

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
FRIDAY, JANUARY 27, 2012 10:45am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Dave Strainer

- II. Action Agenda
 - a) Resolution Request Form #4 Amend Contract- Title III E, NEC Care
 - b) Resolution Request Form #1 Appoint OFA Advisory Council
 - c) Resolution Request Form #4 Extend Contract- HIICAP, Greater GF Senior Center
 - d) Resolution Request Form #4 Extend Contract- Nutrition Program Registered Dietician
 - e) Resolution Request Form #4 Extend Contracts- CSE
 - f) Resolution Request Form #12 Intent to Fill Vacant Position- Nutrition Services Coordinator
 - g) Resolution Request Form #20 Misc.- Request to Hire Consultant until Nutrition Services Coordinator Position filled

- III. Old business/pending items
 - a) Update on Warrensburg meal site move to Countryside

- IV. Current business
 - a) OFA 2011 Summary
 - b) Discussion regarding centralized kitchen proposal

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: 1/27/12

- (a) Purpose of Contract Change: To provide funds for emergency respite in month of December under Title III E Caregivers contract with NEC Care, Inc
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 765/2010
- (c) Name of Contractor: NEC Care, Inc. D.B.A. Home Instead Senior Care
- (d) Address of Contractor: 12 Mountain Ledge Road Suite 3, Gansevoort, NY 12831
- (e) Contractor's Contact Person and Telephone Number: Maureen Hopkins (518) 580-1042
- (f) Commencement Date of Extension: 12/1/11
- (g) Termination Date of Extension: 12/31/11
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$2,620.00
 - 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, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.6795 470 General, Title III E OFA- Contract (We are increasing contract using budgeted contract money that is not being used- there is NO impact to the county budget; ONLY amending contract amount

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 27, 2012**

- (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 164 of 2010
- (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: 1/1/12
- (h) Termination Date of Appointment: 12/31/12
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

ELECTED MEMBERS BY MEALSITES 2012

<u>NAME</u>	<u>AFFILIATION</u>
Robert Wubbenhorst	Bolton Landing Nutrition Site
Robert Fedor	Chestertown Nutrition Site
Doris Morrissey	Cedars Nutrition Site
Elizabeth Fish	Glens Falls , Presbyterian Church
Linda Hayes	Indian Lake Nutrition Site
Jerry and Nancy Spitz	Johnsburg Nutrition Site
Robert W Tice	Long Lake Nutrition Site
Nora Dunn	Solomon Heights Nutrition Site
Edward Kokesch	Solomon Heights Nutrition Site
Calista Murray	Warrensburg Nutrition Site
Roy Grisenthwaite	Wells Nutrition Site
Sharon Grisenthwaite	Wells Nutrition Site
Vacant	Lake Luzerne Nutrition Site
Vacant	Lake Pleasant Nutrition Site

APPOINTED MEMBERS 2012

<u>NAME</u>	<u>ADDRESS/PHONE NUMBER</u>	<u>AFFILIATION</u>
David Strainer	1340 State Route 9 Lake George, NY 12845 232-7745	Supervisor Town Of Queensbury
Charity Steans	1340 State Route 9 Lake George, NY 12845 761-6347	National Association for the Advancement of Colored People (N.A.A.C.P.)
Ermina Pincombe	Town of Benson 2213 Co. Hwy 6 PO Box 100 Northville, NY 12134 863-4969	Supervisor of Town of Benson
Alternate: Robert Edwards	Town of Hope PO Box 1312 Northville, NY 12134 924-3821	Supervisor Town of Hope

NON VOTING MEMBERS 2012

<u>NAME</u>	<u>ADDRESS/PHONE NUMBER</u>	<u>AFFILIATION</u>
Suzanne Wheeler	1340 State Route 9 Lake George, NY 12845 761-7647	Warren County Dept. Social Services
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	P.O. Box 678 Glens Falls, NY 12801 926-7070	Greater Adirondack Home Aides, Inc. SupervisingNurse
Lynn Ackershoek	P.O. Box 968 Glens Falls, N.Y. 12801 793-0636	Executive Director Warr/Ham ACEO, Inc

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office for the Aging

DATE: January 27, 2012

- (a) Purpose of Contract Change: Extend HIICAP contract with Greater GF Senior Center
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 69 of 2011
- (c) Name of Contractor: Greater Glens Falls Senior Citizens Center, Inc.
- (d) Address of Contractor: 380 Glen Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Irene Clements PH. 793-2189
- (f) Commencement Date of Extension: 4/1/2012
- (g) Termination Date of Extension: 3/31/2013
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$11,500
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, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.6988 470 (General, OFA HIICAP - Contract) \$11,500.00

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office for the Aging

DATE: January 27, 2012

- (a) Purpose of Contract Change: Extend contract with Catherine Keating- Stauch to provide registered dietician services.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 203 of 2010
- (c) Name of Contractor: Catherine Keating- Stauch, RD
- (d) Address of Contractor: 17 Castleberry Dr, Gansevoort, NY 12831
- (e) Contractor's Contact Person and Telephone Number: Catherine Keating- Stauch
518-584-8958
- (f) Commencement Date of Extension: 5/1/2012
- (g) Termination Date of Extension: 4/30/2013
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$40 (Increased from \$35)
 - iii) total amount not to exceed \$25,300.00
 - 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, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.6771 437 (Nutrit. For Elderly-Ham.Co. - Consulting Fees) \$6,215.00 A.6773 437 (Nutrit. For Elderly-War.Co. - Consulting Fees) \$9,365.00 and A.6774 437 (S.N.A.P. - Consulting Fees) \$9,720.00

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office for the Aging

DATE: January 27, 2012

- (a) Purpose of Contract Change: Extend CSE contracts (see attached schedule A)
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 135 of 2010
- (c) Name of Contractor: (see attached schedule A)
- (d) Address of Contractor: (see attached schedule A)
- (e) Contractor's Contact Person and Telephone Number: (see attached schedule A)
- (f) Commencement Date of Extension: 4/1/2012
- (g) Termination Date of Extension: 3/31/2013
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$66,410
 - 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, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: General, Comm. Serv. Elderly, Warren - Contract A6778 470 \$ 49,510 / General, Comm Ser. Elderly/Hamilton-Contract A.6780470 \$ 16,900.00

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

SCHEDULE "A"						
A.6778 Community Services - Warren County						
Subcontracts for 4/1/2012- 3/31/2013						
Subcontractor	Service Provided	State funds	County funds	Pd to Contractor	Contributions	Totals
Warren/Hamilton Counties A.C.E.O., Inc.	Handyman Program	\$6,547.50	\$2,182.50	\$8,730.00		\$8,730.00
Glens Falls Assoc. for the Blind, Inc.	Services for the Blind	\$4,500.00	\$1,500.00	\$6,000.00		\$6,000.00
Greater Adirondack Home Aides, Inc.	In-Home Services	\$1,500.00	\$500.00	\$2,000.00	\$500.00	\$2,500.00
Greater Glens Falls Senior Citizens Ctr., Inc.	Outreach	\$19,875.00	\$6,625.00	\$26,500.00		\$26,500.00
Glens Falls Assoc. for the Hearing Impaired	Services for the Hearing Impaired	\$1,875.00	\$625.00	\$2,500.00		\$2,500.00
Town of Honicon	Transportation	\$960.00	\$320.00	\$1,280.00		\$1,280.00
Tom Clements	Legal	\$1,500.00	\$500.00	\$2,000.00		\$2,000.00
TOTAL		\$36,757.50	\$12,252.50	\$49,010.00	\$500.00	\$49,510.00
A.6780 Community Services - Hamilton County						
Subcontracts for 4/1/2012- 3/31/2013						
Subcontractor	Service Provided	State Funds	Local Funds	Pd to Contractor	Contributions	TOTALS
Glens Falls Assoc. for the Blind, Inc.	Services for the Blind	\$150.00	\$50.00	\$200.00		\$200.00
Hamilton County Public Nursing Service	In-Home Services	\$1,687.50	\$562.50	\$2,250.00	\$250.00	\$2,500.00
Warren/Hamilton Counties A.C.E.O., Inc.	Handyman Program	\$750.00	\$250.00	\$1,000.00		\$1,000.00
Home Health Care d/b/a Helping Hands	In-Home Services	\$8,062.50	\$2,687.50	\$10,750.00	\$250.00	\$11,000.00
Hamilton County Council of Senior Citizens	Senior Picnic	\$300.00	\$100.00	\$400.00		\$400.00
Town of Long Lake	Transportation	\$1,350.00	\$450.00	\$1,800.00		\$1,800.00
TOTAL		\$12,300.00	\$4,100.00	\$16,400.00	\$500.00	\$16,900.00

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 OFA Payroll Dept. No. Various
Title of Position Nutrition Services Coordinator Annual Salary \$ 40,209 Grade N/A
Budget code and title Various Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 8626

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

Source of reimbursement: Federal 10% State 25% Other Ham Cty 25%

Impact to Budget: Savings \$3,700

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. 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: OFA

DATE: 1/27/12

- (a) Purpose of Request: To retain services of Deborah Coalts as a consultant to the Nutrition Program until a Nutrition Services Coordinator is hired

- (b) Details: Deborah Coalts will work a schedule agreed upon by herself and the OFA Director, at a rate of \$21.00 per hour, not to exceed 20 hours per week.

- (c) Previous Resolution Number: N/A

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A6771 110 OFA Nutrit Elderly Ham Cty Salaries Reg \$10,977 A6773 110 OFA Nutrit Elderly Warr Cty Salaries Reg \$21,911 A6774 110 Office for the Aging SNAP \$ 11,021

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

* as listed in budget and LOGOS

**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

January 27, 2012 – 10:45 AM

1. Request for Authorization to Attend Meeting or Convention (Schedule "A" attached)
2012 NYATEP Youth Academy, Syracuse March 5-7; Sharon Sano and Noreene Tarantino
2. Other Business
3. Adjournment

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 Sharon Sano

(Supervisory Committee) (Employee Name)

to attend NYATEP 2012 Youth Academy

(Name of meeting or organization)

at Sheraton Syracuse University Hotel & Conference Center, 801 University Avenue,
Syracuse, NY 13210

(Address)

on March 5-7, 2012 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 \$ 94.00 GSA* Rate \$ 94.00
 Meal costs - GSA*per diem rate \$ 56.00

*www.gsa.gov

Date: 1/27/12

Chris A. Hensing
Department Head Signature

Date: 1/27/12

David [Signature]
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

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 Noreene Tarantino

(Supervisory Committee) (Employee Name)

to attend NYATEP 2012 Youth Academy

(Name of meeting or organization)

at Sheraton Syracuse University Hotel & Conference Center, 801 University Avenue, Syracuse, NY 13210

(Address)

on March 5-7, 2012 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)

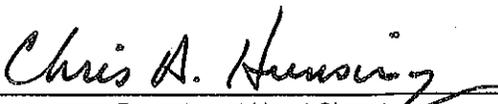
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 94.00 GSA* Rate \$ 94.00
- Meal costs - GSA*per diem rate \$ 56.00

*www.gsa.gov

Date: 1/27/12



Department Head Signature

Date: 1/27/12



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

2012 Youth Academy Registration Form
 (You May Also Register On-Line Through the NYATEP Website: www.nyatep.org)
The 2012 NYATEP Youth Academy
 March 6-7, 2012
 Sheraton Syracuse University Hotel & Conference Center, 801 University Avenue, Syracuse, New York
 (315-475-3000; 1-800-395-2105)

Name _____ Title _____
 Agency _____
 Address _____
 Phone _____ Fax _____
 E-mail _____

Registration Fees for the Fall Conference

- Please check applicable options below:
- Member Early Bird Rate (Received By 2/3/12) \$295.00 _____
 - Member Regular Rate (Received after 2/3/12) \$330.00 _____
 - Non-Member Early Bird Rate (Received by 2/3/12) \$345.00 _____
 - Non member Regular Rate (Received after 2/3/12) \$360.00 _____

Is this your first attendance at a NYATEP/USDOL Youth Academy? 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 (3/6-3/7), and breaks.

There is a \$100 Cancellation Fee for cancellations after 2/24/12. You must call the NYATEP office to cancel prior to 2/24/12 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 before 2/24/12

NYATEP, 540 Broadway, 5th 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 Sheraton Syracuse University is \$94.00 single/\$104.00 double. Call (315) 475-3000; 1-800-395-2105 to make reservations. To receive this special group rate, please identify yourself as being with the New York Association of Training and Employment Professionals. To receive this rate, reservations must be made by February 3, 2012.

How do I know if I'm registered? You will receive a confirmation via email or mail depending on how you registered.
 How do I register by telephone? We prefer that you register by mail or fax or on-line at www.nyatep.org.

**Agenda Outline
NYATEP 2012 Youth Academy
March 5-7, 2012
Sheraton Syracuse University, Syracuse, New York**

March 5, 2012

1:00 p.m. - 5:00 p.m. **NYS Department of Labor: Identifying Credentials and Local Processes to Prepare Youth for Success**

March 6, 2012:

7:30 a.m. – 9:00 a.m. **Continental Breakfast**

9:00 a.m. – 10:15 a.m. **Welcome/Plenary Session**

10:15 a.m. – 10:45 a.m. **Break**

10:45 a.m. – 12:00 p.m. **Concurrent Workshop Sessions**

12:00 p.m. – 1:15 p.m. **Networking Luncheon**

1:30 p.m. – 2:45 p.m. **Concurrent Workshop Sessions**

2:45 p.m. – 3:15 p.m. **Break**

3:15 p.m. – 4:30 p.m. **Concurrent Workshop Sessions**

5:00 p.m. – 6:30 p.m. **Networking Reception**

Dinner on Your Own

March 7, 2012:

7:30 a.m. – 11:30 a.m. **Conference Registration Desk Open**

7:30 a.m. – 9:00 a.m. **Continental Breakfast**

9:00 a.m. – 10:15 a.m. **Concurrent Workshop Sessions**

10:15 a.m. – 10:45 a.m. **Break**

10:45 a.m. – 12:00 p.m. **Concurrent Workshop Sessions**

12:00 p.m. – 1:30 p.m. **Closing Luncheon and Adjournment**

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: February 29, 2012

Location:

Purpose: Quarterly 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 est.

Food/beverage \$ 270.00 est.

Supplies \$

Other (specify) \$ 96.00 (service charge)

Total Cost: \$ 566.00 est

Dept Head Approval:

Chris A. Hensley
Signature

Date:

1/27/12

Committee Chairman Approval:

Signature

Date

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: February 29, 2012

Location:

Purpose: Quarterly 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 est.

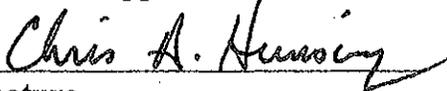
Food/beverage \$ 270.00 est.

Supplies \$

Other (specify) \$ 96.00 (service charge)

Total Cost: \$ 566.00 est

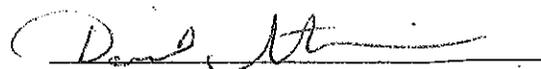
Dept Head Approval:


Signature

Date:

1/27/12

Committee Chairman Approval:


Signature

Date:

1/27/12

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: VETERANS SERVICES

SIGNED:

DATE: FEBRUARY 8, 2012

<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:

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	A.6510 230	Veterans Services-Automotive Equipment	\$15,000.00

Please state reason for transfer request: Purchase van from Social Services Department for use in transporting veterans

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