,000.00	.00	20,000.00	1,598.50	.00	15,364.21	4,635.79	77	19,128.31
424	Postage	30,000.00	.00	30,000.00	2,323.53	.00	24,150.47	5,849.53	81	33,414.73
426	Subscriptions	500.00	.00	500.00	.00	.00	448.51	51.49	90	406.64
427	Memberships & Dues	5,000.00	(589.00)	4,411.00	.00	.00	4,411.00	.00	100	4,498.00
428	Data Processing & Internet Fees	3,800.00	4,947.00	8,747.00	770.00	2,310.00	6,437.00	.00	100	3,825.85
432	Special Project Supply	95,000.00	.00	95,000.00	1,816.00	.00	11,701.00	83,299.00	12	95,000.00
435	Medical Fees	.00	2,000.00	2,000.00	(11.49)	.00	(184.86)	2,184.86	-9	(688.10)
436	Advertising Fees	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	387.14
437	Consulting Fees	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	.00
439	Misc Fees & Expenses	5,000.00	(1,058.00)	3,942.00	169.00	.00	3,378.94	563.06	86	5,044.09
440	Legal/Transcript Fees	7,000.00	18,000.00	25,000.00	.00	.00	1,710.00	23,290.00	7	9,380.85
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	457.77	.00	4,505.46	5,494.54	45	4,818.38
442	Automotive - Gas & Oil	12,000.00	(5,000.00)	7,000.00	410.27	.00	4,058.62	2,941.38	58	6,567.04
444	Travel/Education/Conference	17,000.00	(2,000.00)	15,000.00	534.57	110.00	9,423.00	5,467.00	64	7,975.99
469	Other Payments/Contributions	5,000.00	.00	5,000.00	.00	.00	1,000.00	4,000.00	20	800.00
470	Contract	355,000.00	(28,363.00)	326,637.00	38,869.12	31,271.02	185,461.62	109,904.36	66	276,451.60
	<i>Contractual Expense Totals</i>	\$1,224,194.00	(\$14,108.82)	\$1,210,085.18	\$101,204.70	\$39,244.51	\$820,990.92	\$349,849.75	71%	\$1,125,856.61

Expense Budget Performance Report

Fiscal Year to Date 10/31/16

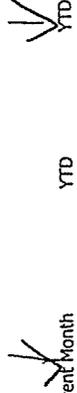
Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
Employee Benefits										
810	Retirement	741,451.00	.00	741,451.00	77,238.20	.00	610,686.44	130,764.56	82	785,796.06
830	Social Security	319,157.00	.00	319,157.00	33,578.67	.00	242,357.58	76,799.42	76	284,756.04
831	Medicare Contribution	74,645.00	.00	74,645.00	7,853.01	.00	56,680.43	17,964.57	76	66,595.97
860	Hospitalization	1,426,775.00	.00	1,426,775.00	115,134.57	.00	1,193,844.91	232,930.09	84	1,461,861.90
865	Dental Insurance	22,344.00	.00	22,344.00	1,762.00	.00	18,577.73	3,766.27	83	21,386.00
Employee Benefits Totals		\$2,584,372.00	\$0.00	\$2,584,372.00	\$235,566.45	\$0.00	\$2,122,147.09	\$462,224.91	82%	\$2,620,395.97
Other Benefits										
840	Workmen's Compensation	52,685.00	.00	52,685.00	.00	.00	52,684.54	.46	100	57,478.01
850	Unemployment Insurance	37,000.00	.00	37,000.00	4,455.54	.00	7,189.29	29,810.71	19	2,248.55
855	Disability	5,000.00	.00	5,000.00	2,132.41	.00	4,088.69	911.31	82	6,853.97
861	Retirees Hospitalization	401,816.00	.00	401,816.00	30,446.76	.00	304,842.75	96,973.25	76	377,594.48
Other Benefits Totals		\$496,501.00	\$0.00	\$496,501.00	\$37,034.71	\$0.00	\$368,805.27	\$127,695.73	74%	\$444,175.01
EXPENSE TOTALS		\$9,467,888.00	\$5,211.18	\$9,473,099.18	\$938,930.85	\$57,650.09	\$7,463,614.96	\$1,951,834.13	79%	\$9,116,692.94
Department 6010 - Social Services Totals (\$9,473,099.18)										
Department 6030 - Countryside Adult Home										
EXPENSE										
Personal Services										
110	Salaries - Regular	674,222.00	.00	674,222.00	67,525.97	.00	516,846.18	157,375.82	77	631,936.80
120	Salaries - Overtime	31,000.00	.00	31,000.00	3,889.64	.00	18,652.75	12,347.25	60	22,364.94
130	Salaries - Part Time	168,786.00	.00	168,786.00	20,968.16	.00	141,729.09	27,056.91	84	152,048.87
Personal Services Totals		\$874,008.00	\$0.00	\$874,008.00	\$92,383.77	\$0.00	\$677,228.02	\$196,779.98	77%	\$806,350.61
Equipment										
210	Furniture/Furnishings	5,300.00	1,000.00	6,300.00	899.95	.00	1,221.83	5,078.17	19	6,281.11
220	Office Equipment	.00	200.00	200.00	.00	.00	.00	200.00	0	.00
260	Other Equipment	1,100.00	34,191.00	35,291.00	34,480.99	.00	34,707.91	583.09	98	2,345.32
270	Lawn & Landscaping	200.00	.00	200.00	.00	.00	.00	200.00	0	.00
Equipment Totals		\$6,600.00	\$35,391.00	\$41,991.00	\$35,380.94	\$0.00	\$35,929.74	\$6,061.26	86%	\$8,626.43
Contractual Expense										
410	Supplies	31,000.00	.00	31,000.00	953.98	11,625.73	17,715.75	1,658.52	95	26,723.89
413	Repair & Maint.-Bldg/Property	35,000.00	12,972.00	47,972.00	707.10	6,039.76	36,787.19	5,145.05	89	23,933.51
415	Electricity	28,000.00	.00	28,000.00	2,279.25	.00	18,619.78	9,380.22	66	26,109.15
416	Oil & Gas-Heating	43,000.00	.00	43,000.00	759.53	591.10	13,390.78	29,018.12	33	27,250.95
418	Ins-General Liability	9,427.00	.00	9,427.00	.00	.00	9,138.18	288.82	97	8,637.87
422	Repair/Maint-Equipment	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	1,315.46
423	Telephone	3,000.00	.00	3,000.00	172.26	.00	1,490.72	1,509.28	50	2,550.77
424	Postage	700.00	.00	700.00	4.05	.00	186.87	513.13	27	169.24
426	Subscriptions	270.00	6.00	276.00	.00	.00	275.81	.19	100	265.20

Expense Budget Performance Report

Fiscal Year to Date 10/31/16

Include Rollup Account and Rollup to Account



Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund A - General											
Department 6030 - Countryside Adult Home											
EXPENSE											
<i>Contractual Expense</i>											
428	Data Processing & Internet Fees	1,250.00	.00	1,250.00	94.96	210.40	949.60	90.00	93	1,143.81	
432	Special Project Supply	2,000.00	(1,506.00)	494.00	75.00	.00	172.76	321.24	35	337.85	
434	Allowances	21,800.00	(3,000.00)	18,800.00	(100.00)	.00	13,450.00	5,350.00	72	15,850.00	
435	Medical Fees	3,200.00	(1,000.00)	2,200.00	215.00	.00	975.00	1,225.00	44	2,386.00	
436	Advertising Fees	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	.00	
437	Consulting Fees	15,000.00	2,000.00	17,000.00	1,323.71	3,342.90	13,657.10	.00	100	15,768.09	
439	Misc Fees & Expenses	2,000.00	(1,000.00)	1,000.00	50.00	.00	454.00	546.00	45	808.80	
440	Legal/Transcript Fees	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	.00	
441	Auto-Supplies & Repair	3,000.00	.00	3,000.00	.00	.00	977.18	2,022.82	33	2,431.58	
442	Automotive - Gas & Oil	2,600.00	.00	2,600.00	110.33	.00	860.54	1,739.46	33	1,447.94	
444	Travel/Education/Conference	1,500.00	(500.00)	1,000.00	.00	.00	799.00	201.00	80	1,666.39	
445	Foods	119,500.00	.00	119,500.00	9,668.41	26,828.24	76,425.82	16,245.94	86	101,903.93	
451	Medical Supply Expense	6,000.00	.00	6,000.00	95.06	1,429.76	2,174.40	2,395.84	60	2,752.96	
453	Uniforms & Clothing	100.00	.00	100.00	.00	.00	.00	100.00	0	.00	
470	Contract	35,000.00	1,000.00	36,000.00	.00	2,452.15	23,609.60	9,938.25	72	28,404.15	
Contractual Expense Totals		\$367,347.00	\$8,972.00	\$376,319.00	\$16,408.64	\$52,520.04	\$232,110.08	\$91,688.88	76%	\$291,857.54	
<i>Employee Benefits</i>											
810	Retirement	116,072.00	.00	116,072.00	11,214.36	.00	90,514.00	25,558.00	78	118,412.37	
830	Social Security	54,189.00	.00	54,189.00	5,516.20	.00	39,795.32	14,393.68	73	47,141.17	
831	Medicare Contribution	12,675.00	.00	12,675.00	1,290.10	.00	9,306.97	3,368.03	73	11,024.94	
860	Hospitalization	236,231.00	.00	236,231.00	18,080.34	.00	184,798.46	51,432.54	78	248,026.82	
865	Dental Insurance	3,984.00	.00	3,984.00	280.00	.00	2,870.00	1,114.00	72	3,974.00	
Employee Benefits Totals		\$423,151.00	\$0.00	\$423,151.00	\$36,381.00	\$0.00	\$327,284.75	\$95,866.25	77%	\$428,579.30	
<i>Other Benefits</i>											
840	Workmen's Compensation	5,020.00	.00	5,020.00	.00	.00	5,019.93	.07	100	5,040.64	
850	Unemployment Insurance	6,300.00	.00	6,300.00	2,324.00	.00	3,818.00	2,482.00	61	758.00	
855	Disability	3,801.00	.00	3,801.00	308.64	.00	1,183.21	2,617.79	31	1,021.11	
861	Retirees Hospitalization	97,869.00	.00	97,869.00	7,980.89	.00	81,502.76	16,366.24	83	92,753.97	
Other Benefits Totals		\$112,990.00	\$0.00	\$112,990.00	\$10,613.53	\$0.00	\$91,523.90	\$21,466.10	81%	\$99,573.72	
EXPENSE TOTALS		\$1,784,096.00	\$44,363.00	\$1,828,459.00	\$191,167.88	\$52,520.04	\$1,364,076.49	\$411,862.47	77%	\$1,634,987.60	
Department 6030 - Countryside Adult Home Totals		(\$1,784,096.00)	(\$44,363.00)	(\$1,828,459.00)	(\$191,167.88)	(\$52,520.04)	(\$1,364,076.49)	(\$411,862.47)	77%	(\$1,634,987.60)	
Department 6050 - Public Facil. For Children											
EXPENSE											
<i>Contractual Expense</i>											
469	Other Payments/Contributions	20,000.00	6,591.82	26,591.82	.00	.00	26,580.50	11.32	100	6,515.35	
470	Contract	.00	.00	.00	.00	.00	.00	.00	+++	6,372.00	
Contractual Expense Totals		\$20,000.00	\$6,591.82	\$26,591.82	\$0.00	\$0.00	\$26,580.50	\$11.32	100%	\$12,887.35	

Expense Budget Performance Report

Fiscal Year to Date 10/31/16
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund A - General											
Department 6055 - Daycare	EXPENSE										
Contractual Expense											
470 Contract		1,515,000.00	.00	1,515,000.00	100,264.85	.00	939,770.87	575,229.13	62%	62%	1,289,591.76
<i>Contractual Expense Totals</i>											
EXPENSE TOTALS		\$1,515,000.00	\$0.00	\$1,515,000.00	\$100,264.85	\$0.00	\$939,770.87	\$575,229.13	62%	62%	\$1,289,591.76
Department 6055 - Daycare Totals (\$1,515,000.00) (\$100,264.85) (\$575,229.13) 62% (\$1,289,591.76)											
Department 6070 - Services for Recipients											
EXPENSE											
Contractual Expense											
470 Contract		300,000.00	.00	300,000.00	19,463.01	.00	147,692.05	152,307.95	49%	49%	302,814.01
<i>Contractual Expense Totals</i>											
EXPENSE TOTALS		\$300,000.00	\$0.00	\$300,000.00	\$19,463.01	\$0.00	\$147,692.05	\$152,307.95	49%	49%	\$302,814.01
Department 6070 - Services for Recipients Totals (\$300,000.00) (\$19,463.01) (\$152,307.95) 49% (\$302,814.01)											
Department 6100 - Medicaid											
EXPENSE											
Contractual Expense											
470 Contract		12,782,184.00	.00	12,782,184.00	1,141,405.00	.00	10,116,211.00	2,665,973.00	79%	79%	13,037,400.00
<i>Contractual Expense Totals</i>											
EXPENSE TOTALS		\$12,782,184.00	\$0.00	\$12,782,184.00	\$1,141,405.00	\$0.00	\$10,116,211.00	\$2,665,973.00	79%	79%	\$13,037,400.00
Department 6100 - Medicaid Totals (\$12,782,184.00) (\$1,141,405.00) (\$2,665,973.00) 79% (\$13,037,400.00)											
Department 6101 - Medical Assistance											
EXPENSE											
Contractual Expense											
470 Contract		50,000.00	.00	50,000.00	.00	.00	1,214.20	48,785.80	2%	2%	4,071.76
<i>Contractual Expense Totals</i>											
EXPENSE TOTALS		\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$1,214.20	\$48,785.80	2%	2%	\$4,071.76
Department 6101 - Medical Assistance Totals (\$50,000.00) (\$0.00) (\$48,785.80) 2% (\$4,071.76)											
Department 6109 - Aid To Dependent Children											
EXPENSE											
Contractual Expense											
470 Contract		2,050,000.00	.00	2,050,000.00	134,469.49	.00	1,453,910.09	596,089.91	71%	71%	2,015,347.31
<i>Contractual Expense Totals</i>											
EXPENSE TOTALS		\$2,050,000.00	\$0.00	\$2,050,000.00	\$134,469.49	\$0.00	\$1,453,910.09	\$596,089.91	71%	71%	\$2,015,347.31
Department 6109 - Aid To Dependent Children Totals (\$2,050,000.00) (\$134,469.49) (\$596,089.91) 71% (\$2,015,347.31)											

Expense Budget Performance Report

Fiscal Year to Date 10/31/16

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund A - General										
Department 6119 - Child Care	EXPENSE									
Contractual Expense										
470 Contract		3,600,000.00	.00	3,600,000.00	282,305.54	.00	2,659,781.42	940,218.58	74%	3,454,892.47
	<i>Contractual Expense Totals</i>	\$3,600,000.00	\$0.00	\$3,600,000.00	\$282,305.54	\$0.00	\$2,659,781.42	\$940,218.58	74%	\$3,454,892.47
	EXPENSE TOTALS	\$3,600,000.00	\$0.00	\$3,600,000.00	\$282,305.54	\$0.00	\$2,659,781.42	\$940,218.58	74%	\$3,454,892.47
Department 6119 - Child Care Totals		(\$3,600,000.00)	\$0.00	(\$3,600,000.00)	(\$282,305.54)	\$0.00	(\$2,659,781.42)	(\$940,218.58)	74%	(\$3,454,892.47)
Department 6123 - Juvenile Delinquent Care	EXPENSE									
Contractual Expense										
470 Contract		.00	7,063.00	7,063.00	133.38	.00	5,850.82	1,212.18	83%	.00
	<i>Contractual Expense Totals</i>	\$0.00	\$7,063.00	\$7,063.00	\$133.38	\$0.00	\$5,850.82	\$1,212.18	83%	\$0.00
	EXPENSE TOTALS	\$0.00	\$7,063.00	\$7,063.00	\$133.38	\$0.00	\$5,850.82	\$1,212.18	83%	\$0.00
Department 6123 - Juvenile Delinquent Care Totals		\$0.00	(\$7,063.00)	(\$7,063.00)	(\$133.38)	\$0.00	(\$5,850.82)	(\$1,212.18)	83%	\$0.00
Department 6140 - Home Relief	EXPENSE									
Contractual Expense										
470 Contract		1,200,000.00	.00	1,200,000.00	74,325.58	.00	750,124.70	449,875.30	63%	1,163,871.47
	<i>Contractual Expense Totals</i>	\$1,200,000.00	\$0.00	\$1,200,000.00	\$74,325.58	\$0.00	\$750,124.70	\$449,875.30	63%	\$1,163,871.47
	EXPENSE TOTALS	\$1,200,000.00	\$0.00	\$1,200,000.00	\$74,325.58	\$0.00	\$750,124.70	\$449,875.30	63%	\$1,163,871.47
Department 6140 - Home Relief Totals		(\$1,200,000.00)	\$0.00	(\$1,200,000.00)	(\$74,325.58)	\$0.00	(\$750,124.70)	(\$449,875.30)	63%	(\$1,163,871.47)
Department 6141 - Fuel Crisis Assistance	EXPENSE									
Contractual Expense										
470 Contract		30,000.00	.00	30,000.00	(.04)	.00	18,147.04	11,852.96	60%	(946.11)
	<i>Contractual Expense Totals</i>	\$30,000.00	\$0.00	\$30,000.00	(\$0.04)	\$0.00	\$18,147.04	\$11,852.96	60%	(\$946.11)
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	(\$0.04)	\$0.00	\$18,147.04	\$11,852.96	60%	(\$946.11)
Department 6141 - Fuel Crisis Assistance Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	\$0.04	\$0.00	(\$18,147.04)	(\$11,852.96)	60%	\$946.11
Department 6142 - Emergency Aid For Adults	EXPENSE									
Contractual Expense										
470 Contract		40,000.00	.00	40,000.00	1,504.98	.00	29,635.96	10,364.04	74%	49,435.97
	<i>Contractual Expense Totals</i>	\$40,000.00	\$0.00	\$40,000.00	\$1,504.98	\$0.00	\$29,635.96	\$10,364.04	74%	\$49,435.97
	EXPENSE TOTALS	\$40,000.00	\$0.00	\$40,000.00	\$1,504.98	\$0.00	\$29,635.96	\$10,364.04	74%	\$49,435.97
Department 6142 - Emergency Aid For Adults Totals		(\$40,000.00)	\$0.00	(\$40,000.00)	(\$1,504.98)	\$0.00	(\$29,635.96)	(\$10,364.04)	74%	(\$49,435.97)

Expense Budget Performance Report

Fiscal Year to Date 10/31/16

Include Rollup Account and Rollup to Account



Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund A - General											
Department 7310 - Youth Program 4-H Camp											
EXPENSE											
Contractual Expense											
470	Contract	25,000.00	.00	25,000.00	.00	.00	25,000.00	25,000.00	.00	100	25,000.00
<i>Contractual Expense Totals</i>		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$25,000.00	\$0.00	100%	\$25,000.00
EXPENSE TOTALS											
Department 7310 - Youth Program 4-H Camp Totals		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$25,000.00	\$0.00	100%	\$25,000.00
Department 7311 - Youth Bureau											
EXPENSE											
Contractual Expense											
410	Supplies	100.00	.00	100.00	.00	.00	76.89	76.89	23.11	77	99.39
423	Telephone	100.00	.00	100.00	.00	.00	.00	.00	100.00	0	.00
424	Postage	266.00	.00	266.00	.00	.00	37.99	228.01	228.01	14	143.55
444	Travel/Education/Conference	150.00	.00	150.00	.00	.00	.00	150.00	150.00	0	.00
470	Contract	5,520.00	.00	5,520.00	230.00	2,631.00	2,369.00	520.00	520.00	91	2,415.00
<i>Contractual Expense Totals</i>		\$6,136.00	\$0.00	\$6,136.00	\$230.00	\$2,631.00	\$2,483.88	\$1,021.12	\$1,021.12	83%	\$2,657.94
Other Benefits											
861	Retirees Hospitalization	13,484.00	.00	13,484.00	1,123.70	.00	11,237.00	2,247.00	2,247.00	83	13,292.20
<i>Other Benefits Totals</i>		\$13,484.00	\$0.00	\$13,484.00	\$1,123.70	\$0.00	\$11,237.00	\$2,247.00	\$2,247.00	83%	\$13,292.20
EXPENSE TOTALS											
Department 7311 - Youth Bureau Totals		\$19,620.00	\$0.00	\$19,620.00	\$1,353.70	\$2,631.00	\$13,720.88	\$3,268.12	\$3,268.12	83%	\$15,950.14
Department 7311 - Youth Bureau Totals		\$19,620.00	\$0.00	\$19,620.00	\$1,353.70	\$2,631.00	\$13,720.88	\$3,268.12	\$3,268.12	83%	\$15,950.14
Department 7312 - Special Delinquency Prev.											
EXPENSE											
Contractual Expense											
410	Supplies	189.00	(1.00)	189.00	.00	.00	.00	.00	189.00	0	191.98
424	Postage	100.00	.00	100.00	.00	.00	5.82	94.18	94.18	6	14.50
427	Memberships & Dues	225.00	1.00	226.00	.00	.00	226.00	.00	.00	100	226.00
470	Contract	28,885.00	.00	28,885.00	.00	27,710.00	.00	1,175.00	1,175.00	96	28,885.00
<i>Contractual Expense Totals</i>		\$29,400.00	\$0.00	\$29,400.00	\$0.00	\$27,710.00	\$231.82	\$1,458.18	\$1,458.18	95%	\$29,317.48
EXPENSE TOTALS		\$29,400.00	\$0.00	\$29,400.00	\$0.00	\$27,710.00	\$231.82	\$1,458.18	\$1,458.18	95%	\$29,317.48
Department 7312 - Special Delinquency Prev. Totals		\$29,400.00	\$0.00	\$29,400.00	\$0.00	\$27,710.00	\$231.82	\$1,458.18	\$1,458.18	95%	\$29,317.48
Department 7313 - Youth Court											
EXPENSE											
Contractual Expense											
470	Contract	68,820.00	.00	68,820.00	3,467.98	20,517.58	48,302.42	48,302.42	.00	100	50,875.00
<i>Contractual Expense Totals</i>		\$68,820.00	\$0.00	\$68,820.00	\$3,467.98	\$20,517.58	\$48,302.42	\$48,302.42	\$0.00	100%	\$50,875.00
EXPENSE TOTALS											
Department 7313 - Youth Court Totals		\$68,820.00	\$0.00	\$68,820.00	\$3,467.98	\$20,517.58	\$48,302.42	\$48,302.42	\$0.00	100%	\$50,875.00
Department 7313 - Youth Court Totals		\$68,820.00	\$0.00	\$68,820.00	\$3,467.98	\$20,517.58	\$48,302.42	\$48,302.42	\$0.00	100%	\$50,875.00
Fund A - General Totals		\$32,982,008.00	\$63,229.00	\$33,045,237.00	\$2,888,792.20	\$161,028.71	\$25,063,865.22	\$7,820,343.07	\$7,820,343.07		\$32,202,189.15

Expense Budget Performance Report

Fiscal Year to Date 10/31/16

Include Rollup Account and Rollup to Account

Grand Totals	\$32,982,008.00	\$63,229.00	\$33,045,237.00	\$2,888,792.20	\$161,028.71	\$25,063,865.22	\$7,820,343.07	\$32,202,189.15
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OCT Revenue
2016

WARREN COUNTY Receipts by G/L Distribution Report - Detail

From Date: 10/01/2016 - To Date: 10/31/2016

G/L Account Number	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Fund: A - General					
Account: 400.00 - State&Federal,Social Services					
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Credit Amount
2016-00004729	2016-00000436	A 400.00	4-6/30/16 STSJP Claim	NYS Comptroller	25,781.41
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Credit Amount
2016-00004909	2016-00000455	A 400.00	RF 2/2A FSE& T FFY15BA021829WARR	NYS Comptroller	8,525.00
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Credit Amount
2016-00005212	2016-00000482	A 400.00	RF 2/2A F 0615 FOSTBA021876WARR	NYS Comptroller	35.00
2016-00005212	2016-00000482	A 400.00	RF 2/2A F 0715 FOSTBA021933WARR	NYS Comptroller	114.00
2016-00005212	2016-00000482	A 400.00	RF 2/2A F 0815 FOSTBA021991WARR	NYS Comptroller	116.00
2016-00005212	2016-00000482	A 400.00	RF 2/2A F 0915 FOSTBA022049WARR	NYS Comptroller	47.00
2016-00005212	2016-00000482	A 400.00	RF 2/2A F 0516 ADOPBA022107WARR	NYS Comptroller	52,659.00
2016-00005212	2016-00000482	A 400.00	RF 2/2A F 0815 FOSTBA022185WARR	NYS Comptroller	30,242.00
2016-00005212	2016-00000482	A 400.00	RF 2/2A F 0915 FOSTBA02242WARR	NYS Comptroller	31,267.00
Account Total: State&Federal,Social Services				9	\$148,786.41

Fund Total: General

Grand Total:

STATE/FED 9 \$0.00 \$148,786.41
 LOCAL 9 \$0.00 \$148,786.41
 OCT 2016 TOTAL REV = 383,806.74

11/16-10/1/16
YTD Revenue

WARREN COUNTY Receipts by G/L Distribution Report - Summary

From Date: 01/01/2016 - To Date: 10/31/2016

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
	07/28/2016			1	\$0.00	\$435,103.00
	07/29/2016			1	\$0.00	\$3,309.15
	08/29/2016			2	\$0.00	\$629,523.00
	09/14/2016			2	\$0.00	\$754,699.00
	09/23/2016			1	\$0.00	\$28,664.00
	09/26/2016			1	\$0.00	\$478.00
	09/30/2016			4	\$0.00	\$1,087,905.00
	10/04/2016			1	\$0.00	\$25,781.41
	10/17/2016			1	\$0.00	\$8,525.00
	10/28/2016			7	\$0.00	\$114,480.00
				<u>70</u>	<u>\$0.00</u>	<u>\$9,410,893.69</u>

Account Total: State&Federal,Social Services

Fund Total: General

Grand Total:

STATE/FED YTD 70 = \$0.00 \$9,410,893.69
 Local YTD 1,570,090.97
 TOTAL YTD 10,980,984.66

Social Services - Overtime Report - Comparison 2015/2016

Week End	2015 OT	2016 OT	Reason	CPS (After Hrs/OnCall)	Foster Care	APS/CASA	Preventive	Chronic Care	TA/Employ	Training	CPS
01/10/16	57.00	80.71	CPS-Notes,Case review,assess/CC-backlog/FC-transport/Prev-child place	50.36	1.40		1.00	5.00			22.95
01/24/16	32.98	39.18	CPS-Hosp visit, coverage/FC-Parent training	27.52	8.86					1.00	1.80
02/07/16	67.93	58.92	CPS-Removal,Court/FC-Transport,Parent Training,Placement	41.97	11.20					1.00	4.75
02/21/16	47.28	55.29	CPS-NR,HV,backlog,court/FC- Court, transport	38.84	2.70					1.50	13.75
03/06/16	78.99	29.72	CPS-NR,Assessment/FC-Court, service planning	26.12	1.40						0.70
03/20/16	105.28	40.05	CPS-NR,Assessment,Notes/FC-Intake,Court	30.55	1.30						8.20
04/03/16	49.89	55.53	CPS-HV,Assessment, Notes/FC-Emergency,FV,notes/DV training	28.98	6.90					13.10	6.55
04/17/16	47.75	88.76	CPS-NR,HV,Court,Mtgs,Notes/FC-Court,Transport, Notes	54.91	5.80					16.05	12.00
05/01/16	42.37	47.24	CPS-Notes,HV,Assessments,removal/FC-Court,Mtg/Prev-Removal	26.04	1.28		1.17				18.75
05/15/16	57.67	43.23	CPS-NR,Home Visit, Safety Assessments	37.28							5.95
05/29/16	66.32	45.67	CPS-NR,HV,Assessment/FC-Mtg,Court/APS-New Referral/Assess	32.77	7.20	1.00					4.70
06/12/16	59.68	70.46	CPS-NR,Removal,Assessments/FC-New Placements,Notes	43.66	14.05					1.00	11.75
06/26/16	48.45	35.95	CPS-NR,Removal,Assessments/FC-Transport,Court,Notes	19.85	10.85						5.25
07/10/16	28.04	70.84	CPS-NR,Assessment/TA-Client issues/FC-Parent training	42.96	2.00				2.25	21.93	1.70
07/24/16	33.81	77.19	CPS-Coverage,Case notes/FC-Legal Mtg,Case notes	39.92	4.87					22.40	10.00
08/07/16	49.68	84.93	CPS-Calls,Assessment,interview/FC-Court, Transport	47.48	2.80					28.50	6.15
08/21/16	30.34	71.63	CPS-Assessments,notes/FC-Transport	47.46	0.50					21.32	2.35
09/04/16	43.40	27.56	CPS-HV,Assessment, Notes/FC-Court,transport/TA-Client Emerg.	17.52	3.23				2.16		4.65
09/18/16	31.70	71.80	CPS-HV/FC-HV,Court, Emergency placement	53.01	5.54					13.05	0.20
10/02/16	50.92	87.14	CPS-NR,HV/FC-New Placement,transport/APS&TA-paperwork	21.98	5.91	9.00	0.50		33.70	14.65	1.40
10/16/16	37.82	63.47	CPS-NR,HV/FC-Court, Meeting	39.06	2.41					19.75	2.25
10/30/16	21.90	44.12	CPS-NR,Removal/FC-Transport,Visit,Assist w/Removal	14.99	2.43					20.85	5.85
11/13/16	75.57	37.52	FC-Home visit/APS-Backlog,staff shortage	28.02	2.00	7.50					
11/27/16	65.42										
12/11/15	130.82										
12/25/15	81.51										
Totals	1442.52	1326.91		811.25	104.63	17.50	2.67	5.00	38.11	196.10	151.65

SOCIAL SERVICES COMMITTEE
COUNTRYSIDE ADULT HOME

AGENDA
11/21/16

Committee Members: Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald,
Braymer

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
 1. Request to: Increase hours of Institutional Aide/ P#4 from 8 hours week to 24 hours a week, effective 1/1/2017.
Rationale: The individual in this position was hired in October of 2015 and has averaged 30 hours a week due to numerous medical leaves and coverage normal benefit time requests. This would be an increase of around \$12,000/year (\$6,000 is the County share). The funds for the past year have come out of the per diem and part time budget codes.
 2. Request to: Fill vacant position of Institutional Aide/P #7. This position has been empty since 2013, but filling it will help us minimize overtime costs.
Rationale: This position has been empty since 2013, but filling it will help us minimize overtime costs.
- IV. Referral/Pending Items
 1. Investigating full laundry services at Countryside Adult Home.
 2. Discussion to continue pertaining to whether the Senior Aide Staff at Countryside Adult Home who had taken on additional responsibilities since the Director position should be compensated for the extra work. (10.24.16)
- V. Information for Discussion/Review
 1. Overtime Report for 2016
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VI. Motion to adjourn

Attachments

Overtime Report for 2016

(List attachments by number relating to the above cited regular items)

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 10/31/2016

- (a) Purpose of Request: **Increasing hours of Institutional Aide/P #4 from 8 hours/week to 24 hours/week.**
- (b) Details: **The individual in this position was hired in October of 2015. Since then, she has averaged working more than 30 hours a week. She has been covering for several long absences we have had due to medical leaves, as well as the majority of the staff benefit time. We would like to adjust her hours to reflect this.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.6030.130 Countryside Adult Home Salaries Part Time**

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: COUNTRYSIDE Payroll Dept. No.: 42.00
Title of Position: Institutional Aid #7 Per Diem Base Salary of Position: \$25,823 Grade: 3
Filling at Step # (If Known): Request to Back Due to Promotion: Yes No
Budget code and title: A6030 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No: 12447 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State 50% Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other Labor
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
- The Administrator objects to the filling of the vacancy.

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
- The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature _____ Date _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

AUTHORITY FOR POLICY AND PROCEDURE

Resolution 155 of 2003, amended by Resolution Nos. 497 of 2006, 719 of 2006, 318 of 2007, 374 of 2011 and 259 of 2014, provides the policy and procedure for the establishment, filling and increasing or decreasing of salaries for positions within Warren County. Copies of the resolutions are available from the Clerk of the Board.

WHAT FORM TO USE

- For giving notice of intent to fill an existing vacant position, use this form.
- For creating a new position, complete Resolution Request Form No. 11.
- For increasing or decreasing salary of non-union position, complete Resolution Request Form No. 13.
- For reclassification of position, complete Resolution Request Form No. 14.

These forms are available from the Clerk of the Board.

HOW TO USE THIS FORM

Department heads must first file this notice of intent with the County Administrator. The County Administrator shall furnish a copy of the notice to the Budget Officer. Once both the County Administrator and the Budget Officer have executed the form, a copy must be submitted by the Department Head to the Supervisory Committee with their regular agenda. Once signed by the Chair of the Supervisory Committee, the Notice of Intent shall be submitted to the Clerk of the Board, who shall report the action on the Personnel Committee agenda and forward the fully executed form to the Department Head.

OBJECTIONS

If either the County Administrator, Budget Officer or Supervisory Committee objects to the position being filled, each should affix their signature to this form indicating they have an objection. In this case, the department head is advised that the position may not be filled unless otherwise determined by the Board of Supervisors. All requests to fill vacant positions must be approved by the County Administrator, Budget Officer and a 2/3 majority vote of the Supervisory Committee or oversight committee Chair approval as provided in the Rules of the Board.

NO OBJECTIONS

If the County Administrator, Budget Officer and Supervisory Committee have no objection to the position being filled, each should affix their signatures to this form indicating they have no objection.

PAPERWORK

To fill the position, complete the 426 Report of Personnel Change, attach the original of this form to the back of the 426, along with the Resolution approving same and submit to the Human Resources and Civil Service Department. Be certain to make a copy of both the 426 and this form for retention in your department files.

Department Heads are reminded that an oath of office must be filed in the Office of the County Clerk. Oaths of Office forms are available from the County Clerk.

Warren County Health Services

Health, Human and Social Services Committee

AGENDA FOR

November 21, 2016

Information Submitted By: Patricia Auer, DPH/DPS

Health and Human Services Committee Members: Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald, Braymer

- I. **Committee meeting called to order by Chairman**
Motion to approve minutes of the October 24, 2016 Health Services Committee meeting
- II. **Action Agenda/New Business**

Request Resolution:

To award the bid following the Request for Proposal for the purpose of obtaining CPA Services to audit the Medicaid Cost Report for Warren County Health Services to the lowest bidder, Bonadio & Co, LLP for a one year period commencing January 1, 2017 and ending on December 31, 2017, and authorizing 2 annual renewals without need for further resolutions in a form approved by the County Attorney.

Rationale:

There were 2 bidders for this proposal, but Bonadio offered a flat fee for each year, as opposed to the other bidder that proposed a range of fees for each year that would have amounted to more than more than Bonadio's services. Please see **Attachment #6** for the Tabulation Sheet. We have worked with Bonadio for the past 3 years, and have been satisfied with the service.

Request Resolution:

To renew the contract with New York State Department of Health Bureau of Early Intervention for a new 5 year contract term beginning October 1, 2016 and terminating September 30, 2021 to allow for receipt of continued funding in annual amounts of \$24,644.00 to be utilized for Early Intervention Administration activities, and to further authorize the acceptance of an COLA Funding that may be available during the contract period.

Rationale:

This is a contract and funding we have had for a number of years. It is paid quarterly by voucher upon the approval of annual budgets detailing how the monies will be utilized. Primarily, the grant is used to offset salary expenses for staff involved in the administration of the Early Intervention Program. The grant is now done electronically, which cuts down on the work for the County Attorney's office.

Request Resolution:

To amend the contract with Glens Falls Animal Hospital to reflect an increase in rates effective January 1, 2017. Please see **Attachment #7** for the new rates and the comparisons to the old rates.

Rationale:

The rates have not been increased since 2005, so this request is very reasonable.

Request Resolution:

To transfer funds ...Please see **Attachment #5**.

Tawn Driscoll, Fiscal Manager will be present at the meeting to answer any questions.

III. Referral/Pending Items

There are no pending items.

IV. Information for Discussion/Review

Emergency Response and Preparedness Activities: Please see **Attachment #1** for the monthly report.

Status of Referrals: Please see **Attachment #4** for the detailed report.

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016. Please see **Attachment #2**.

Revenue and Expense Comparison Report for 2015 vs 2016: Please see **Attachment #3**.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

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

VI. Motion to adjourn the Health Services Meeting

Attachments:

#1 Emergency Response and Preparedness Activities Report

#2 Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016

#3 Revenue and Expense Comparison Report for 2015 vs 2016

#4 Report of Referrals Status

#5 Budget Transfer Request

#6 Warren County Tabulation Sheet

#7 Rabies Specimen Rate Changes

BT ACTIVITY SHEET
BP5 - 7/1/16 - 6/30/17

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;
 Purple/Special Needs; Orange/Drill; Black/Pan Flu

10/20-21	Health Advisory	Faxed NYSDOH Advisory re: Burkholderia Cepacia	Kathy	All Plans
10/21	L-6 Deliverable	Update Operational Readiness Review tool-ongoing	Dan	MCM
10/21	Conference Call	RE: Homecare and LTC Preparedness	Dan	Special Needs All Plans
10/25	Deliverable	HEPC Meeting	Dan	All Plans
10/26	Committee Meeting	EPR/LEPC Quarterly Committee Meeting	Dan, Kathy, Gnelle	All Plans
10/31	L-6 Deliverable	ORR "Operational Readiness Review" Tool ongoing	Dan	Chempack, Pan Flu, SNS
10/31	Updates	Sent out provider mailings to update EPR Provider contact lists	Kathy	ALL
11/1	Meeting	Homecare/Hospice of New York Association of NY, NYS Association of Healthcare Providers Meeting	Dan	Special Needs
11/1	N95 Fit Testing	Printing Fit Test Cards - ongoing	Kathy	Respiratory Protection Program
11/2	Outreach & Education	Print & bind EPR Calendars	Kathy	Preparedness-ALL
11/2	SNR Recert	Sent out Email and letter recert notices	Kathy	Special Needs
11/4	Training	Employee Health Fair- CDMS training for flu shot	Dan, Kathy	Training
11/7	Reporting	State EPR Inventory	Kathy	ALL
11/10	Meeting	Washington County EPR Committee	Dan	ALL
11/16	TTX	GFH Tabletop: transportation incident suspected terrorist en route from Canada to NYC	Dan	Exercise
11/18	Training	Webinar re Regional Drill	Dan	Training

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2016 AS OF 11/15/2016 12:17:18 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4013, 4016, 4054, 4190, 4018, 4189

EXPENSES	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals
Salaries - Regular	\$2,705,965.00	\$2,093,256.83	\$2,741,583.99
Salaries - Overtime	\$133,500.00	\$87,311.82	\$129,253.40
Salaries - Part Time	\$418,751.00	\$281,184.27	\$293,525.04
100's PERSONAL SERVICES	\$3,258,216.00	\$2,461,752.92	\$3,164,362.43
200's EQUIPMENT	\$89,600.00	\$49,292.83	\$18,161.90
400's CONTRACTUAL	\$6,005,712.40	\$3,586,496.53	\$5,893,074.64
800's EMPLOYEE BENEFITS	\$1,632,691.00	\$1,270,550.83	\$1,710,053.82
TOTALS	\$10,986,219.40	\$7,368,093.11	\$10,785,652.79

REVENUES	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals
	\$8,856,885.42	\$4,856,166.75	\$8,735,061.81

Note: Accrued above in revenues are the July to September quarterly Grants for the following: Ebola final voucher \$14,212.13, Bioterrorism \$10,335.18, Lead \$5,481, Rabies \$7,792.51, and the Immunization Action Plan (IAP) Grant \$9,070. We are working on closing October financial for CHHA and the MCH Programs.

Warren County Health Services

Salaries Comparison
 2015 vs 2016
 as of 10/30/16 Payroll

Total of All Depts	YTD		% Change	Total Budget		Total Actual
	2016	2015		2016	2015	
Regular Salaries	\$2,093,256.83	\$2,322,119.45	-9.86%	\$2,785,683.00	\$2,741,583.99	
Overtime Salaries	\$87,311.82	\$109,001.92	-19.90%	\$133,500.00	\$129,253.40	
Part Time Salaries	\$281,184.27	\$246,340.07	14.14%	\$339,033.00	\$293,525.04	
TOTALS	\$2,461,752.92	\$2,677,461.44	-8.06%	\$3,258,216.00	\$3,164,362.43	
% current YTD Salary to Total Budget	75.56%	84.61%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-10/30/XX

Overall, total salaries are \$215,708.52 less than total 2015 Salaries. Due to staffing shortages in nursing, per diem nurses have been utilized to cover referrals, therefore increasing the Part time salary category and reducing the Full time and Overtime salary categories showing overall a 8.06% reduction in salary from 2015.

ATTACHMENT #2

**Warren County Health Services
Revenue and Expense Comparison 2016 vs 2015**

EXPENSES	2016 YTD	2015 YTD	Variance
	Actual as of 11/15/16 G/L	Actual as of 11/13/15 G/L	
Salaries - Regular	\$2,093,256.83	\$2,322,119.45	(\$228,862.62)
Salaries - Overtime	\$87,311.82	\$109,001.92	(\$21,690.10)
Salaries - Part Time	\$281,184.27	\$246,340.07	\$34,844.20
100's PERSONAL SERVICES	\$2,461,752.92	\$2,677,461.44	(\$215,708.52)
200's EQUIPMENT	\$49,292.83	\$20,629.56	\$28,663.27
400's CONTRACTUAL	\$3,586,496.53	\$3,884,092.41	(\$297,595.88)
800's EMPLOYEE BENEFITS	\$1,270,550.83	\$1,526,425.28	(\$255,874.45)
TOTALS	\$7,368,093.11	\$8,108,608.69	(\$740,515.58)

REVENUES	2016 YTD	2015 Prior	Variance
	ACTUAL	Year to Date Totals	
	\$4,856,166.75	\$5,482,932.24	(\$626,765.49)

Notes:

It should be noted, reflected above for comparison are financials as of 11/13/15 to compare to our current of 11/15/16.

Salaries: (please see previous page) Overall are \$215,708.52 or 8.06% below 2015. Full time and overtime salaries are below 2015 YTD salaries while Part time salaries are 14.14% above 2015. This correlates with the per diem staff that continue to be utilized to assist in nursing shortage coverage and the fact that staff has saved on Overtime expense by utilizing compensation time in lieu of overtime. Overall, 2016 salaries are 75.56% of the budget while last year at this time we were at 84.61% for total budgeted salaries.

Equipment: We have been able to purchase a vehicle this year along with items needed through our Ebola Grant. Items such as Charging carts to charge up to 20 laptops and Stantions to be used for crowd control if needed.

Expenses: Contractual expenses for 2016 remain below 2015 primarily due to the timing of expenses paid for the Preschool and Early Intervention programs. Also to note , the Long Term Care program no longer has any patients due to the fact the State has reassigned duties for this program, therefore less expenses year to date.

Employee Benefits:

Employee benefits are below last year by \$255,874 and correlates with the nursing position shortages that we have experienced. Also to note, utilizing Per Diem staff saves in fringe benefit expense.

Revenues:

Revenues for 2016 are below 2015. We have not yet closed October 2016 for billing revenues and again keep in mind we no longer have Long Term Care revenues to book since the program is closed.

Warren County Health Services
Patient Evaluations
CHHA Division

CATEGORY	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014
SN eval	127	110	132	114	139	85	116	122	106	103	109	116
SN IV eval	7	4	6	2	5	7	5	5	6	15	4	7
CDPAP	7	2	0	0	0	0	0	0	0	0	0	0
PRI	3	2	3	4	0	5	3	3	6	3	5	5
UASNY	15	11	18	14	12	23	26	21	19	16	15	26
SN Evals per month	159	129	159	134	156	120	150	151	137	137	133	154
PT Evals	88	82	78	69	84	61	75	76	67	74	70	70
PT only	33	32	35	25	25	27	27	21	18	21	24	21
Total Evals per month	192	161	194	159	181	147	177	172	155	158	157	175

CATEGORY	01/2015	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015
SN eval	122	110	114	109	122	109	122	111	99	104	106	102
SN IV eval	9	6	8	13	5	7	8	3	9	5	1	8
PRI & CDPAP	6	5	5	6	5	2	2	7	1	1	1	5
UASNY	18	15	23	16	10	13	23	10	14	15	14	17
SN Evals per month	155	136	150	144	142	131	155	131	123	125	122	132
PT Evals	80	75	94	80	71	82	80	70	73	75	65	67
PT only	25	26	34	30	31	24	26	31	34	29	24	17
Total Evals per month	180	162	184	174	173	155	181	162	157	154	146	149

CATEGORY	01/2016	02/2016	03/2016	04/2016	05/2016	06/2016	07/2016	08/2016	09/2016	10/2016	11/2016	12/2016
SN eval	102	111	99	106	104	102	120	123	85	106		
SN IV eval	9	6	12	8	10	10	4	10	4	13		
PRI	4	6	1	7	6	3	6	2	5	10		
UASNY	19	11	11	17	13	9	13	12	9	7		
SN Evals per month	134	134	123	138	133	124	143	147	103	136	0	0
PT Evals	76	76	62	66	68	77	69	82	69	67		
PT only	25	26	19	23	18	20	20	27	16	26		
Total Evals per month	159	160	142	161	151	144	163	174	119	162	0	0
Difference	-12%	-1%	-23%	-7%	-13%	-7%	-10%	7%	-24%	5%		

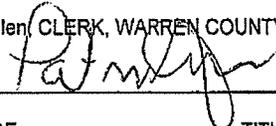
Attachment #4

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: _____



DATE: November 21, 2016

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4018.0030.130	Disease Program-Part Time Salary	A.4018.0030.435	Disease Program-Medical Fees	\$10,000.00
2.	A.4010.110	Health Services -Full Time Salary	A.4010.470	Health Services-Contract Expense	\$75,000.00
	A.4010.860	Health Services-Hospitalization Expense	A.4010.470	Health Services-Contract Expense	\$10,000.00
3.	A.4018.0020.110	Family Health-Full time Salary	A.4018.0020.130	Family Health-Part Time Salary	\$5,000.00
4.	A.4189.810	Bioterrorism-Retirement Expense	A.4189.110	Bioterrorism-Full Time Salary	\$100.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.130	Bioterrorism-Part Time Salary	\$695.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.830	Bioterrorism-Social Security Expense	\$55.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.831	Bioterrorism-Medicare Expense	\$15.00
Total Transfers					\$100,865.00

1. To transfer funds to cover Rabies Expenses for 2016 for Human vaccinations.
2. To transfer funds to cover contract expenses to YTD 2016 for Health Services (CHHA).
3. To transfer funds from Full time to Part time salaries in Family Health to cover additional Part time staff.
4. To transfer funds in Bioterrorism to cover expenses related to Salary and Fringe to year end.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

WARREN COUNTY TABULATION SHEET

SPEC NO.: WC 63-16 ITEM(S): RFP FOR CPA'S TO AUDIT MEDICAID COST REPORTS FOR WARREN COUNTY HEALTH SERVICES DEPARTMENT DATE: OCTOBER 20, 2016 TIME: 3:00 P.M.	NAME & ADDRESS Bonadio & Co., LLP. Attn: Kenneth McGivney 6 Wembley Court Albany, NY 12205 Ph: 518-464-4080 Fax: 518-464-4087	NAME & ADDRESS Drescher & Malecki, LLP. Attn: Matthew Montalbo 3083 William Street Suite 5 Cheektowaga, NY 14227 Ph: 716-565-2299 Fax: 716-565-2201
DESCRIPTION OF ITEM	PRICE	PRICE
Cost to Audit the Warren County Health Services Medicaid		
Cost Reports for the Certified Home Health Agency &		
the Long Term Home Health Care Program:		
2016 Audit	\$6,000.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
2017 Audit	\$6,200.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
2018 Audit	\$6,500.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
TOTAL FOR ALL 3 YEARS:	\$18,700.00	\$17,400.00 - \$24,750.00
Other costs or fees:	n/a	n/a
AWARDED TO:	Resolution No. of 2016	
✓	Term: January 1, 2017 through December 31, 2017	
JULIE A. BUTLER, PURCHASING AGENT	Attachment # 6	

ROBERT O'CONNOR D.V.M.
 JOHN O'CONNOR D.V.M.
 LAURA MALINCONICO D.V.M.
 KEVIN O'CONNOR D.V.M.
 COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
 QUEENSBURY, NY 12804
 TELEPHONE (518) 792-6575
 FAX (518) 792-5136



Pricing for Towns and County Health Departments Effective 1/1/2017

	Euthanasia	Rabies Specimen Prep and Submission*	Cremation	Boarding or Quarantine (per day)
Bats	\$15.00	\$28.00	NA	NA
Very Small Animals (<5 pounds)	\$15.00	\$33.00	\$17.00	NA
Small Animals (5-25 pounds)	\$25.00	\$38.00	\$47.00	\$17.00
Medium Animals (25-50 pounds)	\$30.00	\$48.00	\$57.00	\$17.00
Large Animals (50-100 pounds)	\$40.00	\$53.00	\$72.00	\$17.00
Larger Animals (100-150 pounds)	\$50.00	\$58.00	\$92.00	\$17.00
Adult Deer	NA	NA	\$112.00	NA

100.00
 Not applicable to Public Health

* written amounts are the "old rates"

Attachment # 7

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: November 21, 2016

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: To award the contract for CPA's to audit the Medicaid cost reports for Warren County Health Services to Bonadio & Co., LLP in a form approved by the County Attorney
- (c) Name of Contractor: Bonadio & Co., LLP
- (d) Address of Contractor: 6 Wembley Court, Albany, New York 12205
- (e) Contractor's Contact Person and Telephone Number: Kenneth McGivney, Tel: (518)464-4080, Fax: (518)464-4087
- (f) Has or will the Contract be provided, if so, please attach: Previous contract resolution on file
- (g) Commencement Date of Contract: January 1, 2017
- (h) Termination Date of Contract: December 31, 2017 with 2 annual renewals
- (i) Payment Provisions:
- | | |
|-------------------|----------------|
| <u>2016 Audit</u> | <u>\$6,000</u> |
| <u>2017 Audit</u> | <u>\$6,000</u> |
| <u>2018 Audit</u> | <u>\$6,000</u> |
- i) lump sum amount -
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project
Number, and Title, and Amount:

A.4010.437 Health Services Consulting Fees

Warren County Board of Supervisors

RESOLUTION NO. 604 OF 2013

Resolution introduced by Supervisors Sokol, Conover, Frasier, Taylor and McDevitt

AWARDING PROPOSAL AND AUTHORIZING AGREEMENT WITH BONADIO & CO., LLP TO AUDIT MEDICAID AND MEDICARE COST REPORTS FOR WARREN COUNTY HEALTH SERVICES DEPARTMENT (WC 60-13)

WHEREAS, the Warren County Purchasing Agent issued a request for proposals for CPA's to Audit Medicaid & ~~Medicare~~ Cost Reports for the Warren County Health Services Department (WC 60-13), and

WHEREAS, the Director of Public Health/Patient Services has issued correspondence recommending that Warren County award the agreement to Bonadio & Co., LLP, the lowest proposer, now, therefore, be it

RESOLVED, that the Warren County Purchasing Agent notify Bonadio & Co., LLP of the acceptance of its proposal, and be it further

RESOLVED, that Warren County enter into an agreement with Bonadio & Co., LLP to audit Medicaid and ~~Medicare~~ Cost Reports, pursuant to the terms and provisions of the specifications (WC 060-13) and proposal, for the sum of ^{SIX} ~~Five~~ Thousand ~~Nine Hundred~~ Dollars ^{\$6,000} ~~(\$5,900)~~ for a term to commence January 1, ~~2014~~ ²⁰¹⁷ and terminating December 31, ~~2014~~ ²⁰¹⁷, with an option to extend the agreement for two (2) additional one (1) year terms for the prices listed on the proposal and upon agreement between the parties, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010 437 - Health Services, Consulting Fees.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 11/21/2016

- (a) Purpose of Contract Change: To renew the contract with New York State Department of Health for a new 5 year contract term to allow receipt of continued annual funding for Early Intervention Administration in the amount of \$24, 644.00 and to word the resolution to accept any COLA funding that may be available during the contract period
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: On file with pervious contract
- (c) Name of Contractor: New York State Department of Health Bureau of Early Intervention
- (d) Address of Contractor: Empire State Plaza, Corning Tower Rm 287, Albany, NY 12237-0660
- (e) Contractor's Contact Person and Telephone Number: Alexis Lighthall – (518) 473-4441- Administrative Questions, Audrey Kennett – (518)473-7016 – Programmatic Questions
- (f) Commencement Date of Amendment: October 2016
- (g) Termination Date of Extension: September 20, 2021 * grant will be submitted through the Grants Gateway
- (h) Payment Provisions:
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- Quarterly voucher submission paid upon approval of annual budget
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:
Early Intervention Administration - A 4054.0060.4451



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

November 3, 2016

Ms. Patricia Auer, Director of Public Health
Warren County Health Services
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845

Dear Ms. Auer:

This is to inform you of the Department's intention to provide funding to support the Early Intervention Administration Program at your agency for a new five-year contract term effective October 1, 2016 to September 30, 2021. The annual funding amount will be \$24,644. The contract number assigned to your New York State Grant contract for the five-year term is C31669GG and must be referenced on all claims for payment and correspondence with the Department. This contract is contingent upon approval of the New York State Office of the State Comptroller, availability of federal funds and contractor performance.

Your Early Intervention Administration non-competitive grant will be available Monday November 7, 2016 in Grants Gateway. All work on your grant will be completed in Grants Gateway. The grant contract will be signed electronically in Grants Gateway once the Department approves the application. Additional information on the Grants Gateway can be found on the Grants Reform website at: <http://www.grantsreform.ny.gov>.

A webinar on how to work in the Grants Gateway has been scheduled for November 9, 2016 at 10:00 AM. Please save the date, call-in information is an attachment to this email. If you are unable to attend the webinar, it will be available on You Tube at a later date. A link will be sent when it is available.

Please be advised, in accordance with Office of Management and Budget requirements, this contract is a sub award under the following Federal Award:

- a) Federal Award Identification Number (FAIN): *H181A160021*
- b) Federal award project description: Early Intervention Program for Infant & Toddlers with Disabilities
- c) Federal Award Date (see § 200.39 Federal award date): *07/01/2016-09/30/2018*
- d) Name of Federal Awarding Agency: US Department of Education / OSEP
- e) CFDA Number and Name: 84.181 Part C of IDEA
- f) Amount of Federal Funds Obligated by this action: \$5,033,846
- g) Total Amount of Federal Funds Obligated to the sub recipient: \$15,220
- h) Sub recipient name (*must match registered name in DUNS*): Warren County Public Health
- i) Sub Recipient DUNS #: 098334733
- j) Total Amount of the Federal Award: *\$26,106,078*
- k) Research & Development Award? No
- l) Indirect cost rate for the Federal Award: 10% or Agency's Federally Approved IC Rate

If you have any administrative questions, please contact Ms. Alexis Lighthall in the DFH Bureau of Administration at (518) 473-4441, programmatic questions should be addressed to Ms. Audrey Kennett in the Bureau of Early Intervention at (518) 473-7016.

Sincerely,

Alexis Lighthall

Alexis Lighthall
Health Program Administrator
DFH, Bureau of Administration

cc: EI Official
Audrey Kennett
DOH Audit Clearinghouse

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 11/21/2016

- (a) Purpose of Contract Change: To amend the contract with Glens Falls Animal Hospital to reflect rate increases per the attached schedule in a form approved by the County Attorney
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 143/2008 see attached
- (c) Name of Contractor: Glens Falls Animal Hospital
- (d) Address of Contractor: 66 Glenwood Avenue, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Robert O'Connor, DVM (518)792-6575, Fax: (518) 792-5136
- (f) Commencement Date of Amendment: 01/01/2017
- (g) Termination Date of Extension: Per terms of contract
- (h) Payment Provisions: per the attached schedule, paid upon prior approval by Warren County Health Services
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Upon voucher submission with backup documentation)
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:

Disease Program: A4018.0030.435 Medical Expensed

****Except for attached list of prices all other aspects of contract remain the same**

RESOLUTION NO. 143 OF 2008

Resolution introduced by Supervisors Sokol, Sheehan, Haskell, Thomas, Tessier, Champagne and O'Connor

**AMENDING RESOLUTION NO. 83 OF 2004 - INCREASING THE RATES PAID TO DR. ROBERT O'CONNOR D/B/A GLENS FALLS ANIMAL HOSPITAL TO ADMINISTER RABIES INOCULATIONS FOR DOMESTIC DOGS AND CATS WITHIN WARREN COUNTY AT MANDATED RABIES CLINICS AND FOR THE PREPARATION OF ANIMAL HEADS AND/OR ANIMAL PARTS FOR LABORATORY TESTING
- HEALTH SERVICES DEPARTMENT**

WHEREAS, Resolution No. 83 of 2004 authorized an agreement with Dr. Robert O'Connor d/b/a Glens Falls Animal Hospital to administer rabies inoculations to domestic dogs and cats within Warren County at mandated rabies clinics implemented by the Warren County Health Services Department, and to prepare animal heads and/or other animal parts for submission to a laboratory for testing, and,

WHEREAS, the Public Health Services Director has requested that the rates for services provided by Dr. O'Connor under this agreement be increased to the following rates, for a term commencing January 1, 2008 and terminating upon thirty (30) days notice, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and he hereby is, authorized to execute an amendment agreement with Dr. Robert O'Connor d/b/a Glens Falls Animal Hospital, 66 Glenwood Avenue, Queensbury, New York 12804 to administer rabies inoculations to domestic dogs and cats within Warren County at mandated rabies clinics implemented by the Warren County Health Services Department, and to prepare animal heads and/or other animal parts for submission to a laboratory for testing, for a term commencing January 1, 2008 and terminating upon thirty (30) days notice at the rates set forth in Schedule "A" attached hereto, in a form approved by the County Attorney.

ROBERT O'CONNOR D.V.M.
JOHN O'CONNOR D.V.M.
LAURA MALINCONICO D.V.M.
KEVIN O'CONNOR D.V.M.
COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
QUEENSBURY, NY 12804
TELEPHONE (518) 792-6575
FAX (518) 792-5136



November 15, 2016

Warren County Public Health
Attention Pat Auer

We would like to update our contract with you for 2017, with the new pricing as attached.

A handwritten signature in black ink, which appears to read "Robert O'Connor". The signature is stylized and written in cursive.

Robert O'Connor

ROBERT O'CONNOR D.V.M.
JOHN O'CONNOR D.V.M.
LAURA MALINCONICO D.V.M.
KEVIN O'CONNOR D.V.M.
COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
QUEENSBURY, NY 12804
TELEPHONE (518) 792-6575
FAX (518) 792-5136



May 26, 2016

Pat Auer
Warren County Public Health
Warren County Municipal Center
Rte 9
Lake George, NY 12845

Pat,

This is to verify that we authorize the payment of individuals (veterinarians and animal handlers) directly for services rendered at county rabies clinics.

Respectfully,

A handwritten signature in black ink, appearing to read 'John O'Connor'.

John O'Connor DVM

ROBERT O'CONNOR D.V.M.
 JOHN O'CONNOR D.V.M.
 LAURA MALINCONICO D.V.M.
 KEVIN O'CONNOR D.V.M.
 COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
 QUEENSBURY, NY 12804
 TELEPHONE (518) 792-6575
 FAX (518) 792-5136



Pricing for Towns and County Health Departments Effective 1/1/2017

	Euthanasia	Rabies Specimen Prep and Submission*	Cremation	Boarding or Quarantine (per day)
Bats	\$15.00	\$28.00	NA	NA
Very Small Animals (<5 pounds)	\$15.00	\$33.00	\$17.00	NA
Small Animals (5-25 pounds)	\$25.00	\$38.00	\$47.00	\$17.00
Medium Animals (25-50 pounds)	\$30.00	\$48.00	\$57.00	\$17.00
Large Animals (50-100 pounds)	\$40.00	\$53.00	\$72.00	\$17.00
Larger Animals (100-150 pounds)	\$50.00	\$58.00	\$92.00	\$17.00
Adult Deer	NA	NA	\$112.00	NA

RENEWAL AGREEMENT

THIS RENEWAL AGREEMENT (hereinafter referred to as the "Agreement"), made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845 (the "County"), and

ROBERT O'CONNOR D/B/A GLENS FALLS ANIMAL HOSPITAL, having a principal office and place of business located at 66 Glenwood Avenue, Queensbury, New York 12804 (the "Contractor").

WITNESSETH, that the parties hereto mutually agree as follows:

1. That the Agreement previously entered into by the parties dated May 5, 1998 to administer rabies inoculations to domestic dogs and cats within Warren County and for the preparation of animal heads and/or other animal parts for submission to a laboratory for testing (hereinafter referred to as the "Previous Agreement"), is hereby renewed for the period commencing January 1, 2005 and terminating upon thirty (30) days notice under the same terms and conditions as set forth in said Previous Agreement except to the extent amended or changed as follows:

(a) Paragraph "2" is amended to read:

"2. The County shall pay to the Contractor compensation in the amounts as set forth below:

- i. Sixty Dollars (\$60) per hour for veterinarian fee - rabies clinics;
- ii. Twenty-Five Dollars (\$25) per hour for animal handler fees - rabies clinics;
- iii. Twenty Dollars (\$20) for specimen preparation and submission for bats;
- iv. Thirty Dollars (\$30) for specimen preparation and submission for small animals;

- v. Forty Dollars (\$40) for specimen preparation and submission for medium animals;
- vi. Fifty Dollars (\$50) for specimen preparation and submission for large animals;
- vii. Fifteen Dollars (\$15) for euthanasia for all animals except bats;
- viii. Ten Dollars (\$10) for euthanasia for bats;
- ix. Forty Dollars (\$40) - Quarantine period.

(b) Paragraph "3" is amended to read:

"3. This Agreement shall be for a period commencing January 1, 2005 and terminating upon thirty (30) days written notice to the other of its intention to terminate."

(c) The terms and provisions of the above amended paragraphs shall supersede and amend any conflicting or contrary terms and/or provisions contained in any other paragraph of the previous agreement as if such other paragraph was specifically set forth herein and amended.

2. That the abbreviated description in Paragraph "1" hereof of the Previous Agreement entered into by the parties, is intended for reference and convenience purposes only and shall not be deemed to fully describe the Previous Agreement or any terms or conditions thereof.

3. The parties shall rely upon the full text of the Previous Agreement and the specific amendment or changes set forth in this Agreement for all understandings, terms, conditions, obligations and/or requirements of performance during the extended term provided by this Agreement.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: *Patricia [Signature]*

DATE: November 21, 2016

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4018.0030.130	Disease Program-Part Time Salary	A.4018.0030.435	Disease Program-Medical Fees	\$10,000.00
2.	A.4010.110	Health Services -Full Time Salary	A.4010.470	Health Services-Contract Expense	\$75,000.00
	A.4010.860	Health Services-Hospitalization Expense	A.4010.470	Health Services-Contract Expense	\$10,000.00
Total Transfers					\$95,000.00

1. To transfer funds to cover Rabies Expenses for 2016 for Human vaccinations.
2. To transfer funds to cover contract expenses to YTD 2016 .

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
1340 STATE ROUTE
LAKE GEORGE, NEW YORK 12845
TEL: (518) 761-6347 ♦ FAX: (518) 761-6344

HUMAN SERVICES COMMITTEE MEETING
OFFICE FOR THE AGING AGENDA
November 21, 2016 9:00AM

Committee Members: Chairman Matt Sokol, Ron Vanselow, Rachel Seeber, Edna Frasier, John Strough, Peter McDevitt, Matthew MacDonald, Claudia Braymer, Matthew Simpson

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
 1. **Request:** Amend contract with KLC Property Management to include \$20/snow removal of walkway for heavy/wet snow or anything > 6", at the Bolton Meal Site.
Rationale: This is important to prevent back injuries for our meal site employees.
 2. **Request:** Renew contract with The Clements Firm for the 2017 contract year in the amount of \$16,000.
Rationale: The contract amount of \$11,000 for 2016 was exceeded due to the high number of legal referrals [eviction notices, rental issues, etc.].
 3. **Request:** Amend contract with The Cedars to include an additional fee of \$85/month for air conditioning, as well as authorization to pay The Cedars, \$1,809.37 for repairs to the A/C unit in the Kitchen.
Rationale: This unit is used primarily by OFA staff and is located in the kitchen, where the meals for the OFA program are prepared. The monies are in the budget for such.
 4. **Request:** Amend contract with Northway Service, Inc. to increase total amount not to exceed from \$1,000 to \$2,000/year. As well as include Countryside Adult Home in contract for repairs not to exceed \$1,500/year.
Rationale: The current amount for repairs to the meal sites kitchen equipment has exceeded \$1,000 for the year. In order to make payment, we need to amend the existing contract. The monies are in the budget. Countryside Adult Home does not currently have a contract for repairs to the stoves, ovens, steam table, etc.
 5. **Request:** Permission to submit an application to the NYS Office for the Aging grant funding for NY Connects Program, 16-PI-21, in the amount of \$85,880.00 for the program year 10/1/16-9/30/17.
Rationale: This grant pays for the salaries of the NY Connects Coordinator and a portion of the Fiscal Manager, as well as miscellaneous expenses associated with the program. This grant is 100% reimbursable and does not require County matching funds.
 - 6.
- IV. Referral/pending items- N/A

- V. Information for Discussion/Review -
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: October 31, 2016

- (a) Purpose of Contract Change: **Amend existing agreemeent with KLC Property Management LLC, to include \$20 fee per occurrence for clearing the walkways of the Bolton meal site, when there is heavy/wet snow or snow greater than six inches.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **517 of 2015**
- (c) Name of Contractor: **KLC Property Enhancement LLC**
- (d) Address of Contractor: **35 Brookside Drive, Bolton Landing, NY 12814**
- (e) Contractor's Contact Person and Telephone Number: **Barry Kincaid, PH#644-3132**
- (f) Commencement Date of Extension: **10/19/2016**
- (g) Termination Date of Extension: **Automatic Renewal if no changes.**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.6774.413 SNAP Repair/Maintenance of Bldg/Property**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: November 17, 2016

- (a) Purpose of Contract Change: **To extend contract for legal services with The Clements Firm for 2017, in the amount of \$16,000.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **60 of 2016**
- (c) Name of Contractor: **The Clements Firm**
- (d) Address of Contractor: **333 Glen Street, Suite 202, Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **Tom Clements 745-0978**
- (f) Commencement Date of Extension: **1/1/2017**
- (g) Termination Date of Extension: **12/31/2017, unless renewed under the same terms and conditions**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$16,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A6772 10 470 Title IIIB- Legal Fees**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: November 17, 2016

- (a) Purpose of Contract Change: **To amend contract with Cedars to include \$85 monthly fee for air conditioning costs. Allow for payment of repairs to air conditioning unit in kitchen in the amount of \$1,809.37.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **519 of 2015**
- (c) Name of Contractor: **Cedars Senior Living Community**
- (d) Address of Contractor: **7 Aspen Drive, Suite 1, South Burlington, VT 05403**
- (e) Contractor's Contact Person and Telephone Number: **John Hunt PH#(802)846-5430**
- (f) Commencement Date of Extension: **1/1/2016**
- (g) Termination Date of Extension: **12/31/2017**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **YR 1 \$16,785; YR 2 \$17,785**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A6773 411 Nutri for Elderly-Warr; Rent-Building.Property**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: November 17, 2016

- (a) Purpose of Contract Change: **To amend contract with Northway Services to state, not to exceed \$2,000/year. Include Countryside Adult Home in an amount not to exceed \$1,500/year.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **492 of 2013**
- (c) Name of Contractor: **Northway Service, Inc.**
- (d) Address of Contractor: **PO Box 967, 65 South Street, Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **Pinhas Shabat, PH#793-5133**
- (f) Commencement Date of Extension: **11/21/2016**
- (g) Termination Date of Extension:
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **OFA - \$2,000/yr; CAH - \$1,500/yr**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A6773 411 Nutri for Elderly-Warr; Rent-Building.Property[OFA]; A6030.413 Building Repair/Maintenance [CAH]**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/9/2016**

- (a) Purpose of Grant: To obtain Year 11 NY Connects Funding
- (b) Name of Grantor: NYS Office for the Aging
- (c) Address of Grantor: **2 Empire State Plaza, Albany, NY**
- (d) Grantor's Contact Person and Telephone Number: Lori Sanders
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? See Attached
- (f) Effective Date of Grant: 10/1/2016
- (g) Termination Date of Grant: 9/30/2017
- (h) Total Dollar Amount Involved (not to exceed): \$85,880
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 11/15/2016
- (j) Is Budget amendment required? NO If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? NO If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? NO If Yes, where are the Funds? List Budget Code (with Title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: