

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, NOVEMBER 30, 2009 9:30 A.M.

1. RESOLUTION REQUESTS:

- A. REQUEST TO SUBMIT THE FOUR YEAR/ ANNUAL IMPLEMENTATION PLAN OF 2010-2011
- 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 2010 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 CONTRACT WITH NEC CARE INC. BY \$4500 WITH UNUSED CONTRACT FUNDS
- F. REQUEST TO TRANSFER FUNDS TO REDISTRIBUTE SALARIES
- G. REQUEST TO TRANSFER FUNDS FROM GENERAL NUTRITION HAMILTON COUNTY TRAVEL/ED/CONF TO GENERAL NUTRITION WARREN COUNTY TRAVEL/ED/CONF
- H. REQUEST TO TRANSFER FUNDS FROM GENERAL NUTRITION WARREN COUNTY OTHER EQUIPMENT TO GENERAL

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: Office for the Aging

DATE: 11/30/09

- (a) Purpose of Request: To request authorization to submit the Four Year Annual Implementation Plan for 2010-2011
- (b) Details:
- (c) Previous Resolution Number: N/A

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/30/09**

- (a) Resolution No. which Authorized the Original Contract: 682 of 2007
- (b) Name of Contractor: **Warren County Health Services**
- (c) Address of Contractor: 1340 State Route 9, Lake George, NY 12845
- (d) Contractor's Contact Person and Telephone Number: Patricia Auer 761-6415
- (e) Commencement Date of Extension: 1/1/2010
- (f) Termination Date of Extension: 12/31/ 2010
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$ 4.80
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) 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:

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/30/09**

- (a) Resolution No. which Authorized the Original Contract: 775 of 2006
- (b) Name of Contractor: **See attached Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 1/1/2010
- (f) Termination Date of Extension: 12/31/2010
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 32,202
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) 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: Office for the Aging- Contract A.6772 470 \$ 21,202 / Office for the Aging- Legal/Transcript Fees A.6772 440 \$11,000

SCHEDULE "A"				
A.6772 Office for the Aging				
Subcontracts for 2010				
Subcontractor	Service Provided	Pd to Contractor	Contributor Totals	
+++++	+++++	+++++	+++++	+++++
American Red Cross, Adirondack Chapter	Friendly Visiting	\$2,000.00	\$2,000.00	\$2,000.00
G.F. Association for the Blind, Inc.	Services for the Blind	\$3,500.00	\$3,500.00	\$3,500.00
Greater Adirondack Homeaides, Inc.	In-Home Services	\$3,500.00	\$1,000.00	\$4,500.00
Home Health Care of Hamilton County, Inc.	In-Home Services	\$3,500.00	\$1,000.00	\$4,500.00
Catholic Family Services	Psychological Counseling	\$2,452.00		\$2,452.00
Warren County Council of Senior Citizens, Inc.	Senior Picnic/Banquet	\$2,000.00		\$2,000.00
Thomas Clements, Esq.	Legal Services	\$11,000.00		\$11,000.00
TOTAL		\$27,952.00	\$2,000.00	\$29,952.00
Decreased for 2010 budget from \$ 4,250 to \$2,000				

SCHEDULE "A"			
A.6772 Office for the Aging			
Subcontracts for 2010			
Subcontractor	Service Provided	Totals	
+++++	+++++	+++++	+++++
Town of Chester	Transportation	\$3,771.00	
Town of Hague	Transportation	\$960.00	
Town of Horicon	Transportation	\$1,280.00	
Town of Indian Lake	Transportation	\$291.00	
Town of Johnsburg	Transportation	\$4,048.00	
Town of Lake George	Transportation	\$3,715.00	
Town of Lake Luzerne	Transportation	\$2,892.00	
Town of Lake Pleasant	Transportation	\$1,194.00	
Town of Long Lake	Transportation	\$2,800.00	
Town of Queensbury	Transportation	\$6,607.00	
Town of Stony Creek	Transportation	\$1,680.00	
Town of Thurman	Transportation	\$1,797.00	
Town of Warrensburg	Transportation	\$1,630.00	
TOTAL		\$32,665.00	

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/30/09**

- (a) Resolution No. which Authorized the Original Contract: 774 of 2006
- (b) Name of Contractor: **See attached Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 1/1/2010
- (f) Termination Date of Extension: 12/31/ 2010
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 9,125
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) 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: Health Promotion- Contract A.6989 470 \$ 9,125

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/30/09**

- (a) Resolution No. which Authorized the Original Contract: 776 of 2006
- (b) Name of Contractor: **See attached Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 1/1/2010
- (f) Termination Date of Extension: 12/31/ 2010
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 76,300
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) 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: Title IIIE- OFA- Contract A.6989
470 \$ 76,300

SCHEDULE "A"						
A.6795 Title IIIIE - Family Caregiver Support Program						
Subcontracts for 2010						
Subcontractor	Service Provided	Federal funds	County funds	Totals	Contributions	Total Contract
+++++	+++++	+++++	+++++	+++++	+++++	+++++
Warren County Health Services	Caregiver Support; Coordination of HHA	\$3,375.00	\$1,125.00	\$4,500.00		\$4,500.00
Greater Adirondack Homeaides, Inc.	In-home Services	\$14,812.50	\$4,937.50	\$19,750.00	\$100.00	\$19,850.00
Alzheimers' Association	Safe Return Bracelets	\$375.00	\$125.00	\$500.00		\$500.00
Home Instead Senior Care	Respite	\$21,562.50	\$7,187.50	\$28,750.00		\$28,750.00
Helping Hands Caregivers of Hamilton County, Inc.	Support Serv./In Home Respite	\$8,250.00	\$2,750.00	\$11,000.00	\$100.00	\$11,100.00
Hamilton County Public Health Nursing Services	Home Health Care	\$7,500.00	\$2,500.00	\$10,000.00	\$100.00	\$10,100.00
TOTAL		\$55,875.00	\$18,625.00	\$74,500.00	\$300.00	\$74,800.00
Decreased for 2010 budget from \$2,000 to \$500						

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/30/09**

- (a) Resolution No. which Authorized the Original Contract: 773 OF 2006.
- (b) Name of Contractor: **Warren/Hamilton Counties A.C.E.O., Inc.**
- (c) Address of Contractor: 968 Maple Street, Glens Falls, NY 12801
- (d) Contractor's Contact Person and Telephone Number: Lynn Ackershoek
518.793.0636
- (e) Commencement Date of Extension: 1/1/2010
- (f) Termination Date of Extension: 12/31/ 2010
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$19,000
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) 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: Office for the Aging- Contract A.6772 470 \$19,000

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/30/09**

- (a) Resolution No. which Authorized the Original Contract: 776/06
- (b) Name of Contractor: **NEC Care, Inc**
- (c) Address of Contractor: 229 Washington Street, Saratoga, NY 12866
- (d) Contractor's Contact Person and Telephone Number: Mary Ellen Carpenter
518-580-4102
- (e) Commencement Date of Extension: 1/1/09
- (f) Termination Date of Extension: 12/31/09
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 4,500
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) 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.6795 470 (General, Title III.E. - OFA - Contract) \$ 15,000 (We are increasing contract using budgeted contract money that is not being used - there is NO impact to the county budget; ONLY amending contract amount)

REQUEST FOR TRANSFER OF FUNDS

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

SIGNED: _____ DATE: _____

<u>FR CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6771 260	Gen Nutri. Eld-Ham.Co. Other Equipment	A6771 110	Gen Nutri. Eld-Ham.Co. Salaries Reg	\$ 500
A6771 411	Gen Nutri. Eld-Ham.Co. Rent-Bldg/Property	A6771 110	Gen Nutri. Eld-Ham.Co. Salaries Reg	\$ 1,020
A6771 413	Gen Nutri. Eld-Ham. Rep & MaintBldg/Prop	A6771 110	Gen Nutri. Eld-Ham.Co. Salaries Reg	\$ 100
A6771 130	Gen Nutri. Eld-Warr Co. Salaries PT	A6771 110	Gen Nutri. Eld-War.Co. Salaries Reg	\$ 3,000
A6774 130	GenS.N.A.P Salaries PT	A6774 110	GenS.N.A.P Salaries Reg	\$ 8,000
A.6774 260	Gen S.N.A.P Other Equipment	A6774 110	GenS.N.A.P Salaries Reg	\$ 300
A.6774 445	Gen S.N.A.P Food	A6774 110	GenS.N.A.P Salaries Reg	\$ 7,850
A6780 110	Gen CSE/Ham Salaries Reg	A6778 110	Gen CSE /Warr Salaries Reg	\$ 3,400
A6788 110	GenE.I.S.E.P. Warr Salaries Reg	A6778 110	Gen CSE /Warr Salaries Reg	\$ 6,475
A6789 110	Gen E.I.S.E.P. Ham Salaries Reg	A6988 110	Gen OFA HIICAP Salaries Reg	\$ 4,215
A6793 110	Gen WRAP Salaries Reg	A6772 110	Gen OFA Salaries Reg	\$ 3,000
A6987 110	Gen Title VII Salaries Reg	A6772 110	Gen OFA Salaries Reg	\$ 1,930
A6772 418	Gen OFA Ins/Gen Liability	A6772 110	Gen OFA Salaries Reg	\$ 4,220
A6785 110	Gen OFA POE Warr Salaries Reg	A6785 470	Gen OFA POE Warr Contract	\$ 5,986
A6786 110	Gen OFA POE Ham Salaries Reg	A6786 470	Gen OFA POE Ham Contract	\$ 4,155
A6987 110	Gen Title VII Salaries Reg	A6987 410	Gen Title VII Supplies	\$ 55.00

Please state reason for transfers requested:

To redistribute salary budget

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>FR CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6771 444	Gen Nutri. Eld-Ham.Co. Travel/Ed/Conf	A6773 444	Gen Nutri. Eld-War.Co. Travel/Ed/Conf	\$ 6,580.00
A6773 260	Gen Nutri. Eld-War.Co. Other Equip	A6773 432	Gen Nutri.Eld-War.Co. Special Proj Supply	\$ 1,400.00
A6785 220	Gen OFA-POE-Warr Office Equip	A6785 424	Gen OFA-POE-Warr Postage	\$ 50.00
A6785 220	Gen OFA-POE-Warr Office Equip	A6785 444	Gen OFA-POE-Warr Travel/Ed/Conf	\$ 150.00
A6785 220	Gen OFA-POE-Warr Office Equip	A6785 470	Gen OFA-POE-Contract	\$ 1,800.00

Please state reason for transfers requested:

To redistribute 2009 funds to cover possible shortfalls in GL lines

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.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **November 30, 2009**

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To enter into contract with Senior Whole Health for reimbursement TO OFA for Congregate and/or HD meals to their clients
- (c) Name of Contractor: **Senior Whole Health of NY, Inc**
- (d) Address of Contractor: 200 South Pearl St., Albany, NY 12202
- (e) Contractor's Contact Person and Telephone Number: Jean Buff Ph. 518-472-5229
- (f) Has or Will the Contract be provided, if so, Please Attach?
- (g) Commencement Date of Contract: 1/1/10
- (h) Termination Date of Contract: 12/31/10
- (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.
- (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:

**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
11/30/09**

1. Budget- transfers/adding federal funds

- a. Request resolution authorizing the attached budget transfers
- b. Request resolution to add the following federal funds to the county budget:

Revenues:	Code	Title	Amount
	40 6293.4791	WIA	\$30,693

Appropriations:

Code	Title	Amount
40 6293.0300 433	WIA Adult -Training-Client	\$ 476
40 6293.0305 433	WIA DW - Training-Client	\$25,719
40 6293.0310 470	WIA Youth - Contract	\$ 4,498

2. Request to attend meeting:

The 2010 NYATEP/NYSDOL Youth Academy for Sharon Sano. Location: Albany, NY on March 2-3. Conference cost - \$275.00.

3. Request resolution to enter into renewal of lease for office space with the NYS Dept. of Labor.

- a. Term: For a period up to 5 years 1/1/10-12/31/15
- b. Rate: No increase over current rate - \$40,074.81/yr.
- c. Details: Early termination clause by either party after as early as one year but no longer than after two years in a form approved by the county attorney.

4. Other

- a. Pending item
- b. Math prep classes
- c. Options for Director's position

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

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 Sharon Sano

(Supervisory Committee) (Employee Name)

to attend 2010 NYATEP/NYSDOL Youth Academy

(Name of meeting or organization)

at Desmond Hotel, Albany, NY

(Address)

on 3/2-3/3/10 Mode of transportation to be used county vehicle

(Dates) (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

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

*www.gsa.gov

Date: 11/30/09



Department Head Signature

Date: 11-30-09



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**

Filing Instructions:

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:** 11/30/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40 6293.0305 220	WIA DW - Office Equipment	40 6293.0345 110	WIA DW - Training-Client	\$ 2,500
40 6293.0347 470	WIA Youth Stim - Contract	40 6293.0347 110	WIA Youth Stim- Salaries-Regular	\$ 650

Please state reason for transfers requested: To align budget with expenditures

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.

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: Employment and Training

DATE: 11/30/09

- (a) Purpose of Amendment: Add federal 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

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: Employment and Training

DATE: 11/30/09

- (a) Purpose of Request: Authorizing renewal of lease agreement and amending resolution # 717 of 2006

- (b) Details: Current lease with the NYS Department of Labor ending 12/31/09 will be renewed for a period up to five years for the term 1/1/10-12/31/15 at the current rate of \$40,074.81/year. Further, there will be provisions for early termination by either party after a period of as early as one year but no longer than two years per terms in a form approved by the county attorney.

- (c) Previous Resolution Number: # 717 of 2006



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

HUMAN SERVICES COMMITTEE - Youth Programs

November 30, 2009

Updates:

Warren County Youth Bureau Staffing

As this committee directed August 28th, my retirement will be effective on December 31, 2009. For 2010, it is planned that the Youth Bureau director position will be reduced to part-time - 19 hours per week without health benefits or vacation/holiday time. An administrative assistant will work part-time in the Youth Bureau and part-time in Department of Social Services Fiscal Unit with benefits paid through Social Services to maximize reimbursement. This plan will reduce county costs in 2010 and retain the framework of the Youth Bureau and Youth Board that is required to maximize youth programs dollars for our county youth.

The Youth Bureau Director Position for 2010 will be discussed at the meeting.

New Business:

Tennis Grant

Background: The Youth Bureau received a \$1000. grant from the National Junior Tennis Foundation. 60 youth in Johnsbury, Chester and Glens Falls learned to play tennis lessons in the summer and after school. There is a reserve of \$195. in 100% grant funds.

Resolution Request: A resolution to amend Resolution 502 of 2009 to allocate \$195 in additional funds to the Glens Falls Recreation Department for tennis instructor costs.

AliveAT25® Update

Background:

- District Attorney Hogan, Sheriff York and I worked together to bring this 4 hour young driver intervention program to Warren County as a sentencing tool for young drivers with vehicle and traffic violations.
- The District Attorney/Assistants and justice courts direct defendants to complete the course run monthly in the Sheriff's Training Center.
- Highest accident and fatality rates nationwide are in this age group.
- Since the program began in October, 40 individuals aged 16-24 completed the course.
- The Youth Bureau handles scheduling, registration, instructor contacts, payment and court notifications.
- The instructor (Robert Lathrop) is paid through participant fees.

- Funds from participant fees are reserved in the Youth Bureau budget to subsidize youth intervention programs and the Youth Bureau

Resolution Request: Renewal of Agreement with Alive at25@ instructor Robert Lathrop for 2010

Warren County Children & Family Services Plan & Annual Update

Background:

NYS Office of Children & Family Services requires that the Department of Social Services, Probation and Youth Bureau prepare this document that outlines needs, outcomes and resources I have worked with DSS and Probation on this. The next Plan is due December 15th. I have talked with Commissioner Weaver and an extension will be requested. There will be significant revisions in the Youth Bureau administrative structure and Department of Social Services sections in this Plan.

Resolution Request: TBD

Warren County Youth Court

The Warren County Youth Court is one of seven in New York State to be included in a Youth Court Best Practices publication compiled by the Center for Court Innovation/Office of Court Administration.

Warren County Youth Board Appointments

It's time to address appointments to the Warren County Youth Board for Hague, Village of Lake George, Johnsbury, Warrensburg, and Queensbury. Warrensburg representative Mr. Joe Barlow resigned before his term is up. He has helped expand opportunities for Warrensburg youth and contributed significant time and ideas to the countywide advisory board.

There are also vacant seats for a Thurman representative and two youth under age 21. I will contact supervisors about new or renewal appointees and request names and addresses. Appointee information will be forwarded to the Clerk of the Board as soon as possible so that Certificates of Appointment can be prepared for January.

Three county supervisors are appointed to the Youth Board by the Chairman of the Board of Supervisors. Supervisors Dan Girard, Kathy Simmes, and Frank Thomas served on the Youth Board and their perspectives are greatly appreciated.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Warren County Youth Bureau

DATE: November 30, 2009

- (a) Purpose of Contract Change: Renew agreement with Robert Lathrop for provision of the "Alive at 25@" Program to increase driver safety among those persons ages 16 to 25.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: Resolution # 213, 2009
- (c) Name of Contractor:
- (d) Address of Contractor:
- (g) Contractor's Contact Person and Telephone Number:
- (h)
- (f) Commencement Date of Extension: January 1, 2010
- (g) Termination Date of Extension: December 31, 2010
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount _____
iii) total amount not to exceed _____
v) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.) monthly
- (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 a Title and Amount: A.7311 470 Contracts \$4,000

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Warren County Youth Bureau

DATE: November 30, 2009

- (a) Purpose of Contract Change: Amend contract with Glens Falls Recreation Department to allocate additional funds in the amount of \$195 for tennis program costs.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: Resolution 502 of 2009
- (c) Name of Contractor:
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number:
- (f)
- (f) Commencement Date of Extension: June 1, 2009
- (g) Termination Date of Extension: December 31, 2009
- (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 or monthly
- (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 a Title and Amount: A.7311 470 Contracts \$195.00

**Request for Funds
Year Ending 2009
Veterans Salary Account
A.6510 110**

Starting 11/23/09 through end of year this is my approximate calculation of funds needed:

As of P/Roll ending 11/22/09 the Veterans Department is over budget.	(\$6926.48)
Regular Salaries (2 payrolls left with each being \$2451.34)	\$4902.68
Sick Incentive (.140)	\$400.00
15% of remaining sick time to be paid out for Deanna (confirmed with Todd Lunt)	\$143.04

Estimated monies needed to cover salary accounts until EOY: \$12,372.20

P/Roll ending 12/06/09 =2451.34
P/Roll ending 12/20/09 =2451.34

Veterans Outreach Program

Every Thursday - to Hague, Chestertown and North Creek

	Approx Wages/day	Meals	Mileage	Gas (\$2.75/gal)	# of Clients Assisted
July	\$ 131.04	\$ 29.88	114	\$ 39.19	7
August	\$ 131.04	\$ 25.78	114	\$ 39.19	4
September	\$ 131.04	\$ 14.31	114	\$ 39.19	4
October	\$ 131.04	\$ 30.69	114	\$ 39.19	5
November	\$ 131.04	\$ 13.28	114	\$ 39.19	3
Totals	\$ 655.20	\$ 113.94	570	\$ 195.95	23

Approximate expenses for 5 months: \$ 965.09

Average hourly cost per client: \$ 41.96