

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**  
**MONDAY, JANUARY 31st**  
**OFFICE FOR THE AGING AGENDA**

- I. Committee meeting called to order by Dan Girard
- II. Motion to approve minutes of December 1st meeting
- III. Action Agenda
  - a) Resolution Request Form #1 Reappoint Advisory Council
  - b) Resolution Request Form #4 Extend Contract- Chestertown lease
  - c) Resolution Request Form #20 Miscellaneous- Rescind 724/2010
  - d) Resolution Request Form #4 Extend Contract- Cedars lease
  - e) Resolution Request Form #4 Extend Contract- Greater GF Senior
  - f) Resolution Request Form #5 Apply for Grant- MIPPA/ADRC
  - g) Resolution Request Form #7 Amend County Budget- MIPPA/ADRC
  - h) Transfer of Funds- NYConnects 100% reimb- rent to office equip.
  - i) Notice of Intent to Fill Vacant Position- Tomis
- IV. Old business/pending items
  - a) NYConnects funding partially restored
  - b) Warrensburg meal site update
- V. Current business
  - a) 2010 Budget
  - b) Meal site contributions

## RESOLUTION REQUEST FORM NO. 1

### Request to Appoint or Reappoint Member of committee, Board or Agency\*

\*If more than one person is being appointed, please attach additional sheets

DEPARTMENT NAME: **Office for the Aging**

DATE: **January 28, 2011**

- (a) Name of Appointee: See Attached List for Advisory Council
- (b) Is This a Reappointment?: Yes If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title
- (e) Address of Appointee:
- (f) Title of Appointment:
- (g) Effective Date of Appointment: 1/1/11
- (h) Termination Date of Appointment: 12/31/11
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

WARREN-HAMILTON COUNTIES OFFICE FOR THE AGING  
ADVISORY COUNCIL MEMBERSHIP, 2011

ELECTED MEMBERS BY SITES

<u>NAME</u>	<u>ADDRESS/PHONE NUMBER</u>	<u>AFFILIATION</u>
<i>Robert Wubbenhorst</i>	PO Box 475 Bolton, NY 12814 644-9121	Bolton Landing Nutrition Site
<i>Robert Fedor</i>	Box 176 (Market Street) Brant Lake, NY 12815 494-7272	Chestertown Nutrition Site
<i>Rose Nonkin</i>	35 Evergreen Lane Suite 119 Queensbury, NY 12804 832-1735	Cedars Nutrition Site
<i>Doris Morrissey</i>	35 Evergreen Lane Suite 224 Queensbury, NY 12804 832-1771	Cedars Nutrition Site
<i>Elizabeth Fish</i>	10 Anable Dr. Queensbury, NY 12804 745-5316	Glens Falls Site Presbyterian Church  Indian Lake Nutrition Site
<i>Jerry and Nancy Spitz</i>	1393 State Route 28 Warrensburg, NY 12885 494-7418	Johnsburg Nutrition Site

ELECTED MEMBERS BY SITES/CONTINUED

<u>NAME</u>	<u>ADDRESS/PHONE NUMBER</u>	<u>AFFILIATION</u>
		Lake Luzerne Nutrition Site
<i>Josephine Weaver</i>	PO Box 552 Lake Pleasant , NY 12108 548-4941	Lake Pleasant Nutrition Site
<i>James McIntyre</i>	Rt. 28 North Long Lake, NY 12847 624-4731	Long Lake Nutrition Site
<i>Edward Kokesch</i>	162A Burke Drive Queensbury, NY 12804 793-7930	Solomon Heights Nutrition Site
<i>Calista Murray</i>	PO Box 95 Diamond Point, NY 12824 623-2095	Warrensburg Nutrition Site
<i>Roy Grisenthwaite</i>	P.O. Box 142 Wells, NY 12190 924-2269	Wells Nutrition Site
<i>Sharon Grisenthwaite</i>	P.O. Box 142 Wells, NY 12190 924-2269	Wells Nutrition Site
<i>Linda Hayes</i>	P.O. Box 224 Blue Mountain Lake NY 12812 352-7784	Indian Lake Nutrition Site

APPOINTED MEMBERS 2011

<u>NAME</u>	<u>ADDRESS/PHONE NUMBER</u>	<u>AFFILIATION</u>
David J. Strainer	1124 Ridge Road Queensbury, NY 12804 793-5749 Cell – 232-7745	Supervisor, Town of Queensbury
Charity Steans	141 South Street Glens Falls, NY 12801 792-0849	National Association for the Advancement of Colored People (N.A.A.C.P.)
Ermina Pincombe	2213 County Highway 6 PO Box 100 Northville, NY 12134 518-863-4969	Supervisor, Town of Benson
Alternate Robert Edwards	PO Box 1312 Northville, NY 12134 518-863-2801	Supervisor, Town of Hope

NON VOTING MEMBERS 2011

<u>NAME</u>	<u>ADDRESS/PHONE NUMBER</u>	<u>AFFILIATION</u>
Sheila Weaver	1340 State Route 9 Lake George, NY 12845 761-6310	Warren County Dept. Social Services Commissioner
Denise DiResta	1340 State Route 9 Lake George, NY 12845 761-6342	Warren County Veteran's Services Director
Mary Lamkins	Warren County Health Services Municipal Center Lake George, NY 12845 761-6415	Supervisor of Long Term Warren County Health Services
Kathy Hutchins	81 White Birch Lane Indian Lake, NY 12842 648-5713	Executive Director Home Health Care of Hamilton County Inc.
Julie Smith	PO Box 678 Glens Falls, NY 12842 926-7070	Greater Adirondack Home Aides, Inc. Supervising Nurse
Lynn Ackershoek	Warren/Hamilton Counties A.C.E.O. Inc PO Box 968 Glens Falls, NY 12801 793-0636	Executive Director
Susan Dornan	Warren/Hamilton Counties Office for the Aging 1340 State Rte. 9 Lake George, NY 12845	NYConnects Coordinator

## RESOLUTION REQUEST FORM NO. 4

### Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **January 28, 2011**

- (a) Resolution No. which Authorized the Original Contract: 697 of 2007
- (b) Name of Contractor: **Town of Chester**
- (c) Address of Contractor: Town Hall, PO Box 423, Chestertown, NY 12817
- (d) Contractor's Contact Person and Telephone Number: Frederick Monroe  
494-2711
- (e) Commencement Date of Extension: January 1, 2011
- (f) Termination Date of Extension: December 31, 2013
- (g) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$ 4,000 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 Nutri. For Elderly-War.Co. - Rent-Building/Property \$ 4,000

# ***RESOLUTION REQUEST FORM NO. 20***

## ***MISCELLANEOUS***

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: Office for the Aging**

**DATE: January 31, 2011**

- (a) Purpose of Request: To rescind resolution 724 of 2010
  
- (b) Details: 724/2010 approved the 5 year lease at Cedars mealsite; after reviewing the contract Cedars management wanted more specific terms than originally requested
  
- (c) Previous Resolution Number: 724/2010
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

**RESOLUTION REQUEST FORM NO. 4**  
**Request for Extension of Existing Contract**

DEPARTMENT NAME: **Office for the Aging**

DATE: **January 31, 2011**

- (a) Resolution No. which Authorized the Original Contract: 591 of 2005
- (b) Name of Contractor: **Cedars I, LP**
- (c) Address of Contractor: 35 Evergreen Lane, Queensbury, NY 12804
- (d) Contractor's Contact Person and Telephone Number: John Hunt 802-846-5430
- (e) Commencement Date of Extension: January 1, 2011
- (f) Termination Date of Extension: December 31, 2015
- (g) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed see attached
  - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc. monthly)
- (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: 2011 A6773 411 Nutri. For Elderly-War.Co. - Rent-Building/Property \$ 8,325 A6773 415 Nutri. For Elderly-War.Co - Electricity \$ 3,780

Warren/Hamilton Counties Office for the Aging lease agreement with Cedars I, L.P. for the meal site reimbursement schedule:

YEAR	<u>Actual</u> Expenses (listed below) But Not More Than
2011	\$ 12,105 per year
2012	\$ 13,316 per year
2013	\$ 14,648 per year
2014	\$ 16,113 per year
2015	\$ 17,724 per year

Actual Expenses listed above start in the 2011 budget as the following; all reimbursement requests must be accompanied by a copy of the actual bill:

Electricity \$ 315/month	\$ 3,780.00
Meal reimbursement \$ 200/month (\$ .50/meal based on approx. # meals)	\$ 2,400.00
Trash removal \$ 225/month	\$ 2,700.00
Grease Trap Pumping \$ 265/bi-monthly	\$ 1,590.00
Fire inspection (one annually)	\$ 250.00
Hood Cleaning (one annually)	\$ 500.00
Grease trap cleaning (one annually)	\$ 885.00
<b>TOTAL</b>	<b>\$ 12,105.00</b>

## RESOLUTION REQUEST FORM NO. 4

### Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **January 28, 2011**

- (a) Resolution No. which Authorized the Original Contract: 137 of 2010
- (b) Name of Contractor: **Greater Glens Falls Senior Citizens Center, Inc.**
- (c) Address of Contractor: 380 Glen Street, Glens Falls, NY 12801
- (d) Contractor's Contact Person and Telephone Number: Irene Clements PH.  
793-2189
- (e) Commencement Date of Extension: 4/1/2011
- (f) Termination Date of Extension: 3/31/2012
- (g) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$ 10,500
  - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) Where are the Funds for this Contract? List Budget Code (with Title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A.6988 470 (General, OFA HIICAP - Contract) \$10,500.00  
\* Please set contracts to automatically renew if there are no material changes to contract terms, rates or amounts or changes and/or additions to contractors/agencies

## RESOLUTION REQUEST FORM NO. 5

### Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **January 28, 2011**

- (a) Purpose of Grant: To obtain MIPPA (Medicare Improvements for Patients and Providers Act) / ADRC (Aging & Disability Resource Center) Funding
- (b) Name of Grantor: .NYS Office for the Aging
- (c) Address of Grantor: **2 Empire State Plaza, Albany, NY**
- (d) Grantor's Contact Person and Telephone Number: Mike Asencio (518) 473-4130
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? See Attached
- (f) Effective Date of Grant: 9/30/2010
- (g) Termination Date of Grant: 9/29/2011
- (h) Total Dollar Amount Involved (not to exceed): \$ 22,953
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
- (j) Is Budget amendment required? YES 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.
- (l) Is a Local Share Required? NO 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:

## 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: **January 28, 2011**

- (a) Purpose of Amendment: To increase the budget in order to add funds from MIPPA/ADRC grants; 100% reimbursed
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
A.6988 470 (General, OFA HIICAP-Contract) \$22,953
- (c) Revenue Code (with title), and Amount: **A.6988 4781(General, OFA HIICAP-Federal Aid) \$22,953**

## REQUEST FOR TRANSFER OF FUNDS

TO: Joan Sady, Clerk, Warren County Board of Supervisors  
FROM: Office for the Aging

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

<u>FR CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6785 411 OFA-POE-Warren Rent Bldg/Prop		A.6785 220 Gen, OFA-POE-Warren - Office Equip		\$ 354.00

Please state reason for transfers requested:

To redistribute NY Connects (POE) monies to fund the purchase of 3 fax machines (\$118/ea.); these funds are 100% reimbursed.

### CONTINGENT FUNDS TRANSFER REQUEST

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

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

# 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 Office for the Aging

Title of Position Typist

Base salary \$24,215

Budget code and title Distributed to various 110 salaries regular

This position is vacated due to:  Retirement  Resignation  Termination  Promotion  
 Other

Employee No. 8053

Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal 70%  State 6%  Other Hamilton Cty 3%

Impact to Budget: Savings \$ 7,139

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - DFA Date 1/31/2011

- The Administrator has no objection to the filling of the vacancy.  
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services - DFA Date 1/31/2011

- 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 [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 \_\_\_\_\_