

**SOCIAL SERVICES COMMITTEE AGENDA**  
**Countryside Adult Home [June 2013]**

**Action Agenda**

- 1) **Request:** Permission to delete Cook #1, including \$5,977/year stipend, due to retirement and create Cook Manager Position.  
**Rationale:** This change will remove the stipend, which is preferred, and include the full salary in the title. This title/grade will more accurately reflect the work that is being done by this individual, and is a better match to the grades of other individuals in the facility with similar responsibilities. This would be a cost savings of \$2,475.50 (50% county share).
  
- 2) **Request:** Permission to fill a full time Cook Manager position (40hrs/wk) due to creation, and back fill any positions when filling this position.  
**Rationale:** DOH regulations state that "a manager shall be designated and identified on the staffing schedule." "This will help us meet this requirement. This would be a cost savings of \$3,632.50 (50% county share).
  
- 3) **Request:** Permission to renew contract with Warrensburg Laundry, for laundering of Countryside linens and resident clothing, in the amount of 0.49/lb, not to exceed \$22,000/yr.  
**Rationale:** DOH requires that the facility provide laundry services to residents, at no additional costs. This will be the most cost effective way of providing this service. It is a zero increase from last year's contract.
  
- 4) **Request:** Permission to enter into contract with Rise Engineering for improvements with outside lighting in the amount of \$1,402.07.  
**Rationale:** Rise Engineering, through National Grid, will provide upgrades to our outside lighting in the amount of \$1,402.07. These upgrades will result in an estimated annual savings of 25,244.44 KWH or \$2,087.18.

**Old Business/Pending Items**

- 1) Mr. Westcott requested the County Administrator to provide a comparison report for future costs of Countryside Adult Home, ie-costs of continuing operations vs. closing the facility. (03.22.13)

**Topics for Discussion**

1. Overtime – 86 hours for the past two pay cycles (including Memorial Day), ↑64.95 hours overall from last year's figures.
2. Current Census: 39 Residents
  - a. 15 Men, 24 Women
3. Monthly Statistics:
  - a. Referrals: (5), (1) nursing home level of care, (3) not ready yet, (1) day care, waiting for paperwork
  - b. Admissions/Discharges: (0) admission, (4) discharges

Countryside Adult Home - Overtime Report

Week Ending	2013 OT Hours	2012 OT Hours	2011 OT Hours	2010 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]
01/13/13	97.5	75.5	91.5	101.7	New Years	↑22	↑22	1370[55.5]	251.5[25]	268[17]
01/27/13	87	4.5	12.5	10.9	Martin Luther King	↑82.5	↑104.5	1370.5[45]	261.4[19.5]	275[22.5]
02/10/13	6	81.4	84.6	126.5		↓75.4	↑29.1	1281[5]	220[1]	258
02/24/13	113.2	0	3	27.8	Presidents Day	↑113.2	↑142.3	1362[61.5]	268.5[25.7]	274[26]
03/10/13	15.5	80.5	89	169.1		↓65	↑77.3	1358	274[7.5]	271[8]
03/24/13	0	0	8	4.5		0	↑77.3	1336	288	264
04/07/13	14.15	12.5	7	34.3		↑1.65	↑78.95	1328[14.15]	344	248
04/21/13	0	0	0.9	11.5		0	↑78.95	1416	331.5	288
05/05/13	8	14	13	23		↓6	↑72.95	1336[8]	320	272
05/19/13	4	16	10.4	9.5		↓12	↑60.95	1275.5[1]	315.5[3]	274
06/02/13	82	5.5	0.4	13	Memorial Day	↑76.5	↑137.45	1312[41]	269.5[23]	263[18]
06/16/13	4	97	95	118.3		↓72.5	↑64.95	1272[1]	328[3]	248
06/30/13		0	3.5	55	Independence Day					
07/14/13		8.5	9.5	95.5						
07/28/13		93	114	56						
08/11/13		29.4	8	4.9						
08/25/13		8	12.5	13.5						
09/08/13		0	41.9	39.5	Labor Day					
09/22/13		93.5	114.3	102.5						
10/06/13		0	0	10.5						
10/20/13		8	0	22	Columbus Day					
11/03/13		80.5	89.9	89.5						
11/17/13		26	23.5	15	Veteran's Day					
12/01/13		93	88.2	122	Thanksgiving					
12/15/13		107	101	129.8						
12/29/13		2	0	70.3	Christmas					
<b>TOTAL</b>	<b>431.35</b>	<b>1035.3</b>	<b>1121.1</b>	<b>1605</b>						

# ***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: 6/10/13**

- (a) Purpose of Request: DELETE COOK #1 (GRADE 4) POSITION WITH \$5,977/ANNUAL STIPEND AND CREATE COOK MANAGER (GRADE 5) POSITION.
  
- (b) Details: WE WILL BE DELETING ONE OF OUR COOK POSITIONS (GRADE 4), WHO RECEIVES A \$5,977/YEAR STIPEND TO BE THE KITCHEN MANAGER, AND CREATING A COOK MANAGER (GRADE 5). THIS WILL BE A COST SAVINGS OF \$4,951/YEAR. DOH REQUIRES THAT WE HAVE A FULL TIME MANAGER IN THE KITCHEN, BUT THIS CHANGE WILL MORE ACCURATELY REFLECT THE WORK THAT IS BEING DONE WITH THE SALARY OF THE EMPLOYEE.
  
- (c) Previous Resolution Number: N/A
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: A.6030.110 COUNTRYSIDE ADULT HOME - FULL TIME SALARIES

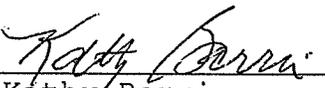
**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

**WARREN COUNTY DEPARTMENT CIVIL SERVICE**  
**WARREN COUNTY MUNICIPAL CENTER**  
**LAKE GEORGE, NY 12845**  
**TELEPHONE: (518) 761-6439, 6440, 6441**  
**Kathleen Barrie, Personnel Officer**

TO: Deanna Park, Director of Countryside Adult Home  
FROM: Kathy Barrie, Personnel Officer  
RE: Cook Manager  
DATE: June 14, 2013

Based on the duties described on the New Position Duties Statement dated 6/12/13 it appears the most appropriate title is Cook Manager. Please forward a copy of the resolution if this position is approved by the Board of Supervisors.

  
Kathy Barrie

Civil Service Law, Section 22: Certification for positions. Before any new position in the service of a civil division shall be created or any existing position in such service shall be reclassified, the proposal therefore, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such existing position reclassified only with the title approved and certified by the commission. Effective 1978

**Warren County Civil Service  
1340 State Rte 9, Lake George, NY 12845  
New Position Duties Statement**

Department head or other authority requesting the creation of a new position, prepare a separate description for each new position to be created except that one description may cover two or more identical positions in the same organizational unit.  
**Forward one typed copy to this Commission.**

<b>1. Department</b> COUNTRYSIDE ADULT HOME	<b>Bureau, Division, Unit or Section</b>	<b>Location of Position</b>
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**2. Description of Duties:** Describe the work in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

<b>Percent of Work Time</b>	<b>Job Duty</b>
	Please see attached.

**(Attach additional sheets if more space is needed)**

Names and Titles of Persons Supervising this position (General, Direct, Administrative, etc.)		
Name	Title	Type of Supervision
DEANNA PARK	DIRECTOR	DIRECT/INDIRECT

4. Names and Titles of Persons Supervised by Employee in this position

Name	Title	Type of Supervision
BRANDIE FRENCH/JENNIFER RACINE	COOK	DIRECT/INDIRECT
SHARON MORRISON/ERIC HARP/ MARYTENE BARRETT	FOOD SERVER	DIRECT/INDIRECT
RHONDA DALABA	MEAL SITE	DIRECT

5. Names and Titles of Persons doing substantially the same kind and level of work as will be done by the incumbent of this new position

Name	Title	Location of Position
BRANDI FRENCH/JENNIFER QUARTERS	COOK	COUNTRYSIDE

6. What minimum qualifications do you think should be required for this position?

**Education:** High School 18 Years  
 College \_\_\_\_\_ Years, with specialization in \_\_\_\_\_  
 College \_\_\_\_\_ Years, with specialization in \_\_\_\_\_

**Experience: (list amount and type)**  
 Please see attached.

**Essential knowledge, skills and abilities:**  
 Please see attached.

**Type of license or certificate required:**

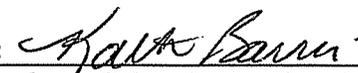
7. The above statements are accurate and complete.

Date: 6/10/2013 Title: Director - Countryside Adult Home Signature: 

**Certificate of Civil Service Commission**

8. In accordance with the provisions of Civil Service Law Section 22, the Warren County Civil Service Department certifies that the appropriate civil service title for the position described is:

Title: COOK MANAGER  
 Jurisdictional Classification: NON COMPETITIVE

Date: 6/12/13 Signature: 

**Action by Legislative Body or Other Approving Authority**

9. Creation of described position

Approved  
 Disapproved

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Amended, Warren County Personnel, November 18, 1996

**COOK-MANAGER**

**DISTINGUISHING FEATURES OF THE CLASS:**

Has charge of the preparation and cooking of food on a moderately large scale. Supervises personnel in meal preparation. The work is performed under general supervision of an appropriate designated superior. Supervision is exercised over the work of cooks, assistant cooks, and food service helpers.

**TYPICAL WORK ACTIVITIES:** (Illustrative only)

Plans, supervises and participates in the preparation and serving of food;  
Supervises the storage and care of foods and supplies;  
Supervises and participates in cleaning of the kitchen, serving, storage, and dining areas, and the care of equipment;  
Keeps simple records on food and supplies received and used;  
Keeps employee time records;  
Plans work schedules;  
Plans menus with attention to nutritional value, acceptability and budgetary limitations;  
Determines requirements and submits requisitions for food, supplies and equipment;  
Maintains approved standards of sanitation, health and safety;  
Supervises and trains kitchen personnel, makes staff assignments and evaluates work performance;  
Receives, inspects, stores and distributes supplies and maintains inventories and related records;  
Supervises the collection of and accounting for cash receipts;  
Makes reports relating to meal program activities;

**FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

Good knowledge of the principles and practices of large quantity food preparation, menu planning, purchasing, sanitary food handling and storage; good knowledge of the fundamentals of nutrition and their application to the health of children; good knowledge of modern cooking utensils, appliances and equipment; ability to plan and supervise the work of others; ability to keep records and prepare reports; ability to get along well with others; ability to understand and carry out oral and written directions; tact and good

judgment; resourcefulness; good physical condition.

**MINIMUM QUALIFICATIONS:**

Three years of experience in the preparation of food on a large scale; or possession of an associate degree in applied science issued after completion of a two-year course in a technical institution with specialization in foods, nutrition and institution management; or any equivalent combination of experience and training.

# 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 COUNTRYSIDE ADULT HOME

Payroll Dept. No. 6030

Title of Position COOK MANAGER

Annual Salary \$26,370

Grade 5

Budget code and title A.6030.110

Union

Non-Union

This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other CREATION  
Employee No.

Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal %  State 50%  Other %

Impact to Budget: COST SAVINGS OF APPROXIMATELY \$4,951 (change in title), plus \$7,265 (longevity).

Personnel Officer has approved this form when initialed. \_\_\_\_\_

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services-Countryside Date June 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 Social Services-Countryside Date June 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"*

### **AUTHORITY FOR POLICY AND PROCEDURE**

Resolution 155 of 2003, amended by Resolution Nos. 497 of 2006, 710 of 2006 and 318 of 2007, provides the policy and procedure for the establishment, filling and increasing or decreasing of salaries for positions within Warren County. Copies of the resolution are available from the Clerk of the Board.

### **WHAT FORM TO USE**

- For giving notice of intent to fill an existing vacant position, use this form.
- For creating a new position, complete Resolution Request Form No. 11.
- For increasing or decreasing salary of non-union position, complete Resolution Request Form No. 13.
- For reclassification of position, complete Resolution Request Form No. 14.

These forms are available from the Clerk of the Board.

### **HOW TO USE THIS FORM**

Department heads must file this notice of intent with both their Supervisory Committee and the Personnel/Human Resources Committee. A copy for informational purposes must be submitted to the Supervisory Committee with their regular agenda. Once signed by supervisory committee, the Notice shall be submitted to the Clerk of the Board for inclusion with the Personnel/Human Resources Committee agenda. If there is no supervisory committee, the Department Head should file this form with the Clerk of the Board for the Personnel/Human Resources Committee agenda. Once all signatures are obtained, the Clerk of the Board will return the form to the Department Head.

*Department Heads are requested to attend the Personnel/Human Resources Committee meetings to provide any information the committee members may need to make an informed decision on the notice of intent to fill a vacancy.*

### **OBJECTIONS**

If either the Supervisory Committee or the Personnel/Human Resources Committee objects to the position being filled, the ranking committee member in attendance should affix their signatures to this form indicating the committee has an objection. In this case, the department head is advised that the position may not be filled.

All requests to fill vacant positions must be approved by a 2/3 majority vote of the Supervisory Committee, the Personnel/Human Resources Committee and the Board of Supervisors.

### **NO OBJECTIONS**

If both the Supervisory Committee and the Personnel/Human Resources Committee have no objection to the position being filled, the ranking member in attendance for each committee should affix their signatures to their form indicating their committee has no objection.

### **PAPERWORK**

To fill the position, complete the 426 Report of Personnel Change, attach the original of this form to the back of the 426, along with the Resolution approving same and submit to the Human Resources Office. Be certain to make a copy of both the 426 and this form for retention in your department files.

*Department Heads are reminded that an oath of office must be filed in the Office of the County Clerk. Oaths of Office forms are available from the County Clerk.*

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

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

**DEPARTMENT NAME: COUNTRYSIDE ADULT HOME**

**DATE: 6/27/13**

- (a) Purpose of Contract Change: RENEW CONTRACT
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 453 OF 2012
- (c) Name of Contractor: WARRENSBURG LAUNDRY AND 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) Commencement Date of Extension: AUGUST 20, 2013
- (g) Termination Date of Extension: AUGUST 19, 2014
- (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. \$0.49/LB, PAID IN MONTHLY INSTALLMENTS, NOT TO EXCEED \$22,000/YEAR.
- (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: \$22,000 A.6030 470 CONTRACTS

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

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

**DEPARTMENT NAME:**

**DATE: 6/25/13**

- (a) Is this a Result of a Bid or Request for Proposal? QOUTE
  
- (b) Purpose of Contract: NEW CONTRACT TO PROVIDE UPGRADES TO EXTERIOR LIGHTING AT COUNTRYSIDE ADULT HOME
  
- (c) Name of Contractor: RISE ENGINEERING (NATIONAL GRID)
  
- (d) Address of Contractor: 300 ERIE BOULEVARD, SYRACUSE, NY 13202
  
- (e) Contractor's Contact Person and Telephone Number: JOSPEH FREY, PH#(518)925-1724
  
- (f) Has or will the Contract be provided, if so, please attach: CONTRACT PROVIDED
  
- (g) Commencement Date of Contract: WHEN SIGNED
  
- (h) Termination Date of Contract: N/A
  
- (i) Payment Provisions:
  - i) lump sum amount \$1,402.07 CHARGED TO NATIONAL GRID BILL
  - 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: \$1,402.07 A.6030 415 ELECTRICITY

# Energy Savings Plan **nationalgrid**

SUMMARY

Application Number: 2942242

Date: 6/5/2013

<b>Customer Name:</b>	COUNTY OF WARREN RESIDENTIAL	<b>Application Number :</b>	2942242
<b>DBA Name:</b>	COUNTY OF WARRENBURG RESIDENTIAL	<b>Account Number:</b>	03176-80103
<b>City :</b>	353 SCHROON RIVER RD WARRENSBURG	<b>Telephone :</b>	518-623-3451
<b>State and Zip :</b>	NY 12885	<b>Contact Name :</b>	JASON
<b>Facility Square Footage :</b>	--	<b>Auditor Name :</b>	JOSEPH FREY
		<b>Audit Date :</b>	06/05/2013

Save money on your electric bill by using energy more efficiently. And, through the power of action, you reduce greenhouse gases (CO2) annually by 27,769 pounds.

<b>Estimated Annual Savings ( KWH)</b>
25,244.44

<b>Estimated Annual Savings in Dollars</b>
\$2,807.18

Estimated Job Cost	Prevailing Wage	Lift Charge	Mount Charge	Estimated Customer Contribution	Estimated National Grid Contribution
\$4,169.56	\$454.81	--	--	\$1,569.24	\$2,600.33

<b>Payback Period in Months</b>
7

No upfront cost to you - finance your contribution on your monthly electric bill.

Choose from 3 convenient payment options.

<b>Lump Sum Payment ( Additional 15% Discount)</b>
\$1,402.07

<b>12 Monthly Payments ( Interest Free)</b>
\$130.77

<b>24 Monthly Payments ( Interest Free)</b>
\$65.38

*They would do*

DETAIL

Application Number: 2942242

Date: 6/5/2013

<b>Customer Name:</b>	COUNTY OF WARREN RESIDENTIAL	<b>Application Number:</b>	2942242
<b>DBA Name:</b>	COUNTY OF WARREN RESIDENTIAL	<b>Account Number:</b>	03176-80103
<b>Address:</b>	353 SCHROON RIVER RD	<b>Telephone:</b>	518-623-3451
<b>City:</b>	WARRENSBURG	<b>Contact Name:</b>	JASON
<b>State and Zip:</b>	NY 12885	<b>Auditor Name:</b>	JOSEPH FREY
<b>Facility Square Footage:</b>	--	<b>Audit Date:</b>	06/05/2013

ECM Id	Site Location	ECM Code	ECM Description	Kit Type	Quantity	KW Savings	KWH Savings
127452 9	Shed & Building	741	PSMH - 70 W - Exterior	HID Exterior Fixture Installation Kit	2	0.22	983.84
127453 9	Wall Packs	130	LED - 50W - HW	HID Exterior Fixture Installation Kit	7	5.43	24,260.60
127454 4	Wall Packs	PhotoC11	Photocell	Occupancy Sensor Ceiling Unit Kit	7	0.35	0.00
<b>Total</b>						<b>6</b>	<b>25,244.44</b>

## Terms &amp; Conditions



Date: 6/5/2013

Customer Name:	COUNTY OF WARREN RESIDENTIAL	Vendor:	RISE ENGINEERING
Address:	353 SCHROON RIVER RD	Audit Date:	06/05/2013
Town, State, and Zip Code:	WARRENSBURG, NY 12885	Auditor:	JOSEPH FREY
Account Number:	03176-80103	Application No:	2942242

National Grid ("Company") is offering an energy conservation program ("Program") to certain commercial and industrial customers ("Customer") that have an average monthly demand less than or equal to 100 kW. Under the Program, the Company is arranging the installation of certain energy efficiency measures ("Measures") at the facilities of eligible customers. Customer agrees to have a contractor hired by the Company for the Program install the Measures and pay a portion of the installation cost as described in Section Six listed below. The following are terms and conditions that govern the Program and the installation of the Measures:

#### 1. Measures to be Installed

An independent contractor ("Installation Contractor") hired by the Company will install at Customer's property the conservation Measures described in Section Six below. The Installation Contractor shall permanently disable all lamps replaced pursuant to this Agreement (make them unfit for reuse). The disposal of any lighting equipment which is removed (with exception of fluorescent ballasts and lamps) will be the responsibility of the participating Customer. The disposal of any fluorescent ballasts and lamps will be the responsibility of an outside contractor hired by the Company.

#### 2. Installation Date

The Installation Contractor will attempt to install the Measures within thirty (30) days of Customer signing this Agreement.

#### 3. Warranty and Disclaimers

(a) The Company will provide a one-time equipment replacement free of charge for any equipment that fails to operate according to manufacturer's specifications for a period of two years after the date of the original installation. Lamps will be warranted for one year.

(b) Customer may have other warranty rights that may have been provided by the manufacturer of the devices installed under this Agreement. Customer, however, may exercise such rights only against the manufacturer, and not against the Company or its affiliates.

(c) OTHER THAN THE REPLACEMENT WARRANTY STATED IN SUBPARAGRAPH 3(a) ABOVE, NEITHER THE COMPANY NOR ITS AFFILIATES MAKE ANY WARRANTIES OF ANY KIND, INCLUDING WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE

(d) The Company does not guarantee that the Measures will, in fact, save any level of energy or result in a lowering of the customer's electric utility bill.

(e) Neither the Company nor its affiliates shall be liable to Customer for consequential or incidental damages arising out of the Program, whether in contract, tort (including negligence) or any other theory of recovery.

#### 4. Access to Property

(a) Customer will provide reasonable access to Customer's property during normal business hours for Installation Contractor to perform the installation work.

(b) In addition, the Customer will allow the Company to make a reasonable number of follow-up visits during the twenty-four months following installation, with advance notice and at a time convenient to the customer. The purpose of the follow-up visits is to provide the Company with an opportunity to review the operation of the Measures for program education purpose. During the follow-up visits, the Company may make suggestions to the Customer regarding operation of the Measures, but the Customer is under no obligation to follow any such suggestions. If the Customer does follow any instructions, the Company will not be liable to the Customer in tort (including negligence) for the Customer's reliance on the suggestions.

#### 5. Discretion of Installation Contractor

When undertaking the installation, the Installation Contractor or the Company (at their sole discretion) may choose not to make the installations specified below for reasons related to safety, discovery of unforeseen conditions, or the complete utilization of the Company's program budget.

Initial Here: \_\_\_\_\_

# Terms & Conditions



Date: 6/5/2013

Customer Name: COUNTY OF WARREN RESIDENTIAL      Application No: 2942242  
 Address: 353 SCHROON RIVER RD  
 Town, State, and Zip Code: WARRENSBURG, NY 12885

## 6. Equipment and Customer Contribution

(a) The Installation Contractor will install the equipment listed on the attached Small Business Energy Savings Plan, incorporated herein by reference. The estimated cost of the installation including the estimated cost of the Customer's contribution is also itemized on this report. The Customer may choose to pay its cost contribution over twelve or twenty-four months or may choose to pay it in one lump sum. If the Customer chooses to pay it in one lump sum, the Company shall discount the Customer's contribution by 15%.

The Customer opts to pay its cost contribution by (check one):

- Lump sum payment of \$1,402.07 includes Customer discount of 15%
- Twelve (12) monthly payments of \$130.77 per month
- Twenty-four (24) monthly payments of \$65.38 per month

(b). The Customer shall pay no more than the estimated cost shown on the report. If the actual cost of the installation is less than the estimated cost or if the Installation Contractor chooses not to make an installation in accordance with Section 5, the Installation Contractor shall adjust the customer's contribution and advise the Customer.

## 7. Participation In Other Energy Efficiency Programs

The installed measures are not eligible for incentives from other energy efficiency programs.

## 8. Authorized Signature of Customer

By signing below, the Customer agrees to the applicability of the terms and conditions described above.

### CUSTOMER ADDRESS WHERE MEASURES WILL BE INSTALLED:

COUNTY OF WARREN RESIDENTIAL  
 353 SCHROON RIVER RD  
 WARRENSBURG, NY 12885

Signature: \_\_\_\_\_

Name(Print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Incorporated

Not Incorporated

If Not Incorporated, Federal ID.# \_\_\_\_\_

# Certification of Installation



Date: 6/5/2013

**Customer Name:** COUNTY OF WARREN RESIDENTIAL , 353 SCHROON RIVER RD ,  
WARRENSBURG , NY  
**Application Number:** 2942242

## Energy Efficiency Equipment Installation Certification

I certify that the energy efficiency measures are installed and operating and I am satisfied with their installation.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

## Scheduling the Recycling Pick Up of the Removed Lamps and Ballasts

Please select one:

Recyclable materials (lamps and ballasts only) are packaged and waiting pick-up by the recycling vendor at:  
353 SCHROON RIVER RD,WARRENSBURG,NY

Please provide contact name and information so the recycling vendor can schedule the pick-up.

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Recyclable materials (lamps and ballasts only) were removed from:  
353 SCHROON RIVER RD,WARRENSBURG,NY by the electrician.

**ELECTRICIAN MUST COMPLETE: Location and recycling pick up contact information**

Recycling Material Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_