

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

CHRISTIE SABO
DIRECTOR

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HUMAN SERVICES COMMITTEE MEETING
MONDAY, NOVEMBER 28, 2011 10:30am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Dave Strainer
- II. Action Agenda
 - a) Resolution Request Form #4 Extend Contract – Title B
 - b) Resolution Request Form #4 Extend Contract- Title E
 - c) Resolution Request Form #10 Request for Transfer of Funds
 - d) Resolution Request Form #20 Misc.- Request to submit 4YR Plan
 - e) Resolution Request Form #5 Apply for Grant- MIPPA/ADRC
 - f) Resolution Request Form #5 Apply for Grant- NY Connects PY6
- III. Old business/pending items
- IV. Current business- not applicable

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/28/11**

- (a) Resolution No. which Authorized the Original Contract: 764 of 2010
- (b) Name of Contractor: **See attached IIIB Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 1/1/2012
- (f) Termination Date of Extension: 12/31/2012
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 58,374
 - 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 \$ 47,374 / Office for the Aging- Legal/Transcript Fees A.6772 440 \$11,000

SCHEDULE "A"

A.6772 Office for the Aging
Subcontracts for 2012

Subcontractor	Service Provided	Pd to Contractor	Contribution:	Totals
+++++	+++++	+++++	+++++	+++++
American Red Cross, Adirondack Chapter *	Friendly Visiting	\$0.00		\$0.00
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	\$500.00		\$500.00
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		\$24,000.00	\$2,000.00	\$26,000.00

* American Red Cross informed us that they would be unable to continue providing the service

** Catholic Family Services contract reduced by \$1,952; they billed only \$490 in 2010 and nothing 2011 YTD a/o 10/28/11

SCHEDULE "A"			
A.6772 Office for the Aging			
Subcontracts for 2012			
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 Johnsbury	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: **11/28/11**

- (a) Resolution No. which Authorized the Original Contract: 765 of 2010
- (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: 1/1/2012
- (f) Termination Date of Extension: 12/31/ 2012
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 70,300
 - 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.6795
470 \$ 70,300

SCHEDULE "A"

A.6795 Title III - Family Caregiver Support Program		Federal funds		County funds		Totals	Contributions	Total Contract
Subcontracts for 2012		*****		*****		*****	*****	*****
Subcontractor	Service Provided							
Warren County Health Services *	Caregiver Support; Coordination of HHA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
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		\$52,500.00	\$17,500.00	\$70,000.00	\$300.00	\$70,300.00		

* Warren County Health Services can no longer provide HHA coordination after retirement of case manager

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: November 28, 2011

- (a) Purpose of Request: To request authorization to submit the Four Year Plan for 2012-2016 and 2012 budget to New York State Office for the Aging
- (b) Details:
- (c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **November 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?
- (f) Effective Date of Grant: 9/30/2011
- (g) Termination Date of Grant: 9/29/2012
- (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? 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.
- (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. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **November 28, 2011**

- (a) Purpose of Grant: To obtain NYConnects 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?
- (f) Effective Date of Grant: 10/1/2011
- (g) Termination Date of Grant: 9/30/2012
- (h) Total Dollar Amount Involved (not to exceed): \$ 85,880
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
- (j) Is 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.
- (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:

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

November 28, 2011 – 10:30 AM

1. Request for Transfer of Funds (Resolution Request Form No. 10 attached)

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40.6293.0305.433		40.6293.0300.433		
	WIA Dislocated Worker - Training		WIA Adult - Training	\$12,000.

2. Request Approval to Replace Retiring Counselor (Resolution Request Form No. 12 attached)
3. Request Resolution for appointments/reappointments to the Saratoga-Warren-Washington Workforce Investment Board for the term 12/16/11-6/30/14 (Resolution Request Form No. 1 attached)

<u>Name</u>	<u>Sector</u>	<u>Company/Agency</u>
Denise K. Brucker	Partner Agency	SUNY Adirondack (Director, Continuing Education)

4. Other Business
5. Adjournment

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:

DATE: 11/28/11

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40.6293.0305.433		40.6293.0300.433		
WIA Dislocated Worker - Training		WIA Adult - Training		\$12,000.

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx
Please state reason for transfers requested:

*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: Transfer of funds in the same object code to cover training costs for different appropriation code. Federal regulations allow up to 30% transfer from Dislocated Worker to Adult to provide greater flexibility to manage and meet local workforce needs.

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, termination or promotion. 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 Employment & Training Payroll Dept. No. 40.6293
Title of Position Employment & Training Counselor Annual Salary \$38,883 Grade 09
Budget code and title 40.6293.0305 WIA Dislocated Worker Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 9444
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 100% State % Other %
Impact to Budget: NONE

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date _____

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

Administrator 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.

Ranking Committee Member Signature _____

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

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: Employment and Training Administration

DATE: December 16, 2011

- (a) Name of Appointee: Denise K. Brucker
- (b) Is this a Reappointment? no 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 Partner Agency - SUNY Adirondack
- (e) Address of Appointee: 640 Bay Road, Queensbury, NY 12804
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: December 16, 2011
- (h) Termination Date of Appointment: June 30, 2014
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: fill vacant position on the WIB

