

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

CHRISTIE SABO
DIRECTOR

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HUMAN SERVICES COMMITTEE MEETING
OFFICE FOR THE AGING AGENDA
Friday, April 24, 2015 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 #5:** To apply for MIPPA (Medicare Improvements for Patients and Providers Act) funding.
Rationale: The purpose of this funding is to support our efforts to educate and assist eligible Medicare beneficiaries with emphasis on enrollment into the Medicare LIS and MSP programs; it is additional funding for activities we are already engaged in and has no county match requirement.
 2. **Resolution Request Form #5:** To apply for BIP (Balancing Incentive Program) Caregiver Support Program funding.
Rationale: This program is intended to increase offerings and access to non-institutional long term services and supports for caregivers and their Medicaid-eligible care receivers. This program does not require county match.
 3. **Resolution Request Form #7:** To amend the county budget to include funding for the BIP (Balancing Incentive Program) Caregiver Support Program.
Rationale: The above application includes additional funding that is not included in the current county budget.
 4. **Resolution Request Form #7:** To amend the county budget to fund additional contract monies for use in the Hamilton County EISEP program to have multiple subcontractors to cover the county to replace the previous in-county provider.
Rationale: In order to fund multiple contracts in time to keep the continuity of services I had to do a JE to move funds from BIP to EISEP in Hamilton County. This amendment will replace the funds taken from BIP and increase the Hamilton County share for EISEP.
 5. **Authorization to Attend a Meeting or Conference:** Requesting authorization for myself to travel to Albany for the annual Aging Concerns Unite Us conference.

Rationale: It is a valuable conference to attend both for the workshops as well as the opportunity to talk to other Directors and NYSOFA about best practices and how to manage a successful AAA.

IV. Referral/pending items- N/A

V. Information for Discussion/Review – The office is currently conducting a needs assessments survey for use in the preparation of our upcoming Four Year Plan to the state. They are available in the April newsletter as well as on our departmental web page on the county website.

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to adjourn

Attachments:

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **April 24, 2015**

- (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 4th 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? yes
- (f) Effective Date of Grant: 9/30/2014
- (g) Termination Date of Grant: 9/29/2015
- (h) Total Dollar Amount Involved (not to exceed): \$ 16,950
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 4/24/15
- (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. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **April 24, 2015**

- (a) Purpose of Grant: To obtain BIP (Balancing Incentive Program) Caregiver Support Program Funding
- (b) Name of Grantor: NYS Office for the Aging
- (c) Address of Grantor: **2 Empire State Plaza 4th FL, Albany, NY 12223**
- (d) Grantor's Contact Person and Telephone Number: Karen Iovino (518) 474-0099 Karen.Iovino@aging.ny.gov
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? yes
- (f) Effective Date of Grant: 4/1/15
- (g) Termination Date of Grant: 3/31/16
- (h) Total Dollar Amount Involved (not to exceed): \$ 40,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: TBD
- (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: Office for the Aging

DATE: 4/24/15

- (a) Purpose of Amendment: **To fund the new BIP Caregivers program**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A6787 470 Balancing Incentive Program- Contract \$40,000**

- (c) Revenue Code (with title), and Amount: **A6787 4795 Balancing Incentive Program- Federal Aid \$40,000**

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: Office for the Aging

DATE: 4/24/15

- (a) Purpose of Amendment: **To fund a JE transfer that was done in order to complete contracts for Hamilton County EISEP**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A6787 470 Balancing Incentive Program- Contract \$70,000**

- (c) Revenue Code (with title), and Amount: **A6789 2073 EISEP Hamilton-Hamilton Cty Share EISEP \$70,000**

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 Christie Sabo
(Supervisory Committee) (Employee Name)

to attend ACUU Conference (Aging Concerns Unite Us)
(Name of meeting or organization)

at the Desmond Hotel, 660 Albany Shaker Rd, Albany, NY
(Address)

on June 8-10. Mode of transportation to be used personal vehicle
(Dates) (County Vehicle or Mass Transportation)

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

I am going to stay in Albany with family so I don't have to commute back and forth

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 \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

* www.gsa.gov

Date: _____

Department Head Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to County Administrator if credit card will be used.

Human Services Committee
Department of Employment and Training

AGENDA

April 24, 2015

Committee Members: *Edna A. Fraiser, Chair; Daniel J. Girard, Matthew D. Sokol, Evelyn Wood, Ron Vanselow, James Brock, Rachel E. Seeber*

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
 1. Request to Amend County Budget to add Trade Adjustment Act Funding
Rationale: Workers who are dislocated due to foreign competition are eligible for training funds to learn a new occupation. Additional funding has been awarded to 12 students to continue their training. Warren County acts as a pass-through for these federal funds.
 2. Request to Amend Resolution 766 of 2009 Employment & Training Counselor
Rationale: On January 21, 2015 replacement of our retiring Part-time Counselor was approved. The original authorizing resolution approved up to 30 hours per week. There is a need to exceed 30 hours/week during the Summer Youth Program.
 3. Request to Host Meeting or Conference – June 3 WIB Meeting
Rationale: The three counties that make up the Saratoga-Warren-Washington Workforce Investment Board alternate hosting quarterly Board Meetings. The next meeting is scheduled for June 3 in Warren County.
 4. Request Resolution for New Contract with BOCES for Operation Food Chain
Rationale: This is one of our more successful programs, partnering with Community Action and BOCES we provide lunch to the Glens Falls Summer Recreation Program participants. The contract is for supervision, training, and transportation for summer youth.
 5. Request Resolution for Multi Jurisdictional Elected Officials Agreement
Rationale: The new Workforce Innovation Opportunity Act takes effect July 1, 2015. This is the first of several authorizations to implement the program in Warren County by designating the Chief Elected Official, the fiscal agent, the composition of the Workforce Development Board and the One Stop Services.
- IV. Referral/Pending Items
 1. No outstanding items

V. Information for Discussion/Review

1. Office space update – nothing to report
2. Youth Program Newsletter and information

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to adjourn

Attachments:

1. Resolution Request Form No. 7, Request to Amend County Budget Page 3
2. Resolution Request Form 20, Amendment to Resolution 766 of 2009 Page 4
3. Request to Host Meeting or Conference Page 6
4. Resolution Request Form 3, Request for New Contract Page 7
5. Resolution Request Form 20, Request for Approval of Multi-Jurisdictional Elected Officials Agreement Page 8

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: April 24, 2015

(a) Purpose of Amendment: add federal funds to county budget to reimburse training for 10 dislocated workers through the Trade Adjustment Act

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0305 433 - WIA Dislocated Worker (Training-Client) \$2,451.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791 - WIA Dislocated Worker - \$2,451.

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: Employment and Training

DATE: April 24, 2015

- (a) Purpose of Request: **Amend Resolution 766 of 2009 Authorizing Part-time Employment and Training Counselor**
- (b) Details: **Resolution 766 of 2009 authorizes our Part-time Employment and Training Counselor to work up to 30 hours per week. The primary duties of the position is administration of our youth program. During the year, the job is three days a week (24 hours), but additional hours are required leading up to and during the summer program. The definition of part-time in the current CSEA contract is up to 35 hours per week. The request is to increase the authorization to up to 35 hours per week.**
- (c) Previous Resolution Number: **766 of 2009**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **40.6293.0310 WIA Youth, Grade 9, \$32,553**

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 766 OF 2009

Resolution introduced by Supervisors Thomas, Kenny, VanNess, Belden, Stec, Sokol and Tessier

AUTHORIZING THE DIRECTOR OF EMPLOYMENT & TRAINING TO FILL THE VACANT POSITION OF PART-TIME EMPLOYMENT & TRAINING COUNSELOR

RESOLVED, that by a 2/3 majority vote, the Warren County Board of Supervisors hereby authorizes the Director of Employment & Training to fill the vacant position of Part-Time Employment & Training Counselor, at a base salary of \$30,222, pro-rated, up to 30 hours a week.

Warren County Request to Host Meeting or Conference

Name of Department: Employment & Training Administration

Name of Meeting/Conference: Saratoga-Warren-Washington Workforce Investment Board

Date: June 3, 2015

Location: SUNY Adirondack (requested)

Purpose: Quarterly Board Meeting

Contact Person: (If other than Department Head)

Phone No.: 824-8865

Number of People attending:

2 County Employees

3 State Employees

28 Volunteers (WIB Board Members)

Others (specify)

Cost to County (please include amounts):

Room rental \$ 100.00

Food/beverage \$ 300.00 est.

Supplies \$

Other (specify) \$

Total Cost: \$ 400.00 est

Dept Head Approval:

Committee Chairman Approval:

Signature

Signature

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Employment and Training

DATE: 4/24/15

- (a) Is this a Result of a Bid or Request for Proposal? no
- (b) Purpose of Contract: To provide employment and training services for the summer youth employment program.
- (c) Name of Contractor: Washington-Saratoga-Warren-Hamilton-Essex Board of Cooperative Educational Services (BOCES)
- (d) Address of Contractor: 1153 Burgoyne Ave., Suite 2, Fort Edward, NY 12828
- (e) Contractor's Contact Person and Telephone Number: Doug Leavens, 581-3610
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: on or after 6/29/15
- (h) Termination Date of Contract: no later than 8/21/15
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$12,517
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. cost reimbursement at completion)
- (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: WIA youth - 40 6293 0310 470

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: Employment and Training

DATE: April 24, 2015

(a) Purpose of Request:

Request authorization to sign agreement "Multi Jurisdictional Chief Elected Officials Agreement" for purposes of implementing the new Workforce Innovation Opportunity Act for the residents of Warren County.

(b) Details:

The Workforce Innovation Opportunity Act replaces the Workforce Investment Act effective July 1, 2015. This is the first of several resolutions to transition to the new federal program.

(c) Previous Resolution Number:

663 of 1999

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

not required

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

*** as listed in budget and LOGOS**

Multi Jurisdictional Chief Elected Officials Agreement

Request for Initial Designation of
Local Workforce Development Area: _____
(Name)

The Executive of X County and the Executive of Y County, acting on their authority as the Chief Elected Officials, enter into this agreement in accordance with the Workforce Innovation and Opportunity Act (herein referred to as WIOA) § 107 [c] [1] [B]. The X County Executive and the Y County Executive are Chief Elected Officials, as defined in WIOA § 3 [9], and enter into this agreement to organize and implement activities pursuant to WIOA and as proposed by the Governor of the State of New York for the purpose of administering WIOA in X and Y counties.

Part 1- Designation of the Chief Elected Officials

1. For purposes of administering WIOA and for entering into and implementing agreements in accordance with that Act, the Chief Elected Officials shall be designated from the respective counties in the following manner: The Executive of X County and the Executive of Y County.
2. Non-concurrence between the Counties shall be resolved as expeditiously as possible. Representatives of the two Counties shall meet and confer with one another to resolve issues of non-concurrence. If concurrence cannot be reached within a reasonable amount of time, steps shall be taken towards resolution through the State.

Part 2- Designation of Grant Recipient and Local Governmental Grant Subrecipient / Incorporated Fiscal Agent

1. The Chief Elected Officials recognize they are jointly responsible for WIOA funds and agree to the appointment of _____ as the Grant recipient/fiscal agent who bears the fiduciary responsibility for these funds with the New York State Department of Labor.
2. The local grant subrecipient/fiscal agent shall disburse such funds for grant activities at the direction of the local board.
3. The Chief Elected Officials agree that the designated local governmental grant subrecipient/fiscal agent has reliable internal controls for financial management and disbursement of funds.
4. The name of the area is the "X-Y Workforce Development Area."
5. This Agreement becomes effective upon the concurrent acceptance by the Counties and subsequent signature by the Chief Elected Officials of X and Y Counties. This Agreement (including any subsequent amendments) shall stay in effect until such time as: 1) both parties act to rescind the Agreement; or 2) federal or state authority ceases for the X-Y Workforce Development Area to serve as the local implementation means for job-training programs. Should either party wish to rescind this Agreement, formal action seeking a rescission must be taken at least six months prior to the conclusion of the program year. The effective date of the rescission would then be the close of that program year.

6. No unilateral alteration of this agreement shall be made. Modification to the agreement by either County must be mutually negotiated and all requests to modify the agreement must be presented in writing to the Chief Elected Officials.

Part 3- Composition of and Designation of Workforce Development Board

1. The Chief Elected Officials, as set forth in Part 1.1 above, will establish and appoint a Workforce Development Board (WDB) to assist and carry out provisions of WIOA §§107 [a] & [b] .
2. Every effort will be made to balance the selection geographically throughout the X-Y Workforce Development Area as well as balance the selection of large and small business, and other related factors to as accurately as possible reflect the landscape of the X-Y Workforce Investment Area.

Modification of membership may be completed at any time by the WIB once established subject to the confirmation and concurrence of the Chief Elected Officials, as set forth in Part 1.1above.

Part 4 – Designation of One Stop Services and other responsibilities

1. As required by Section 121 (a) of WIOA, the Chief Elected Officials in cooperation with the Workforce Development Board, shall develop, administer, and approve the appropriate Memoranda of Understanding in establishing no less than one facility known as One Stop Center in the X-Y Workforce Investment Area.
2. The Chief Elected Officials shall also:
 - Review and approve the 4-year local plan developed by the local board, as required by WIOA § 108(a);
 - Review and approve actions taken by the board to designate One Stop Operators as required by WIOA § 121 (d) (1);
 - Review and approve monitoring activities by the local board as required by WIOA § 121 (a)(3);
 - Review and approve the budget of the local board, as required by WIOA § 107(d)(12)(A); and
 - Negotiate and reach agreement on local performance accountability measures with the local board and the Governor as required under WIOA § 107(d)(9).

Name	Date
X County Executive	

Name	Date
Y County Executive	

Warren County Board of Supervisors

RESOLUTION NO. 663 OF 1999

Resolution introduced by Supervisors O'Connor, Brower, Morrell, Haskell
and Bentley

AUTHORIZING THE DESIGNATION OF SARATOGA-WARREN-WASHINGTON
COUNTIES AS THE GEOGRAPHIC AREA FOR THE IMPLEMENTATION OF A NEW
LOCAL WORKFORCE DEVELOPMENT SYSTEM AND AUTHORIZING EXECUTION OF
AGREEMENTS AND/OR OTHER RELATED DOCUMENTS THEREFOR

RESOLVED, that the Warren County Board of Supervisors hereby designates the Saratoga-
Warren-Washington Counties as the geographic area for the implementation of a new local
Workforce Development System, as required by the Workforce Investment Act of 1998, and be it
further

RESOLVED, that the Chairman of the Warren County Board of Supervisors be, and he
hereby is, authorized to execute non-financial agreements and/or other related documents in
connection with the implementation of said Workforce Development System, as required by the
Workforce Investment Act of 1998, and be it further

RESOLVED, that this resolution is subject to a concurring resolution by the Board of
Supervisors of the Counties of Saratoga and Washington.