

Warren County Health Services
Health Services Committee Meeting
June 26, 2012

Additional Action Agenda Item

Request Resolution:

To renew the WIC Program Grant with New York State Department of Health for the contract year, October 1, 2012-September 30, 2012 in the amount of \$501,934.00 and to authorize the acceptance of any COLA funds that may become available during the grant year.

Rationale:

This amount covers the cost of the entire WIC Program. It is the same amount as we received for this contract year.

**Warren County Health Services
Health Services Committee Meeting
June 26, 2012
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To renew the contract with New York State Department of Health /Health Research Inc. to allow receipt of continued funding for the Public Health Emergency Preparedness Program in the amount of \$53, 500 for the contract year July 1, 2012 to August 9, 2013, and to amend the 2011 Budget to reflect the funding.

Rationale:

Last year we received \$50,000 and the monies are utilized mainly to cover the salaries associated with the individuals who work in the program.

Request Resolution:

To authorize Ruth Driscoll ANP (Adult Nurse Practitioner) to be added to the list of medical providers authorized to serve in Public Health Clinics.

Rationale:

Ms. Driscoll will fill in at the Sexually Transmitted Disease Clinic in the event Dr. Peter Hughes, the regular provider, is unavailable.

Request Resolution:

To enter a contract agreement with United Health Care Network to allow for reimbursement for various patient services.

Rationale:

United Health Care has expanded their insurance product line and is now providing managed Medicare and Medicaid Services as well as other insurances to individuals in our area.

Request Resolution;

To amend the contract with Business Associate, Dorothy Grover, Physical Therapist, to authorize payment in the amount of \$250.00 per session for the planning and presentation of educational programs for parents of preschool children and staff education for other therapists.

Rationale:

As one of the deliverables for our Children With Special Needs grant, we must produce evidence that we have provided pertinent education to parents and appropriate health providers. The grant funds cover this cost and it is only one or two sessions per year.

Request Referral to Personnel Committee:

For consideration and authorization to backfill two Public Health Nurse Positions.

Rationale:

The vacancies have been created due to resignations for increased pay and no weekend or holiday commitments. The positions are funded in the budget and nursing visits are reimbursable services. We will definitely need to back fill one of the positions as soon as possible, but we will monitor the patient numbers and would only fill the second position if absolutely needed.

Request Referral to Personnel Committee:

For consideration of creating a new position of Senior Public Health Educator and deleting the current position of Health Educator and the part time contractual position of Emergency Preparedness Coordinator, currently paid at \$25.00 per hour. These positions would be combined into one job, funded 100% by Emergency Preparedness Grant funding and State Aid. We have worked with Kathy Barrie, Personnel Officer, to develop a Civil Service approved job description that will reflect all the job responsibilities, have also made sure it would be acceptable to the New York State Department of Health and that our grant funding would not be compromised due to the change. JoAnn McKinstry, Assistant County Administrator, upon the outcome of conversation with County Administrator, Paul Dusek, will be conducting a salary survey and will have the resultant information available for the Personnel Committee Meeting

Rationale:

The position will be grant dependent, but we feel continuation of the funding streams is as solid as anything can be in these times. As well, the tasks are becoming more of a need for the individual doing the job to be on site at the county, something a contractual business associate status does not fit.

We would look to establish a Per Diem funding line in the budget that would allow the use of a Per Diem Health Educator (no benefits) to pick up limited routine duties at busier times of the year that could be overseen by the Senior Public Health Educator.

This change is anticipated to save the county approximately \$3,200.00 per year.

Request Budget Amendment:

To amend the 2012 budget to reflect the revenue received for vehicles sold at Auction in 2012 (\$5,338) and for the insurance recovery for a vehicle which was totaled in an accident and paid by the other insurance company (\$5,797). Further, to amend the budget to increase the Automotive Equipment expense code to reflect these monies received toward the purchase of an additional vehicle.

Budget Transfers:

Tawn Driscoll, Fiscal Manager, will be present at the meeting to discuss the specific transfers needed in the total amount of \$3200.

Rationale:

Given the current state of our vehicle fleet, this plan would allow us to purchase an additional vehicle from this year's funds.

Pending Items

Update on the Certificate of Needs Applications

In response to the Home Care Association(HCA) of New York State's questioning of New York State Department of Health as to how it will differentiate between the data presented by a CHHA (Certified Home Health Agency) applicant arguing "need" and the extent to which the existing CHHAs in a region may meet the need, further opportunities have now emerged. HCA has also questioned NYSDOH on whether the Department will apply as a review criterion the ability of the existing providers in the region to meet the need, or existing providers' willingness to contract with managed care plans to meet the need. HCA also asked whether DOH will consider the impact on the existing system with the approval of a new CHHA in the region.

In response, NYSDOH has indicated that existing providers will have the option to provide to the Public Health and Health Planning Council (PHHPC) their own data and perspectives on regional need and their ability to meet the need, as well as what effect a new agency will have in their region.

If the Health Services Committee is agreeable, we would request approval to prepare a document to submit addressing why Warren County Health Services is able and willing to continue meeting the needs of our population as the only CHHA in Warren County. Sharon Schaldone, Assistant Director of Patient Services, has already done an extensive list of "bulleted facts" regarding our agency that will perfectly and factually articulate our position as to why we are well poised to continue as the only CHHA in Warren County. We would prepare the information to be sent preferably by the Board of Supervisor's Office under the signature of the Chairman of the Board or the County Administrator on behalf of Warren County Health Services. The document must be submitted by July 26, 2012.

Items for Discussion/Information

Emergency Response and Preparedness Activities

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

Our contractual Emergency Response Coordinator has notified us that she wishes to retire at the end of August, hence the opportunity presenting to combine the previously discussed jobs.

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the report and answer questions.

2011 Annual Report

We will distribute copies to members at the meeting for review. At next month's meeting, we will answer any questions, and request a resolution to accept the report. This is report is required by the New York State Department of Health.

Attachments:

#1 Emergency Response and 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,
June	Crunch Time	3 rd Quarter Deliverables Due by 15 th	Barb Orton, Laura Saffer, Angela Meade	
6/6/12	Training	SNS for DPW B&G day crew and night crew (15 trained)	Laura Saffer	SNS
6/18/12	Exercise	NYSDOH BDS - IHANS Alert	Ginelle Jones, et. al	Drill
6/19/12	Meeting	BT Coordinators - Ballston Spa	Barb Orton, Laura Saffer, Sage Student	
6/20/12	Tabletop	Monthly GFH - Fire in a movie theatre	Barb Orton, Laura Saffer	
6/21/12	Student	Sage College	Laura Saffer	
6/27/12	Webinar/Conf Call	ClinOps - Legal Issues and PODs	Barb Orton, Laura Saffer, Angela Meade	

Attachment #1

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2012 AS OF 6/22/2012 12:41:33 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4011, 4013, 4016, 4046, 4054, 4189, 9061, 4025

EXPENSES	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
Salaries - Regular	\$2,826,218.00	\$1,308,246.51	\$2,878,176.80
Salaries - Overtime	\$137,500.00	\$59,001.23	\$125,594.50
Salaries - Part Time	\$278,942.00	\$100,221.23	\$217,841.31
Salaries - Sick Leave Incentive			\$2,000.00
100's PERSONAL SERVICES	\$3,242,660.00	\$1,467,468.97	\$3,223,612.61
200's EQUIPMENT	\$113,442.02	\$103,260.50	\$68,065.47
400's CONTRACTUAL	\$9,466,154.29	\$2,136,514.48	\$7,251,995.51
800's EMPLOYEE BENEFITS	\$1,597,624.00	\$794,660.90	\$1,326,493.01
TOTALS	\$14,419,880.31	\$4,501,904.85	\$11,870,166.60
REVENUES	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
	\$11,995,921.00	\$1,975,422.00	\$9,673,991.86

Notes: We are currently working on closing May billing for CHHA, LTC and MCH.
 Also to note for 2012, Health Services is currently \$20,101.19 below 2011 year to date totals for Personal Services. Our part time salaries are however slightly above last year totals. Rate increases, effective 4/23/12, are reflected in these totals for a few per diem/part time salary employees. These employees have not received an increase in salary in quite a few years. (see below)

**Warren County Health Services
 Salaries Comparison**

2011 vs 2012

as of 6/17/12 Payroll date ending

Total of All Depts	YTD		YTD 12v11	% Change	Total Budget		Total Actual
	2012	2011			2012	2011	
Regular Salaries	\$1,308,246.51	\$1,334,738.13	-\$26,491.62	-1.98%	\$2,826,218.00	\$2,878,176.80	
Overtime Salaries	\$59,001.23	\$55,333.37	\$3,667.86	6.63%	\$137,500.00	\$125,594.50	
Part Time Salaries	\$100,221.23	\$97,498.66	\$2,722.57	2.79%	\$278,942.00	\$217,841.31	
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$2,000.00	
TOTALS	\$1,467,468.97	\$1,487,570.16	-\$20,101.19	-1.35%	\$3,242,660.00	\$3,223,612.61	

*Source: Detail GIL report for all Salary Category from 1/1/XX-6/19/XX

Note: Effective 4/23/12 a few per diem and part time employees received salary increases. They have not had increases in a few years.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: June 26, 2012

- (a) Purpose of Contract Change: To renew the WIC Program Grant for the federal fiscal year 2013 (October 1, 2012 through September 30, 2013) in the amount of \$501,934 and to authorize any COLA Funding, if offered.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R477/2011
- (c) Name of Contractor: New York State Department of Health
Division of Nutrition BSFP/RPOU
- (d) Address of Contractor: Riverview Center
150 Broadway, Floor 6 West
Albany, NY 12204-2719
- (e) Contractor's Contact Person and Telephone Number:
Bill Wojcicki - Phone: 518-408-5278
- (f) Commencement Date of Amendment: October 1, 2012
- (g) Termination Date of Extension: September 31, 2013
- (h) Payment Provisions: Paid upon receipt of approved
and executed contract.
- 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.
- Monthly voucher submission)
- (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:
WIC Revenue – A4013.4403
WIC Expense – A4013 – Miscellaneous Various Codes

Warren County Board of Supervisors

RESOLUTION NO. 477 OF 2011

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

**RATIFYING THE ACTIONS OF THE CHAIRMAN OF THE BOARD
OF SUPERVISORS IN EXECUTING A GRANT APPLICATION WITH THE NEW YORK
STATE DEPARTMENT OF HEALTH, DIVISION OF NUTRITION FOR THE WOMEN,
INFANTS AND CHILDREN (WIC) PROGRAM**

WHEREAS, the Director of Public Health/Patient Services advised that her office was in receipt of a grant application with regard to the receipt of funds for the WIC Program from the New York State Department of Health, Division of Nutrition for an amount not to exceed Five Hundred One Thousand Nine Hundred Thirty-Four Dollars (\$501,934) for a term commencing October 1, 2011 and terminating September 30, 2012, and

WHEREAS, the Director of Public Health/Patient Services advised that in order for the WIC Program to receive the grant, the application needed to be submitted by August 15, 2011 and therefore was executed by the Chairman of the Board prior to the August 19, 2011 Board meeting, now, therefore, be it

RESOLVED, that the actions of the Chairman of the Board of Supervisors with respect to the execution of the grant application with the New York State Department of Health, Division on Nutrition is hereby ratified, and that upon notification of the grant award, the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the grant agreement in a 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 and/or any other monies made available to the County under the term of the grant in a form approved by the County Attorney.

NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

June 20, 2012

Daniel Stec
Chairman, Board of Supervisors
Warren County Health Services
1340 State Route 9
Warren County Municipal Center 1st Floor
Lake George, NY 12845

RE: LA #201 - Warren County Health Services

Dear Mr. Stec:

Enclosed is your agency's federal fiscal year (FFY) 2013 WIC contract renewal package and guidance documents for the submission of items needed for the October 1, 2012 – September 30, 2013 contract renewal period. The following documents are enclosed:

- Attachment A: Approved Site Listing
- Attachment B: FFY13 Contract Guidance
- Attachment C: Budget Guidance
- Attachment D: WIC Site Information Form
- Attachment E: Agency Contact Form
- Attachment F: Electronic Submission Instructions
- Attachment G: WICSIS Hardware Replacement Cost
- Attachment H: Cash Forecast Form and Instructions
- Attachment I: Contract Document Submission Checklist
- Attachment J: FFY13 Budget Worksheets
- Attachment K: Estimated COLA Disbursements to Contract Costs

Your agency's budget for the October 1, 2012 – September 30, 2013 renewal period is \$501,934, with an assigned FFY 2013 caseload target of 1,685. Please see *Attachment B "FFY 2013 Contract Guidance"* for a summary of actions required on your part to begin the renewal process. **Your contract renewal package is due no later than July 13, 2012.**

In addition to the funding identified above, SFY 2012-13 Cost of Living Adjustment (COLA) funding will be made available to WIC agencies in the first 6 months of FFY 2013. COLA may be needed to cover unbudgeted costs identified in the FFY13 budget worksheets and to address any increases in operating costs in FFY13. The Department estimates the COLA to be approximately 8% of the initial cash value of your FFY 2012 WIC Contract.

To expedite processing of this contract renewal, WIC budget worksheets for FFY 2013 have been pre-populated to assist the completion of the budget process. Please see *Attachment C* for additional information on this budget.

If your agency is requesting a FFY 2013 cash advance, please complete the enclosed standard voucher and "Cash Forecast Form" (Attachment H) and return them with the signed, notarized Appendix X contract pages. As soon as the contract is executed, cash advances will be released.

If you have technical questions relating to the submission of the forms, please contact the Resource Planning and Operations Unit at (518) 402-7099 (do not contact the WIC Help Desk). Questions pertaining to budgets, program services, completion of the enclosed forms, etc. should be directed to the regional office representative - regional office contact information is included in Attachment A.

Sincerely,


Roberta C. Hayward, Director
New York State WIC Program
Bureau of Supplemental Food Programs

Enclosures

cc: Regional Office Representative
Toni Roth, WIC Coordinator
Tawn Driscoll, Fiscal Manager
Paul Dusek, County Administrator
Patricia Auer, Director of Public Health
Michael Rimkunas

Attachment A
Approved Site Listing

201 - Warren County Health Services

Your Agency is served by the Department of Health's Capital Regional Office.
They can be reached at (518) 408-5278.

You are approved to operate the following sites to provide WIC Services under the terms of the attached contract.

Site

Number **Site Name**

Address

1	Glens Falls	1 South Delaware Avenue Glens Falls, NY 12801
2	Warren County Health Services	1340 State Route 9 Lake George, NY 12845
3	North Creek	134 Main Street North Creek, NY 12853
4	Brant Lake	6604 State Route 8 Brant Lake, NY 12815
5	Warrensburg	377 Schroon River Road Warrensburg, NY 12885
6	Lake Luzerne	539 Lake Avenue Lake Luzerne, NY 12846
7	VFW Post 32	32 Luzerne Road Queensbury, NY 12804
8	Montcalm Apartments	220 Burke Drive Queensbury, NY 12804
9	First Baptist Church	100 Maple Street Glens Falls, NY 12801

Attachment B

FFY13 Contract Guidance

October 1, 2012 – September 30, 2013 Contract

Enclosed is one copy of an Appendix X contract modification document. Please print **two** copies of this document and have both originally signed by an individual authorized to enter into a contract on behalf of your agency and notarized. Return both originally signed and notarized Appendix X documents to the address below.

Proof of Workers' Compensation Coverage

Please attach documentation that your agency has current Workers' Compensation Insurance coverage. Please review Appendix A-1, Section 13 of your current contract to determine acceptable forms. Please note that "ACORD" forms are not acceptable for this documentation.

Proof of Disability Insurance Coverage

Please attach documentation that your agency has current Disability Insurance coverage. Please review Appendix A-1, Section 13 of your current contract to determine acceptable forms. Please note that "ACORD" forms are not acceptable for this documentation.

WIC Site Information Form

Please complete the enclosed WIC Site Information Form for each approved WIC site. The list of approved sites for your agency can be found in Attachment A. The WIC Site Information form is Attachment D of this mailing.

Agency Contact Form

Please complete the enclosed Agency Contact form indicating the name, current mailing address, E-mail address, telephone and fax numbers of the individuals with the authority to make decisions in the titled categories. The Agency Contact form is Attachment E of this mailing.

Contract Document Submission Checklist

To assist in completing and submitting all of the requested documentation in this mailing, a checklist is provided as Attachment I. Please check each box and return this checklist to the address below.

Vendor Responsibility Documentation

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. An electronic version of the Vendor Responsibility Questionnaire has been enclosed for vendors opting to file a paper questionnaire. In addition, please also complete and submit the enclosed Vendor Responsibility Attestation.

Submit all of the above completed documents no later than July 13, 2012 to:

New York State Department of Health
Division of Nutrition/BSFP/RPOU
Riverview Center
150 Broadway – FL 6 West
Albany, NY 12204-2719

Please follow the instructions detailed in Attachment F for electronic submission of Attachments D, E and J.

Equipment Inventory

WIC contractors are required to update and submit an equipment inventory annually. Instructions for preparing this inventory are detailed in NYS WIC Program Manual Section 1419; a current WICSIS Hardware Replacement Cost List is included as Attachment G for reference. In addition, per Section 1419, a physical inventory must be completed and documented every two years. The results of this inventory must be reconciled with property records to verify the existence, use and continued need for the equipment.

Attachment C Budget Guidance

To expedite processing of this contract renewal, your agency's WIC budget worksheets (Attachment J) for FFY13 have been pre-populated with information collected from the FFY 2012 contract period. Your 2013 WIC Contract Appendix B-4 (Budget) will be generated from information entered into the Budget Worksheet. As in the past, your budget contains an "Unallocated" line as a placeholder should additional funding be made available during the contract cycle (currently the unallocated line is not funded).

When completing the budget worksheet, the total contract value specified in your call letter cannot be exceeded. Do **not** modify the budget levels listed for the Peer Counseling, Breast Pumps or Unallocated budget lines; those budget values are formula driven and cannot be changed.

Although there will not be a discrete budget line for Healthy Lifestyles (HLS), it is the expectation is that contracting agencies will incorporate the HLS philosophy throughout the WIC program. There is no application for this funding and no mid-year or final reporting requirements. However, a description of how each agency's promotes childhood obesity prevention will be a component of each agency's annual program evaluation process.

Indirect And Non-Direct Cost

For the FFY13 contract period, the total amount budgeted for Indirect and Non-Direct costs cannot exceed 10% of your budget's total direct costs. The budget worksheet will calculate this percentage and provide an error message if the 10% threshold is exceeded.

Equipment And Site Renovation Costs

One-time equipment and site renovation costs that were budgeted in the FFY12 contract year are not annualized into your FFY13 contract value. If you have equipment or site renovation needs for FFY13, please discuss them with your regional office representative immediately. For FFY13, only those site renovation and equipment costs deemed reasonable and necessary to provide WIC services will be considered.

Payroll Registers

Later in the contract renewal process, a request will be sent by the WIC Central Office for a copy of the most current payroll register page that identifies the annual gross salary for each individual listed in the FFY13 WIC Budget Worksheet. Please be prepared to supply this information when it is requested.

Copies of Leases

Later in the contract renewal process, a request will be sent by the WIC Central Office for a copy of the lease for each site listed in the FFY13 WIC Budget Worksheet for which contract reimbursement is being requested. Please be prepared to supply this information when it is requested.

Indirect Cost Rate Proposals

Each year the New York State Department of Health Women, Infants and Children (WIC) program offers local agencies the opportunity to apply for an indirect cost rate. If you wish to apply for an indirect cost rate, your agency has the option of using a federally approved indirect cost rate or a New York State approved rate. Federal rates are valid for one year while State rates are valid for two years. Please see below for Indirect Cost Rate Guidelines. A Certification of Indirect Costs form is also enclosed for your use and must be submitted if your agency is applying for an Indirect Cost Rate.

It is important to remember that indirect cost reimbursement is based upon the approved indirect cost rate *and* affordability within the overall WIC budget. In FFY 2013, total non-direct and indirect costs will be limited to 10 percent of the budgeted direct WIC costs. An agency may budget for an Indirect Cost Rate when completing the budget worksheets, however, **DOH will not reimburse indirect costs until the agency has been issued a written approval of their indirect cost rate.**

Indirect cost proposals for FFY 2013 should be submitted to DOH **before September 1, 2012**, but no later than December 31, 2012. If necessary, a request for an extension of the submission deadline may be requested in writing prior to December 31, 2012, and must include the reason for the delay.

Indirect Cost Rate proposals should be sent to the following address: **New York State Department of Health, Division of Nutrition/BSFP/RPOU, Riverview Center, 150 Broadway – FL 6 West, Albany, NY 12204-2719**

Guidelines for Indirect Cost Proposals

For agencies with Federally approved indirect cost rates, the following documentation must be submitted:

1. A copy of all pages of their most recent Federal approval letter
2. A *Certification of Indirect Costs* (blank form enclosed)

For agencies with no Federally approved indirect cost rate, the following documentation must be submitted:

1. The rate proposed, including subsidiary worksheets and other relevant data cross-referenced and reconciled to the financial data
2. A copy of the financial data (audited financial statements, budgets, accounting reports, etc.) upon which the rate is based
3. An organization chart along with a functional statement noting the duties and/or responsibilities of all units that comprise the agency
4. A *Certification of Indirect Costs* (blank form enclosed)

Attachment F

Electronic Submission Instructions

1. The FFY13 contract renewal package contains electronic copies of the WIC Site Information Form (Attachment D), the Agency Contact Form (Attachment E) and the FFY13 Budget Worksheets (Attachment J) in Adobe Acrobat format (PDF). If you do not have this software, it can be obtained free of charge at: www.adobe.com .
2. Enter all information for all fields requested in each form. Make sure to save each file before closing.
3. Attachments D, E and J are designed to be submitted electronically. All three of these files contain a "Submit by Email" button on the form to automatically mail them to the correct DOH email address. If the "Submit by Email" button fails to transmit one of these attachments, please follow the instructions below.

For Attachments D, E, and H ONLY:

- i. Save the forms.
- ii. Attach the PDFs to an email with the following Subject:
Form Submission: <Merge Agency # - Agency Name>
- iii. Add any additional messages in the email's message section.
- iv. Email both files to:
wicbudget@health.state.ny.us

For Attachment J ONLY:

- i. Save the form.
- ii. Attach the PDF to an email with the following Subject:
FFY13 Budget Submission: <Merge Agency # - Agency Name>
- iii. Add any additional messages in the email's message section.
- iv. Email both files to:
WICBudgetCapital@health.state.ny.us

4. If you have any questions regarding submission of Attachments D, E, H, or J, please contact the Resource Planning and Operations Unit at (518) 402-7099.

Attachment G
(Revised and updated to include
Standard WICSIS Equipment Codes)

WICSIS Hardware Replacement Cost List *
FFY 2013

<u>ITEM</u>	<u>WICSIS Equipment Code</u>	<u>Cost</u>
Permanent Site File and Print Server	PERMF&P	\$2,300
Permanent Site PC	USERPC1	\$500
Permanent Site LAN Switch	LANSW1	\$1,000
Permanent Site Check Printer	CPRT1	\$970
Permanent Site LAN Printer	LPRT1	\$650
Temporary Site Check Printer	CPRT2	\$420
Temporary Site Printer Case		\$320
Temporary Site Laptop Serve	TSSERV1	\$760
Temporary Site Laptop	USERLT1	\$635
Signature Capture Table	SIG1	\$100
Router	RTR1	\$1,300
Firewall/VPN		\$1,700
Temp Site Wireless Router		\$1,280

*The prices listed are provided solely for the purpose of estimating replacement and installation costs for these items. Actual costs may vary from those listed.

ATTACHMENT K
ESTIMATED COLA DISBURSEMENTS TO CONTRACT COSTS

The enacted New York State 2012-13 budget currently identifies that Cost of Living Adjustment (COLA) funding is available to be distributed to WIC local agencies. It is estimated that the amount of funding to be allocated will be approximately 8% of the initial cash value of the FFY12 contract. COLA funding should be available within the first six months of the FFY13 contract period.

ESTIMATED COLA FUNDING: \$36,504

This form can be completed by WIC local agencies to designate where COLA funding will be utilized to fund unbudgeted costs identified in the FFY13 budget worksheets.

ITEM	JUSTIFIED AMOUNT	BUDGETED AMOUNT	UNBUDGETED AMOUNT	COLA AMOUNT ALLOCATED
PROGRAM SUPPORT				
C.P.A.				
FRINGE BENEFITS				
SPACE				
OTHER THAN PERSONAL SERVICE				
BREAST PUMPS				
ENHANCED PEER COUNSELING				
NON-DIRECT STAFF				
NON-DIRECT FRINGE BENEFITS				
INDIRECT COSTS				
TOTAL				

CERTIFICATION OF INDIRECT COSTS

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

- All costs included in this proposal used to establish billing or final indirect costs rates for the period October 1, 2012 through September 30, 2013 are allowable in accordance with the requirements of the federal agreement(s) to which they apply and with the cost principles applicable to those agreements.
- This proposal does not include any costs which are unallowable under applicable cost principles, such as (without limitation): advertising and public relations costs, entertainment costs, fines and penalties, and lobbying costs.
- All costs included in this proposal are properly allocable to Federal agreements on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare under penalty of perjury that the foregoing is true and correct.

Organization: _____

Signature: _____

Name of Official: _____

Title: _____

Date: _____

Please note that this certification must be signed and dated by an individual at a level no lower than the chief financial officer of the local agency. Only original signatures will be accepted.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: June 26, 2012

- (a) Purpose of Contract Change: To renew contract with New York State Department of Health/Health Research, Inc. to allow receipt of continued funding for Public Health Emergency Preparedness Program in the amount of \$53,500.00 and amend Warren County Budget to reflect.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 702/2011
- (c) Name of Contractor: New York State Department of Health/Health Research Institute
- (d) Address of Contractor: Riverview Center, 150 Broadway, Suite 354W Menands, NY 12204-2719
- (e) Contractor's Contact Person and Telephone Number: Marsha Rivers Grants Administration – Office of Public Health, Phone: 518-408-2063 Fax: 518-408-2147 E-Mail: btlhd@health.state.ny.us
- (f) Commencement Date of Amendment: July 1, 2012
- (g) Termination Date of Extension: June 29, 2012
- (h) Payment Provisions: Per terms of contract agreement upon approval of submitted budget.
- 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 4189.469 – Bio-Terrorism - Miscellaneous
Rev. – A 4189.4401 – Bio-Terrorism – Revenue

* Will send contract when it is received back from NYSDOH with approved budget.

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: June 26, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to adjust the Bioterrorism Department to reflect the addition of revenues/costs related to the new 2012 grant to year end.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4189.469 Bioterrorism-Other payments expense \$22,300.00

Revenue Code (with title), and Amount:
A.4189.4401 Bioterrorism Revenue \$22,300.00

Auer, Pat

From: Scott Bieg [sxb26@health.state.ny.us] on behalf of Bioterrorism Local Health Dept Co Contracts BML [btlhd@health.state.ny.us]
Sent: Thursday, June 07, 2012 3:07 PM
To: LHD2@health.state.ny.us
Cc: Michael J. Primeau; Linda Wagner; Marie J. Desrosiers; Luis A. Lopez; btlhd@health.state.ny.us; James M. Murphy; Abbie L Archibald; Beau W Alexander; Michael P. O'Donnell; John Rinciari; Scott Bieg
Subject: 2012-2013 LHD Public Health Emergency Preparedness Contract
Attachments: LHD Allocations 2012-13 FINAL.pdf; 2012 - 2013 LHD Budget Template (Word).doc; 2012-2013 Budget Template for Base (Excel).xls; 2012-2013 Attachment B Special Clauses.pdf; PHP Meeting Expense Guidelines.pdf; Equipment Records.pdf

The New York State Department of Health / Health Research Inc. intends to award Local Health Departments (LHD) with continued funding to support 2012-2013 Public Health Emergency Preparedness (PHEP) activities.

The funds will be awarded through a contractual agreement for the time period of July 1, 2012 through June 30, 2013. New contracts will begin on July 1, 2012 and run through June 30, 2013. The current PHEP contracts end August 9, 2012, creating an overlap of 40 days between the 2011-12 and the 2012-13 contract. Existing personnel costs for the period July 1, 2012 through August 9, 2012 should be charged to the 2011-2012 contract.

Continuing personnel costs on the new contract should begin August 10, 2012. Any non-personnel costs incurred between 7/1 and 8/9, should be charged to the contract for which deliverables are being supported by the purchase. If a purchase supports deliverables on both contracts, please use 2011-2012 funds first.

•

You may develop your 2012-2013 budget request utilizing your 2011-2012 approved budget as a guide. For your convenience, you may submit the budget using either the Microsoft Word template or a Microsoft Excel template. The Excel template performs roll-up calculations and automatically transfers totals to the summary page. Your total budget cannot exceed the amount listed in the allocation table.

The 2012-2013 deliverables will be posted to the Health Commerce System. LHDs participating in the Cities Readiness Initiative (CRI) will receive separate instructions shortly, with additional guidance and templates.

In an effort to be compliant and current with federal regulations, HRI requires a copy of your organization's equipment inventory procedures. Federal regulations provide specific guidance relating to equipment inventory for federal grants. Please see the attached Equipment Records summary page for the specific regulation governing your organization.

In an effort to make this process as easy as possible, the documents listed below are attached to assist you in preparing your budget:

- 2012-13 LHD Allocations
- Budget Template for 2012-2013 (Word and Excel)
- Program Specific Clauses with Confidentiality Language
- Meeting Expense Guidelines

Please return the **completed budget** and a **copy of your equipment inventory procedure** electronically to btlhd@health.state.ny.us as soon as possible, but no later than **Tuesday, 6/29/12**. If you are unable to meet this deadline, please notify Marsha Rivers at btlhd@health.state.ny.us.

6/7/2012

Your current Equipment Inventory will be sent under separate cover with instructions for updating with 2011-2012 information.

Thank you.

(See attached file: LHD Allocations 2012-13 FINAL.pdf) (See attached file: 2012 - 2013 LHD Budget Template (Word).doc) (See attached file: 2012-2013 Budget Template for Base (Excel).xls) (See attached file: 2012-2013 Attachment B Special Clauses.pdf) (See attached file: PHP Meeting Expense Guidelines.pdf) (See attached file: Equipment Records.pdf)

Marsha Rivers
Grants Administration - Office of Public Health
New York State Department of Health
Riverview Center
150 Broadway, Suite 354W
Menands, NY 12204-2719

Phone: (518) 408-2063
Fax: (518) 408-2147
e-mail: btlhd@health.state.ny.us

LHD Public Health Emergency Preparedness - Awards 2012-13

County	2010 Total Population	2012-13 Awards	
			\$53,500 Base + \$0.35 per Population for LHDs > 75,000
Albany	304,204		\$161,993
Allegany	48,946		\$53,500
Broome	200,600		\$125,043
Cattaraugus	80,317		\$82,145
Cayuga	80,026		\$82,041
Chautauqua	134,905		\$101,613
Chemung	88,830		\$85,181
Chenango	50,477		\$53,500
Clinton	82,128		\$82,790
Columbia	63,096		\$53,500
Cortland	49,336		\$53,500
Delaware	47,980		\$53,500
Dutchess	297,488		\$159,597
Erie	919,040		\$381,270
Essex	39,370		\$53,500
Franklin	51,599		\$53,500
Fulton	55,531		\$53,500
Genessee	60,079		\$53,500
Greene	49,221		\$53,500
Hamilton	4,836		\$53,500
Herkimer	64,519		\$53,500
Jefferson	116,229		\$94,952
Lewis	27,087		\$53,500
Livingston	65,393		\$53,500
Madison	73,442		\$53,500
Monroe	744,344		\$318,966
Montgomery	50,219		\$53,500
Nassau	1,339,532		\$531,236
Niagara	216,469		\$130,702
Oneida	234,878		\$137,268
Onondaga	467,026		\$220,062
Ontario	107,931		\$91,993
Orange	372,813		\$186,461
Orleans	42,883		\$53,500
Oswego	122,109		\$97,049
Otsego	62,259		\$53,500
Putnam	99,710		\$89,061
Rensselaer	159,429		\$110,359
Rockland	311,687		\$164,661
Saratoga	219,607		\$131,821
Schenectady	154,727		\$108,682
Schoharie	32,749		\$53,500
Schuyler	18,343		\$53,500
Seneca	35,251		\$53,500
St. Lawrence	111,944		\$93,424
Steuben	98,990		\$88,804
Suffolk	1,493,350		\$586,094
Sullivan	77,547		\$81,157
Tioga	51,125		\$53,500
Tompkins	101,564		\$89,722
Ulster	182,493		\$118,585
Warren	65,707		\$53,500
Washington	63,216		\$53,500
Wayne	93,772		\$86,943
Westchester	949,113		\$391,995
Wyoming	42,155		\$53,500
Yates	25,348		\$53,500
Total	11,202,969		\$6,602,670

Warren County Board of Supervisors

RESOLUTION NO. 702 OF 2011

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

AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE DEPARTMENT OF HEALTH AND HEALTH RESEARCH, INC. RELATING TO PUBLIC HEALTH PREPAREDNESS AND RESPONSE PLAN FUNDING

RESOLVED, that Warren County continue its contractual agreement with New York State Department of Health, Office of Science, DAI 120 New Scotland Avenue, Albany, New York 12208, relating to Public Health Preparedness and Response Plan funding, in an amount not to exceed Fifty Thousand Dollars (\$50,000) for a term commencing August 10, 2011 and terminating August 9, 2012, and be it further

RESOLVED, that Warren County continue its contractual relationship with Health Research, Inc., One University Place, Rensselaer, New York 12144, relating to Public Health Preparedness and Response Plan funding, in an amount not to exceed Fifty Thousand Dollars (\$50,000) for a term commencing August 10, 2011 and terminating August 9, 2012, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute agreements relating to Public Health Preparedness and Response Plan funding with the New York State Department of Health and Health Research, Inc., either individually or jointly, at the addresses described in the preambles of this resolution, in an amount not to exceed Fifty Thousand Dollars (\$50,000), for a term commencing August 10, 2011 and terminating August 9, 2012, in a form approved by the County Attorney, and be it further

RESOLVED, that if any further federal or state funding becomes available during the term of this contract, no further resolution to accept said monies is necessary and the Chairman of the Board of Supervisors is authorized to execute any documents necessary to receive the additional funds in a form approved by the County Attorney.

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: June 26, 2012

- (a) Purpose of Request: To add Ruth Driscoll, ANP (Adult Nurse Practitioner) to list of medical providers authorized to serve in Public Health Clinics.
- (b) Details:
- (c) Previous Resolution Number: 851/2009 (See attached)

Warren County Board of Supervisors

RESOLUTION No. 851 OF 2009

Resolution introduced by Supervisors Sokol, Sheehan, Thomas, Champagne, O'Connor, Strainer and Pitkin

AUTHORIZING INDIVIDUALS TO SERVE WITHIN PUBLIC HEALTH CLINICS - HEALTH SERVICES DEPARTMENT

WHEREAS, the New York State Department of Health requires that credentialed individuals serve within Health Clinics within the Division of Public Health clinics, now, therefore, be it

RESOLVED, that the following persons are hereby engaged to serve individuals within Division of Public Health clinics for a term commencing January 1, 2010 and terminating upon thirty (30) days notice by either party:

Peter Hughes, MD
Ruth Fish, FNP

Joseph Dufour, FNP

Ruth Driscoll ANP

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: June 26, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To enter a contract agreement with United Health Care Networks to allow for reimbursement for various patient care services.
- (c) Name of Contractor: United Health Care Networks
- (d) Address of Contractor: 1 Penn Plaza, 8th Floor, New York, NY 10016
- (e) Contractor's Contact Person and Telephone Number:
Claudette Turck, Network Contract Manager
Phone: 201-224-0691 Fax: 877-235-9910 E-Mail: Claudette_m_turck@uhc.com
- (f) Has or will the Contract be provided, if so, please attach: No, will send when contract is received.
- (g) Commencement Date of Contract: September 1, 2012
- (h) Termination Date of Contract: Per contract terms
- (i) Payment Provisions: Per contract agreement terms
- 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.
- (j) 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.4010.1610 – CHHA – Home Nursing Charges - Revenue
A.4016.1602 – Long Term Care Charges – Revenue
A.4018.0020.1612 – Family Health Preventative Nursing Charges - Revenue

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: June 26, 2012

- (a) Purpose of Contract Change: To amend the contract with Business Associate, Dorothy Grover, PT to authorize payment of \$250.00 per session to provide educational program for parents of young children, one time per year and/or staff education for Therapists.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R349/2010
- (c) Name of Contractor: Dorothy Grover, PT
- (d) Address of Contractor: 39 Lambert Drive, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number:
Dorothy Grover, PT Home Phone: 743-1819 Cell: 260-0716
- (f) Commencement Date of Amendment: July 23, 2012
- (g) Termination Date of Extension: Same as current contract agreement
- (h) Payment Provisions: Fee paid upon completion of educational session.
 - 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:
A 4018.0020.470 – Family Health Contractual - Expense

Warren County Board of Supervisors

RESOLUTION NO. 349 OF 2010

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

AUTHORIZING AMENDMENT AGREEMENTS TO DECREASE RATES WITH VARIOUS PHYSICAL, SPEECH AND OCCUPATIONAL THERAPISTS - HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of the Health Services Department advises that the New York State Department of Health Bureau of Early Intervention has instituted new rates for various array of services provided in the Early Intervention Program and is requesting that the agreements with physical therapists, speech therapists and occupational therapists who perform services under the Early Intervention Program as independent contractors be amended to adopt the new rate schedule payment for services, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute amendment agreements with the various physical, speech and occupational therapists for services performed under the Early Intervention Program as independent contractors, effective May 1, 2010 at rates and by Region location as set forth below in a form approved by the County Attorney.

Region One evaluation visit \$50.00

Region One revisit \$50.00

Region Two evaluation visit \$57.00

Region Two revisit \$57.00

see attached amendment language

AMENDMENT AGREEMENT

547/2010

Copy

THIS AMENDMENT OF AGREEMENT, amending the agreement between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845 (the "County"), and

STACIE DIMEZZA, SPEECH THERAPIST, having a mailing address of 28 Monument Avenue, Glens Falls, New York 12801, (the "Contractor").

WHEREAS, the parties have heretofore entered into an agreement and subsequent amendment agreements for the provision of Speech Therapist services under the Certified Home Health Care Agency, Long-Term Home Health Care Program, Early Intervention Program and/or Preschool Education Services Program ("Agreement"), and

WHEREAS, by Resolution No. 547 of 2010, the Warren County Board of Supervisors has authorized an amendment agreement to include a provision for staff education for therapists, parents or other individuals with children involved in the Early Intervention and Preschool Special Needs Program,

NOW, THEREFORE, it is agreed by and between the parties as follows:

1. Paragraph "(1y)" of the Agreement shall be added and read as follows:

"y. Contractor shall provide staff education for therapists, parents or other individuals with children involved in the Early Intervention and Preschool Special Needs Program at a rate of Two Hundred Fifty Dollars (\$250) per session, for a term to commence on July 1, 2010 and termination upon thirty (30) days notice."

use this model for Dimezza's amendment

Other than as set forth above, the parties do not intend to change any other term, condition or provision of the original agreement. The agreement dated May 2, 2006, and any amendments thereto, shall continue to remain in full force and effect between the parties as amended hereby.

3. This agreement constitutes the full understanding of the parties as to the amendment of the aforesaid agreement. This amendment of agreement may not be modified except by further written agreement executed by the parties.

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 Health Services Payroll Dept. No. CHHA
 Title of Position Public Health Nurse Annual Salary 44,673 Grade 21
 Budget code and title A4010-110 Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No. 11385
 Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal % State % Other 100 %
 Impact to Budget: current position is budgeted * see below
 Personnel Officer has approved this form when initialed. [Signature] below

nursing
 services
 are
 reimbursed
 services
 Medicare
 Medicaid
 Private
 Insurance

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services Date 6/26/12
 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 Health Services Date 6/26/12
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature [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 _____

* The employee who has resigned is a nurse at Gr 21 - the highest grade in the bargaining unit based on education qualifications. As has been the past practice, we will look to recruit a nurse at the same grade but if not able, would hire at Grade 20 (experienced nurse but no Bachelor's Degree)

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 Health Services Payroll Dept. No. CHHA
Title of Position Public Health Nurse Annual Salary 44,673 Grade 21
Budget code and title A 4010-110 CHHA - Full time salaries Health Services Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 8415
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other 100 %
Impact to Budget: current position is budgeted * see below
Personnel Officer has approved this form when initialed. pk

nursing services
are reimbursed
services
medicare
medicaid
private
insurance

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services Date _____
 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 Health Services Date 6/26/12
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature [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 _____

* The employee who has resigned was nurse at grade 21 - the highest grade in the bargaining unit based on educational qualifications. As has been the past practice, we will look to recruit a nurse at the same grade but if not able, would hire a grade 20 (experienced nurse but no Bachelor's Degree)

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Health Services

DATE: June 26, 2012

- (a) Title of Requested Position: Senior Public Health Educator
- (b) Annual **Base** Salary (and Grade if Applicable): To be determined, salary study being conducted.
- (c) Effective Date for New Position:* September 1, 2012
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Health Educator/Grade 14 - \$43,032 (current employee salary). Grade 14 – Base Salary \$35,385.
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
Health Education – A4018.0040.110 Health Ed. – Reg. Salaries
Bio-Terrorism – A4189.130 – Part-Time Salaries
Amounts to be determined after salary study.
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title?: Yes
(This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain: Department must have designated Emergency Response Program Coordinator who is tasked with overseeing and assuring that Emergency Response Program Grant deliverables are achieved.
- (h) Is there expected revenue from this position? If so, please explain:
Yes - Emergency Preparedness Grant Funds - State Aid Funds.

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-CHHA (Certified Home Health Agency)

DATE: June 26, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to reflect the revenue received for vehicles sold at Auction in 2012 (\$5,338) and for the insurance recovery for a vehicle which was totaled in an accident and paid by the other insurance company (\$5,797). Also to increase the Automotive Equipment expense code to reflect these monies received towards the purchase of an additional vehicle.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4010.230 Health Services-Automotive Equipment \$11,135.00

Revenue Code (with title), and Amount:

A.4010.2665 Health Services-Sale of Equipment \$5,338.00

A.4010.2680 Health Services-Insurance Recoveries \$5,797.00

