

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
MONDAY, NOVEMBER 28, 2012 9:30am
OFFICE FOR THE AGING AGENDA

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

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/28/12**

- (a) Resolution No. which Authorized the Original Contract: 20 of 2011
- (b) Name of Contractor: **Warren/Hamilton Counties A.C.E.O., Inc.**
- (c) Address of Contractor: 968 Maple Street, Glens Falls, NY 12801
- (d) Contractor's Contact Person and Telephone Number: Lynn Ackershoek
518.793.0636
- (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 \$21,000
 - 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 \$21,000

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/28/12**

- (a) Resolution No. which Authorized the Original Contract: 669 of 2011
- (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: 1/1/2013
- (f) Termination Date of Extension: 12/31/ 2013
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 74,800
 - 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 \$ 74,800

SCHEDULE "A"						
A.6795 Title III E - Family Caregiver Support Program						
Subcontracts for 2013						
Subcontractor	Service Provided	Federal funds	County funds	Totals	Contributions	Total Contract
+++++	+++++	+++++	+++++	+++++	+++++	+++++
Greater Adirondack Homeaides, Inc.	In-home Services	\$14,812.50	\$4,937.50	\$19,750.00	\$100.00	\$19,850.00
Alzheimers' Association	Safe Return Bracelets	\$375.00		\$500.00		\$500.00
Home Instead Senior Care	Respite, case management	\$24,937.50	\$8,312.50	\$33,250.00		\$33,250.00
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		\$55,875.00	\$18,625.00	\$74,500.00	\$300.00	\$74,800.00

* 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, 2012

- (a) Purpose of Request: To request authorization to submit the AIP (Annual Implementation Plan) for SFY 4/1/13-3/31/14 to New York State Office for the Aging
- (b) Details: This is the annual plan, with budget, that we submit to NYSOFA to fund programs
- (c) Previous Resolution Number: **666 of 2011**

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **November 28, 2012**

- (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: Arthur Clark (518) 486-2474
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? see attached
- (f) Effective Date of Grant: 10/1/2012
- (g) Termination Date of Grant: 9/30/2013
- (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:

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor

Greg Olsen, Acting Director

An Equal Opportunity Employer

PROGRAM INSTRUCTION

Number 12-PI-18

Supersedes

Expiration Date

DATE: November 23, 2012

TO: Area Agencies on Aging

CC: NY Connects Lead Agencies, Local Departments of Social Services (LDSS),
and Coordinators

SUBJECT: Application Procedures for NY Connects: *Choices for Long Term Care*
PY 2012-2013 (October 1, 2012-September 30, 2013)

.....
ACTION REQUESTED: Complete the attached application for NY Connects PY 2012-13 (October 1, 2012-September 30, 2013). The Area Agency on Aging (AAA) must collaborate with the Local Departments of Social Services (LDSS) and any other NY Connects lead agencies to develop its 2012-13 NY Connects Program application.

RESPONSE DUE DATE:

Applications and original signed cover page must be sent to NYSOFA by
December 21, 2012.

Mail one (1) signed original cover page via US Postal Service to:

Celeste Farhart
Bureau of Long Term Care Reform
NYS Office for the Aging
Two Empire State Plaza, 4th floor
Albany, NY 12223-1251

Electronically submit the completed application, which includes the Program Narrative, the Standard Assurances, and the Budget to:

Celeste.Farhart@ofa.state.ny.us

BACKGROUND: NY Connects: *Choices for Long Term Care* is an essential component of the State's efforts to rebalance the long term services and supports system so that older adults and people of all ages with disabilities can live independently and remain in their communities of choice.

NY Connects: *Choices for Long Term Care* (NY Connects) was created in 2006 and has served over a half million New York State residents to date. NY Connects is statutorily mandated through the New York State Elder Law §203(8) and complies with federal statute as prescribed by the 2006 Reauthorization of the Older Americans Act (OAA). The core functions of the NY Connects program include the provision of Information and Assistance on long term services and support options for older adults and individuals of all ages with disabilities, as well as their caregivers; upholding an active local Long Term Care Council (LTCC), and an ongoing Public Education campaign to promote the program. Currently, there are 53 local NY Connects programs.

As a result of having NY Connects, the Administration for Community Living /Administration on Aging (ACL/AoA) and Centers for Medicare and Medicaid Services (CMS) recognize New York as an Aging and Disability Resource Center (ADRC) state and as a partner in the national movement to redesign the long term care system. As an ADRC state, New York has been able to secure Federal funding to enhance/expand the NY Connects program in various capacities. These have included developing access to consumer directed services through the Community Living Program (formerly the Nursing Home Diversion and Modernization Program) and the Veterans Directed Home and Community Based Services Program; partnering with the Health Insurance Information Counseling and Assistance Program (HIICAP) to conduct outreach and providing assistance to low income Medicare beneficiaries to help maximize their use of available benefits; expanding public awareness and access to respite services across the lifespan for individuals of all ages and disabilities; promoting and delivering evidence based programs such as the Chronic Disease Self-Management Program and the Care Transitions Intervention; and offering Options Counseling, an enhanced Information and Assistance function, that is now available from most NY Connects programs.

PURPOSE OF FUNDING: The purpose of this funding is to support local programs in the delivery and enhancement of NY Connects that includes the essential components of Information and Assistance (including Screenings), Public Education and the continued engagement of local Long Term Care Councils.

BUDGET DIRECTION: The NY Connects Allocation Schedule and the NY Connects Budget Category and Summary form, included in this packet, serve to guide local budget development. The Supporting Budget Schedule pages contained within the budget form automatically calculates the total for each section and also populates these totals to the front Budget Category page. The local NY Connects program budget, as part of the grant application, must be consistent with the Standard Assurances and Program Narrative and adhere to the following:

1. Funds are to be used solely for NY Connects purposes. Local programs are to include personnel costs whenever feasible. It is understood that the fiscal allocation is not intended to cover the total cost of program operations. As a result, a county may individualize its NY Connects budget to include the appropriate operating expenses of its choice.
2. For NY Connects staff to attend relevant conferences, indicate specific information about the conference including the type and sponsor and/or title of the conference, the names of staff attending, their role in NY Connects and why it is appropriate to allocate the costs to NY Connects (in Supporting Budget Schedule Section 4).
3. Personnel costs for county agencies other than the AAA are to be listed in the subcontractor section of the budget (e.g., LDSS), (in Supporting Budget Schedule Section 6).
4. Subcontractor costs are allowable in the NY Connects budget. Include type of subcontract and description in the budget. A copy of each subcontract or consultant agreement and corresponding budget must be submitted to NYSOFA before reimbursement will be made (in Supporting Budget Schedule Section 6).
5. Advertising and promotional materials in the form of informational brochures and the like are acceptable expenses. However, the cost of "give aways" may not exceed \$500 for Program Year 2012-13. Outreach events are encouraged and costs are to be itemized (in Supporting Budget Schedule Section 7).
6. Reimbursement for technology or related technology costs associated with building or maintaining local directories of long term care services will no longer be permitted under this funding stream effective March 2013 as a result of the development of the State NY Connects Long Term Care Resource Directory. Costs such as personnel to update the resource listings in the State NY Connects Long Term Care Resource Directory will continue to be allowable charges to NY Connects funding.
7. All Information Technology (IT) costs are to be itemized and explained sufficiently to determine that only the IT costs attributable and allocable to NY Connects activities are charged to NY Connects funding. While it may be appropriate for NY Connects funding to pay for some of client data reporting software, charging the full cost to NY Connects is not allowable. Client data is used to report on activities carried out under every funding program administered to the AAAs by NYSOFA. Therefore, it is reasonable and expected to see a substantial portion of the client data reporting software costs charged primarily to Title III as well as CSE, EISEP, SNAP, CSI, etc. in amounts commensurate with each program's use of the client level data. AAAs are free to charge unlimited amounts of the client data software costs to local overmatch (i.e., not required match under any federal or State program). Use of overmatch is left entirely up to AAA discretion. In this context, IT costs for client data software includes such things as the number of user licensing fees, and associated costs (please name the staff that will use the software), licensing agreement amounts, maintenance costs, reporting upgrading fees, subscription fees, module costs and/or NY Connects website

costs not related to the local resource directory (in Supporting Budget Schedule Section 7).

8. Allowable costs must be incurred by the AAA during the program period of October 1, 2012 to September 30, 2013. Reimbursements for program year extensions are not permitted.

9. Allowable costs must be incurred by the AAA and paid before reimbursement claims may be submitted to NYSOFA. However, each program year, a NY Connects program may request an advance of up to 25 percent of its grant award, subject to formal notification by NYSOFA of grant approval.

10. **CLAIMING:** It is NYSOFA's policy to withhold 25 percent of the AAA's NY Connects allocation contingent on satisfactory completion of all reporting requirements for the contract period. NYSOFA will release the hold on the 25 percent of the allocation upon satisfactory completion of all reporting requirements for the contract period. At that time, the AAA will be reimbursed for any remaining claims for allowable expenses up to the full amount of the allocation.

REPORT SUBMISSION: The following reports and documents are required for NY Connects Program Year 2012-2013.

January 30, 2013

- Quantitative Report
- LTCC meeting minutes and related reports

April 30, 2013

- Quantitative Report
- Qualitative Report
- Long Term Care Reform Log
- LTCC meeting minutes and related reports

August 30, 2013

- Quantitative Report
- LTCC meeting minutes and related reports

October 30, 2013

- Quantitative Report
- Qualitative Report
- Long Term Care Reform Log
- LTCC meeting minutes and related reports
- Revisions to MOUs, policy and procedures, as appropriate

NEXT STEPS: A conference call with the local programs will be scheduled to review grant application requirements. Vouchering procedures and forms, and the Qualitative

and Quantitative reports with instructions will be sent under separate cover and a subsequent conference call is planned to explain the reporting requirements.

PROGRAMS AFFECTED: Title III-B Title III-C-1 Title III-C-2
 Title III-D Title III-E CSE SNAP Energy
 EISEP NSIP Title V HIICAP LTCOP
 NY Connects

CONTACT PERSON: Stacey Agnello
TELEPHONE: (518) 474-8976

EMAIL: Stacey.Agnello@ofa.state.ny.us

**NEW YORK STATE OFFICE FOR THE AGING
GRANT APPLICATION COVER PAGE**

NY Connects Program

Program and Budget Period: October 1, 2012 to September 30, 2013

Area Agency on Aging: _____

Director: _____

Address: _____

_____ Zip: _____

Phone: (____) _____

_____ Email: _____
Contact person:

Phone: (____) _____

The Area Agency on Aging agrees to comply with all applicable State and Federal laws and regulations as well as all of the conditions included in your Annual Implementation Plan and this application for funding as approved.

Name of person authorized to enter into agreement
with the New York State Office for the Aging

Title

Signature of Authorized Person

Date

NY CONNECTS - STANDARD ASSURANCES
Program Year: October 1, 2012 to September 30, 2013

The Area Agency on Aging (AAA), as grantee, understands that this Grant Agreement represents the completed grant application of the AAA, as approved by the New York State Office for the Aging (NYSOFA), and the AAA agrees to comply with New York State and Federal laws and regulations that are applicable to this Grant Agreement and to comply with the following requirements that govern the AAA's use of grant funds for the activities funded under this grant.

The AAA agrees that the Program Narrative and Budget, included in this Grant Agreement as approved by NYSOFA, are part of this Grant Agreement and shall not be modified without the written consent of NYSOFA.

The AAA shall furnish NYSOFA required supportive documentation for any such changes by utilizing the forms and procedures included in 05-PI-09 Modification Procedures for Grant Applications, dated June 15, 2005.

1. The AAA agrees to fulfill the reporting requirements of NYSOFA under this Grant Agreement. This includes submitting the required NYSOFA/NY Connects reports (the NY Connects Qualitative and Quantitative reports) within appropriate time frames. The AAA understands that NYSOFA will withhold 25 percent of the total allocation pending satisfactory completion of all reporting requirements for the contract period.

2. The AAA agrees that the Grant Agreement may not be assigned by the AAA or its right, title or interest therein assigned, transferred, conveyed, or disposed of without the prior consent, in writing, of NYSOFA.

3. The AAA agrees to submit Form AC3253-S CLAIM FOR PAYMENT for reimbursement of expenses incurred in the conduct of this Grant Agreement on a monthly basis and no later than at the end of each quarter.

The AAA will submit to NYSOFA the final voucher for expenses incurred in the conduct of this Grant Agreement as soon as possible and no later than sixty (60) days after the ending date of the grant period.

The AAA agrees that payment for claims for reimbursement based on allowable expenses in excess of 75 percent of the AAA's allocated award will be suspended until completion of all NY Connects reporting requirements, as outlined in the NY Connects Program Year 2012-13 Program Instruction, including the NY Connects Qualitative and Quantitative reports and associated supporting documentation.

4. The AAA agrees that state vouchers submitted for reimbursement of expenses incurred in the conduct of this Grant Agreement will not include any expenses which have been, or will be, reimbursed from other sources (e.g., other state or federal funds).

5. The AAA agrees to use the funds obtained under this Grant Agreement only for items of expense that are applicable to the activities set out in its Program Narrative and Budget. Allowable items of expense shall be reasonable, allocable and necessary to carry out the activities described in the Grant Agreement.
6. The AAA agrees to work collaboratively with the Local Departments of Social Service (LDSS) and any other NY Connects lead agencies to fulfill the requirements of the NY Connects Program.
7. The AAA agrees to operate the NY Connects program in accordance with the *NY Connects (POE) Program Standards 2006*.
8. The AAA agrees that the NYSOFA approved *NY Connects Information and Assistance Staff Training* is provided to the NY Connects Information and Assistance Specialists (I&A) and any other staff who provide direct information and assistance prior to their program delivery.
9. The AAA agrees to maintain documentation of staff training, in-services and conferences, which will include the name of staff, date and topic.
10. The AAA agrees that the NY Connects I&A Specialist(s) will conduct individualized, person-centered screenings to guide the delivery of long term care options and possible services and supports to meet identified needs. Screening will consist of a preliminary evaluation of the individual's general social, medical and financial status and the availability of informal (e.g., caregiver) and formal (i.e., existing services) supports.
11. The AAA agrees that the NY Connects phone is answered in such a manner to indicate that the caller has reached the NY Connects program.
12. The AAA agrees to provide and document outreach and public education activities for all groups needing long term services and supports including the private pay, the underserved, culturally diverse populations, limited English proficiency, and the lesbian, gay, bisexual and transgender (LGBT) communities.
13. The AAA agrees to recruit and ensure members of the NY Connects local Long Term Care Council (LTCC) contain and represent all the consumer populations served, providers, and other long term care stakeholders that also reflect the ethnic and cultural diversity within the county. The AAA will maintain a current NY Connects LTCC Membership Roster which must include contact information, agency and target population represented.
14. The AAA agrees to convene local LTCC meetings at least three times a year.
15. The AAA agrees that the written policies and procedures are established and revised to clearly state the current operating principles of NY Connects.

16. The AAA agrees to continue working with hospital discharge planners through public education activities, collaboration, and referrals to NY Connects in efforts to support consumers' ability to remain successfully in the most appropriate, and least restrictive environment.
17. The AAA agrees to maintain and at a minimum, annually update the listings of local long term care services, programs and providers in the NY Connects Long Term Care Resource Directory that are under its jurisdiction. The listings will comply with all policies that apply to the NY Connects Long Term Care Resource Directory, including the NY Connects Inclusion/Exclusion Criteria and Business Rules.
18. The AAA agrees to maintain a data collection system that supports the delivery of Information and Assistance and is in compliance with NYSOFA's mandated reporting requirements.
19. The AAA agrees to involve the LDSS and any of the other NY Connects lead agencies in program delivery and enhancement of the NY Connects Program.
20. The AAA agrees to collaborate with the LDSS and any other NY Connects lead agencies to maintain a current written and signed agreement (MOU) delineating the responsibilities of the lead entities, including but not limited to the provision of core functions, staffing, funding, administrative, and fiscal responsibilities. The AAA shall review, update as appropriate and submit the Agreement to NYSOFA.
21. The AAA agrees to maintain an effective NY Connects infrastructure related to purpose and function in the areas of Information and Assistance, Public Education and local LTCCs.
22. The AAA agrees to implement either the NYSOFA NY Connects Program Satisfaction Survey or NYSOFA approved locally developed survey to determine satisfaction of individuals accessing NY Connects.
23. If the Grantee fails to comply with the terms and conditions of this Grant Agreement and/or with any laws, rules, regulations, policies or procedures affecting this Grant Agreement NYSOFA may terminate the Grant Agreement immediately, upon written notice of termination to the Grantee.

**PY 2012-13 NY CONNECTS
PROGRAM NARRATIVE**

Please provide explanation where indicated, on how your program will achieve the following goals and objectives.

GOAL 1: To engage in planning and collaboration in order to improve access to long term services and supports.

Objective 1.1: The NY Connects program plays an active role in long term care reform through the local Long Term Care Councils (LTCCs). The local LTCCs are charged with identifying gaps in services and supports, duplication, and accessibility issues as well as making recommendations for system improvements and ways to achieve them.

1.1. Explain your long term care reform priorities for this program year. In doing so, please identify who is partnering on the initiative(s) and describe the planned action steps to address each.

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Objective 1.2: Agreements (i.e., MOU/MOA, referral agreements, etc.) are established with critical pathways and local service providers to support an integrated service and support delivery system.

1.2. Explain the types of agreements that will be established to support successful care transitions and linkages to long term services and supports for individuals transitioning from the hospital, and/or skilled nursing facility to home. Describe the key elements of these agreements.

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GOAL 2: To sustain and enhance a NY Connects program that serves all long term care consumers through the operation of core functions in a manner that supports their independence and self-determination.

Objective 2.1: Consumer choice is supported through the provision of objective Information and Assistance, which may include Options Counseling, on all appropriate services that are available to the consumer to meet their identified needs.

2.1.a. Explain how the I & A Specialist(s) and other relevant staff providing Information and Assistance will be supported in their effective ongoing delivery (e.g., weekly supervision, peer support, training, etc.). Please indicate if your NY Connects program currently provides Options Counseling as necessary or will begin to in PY 2012-13. If so, how will staff providing Options Counseling be supported in its effective, ongoing delivery?

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2.1.b. Explain how you ensure that individuals who contact NY Connects are linked to the appropriate services and supports (i.e., how and when follow up is delivered). Also address actions that are taken when an individual is not able to make a successful connection to services (e.g., ineligible, waiting list, service or program is not available locally, etc.).

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Objective 2.2: NY Connects is recognized as the access point for comprehensive and objective long term care information and assistance by the public.

2.2. Provide the specific NY Connects outreach and public education activities that will be performed, particularly regarding culturally diverse populations, the lesbian, gay, bisexual, transgender (LGBT) community and/or those with limited English proficiency.

GOAL 3: To evaluate visibility, effectiveness, community involvement, and overall impact of NY Connects on the local long term care system.

Objective 3.1: Evaluate the effectiveness of Information and Assistance.

3.1. Using either the NYSOFA NY Connects Program Satisfaction Survey or NYSOFA approved, locally developed survey to determine satisfaction of individuals accessing NY Connects, explain how the survey will be conducted and what will be done with the survey results.

**PY 2012-13 NY CONNECTS
BUDGET CATEGORY AND SUMMARY**

PLEASE ENTER
ALLOCATION
AMOUNT



AAA: _____

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Contract Period: October 1, 2012 - September 30, 2013

Budget Category		Budget Amount
1	Personnel	\$ -
2	Fringe Benefits	\$ -
3	Equipment	\$ -
4	Travel	\$ -
5	Maintenance and Operations	\$ -
6	Subcontractors and/or Consultants	\$ -
7	Other Expenses	\$ -
8	Total Budget (Sum of Lines 1-7)	\$ -

Note: Total budget amount on Budget Summary should equal total budget amount on last page.

**PY 2012-13 NY CONNECTS
Supporting Budget Schedule**

AAA: _____

1. Personnel - AAA salaries are listed here. (DSS and other *county* partners' salaries are listed in the subcontract section, as applicable.)

	Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary	Hours worked on NY Connects per week	Chargeable to the program	
			Total Hours worked per week	% of Time	Amount
1	N				
	T				
	L				
2	N				
	T				
	L				
3	N				
	T				
	L				
4	N				
	T				
	L				
5	N				
	T				
	L				
6	N				
	T				
	L				
7	N				
	T				
	L				
8	N				
	T				
	L				
9					
10	N				
	T				
	L				
11	N				
	T				
	L				

TOTAL Personnel

Note: If employee is paid a salary, then list the annual salary. If employee is not on salary, then list the hourly rate. When reporting the rate of pay on vouchering forms, the format (i.e., salary or hourly rate) must match this budget (although the actual salary or the hourly rate paid may be different than budgeted).

2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are NY Connects related. Provide a clear justification if the expenses are not proportionally allocated.

Fringe Benefit Rate:	%		TOTAL Fringe
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PY 2012-13 NY CONNECTS Supporting Budget Schedule

AAA: _____

3. Equipment: List all equipment items whether purchased or leased. For all leased equipment, a copy of the lease agreement must be submitted before reimbursement will be made. Provide a detailed description for all equipment with a unit cost of \$1,000 or more. For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.

ITEM AND DESCRIPTION	QUANTITY	UNIT PURCHASE PRICE	ANNUAL RENTAL PER UNIT	AMOUNT CHARGEABLE TO PROGRAM
MISCELLANEOUS EQUIPMENT - LIST ITEMS				
Enter sub-total cost from misc items →				
TOTAL Equipment				

4. Travel: List travel costs. Outline reason for travel and indicate the number of staff traveling

Mileage: _____ miles @ _____ per mile	
Parking & Tolls	
Public Transportation	
Rental Vehicles (specify destination:)	
Other Travel Costs (specify)	
Reasons for Travel:	
TOTAL Travel	

PY 2012-13 NY CONNECTS Supporting Budget Schedule

AAA: _____

5. Maintenance & Operations (in the space provided, detail each expense)												
Equipment Maintenance and Repair:												
Postage:												
Printing & Photocopying:												
Rent: For "% charge to Prg" below, enter the percentage as a whole number (e.g., enter 5 for 5%, do not enter .05)			\$ -									
<table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 30%; text-align: center;">(Monthly rent)</td> <td style="border-top: 1px solid black; width: 30%; text-align: center;">(% charge to prg)</td> <td style="border-top: 1px solid black; width: 30%; text-align: center;">(No. of months)</td> </tr> <tr> <td style="padding: 5px;">Location:</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Owner:</td> <td></td> <td></td> </tr> </table>	(Monthly rent)	(% charge to prg)	(No. of months)	Location:			Owner:					\$ -
(Monthly rent)	(% charge to prg)	(No. of months)										
Location:												
Owner:												
Supplies:												
Telephone:												
Utilities:												
TOTAL Maintenance and Operations			\$ -									

**PY 2012-13 NY CONNECTS
Supporting Budget Schedule**

AAA: _____

6. Subcontractors/Consultants: List each subcontractor or consultant and amount below. A copy of each subcontract or consultant agreement must be submitted to NYSOFA before reimbursement will be made. Complete and submit a Subcontractor Supporting Budget Schedule for each subcontractor that will receive 25% or more of your grant amount. For Consultants, please list unit rate (e.g., \$25 per hour) and Number of Units in the columns provided. (Note: If you hire a translator, language and/or sign interpreter, include the expense here.) DSS or other county partners' salaries are to be listed in this section.

Subcontractor/Consultant and description of service (List them individually)	# of Units (Consultant)	Total
TOTAL Subcontractors/Contractors		

7. Other Expenses: List specific item and cost.

Itemize all Public Education costs. Promotional materials in the form of informational brochures and the like are acceptable expenses. The cost of "give ways" cannot exceed \$500.

Itemize all Information Technology (IT) costs and provide a justification. This includes such things as the number of licensing user fees, for whom and associated cost, licensing agreement amount, maintenance cost, reporting upgrading fees and/or, NY Connects website costs. An itemized bill from the vendor will be accepted as documentation, as long as it breaks out the costs appropriately.

Public Education:

Information Technology:

Other (Specify):

TOTAL Other	

8. Total Budget: (numbers 1-7)

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New York State Office for the Aging
 NY Connects - Local Assistance Program Allocations
 Program year 10/1/12 to 9/30/13
Allocation Schedule

Area Agency On Aging	10/01/2012 - 09/30/2013
Albany	\$62,141
Allegany	43,289
Broome	59,348
Cattaraugus	48,177
Cayuga	44,685
Chautauqua	57,253
Chemung	45,384
Chenango	43,987
Clinton	44,685
Columbia	43,987
Cortland	43,289
Delaware	43,987
Dutchess	60,046
Erie	175,948
Essex	43,289
Franklin	50,969
Fulton	43,987
Genesee	43,987
Greene	43,987
Herkimer	43,987
Jefferson	45,384
Lewis	42,591
Livingston	43,987
Madison	43,987
Monroe	162,682
Montgomery	43,987
Nassau	177,345
Niagara	60,046
Oneida	60,744
Onondaga	154,304
Ontario	44,685
Orange	63,537
Orleans	43,289
Oswego	0
Otsego	43,987
Putnam	44,685
Rensselaer	0
Rockland	0
St. Lawrence	56,555
Saratoga	57,951
Schenectady	57,253
Schoharie	43,289
Schuyler	42,591
Seneca	0
Steuben	45,384
Suffolk	180,837
Sullivan	44,685
Tioga	43,289
Tompkins	43,987
Ulster	58,650
Warren	85,880
Washington	43,987
Wayne	44,685
Westchester	168,268
Wyoming	43,289
Yates	42,591
New York City	60,744
Seneca Indian Res	0
St Regis Indian Res	24,437
Total Local Assistance	<u>\$3,350,000</u>

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: OFA

SIGNED:

DATE: 11/28/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6773 130	Nut. For Eld-War.Co. Sal PT	A6793 110	WRAP Sal Reg	\$ 1,550
A6773 130	Nut. For Eld-War.Co. Sal PT	A6988 110	HIICAP Sal Reg	\$ 2,164
A6771 110	Nut. For Eld-Ham.Co. Sal Reg	A6773 445	Nut. For Eld-War.Co Food	\$ 2,102
A6771 110	Nut. For Eld-Ham.Co. Sal Reg	A6771 130	Nut. For Eld-Ham.Co. Sal PT	\$ 2,770
A6773 130	Nut. For Eld-War.Co. Sal PT	A6986 110	OFA MIPPA/ADRC	\$ 5,000

Please state reason for transfers requested: Transfers to adjust for overages in certain codes and to fund remaining 2012 expenses

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: