

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**  
**Monday, September 29th 2014 at 9:30am**  
**OFFICE FOR THE AGING AGENDA**

- I. Committee meeting called to order by Edna Frasier
- II. Action Agenda
  - a) Resolution Request Form #4 Extend Contract
  - b) Resolution Request Form #4 Extend Contract
  - c) Resolution Request Form #12 Notice of Intent to Fill Vacant Position
  - d) Resolution Request Form #12 Notice of Intent to Fill Vacant Position
  - e) Resolution Request Form #5 Apply for a Grant
  - f) Resolution Request Form #20 Miscellaneous
  - g) Resolution Request Form #20 Miscellaneous
  - h) Resolution Request Form #10 Transfer of Funds
  - i) Resolution Request Form #4 Rescind Contract
  - j) Resolution Request Form #4 Amend Contract
  - k) Authorizations to attend trainings
- III. Old business/pending items- Committee to discuss the increased electrical costs at the Town of Johnsbury Mealsite. (05.23.14)
- IV. Current business- N/A

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

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

**DEPARTMENT NAME: Office for the Aging**

**DATE: 9/29/14**

- (a) Purpose of Contract Change: **To extend the lease with Lake Pleasant Senior Citizen's group to house our Lake Pleasant nutrition site**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **58/2010**
- (c) Name of Contractor: **Lake Pleasant Senior Citizen's Group, Inc**
- (d) Address of Contractor: **PO Box 272, Lake Pleasant, 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 **\$1**
  - ii) hourly rate amount
  - iii) total amount not to exceed **\$2,500 (50% of actual)**
  - 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 Prop \$1 A6771 415 Nutri. For Elderly-Ham.Co- Electricity \$750 A6771 416 Nutri. For Elderly-Ham.Co- Oil & Gas \$1,750**

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:** Office for the Aging

**DATE:** 9.29.14

- (a) Purpose of Contract Change: Purpose is to extend contract for state mandated reporting system
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 581/2013
- (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: 11/1/14
- (g) Termination Date of Extension: 10/31/15
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$1,496.00
  - 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 Sxx.xx**

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



## LICENSE AND SERVICE CONTRACT RENEWAL AGREEMENT

Our records indicate that your licensing and/or subscription will expire on 10/31/14. To assure a smooth renewal process, and to avoid interruption of services, please:

1. Verify the attached renewal invoice. Please notify Tim Riley immediately with any changes at 802-316-4718 or [triley@harmonyis.com](mailto:triley@harmonyis.com).
2. Submit payment or a signed purchase order authorizing the invoice **PRIOR** to the **start date** of your license period (to avoid interruption of services).
3. Indicate, by signing and returning this Renewal Agreement, your acceptance and agreement that you are bound by the existing terms of your contract(s) and license(s).
4. Submitting payment, or a signed purchase order, or use of the software and/or subscription services after the above expiration date, is your affirmative agreement that you are bound by the terms and conditions of the agreements set out in the attached invoice.

CUSTOMER:

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Signature

Title

Date

---

Agency name and address (Print Clearly)

CONTRACTOR:

---

T. Kelly Mann, President and CEO

Date

**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: **Office for the Aging**

Payroll Dept. No: **57.00**

Title of Position: **Typist**

Annual Salary: **\$24,699** Grade: **3**

Budget code and title: **A6772 110 OFA Salaries Reg**

Union  Non-Union

This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other

Employee No.: **11975**

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

Source of reimbursement:  Federal 50 %  State %  Other 11 % **Hamilton County**

**CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL**

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

**Candidate's qualifications must be approved by Personnel Officer prior to hiring.**

Human Resources Director has approved this form when initialed. gs

**COUNTY ADMINISTRATOR COMPLETES THIS SECTION**

Name of Committee \_\_\_\_\_ Date 9/29/14

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

The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

**BUDGET OFFICER COMPLETES THIS SECTION**

Date 9/29/14

The Budget Officer has no objection to the filling of the vacancy.

The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas

**SUPERVISORY COMMITTEE COMPLETES THIS SECTION**

Name of Committee Human Services Date 9.29.14

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

The committee objects to the filling of the vacancy.

In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.

In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Trasieri

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: Office for the Aging Payroll Dept. No: various
Title of Position: Food Service Manager Annual Salary: \$25,851 Grade: 4
Budget code and title: Various Union [checked] Non-Union [ ]
This position is vacated due to: [ ] Retirement [checked] Resignation [ ] Termination [ ] Promotion [ ] Other
Employee No.: 11787 Is this position mandated? [ ] Yes [checked] No Is the position reimbursable? [checked] Yes [ ] No
Source of reimbursement: [checked] Federal 10 % [checked] State 71 % [ ] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[ ] Competitive-active eligible list [checked] Competitive-no list (hiring would be provisional) [ ] Non-Competitive [ ] Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

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

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee \_\_\_\_\_ Date 9/29/14

- [checked] The Administrator has no objection to the filling of the vacancy.
[ ] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 9/29/14

- [checked] The Budget Officer has no objection to the filling of the vacancy.
[ ] The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services Date 9.29.14

- [checked] The committee has no objection to the filling of the vacancy.
[ ] The committee objects to the filling of the vacancy.
[ ] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[ ] In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Franier

## RESOLUTION REQUEST FORM NO. 5

### Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **September 29, 2014**

- (a) Purpose of Grant: To obtain NYConnects 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: Stacey Agnello (518) 474-8976
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? not yet received
- (f) Effective Date of Grant: 10/1/2014
- (g) Termination Date of Grant: 9/30/2015
- (h) Total Dollar Amount Involved (not to exceed): \$ 85,880
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
- (j) Is Budget amendment required? NO 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. 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: September 29, 2014**

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

**DATE: 9/29/14**

- (a) Purpose of Request: To retain services of Deborah Coalts as a consultant to the Nutrition Program to assist exclusively in the completion of HDM visits on an as needed basis.
  
- (b) Details: Deborah Coalts will work a schedule agreed upon by herself and the OFA Director, at a rate of \$21.00 per hour, not to exceed 40 hours per month.
  
- (c) Previous Resolution Number: N/A
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: A6773 437 Nutrit. For Elderly-War.Co- Consulting Fees \$2,310

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

\* as listed in budget and LOGOS

**RESOLUTION REQUEST FORM NO. 10**

**Request for Transfer of Funds**

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

**DEPARTMENT NAME:** Office for the Aging

**SIGNED:**

**DATE:** 9.29.14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6771 130	Nutri. For Elder ly-Ham.Co-PT Salaries	A6771 445	Nutri. For Elder ly-Ham.Co-Food	\$5,594
A6771 130	Nutri. For Elder ly-Ham.Co-PT Salaries	A6771 110	Nutri. For Elder ly-Ham.Co-Salaries- Reg	\$5,000
A6773 130	Nutri. For Elder ly-Warr.Co-PT Salaries	A6773 437	Nutri. For Elder ly-Warr.Co- Consulting Fees	\$2,310
A6774 130	S.N.A.P PT Salaries	A6774 110	S.N.A.P. Salaries Regular	\$4,000
A6773 110	Nutri. For Elder ly-Warr.Co Salaries Reg	A6773 445	Nutri. For Elder ly-Warr.Co Food	\$10,000
A6795 470	Title III E - OFA Contract	A6780 470	Comm. Ser. Elderly/Hamilton Contract	\$9,500
A6773 130	Nutri. For Elder ly-Warr.Co PT Salaries	A6774 445	S.N.A.P. Food	\$4,000

**Please state reason for transfers requested:**

End of year adjustments

**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.**

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

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

**DEPARTMENT NAME: OFA**

**DATE: 9.29.14**

- (a) Purpose of Contract Change: **To rescind IIIE contract to HCPH**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **692/2012**
- (c) Name of Contractor: **Hamilton County Public Health Nursing**
- (d) Address of Contractor: **Po Box 250, 83 White Birch Lane, Indian Lake, NY 12842**
- (e) Contractor's Contact Person and Telephone Number: **Susan Franko 648-6497**
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (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 Title\* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:**

**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: 9.29.14**

- (a) Purpose of Contract Change: **To increase the Helping Hands contract to provide home care in Hamilton County using funds not utilized by HCPH IIIE contract**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **62 of 2012**
- (c) Name of Contractor: **Home Health Care of Hamilton County d/b/a Helping Hands**
- (d) Address of Contractor: **145 White Birch Lane, Indian Lake, NY 12842**
- (e) Contractor's Contact Person and Telephone Number: **Kathy Hutchins 648-5713**
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (h) Payment Provisions:
  - i) lump sum amount **\$9,500 (addition to original contract of 11K- TOTAL \$20,500)**
  - 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: A6780 470 Comm. Ser. Elderly/Hamilton Contract**

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

**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

I hereby authorize Rose Ann O'Rourke to attend

NYS Senior Nutrition Conference  
(Name of meeting or organization)

at Century House, Latram NY  
(Address)

on October 2<sup>nd</sup> + 3<sup>rd</sup> 2014  
(Dates)

Mode of transportation to be used private vehicle  
(County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

She is staying in Albany after training

Dated 9.29.14

Edna A. Trasier  
Chairman

Filed \_\_\_\_\_

\_\_\_\_\_  
Administrator

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

**REQUEST FOR USE OF FLEET VEHICLE FOR IN-STATE TRAVEL AUTHORIZED BY DEPARTMENT HEAD**

I have authorized \_\_\_\_\_ to attend

\_\_\_\_\_  
(Name of meeting or organization)

at \_\_\_\_\_  
(Address)

on \_\_\_\_\_  
(Dates)

I request use of a fleet vehicle.

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

\_\_\_\_\_  
Department Head

**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

I hereby authorize Christie Sabo to attend

Aging NY Leadership Institute  
(Name of meeting or organization)

at Harbor Hotel, Watkins Glen, NY  
(Address)

on October 21-23, 2014  
(Dates)

Mode of transportation to be used County vehicle  
(County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Dated 9.29.14

Edna A. Travin  
Chairman

Filed \_\_\_\_\_

\_\_\_\_\_  
Administrator

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

**REQUEST FOR USE OF FLEET VEHICLE FOR IN-STATE TRAVEL AUTHORIZED BY DEPARTMENT HEAD**

I have authorized \_\_\_\_\_ to attend

\_\_\_\_\_  
(Name of meeting or organization)

at \_\_\_\_\_  
(Address)

on \_\_\_\_\_  
(Dates)

I request use of a fleet vehicle.

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

\_\_\_\_\_  
Department Head