

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

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HUMAN SERVICES COMMITTEE MEETING
Monday, June 30th 2014 at 9:45am
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 #5 Apply for a Grant
 - c) Resolution Request Form #7 Amend the County Budget
 - d) Resolution Request Form #7 Amend the County Budget

- 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: 6/30/14

- (a) Purpose of Contract Change: **To extend lease agreement for nutrition site**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **58 of 2010**
- (c) Name of Contractor: **Lake Pleasant Senior Citizen's Group, Inc.**
- (d) Address of Contractor: **PO Box 272, Speculator, NY 12164**
- (e) Contractor's Contact Person and Telephone Number: **Pauline Slack 548-7638**
- (f) Commencement Date of Extension: **1/1/15**
- (g) Termination Date of Extension: **12/31/17**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$2,501**
 - 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 Elderly- Ham. Co. Rent Bldg/Property \$1 A6771 415 Nutri. For Elderly- Ham. Co. Electricity \$500 A6771 416 Nutri. For Elderly- Ham. Co. Oil & Gas Heating \$2,000**

**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. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **June 30, 2014**

- (a) Purpose of Grant: To obtain BIP 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: Corrinna Crossdale (518) 474-6012
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? see allocation schedule, application not out yet
- (f) Effective Date of Grant: 10/1/2014
- (g) Termination Date of Grant: 9/30/2015
- (h) Total Dollar Amount Involved (not to exceed): \$ 159,136
- (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: 6.30.14

- (a) Purpose of Amendment: To increase the county budget to reflect allocation for the BIP program as per allocation schedule.

- (b) Appropriation Code, Object Code, Full Title and Amount: TBA \$ 159,136

- (c) Revenue Code (with title), and Amount: TBA \$ 159,136

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: 6.30.14

- (a) Purpose of Amendment: To increase the county budget to reflect an additional allocation for NY Connects under the BIP program allocation schedule.

- (b) Appropriation Code, Object Code, Full Title and Amount: A.6785 470 OFA Point of Entry Warren – Contract \$ 68,984

- (c) Revenue Code (with title), and Amount: A.6785 3785 OFA Point of Entry Warren – State Aid \$ 68,984