

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
Thursday, October 24th 2013, 11a.m.
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Dave Strainer

- II. Action Agenda
 - a) Resolution Request Form # Miscellaneous
 - b) Resolution Request Form #4 Request to Amend/Extend Contract
 - c) Request for Transfer of Funds

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

- IV. Current business- N/A

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: October 24, 2013

- (a) Purpose of Request: To request authorization to submit the AIP (Annual Implementation Plan) for SFY 4/1/14-3/31/15 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. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office for the Aging

DATE: 10/24/13

- (a) Purpose of Contract Change: Purpose is to extend contract and change the funding code
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 591/2012
- (c) Name of Contractor: Synergy Software Technologies
- (d) Address of Contractor: 25 New England Drive, Essex Junction VT 05452
- (e) Contractor's Contact Person and Telephone Number: Tim Riley 802-316-4718
- (f) Commencement Date of Extension: 11/1/13
- (g) Termination Date of Extension: 10/31/14
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$1,347.00
 - 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: A6987 470 Title VII Elder Abuse Prevention- 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. 10

Request for Transfer of Funds

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

FROM: Office for the Aging

SIGNED:

DATE: 10.24.13

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6789 470	EISEP Ham Cty Contract	A6987 470	Title VII Elder Abuse Prev Contract	\$ 1,347

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

Please state reason for transfers requested: Adjustment to correct funding for Title VII/Ombudsmanager mandatory reporting system

*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.