

**Warren County Health Services  
Health Services Committee Meeting  
August 27, 2010  
Information Submitted By: Patricia Auer, DPH/DPS**

**Action Agenda: New Business**

**Request Resolution:**

To authorize reimbursement for a job related college course at 50% per CSEA Bargaining Agreement upon completion of the course with a grade of "C" or better for Nichole Gillis, CHN. The cost for the course is \$207.00 so the county expense would be \$103.50.

**Rationale:**

Nichole is pursuing her Bachelor's Degree in nursing through Plattsburgh State. She will take a prerequisite course entitled Introduction to Information and Technology Literacy commencing August 30, 2010. There are no associated fees or books with the class.

**Request Resolution:**

To authorize reimbursement for job related college courses' associated fees and books at 50% of \$346.07 (county cost \$173.03) per CSEA Bargaining Agreement upon completion of the courses with a grade of "C" or better for Patricia Belden, PHN.

**Rationale:**

Pat is pursuing her Master's Degree in Public Health through the School of Public Health at SUNY Albany, and has full scholarship funds in the amount of \$2789.07.

She will be taking the following courses:

Biological Basis of Public Health

Health Information Technology

First Year Masters in Public Health Seminar

**Flu Vaccine:**

The price of the vaccine has increased this year from \$83.00 to \$95.00 per 10 dose vial. For the past few years we have charged \$25.00 for individuals who did not have Medicare and \$20.00 for county employees. From everything we can see, and from what we hear, vaccine will be very plentiful this year, and shots will be available at pharmacies, supermarkets, health centers and private physicians' offices. Since we have purchased our vaccine, and want to assure that it is utilized, we would not recommend increasing the price, even though other places are charging between \$25.00 and \$29.00. Keeping the price the same, we will still cover all costs, maintain our clinics throughout the county and still make profit. As for county employees, the decision for the price to both the public and employees rests with the committee.

**Request Committee Approval:**

To authorize the WIC Program staff to attend the Annual WIC Conference at the Sagamore Hotel, Bolton Landing from October 17 -20 at a total cost for the 9 staff members of \$2,690.00.

**Rationale:**

This is mandated training for staff, and the cost is entirely covered by the WIC Program Grant. Meals are included, and because of the conference location there is no travel or lodging expense.

The conference is usually held in the Capital District Area and we are happy that it is in Warren County this year, as many WIC staff attends for the 3 days. We hope everyone enjoys the locale and wants to return next year!

**Pending Items/Old Business****Emergency Preparedness Program Update:**

We have been notified by the New York State Department of Health that Warren County will receive \$50,000. for the Emergency Preparedness Program for the contract year August 10, 2010 – August 9, 2010. We have yet to receive the contract package. We have been told that the Office of Homeland Security will administer the grant, but we will not request the resolution authorizing the agreement until we receive the contract.

Please note **Attachment #1** for the monthly activities report.

**Update on Point of Care Electronic Medical Record:****Request Resolution:**

To amend the contract with Delta Health Technologies to include the license to capture electronic signatures in the Point of Care Electronic Medical Record at a fee of \$75.00 per month.

**Rationale:**

This is another step in further automating our medical record. It will allow patient signatures to be captured electronically at the time of the visit, as opposed to having the patient or patient representative sign a piece of paper for each visit. This fee will be paid from our data processing budget code, not from the capital project.

**Update on Preschool Provider Issue:**

We have heard nothing further regarding the request for payment of services not provided. The facility is no longer in business, and a letter terminating Warren County's contract with the facility has been sent. This item could be removed from the pending items, and we will let you know if there are further developments.

**Topics for Discussion/Information****Report of Expenditures, Revenues, Overtime and Per Diem Use**

Please see **Attachment #2** for specific information. Tawn Driscoll, Fiscal Manager, will be present at the meeting to answer any questions.

**Rabies Program Report of Activity**

Please see **Attachment #3**

**Attachments:**

**#1** Emergency Preparedness Monthly Activity Report

**#2** Reports of Expenditures, Revenues, Overtime and Per Diem Use

**#3** Rabies Activity Report

**BT ACTIVITY SHEET**  
GY 11 - 8/10/2010 - 8/9/2011

Page 1

**Topic Color Codes**

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

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu)
8/4-5	Training	ICS 400	Ginelle Jones	Training
8/5	Equipment Test	HIN/HAN	Barb Orton, Angela Meade	
8/10	Meeting	Monthly BT Coordinators	Barb Orton, Laura Saffer	
8/18	Webinar	CDMS Policies and Procedures	Angela Meade	
8/18	Tabletop	Monthly GFH - Nerve agent release at the racetrack	Ginelle Jones	Pan Flu
8/25	Meeting	Annual School Nurses	Helen Stem et.al	

**ATTACHMENT #1**

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2010 AS OF 8/23/2010 5:36:22 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V  
 CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

EXPENSES	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
Salaries - Regular	\$3,010,719.79	\$1,783,728.44	\$2,972,776.51
Salaries - Overtime	\$157,708.20	\$96,056.43	\$181,571.28
Salaries - Part Time	\$417,299.22	\$146,530.95	\$268,308.45
Salaries - Sick Leave Incentive			\$800.00
100's PERSONAL SERVICES	\$3,585,727.21	\$2,026,315.82	\$3,423,456.24
200's EQUIPMENT	\$87,800.00	\$47,385.64	\$3,430.29
400's CONTRACTUAL	\$10,466,083.00	\$4,046,087.65	\$9,547,634.62
800's EMPLOYEE BENEFITS	\$38,845.00	\$35,015.66	\$59,899.69
<b>TOTALS</b>	<b>\$14,178,455.21</b>	<b>\$6,154,804.77</b>	<b>\$13,034,420.84</b>
<b>REVENUES</b>	<b>2010 BUDGETED</b>	<b>2010 YTD ACTUAL</b>	<b>2009 Prior Year Totals</b>
	\$13,234,527.00	\$4,951,388.37	\$11,688,704.48

Note: Accrued is the 2nd Preschool AVL for the 09/10 School year. We are anticipating on receiving \$1,098,969.27. This was submitted to the state on 8/23/10. We are currently working on closing July billings for the CHHA, LTC and MCH Programs by month end.

Still noted: The Preschool Program (which is mandated) has not paid anything in 2010 on any outstanding AVL's from previous years that are due.

We also want to note that the state is still holding on allowing us to bill Medicaid for Preschool services from July 2009 to current. Therefore both 2009 and 2010 revenues are understated. A recent memo from the state noted that they hope to be able to give us permission soon to backbill but only retro to September 2009. We are anticipating to be able to start to retro bill for Preschool Medicaid by fall of 2010.

Warren County Health Services

Salaries Comparison

2009 vs 2010  
 as of 8/15/10 for 16.21 payrolls

Total of All Depts	YTD 2010	YTD 2009	YTD 10v09	% Change	Budget 2010	Actual 2009
Regular Salaries	\$1,783,728.44	\$1,895,414.71	-\$111,686.27	-5.89%	\$3,010,719.79	\$2,972,776.51
Overtime Salaries	\$96,056.43	\$115,981.85	-\$19,925.42	-17.18%	\$157,708.20	\$181,571.28
Part Time Salaries	\$146,530.95	\$169,130.69	-\$22,599.74	-13.36%	\$417,299.22	\$268,308.45
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$800.00
<b>TOTALS for 26 Pay periods</b>	<b>\$2,026,315.82</b>	<b>\$2,180,527.25</b>	<b>-\$154,211.43</b>	<b>-7.07%</b>	<b>\$3,585,727.21</b>	<b>\$3,423,456.24</b>

\*Source: Detail G/L report for all Salary Category from 1/1/XX-7/15/XX

Payroll reflects 16 full payrolls and .21 of a payroll for the 1/3/10 payroll ending period.

Note: Payroll reflects the annual 3% increase in union salaries for 2010.

**Warren County Public Health  
Rabies Program  
APRIL- JUNE 2010**

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton		1			1							
Chester		1			1							
Glens Falls		9		3	9			1		1	2	
Hague					1			1				
Horicon					1							
Johnsburg		1										
Lake George					1							
Lake Luzerne		1			1		1					
Queensbury		2		4	8		1	2		2	1	
Stony Creek		1										
Thurman	1											
Warrensburg					5							
<b>Totals</b>	<b>1</b>	<b>16</b>		<b>7</b>	<b>28</b>		<b>2</b>	<b>4</b>		<b>3</b>	<b>3</b>	

**Bites Reported by Month**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2010	16	7	20	24	21	19							107

**RABIES CLINICS 2010**

6/14 Fox attacked resident in Hague. Sent for testing and was positive for rabies. Individual went thru rabies post exposure prophylaxis.

**Attachment #3**

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

- 1. Employee's Name: Nichole Gillis
- 2. Position: Registered Nurse 3. Department: Home Healthcare Services
- 4. Course Title: Intro to Info and Tech Literacy
- 5. Institution or School: Plattsburgh State
- 6. How Course Relates to Current Position: Pre-requisite for bachelor degree in Nursing
- 7. Starting Date: 8/30/10 8. Completion Date: 11/07/10
- 9. Cost: \$207
- 10. Employee's Signature: Nichole Gillis Date: 8/16/10
- 11. Supervisor's Comments (Approval/Denial) Excellent Candidate for BSN  
Supervisor's Signature: Shawn Holden Date: 8/16/10
- 12. Department Head's Comments (Approval/Denial) \_\_\_\_\_  
Department Head's Signature: Patricia Date: 8/17/10
- 13. Committee's Recommendation: \_\_\_\_\_  
Committee Chairman's Signature: Matthew Date: 8/27/10  
Signature: Fredrick M. Morrow Date: 8/27/10  
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee's Name: Patricia Belden

2. Position: PMN 3. Department: PH

4. Course Title: BMS505 Biological Basis of Public Health

5. Institution or School: SUNY Albany

6. How Course Relates to Current Position: This class is relevant to Communicable Disease nurse position as it incorporates biomedical sciences & PH including infectious diseases & transmissible vectors. Emphasis on lab based procedures for detection, monitoring & tx of these diseases.

7. Starting Date: 8/30/10 8. Completion Date: 12/10

9. Cost: Total for all three courses \$346.07

10. Employee's Signature: Patricia Belden Date: 8/22/10

11. Supervisor's Comments (Approval/Denial) \_\_\_\_\_

Supervisor's Signature: Dyane ADPH Date: 8/23/10

12. Department Head's Comments (Approval/Denial) \_\_\_\_\_

Department Head's Signature: Patricia Agre Date: 8/23/10

13. Committee's Recommendation: \_\_\_\_\_

Committee Chairman's Signature: [Signature] Date: 8/27/10

Signature: [Signature] Date: 8/27/10  
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee's Name: Patricia Belden

2. Position: PHN 3. Department: PH

4. Course Title: HPM 580 Health Information Technology

5. Institution or School: Suny Albany

6. How Course Relates to Current Position: This course examines the application of information technology in the health care industry. Course will provide knowledge in Electronic Medical Records, eHealth & telemedicine

7. Starting Date: 8/31/10 8. Completion Date: 12/10

9. Cost: Total for all 3 courses = \$2789.07  
I am only responsible for \$346.07

10. Employee's Signature: Patricia Belden Date: 8/22/10

11. Supervisor's Comments (Approval/Denial) \_\_\_\_\_

Supervisor's Signature: [Signature] ADPH Date: 8/23/10

12. Department Head's Comments (Approval/Denial) \_\_\_\_\_

Department Head's Signature: [Signature] Date: 8/28/10

13. Committee's Recommendation: \_\_\_\_\_

Committee Chairman's Signature: [Signature] Date: 8/27/10

Signature: [Signature] Date: 8/27/10  
Chairman of the Board of Supervisors

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RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

- 1. Employee's Name: Patricia Belden
- 2. Position: PHN 3. Department: PH
- 4. Course Title: First year MHA Seminar
- 5. Institution or School: Suny Albany
- 6. How Course Relates to Current Position: This course will discuss important contemporary issues & leaders in PH. Health Care reform is one topic.
- 7. Starting Date: 8/30/10 8. Completion Date: 12/10
- 9. Cost: Total for all three courses \$346.07
- 10. Employee's Signature: Patricia Belden Date: 8/22/10
- 11. Supervisor's Comments (Approval/Denial) \_\_\_\_\_  
Supervisor's Signature: Diana ADPH Date: 8/23/10
- 12. Department Head's Comments (Approval/Denial) P  
Department Head's Signature: Patricia Belden Date: 8/23/10
- 13. Committee's Recommendation: \_\_\_\_\_  
Committee Chairman's Signature: Matthew LLP Date: 8/27/10  
Signature: Fredrick M. ... Date: 8/27/10  
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SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Services hereby authorizes Health Services, Nancy P. [unclear] Board, Capital Action [unclear] State, Jeanne Ward, Sandra Watson, Anthony [unclear]  
 (Supervisory Committee) (Employee Name)

to attend 2010 WIC Annual Conference  
 (Name of meeting or organization)

at Sagamore Hotel Boston  
 (Address) (via van and car)

on Oct 17-20 2010 Mode of transportation to be used county vehicles  
 (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 \$ Not applicable GSA\* Rate \$ Not applicable
  - Meal costs - GSA\* per diem rate \$ 0 included in conference fee
- \*www.gsa.gov

Date: 8/24/10

[Signature]  
 Department Head Signature

Date: 8/27/10

[Signature]  
 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:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.



V11546

*With Our*

*Compliments.....*

9 @ \$310 = \$2,790  
- 100 less Discount  
\$2,690

meals included  
commuting  
via WIC van & car

Dear WIC Director:

This certificate entitles Warren County WIC Program to a discount of \$100 off its total registration for the 2010 Annual WIC Association Conference to be held this year at The Sagamore, Lake George, from October 17-20.

This certificate was awarded to your agency as a result of Kathy Harriss' entering the General Mills Recipe Contest. The WIC Association of NYS, Inc. thanks General Mills for its generous support of the annual conference.

Simply deduct \$100 from your total registration amount and include this Certificate with your conference registration forms.

The discount is only valid with the inclusion of this certificate with your registration forms.

**Congratulations and see you at The  
Sagamore!**



# 2010 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.  
Please use black ink when completing form and be sure to print clearly.

Name: Nancy PIEPER  
First Last

Organization: WARREN Co. WIC 201  
WIC LA #

Address: MUNICIPAL CTR. BLDG 11

City: LAKE GEORGE State: ny Zip Code: 12845

Phone: 761-6425 Fax: 761-7643 Email: \_\_\_\_\_

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

### CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)	Before 9/15/10	After 9/15/10
<input type="checkbox"/> Registration (staying at hotel 10/17/10-10/19/10)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
<input checked="" type="checkbox"/> Registration (commuter)	<input checked="" type="checkbox"/> \$310	<input type="checkbox"/> \$340
<input type="checkbox"/> One Day Only: (Check date attending: <input type="checkbox"/> 10/18 <input type="checkbox"/> 10/19 <input type="checkbox"/> 10/20)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255

- Conference fee includes breakfast and lunch on Monday, Tuesday and Wednesday. All dinners are on your own.
- Conference registration fee does not cover hotel expenses. You must register for the hotel separately.
- Please indicate if you will be staying at The Sagamore Resort:  YES  NO
- Please indicate if you are interested in volunteering at the conference:  YES  NO

TOTAL CONFERENCE REGISTRATION FEE: \$ 310  Enclosed  To Be Mailed

Please make checks payable to The WIC Association of NYS, Inc. and mail with registration form to:

The WIC Association of NYS, Inc.  
C/O Mickey Lynch  
238 Arsenal Street  
Watertown, NY 13601  
Phone: (315) 782-9450 Fax: (315) 782-2643 Email: [mlynch@childrens-clinic.org](mailto:mlynch@childrens-clinic.org)

For more information visit The WIC Association of New York State, Inc. website at [www.nyswica.org](http://www.nyswica.org).

Confirmation of receipt of payment will be sent by fax or mail within 10 days. Cancellations received in writing by close of business September 30, 2010 will be refunded less a \$35.00 processing fee. No refunds after September 30th. If you do not cancel your registration in writing and do not attend you will not receive a refund. You may, however, send a substitute in your place. If you have not registered or made arrangements to pay at the door, you will not be able to attend the event.

For Office use only:  
Date Received \_\_\_\_\_ Processed by \_\_\_\_\_ Invoice # \_\_\_\_\_ Date Confirmation Sent \_\_\_\_\_



# 2010 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.

Please use black ink when completing form and be sure to print clearly.

Name: Marilynn J Wood

First

Last

Organization: Warren County WIC 201

WIC LA #

Address: Bldg 11- Municipal Center

City: Lake George State: Ny Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: \_\_\_\_\_

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

## CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

Before 9/15/10

After 9/15/10

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Name: Crystal McKinney  
First Last

Organization: Warren County WIC 201  
WIC LA #

Address: ~~80 Main Street~~ Municipal Center Building II

City: ~~Dover~~ Lake George State: N.Y. Zip Code: 12845

Phone: 761-6425 Fax: 761-7643 Email: \_\_\_\_\_

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

### CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 9/15/10</u>	<u>After 9/15/10</u>
<input type="checkbox"/> Registration (staying at hotel 10/17/10-10/19/10)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
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Name: Jamire Clute

First

Last

Organization: Warren County WIC 201

WIC LA #

Address: Municipal Center  
Guernsey Lane Bldg. 11

City: Lake George State: NY Zip Code: 12848

Phone: 761-6425 Fax: 761-7643 Email: \_\_\_\_\_

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

### CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 9/15/10</u>	<u>After 9/15/10</u>
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Date Received \_\_\_\_\_ Processed by \_\_\_\_\_ Invoice # \_\_\_\_\_ Date Confirmation Sent \_\_\_\_\_



# 2010 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.  
Please use black ink when completing form and be sure to print clearly.

Name: Kathy Harriss  
First Last

Organization: Warren County WIC 201  
WIC LA #

Address: Municipal Center, Bldg 11

City: Lake George State: NY Zip Code: 12845

Phone: (518) 761-6555 Fax: (518) 761-7643 Email: harrissk@co.warren.ny.us

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

## CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 9/15/10</u>	<u>After 9/15/10</u>
<input type="checkbox"/> Registration (staying at hotel 10/17/10-10/19/10)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
<input checked="" type="checkbox"/> Registration (commuter)	<input checked="" type="checkbox"/> \$310	<input type="checkbox"/> \$340
<input type="checkbox"/> One Day Only: (Check date attending: <input type="checkbox"/> 10/18 <input type="checkbox"/> 10/19 <input type="checkbox"/> 10/20)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255

- Conference fee includes breakfast and lunch on Monday, Tuesday and Wednesday. All dinners are on your own.
- Conference registration fee does not cover hotel expenses. You must register for the hotel separately.
- Please indicate if you will be staying at The Sagamore Resort:  YES  NO
- Please indicate if you are interested in volunteering at the conference:  YES  NO

TOTAL CONFERENCE REGISTRATION FEE: \$310  Enclosed  To Be Mailed

Please make checks payable to The WIC Association of NYS, Inc. and mail with registration form to:

The WIC Association of NYS, Inc.  
C/O Mickey Lynch  
238 Arsenal Street  
Watertown, NY 13601  
Phone: (315) 782-9450 Fax: (315) 782-2643 Email: [mlynch@childrens-clinic.org](mailto:mlynch@childrens-clinic.org)

For more information visit The WIC Association of New York State, Inc. website at [www.nyswica.org](http://www.nyswica.org).

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# 2010 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.

Please use black ink when completing form and be sure to print clearly.

Name: Jeanne Wood  
First Last

Organization: Warren Co. WIC 201  
WIC LA #

Address: ~~#54~~ Municipal Center - Bldg 11

City: Lake George State: Ny Zip Code: 12845

Phone: 518 761-6425 Fax: 518 761-7643 Email: \_\_\_\_\_

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

### CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)	Before 9/15/10	After 9/15/10
<input type="checkbox"/> Registration (staying at hotel 10/17/10-10/19/10)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
<input checked="" type="checkbox"/> Registration (commuter)	<input checked="" type="checkbox"/> \$310	<input type="checkbox"/> \$340
<input type="checkbox"/> One Day Only: (Check date attending: <input type="checkbox"/> 10/18 <input type="checkbox"/> 10/19 <input type="checkbox"/> 10/20)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255

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 C/O Mickey Lynch  
 238 Arsenal Street  
 Watertown, NY 13601  
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For Office use only:

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# 2010 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.

Please use black ink when completing form and be sure to print clearly.

Name: SANDRA WATSON

First

Last

Organization: WARREN COUNTY WIC PROGRAM 201

WIC LA #

Address: MUNICIPAL CTR - BLDG #11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: (518) 761-6425 Fax: (518) 761-7643 Email: Watsons@co.warren.ny.us

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

### CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 9/15/10</u>	<u>After 9/15/10</u>
<input type="checkbox"/> Registration (staying at hotel 10/17/10-10/19/10)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
<input checked="" type="checkbox"/> Registration (commuter)	<input checked="" type="checkbox"/> \$310	<input type="checkbox"/> \$340
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- Please indicate if you will be staying at The Sagamore Resort:  YES  NO
- Please indicate if you are interested in volunteering at the conference:  YES  NO

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C/O Mickey Lynch  
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# 2010 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.

Please use black ink when completing form and be sure to print clearly.

Name: Bethany Paquette  
First Last

Organization: Warren County WIC 201  
WIC LA #

Address: Municipal Center Bldg # 11  
Gurney Lane Lake George NY 12845

City: Lake George State: NY Zip Code: 12845

Phone: (518) 761-6425 Fax: 761-7443 Email: \_\_\_\_\_

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

### CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 9/15/10</u>	<u>After 9/15/10</u>
<input type="checkbox"/> Registration (staying at hotel 10/17/10-10/19/10)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
<input checked="" type="checkbox"/> Registration (commuter)	<input checked="" type="checkbox"/> \$310	<input type="checkbox"/> \$340
<input type="checkbox"/> One Day Only: (Check date attending: <input type="checkbox"/> 10/18 <input type="checkbox"/> 10/19 <input type="checkbox"/> 10/20)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255

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Phone: (315) 782-9450 Fax: (315) 782-2643 Email: [mlynch@childrens-clinic.org](mailto:mlynch@childrens-clinic.org)

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# 2010 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.  
Please use black ink when completing form and be sure to print clearly.

Name: Roxana Lewis  
First Last

Organization: Warren County WIC 201  
WIC LA #

Address: Municipal Center, Bldg. 11

City: Lake George State: NY Zip Code: 12845  
~~12845~~

Phone: (518)-761-6425 Fax: (518)-761-7643 Email: \_\_\_\_\_

√ all that apply:  WIC Coordinator  CPA  Support Staff  Speaker  BOD Member  Other

### CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 9/15/10</u>	<u>After 9/15/10</u>
<input type="checkbox"/> Registration (staying at hotel 10/17/10-10/19/10)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
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- Please indicate if you will be staying at The Sagamore Resort:  YES  NO
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The WIC Association of NYS, Inc.  
C/O Mickey Lynch  
238 Arsenal Street  
Watertown, NY 13601  
Phone: (315) 782-9450 Fax: (315) 782-2643 Email: [mlynch@childrens-clinic.org](mailto:mlynch@childrens-clinic.org)

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## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: August 27, 2010

- (a) Purpose of Contract Change: To amend contract with Delta Health Technologies to include license to capture electronic signatures
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 214/2008, see attached
- (c) Name of Contractor: Delta health Technologies LLC
- (d) Address of Contractor: 400 Lakemont Park Boulevard, Altoona, PA 16602
- (e) Contractor's Contact Person and Telephone Number: Joe Fockler, 814-317-7051; email: joe.fockler@deltahealthtech.com
- (f) Commencement Date of Amendment: 9/20/10
- (g) Termination Date of Extension: 60 day notice by either party
- (h) Payment Provisions: Monthly, \$75.00/month
  - 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, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A.4010.428 CHHA Data Processing

**CONFIDENTIAL**

**EXHIBIT A  
ORDER FORM**

**Order Form Effective Date:** \_\_\_\_\_ **Customer:** Warren County Health Services

This Order is subject to and incorporates all of the provisions stated in the Delta License Agreement between Delta Health Technologies, LLC and Warren County Health Services, dated June 30, 2008 (the "Agreement"). Upon signature by authorized representatives of each party, this Order shall be deemed an amendment to the Agreement.

1. Customer is licensing the following products and acquiring the following third party software, equipment, and/or services from Delta:

Applications	Perpetual License Fees	Monthly Maintenance and Additional Terms:
Electronic Signature Capture Software (License 1 – 75)	\$3,750	\$75
Credit Electronic Signature Capture Software (License 1 – 75)	(\$3,750)	\$75
<b>Total Monthly Fees</b>	<b>\$0</b>	<b>\$75</b>

2. Payment Terms: Fees are payable as follows:

- Applications: 100% on Delivery Date
- Monthly Support: Monthly in advance, commencing on First Productive Use.

**DELTA HEALTH TECHNOLOGIES, LLC**  
By: \_\_\_\_\_

Print Name: Keith R. Crownover

Print Title: President & CEO

**WARREN COUNTY HEALTH SERVICES**  
By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

# Warren County Board of Supervisors

RESOLUTION NO. 214 OF 2008

Resolution introduced by Supervisors Stec, Belden, O'Connor, Bentley, Tessier, Champagne, VanNess, Kenny and Merlino

**ACCEPTING PROPOSAL AND AUTHORIZING AGREEMENT WITH DELTA  
HEALTH TECHNOLOGIES, LLC FOR POINT OF CARE SOFTWARE SYSTEM  
FOR THE WARREN COUNTY HEALTH SERVICES DEPARTMENT (WC 40-08)  
- HEALTH SERVICES DEPARTMENT**

WHEREAS, the Purchasing Agent has advertised for Request for Proposals for a Point of Care Software System for the Warren County Health Services Department (WC 40-08), and

WHEREAS, the Director of Public Health/Patient Services has issued correspondence recommending award of the agreement to Delta Health Technologies, LLC, with the lowest responsible Proposal, now, therefore, be it

RESOLVED, that Warren County enter into an agreement with Delta Health Technologies, LLC, 400 Lakemont Park Boulevard, Altoona, Pennsylvania 16602, pursuant to the terms and provisions of the Specifications (WC 40-08) and Proposal, for a total cost of Five Hundred Forty Thousand Four Hundred Seventy-Five Dollars (\$540,475), for a term commencing on April 1, 2008 and terminating upon sixty (60) days notice by either party, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the funds for said agreement shall be expended from Capital Project No. H282.9550 280 - Point of Care.