

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
1340 STATE ROUTE
LAKE GEORGE, NEW YORK 12845

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DIRECTOR

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HUMAN SERVICES COMMITTEE MEETING
Friday, May 22nd 2014 at 11:15am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Edna Frasier

- II. Action Agenda
 - a) Resolution Request Form #4 Extend Contract (Meal Site Lease)
 - b) Resolution Request Form #4 Extend Contract (Meal Site Lease)
 - c) Resolution Request Form #4 Extend Contract (Meal Site Lease)
 - d) Resolution Request Form #4 Extend Contract (Meal Site Lease)
 - e) Resolution Request Form #4 Extend Contract (Meal Site Lease)

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

- IV. Current business- N/A

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: 5/23/14

- (a) Purpose of Contract Change: **To extend lease agreement for nutrition site**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **340 of 2007**
- (c) Name of Contractor: **NCR of Queensbury Housing Development (Solomon Heights)**
- (d) Address of Contractor: **18 Farr Lane East, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Solomon Heights Director, 743-1300**
- (f) Commencement Date of Extension: **4/1/14**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount **\$1**
 - 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: A6773 411 Nutri. For Elderly- War. Co. Rent Bldg/Property \$1.00**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: 4114OFA

DATE: 5/23/14

- (a) Purpose of Contract Change: **To extend lease agreement for nutrition site**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **57 of 2010**
- (c) Name of Contractor: **Town of Wells**
- (d) Address of Contractor: **PO Box 205, Wells, NY 12190**
- (e) Contractor's Contact Person and Telephone Number: **Town Supervisor, 924-7912 (Brian Towers)**
- (f) Commencement Date of Extension: **10/14/14**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount **\$1.00**
 - 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: A6771 411 Nutr for Eld Ham Cty- Rent Bldg/Property \$1**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: 5/23/14

- (a) Purpose of Contract Change: **To extend lease agreement for nutrition site**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **680 of 2007**
- (c) Name of Contractor: **Town of Indian Lake**
- (d) Address of Contractor: **PO Box 730, Indian Lake, NY 12842**
- (e) Contractor's Contact Person and Telephone Number: **Town Supervisor, 648-5885 (Brian Wells)**
- (f) Commencement Date of Extension: **1/1/13**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount **\$1**
 - 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: **A6771 411 Nutri. For Ellderly- Ham. Co. Rent Bldg/Property \$1****

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Warren/Hamilton Counties Office for the Aging lease agreement with the **Town of Johnsborg** meal site utilities reimbursement schedule:

YEAR	85% Actual Electric Expense But Not More Than
2013	\$ 7,000 per year
2014	\$ 7,200 per year
2015	\$ 7,400 per year
2016	\$ 7,600 per year
2017	\$ 7,800 per year

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Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: 5/23/14

- (a) Purpose of Contract Change: **To extend lease agreement for nutrition site**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **680 of 2007**
- (c) Name of Contractor: **Town of Johnsburg**
- (d) Address of Contractor: **Town Hall, PO Box 7, North Creek, NY 12853**
- (e) Contractor's Contact Person and Telephone Number: **Town Supervisor, 251-3011 (Ronald Vanselow)**
- (f) Commencement Date of Extension: **1/1/13**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount **\$1**
 - ii) hourly rate amount
 - iii) total amount not to exceed **see schedule**
 - 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: **A6774 411 SNAP- Rent Bldg/Property \$1, A6774 415 SNAP- Electricity (for annual amount see schedule)****

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Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

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RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: 5/23/14

- (a) Purpose of Contract Change: **To extend lease agreement for nutrition site**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **680 of 2007**
- (c) Name of Contractor: **Town of Long Lake**
- (d) Address of Contractor: **1130 Deerland Rd, PO Box 307, Long Lake, NY 12847**
- (e) Contractor's Contact Person and Telephone Number: **Town Supervisor, 624-3001 (Clark Seaman)**
- (f) Commencement Date of Extension: **1/1/13**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount **\$1.00**
 - 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: A6771 411 Nutri. For Ellderly- Ham. Co. Rent Bldg/Property \$1.00**

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

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