

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
333 GLEN STREET
THIRD FLOOR - SUITE 306
GLENS FALLS, NEW YORK 12801

CANDACE KELLY
DIRECTOR

TEL: (518) 761-6347
FAX: (518) 745-7643

HUMAN SERVICES
TUESDAY, DECEMBER 2, 2008 1:00 P.M.

1. RESOLUTION REQUESTS:

- A. REQUEST TO SUBMIT THE FOUR YEAR/ ANNUAL IMPLEMENTATION PLAN OF 2009-2010
- B. REQUEST TO EXTEND CONTRACT WITH HEALTH SERVICES FOR MOU FOR LTC PROGRAM- RESOLUTION 682 OF 2007
- C. REQUEST TO EXTEND TITLE IIIB,IIID AND IIIE CONTRACTS FOR 2009 SEE SCHEDULE A
- D. REQUEST TO EXTEND CONTRACT WITH WARREN/HAMILTON A.C.E.O. INC. FOR TRANSPORTATION RESOLUTION 773 OF 2006
- E. REQUEST TO AMEND COUNTY BUDGET TO INCLUDE POE YEAR 3 FUNDS
- F. REQUEST TO AMEND COUNTY BUDGET TO INCREASE IIIC HAMILTON COUNTY BUDGET FOR FOOD AND TRAVEL
- G. REQUEST TO TRANSFER FUNDS FROM POE WARREN OFFICE EQUIPMENT TO REPAIR/MAINTENANCE OF EQUIPMENT
- H. REQUEST TO TRANSFER FUNDS FROM CONTINGENT FUNDS FOR SUPPLIES, TRAVEL AND FOOD

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit Form No. 5 or 6.**

DEPARTMENT NAME: **Office for the Aging**

DATE: **December 2, 2008**

- (a) Purpose of Amendment: To include Program Year 3 (10/1/08- 9/30/09) funds in the 2008 budget to cover claimed expenses for Hamilton County
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.6786 470 General, OFA-Point of Entry-Hamilton – Contract \$ 7, 025
- (c) Revenue Code (with title), and Amount: A.6786 3786 General, OFA-Point of Entry-Hamilton - OFA-Point of Entry-Hamilton \$ 7,025

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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DEPARTMENT NAME: **Office for the Aging**

DATE: **December 2, 2008**

- (a) Purpose of Amendment: To increase IIC Hamilton Cty. budget due to an increase in travel and food costs- \$10,000.00
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A6771 445 General, Nutri. For Elderly-Ham.Co. – Foods \$8,500
A6771 444 General, Nutri. For Elderly-Ham.Co. - Travel/Edu/Conf \$1,500
- (c) Revenue Code (with title), and Amount: **A6771 2071** General, Nutri. For Elderly-Ham.Co. - Hamilton Co. Share III C \$10,000

REQUEST FOR TRANSFER OF FUNDS

TO: Joan Sady, Clerk, Warren County Board of Supervisors
FROM: Office for the Aging

SIGNED: _____ DATE: _____

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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A.6785 220	POE-W- Office Equip	A.6785 422	POE-W- Repair/Maint-Equip	\$1,000
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Please state reason for transfers requested: Funds were allocated to purchase laptops. However, on the original quote, the above portion covered a protection plan that should be coded as 422 as it is not equipment but maintenance.

CONTINGENT FUNDS TRANSFER REQUEST

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

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

REQUEST FOR TRANSFER OF FUNDS

TO: Joan Sady, Clerk, Warren County Board of Supervisors
FROM: Office for the Aging

SIGNED: _____ DATE: _____

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

CONTINGENT FUNDS TRANSFER REQUEST

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A1990 439	Contingent Fund	A6773 432	IIC-War- Special Project Supply	\$ 3,000
A1990 439	Contingent Fund	A6773 444	IIC-War- Travel/Edu/Conf	\$ 15,000
A1990 439	Contingent Fund	A6773 445	IIC-War- Foods	\$ 30,000
A1990 439	Contingent Fund	A6774 432	SNAP-Special Project Supply	\$ 1,000
A1990 439	Contingent Fund	A6774 444	SNAP- Travel/Edu/Conf	\$ 2,100
A1990 439	Contingent Fund	A6774 445	SNAP- Foods	\$ 6,900

Please state reason for transfers requested:

The increased costs in many of our variable expenses, combined with the increase in numbers served, left us short in the budget categories above.

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

**WARREN COUNTY
EMPLOYMENT & TRAINING ADMINISTRATION**

William F. Resse
Director

Northway Plaza Suite 13C-1
PO Box 4393
Queensbury, NY 12804

Telephone (518) 743-0925
Fax (518) 743-0828

**Human Services Committee
Employment & Training Agenda
12/2/08**

1. Request resolution adding additional federal funds to county budget

<u>Revenues:</u>	<u>Code</u>	<u>Title</u>	<u>Amount</u>
	40 6293.4791	WIA	\$39,002 47,875

Appropriations:

<u>Code</u>	<u>Title</u>	<u>Amount</u>
40 6293.0301 110	WIA Adult Supp- Salaries-regular	\$ 5,341
40 6293.0301 433	WIA Adult Supp – Training-Client	\$ 6,000
40 6293.0305 110	WIA DW - Salaries-regular	\$24,895
40 6293.0310 110	WIA Youth - Salaries-regular	\$ 8,873
40 6293.0313 110	Workforce Inv. Act.-Salaries-regular	\$ 2,766

2. Request budget transfers of federal WIA funds (see attached)
3. Request resolution authorizing appointments to the Workforce Investment Board (WIB)

<u>Name</u>	<u>Representing</u>	<u>Term</u>
Michael Regan	Business sector-Keena Staffing	12/19/08-6/30/11
Debra Meier	Business sector-Tribune Media	12/19/08-6/30/10
Scott Martel	Organized Labor-United Assoc. of Plumbers and Steamfitters Local 773	12/19/08-6/30/11

4. Performance standards for the 3 –county workforce area
5. Pending items

Note: all requests involve only federal grant funds for said purpose. No local county funds are requested.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Employment and Training
Name of Department

SIGNED: **DATE:** 12/2/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40 6293.0310 220	WIAYouth-Office Equipment	40 6293.0310 130	WIAYouth Salaries-Part Time	\$ 2,921
40 6293.0310 220	WIAYouth-Office Equipment	40 6293.0327 110	WIAYouth Salaries-Regular	\$ 3,000
40 6293.0300 120	WIAAdult-Salaries-Overtime	40 6293.0300 110	WIAAdult Office Equipment	\$ 1,000

Please state reason for transfers requested:
To align budget with actual charges

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

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

SWW Performance Standards PY '08 (7/1/08-6/30/09)

Standard	Description	PY '08 Goal	Prior year goal	Prior year actual	Passed Standard
Federal Common Measures					
Adult Standards:					
<u>Entered Employment</u> Adult	(I), # needed for the state to meet the 61% federal goal	2,544	60%	69% (3,327)	Y
Dislocated Workers		459	60%	61% (463)	Y
<u>Employment Retention</u> Adult	6 month retention after exit	82%	81%	87%	Y
Dislocated Workers		82%	81%	85.9%	Y
<u>Average Earnings</u> Adult	6 month earnings avg. after exit	\$12,625	\$11,500	\$13,242	Y
Dislocated Workers		\$15,980	\$15,389	\$15,227	Y
Youth Standards:					
Placement in Employ. or Education	# employed or in post sec. ed.	52%	45%	75%	Y
Attain degree or certificate	# in ed. who obtain ed. cert.	40%	35%	75%	Y
Literacy & numeracy gain	# of BS def. who gain a level w/i a yr.	35%	33%	53.3%	Y
NYS System Goals					
Initial assessment	(I), Regional, % staff assist. cust. assessed	95%	NA	NA	-
Regional ITA policy	(I), Regional	Reg. uniform ITA policy	NA	NA	-
Reduce # exiting while still on UI, and UI Initial scheduled & rescheduled w/i 2 wks.	(I), These were separate goals. Schd. was a regional goal	19.1%	25%	38.2%	NO
Training and Skills development	(I), Previously combined goal	88	333	924	Y
# new O/S youth	(I), Previously was total O/S	720	720	720	Y
Metrix Learning: E-learning issued	(I), Must meet both. Based on # of licenses issued.	36	68	74	Y
Positive outcomes	(I), Must apply for state RFQ	Skills/Medcom 750/150	NA	NA	-
# enrolled through State ITA project		563/113	NA	NA	-
		1	NA	NA	-
- (I) indicates an incentive award available for this standard. - Regional refers to a goal for the entire capital region.					

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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DEPARTMENT NAME: Employment and Training

DATE: 12/2/08

- (a) Purpose of Amendment: Add federal grant funds to county budget

- (b) Appropriation Code (with title), Object Code (with title) and Amount: See attached

- (c) Revenue Code (with title), and Amount: See attached



WARREN COUNTY YOUTH BUREAU
333 GLEN STREET
SUITE 306, 3RD FLOOR
GLENS FALLS, NEW YORK
12801-3578

Margaret Sing Smith, Director
Linda L. LaRock, Deputy Director

Phone: (518) 791-6498 Fax: (518) 761-6518
E-mail: smithm@co.warren.ny.us

HUMAN SERVICES COMMITTEE - Youth Programs

December 2, 2008

New Business:

2009 Warren County Youth Bureau Goals

This document will be emailed to the Committee.

Request Resolution:

Authorizing *Certificates of Appointment* to the Warren County Youth Board

Representatives from Bolton, Horicon, Lake George Village, Warrensburg, At Large (Probation, Department of Social Services).

Background:

The Warren County Youth Board is a required element of the Youth Bureau system.

Municipalities select citizen representatives to provide grass-roots input and advise the county on current youth needs, goals, focus areas/priorities and funding. The Board of Supervisors appoints members including youth to serve on this Advisory Board.

Informational Items:

State Funding - 2008 Youth Programs

There were no additional reductions in our state local assistance funds for local youth programs. All municipalities have filed state youth program funds for 2007! Two municipalities still need to file 2008 claims. It is essential to get these claims in for payment from New York State.

State Funding - 2009 Youth Programs

There is no information yet about 2009 state youth program funds. This involves \$41,884. in matching funds that support 18 municipal programs and \$54,125. for 9 community-based youth programs. The impact of these funds is *maximized* by local dollars via municipal funds, United Way, & fundraising. The Warren County Youth Board will meet on December 17, 2008 at 4 pm in the Municipal Center Conference Room. Our plan is to work with the Youth Board to establish funding crisis priorities in preparation for 2009 Resource Allocation. Although we have received 2009 program applications, there is no word about state local assistance funds! With Committee approval, I will contact Senator Little about the impact of this delay on our county youth!

Annual Plan Update: Warren County Children & Family Services Plan 2007-2009

In partnership with Department of Social Services and Probation, the Youth Bureau has finished updating sections for this document required by New York State Office of Children & Family Services and submitted it to New York State. Copies will be available for review upon request.

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: **Warren County Youth Bureau**

DATE: **December 2, 2008**

- (a) Name of Appointee: **see attached list**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual.
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title

Address of Appointee: **see attached list**

- (f) Title of Appointment: **Warren County Youth Board Representative**
- (g) Effective Date of Appointment: **January 1, 2009**
- (h) Termination Date of Appointment: **December 31, 2010**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

before
revision
OLD



WARREN COUNTY YOUTH BUREAU
333 GLEN STREET
SUITE 306, 3RD FLOOR
GLENS FALLS, NEW YORK
12801-3578

Margaret Sing Smith, Director (smithm@co.warren.ny.us)
Linda L. LaRock, Deputy Director (larockl@co.warren.ny.us)

Phone: (518) 761-6498
Fax: (518) 761-6518

ATTACHMENT

WARREN COUNTY YOUTH BOARD MEMBER

RENEWAL LIST

For January 1, 2009 – December 31, 2010

Bolton

Wendy Burkowski
875 Trout Lake Road
Bolton Landing, NY 12814

At-Large

Maureen Schmidt
Department of Social Services
1340 State Route 9
Lake George, NY 12845

At-Large

Robert Iusi
Probation Department
1340 State Route 9
Lake George, NY 12845

Warrensburg

Joseph Barlow
8 Raymond Lane
Warrensburg, NY 12885

Lake George (village)

Carol Lee LaBruzzo
121 Mohican Street
Lake George, NY 12845

Horicon

Nancy Harrison
79 Hayesburg Road
Brant Lake, NY 12815

12/2/08

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Human Services Committee hereby authorizes Margaret Sing Smith
(Employee Name)

to attend Association of NYS Youth Bureaus - 2009 Youth Leadership Forum

at NYS State Capitol & Clarion Hotel
(Address)

on February 9-10, 2009. Mode of transportation to be used County Vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: N/A

I will be bringing up to 4 youth to represent our county and will request parental permission forms as required by the County Attorney

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

*No cost for Accommodations.
Partially Funded Meals.
I will seek grant funds
for balance of up to
meals costs (\$50.)*

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 12-2-08

Margaret Sing Smith
Department Head Signature

Date: 12-2-08

Regw D...
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

- REQUEST FOR USE OF FLEET VEHICLE**