

**Warren County Health Services
Health Services Committee Meeting Agenda
August 24, 2011
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To amend the 2011 Health Services Budget to reflect receipt of funds received from the FY10 State Homeland Security Program in the amount of \$14,250.00.

Rationale:

These funds are Health Services' portion of the grant funds received via a contract from the Homeland Security Program that went through the Warren County Office of Emergency Services.

Request Resolution:

To authorize reimbursement of 50% per CSEA Contractual Agreement for books and associated course fees for 2 courses to Patricia Belden, PHN at the completion of the courses with presented evidence of grades of "C" or better. The cost to Warren County will be \$101.04.

Rationale:

Ms. Belden will have completed her Master's Degree in Public Health after these last two courses. She has received a full scholarship for the course tuitions and has had only the financial responsibility for books and associated course fees.

Budget Transfer Request:

From code: A.4189.410 Bioterrorism – Supplies expense

To: code: A.4189.220 Bioterrorism – Office equipment

Amount: \$2,500.00

Reason for Transfer Request:

To purchase equipment through the Office of Homeland Security Grant. The definition of equipment and supplies budget wise is different for the county than it is for the grant.

Request Resolution:

To reflect a change in name of the Upper Hudson Primary Care Consortium, Inc. to Adirondack Health Institute, Inc.

Rationale:

This change has been requested by Upper Hudson and is necessary since we have a contract with them to provide community health assessment and planning services. In order to make payment we need to reflect the new name. All organization filing information (EIN number, tax exemption status and for of organization remains the same.) Documentation to reflect the change will be provided to the County Attorney's Office for approval.

Request Resolution

To renew the contract with New York State Department of Health, Bureau of Maternal and Child Health to allow continued receipt of funding in the amount of \$22,405.00 for the period October 1, 2011 to September 30, 2010. The funding is given to support the Lead Poisoning Prevention Program.

Rationale:

This grant has been received for a number of years. Originally, it started out as \$25,000, but with the various state budget cuts over the past several years, it has been reduced to the current amount. We utilize the funds mainly to defray salaries of employees who assist with the program activities, which are fairly minimal.

Request Resolution:

To approve the updated Emergency Response and Preparedness Plan for Warren County Health Services as required by New York State Department of Health.

Rationale:

The plan is updated annually as one of the Emergency Preparedness Grant Deliverables. A copy will be available for committee members to review should they wish, and a copy will be on file with the minutes of the meeting, and also kept with the county Emergency Plan.

Pending Items/Old Business

There are no pending items this month.

Topics for Discussion/Information**Emergency Response and Preparedness Activities**

Please see **Attachment #1** for monthly report.

Flu Shots

We are not requesting an increase in the charge for flu shots this year, so no new resolution is necessary. We are still able to meet our costs, although we anticipate that pharmacies and supermarkets may charge a higher rate for those individuals paying cash. Because of the increase in opportunities for individuals to receive the vaccine at pharmacies, supermarkets, private physician practices and health centers, and since we did not administer as many shots last year, we will not be providing as many clinics in the community. We will have our scheduled clinics ready for publication by Labor Day, and will also make available appointment times at all of our regularly scheduled office clinics. Our mission is to assure there are safe, sufficient and convenient opportunities for individuals throughout our county to receive vaccine, not to try to compete with other providers.

We have already received some of our vaccine, and it looks like there is no anticipated shortage, though as we all know every "flu season" is different.

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**

Attachments:

#1 Emergency Preparedness Activities

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

BT ACTIVITY SHEET

GY 10X - 8/10/2011 - 8/9/2012

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)
8/3/11	Meeting	Regional Preparedness Council (RPC)	Laura Saffier	
8/4/11	Conference Call	North Country Flooding	Barb Orton, Laura Saffier	
8/5/11	Webinar	L-5 - SNS - 4th Quarter	Laura Saffier	SNS
8/9/11	GRANT YEAR 10X ENDS			

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu)
8/10/11	GRANT YEAR 11 STARTS			
8/10/11	Webinar	Flu Vaccine for 2011/2012	Helen Stern & Clinic Nurses	
8/11/11	On-Line Course	"Psychological First Aid in Radiation Disasters" (web based)	Laura Saffier	
8/17/11	Tabletop	Monthly GFH - Biological Outbreak in Lake George/mass fatality	Barb Orton	Mass Fatality

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 8/22/2011 10:00:46 AM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

	2011 BUDGETED		2011 YTD ACTUAL		2010 Prior Year Totals	
EXPENSES						
Salaries - Regular	\$2,910,953.74	\$1,780,627.65	\$2,910,953.74	\$1,780,627.65	\$2,861,559.18	\$2,861,559.18
Salaries - Overtime	\$157,500.00	\$73,482.97	\$157,500.00	\$73,482.97	\$137,667.52	\$137,667.52
Salaries - Part Time	\$328,704.56	\$121,339.14	\$328,704.56	\$121,339.14	\$238,194.55	\$238,194.55
Salaries - Sick Leave Incentive					\$1,200.00	\$1,200.00
100's PERSONAL SERVICES	\$3,397,158.30	\$1,975,449.76	\$3,397,158.30	\$1,975,449.76	\$3,238,621.25	\$3,238,621.25
200's EQUIPMENT	\$71,457.75	\$36,740.67	\$71,457.75	\$36,740.67	\$72,543.64	\$72,543.64
400's CONTRACTUAL	\$10,289,978.08	\$3,468,248.62	\$10,289,978.08	\$3,468,248.62	\$7,960,554.03	\$7,960,554.03
800's EMPLOYEE BENEFITS	\$1,389,281.89	\$850,178.90	\$1,389,281.89	\$850,178.90	\$35,015.66	\$35,015.66
TOTALS	\$15,147,876.02	\$6,330,617.95	\$15,147,876.02	\$6,330,617.95	\$11,306,734.58	\$11,306,734.58
REVENUES						
	\$12,585,857.00	\$4,657,910.17	\$12,585,857.00	\$4,657,910.17	\$10,735,536.33	\$10,735,536.33

Note: We have accrued above \$16,457.10 in revenue for the AVL's 09/10 School Year and Evaluations 10/11 to be reimbursed by the state for the Preschool Program. Also accrued for WIC is \$39,674 for the July voucher. We are currently working on finalizing the July 2011 billing for CHHA, MCH and LTC. Please keep in mind, while expenses reflect YTD totals to mid August, Revenues are reflecting primarily to the end of June.

Warren County Health Services

Salaries Comparison

2010 vs 2011

as of 8/14/11 Payroll date ending

Total of All Depts	YTD		YTD 11v10	% Change	Total Budget		Total Actual
	2011	2010			2011	2010	
Regular Salaries	\$1,780,627.65	\$1,783,728.44	-\$3,100.79	-0.17%	\$2,910,953.74	\$2,861,559.18	
Overtime Salaries	\$73,482.97	\$96,056.43	-\$22,573.46	-23.50%	\$157,500.00	\$137,667.52	
Part Time Salaries	\$121,339.14	\$146,530.95	-\$25,191.81	-17.19%	\$328,704.56	\$238,194.55	
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$1,200.00	
TOTALS	\$1,975,449.76	\$2,026,315.82	-\$50,866.06	-2.51%	\$3,397,158.30	\$3,238,621.25	

*Source: Detail G/L report for all Salary Category from 11/IX-8/14/XX

Note: Payroll reflects the annual 3% increase in union salaries for 2011.

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: Warren County Health Services-Bioterrorism Program

DATE: August 24, 2011

- (a) **Purpose of Amendment:** To amend the 2011 budget to include Office of Homeland Security grant revenue and expenses. Total funds awarded to Warren County Public Health are \$14,250.
- (b) Appropriation Code (with title), Object Code (with title) and Amount: **A.4189.469 Bioterrorism-Other Payments \$14,250.**

Revenue Code (with title), and Amount: **A.4189.4401 Bioterrorism –Federal Revenue \$14,250.**



MEMORANDUM

TO: Grant Recipients

FROM: Terry Wilber
Fiscal Monitoring Unit

SUBJECT: Audit Requirement of Federally Funded Grants

This memorandum is to remind you of audit requirements under Office of Management and Budget (OMB) Circular A-133 which applies to audits of Institutions of Higher Education and Other Non-Profit Institutions, as well as to audits of State and Local Governments. Under terms of the Single Audit Act, as detailed in OMB's Circular A-133, grantees expending \$500,000 or more in federal funds from all sources in any fiscal year must undergo an independent audit.

We wish to remind you that in accordance with the OMB circular, and the New York State Budget Policy and Reporting Manual, Item I-300, the Division of Homeland Security and Emergency Services is required to obtain a copy of such audits from grantees funded from federal grant programs, including but not limited to, State Homeland Security Grant Programs.

Please also note that the Single Audit report or written notification of exemption, should be submitted to DHSES after the completion of every one of your entity's fiscal periods that fall within your DHSES contract start and end dates and no later than nine (9) months from the end of each fiscal period.

Please ensure that one copy of the audit report or a notification of exemption is forwarded to:

**Fiscal Monitoring Unit
New York State Division of Homeland Security and Emergency Services
1220 Washington Avenue - Building 7A
Albany, New York 12242-1800**

Electronic copies or a link to the report or exemption form is acceptable and can be directed to FMU@security.state.ny.us

An email response submitted to FMU@security.state.ny.us indicating that your entity is exempt and indicating the fiscal period the exemption is applicable, is acceptable as well.

If you have any questions regarding this federal requirement, please contact the Fiscal Monitoring Unit at (518) 485-8450, or you may email your questions to FMU@security.state.ny.us.



NEW YORK STATE
DIVISION OF HOMELAND SECURITY
AND EMERGENCY SERVICES
OFFICE OF COUNTER TERRORISM

FEDERAL GRANT
PROGRAM ADMINISTRATION

July 25, 2011

Mr. Brian LaFlure
Director
Warren County office of Emergency Services
1340 State Route 9
Lake George, NY 12845

RE: Contract #C837300 - FY10 State Homeland Security Program

Dear Mr. LaFlure:

Enclosed is a copy of a fully executed contract. The terms and conditions of the agreement should be carefully reviewed.

As outlined in the agreement, you are required to submit fiscal cost reports and corresponding detailed itemization forms for each month of the contract period or quarterly as described in Appendix C of your contract. These forms can be downloaded from our website <http://www.dhSES.ny.gov/grants>. All forms must be submitted to the **Division of Homeland Security and Emergency Services at 1220 Washington Avenue, State Office Campus, Building 7A, Suite 610, Albany, New York 12242**. Please note that a separate fiscal ledger which accurately details the disbursement and expenditure of these grant funds must be maintained by your office for audit purposes.

The agreement also requires the submission of quarterly progress reports (as outlined in Appendix A1) which describe and document the operation of this project. The quarterly report format has been designed to collect information that is essential in properly evaluating the progress of your program in relation to the goals, objectives, tasks, and performance measures specified in your contract. These reports must be completed using the E-Grants system. Failure to comply with the provisions of this contract or to submit the required program progress reports or fiscal reports may jeopardize future funding under this program.

If you have any questions concerning the contract or should you require technical assistance concerning the operation of your project, please call Sue Bub at (518) 242-5108.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley Wahrlich".

Shelley Wahrlich
Contracts Manager

Enclosure

1220 Washington Avenue, State Office Building Campus
Building 7A - Suite 610
Albany, NY 12242

STATE AGENCY: New York State Division of Homeland Security and Emergency Services 1220 Washington Avenue Albany, NY 12242		NYS COMPTROLLER'S NUMBER: C837300 (Contract Number)
GRANTEE/CONTRACTOR: (Name & Address) Warren County 1340 State Route 9 Lake George, NY 12845		ORIGINATING AGENCY CODE: 01077 TYPE OF PROGRAM(S): WM2010 SHSP CFDA# 97.067 DHSES NUMBER(S): WM10837300
FEDERAL TAX IDENTIFICATION NO: 14-6002576 MUNICIPALITY NO (if applicable): 520100000 000	INITIAL CONTRACT PERIOD: FROM: 08/01/2010 TO: 07/31/2013 FUNDING AMOUNT FOR INITIAL PERIOD: \$ 127,599	
STATUS: Contractor is not a sectarian entity. Contractor is not a not-for-profit organization	MULTI-YEAR TERM (if applicable): FROM: TO:	

CHARITIES REGISTRATION NO: Contractor has ___ / has not ___ timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports. If 'Exempt' is entered above, reason for exemption: ___	APPENDICES ATTACHED AND PART OF THIS AGREEMENT	
	<input checked="" type="checkbox"/> APPENDIX A Standard Clauses required by the Attorney General for all State contracts <input checked="" type="checkbox"/> APPENDIX A-I Agency-Specific Clauses <input checked="" type="checkbox"/> APPENDIX B Budget <input checked="" type="checkbox"/> APPENDIX C Payment and Reporting Schedule <input checked="" type="checkbox"/> APPENDIX D Program Workplan and Special Conditions ___ APPENDIX X Modification of Agreement Form (to accompany modified agencies for changes in terms or considerations on an existing period or for renewal periods ___ DHSES-55 Budget Amendment/Grant Extension Request ___ Other -- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion	

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates indicated below.

NYS DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES
 By: Michele R. Wahrlich Date: 6/23/11
Michele R. Wahrlich, Contracts Manager

State Agency Certification: "In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

GRANTEE:
 By: Daniel G. Stec Date: 6/16/11
Daniel G. Stec, Chairman
 APPROVED AS TO FORM:
[Signature]
Assistant County Attorney

STATE OF NEW YORK
 County of Warren
 On this 16th day of June, 2011, before me personally came Daniel G. Stec to me known, who being duly sworn, did depose and say that (X)he resides in Warren County, that (X)he is the Chairman of the Board, the Grantee described in and which executed the foregoing instrument; that it was so executed by the authority of the Grantee, and that (X)he signed his/her name hereto by the order of the Grantee.
 (Notary) Shelley K. Anderson
 No. 01VA4964626
 Qualified in Warren County

APPROVED AS TO FORM
 NYS ATTORNEY GENERAL
 Title: _____
 Date: JUL 06 2011
Lorraine I. Remo
 LORRAINE I. REMO
 PRINCIPAL ATTORNEY

APPROVED
 THOMAS P. DINAPOLI,
 STATE COMPTROLLER
 By: _____
 Date: _____

APPROVED
 DEPT. OF AUDIT & CONTROL
 JUL 12 2011
[Signature]
 FOR THE STATE COMPTROLLER

Appendix B - Project Budget
Contract Period: 8/1/2010 - 7/31/2013

	<u>GRANT AMOUNT</u>	<u>MATCH AMOUNT</u>
<u>Warren County Office of Emergency Sevices</u>		
Personnel		
Overtime/Backfill: Training	1,849.00	0.00
	1,849.00	0.00
Equipment		
Mobile Radios: antennas, mounting console and related items	6,500.00	0.00
CBRNE Specialized Mission Vehicle: lights, siren, command console, installation and related items	40,000.00	0.00
Chemical Classifying Kit	65,000.00	0.00
	111,500.00	0.00
Warren County Office of Emergency Sevices Budget Total	113,349.00	0.00
<u>Warren County Public Health</u>		
Personnel		
BT Coordinator	3,075.00	0.00
Public Health Educator	4,272.00	0.00
Public Health Liaison	5,523.00	0.00
	12,870.00	0.00
Fringe Benefits		
Fringe Expense for Public Health Educator	602.00	0.00
Fringe Expense for Public Health Liaison	778.00	0.00
	1,380.00	0.00
Warren County Public Health Budget Total	14,250.00	0.00
Grant Total	127,599.00	0.00

Project Budget Summary	Grant Amount Total	Match Amount Total
Personnel	14,719.00	0.00
Fringe Benefits	1,380.00	0.00
Equipment	111,500.00	0.00
Total	127,599.00	0.00

RESOLUTION REQUEST FORM NO. 19

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

1. Employee's Name: Pat Belden

2. Position: PMN 3. Department: Pol

4. Course Title: ① Community Based Public Health
② Capstone Seminar

5. Institution or School: University of Albany

6. How Course Relates to Current Position: Required

7. Starting Date: 8/29/11 8. Completion Date: 12/7/11

9. Cost: employee has scholarship for courses.
\$202.08 by employee for books and associated fees
\$101.04 cost to county upon completion of courses
with evidence of grade "C" or better

10. Employee's Signature: Pat Belden Date: 8/9/11

11. Supervisor's Comments (Approval/Denial) _____

Supervisor's Signature: Janice Jones Date: 8/9/11

12. Department Head's Comments (Approval/Denial) Pat Belden

Department Head's Signature: Pat Belden Date: 8/9/11

13. Committee's Recommendation: _____

Committee Chairman's Signature: [Signature] Date: 8/29/11

Signature: _____ Date: _____
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.

Request for Transfer of Funds

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

SIGNED: Patricia A. [Signature]

DATE: 8/24/11

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4189.410	Bioterrorism-Supplies Expense	A.4189.220	Bioterrorism-Office Equipment	\$2,500.00

Total Transfers

\$2,500.00

Please state reason for transfers requested:

1. To transfer funds for purchases of equipment through the OHS (Office of Homeland Security) Grant.

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 Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

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: Health Services

DATE: August 24, 2011

- (a) Purpose of Request: To change the name of Upper Hudson Primary Care Consortium, Inc. to Adirondack Health Institute, Inc.
- (b) Details: See attached information
- (c) Previous Resolution Number: N/A



ADIRONDACK
HEALTH INSTITUTE

9 Carey Road
Queensbury, NY 12804
518.761.0300

To Whom It May Concern:

Please be advised Upper Hudson Primary Care Consortium, Inc. with the approval of the New York Department of State has changed its name to the Adirondack Health Institute, Inc. Please update your records to reflect the location of our administrative offices:

Adirondack Health Institute, Inc.
% 9 Carey Road
Queensbury, NY 12804

The following organization filing information remains the same:

EIN: 14-1698269

Tax-exempt status: 501 (c) 3

Form of organization: Corporation

I have attached a W-9 and NYS Exempt Organization Certificate for your records. If you have any questions or need additional information, please contact me at (518) 761-0300 x31570.

Very Truly Yours,

Cathy A. Homkey
Director of Fiscal & Corporate Affairs

Enclosures

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Adirondack Health Institute, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) % 9 Carey Road		Requester's name and address (optional)
City, state, and ZIP code Queensbury, NY 12804		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
Employer identification number									
1	4	-	1	6	9	8	2	6	9

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person

Date ▶ **8/1/2011**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



New York State Department of Taxation and Finance
New York State and Local Sales and Use Tax
Exempt Organization
Exempt Purchase Certificate

ST-119.1
 (1/09)

Single purchase certificate

Blanket certificate

Your exempt organization number
 is not your federal employer
 identification number (see instructions).

Exempt organization number (8-digit number
 issued by the New York State Tax Department)
 EX - 1 | 8 | 6 | 2 | 2 | 2

Name of seller			Name of exempt organization/purchaser		
Street address			Street address		
City	State	ZIP code	City	State	ZIP code
			Queensbury	Ny	12804

The exempt organization must be the direct purchaser and payer of record.
 You may not use this form to purchase motor fuel or diesel motor fuel exempt from tax.
 Representatives of governmental agencies or diplomatic missions may not use this form.
 Carefully read the instructions and other information on the back of this document.

I certify that the organization named above holds a valid Form ST-119, *Exempt Organization Certificate*, and is exempt from New York State and local sales and use taxes on its purchases.

I also certify that the above statements are true and correct. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the New York State Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the exemption claimed or the accuracy of any information entered on this form.

Print or type name of officer of organization <i>Cathy A. Homick</i>	Title
Signature of officer of organization <i>[Signature]</i>	Date issued 8/1/11

Need help?



Internet access: www.nystax.gov
 (for information, forms, and publications)



Fax-on-demand forms: Forms are
 available 24 hours a day,
 7 days a week. 1 800 748-3678



Telephone assistance is available from 8:00 A.M. to
 8:00 P.M. (eastern time), Monday through Friday.
 Sales Tax Information Center: (518) 485-2889
 For in-state callers without free
 long distance: 1 800 698-2909
 To order forms and publications: (518) 457-5431
 For in-state callers without free
 long distance: 1 800 462-8100



Text Telephone (TTY) Hotline (for persons with
 hearing and speech disabilities using a TTY): If you
 have access to a TTY, contact us at 1 800 634-2110.
 If you do not own a TTY, check with independent
 living centers or community action programs to find
 out where machines are available for public use.



Persons with disabilities: In compliance with the
 Americans with Disabilities Act, we will ensure that
 our lobbies, offices, meeting rooms, and other facilities
 are accessible to persons with disabilities. If you have
 questions about special accommodations for persons
 with disabilities, call the information center.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: August 24, 2011

- (a) Purpose of Contract Change: To renew the contract C-026544 LPPP with the New York State Department of Health, Bureau of Maternal and Child Health to allow continued receipt of funding in the amount of \$22,405.00 for contract year October 1, 2011 through September 30, 2012.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 347/2010
- (c) Name of Contractor: New York State Department of Health, Bureau of Maternal and Child Health
- (d) Address of Contractor: Empire State Plaza, Corning Tower Room 878, Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: Kathy Riviello
518-474-4569
- (f) Commencement Date of Amendment: October 1, 2011
- (g) Termination Date of Extension: September 30, 2012
- (h) Payment Provisions: Quarterly voucher submission, upon receipt of approved work plan.
 - 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:
Exp. A.40180020.469 - Family Health Payments
Rev. A.4018.002D.4457 - Family Health Lead Revenue

Warren County Board of Supervisors

RESOLUTION NO. 347 OF 2010

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor, Pitkin, Loeb and McDevitt

AUTHORIZING GRANT AGREEMENT RENEWAL WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR CHILDHOOD LEAD POISONING PREVENTION PROGRAM - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County enter into a grant agreement renewal (the previous renewal having been authorized by Resolution No. 286 of 2009) with New York State Department of Health, Empire State Plaza, Corning Tower, Room 878, Albany, New York 12237, for the receipt of grant funds for the continuation of a Childhood Lead Poisoning Prevention Program within Warren County, for an amount not to exceed Eleven Thousand Eight Hundred Sixty-Six Dollars (\$11,866), for a term commencing ~~April 1,~~ ^{Oct. 1, 2010} ~~2010~~ and terminating September 30, ²⁰¹² ~~2010~~, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the said grant agreement renewal in the form approved by the County Attorney, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute any and all documents necessary to accept any Cost of Living Adjustment (COLA) payments that the County may receive relating to the above-described grant renewal, in a form approved by the County Attorney.

This grant was done in 2 6mo. periods last year - now back to 1 year

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

August 19, 2011

Ginelle Jones, Assistant Director of Public Health
Warren County Health Department
1340 State Route 9
Lake George, NY 12845

Re: October 1, 2011 – September 30, 2012
C-026544 LPPP

Dear Ms. Jones:

This is to inform you of the Department's intention to provide an award of \$22,405.00 for the period of October 1, 2011 – September 30, 2012 to support the Lead Poisoning Prevention Program in your county. Funding levels remain contingent upon approval of your work plan and budget. As always, approval of the Office of the State Comptroller is required for contract execution.

A copy of the Operating Budget and Funding Request, budget justification forms and work plan are attached. You should use the award amount indicated above in preparing your budget pages. We are asking that you complete these documents and return them to my attention via e-mail by **September 19, 2011** at the following address:

dmh01@health.state.ny.us

When returning via e-mail, please attach budget and work plan pages as WORD or EXCEL documents. Please do not send in PDF format.

I may be reached at (518) 474-4569. Please call me if you have any budget related questions, or concerns regarding e-mail submittal of your budget and work plan pages. You may reach Kathy Riviello at (518) 402-5706 with any programmatic questions.

Sincerely,



Donna Hoinski
Health Program Administrator I
Administration Unit
Bureau of Maternal and Child Health

Enclosures

cc: Kathy Riviello
Linda Freligh

NEW YORK STATE DEPARTMENT OF HEALTH LEAD POISONING PREVENTION PROGRAM

INSTRUCTIONS

for Completing
Operating Budget and Funding Request

General Information

All expenses for your project must be in line item detail on the forms provided.

BUDGET NARRATIVE/JUSTIFICATION FORMS

Form B-1: Personal Services

Form B- 2: Fringe Benefit Rate

Form B- 3: Non Personal Services (NPS)

Use Forms B-1 - B-3 to provide a justification/explanation for the expenses included in the Operating Budget and Funding Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g. if your total travel cost is \$1,000, show how that amount was determined - conference, local travel etc.), and if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

FORM B-1: PERSONAL SERVICES

Include a description for each position, including the percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff are not to be included in personal services; these expenses should be shown as consultant or contractual services under other than personal services.

FORM B-2: FRINGE BENEFIT RATE

FRINGE BENEFIT RATE USED MUST REFLECT YOUR APPROVED COUNTY-WIDE RATE. This rate should be applied to the total of personal service. Specify the components (FICA & Medicare Tax, Health Insurance, Life Insurance, Unemployment Insurance, Disability Insurance, Workers Compensation and Pension/Retirement) and their percentages comprising the fringe benefit rate. The total of the percentages should equal the fringe benefit rate used in budget calculations.

FORM B-3: NON PERSONAL SERVICES

Any item of expense not applicable to the below categories must also be listed along with a justification of need.

Supplies and Materials

Provide a delineation of the items of expense and estimated cost of each along with justification of their need. Some routine supplies may be consolidated under office supplies and/or medical supplies.

Travel

Funds should support staff travel to Regional Lead Poisoning Prevention Resource Center multi-county meetings, Annual New York State Lead Poisoning Prevention Conference at Purchase, or for any key staff trips to Albany, if required. Funds can also be used for travel costs associated with conferences, workshops, administrative travel, programmatic travel and staff travel. Please provide a delineation of the items of expense and estimated cost(including transportation, mileage, meals, lodging and registration fees) along with a justification of need. Costs should be based upon a travel reimbursement policy.

Consultants/Per Diems/Contractual Services

Provide a justification of why each service listed is needed. Justification should include the name of the consultant/contractor, the specific service to be provided and the time frame for the delivery of services.

Equipment

Delineate each piece of equipment and estimated cost along with a justification of need. Equipment is defined as any item which cost \$300 or more and has a life expectancy of at least two years. Items which cost less than \$300 should be included in the Supplies and Materials category. Equipment purchases over \$300 will still require prior approval.

APPENDIX B: BUDGET

TABLE A: SUMMARY BUDGET

This table should be completed last and will include the total lines only from Table A-1 (Personal Services) and Table A-2 (Other Than Personal Services) and the Grand Total. Total expense = NYS + 3rd party + Other Source. Other Source may be in-kind, other grants etc.

TABLE A-1: PERSONAL SERVICES

Personnel, with the exception of consultants and per diems (which should be shown as an Other than Personal Services expense on Table A-2), contributing any part of their time to the project should be listed with the following items completely filled in:

Title: The title given should reflect either a position within your organization or on this project.

Annual Salary: Regardless of the amount of time spent on this project, the total annual salary for each position should be given.

% FTE: The proportion of time spent on the project based on a full time equivalent (FTE) should be indicated. One FTE is based on the number of hours worked in one week by salaried employees (e.g. 40 hour work week). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example, an individual working 10 hours per week on the project given a 40 hour work week = $10/40 = .25$ (show in decimal form).

of Months: Show the number of months out of 12 worked for each title. [Since this is a six month budget,if an employee works the full 6 months of the budget out of 12, then $6\text{ months}/12\text{ months} = .50$. This ratio is part of the total expense calculation below.]

Total Expense: Total expense can be calculated using the following method:

$$\text{Total Annual Salary} \times \% \text{ FTE} \times (\text{months worked}/12) = \text{Total Expense.}$$

TOTAL EXPENSE must then be distributed between (1) NYS, (2) third party, and (3) other source as deemed appropriate by your fiscal staff. You may use any combination of these three categories for each line item, as long as the total expense for each line item is equal to the sum of the numbers shown to the right of it in those three funding categories. This is also applicable to Table A-2 discussed below.

Fringe Benefits: Insert the calculated Fringe rate (from Form 2) in space provided. Multiply this rate by the sub-total Personal (Amount in Total Expense column subtotal Personal line). The total fringe amount should be shown (total annual salary x fringe rate from Form 2).

TABLE A-2: NON PERSONAL SERVICES (NPS)

All OTPS expenses should be listed regardless of whether or not funding for these expenses is requested from New York State. As with Table A-1, distribute total expense between NYS, third party, and other source (specify other source).

APPENDIX D-1
LOCAL HEALTH DEPARTMENT (LHD) LEAD POISONING PREVENTION (LPPP) WORK PLAN
Goals, Objectives, and Requirements
October 1, 2011 – September 30, 2012

Contractor: _____

Contract Number: _____

INSTRUCTIONS: The work plan includes goals and objectives and minimum requirements consistent with the state lead elimination plan, Public Health Law and Administrative Rules and Regulations. Each LHD should plan specific activities to address the minimum requirements that will accomplish the objectives during the grant year based on the unique needs of their community. Each LHD should use the quarterly narrative reports to describe the activities and how progress is measured to validate outcomes and impact. If planned activities shift based on unanticipated circumstances, quarterly reports should indicate changes and/or modifications. Barriers to achieving activities or outcomes should be described as well as how activities may be modified to address these barriers.

Contractor:

Contract Number:

Coordinator of LPPP:

E-mail:

Phone:

Fiscal Contact:

E-mail:

Phone:

Central and Regional office staff should be notified of any changes in contractor's information that occur during the grant period.

SUMMARY STATEMENT: Grant funds will be used to **support enhanced** local efforts to reduce the prevalence of elevated blood lead levels in children birth to 18 years through the implementation of a comprehensive lead poisoning prevention program which includes: public and professional outreach and education; collaboration with local health care providers for screening/testing, diagnostic evaluation, medical management, environmental interventions, and coordination of services for children 0-18 years with elevated blood lead levels.

APPENDIX D-1
LOCAL HEALTH DEPARTMENT (LHD) LEAD POISONING PREVENTION (LPPP) WORK PLAN
Goals, Objectives, and Requirements
October 1, 2011 – September 30, 2012

Contractor: _____ **Contract Number:** _____

GOAL 1: Program Administration – Local Health Departments (LHD) will effectively administer a Lead Poisoning Prevention Program (LPPP)

Objective –	LHD has all appropriate staff responsible for carrying out activities for a comprehensive lead poisoning prevention program.
Requirement:	Develop and maintain an updated organizational chart to reflect current position, name and funding source(s) of all personnel, including any vacant positions. The organization chart should indicate formal or informal lines of communication between nursing and environmental staff including district office staff, if applicable, and the location of the LPPP within the organization. (Please submit with the first quarterly report each year.)
Objective –	LHD has appropriate and up-to-date policies and procedures in place to guide staff activities.
Requirements:	Develop and maintain the LPPP nursing and environmental policy and procedures for daily use consistent with PHL, Regulations, guidelines and environmental health manual items (if applicable), orientation of new staff, and in-service education. Manuals are centrally located and available for use by local health department staff and for review by NYSDOH staff during the site visit review process or upon request.
Objective –	LHD has systems in place to identify exposure patterns and high-risk populations and communities in your county for strategic planning for lead poisoning prevention.
Requirement:	Demonstrate (such as GIS maps, surveillance data, key informants, community partners) that LHD has capability to identify and assess high-risk populations annually.

APPENDIX D-1
LOCAL HEALTH DEPARTMENT (LHD) LEAD POISONING PREVENTION (LPPP) WORK PLAN
Goals, Objectives, and Requirements
October 1, 2011 – September 30, 2012

Contractor: _____ **Contract Number:** _____

GOAL 2: Education – Key medical and allied health professionals and the public, including families, are aware of the dangers of lead for children and pregnant women and have basic knowledge about ways to prevent or reduce lead exposure.

<p>Objective - Increase health care providers' knowledge, favorable attitudes and practices related to prevention, identification and management of lead poisoning among children and pregnant women in your county.</p>	<p>Requirement:</p> <p>Provide education and outreach on lead poisoning prevention to health care providers, health care facilities and professional organizations representing health care providers.</p>
<p>Objective - Increase the knowledge of the public, community organizations, and policymakers on lead poisoning and its prevention in children and pregnant women in your county.</p>	<p>Requirement:</p> <p>Provide public education and community outreach on lead poisoning prevention.</p>

APPENDIX D-1
LOCAL HEALTH DEPARTMENT (LHD) LEAD POISONING PREVENTION (LPPP) WORK PLAN
Goals, Objectives, and Requirements
October 1, 2011 – September 30, 2012

Contractor: _____ **Contract Number:** _____

GOAL 3: Blood Lead Testing and Screening – All children and pregnant women are tested for lead poisoning consistent with requirements outlined in NYS Public Health Law, Administrative Rules and Regulations and guidelines.

<p>Objective – To increase blood lead testing rates of all one year old children (9 - ≤ 18 months of age) and two year old children (18 - ≤ 36 months of age) by 5% annually at a county level.</p> <p>Requirements:</p> <p>Identify barriers and develop strategies to reduce and/or eliminate barriers to improve screening practices and lead testing rates.</p> <p>Provide or arrange lead testing for uninsured and underinsured children; establish systems for referring blood lead test results to the child's primary health care provider. LHDs can use grant funding for lead testing for any uninsured/underinsured child.</p> <p>Develop and implement a sliding fee schedule for blood lead testing of children from families with incomes in excess of 200% FPL, pursuant to Section 606 of the Public Health Law.</p> <p>Refer parents of all children without insurance to public insurance programs.</p>	<p>Objective – To increase risk assessment of those children and pregnant women during routine well and prenatal visits and perform a blood lead test for those identified at risk.</p> <p>Requirements:</p> <p>Encourage routine assessment to identify populations at risk during well child visits for children ages six months to six years and at initial prenatal care visit.</p> <p>Offer risk assessment tools to providers.</p> <p>Provide current recommendations for special populations who are at risk: refugees, Medicaid children, children adopted from outside the United States etc.</p>
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APPENDIX D-1
LOCAL HEALTH DEPARTMENT (LHD) LEAD POISONING PREVENTION (LPPP) WORK PLAN
Goals, Objectives, and Requirements
October 1, 2011 – September 30, 2012

Contractor: _____

Contract Number: _____

GOAL 4: Follow-Up of Children with Elevated Blood Lead Levels < 18 years of age – All children with elevated blood lead levels receive timely and appropriate follow-up services, consistent with Public Health Law, Administrative Rules and Regulations and guidelines.

Objective – All children with BLL ≥ 10 mcg/dL are identified and tracked to assure timely and appropriate medical, educational, and environmental management follow-up services in accordance with current NYSDOH regulations (10 NYCRR, Part 67) and guidelines. Requirements:

Pre-screen all records in LeadWeb **daily** to assure timely and appropriate follow-up for children with elevated blood lead levels. Obtain required missing information.

Match all records in LeadWeb at least **weekly**; blood lead levels ≥ 10 mcg/dL are matched **daily**.

Track all children with BLLs ≥ 10 mcg/dL to assure follow-up testing and other follow up activities within appropriate timeframes and in accordance with current guidelines.

Complete LeadWeb follow-up screens for children with blood lead levels (BLLs) ≥ 10 mcg/dL. Review and update "Children Requiring Follow-up Services" screen at least **monthly** for all children with BLLs ≥ 10 mcg/dL.

Refer children requiring environmental management services within appropriate timeframes to LHD or DO environmental staff through LeadWeb.

Complete LeadWeb environmental screens for primary, secondary dwelling (if applicable) and other dwellings (as needed) for all children for whom environmental services are provided.

If the LHD is serving as child's primary care provider, provide all follow up services required in Part 67-1.

Partial Service Counties: Partial service counties should communicate and coordinate with district offices to refer cases and assure environmental management services are completed.

Full Service Counties: Provide environmental lead investigation, case follow-up and management services for all children referred for environmental management in accordance with guidelines.

NOTE: "Follow-up" means actions by local health units and health care providers which, depending on the blood lead level and exposure history of the child, shall include as appropriate: risk reduction education, follow-up testing, confirmatory testing, diagnostic evaluation, medical management, environmental management and coordination of services, in accordance with generally accepted medical standards and public health guidelines.

APPENDIX D-1
LOCAL HEALTH DEPARTMENT (LHD) LEAD POISONING PREVENTION (LPPP) WORK PLAN
Goals, Objectives, and Requirements
October 1, 2011 – September 30, 2012

Contractor: _____

Contract Number: _____

GOAL 5: Primary Prevention – Lead hazards in the community are identified and controlled before children become lead poisoned.

Objective – Implement primary prevention activities (such as lead paint & other hazard awareness, hazard risk reduction education, consumer product alerts, visual hazard inspection, hazard awareness and referral for home visitors, declaring area of high risk, etc.) that are consistent with identified needs and available resources.

Requirements:

Identify and partner with other local agencies, housing agency/association partners, code enforcement, other municipal agencies such as county clerk or community development, other organizations and stakeholders to develop a shared local approach for primary prevention.

Identify local communities, neighborhoods and buildings with the highest need for primary prevention strategies.

Develop strategies, consistent with local resources, to provide primary prevention services to the areas of highest need.

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: Health Services

DATE: August 24, 2011

- (a) Purpose of Request: To approve the updated Emergency Response and Preparedness Plan for Warren County Health Services pursuant to New York State Department of Health requirement.
- (b) Details:
- (c) Previous Resolution Number: 199/2010 (See attached)

Warren County Board of Supervisors

RESOLUTION NO. 199 OF 2010

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor, Pitkin, Loeb and McDevitt

APPROVING UPDATED EMERGENCY RESPONSE AND PREPAREDNESS PLAN FOR WARREN COUNTY HEALTH SERVICES - HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services of the Warren County Health Services Department, pursuant to New York State Department of Health requirement, has submitted the updated Emergency Response and Preparedness Plan for Warren County to the Warren County Board of Supervisors for approval, now, therefore, be it

RESOLVED, that the updated Warren County Health Services Emergency Response and Preparedness Plan, as presented to the Warren County Board of Supervisors, be, and hereby is, accepted and approved.