

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**  
**Tuesday, August 27<sup>th</sup> 9:30am**  
**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 promotion
  - b) Resolution Request Form #12 Request to Fill Vacant Position due to resignation
  - c) Resolution Request Form #12 Request to Fill Vacant Position due to resignation
  - d) Resolution Request Form #5 Request to Apply for Grant Application
  - e) Resolution Request Form #5 Request to Amend Contract
  - f) Request for Transfer of Funds
  - g) Authorization to Attend Meeting or Conference
- 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 #3 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. 11202  
 Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
 Source of reimbursement:  Federal 20%  State %  Other %  
 Impact to Budget: Savings \$628 due to longevity  
 Personnel Officer has approved this form when initialed. Rr

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date Aug. 27, 2013  
 The Administrator has no objection to the filling of the vacancy.  
 The Administrator objects to the filling of the vacancy.  
 Administrator Signature [Signature]

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date Aug. 27, 2013  
 The committee has no objection to the filling of the vacancy.  
 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. 12

Schedule "A"

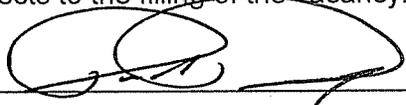
## NOTICE OF INTENT TO FILL VACANT POSITION

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### DEPARTMENT HEAD COMPLETES THIS SECTION

Department OFA Payroll Dept. No. 57.01  
Title of Position Meal Site Manager #1 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. 10905  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal 20%  State %  Other %  
Impact to Budget: Savings \$3096 due to longevity  
Personnel Officer has approved this form when initialed. 

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 8/27/2013  
 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 Human Services - OFA Date 8/27/2013  
 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. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

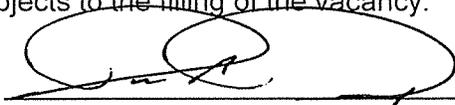
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### DEPARTMENT HEAD COMPLETES THIS SECTION

Department OFA Payroll Dept. No. 57.01  
Title of Position Meal Site Manager #2 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. 11995  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal 20%  State %  Other %  
Impact to Budget: Savings \$628 due to longevity  
Personnel Officer has approved this form when initialed. lv

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 8/27/2013  
 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 Human Services - OFA Date 8/27/2013  
 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. 5

### Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **August 27, 2013**

- (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: Stacey Agnello (518) 474-8976
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? see attached
- (f) Effective Date of Grant: 10/1/2013
- (g) Termination Date of Grant: 9/30/2014
- (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:

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

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

**DEPARTMENT NAME: OFA**

**DATE: 8/27/13**

- (a) Purpose of Contract Change: To increase amount of WCPH contract and redistribute grant funds previously allocated to the GF Assoc. for Hearing Impaired
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 809 of 2009
- (c) Name of Contractor: Warren County Public Health
- (d) Address of Contractor: 1340 State Route 9, Lake George, NY 12845
- (e) Contractor's Contact Person and Telephone Number: Pat Auer 761-6571
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (h) Payment Provisions:
  - i) lump sum amount \$1615 (increase 2013 contract to \$4927.50)
  - 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.
- (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:

**Sample: A.1010 470 Legislative Board – Contract \$xx.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>
A6986 470	OFA MIPPA/ADRC Contract	A6988 470	OFA HIICAP	\$ 2,000.00
A6789 470	EISEP Ham Cty Contract	A6988 470	OFA HIICAP	\$ 4,000.00
A6773 130	Nutr for Eld Warr Co Sal PT	A6773 110	Nutr for Eld Warr Co Sal PT	\$ 49.00

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

Please state reason for transfers requested: Adjustments to correct contract distribution and cover charge of \$48.99 in Ham Cty Salaries

\*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.

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 Committee hereby authorizes Christie Sabo  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend NYSAAA Aging Policy Forum  
\_\_\_\_\_  
(Name of meeting or organization)

at Embassy Suites in Syracuse  
\_\_\_\_\_  
(Address)

on October 16<sup>th</sup> & 17<sup>th</sup>, 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)

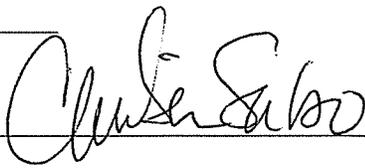
- Notice of meeting or convention including cost.

**For Overnight Travel**

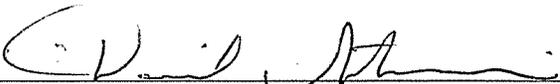
Room rate \$ TBA Not to exceed GSA \* Rate \$ \_\_\_\_\_

Meal costs - GSA \*per diem rate \$ \_\_\_\_\_  
\* [www.gsa.gov](http://www.gsa.gov)

Date: 8/26/13

  
\_\_\_\_\_  
Department Head Signature

Date: 8/27/2013

  
\_\_\_\_\_  
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**

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**Filing Instructions:**

1. Original with voucher to Auditor.