

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
OFFICE FOR THE AGING AGENDA
Monday, December 1st 2014 at 9:30am

Committee Members: Chairman Edna Frasier, Dan Girard, Matt Sokol, Evelyn Wood, Ron Vanselow, James Brock, Rachel Seeber

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
 1. **Resolution Request Form #1:** To appoint and reappoint members of the Office for the Aging Advisory Council for the period of January 1, 2015- December 31, 2015.
Rationale: This committee and the composition of certain agency representation are mandated by the NYSOFA and must be appointed by resolution annually. The membership list (Please see **Attachment #1**), agendas, and minutes are reviewed during the state's annual evaluation.
 2. **Resolution Request Form #10:** Request for budget transfers.
Rationale: I have 19 different GL lines for salaries and the programs cover four different budget years (1.1 to 12.31, 4.1 to 3.31, 10.1 to 9.30, and 9.30 to 9.29). Many of my program expenses are variable, particularly in the nutrition program, and it is very difficult to anticipate expense trends so it is necessary to make budget transfers at the end of the year.
- IV. Referral/pending items- N/A
- V. Information for Discussion/Review - N/A
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

Attachments:

#1 Advisory Council Membership Listing

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: **December 1, 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 82 of 2014
- (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: 1/1/15
- (h) Termination Date of Appointment: 12/31/15
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

**WARREN-HAMILTON COUNTIES OFFICE FOR THE AGING
2015 ADVISORY COUNCIL MEMBERS**

<u>NAME</u>	<u>ADDRESS/PHONE NUMBER</u>	<u>AFFILIATION</u>
Maureen Schmidt	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.)
Robert Edwards	Town of Hope PO Box 1312 Northville, NY 12134 924-3821	Supervisor Town of Hope

MEMBERS BY MEALSITE 2015

<u>NAME</u>	<u>AFFILIATION</u>
Robert Wubbenhorst PO Box 475 Bolton Landing, NY 518.644.9121 wubby@localnet.com	Bolton Landing Nutrition Site
Linda Hayes Box 224 Blue Mountain Lake, NY 12812 518.352.7784 lhayes@frontiernet.net	Indian Lake Nutrition Site
Robert W Tice PO Box 558 Long Lake, NY 12847 518.624.2119 bobtail@yahoo.com	Long Lake Nutrition Site
Lawrence Hodgson PO Box 134 Chestertown, NY 12817 518-494-4638	Chestertown Nutrition Site
Sharon & Roy Grisenthwaite Box 142 Wells, NY 12190 Grizly1@frontiernet.net	Wells Nutrition Site
Lillian Wood 210 5 th St Queensbury, NY 12804 OR 11 Dayton Dr, Lake Luzerne, NY 518.654.9386 or 793.1586	Lake Luzerne Nutrition Site
Vacant	Lake Pleasant Nutrition Site
Vacant	Solomon Heights Nutrition Site
Vacant	Warrensburg Nutrition Site
Vacant	Johnsburg Nutrition Site
Vacant	Cedars Nutrition Site
Vacant	Glens Falls, Presbyterian Church

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 (Page 1 of 2)

SIGNED:

DATE: 12/1/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6771 110	Nutrition for Elderly Ham Cty Salaries Reg	A6771 130	Nutrition for Elderly Ham Cty Salaries PT	10,594.00
A6773 130	Nutrition for Elderly Warr Cty Salaries PT	A6771 130	Nutrition for Elderly Ham Cty Salaries PT	3,500.00
A6773 130	Nutrition for Elderly Warr Cty Salaries PT	A6772 110	Office for The Aging Salaries Reg	13,300.00
A6773 130	Nutrition for Elderly Warr Cty Salaries PT	A6772 130	Office for The Aging Salaries PT	2,600.00
A6774 130	SNAP Salaries PT	A6778 110	Comm Svc for Elderly Warr Sal Reg	8,900.00
A6773 110	Nutrition for Elderly Warr Cty Salaries Reg	A6778 110	Comm Svc for Elderly Warr Sal Reg	3,000.00
A6773 130	Nutrition for Elderly Warr Cty Salaries PT	A6778 110	Comm Svc for Elderly Warr Sal Reg	600.00
A6986 110	OFA Mippa/ADRC Salaries Reg	A6780 110	Comm Svc for Elderly Ham Sal Reg	2,900.00

Please state reason for transfers requested:

I have 19 different GL lines for salaries and the programs cover four different budget years (1.1 to 12.31, 4.1 to 3.31, 10.1 to 9.30, and 9.30 to 9.29). Many of my program expenses are variable, particularly in the nutrition program, and it is very difficult to anticipate expense trends so it is necessary to make budget transfers at the end of the year.

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. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Office for the Aging (Page 2 of 2)

SIGNED:

DATE: 12/1/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6774 130	SNAP Salaries PT	A6783 110	Home Energy Asst Program Sal Reg	250.00
A6788 470	EISEP Warren Contract	A6788 110	EISEP Warren Sal Reg	3,500.00
A6789 470	EISEP Ham Contract	A6789 110	EISEP Ham Sal Reg	2,700.00
A6789 470	EISEP Ham Contract	A6987 110	Title VII Elder Abuse Prev. Sal Reg	50.00
A6986 110	OFA Mippa/ADRC Salaries Reg	A6988 110	OFA HIICAP Sal Reg	4,000.00
A6774 130	SNAP Salaries PT	A6795 110	Title IIIE OFA Sal Reg	270.00

Please state reason for transfers requested:

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