

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, June 28th 10:45am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Dave Strainer

- II. Action Agenda
 - a) Resolution Request Form #12 Request to Fill Vacant Position due to retirement
 - b) Resolution Request Form #12 Request to Fill Vacant Position due to resignation
 - c) Resolution Request Form #3 New Contract for VNSNY Choice
 - d) Resolution Request Form #10 Transfer of Funds

- III. Old business/pending items- N/A

- IV. Current business- N/A

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 #5 Warrensburg (Ctryside) Annual Salary \$17,779.48 Grade 2
Budget code and title A6773 130 Nutr Eld WC Salaries PT Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 8453
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 20% State % Other %
Impact to Budget: Savings \$ 5,300.52 due to longevity
Personnel Officer 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. 3

Request for New Contract

DEPARTMENT NAME: OFA

DATE: 6.28.13

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To enter into a contract to receive reimbursement for meals provided to VNSNY MLTCP clients
- (c) Name of Contractor: VNSNY CHOICE
- (d) Address of Contractor: 1250 Broadway, New York, New York 10001
- (e) Contractor's Contact Person and Telephone Number: Cheryl Manna 315-941-3484
- (f) Has or will the Contract be provided, if so, please attach: See attached
- (g) Commencement Date of Contract: 7/1/13
- (h) Termination Date of Contract: 12/31/2016
- (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. Per call
- (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:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Office for the Aging

SIGNED:

DATE: 6.28.13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6774 445	SNAP- Food	A6774 260	SNAP- Other Equipment	\$ 3,000.00
A6986 110	OFA MIPPA/ADRC Sal Reg	A6786 110	OFA-POE- Ham Sal Reg	\$ 14,172.00
A6773 130	Nutr for Eld Warr Co Sal PT	A6773 110	Nutr for Eld Warr Co Sal PT	\$ 30,000.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: Staff has been instructed not to charge any postage to HEAP because we do not have it budgeted and someone forgot.

*Please note: All amounts must be in whole dollars – no cents.

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.