

Countryside COMMITTEE

April 23, 2010

AGENDA

Motion to accept minutes of previous meeting (3/26/10)

1. Update on Countryside, information on meetings and what has been discovered thus far.
2. Request permission to fill a per diem floater due to a resignation. This is reimbursed at 50% by the State. The Salary is \$23,390. This way we can utilize the position where ever it is needed instead of being stuck in one title.
3. Request permission to apply for a Section 5310 grant application to purchase a 10 Passenger vehicle for Countryside to transport the residents. There would be a 20% local match required. This is due May 4, 2010.
4. Request permission to apply for an ENABLE grant. This grant is for the purpose of Enhancing Abilities and Life Experience Program. Application is due May 4, 2010.
5. Request a resolution to pursue a Social Adult Day Care Waiver from the State – We are looking into a Social Model Day Care Program. We would have to request a waiver through the State. It would be for 6 individuals. We would have a gross revenue of \$52,620 plus transportation costs after creating one position and changing hours of another staff person.
6. We will be pursuing Veterans Benefits for our residents who are Veterans and spouses of Veterans. This would be a cost savings of \$1600.00 per month per resident. I believe we have 7 residents that are eligible. The funding is retroactive once we obtain it. This funding for seven people for one year would be an additional \$134,400.00 in revenue.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services - Countryside

Title of Position Institutional Aide - Floater

Base salary \$23,390.00

Budget code and title A. 6010 42.00

This position is vacated due to: Retirement Resignation Termination

Employee No. 11208

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

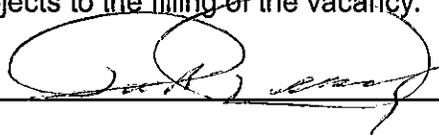
Name of Committee

Date 4/23/10

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature



SUPERVISORY COMMITTEE COMPLETES THIS SECTION

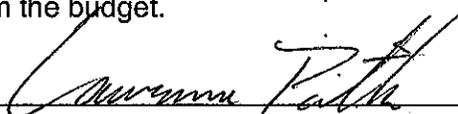
Name of Committee Social Services

Date 4/23/2010

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature



PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Social Servives (Countryside Adult home)

DATE: May 3, 2010

- (a) Purpose of Grant: To obtain a 10 passenger vehicle
- (b) Name of Grantor: NYS DOT
- (c) Address of Contractor: 50 Wolf Road - POD 54, Albany, NY 12232
- (d) Grantor's Contact Person and Telephone Number: Peter Rea (518) 388-0443
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Yes
- (f) Effective Date of Grant: May 2011
- (g) Termination Date of Grant: One time only
- (h) Total Dollar Amount Involved (not to exceed): \$56,800, of that \$10,360 is local share
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 5/4/10
- (j) Is a Budget amendment required? No If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? Yes If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A. 6030 413

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Countryside Adult Home

DATE: 4/23/2010

- (a) Purpose of Grant: To purchase furniture and equipment for the facility (seating for dining room, activity room, and resident rooms; TV/DVDs, alarm clocks, headphones for resident rooms; privacy curtains; new window treatments; new bed spreads; build raised gardens; exercise equipment), & hire a full time activity person.
- (b) Name of Grantor: New York State Department of Health Office of Long Term Care
- (c) Address of Contractor: N/A
- (d) Grantor's Contact Person and Telephone Number: Martha Fennell, enable@health.state.ny.us
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? The grant application will be provided.
- (f) Effective Date of Grant: June 2010
- (g) Termination Date of Grant: June 2012
- (h) Total Dollar Amount Involved (not to exceed): \$130,500.00
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 5/4/2010
- (j) Is a Budget amendment required? NO If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.