

WARREN-HAMILTON COUNTIES  
**OFFICE FOR THE AGING**  
1340 STATE ROUTE  
LAKE GEORGE, NEW YORK 12845

CHRISTIE SABO  
DIRECTOR

TEL: (518) 761-6347  
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**HUMAN SERVICES COMMITTEE MEETING**  
**MONDAY, JANUARY 28<sup>th</sup> at 9:30am**  
**OFFICE FOR THE AGING AGENDA**

- I. Committee meeting called to order by Dave Strainer
- II. Action Agenda
  - a) Resolution Request Form #4 Amend Contract with W. Lane Assoc.
  - b) Resolution Request Form #7 Amend County Budget for HIICAP
  - c) Resolution Request Form #12 Request to Fill Vacant Position due to resignation of meal site cook at Chestertown Nutrition Site
  - d) Resolution Request Form #1 Request to Appoint Advisory Council
- III. Old business/pending items- N/A
- IV. Current business- N/A

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: OFA**

**DATE: 1.28.13**

- (a) Purpose of Contract Change: To increase contract amounts to fully expend SFY 4/1/12-3/31/13 HIICAP funding
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
- (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) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (h) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed \$5,000.00  
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.6988 470 HIICAP - OFA - Contract

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

# ***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: 1.28.13**

- (a) Purpose of Amendment: To increase the county budget to reflect an additional appropriation for the SFY 4.1.12-3.31.13 HIICAP program.
  
- (b) Appropriation Code, Object Code, Full Title and Amount: A.6988 470 HIICAP - OFA – Contract \$5,000.00
  
- (c) Revenue Code (with title), and Amount: A6988 4781 OFA HIICAP \$9,088.00 (the reason for the difference is when I did the 2012 budget the tentative allocation was lower than expenses, this correction will bring revenue equal to expenses as it should be because this program is 100% reimbursed)

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. 57.01
Title of Position Meal Site Cook #8 Chester Annual Salary \$18,730PT 30 Hours Grade 2
Budget code and title A6773 130 Nutr Eld WC Salaries PT Union X Non-Union
This position is vacated due to: Retirement Resignation X Termination Promotion Other
Employee No. 11841
Is this position mandated? Yes No X Is the position reimbursable? Yes X No
Source of reimbursement: Federal 12% X State % Other %
Impact to Budget: Savings \$3,910 reduce hours to 25/wk (5 per day instead of 6)
Personnel Officer has approved this form when initialed.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date January 28, 2013
The Administrator has no objection to the filling of the vacancy. X
The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date January 28, 2013
The committee has no objection to the filling of the vacancy. X
The committee objects to the filling of the vacancy.
Ranking Committee Member Signature [Signature]

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date
The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
The Personnel/Human Resources Committee objects to the filling of the vacancy.
Ranking Committee Member Signature

## 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 28, 2013**

- (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: 1/1/13
- (h) Termination Date of Appointment: 12/31/13
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

### VOTING MEMBERS 2013

<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 2013

<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. Supervising Nurse
Lynn Ackershoek	P.O. Box 968 Glens Falls, N.Y. 12801 793-0636	Executive Director Warr/Ham ACEO, Inc

## **ELECTED MEMBERS BY MEALSITES 2013**

### NAME

### AFFILIATION

Robert Wubbenhorst	Bolton Landing Nutrition Site
Lawrence Hodgson	Chestertown Nutrition Site
Vacant	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
Edward Kokesch	Solomon Heights Nutrition Site
Vacant	Warrensburg Nutrition Site
Roy Grisenthwaite	Wells Nutrition Site
Sharon Grisenthwaite	Wells Nutrition Site
Herman Van Auken	Lake Luzerne Nutrition Site
Vacant	Lake Pleasant Nutrition Site

**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

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**Human Services Committee  
Employment and Training Administration**

**AGENDA**

**January 28, 2013 – 9:30 AM**

1. Consideration to Amend County Budget (Resolution Request Form 7 attached)
2. Request for Authorization to Attend Meeting or Convention (Schedule "A" attached)  
2013 NYATEP Youth Academy, Albany March 5-7: Sharon Sano and Norene Tarantino
3. Continuation of Discussion of Youth Work Crew (see attached)
4. Other Business
5. Adjournment

# **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:** Employment and Training

**DATE:** January 28, 2013

- (a) Purpose of Amendment: add federal funds to county budget to reimburse training for dislocated workers through the Trade Adjustment Act
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
40.6293.0305 - WIA Dislocated Worker 433 (Training-Client) \$43,830.
  
- (c) Revenue Code (with title), and Amount: 40.4791- WIA - \$43,830.

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 and Noreene Tarantino  
(Supervisory Committee) (Employee Name)

to attend NYATEP 2013 Youth Academy  
(Name of meeting or organization)

at Desmond Hotel and Conference Center, 660 Albany Shaker Road, Albany, NY 12211  
(Address)

on March 5-7, 2013. 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 \$ \_\_\_\_\_ GSA\* Rate \$ \_\_\_\_\_
- Meal costs - GSA\*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 1/28/13

Chris A. Henning  
Department Head Signature

Date: 1/28/13

\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

Filing Instructions:

**2013 Youth Academy Registration Form**  
(You May Also Register On-Line Through the NYATEP Website: [www.nyatep.org](http://www.nyatep.org))

**The 2013 NYATEP Youth Academy**  
**March 5-7, 2013**  
Desmond Hotel and Conference Center  
660 Albany Shaker Road, Albany, NY 12211 (518) 869-8100

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Registration Fees for the Youth Conference**

Please check applicable options below:

Member Early Bird Rate (Received By 2/11/13) \$300.00

Member Regular Rate (Received after 2/11/13) \$350.00

Non-Member Early Bird Rate (Received by 2/11/13) \$360.00

Non member Regular Rate (Received after 2/11/13) \$380.00

Youth Participant Rate \$ 75.00

One Day Rate \$250.00

**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)

Academy Rate includes registration fee, materials, continental breakfast (3/6 & 3/7), lunch (3/6/13), and breaks.  
**There is a \$100 Cancellation Fee for cancellations after 2/20/13. You must call the NYATEP office to cancel prior to 2/20/13 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 Check One:  Visa  MasterCard  American Express

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Return this form via mail or fax or register on-line at [www.nyatep.org](http://www.nyatep.org) before 2/20/13**

NYATEP, 540 Broadway, 5<sup>th</sup> 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 Desmond Hotel is \$104 Single; \$119 Double; \$134 Triple; \$149 Quad. Call 1-518-869-8100 or 800-448-3500 to make reservations. To receive this special group rate, please identify New York Association of Training and Employment Professionals. Reservations must be made by 2/11/13.

*How do I know if I'm registered?* You will receive a confirmation via email or mail depending on how you registered.

*Can I register by telephone?* We prefer that you register by mail or fax or on-line at [www.nyatep.org](http://www.nyatep.org).

11/29/12

**Proposal for Spring Youth Work Crew**

<u>Crew Leader:</u>	<u>hrly</u>	<u>weekly</u>	<u>benefits</u>
	\$ 12.00	\$ 384.00	
		\$ 70.66	18.4% retire
		\$ 29.38	7.65% fica
	<u>subtotal</u>	<u>\$ 484.03</u>	

<u>Crew</u>	<u>hourly</u>	<u>number</u>	
	\$ 7.25	6	\$ 1,044.00
			\$ 79.87
		<u>subtotal</u>	<u>\$ 1,123.87</u>
			7.65% fica

<u>Van Rental</u>		\$ 434.75	\$ 1,739 month
<u>Gas</u>		\$ 120.00	week

<u>Total Weekly Cost</u>	\$ 2,162.65
<u>Misc costs, tools, uniforms, etc.</u>	\$ 1,800.00
<u>Est. Cost 16 week Program</u>	<u>\$ 36,402.37</u>

Major Assumptions

Crew Leader at 4 days/week (32 hours)  
Work Crew three days a week (24 hours)  
ave. 6 labors a week

# **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: Employment & Training**

**DATE: January 28, 2013**

- (a) Purpose of Request: Permission to sign Confidentiality & Non-Disclosure Agreement
  
- (b) Details: For "Ticket to Work" program with NYS Office of Mental Health
  
- (c) Previous Resolution Number: N/A
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: not required - may generate miscellaneous income

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

\* as listed in budget and LOGOS

# ***RESOLUTION REQUEST FORM NO. 3***

## ***Request for New Contract***

**DEPARTMENT NAME: Employment & Training**

**DATE: January 28, 2013**

- (a) Is this a Result of a Bid or Request for Proposal? Neither - state initiative to promote employment to disabled handicapped and persons
  
- (b) Purpose of Contract: Administer Ticket To Work Program through NYS Office of Mental Health
  
- (c) Name of Contractor: Research Foundation for Mental Hygiene, Inc.
  
- (d) Address of Contractor: 150 Broadway, Suite 301, Menands, NY 12204
  
- (e) Contractor's Contact Person and Telephone Number:
  
- (f) Has or will the Contract be provided, if so, please attach: attached
  
- (g) Commencement Date of Contract: effective date of execution
  
- (h) Termination Date of Contract: January 31, 2022
  
- (i) Payment Provisions:
  - i) lump sum amount N/A - payments will be received
  - 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: N/A will generate income

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