

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

\$54,206

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

9,980

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.

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:

- CA A. REQUEST TO SUBMIT THE FOUR YEAR/ ANNUAL IMPLEMENTATION PLAN OF 2010-2011
- CA B. REQUEST TO EXTEND CONTRACT WITH HEALTH SERVICES FOR MOU FOR LTC PROGRAM- RESOLUTION 682 OF 2007
- CA C. REQUEST TO EXTEND TITLE IIIB,IIID AND IIIE CONTRACTS FOR 2010 SEE SCHEDULE A
- CA D. REQUEST TO EXTEND CONTRACT WITH WARREN/HAMILTON A.C.E.O. INC. FOR TRANSPORTATION RESOLUTION 773 OF 2006
- CA E. REQUEST TO AMEND CONTRACT WITH NEC CARE INC. BY \$4500 WITH UNUSED CONTRACT FUNDS
- F F. REQUEST TO TRANSFER FUNDS TO REDISTRIBUTE SALARIES
- F G. REQUEST TO TRANSFER FUNDS FROM GENERAL NUTRITION HAMILTON COUNTY TRAVEL/ED/CONF TO GENERAL NUTRITION WARREN COUNTY TRAVEL/ED/CONF
- F 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 \$ 62,617
 - 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 \$ 51,617 / 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
G.F. Association for the Blind, Inc.	Services for the Blind	\$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				
<i>Subcontractor</i>	<i>Service Provided</i>		<i>Totals</i>	
+++++	+++++	+++++	+++++	+++++
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

SCHEDULE "A"				
A.6989 Title IIID - Health Promotion Subcontracts for 2010				
<i>Subcontractor</i>	<i>Service Provided</i>	<i>Federal funds</i>	<i>County funds</i>	<i>Totals</i>
+++++	+++++	+++++	+++++	+++++
Warren County Health Services	Health Promotion	\$2,981.25	\$331.25	\$3,312.50
Glens Falls Association for the Hearing Impaired, Inc.	Services for the Hearing Impaired (Warren County)	\$2,250.00	\$250.00	\$2,500.00
Hamilton County Public Nursing Service	Health Promotion	\$2,981.25	\$331.25	\$3,312.50
TOTAL		\$8,212.50	\$912.50	\$9,125.00

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: 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~~ 74,800
 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 III E - Family Caregiver Support Program						
S Subcontracts for 2010						
<i>Subcontractor</i>	<i>Service Provided</i>	<i>Federal funds</i>	<i>County funds</i>	<i>Totals</i>	<i>Contributions</i>	<i>Total Contract</i>
+++++	+++++	+++++	+++++	+++++	+++++	+++++
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	\$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)

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: