

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

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HUMAN SERVICES COMMITTEE MEETING
THURSDAY, FEBRUARY 23, 2012 10:45am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Dave Strainer
- II. Action Agenda
 - a) Resolution Request Form #7 Amend County Budget MIPPA/ADRC
 - b) Resolution Request Form #10 Transfer of Funds- Various Codes
 - c) Resolution Request Form #3 New Contract- MIPPA/ADRC, Greater GF Senior Center
 - d) Resolution Request Form #3 New Contract- HIICAP, William Lane
 - e) Resolution Request Form #20 Miscellaneous- Amend Reso 328/08
- III. Old business/pending items
 - a) Update on Warrensburg meal site move to Countryside
- IV. Current business

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **February 23, 2012**

- (a) Is this a Result of a Bid or Request for Proposal? no
- (b) Purpose of Contract: To enter into contract with Greater GF Senior Citizens Center to provide for services under MIPPA/ADRC program year 9/30/11-9/29/12
- (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) Has or Will the Contract be provided, if so, Please Attach?
- (g) Commencement Date of Contract: 4/1/11
- (h) Termination Date of Contract: 9/29/12
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$2,000.00
 - 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.6986 470 OFA MIPPA/ADRC-Contract

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **February 23, 2012**

- (a) Is this a Result of a Bid or Request for Proposal? no
- (b) Purpose of Contract: To enter into contract with William Lane Associates, LLC to provide services under the HIICAP program.
- (c) Name of Contractor: **William Lane Associates, LLC**
- (d) Address of Contractor: PO Box 368, 15E Woodridge Dr, Delmar, NY 12054
- (e) Contractor's Contact Person and Telephone Number: William Lane Ph. 518-475-9605
- (f) Has or Will the Contract be provided, if so, Please Attach?
- (g) Commencement Date of Contract: 4/1/12
- (h) Termination Date of Contract: 3/31/13
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$3,000
 - 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.6988 470 HIICAP - OFA - Contract

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: 2/23/12

- (a) Purpose of Request: To amend resolution 328/08 to authorize the payment to Peerplace for the mandated OFA reporting system out of codes other than/ or in addition to Point of Entry

- (b) Details: The NY Connects program is no longer allowing AAA's to charge their entire reporting system costs to that program so we need to be able to charge some Peerplace costs to other codes based on budget availability and reimbursement.

- (c) Previous Resolution Number: 328/08

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: Various codes

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

* as listed in budget and LOGOS

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: OFA

DATE: 2/23/12

- (a) Purpose of Amendment: To fund the new MIPPA/ADRC general ledger which was previously funded out of the HIICAP general ledger

- (b) Appropriation Code, Object Code, Full Title and Amount: A6986 OFA MIPPA/ADRC 110 Salaries Reg \$13,332 / 444 Travel/Ed/Conf \$300 /410 Supplies \$500 / 436 Advertising \$1,622 / 470 Contract \$2,000 / Fringe codes (8's) \$5,199

- (c) Revenue Code (with title), and Amount: A6986 4774 OFA MIPPA/ADRC Federal Aid \$22,953

\$22,953

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: OFA

SIGNED:

DATE:

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6785 470	OFA-Point of Entry-Warr- Contract	A6785 220	OFA-Point of Entry-Warr-Office Equip	\$ 180.00
A6988 110	OFA HIICAP- Salaries- Regular	A6988 470	OFA HIICAP- Contract	\$ 3,000

Please state reason for transfers requested: OFA purchased two desk top calculators that we coded to supplies but were informed that they needed to be coded to office equipment and we did not budget any money for equipment purchases in 2012

The funding of MIPPA/ADRC allowed salaries to be charged there freeing salary funds from HIICAP. HIICAP grant is 100% reimbursed so contracting with William Lane Associates allows us to fully expend the award and serve more seniors.

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:

\$ 3,180