

**WARREN COUNTY
EMPLOYMENT & TRAINING ADMINISTRATION**

Chris A. Hunsinger
Director

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

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

Human Services Committee

**Employment and Training Administration Agenda
December 1, 2010
(REVISED)**

1. 2009 Program Performance Summary (see attached)
2. Consideration to Amend Budget - \$2,988 Incentive Award (see Form 7)

Appropriation Code - 0.6290.0352 433 - WIA PY 2009 Incentive Award, Training-Client \$2,988 - WIA PY 2009 Incentive Award, Training-Client \$2,988
Revenue Code - 40.6290.0352 4797 - WIA Incentive Award - \$ 2,988

3. Request resolution for transfer of funds (see Form 10)

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
WIA Adult Stimulus 40 6293.0345 434	Allowances	40 6293.0345 110	Salaries – Regular	\$ 30.00
WIA Dislocated Worker Stimulus 40 6293.0346 130	Salaries – Part Time	40 6293.0346 110	Salaries – Regular	\$1,346.10
WIA Dislocated Worker Stimulus 40 6293.0346 810	Retirement	40 6293.0346 110	Salaries – Regular	\$1,300.00

4. Authorization to Attend One Stop Leadership Meetings (see Schedule A) – tentative dates January 27 in Albany, March 29 in Syracuse, and June 1 in Albany
5. Other Business
 - a. Request to Reclassify Position

**Saratoga/Warren/Washington Local Workforce Investment Board
Common Measures Performance Report - Program Year 2009***

Total Adult and DW	Adult	More Than Self Service	Self Service Only	DW	Older Youth	Younger Youth	
Participants							
11,220	9,199	8,105	1,094	2,238	47	62	
Exiters							
10,553	9,141	8,065	1,076	1,510	13	18	

Participants by Type							
Outcomes				LWIA Goal		Sanction	
EER (Oct. 08- Sep. 09)	Positive Outcomes (Oct. 08- Sep. 09)	Exiters in Measure (Oct. 08- Sep. 09)	Add'l Exiters in Measure	LWIA Goal	% of LWIA Goal	Sanction Level EER	At Risk of Sanction
Entered Employment Rate (EER) Adult							
56.50%	4,159	7,366	0	57.00%	99.10%	45.60%	No
Entered Employment Rate (EER) Dislocated Worker							
51.10%	400	783	0	50.00%	102.20%	40.00%	No
Employment Retention Rate (ERR) Adult							
78.90%	3,378	4,284	0	82.00%	96.20%	65.60%	No
Employment Retention Rate (ERR) Dislocated Worker							
74.20%	302	407	0	82.00%	90.50%	65.60%	No

Earnings by Type							
Outcomes				LWIA Goal		Sanction	
AE (Apr. 08- Mar. 09)	Total Earnings (Apr. 08-Mar. 09)	Exiters in Measure (Apr. 08-Mar. 09)	Add'l Exiters in Measure	LWIA Goal	% of LWIA Goal	Sanction Level EER	At Risk of Sanction
Average Earnings (AE) Adult							
\$13,722	\$46,352,686	3,378	0	\$12,625	108.70%	\$10,100	No
Average Earnings (AE) Dislocated Worker							
\$13,858	\$4,185,098	302	0	\$15,980	86.70%	\$12,784	No

Youth Measures							
Outcomes				LWIA Goal		Sanction	
Placement Rate (Oct. 08- Sep. 09)	Positive Outcomes (Oct. 08-Sep. 09)	Exiters in Measure (Oct. 08-Sep. 09)	Add'l Exiters in Measure	LWIA Goal	% of LWIA Goal	Sanction Level EER	At Risk of Sanction
Placement in Employment or Education Youth							
65.20%	15	23	0	52.00%	125.40%	41.60%	No
Attainment of a Degree or Certificate Youth							
52.40%	11	21	0	40.00%	131.00%	32.00%	No
Literacy and Numeracy Gains Youth							
24.40%	10	41	0	35.00%	69.70%	28.00%	Yes
Corrected	15	41	0	35.00%	104.53%	28.00%	No

* Program Year 2009 is defined as 7/1/09 - 6/30/10.

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 Administration

DATE: December 1, 2010

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

- (b) Appropriation Code, Object Code, Full Title and Amount: 40.6290.0352 433 - WIA PY 2009 Incentive Award, Training-Client \$2,988

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: 40.6290.0352 4797 - WIA Incentive Award - \$ 2,988

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

***Please note all amount must be in whole dollars -- no cents.**

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: EMPLOYMENT AND TRAINING ADMINISTRATION
Name of Department

SIGNED: Chris A. Hunsing DATE: 12/1/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
WIA Adult Stimulus 40 6293.0345 434	Allowances	40 6293.0345 110	Salaries – Regular	\$ 30.00
WIA Dislocated Worker Stimulus 40 6293.0346 130	Salaries – Part Time	40 6293.0346 110	Salaries – Regular	\$1,346.10
WIA Dislocated Worker Stimulus 40 6293.0346 810	Retirement	40 6293.0346 110	Salaries – Regular	\$1,300.00

Please state reason for transfers requested: To align budget with grant activities as necessary to close out grant program, Adult Stimulus is 98% expended and Dislocated Worker Stimulus is 92% expended.

*Please note: All amounts must be in whole dollars – no cents.

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.

NOTE: All requests involve federal grant funds; no local county funds are included.

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: Employment and Training Administration

DATE: 12/1/10

- (a) Title of Reclassified Position: Employment & Training Account Manager

- (b) Annual Salary of Reclassified Position (and Grade if Applicable):*
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position. \$39,857 Grade 13

- (c) Title and Employee Number of Position to be Deleted: Principal Account Clerk

- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):*
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position. \$37,494 Grade 10

- (e) Effective Date:* January 3, 2011
*Please do not backdate unless the purpose is to correct an error.

- (f) Where are the Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: 40.6293.0300 110 Workforce Invest Act, WIA, Workforce Investment - Adult - Salaries - Regular 95,000.00

- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:*
*This is necessary **BEFORE** bringing the request to committees. Yes

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 Chris A. Hunsinger

(Supervisory Committee) (Employee Name)

to attend mandatory One Stop Leadership Meetings

(Name of meeting or organization)

at Syracuse (typically at Holiday Inn, 441 Electronics Parkway in Liverpool, NY)

(Address)

on 3/29/11 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 \$ _____ GSA* Rate \$ _____
 - Meal costs - GSA*per diem rate \$ _____
- *www.gsa.gov*

Date: 12/1/10

Chris A. Hunsinger
Department Head Signature

Date: _____

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:

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
1340 STATE ROUTE
LAKE GEORGE, NEW YORK 12845

CHRISTIE SABO
DIRECTOR

TEL: (518) 761-6347
FAX: (518) 761-6344

HUMAN SERVICES COMMITTEE MEETING
WEDNESDAY, DECEMBER 1st 2010
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Chairman Dave Strainer
- II. Motion to approve minutes of October 28th meeting
- III. Action Agenda
 - a) Resolution Request Form #4 Extend Contract – Title B
 - a) Resolution Request Form #4 Extend Contract – Title D
 - b) Resolution Request Form #4 Extend Contract- Title E
 - c) Resolution Request Form #4 Extend Contract- Warr/Ham ACEO
 - d) Resolution Request Form #4 Extend Contract- Luzerne lease
 - e) Resolution Request Form #7 Amend County Budget- HEAP salaries
- IV. Old business/pending items
 - a) NYConnects funding update
- V. Current business
 - a) Warrensburg meal site
 - b) HDM guidelines
 - c) Recognition of Harriet Bunker

SENATOR RUBEN DIAZ, SR.
32ND DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 307
ALBANY, NEW YORK 12247
(518) 455-2511
FAX (518) 426-6945

DISTRICT OFFICE:
900 ROGERS PLACE
BRONX, NEW YORK 10459
(718) 991-3161
FAX (718) 991-0309



THE SENATE
STATE OF NEW YORK

CHAIR
AGING COMMITTEE

COMMITTEES:
BANKS
FINANCE
HOUSING CONSTRUCTION
& COMMUNITY DEVELOPMENT
INSURANCE
INVESTIGATIONS &
GOVERNMENTAL OPERATIONS
JUDICIARY
TRANSPORTATION

November 19, 2010

Director Christie Sabo
Warren/Hamilton Counties Offices for the Aging
1340 State Route 9
Lake George, NY 12845

Dear Director Sabo,

Thank you for contacting me regarding funding for *NY Connects: Choices for Long Term Care* and that the contracts for the current program year, October 1, 2010 to September 30, 2011 have not been awarded, despite the fact that funding for this program was approved in the 2010-2011 budget by the Legislature and signed by the Governor. I am quite concerned to learn that the Division of Budget has withheld funding that was approved by another branch of government.

Likewise, I am deeply concerned about the impact that the Division of the Budget's actions will have on the elderly and disabled who rely on the NY Connects program for important services. Failure to release NY Connects funding, in addition to the \$5 million cut to EISEP, SNAP and CSE, is forcing the New York State Office for the Aging, the local County Office for the Aging, and most importantly, senior citizens, to suffer a loss of \$10 million. Simply put, this is unacceptable to me and I am outraged that the Division of the Budget would engage in such secretive accounting practices.

For your information, I have attached a letter to Governor Paterson and Division of the Budget Director Robert Megna urging the immediate release of NY Connects funding.



Thank you again for your correspondence, and for all that you do on behalf of New York State's Senior Citizens. Please do not hesitate to contact me again if I can be of further assistance to you. My staff and I are always available to serve you.

Sincerely,

A handwritten signature in black ink, appearing to read "Ruben Diaz", written in a cursive style.

State Senator Rubén Díaz, Chairman
New York State Senate Committee on Aging

cc: Greg Olsen, Acting Director
NYS Office for the Aging

Laura Cameron, Executive Director
NYS Association of Area Agencies on Aging

Senate Aging Advisory Council

RD: cbs

SENATOR RUBEN DIAZ, SR.
32ND DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 307
ALBANY, NEW YORK 12247
(518) 455-2511
FAX (518) 426-6945

DISTRICT OFFICE:
900 ROGERS PLACE
BRONX, NEW YORK 10459
(718) 991-3161
FAX (718) 991-0309



THE SENATE
STATE OF NEW YORK

CHAIR
AGING COMMITTEE

COMMITTEES:
BANKS
FINANCE
HOUSING CONSTRUCTION
& COMMUNITY DEVELOPMENT
INSURANCE
INVESTIGATIONS &
GOVERNMENTAL OPERATIONS
JUDICIARY
TRANSPORTATION

November 19, 2010

Honorable David A Paterson
Governor
State Capitol
Albany, New York 12224

Dear Governor Paterson:

I have recently been informed that funding in the amount of \$5.1 million for *NY Connects: Choices for Long Term Care* that was approved by the Legislature and signed into law by you as part of the 2010-2011 State Fiscal Year Budget has been withheld by the Division of the Budget. This has resulted in contracts not being made available to the New York State Office for the Aging and the local Area Agencies on Aging who operate this worthwhile and important program. Most importantly it has deprived the elderly and disabled of much needed services.

The Legislature approved this funding as part of the SFY 2010-2011 budget. You **did not veto** this funding. Under what authority did DOB withhold funding that was legally adopted?

This action by DOB is quite shortsighted for the following reasons:

- NY Connects has been shown to prevent or delay more costly institutional care; and
- Maintaining the NY Connects program is imperative because the Federal Government has recognized the importance of Aging & Disability Resource Centers, which is the NY Connects Program; and
- According to the ADRC calculator tool developed by the Lewin Group, NY Connects saved New York State \$28.5 million in Medicaid costs in 2008; and
- Current and future funding through the U.S. Administration on Aging and the Center for Medicare and Medicaid Services, as well as the Affordable Health Care Act, is predicated on having an existing ADRC; and
- Most importantly, dismantling the NY Connects program would jeopardize New York State's ability to access competitive grants and funding.

As New York State continues to face a multi-billion dollar deficit, it can ill-afford to be out of the running on future funding opportunities.

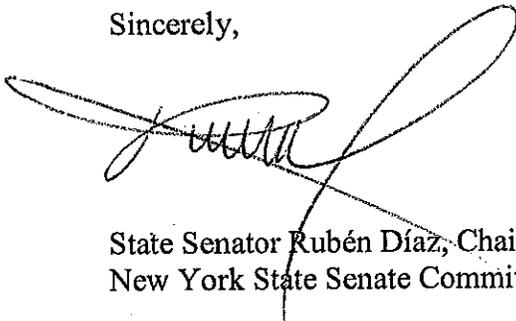


- Most importantly, dismantling the NY Connects program would jeopardize New York State's ability to access competitive grants and funding.

As New York State continues to face a multi-billion dollar deficit, it can ill-afford to be out of the running on future funding opportunities.

I urge you to release funding for *NY Connects: Choices for Long Term Care* immediately, and to complete the contract approval process so that the current program year (October 1, 2010 to September 30, 2011) may begin as quickly as possible.

Sincerely,



State Senator Rubén Díaz, Chairman
New York State Senate Committee on Aging

cc: Robert Megna, Director
NYS Division of the Budget

NYS Senate Committee on Aging

Assemblymember Jeffrey Dinowitz, Chairman
NYS Assembly Committee on Aging

NYS Assembly Committee on Aging

Greg Olsen, Acting Director
NYS Office for the Aging

Laura Cameron, Executive Director
NYS Association of Area Agencies on Aging

NYS Senate Aging Advisory Council

RD: cbs

Sabo, Christie

From: webmaster@co.warren.ny.us
Sent: Thursday, October 28, 2010 1:41 PM
To: Sabo, Christie
Subject: Message from the Warren Co. Web Site

Message from the Web Site

Name: Albert Doring
Contact Information: 631-436-4535/ajd648dd151@earthlink.net

Good Afternoon,

I just had a very pleasant experience speaking with one of your representatives, Harriet, in the Warren County office.

My sister and I have been trying to locate cord wood for our father, Albert Doring, who lives in North Creek.

Harriet was very helpful. She gave us information about six companies in the North Creek area that might be able to help us.

Message: She also gave us information on how my father might be able to save money with his fuel oil purchases through the Heating Assistance Program.

My sister and I really appreciate the help Harriet gave us. We have been frustrated trying to help our dad locate wood. With the information Harriet has given us we, hopefully, can make arrangements to have wood delivered to him.

We are happy that there are such dedicated people staffing the OFA. Thank you, Harriet; and Thank you Office of the Aging.

Sincerely,

Albert Doring
Kathleen Annunziato

11/24/2010

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **12/1/10**

- (a) Resolution No. which Authorized the Original Contract: 810 of 2009
- (b) Name of Contractor: **See attached IIB Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 1/1/2011
- (f) Termination Date of Extension: 12/31/2011
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 62,326
 - 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 \$ 51,326 / Office for the Aging- Legal/Transcript Fees A.6772 440 \$11,000

SCHEDULE "A"			
A.6772 Office for the Aging			
Subcontracts for 2011			
Subcontractor	Service Provided	Pd to Contractor	Contribution; 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

SCHEDULE "A"		
A.6772 Office for the Aging		
Subcontracts for 2011		
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 Johnsonburg	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		\$32,374.00

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **12/1/10**

- (a) Resolution No. which Authorized the Original Contract: 809 of 2009
- (b) Name of Contractor: **See attached IID Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 1/1/2011
- (f) Termination Date of Extension: 12/31/ 2011
- (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: **12/1/10**

- (a) Resolution No. which Authorized the Original Contract: 808 of 2009
- (b) Name of Contractor: **See attached IIIE Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 1/1/2011
- (f) Termination Date of Extension: 12/31/ 2011
- (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 III - Family Caregiver Support Program
Subcontracts for 2011

Contractor	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
Alzheimer's 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

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **12/1/10**

- (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: 1/1/2011
- (f) Termination Date of Extension: 12/31/ 2011
- (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: **12/1/10**

- (a) Resolution No. which Authorized the Original Contract: 513 of 2010
- (b) Name of Contractor: **Town of Lake Luzerne**
- (c) Address of Contractor: PO Box 370, Lake Luzerne, NY 12846
- (d) Contractor's Contact Person and Telephone Number: Cynthia Sherwood,
Town Clerk 696-2711
- (e) Commencement Date of Extension: 1/1/2011
- (f) Termination Date of Extension: 12/31/ 2015
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$8,000 per year
 - 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: A6773 411 - Nutrit. For Elderly-War.Co -Rent-Building/Property \$ 8,000 per year (5 year lease)

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 1, 2010

- (a) Purpose of Amendment: To correct over budget situation in HEAP salary GL

- (b) Appropriation Code, Object Code, Full Title and Amount: A.6783 110 Home Energy Assist. Prog Salaries Regular \$ 3,936.00

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.6783 464 Home Energy Assist. Prog-Heap OFA- Federal aid \$3,936.00

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

***Please note all amount must be in whole dollars – no cents.**