

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**  
**THURSDAY APRIL 21, 2011 9:30AM**  
**OFFICE FOR THE AGING AGENDA**

- I. Committee meeting called to order by Dave Strainer
- II. Motion to approve minutes of January 31st meeting
- III. Action Agenda
  - a) Notice of Intent to Fill Vacant Position- Hoag
- IV. Old business/pending items
  - a) Warrensburg meal site update
- V. Current business
  - a) Request for donation in the newsletter
  - b) 2011 Senior of the Year, Outstanding Contributor
  - c) Volunteer picnic June 17<sup>th</sup>- chefs needed!
  - d) NYS budget impact

# 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 Meal Site Cook #3 (Cedars)

Base salary \$17,779 30hr/week

Budget code and title A.6773 130 (Nutrit. for Elderly Warren County- Salaries- PT)

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

Employee No. 11264

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

Source of reimbursement:  Federal 25%  State %  Other %

Impact to Budget: 2011 Savings \$4,072 (longevity)

### COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee \_\_\_\_\_ Date \_\_\_\_\_

- 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 \_\_\_\_\_ Date \_\_\_\_\_

- 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 \_\_\_\_\_

**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

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**Human Services Committee**

**Employment and Training Administration Agenda  
April 21, 2011 - 9:30 AM**

1. Consideration to Amend Budget (Resolution Request Form 7 attached)  
  
    Appropriation Code - 40.6293.0306 - WIA Dislocated Worker Supplemental - \$20,397  
    Revenue Code - 40.4791- WIA - \$20,397
2. Authorization to Host Meeting – May 25 Saratoga-Warren-Washington Workforce Investment Board Annual Meeting (see request form)
3. Authorization to Attend NYATEP – NYSDOL Workforce New York Spring Conference (see Schedule A) –May 7-9, 2011 in Albany
4. Budget Update
  - a. Summer Youth Re-authorized (expect level funding from 2010)
  - b. Federal WIA Re-authorized (up to a 10% cut from 2010)
5. Other Business
6. Adjournment

# ***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: April 21, 2011**

- (a) Purpose of Amendment: add federal funds to county budget to reimburse training for dislocated workers
  
- (b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0306 - WIA Dislocated Worker Supplemental - \$20,397

**Sample: A.1010 470 Legislative Board – Contract**

- (c) Revenue Code (with title), and Amount: 40.4791- WIA - \$20,397.

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

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

# Warren County Request to Host Meeting or Conference

**Name of Department:** Employment & Training Administration

**Name of Meeting/Conference:** Saratoga-Warren-Washington Workforce Investment Board

**Date:** May 25, 2011

**Location:**

**Purpose:** Annual Board Meeting

**Contact Person:** (If other than Department Head)

**Phone No.:** 824-8865

**Number of People attending:**

3 County Employees

3 State Employees

34 Volunteers

Others (specify)

**Cost to County** (please include amounts):

Room rental \$ 200.00

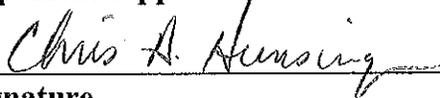
Food/beverage \$ 278.00

Supplies \$

Other (specify) \$ 96.00 (service charge)

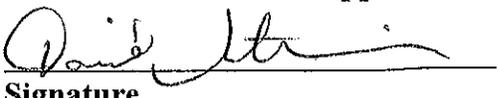
**Total Cost:** \$ 574.00

**Dept Head Approval:**

  
Signature

4-21-11  
Date:

**Committee Chairman Approval:**

  
Signature

4/21/11  
Date



88 Ridge Street • Glens Falls • NY • 12801 • (518) 792-4453 • (518) 745-5427  
 www.queensburyhotel.com

**Banquet Event Order**

<b>Account:</b> Warren County Employment & Training	<b>Event Date:</b> Wednesday, 5/25/2011
<b>Post As:</b> Warren County Employment & Training	<b>Contact:</b> Chris Hunsinger
<b>Address:</b> Northway Plaza	<b>Phone:</b> 518-743-0925
Post Office Box 4393	<b>Fax:</b> 518-743-0828
Queensbury, NY 12804	<b>Email:</b> hunsingerc@co.warren.ny.us
<b>Deposit:</b>	<b>On-Site:</b>
<b>Method of Payment:</b>	<b>Booked By:</b> Amy Hoffer
<b>BEO #:</b> #337647	<b>Catering Rep:</b> AHoffer

Date	Time	Room	SF	GRID	Rental
Wednesday, 5/25/2011	07:30 AM-10:30 AM	Adirondack East	40	TBA	\$200

FOOD & BEVERAGE SELECTION					ROOM SETUP REQUIREMENTS				
Time	Qty	Description	Unit	Total	Time	Qty	Description	Unit	Total
07:30 AM	40	<b>The Coffee Break</b> Assorted Bagels with Cream Cheese, Fresh Baked Muffins and assorted Breakfast Pastries. Premium Coffee, Decaffeinated and Teas	\$6.95	\$278.00		1	Adirondack East	\$200.00	\$200.00
					Hollow Square for 50 Pitchers of Water and Mints on Tables Pads & Pens  Room rate is discounted and contingent upon meeting a food and beverage minimum of \$325.00				

ESTIMATED CHARGES					
Food	\$278.00	Room Rental	\$200	Service	\$95.60
Beverage	\$0	Staff	\$0	Tax	\$0
Audio/Visual	\$0	Miscellaneous	\$0	<b>Total Charges</b>	<b>\$573.60</b>

The final guaranteed number of guests is due (3) three working days prior to the start of your event. Should the final guarantee not be received (3) three working days prior to the above function(s), the above expected number of guests will be the basis for the billing charges. To confirm these arrangements on a definite basis, please carefully review and sign each Banquet Event Order then return to your catering representative. The hotel reserves the right to relocate your function(s) to another room. Food, Beverage, Audio/Visual and Rental Prices are subject to a 20% Service Charge, and 7% Sales Tax will be added to charges outlined above.

Warren County Employment & Training Authorized Signature  
 Signature

Hotel Representative

Date

Date

**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 hereby authorizes Chris Hunsinger & Sharon Sano  
(Supervisory Committee) (Employee Name)

to attend NYATEP 2011 Spring Conference  
(Name of meeting or organization)

at The Crown Plaza Hotel, Ten Eyck Plaza, Albany, NY 12211  
(Address)

on May 9-11, 2011. 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)

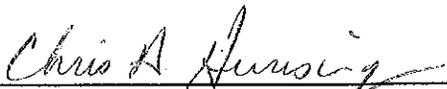
- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ \_\_\_\_\_ GSA\* Rate \$ \_\_\_\_\_
- Meal costs - GSA\*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 4/21/11

  
Department Head Signature

Date: 4/21/11

  
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:

**2011 Workforce NY Spring Conference Registration Form**  
(You May Also Register On-Line Through the NYATEP Website: [www.nyatep.org](http://www.nyatep.org))

**The 2011 NYATEP / NYSDOL Workforce New York Spring Conference**  
**May 10-11, 2011**

Crowne Plaza Albany, State & Lodge Street, Albany, NY 12207

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Registration Fees for the Spring Conference**

Please check applicable options below:

Member Early Bird Rate (Received By 4/15/11)	\$400.00	<u>2</u>
Member Regular Rate (Received after 4/15/11)	\$450.00	_____
Non-Member Early Bird Rate (Received by 4/15/11)	\$470.00	_____
Non member Regular Rate (Received after 4/15/11)	\$520.00	_____
On-Sit Registration Rate	\$530.00	_____

\*\* NYATEP Bronze members receive up to 2 member rate discounts per conference

\*\* NYATEP Silver members receive up to 5 member rate discounts per conference

\*\* NYATEP Gold members receive unlimited member rate discounts per conference

Member Discount Codes are emailed to the lead contact in your organization. If you have any questions regarding member discounts please call Lisa Crall or Rick Tomisman at NYATEP. 518-433-1200

**I will be attending the 5/9/11 Pre-Day: Forging Strategic Partnerships, Collaborations and Alliances:  Yes  No**

**Would You Be Interested In Being a Moderator For A Workshop Session:  Yes  No**

Check As Appropriate: I require Kosher Meals \_\_\_\_\_

I require Vegetarian Meals \_\_\_\_\_

I \_\_\_\_\_ have a **Disability** that requires accommodation \_\_\_\_\_ (Please Attach Description of Needs)

Conference Rate includes registration fee, materials, continental breakfast and lunch (5/10 & 5/11), and breaks.

**There is a \$100 Cancellation Fee for cancellations after April 29, 2011. You must call the NYATEP office to cancel prior to 4/30/11 to avoid this fee. Substitutions allowed at any time. No-Shows must pay the Full Registration Fee.**

I have enclosed:  Check  Voucher  Purchase Order (Make checks payable to NYATEP)

**For Credit Card Payment Circle One:**      Visa                      MasterCard                      American Express

# \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Return this form via mail or fax or register on-line at [www.nyatep.org](http://www.nyatep.org) before 5/6/10**

NYATEP, 540 Broadway, 5<sup>th</sup> Floor, Albany NY 12207

Fax: 518-433-7424      Phone: 518-433-1200

**HOTEL RESERVATION INFORMATION:**

You are responsible for making your own room reservations and paying lodging expenses. The room rate at the Crowne Plaza Albany is \$104. Call 1-518-462-6611 to make reservations. To receive this special group rate, please identify the group's Code as CYZ. To receive this rate, reservations must be made **by 4/15/11**. Be sure to say you are with the NYATEP Conference.

*How do I know if I'm registered?* You will receive a confirmation via email or mail depending on how you registered.

*Can I register by telephone?* We prefer that you register by mail or fax or **on-line at [www.nyatep.org](http://www.nyatep.org)**.

03-17-11