

**WARREN COUNTY  
EMPLOYMENT & TRAINING ADMINISTRATION**

Chris A. Hunsinger  
Director

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**Warren County  
Human Services Committee**

**AGENDA**

**January 23, 2013 – 10:00 AM**

1. Consideration to Amend Budget to add Trade Adjustment Act Funding (Resolution Request Form 7 attached, Page 1)
2. Request for Authorization to Attend Meeting or Convention (Schedule "A" attached)  
2014 NYATEP Youth Academy, Albany March 24-26: Sharon Sano and Noreene Tarantino
3. Old Business
4. New 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 23, 2014**

(a) Purpose of Amendment: add federal funds to county budget to reimburse training for 8 dislocated workers through the Trade Adjustment Act

(b) Appropriation Code (with title), Object Code (with title) and Amount: 40.6293.0305 433 - WIA Dislocated Worker (Training-Client) \$55,421.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791- WIA Dislocated Worker - \$55,421.

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 Sharon Sano & Noreene Tarantio  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend 2014 NYATEP Youth Academy  
\_\_\_\_\_  
(Name of meeting or organization)

at Hilton Albany, 40 Lodge St., Albany, New York  
\_\_\_\_\_  
(Address)

on March 24-26, 2014 . 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:  
N/A

**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 \$ 111.00 GSA \* Rate \$ 111.00
- Meal costs - GSA \*per diem rate \$ 61.00

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

Date: 1/23/14

Chris A. Hensing  
\_\_\_\_\_  
Department Head Signature

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

Edna A. Traverso  
\_\_\_\_\_  
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**

## 2014 NYATEP Youth Academy Registration

**March 24 - 26, 2014**

Hilton Albany  
40 Lodge Street  
Albany, New York 12207  
(518) 462-6611

**Registrations will be accepted:**

Online: [www.nyatep.org](http://www.nyatep.org)/Fax: 1-518-433-7424

Mail: 540 Broadway, 5<sup>th</sup> Floor, Albany, NY 12207

Name Sharon Sano and Noreene Tarantino Preferred Badge First Name \_\_\_\_\_

Title \_\_\_\_\_ Agency Warren County Employment & Training

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### REGISTRATION OPTIONS

Member Early Bird Rate (Received By 2/14/14)	\$325.00	<input checked="" type="checkbox"/>
Member Regular Rate (Received after 2/14/14)	\$365.00	_____
Non-Member Early Bird Rate (Received by 2/14/14)	\$375.00	_____
Non member Regular Rate (Received after 2/14/14)	\$425.00	_____
One Day Only	\$250.00	_____
Youth Participant Rate (for full conference)	\$75.00	_____
Speaker Rate	\$325.00	_____

**Check as Appropriate:**

I require special meals (please specify) \_\_\_\_\_

I have a disability that requires accommodations \_\_\_\_\_ (please attach needs)

I volunteer to moderate a workshop session \_\_\_\_\_

Academy Rate includes registration fee, materials, continental breakfast (3/25 & 3/26), lunch (3/25/14), and breaks. **There is a \$100 Cancellation Fee for cancellations after 3/12/14. You must call the NYATEP office to cancel prior to 3/12/14 to avoid this fee. Substitutions allowed at any time. No-Shows must pay the Full Registration Fee.**

### METHOD OF PAYMENT

Check  Voucher  Purchase Order  Credit Card (Visa/Master Card/Amer. Express)

Name: \_\_\_\_\_ Credit Card# \_\_\_\_\_ /Exp. Date: \_\_\_\_\_

**Return this form via mail or fax or register on-line at [www.nyatep.org](http://www.nyatep.org) before 3/12/14**

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 Hilton Albany is \$111 Single; \$111 Double. Call 1-866-691-1183 to make reservations. To receive this special group rate, please identify New York Association of Training and Employment Professionals. Reservations must be made **by 2/24/14.**

**2014 Northeast Regional Youth Academy:  
Excellence in Youth Programming  
Draft Agenda**

**March 24, 2014**

9:00 a.m. – 1:30 p.m. NYS WIB Directors Meeting (Invite Only)  
12:00 p.m. Academy Registration Desk Opens  
2:00 p.m. – 3:50 p.m. Opening Session: “Learning to Action”- Rapid Fire Learning  
Presentations and Facilitated Table Peer Learning  
3:50 p.m. – 4:00 p.m. Break  
4:00 p.m. – 5:15 p.m. 4 Concurrent Workshop Sessions  
5:30 p.m. – 6:30 p.m. Special Academy Sessions

**March 25, 2014**

7:30 – 9:00AM Breakfast Available  
8:00 – 9:00AM Technical Assistance Sessions  
9:15 – 10:30AM Opening Plenary  
10:30 – 10:45PM Break  
10:45 – 12:00PM 4 Concurrent Workshop Sessions  
12:00 – 1:15PM Lunch and Youth Panel “Our Voice Matters”  
1:30 – 2:45PM 4 Concurrent Workshop Sessions  
2:45 – 3:00PM Break  
3:00- 4:15PM 4 Concurrent Workshop Sessions  
4:30PM – 6:00PM A special event to “Celebrate Summer Youth Employment”

**March 26, 2014**

7:30 – 9:00AM Breakfast Available  
8:15 – 9:45AM Plenary Session  
9:45 – 10:00AM Break  
10:00 – 11:15AM What NYS Can Do For Youth State Panel  
11:15 – 12:00PM Developing a Statewide Youth Agenda  
Academy Attendees  
12:00 PM Adjournment

# Warren County Employment & Training Administration (ETA) Youth Programs

## YEAR ROUND YOUTH

**GED® (TASC) Classes** operated by Warren & Washington County ETAs for Warren County youth at: WSWHE BOCES, 11 South Street, Glens Falls (*Youth must meet New York State Department of Education eligibility criteria to test*)

**Individual Worksite Placements** for in-school and/or out-of-school youth at subsidized or private sector worksites

**Work Crew** operated by Warren Co. ETA - under the supervision of a dedicated crew chief eligible youth travel throughout the county to assist with work projects

Continued in next column

**National Work Readiness Credential Training (NWRC)** addresses Reading, Math, Listening, Situation Judgment and Soft Skills for entry-level employees

## SUMMER YOUTH

**Summer Youth Employment Program** Supplemented with TANF and with the cooperation of the local Department of Social Services since 2000.

**Individual Worksite Placements** at numerous worksites in Warren County

**Operation Food Chain Project** (in collaboration with WSWHE BOCES and Warren/Hamilton Community Action Agency, NYS Dept. of Education, GF City Parks & Recreation Department)

## COLLABORATIONS

◆ **Saratoga/Warren/Washington Emerging Worker Council** – is statutorily required by WIA to be a regular committee of the Workforce Investment Board whose mission it is to create a community-wide youth workforce strategy.

◆ **Warren County Interagency Collaboration Committee** – assist children through collaboration and coordination of efficient and effective programs and services to meet the needs of children, adolescents, and families in Warren County

## Outcomes

**Placement in employment or education**

*Employment/Post secondary education  
Advanced or Occupational Skills Training*

**Attainment of a Degree or Certificate**

*High School Diploma/GED/  
Industry Recognized Credential*

**Literacy and Numeracy Gains**

*Increase math and/or reading level  
2 educational functioning levels if  
tested below 8.9 grade level*

## Elements

**Tutoring/Study Skills Training  
Alternative Secondary School  
Summer Employment Opportunities  
Paid/Unpaid Work Experience  
Occupational Skills Training  
Leadership Development  
Supportive Services  
Adult Mentoring  
Comprehensive Guidance and Counseling  
Follow Up (for 12 months after exit)**

*70% of Youth Enrolled must be Out-of-School Youth*

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, January 23<sup>rd</sup> 2014, 10a.m.**  
**OFFICE FOR THE AGING AGENDA**

- I. Committee meeting called to order by Edna Frasier
  
- II. Action Agenda
  - a) Resolution Request Form #12 Request to Fill Vacant Position
  - b) Resolution Request Form #5 Request to Apply for Grant Application
  - c) Resolution Request Form #7 Request to Amend County Budget
  - d) Resolution Request Form #3 Request a New Contract
  - e) Resolution Request Form #3 Request a New Contract
  - f) Resolution Request Form #1 Request to Appoint Advisory Council
  - g) Resolution Request Form #4 Request to Amend/Extend Interagency Agreement
  
- 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. Various  
Title of Position Nutrition Services Coordinator Annual Salary \$ 40,209 Grade N/A  
Budget code and title Various Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No. 8626

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

Source of reimbursement:  Federal 10%  State 25%  Other Ham Cty 25%

Impact to Budget: \$ 7,347 (\$21,840 budgeted this is the difference less reimbursement)

Human Resources Director has approved this form when initialed. *[Signature]*

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 1/22/14

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 1/23/2014

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy.

Ranking Committee Member Signature *Edna A. Xavier*

### 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: **January 23, 2014**

- (a) Purpose of Grant: To obtain MIPPA (Medicare Improvements for Patients and Providers Act) Funding
- (b) Name of Grantor: NYS Office for the Aging, Division of Policy, Planning, Program, and Outcomes
- (c) Address of Grantor: **2 Empire State Plaza 4<sup>th</sup> FL, Albany, NY 12223**
- (d) Grantor's Contact Person and Telephone Number: Brenda LaMere (518) 473-4130 Brenda.Lamere@ofa.state.ny.us
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach?
- (f) Effective Date of Grant: 9/30/2013
- (g) Termination Date of Grant: 9/29/2014
- (h) Total Dollar Amount Involved (not to exceed): \$ 17,264
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
- (j) Is Budget amendment required? Yes 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. 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: 1/23/14**

- (a) Purpose of Amendment: To fund the MIPPA grant
  
- (b) Appropriation Code, Object Code, Full Title and Amount: A6986 OFA  
MIPPA/ADRC 110 Salaries Reg \$8400 / 410 Supplies \$362 / 470 Contract  
.....\$5,500 / Fringe codes (8's) \$3,002 .....
  
- (c) Revenue Code (with title), and Amount: A6986 4774 OFA MIPPA/ADRC  
Federal Aid \$17,264

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **January 23, 2014**

- (a) Is this a Result of a Bid or Request for Proposal? no
- (b) Purpose of Contract: To enter into contract with Greater GF Senior Citizens Center to provide for services under MIPPA/ADRC program year 9/30/13-9/29/14
- (c) Name of Contractor: **Greater Glens Falls Senior Citizens Center, Inc.**
- (d) Address of Contractor: 380 Glen Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Irene Clements PH. 793-2189
- (f) Has or Will the Contract be provided, if so, Please Attach?
- (g) Commencement Date of Contract: 3/1/14
- (h) Termination Date of Contract: 9/29/14
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$2,000.00
  - 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 (with Title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A.6986 470 OFA MIPPA/ADRC-Contract

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **January 23, 2014**

- (a) Is this a Result of a Bid or Request for Proposal? no
- (b) Purpose of Contract: To enter into contract with William Lane Associates, LLC to provide services under the MIPPA/ADRC for program year 9/30/13-9/29/14
- (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) Has or Will the Contract be provided, if so, Please Attach?
- (g) Commencement Date of Contract: 3/1/13
- (h) Termination Date of Contract: 9/39/14
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$3,500
  - 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 (with Title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A.6986 470 HIICAP - OFA - Contract

## 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 23, 2014**

- (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: 1/1/14
- (h) Termination Date of Appointment: 12/31/14
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

WARREN-HAMILTON COUNTIES OFFICE FOR THE AGING  
2014 ADVISORY COUNCIL MEMBERS

<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
Edna Frasier	1340 State Route 9 Lake George, NY 12845 232-7745	Supervisor Town Of Hague
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.)

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

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

**DEPARTMENT NAME: Office for the Aging**

**DATE: 1/23/14**

- (a) Purpose of Contract Change: Purpose is to satisfy NYSOFA request for an updated NYConnects Interagency Agreement and amend the agreement to include current participants and name change from POE to NYConnects
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 395 of 2006
- (c) Name of Contractor: Warren County Public Health, Warren County DSS, Hamilton County Public Health, Hamilton County DSS
- (d) Address of Contractor: Warren County Public Health, Warren County DSS 1340 State Route 9, Lake George, NY 12845 and Hamilton County Public Health, PO Box 250 Indian Lake, NY 12842; Hamilton County DSS, PO Box 725, Indian Lake, NY 12842
- (e) Contractor's Contact Person and Telephone Number: Patricia Auer, Director WCPH, 761-6571; Suzanne Wheeler, Commissioner WCDSS, 761-7647; Susan Franko, Director, HCPH, 648-6497; Roberta Bly, Commissioner HCDSS, 648-6131
- (f) Commencement Date of Extension: ongoing
- (g) Termination Date of Extension: ongoing
- (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.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full