



WARREN COUNTY YOUTH BUREAU
1340 STATE ROUTE 9
LAKE GEORGE, NEW YORK
12845-9803

Margaret Sing Smith, Director (smithm@co.warren.ny.us)

Phone: (518) 761-6498
Fax: (518) 761-6518

SOCIAL SERVICES COMMITTEE
Youth Programs

July 2, 2012

1. Junior Tennis Foundation Grant 2012

The Youth Bureau was awarded \$500. for youth tennis lessons.

Resolutions are requested to:

- a. To increase the Warren County Adopted Budget in appropriations and revenues in A.7311 Youth Bureau for the \$500. tennis grant.
- b. Authorize Agreements with towns of Chester and Lake Luzerne for youth tennis programs.

2. Finance Committee Resolutions

Committee approval is needed to refer these items to the Finance Committee to increase to the Warren County Adopted Budget in appropriations and/or revenues:

- a. Increase A.7312 Special Delinquency Prevention in revenues and appropriations in the amount of \$278. to accept 100% state funds.
- b. *This item was overlooked in my request last month:*
Increase revenues for A.7313 Youth Court in the amount of \$5500. to include State funds awarded to the program.

Social Services Accounting Unit assisted with these budget items.

1 a.

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: Youth Bureau

DATE: July 2, 2012

- (a) Purpose of Amendment: To increase revenues and appropriations in the amount of \$500. using Junior Tennis Foundation 100% grant.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.7311 470 Youth Bureau \$500.

- (c) Revenue Code (with title), and Amount:
2705 Gifts & Donations \$500.

1 b.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Youth Bureau

DATE: July 2, 2012

- (a) Is this a Result of a Bid or Request for Proposal? NO

- (b) Purpose of Contract: Authorize contractual agreement with Towns of Chester and Lake Luzerne for youth tennis program.

- (c) Name of Contractor: see attached Schedule A

- (d) Address of Contractor: see attached

- (e) Contractor's Contact Person and Telephone Number: see attached

- (f) Has or will the Contract be provided, if so, please attach: n/a

- (g) Commencement Date of Contract: June 1, 2012

- (h) Termination Date of Contract: December 31, 2012

- (i) Payment Provisions:
 - 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, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: A.7311 470 Youth Bureau Contracts \$500.

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

16.

SCHEDULE A
2012 Junior Tennis Foundation Grant

Town of Chester
P.O. Box 423 \$250
Chestertown, NY 12817
Contact Person: Supervisor Frederick Monroe

Town of Lake Luzerne
539 Lake Avenue
P.O. Box 370
Lake Luzerne, NY 12846
Contact Person: Supervisor Eugene Merlino \$250

TOTAL \$500

2. a.

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: Youth Bureau

DATE: July 2, 2012

- (a) Purpose of Amendment: To increase revenues and appropriations to include actual amount of state Special Delinquency Prevention 100% funds.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.7312 470 Special Delinquency \$278.

- (c) Revenue Code (with title), and Amount:
3822 Spec. Delinquency Prevention \$278.

2 b.

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: Youth Bureau

DATE: July 2, 2012

(a) Purpose of Amendment: To increase Warren County Youth Court revenues in accordance with transfer of expenses from A.7311 to A.7313 completed in June in the amount of \$5500.

(b) Appropriation Code, Object Code, Full Title and Amount:
n/a

(c) Revenue Code (with title), and Amount:
3825 NYSOCFS-Youth Court \$5500.

From A.7311 3823 YDDP 50% DFY (\$5500.)

To A.7313 3825 NYS OCFS - Youth Court \$5500.

SOCIAL SERVICES COMMITTEE AGENDA
Countryside Adult Home [June 2012]

Action Agenda

- 1) **Request:** Permission to renew contract with Hudson Headwaters Health Network for Clinician Services in the amount of \$12,500/year for 2013.

Rationale: HHHN provides in-house clinician services, which saves us the expense and time of transporting our residents to their PCP. This is a 3% increase from last year (\$390.11).

- 2) **Request:** Permission to enter into contract with Warrensburg Laundry for laundry services at Countryside Adult Home in the amount of \$0.49/lb.

Rationale: Utilizing an outside vendor would show an approximate cost savings of \$10,000/year for our facility. This would also allow us to save employee time, and wear and tear our vehicles, as we would no longer have to transport the laundry.

- 3) **Request:** Permission to abolish a part time laundry worker position (20 hours) due to contracting with an outside vendor for laundry services.

Rationale: This position will no longer be necessary if we contract with an outside vendor. Annual cost savings of \$6,833.5 (this is the 50% local share), plus the savings associated with health insurance costs for this employee.

- 4) **Request:** Permission to transfer \$4,500.00 from regular salary(110) to contracts(470).

Rationale: This money will need to be shifted secondary to contracting with an outside vendor for our laundry services.

- 5) **Request:** Permission to transfer \$100,000.00 from regular salary(110) to part time salary(130).

Rationale: This money will need to be shifted to the part time salary code secondary to the elimination of full time positions and creation of part time positions, that have occurred so far this year.

- 6) **Request:** Permission to fill a Part Time(24/wk) Institutional Aide position due to termination.

Rationale: DOH regulations state that we must have (1) aide per 40 residents on at all times. This will help us fulfill this requirement. Annual cost savings of approximately \$1,000 (this is the 50% local share).

Old Business/Pending Items

- 1) An RFP has been prepared for a consultant to research the possibility of privatizing Warren County's nursing homes and a multiyear plan would be presented to the Board of Supervisors in the near future. (03.23.12)

- 2) County Attorney to determine whether the County has the ability to enter into a legally binding contract for private payment of County portion of residency costs for a non-Warren County resident. (02.24.12)
- 3) Ms. Park provided updated quotes for laundry services at Countryside and Mr. Dusek recommended that the issue be addressed during upcoming Westmount Health Facility discussions. (03.23.12) [Please see above]

Topics for Discussion

1. Overtime – 97 hours for the past pay cycle(including Memorial Day Holiday), ↓31.9 hours overall from last year's figures.
2. Current Census: 41 Residents
 - a. 15 Men, 26 Women
3. Monthly Statistics:
 - a. Long Term Residents
 1. Referrals: (2), Both are at a skilled level of care
 2. Admissions/Discharges: (0) admission, (0) discharges
 - b. Day Care
 1. Referrals: (0) new referrals

Countryside Laundry

	Price per pound	Approx. pounds per year*	Annual cost in Pounds	Wage & Fringe	Total Cost	New Per Pound Price	Pick up and delivery
2010 Cost	\$ 0.56	35,000	\$ 19,600.00	\$ 22,008.00	\$ 41,608.00	1.189	Countryside staff picks up and delivers
2011 Cost		35,000	\$ 3,800.00	\$ 22,008.00	\$ 25,808.00	1.23	Countryside staff picks up and delivers
2012 Est. Cost		35,000	\$ 3,800.00	\$ 22,008.00	\$ 27,098.00	0.737	Countryside staff picks up and delivers
					\$ 25,808.00	0.774	
					\$ 27,308.00	0.737	Countryside staff picks up and delivers
						0.78	
					\$ 17,150.00	0.49	Includes Pickup and Delivery
					\$ 20,820.00	\$ 0.59	\$1,735(month) Includes Pickup and Delivery
					\$ 23,930.00	0.55	Includes Pickup and Delivery (\$22.50/per trip pick up)
					\$ 52,500.00	\$ 1.50	Includes Pickup and Delivery

Quote

Warrensbury Laundry	35,000	\$ 17,150.00
Bubbles & Sun	35,000	\$ 20,820.00
Laurell's Laundry	35,000	\$ 23,930
Dix Avenue Laundromat	35,000	\$ 52,500.00

*Estimated at 35,000 pounds for comparative purposes

Week Ending	2012 OT Hours	2011 OT Hours	2010 OT Hours	2009 OT Hours	Includes Holiday	Net Difference from 2011	Difference to Date from 2011	1st Shift Hours [OT]	2nd Shift Hours [OT]	3rd Shift Hours [OT]
1/1/2012	75.5	91.5	101.7	126	New Years	↓16	↓16	[34.5]	[23]	[18]
January 15, 2012	4.5	12.5	10.9	21.2		↓8	↓24	1373.5[1]	317[3.5]	267.5
January 29, 2012	81.4	84.6	126.5	136.4	Martin Luther King	↓3.2	↓27.2	1295[47.5]	324.5[14.9]	272.5[19]
February 12, 2012	0	3	27.8	3.3		↓3	↓30.2	1317	351.9	267.5
February 26, 2012	80.5	89	169.1	139.8	Washington's	↓8.5	↓38.7	346.5[39.5]	329.3[23]	281.5[18]
March 11, 2012	0	8	4.5	12.8		↓8	↓46.7	1331.5	334	265
March 25, 2012	12.5	7	34.3	38.9		↑5.5	↓41.2	1309.5[4.5]	337	317.5 [8]
April 8, 2012	0	0.9	11.5	38.1		↓0.9	↓42.1	1321	316.5	268
April 22, 2012	14	13	23	42		↑1	↓41.1	1243.5	291.5[8]	284[8]
May 6, 2012	16	10.4	9.5	11.5		↑5.6	↓35.5	1353.5	300.5	284[14]
May 20, 2012	5.5	0.4	13	45.4		↑5.1	↓30.4	1158.5	305.5[2]	282[3.5]
June 3, 2012	97	95	118.3	117	Memorial Day	↑2	↓28.4	1302[45]	288.5[27]	275.5[25]
June 17, 2012	0	3.5	55	14.7		↓3.5	↓31.9	1353.8	298.5	279
July 1, 2012		9.5	95.5	112.1						
July 15, 2012		114	56	14.8	Independence Day					
July 29, 2012		8	4.9	29.9						
August 12, 2012		12.5	13.5	57.3						
August 26, 2012		41.9	39.5	5.4						
September 9, 2012		114.3	102.5	120.9	Labor Day					
September 23, 2012		0	10.5	23.8						
October 7, 2012		0	22							
October 21, 2012		89.9	89.5	144.9	Columbus Day					
November 4, 2012		23.5	15	27						
November 18, 2012		88.2	122	152.4	Veteran's Day					
December 2, 2012		101	129.8	110.5	Thanksgiving					
December 16, 2012		0	70.3	27						
December 30, 2012			128.5	???	Christmas					
TOTAL	386.9	1021.6	1604.6	1573.1						

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME:

DATE: 7/2/2012

- (a) Purpose of Contract Change: RENEW CONTRACT WITH HUDSON HEADWATERS HEALTH NETWORK FOR CLINICIAN SERVICES AT COUNTRYSIDE ADULT HOME.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 708 OF 2011
- (c) Name of Contractor: HUDSON HEADWATERS HEALTH NETWORK
- (d) Address of Contractor: 9 CAREY ROAD QUEENSBURY, NY 12804
- (e) Contractor's Contact Person and Telephone Number: DR. JOHN RUGGE
- (f) Commencement Date of Extension: JANUARY 1, 2013
- (g) Termination Date of Extension: DECEMBER 31, 2013
- (h) Payment Provisions:
 - 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. \$12,500/YEAR, TO BE PAID IN MONTLY INSTALLMENTS.
- (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.6030 437 COUNTRYSIDE ADULT HOME - CONSULTING FEES

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME:

DATE:

- (a) Is this a Result of a Bid or Request for Proposal? BID/QUOTE
- (b) Purpose of Contract: NEW CONTRACT TO PROVIDE LAUNDRY SERVICES TO COUNTRYSIDE ADULT HOME
- (c) Name of Contractor: WARRENSBURG LAUNDRY & DRY CLEANING, INC
- (d) Address of Contractor: 11 RICHARDS AVENUE WARRENSBURG, NY 12885
- (e) Contractor's Contact Person and Telephone Number: CHARLES MINEO, PH#(518)668-2924
- (f) Has or will the Contract be provided, if so, please attach: CONTRACT WILL BE PROVIDED
- (g) Commencement Date of Contract: AUGUST 1, 2012
- (h) Termination Date of Contract: JULY 31, 2013
- (i) Payment Provisions: 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. \$0.49/LB, PAID IN MONTHLY INSTALLMENTS, NOT TO EXCEED \$19,000/YEAR.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: \$19,000 A.6030 470 CONTRACTS

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: COUNTRYSIDE ADULT HOME

DATE: 7/2/12

- (a) Purpose of Request: ABOLISH PART TIME LAUNDRY WORKER POSITION

- (b) Details: COUNTRYSIDE ADULT HOME WILL BE CONTRACTING WITH AN OUTSIDE PROVIDER FOR LAUNDRY SERVICES IN AN EFFORT TO SAVE MONEY. DUE TO THIS, THERE WILL NO LONGER BE A NEED FOR THE LAUNDRY WORKER POSITION AT OUR FACILITY.

- (c) Previous Resolution Number: N?A

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

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

SIGNED:

DATE: 7/2/2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030.110	SALARIES	A.6030.470	CONTRACTS	\$4,500.00

Please state reason for transfers requested: REQUEST TO TRANSFER FUNDS FROM FULL TIME SALARY TO CONTRACTS TO COVER FEES FOR LAUNDRY CONTRACT FOR REMAINDER OF THE YEAR

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:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

SIGNED:

DATE: 7/2/2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030.110	SALARIES	A.6030.130	PART TIME SALARIES	\$100,000.00

Please state reason for transfers requested: REQUEST TO TRANSFER FUNDS FROM FULL TIME SALARY TO PART TIME SALARIES TO REFLECT ABOLISHMENT OF FULL TIME POSITIONS AND CREATION OF PART TIME POSITIONS.

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:

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

SOCIAL SERVICES COMMITTEE

AGENDA

Monday, July 2, 2012

10:00 am

1. **Committee Meeting called to order by Chairman.**

2. **Motion to approve minutes of prior Committee meeting.**

I. ANNOUNCEMENTS

A. DSS Team Leader and Team Players for the month of May

1. Christian Hanchett, Case B Supervisor – Foster Care Unit
2. Debra Schreiber, Confidential Secretary to Commissioner

II. SOCIAL SERVICES COMMITTEE DSS PROGRAM INFORMATION AND EDUCATION

1. Diane Coughlin, Case Supervisor B, Child Protective Services Unit

III. ACTION ITEMS

A. TRAININGS

1. **Request:** Permission for Suzanne Wheeler, Kelly Barker, Maureen Schmidt, Patricia Nenninger, Julie Montero, Anthony Jordan, Christian Hanchett, Winston Varnum, Jamie Brochu, Diane Coughlin, Tammy Breen and Karen Whitted to attend all or part of the NYPWA Annual Summer Conference in Saratoga Springs.

Rationale: This year's conference will set the stage for sessions that are responsive to local issues in every administrative, fiscal and program area. Important changes in policy will be covered each day, including a 2.5 hour session on Medicaid legal developments. The funds are in the DSS budget.

2. **Request:** Permission for Preventive Services Senior Caseworker, Cynthia Mulcahy, to attend CPS Response Training in Albany on 7/9-7/13/12 and 7/23/12-7/27/12.

Rationale: This training program is designed to build caseworkers competencies with the knowledge and skills necessary on how to conduct Child Protective Services investigations concerning reports of alleged child abuse. The funds are in the DSS budget.

3. **Request:** Permission for Case Supervisor B, Tammy Breen, and Senior CPS Caseworker, John Lord, permission to attend the DV Forum in Latham on July 11, 2012.

Rationale: This one-day training will provide an in-depth focus on the role of the PSA in the guardianship process. The funds are in the DSS budget.

4. **Request:** Permission for Social Services Attorney, Patricia Nenninger, and Case Supervisor B (Adult Protective Services Unit), Julianna Pearl, to attend the Article 81 Guardianship for PSA training in Albany on July 17, 2012.

Rationale: This one-day training will provide an in-depth focus on the role of the PSA in the guardianship process. The funds are in the DSS budget.

5. **Request:** Permission for Foster Care Caseworker, Heather Ranado, permission to attend Domestic Violence Training for Child Welfare Workers in Albany on July 17-18, 2012.

Rationale: this training provides a comprehensive overview of adult domestic violence, the role of the caseworker in domestic violence cases and the impact abuse has on the safety of the victims and the children. The funds are in the DSS budget.

6. **Request:** Permission for Preventive Services Senior Caseworker, Cynthia Mulcahy, to attend Supervisory Core Modules Training in Albany, New York on September 6-7 and September 19-21, 2012.

Rationale: This will fulfill the necessary training requirements for this position. The funds are in the DSS budget.

7. **Request:** Permission for Preventive Senior Caseworker, Cynthia Mulcahy, to attend the CPS Supervisory Core Module training in Albany on October 30 – November 1, 2012 and November 14-16, 2012.

Rationale: This will fulfill the necessary training requirements for this position. The funds are in the DSS budget.

B. REQUEST TO FILL VACANT POSITION

1. **Request to Fill the Vacant Position of Account Clerk in the Child Support Unit** due to resignation of Richard Batchelder.

Rationale: This position is needed to satisfactorily meet the mandates of the Child Support guidelines. It is 75 federally reimbursed. Please see attached additional information.

C. REQUEST FOR TRANSFER OF FUNDS

1. **Request for Transfer of Funds** in the amount of \$25,000 from A.6010 110 (Salaries-Regular) to A.6010 130 (Salaries – Part Time). (The A.6010 130 budget line is actually salaries part-time and temporary.)

Rationale: This transfer is being requested to cover the cost of temporary help during two maternity leaves as well as a long-term medical absence.

IV. OVERTIME REPORT

V. BUDGET STATUS REPORT

Please join me in congratulating Christian Hanchett, Adoption-Foster Care Supervisor, for being voted as DSS Team Leader and Deb Schreiber, Confidential Secretary to the Commissioner, as DSS Team Player for the month of June.

Team Leader of the Month. "Chris Hanchett has shown a capacity for leading by example. Over the past few months the foster care unit has admirably handled a range of difficult cases involving babies, special needs children and difficult teenagers. As unit supervisor, Chris has led the charge with an unending personal commitment while also providing his staff with the support and encouragement that is necessary to obtain good outcomes. Chris recognizes, complements and supports his staff's dedication and professionalism." "Chris recently went above and beyond with helping out the foster care unit with a really tough case. We were strapped for a place for this particular youth to go and the youth was a little out of control on top of that. Chris really rose to the occasion and helped with transporting this youth several times back and forth from Lake Placid. One of these trips took place after 6:00PM at night, and another began before 5AM in the morning. Chris was conscious of the erratic and sometimes dangerous behavior of this youth and took the extra step to ensure his workers were not in danger. He deserves to be the Team Leader of the month for sure. "

Team Player of the Month "Deb Schreiber is always willing to assist in any way she can." "She facilitates accessing many different needs for trainings and transportation, revises any form needed, and is continually available to staff who have questions." "Deb is our go to for NOVA, go to for building issues, go to for anything that DSS may need. She does this willingly and never says she can't do it. Where each unit has team players, Deb is the DSS team player!"

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Suzanne Wheeler, Kelly Barker, Maureen Schmidt, Patricia Nenninger, Julie Montero, Anthony Jordan, Christian Hanchett, Win Varnum, Jamie Brochu, Diane Coughlin, Tammy Breen and Karen Whitted
(Supervisory Committee) (Employee Name)

to attend New York Public Welfare Association 143rd Annual Summer Conference
(Name of meeting or organization)

at Saratoga Hilton Hotel, Broadway, Saratoga Springs, NY 12866
(Address)

on 7/8-7/11/12. Mode of transportation to be used n/a
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

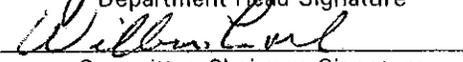
For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
 Meal costs - GSA* per diem rate \$ 156.00

* www.gsa.gov

Date: 7/2/12

Date: 7/2/12


Department Head 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

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Cynthia Mulcahy
(Supervisory Committee) (Employee Name)

to attend CPS Response Training
(Name of meeting or organization)

at SUC Buffalo, 3 Marcus Boulevard, Albany, New York 12205
(Address)

on 7/9-7/13/12 7/23-7/27/12. Mode of transportation to be used n/a
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain: per the discretion of the Commissioner

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 \$ 50.00 GSA * Rate \$ 15.00

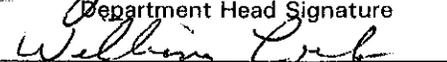
Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 5/31/12

Date: 7/2/12



Department Head 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

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2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Tammy Breen and John Lord
(Supervisory Committee) (Employee Name)

to attend DV Forum - Region IV
(Name of meeting or organization)

at NYSNA Conference Center, 11 Cornell Road, Latham, New York 12110
(Address)

on July 11, 2012. Mode of transportation to be used n/a
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: per the discretion of the Commissioner

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 \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ 13.00

*www.gsa.gov

Date: 7/2/12
Date: 7/2/12



Department Head 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

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Patricia Nenninger and Julianna Pearl
(Supervisory Committee) (Employee Name)

to attend Article 81/Guardianship for PSA Clients
(Name of meeting or organization)

at SUNY Albany PDP Training Center, 1215 Western Avenue, Albany, NY 12203
(Address)

on 7/17/12. Mode of transportation to be used n/a
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: per the discretion of the Commissioner

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 \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ \$15.00

*www.gsa.gov

Date: 6/6/12
Date: 7/2/12

Suzanne Wheeler
Department Head Signature
William Port
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**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Heather Ranado
(Supervisory Committee) (Employee Name)

to attend Domestic Violence Training for Child Welfare Workers
(Name of meeting or organization)

at Parsons Child & Family Center, 60 Academy Road, Albany, New York 12208
(Address)

on 7/17-7/18/12. Mode of transportation to be used n/a
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: per the discretion of the Commissioner

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 \$ _____ GSA * Rate \$ _____

Meal costs - GSA * per diem rate \$ 15.00

*www.gsa.gov

Date: 7/2/12

Date: 7/2/12



Department Head 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

Filing Instructions:

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5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes CYNTHIA MULCAHY
(Supervisory Committee) (Employee Name)

to attend Supervisory Core Modules I Foundations Set D-1
(Name of meeting or organization)

at SUC Buffalo - CDHS, 3 Marcus Boulevard, Albany, New York 12205
(Address)

on 9/6-9/7/12 and 9/19-21/12. Mode of transportation to be used n/a
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

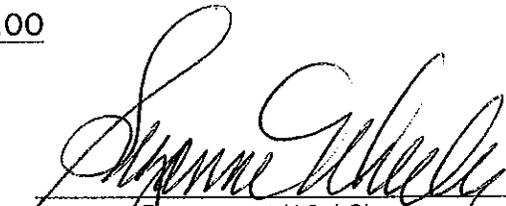
Room rate \$ 50.00 GSA * Rate \$ 15.00

Meal costs - GSA *per diem rate \$ _____

* www.gsa.gov

Date: 3/31/12

Date: 7/2/12



Department Head 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

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Cynthia Mulcahy
(Supervisory Committee) (Employee Name)

to attend CPS Supervisory Core Module II
(Name of meeting or organization)

at SUC Buffalo - CDHS, 3 Marcus Boulevard, Albany, New York 12205
(Address)

on 10/30 - 11/1/12, 11/14-11/16/12. Mode of transportation to be used n/a
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

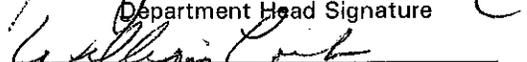
- Room rate \$ 50.00 GSA* Rate \$ 15.00
 Meal costs - GSA* per diem rate \$ _____

* www.gsa.gov

Date: 5/31/12

Date: 7/2/12



Department Head 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

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: SOCIAL SERVICES

SIGNED:

DATE: 6/21/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 110	SALARIES - REGULAR	A.6010 130	SALARIES - PART TIME	\$25,000

Please state reason for transfers requested: THIS TRANSFER IS NECESSARY TO COVER MATERNITY AND LONG-TERM MEDICAL ABSENCES.

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:

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