

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
Friday, August 28, 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 #3:** To enter into a new contract with Hamilton County Public Health
Rationale: HCPH recently hired direct staff to begin providing PC1 & PC2 services in the county to fill gaps in service that could not be handled by our two out-of-county providers
 2. **Resolution Request Form #4:** To amend the current NY Connects MOU
Rationale: NYSOFA has required that the MOU contain specific content and provided a sample MOU for our use
 3. **Authorization to Attend a Meeting or Conference:** Requesting authorization for NY Connects Coordinator to attend NYAIL conference
 - 4.
- IV. Referral/pending items- N/A
- V. Information for Discussion/Review
 1. Memorandum of Understanding with Cancer Services Program
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

Attachments:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 8/28/15

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: **To contract with Hamilton County Public Health to provide EISEP PCI and PCII levels of home care to our Hamilton County clients.**
- (c) Name of Contractor: **Hamilton County Public Health Nursing Services**
- (d) Address of Contractor: **PO Box 250, 139 White Birch Lane, Indian Lake, NY 12842**
- (e) Contractor's Contact Person and Telephone Number: **Susan Franko 648-6497**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **9/21/15**
- (h) Termination Date of Contract: **3/31/16 (annual auto renewal after for annual SFY 4/1-3/31)**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$ 50,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A6789 470 E.I.S.E.P. - Hamilton- Contract \$50,000**

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.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: 8/28/15

- (a) Purpose of Contract Change: Purpose is to satisfy NYSOFA request for an updated NYConnects MOU to include content specified by them
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 79 of 2014
- (c) Name of Contractor: Warren County Public Health, Warren County DSS, Hamilton County Public Health, Hamilton County DSS
- (d) Address of Contractor: Warren County Public Health, Warren County DSS 1340 State Route 9, Lake George, NY 12845 and Hamilton County Public Health, PO Box 250 Indian Lake, NY 12842; Hamilton County DSS, PO Box 725, Indian Lake, NY 12842
- (e) Contractor's Contact Person and Telephone Number: Patricia Auer, Director WCPH, 761-6571; Maureen Schmidt, Commissioner WCDSS, 761-7647; Susan Franko, Director, HCPH, 648-6497; Roberta Bly, Commissioner HCDSS, 648-6131
- (f) Commencement Date of Extension: ongoing
- (g) Termination Date of Extension: ongoing
- (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 \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

*as listed in budget and LOGOS

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 Susan Dornan
(Supervisory Committee) (Employee Name)

to attend New York Association on Independent Living (NYAIL) Statewide Conference
(Name of meeting or organization)

at Hilton Garden Inn in Troy, NY
(Address)

on Sept 16 & 17, 2015. Mode of transportation to be used county vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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: 8/28/15

Date: 8/28/15


Department Head Signature


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.

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 RoseAnn O'Rourke
(Supervisory Committee) (Employee Name)

to attend NYS Senior Nutrition Conference
(Name of meeting or organization)

at Radisson Hotel Corning, 125 Denison Parkway E., Corning, NY 14830
(Address)

on Oct 15 & 16, 2015. Mode of transportation to be used county vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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 \$ 126 GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$ _____

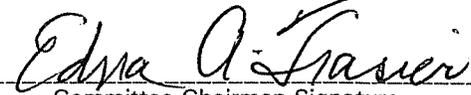
* www.gsa.gov

Date: 8/28/15

Date: 8/28/15



Department Head Signature



Committee Chairman Signature

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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
August 28, 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 one student to continue training. Warren County acts as a pass-through for these federal funds.
 2. Request to Fill Vacant Position, Employment and Training Counselor
Rationale: One of our Counselors has resigned to pursue employment with New York State. The position is instrumental to our office as the job duties include providing most of our group training sessions. The position is 100% funded by federal grants.
 3. Request for New Contract with BOCES
Rationale: Contact to provide youth educational program services for the youth program and prepare youth for the Test Assessing Secondary Completion (TASC) high school equivalency assessment for the 2015-2016 school year.
 4. Request to Appoint Member to the Workforce Development Board
Rationale: SUNY Adirondack is a partner agency and a required appointment to the new Workforce Development Board. The college has requested that Diane Wildey be their representative.
 5. Request to Attend Fall NYATEP Conference October 26-28, 2015
Rationale: New York Association of Training and Employment Professionals is a non-profit membership association in the field of workforce development. Each year they hold a fall conference to focus on best practices, trends and program training. This year is particularly important as we transition to WIOA.
- IV. Referral/Pending Items
 1. No outstanding items
- V. Information for Discussion/Review
 1. Nothing to report

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 No. 12, Request to Fill Vacant Position Page 4
3. Resolution Request Form No. 3, New Contract with BOCES Page 6
4. Resolution Request Form No. 1, Appoint Diane Wildey Page 7
5. Request to Attend Meeting or Convention – Fall NYATEP 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: August 28, 2015

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

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0305 433 - WIA Dislocated Worker (Training-Client) \$13,484.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791 - WIA Dislocated Worker - \$13,484.

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: Employment and Training Payroll Dept. No.: 40.6293

Title of Position: Employment and Training Counselor Base Salary of Position: \$32,553 Grade: 09

Filling at Step # (If Known): Request to Back Due to Promotion: Yes No

Budget code and title: 40.6293.0305 Union Non-Union

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

Employee No: 12049 Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal 100% State % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

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

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. *NT 8-20-15*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature



Date

8/28/15

BUDGET OFFICER COMPLETES THIS SECTION

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



Date

8/28/15

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee

Human Services

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



Date

8/28/15

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Employment and Training

DATE: 8/28/15

- (a) Is this a Result of a Bid or Request for Proposal? No. Educational services obtained through BOCES are exempt.

- (b) Purpose of Contract: To provide youth educational program services for the WIA youth employment program and prepare youth for the Test Assessing Secondary Completion (TASC) high school equivalency assessment.

- (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: Krista Conrick, 746-3610

- (f) Has or will the Contract be provided, if so, please attach: to be developed

- (g) Commencement Date of Contract: on or after 9/21/15

- (h) Termination Date of Contract: no later than 6/30/16

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$14,500
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. quarterly cost reimbursement)

- (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 contract - 41 6293 0310 470

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: Employment and Training Administration

DATE: August 28, 2015

- (a) Name of Appointee: Diane Wildey, Dean for Special Academic Services
- (b) Is this a Reappointment? No If so, please provide the Resolution No. which authorized the last appointment of this individual CA008 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: Partner Agency - SUNY Adirondack
- (e) Address of Appointee: 640 Bay Road, Queensbury, NY 12804
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Development Board
- (g) Effective Date of Appointment: September 18, 2015
- (h) Termination Date of Appointment: June 30, 2017
- (i) Name of Person Being Replaced (if applicable): Leza Wood
- (j) Reason for Replacement: SUNY Adirondack is a partner agency and a required appointment to the new Workforce Development Board. The college has requested that Diane Wildey be their representative.

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 Chris Hunsinger & Sharon Sano
(Supervisory Committee) (Employee Name)

to attend 2015 NYATEP Fall Conference
(Name of meeting or organization)

at Hilton DoubleTree Hotel, 6301 State Route 298, East Syracuse, NY
(Address)

on October 26-28, 2015 . Mode of transportation to be used County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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 \$ 119.00 GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$56.00

*www.gsa.gov

Date: 8/28/15

Chris A. Hunsinger
Department Head Signature

Date: 8/28/15

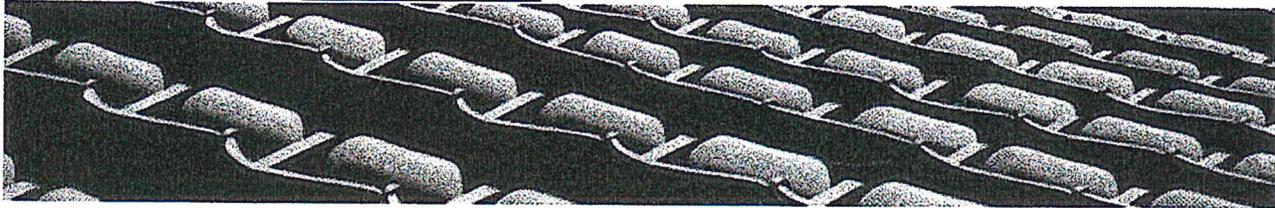
Edna A. Traver
Committee Chairman Signature

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**

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2015 Fall Conference: Inspiring the Future of Workforce

Monday, October 26, 2015 9:00 AM - Wednesday, October 28, 2015 12:00 PM (Eastern Time)

Double Tree by Hilton Syracuse

6301 State Route 298
East Syracuse, New York 13057
United States
315-432-0200

Information about the conference:
Jan Hennessy, Senior Project Director
518-433-1200
jhennessy@nyatep.org
[Email Us](#)

[View or Change Your Existing Registration](#)

Start Your Registration

* Email Address:

* Verify Email Address:

- * Select registrant type: Registration Fee: \$425.00 [Details](#)
 - Speaker Rate: \$425.00 [Details](#)
 - Conference Exhibitor: \$595.00 [Details](#)
 - Conference Day Rate (any day of the conference): \$250.00 [Details](#)
- You can also register a group. [Learn More](#)

Description

Join NYATEP for the 2015 Fall Conference Event: Inspiring the Future of Workforce. Under the Workforce Innovation and Opportunity Act the system is deliberately shifting to support effective strategies like sectoral approaches, career pathways, integrated literacy and training and coordinated partnerships. As practitioners work to implement these shifts, the 2015 fall conference will provide tangible strategies and examples of best practices that can be adapted back at home. You'll also get the chance to network and experience the fun that Syracuse has to offer!

- [Event Contact Information](#)
- [Share on Facebook](#) [Tweet this on Twitter](#) [Update your LinkedIn Network](#)

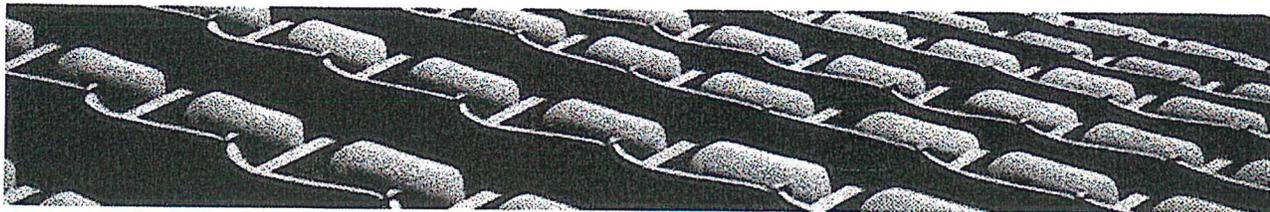
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THE FORCE IN WORKFORCE DEVELOPMENT

Voice · Knowledge · Progress

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Draft Conference Agenda

October 26, 2015

8:00 AM	Conference Registration Opens
9:00AM - 12:30PM	Pre-Day Leadership Training (\$75 add'l fee, lunch included)
1:00PM - 2:30PM	Opening Session: Dr. William Duggan
2:30PM - 2:45PM	Break
2:45PM - 4:00PM	Workshop Sessions (5)
4:30PM - 5:30PM	Syracuse Workforce Tour
5:00PM - 6:00PM	Board Reception (Invitation only)
7:00PM - 9:00PM	Dessert Reception

October 27, 2015

8:00 AM	Conference Registration Opens
9:00 AM - 10:30AM	Morning Session: Career Pathways
10:30AM - 10:45AM	Break
10:45AM - 12:00PM	Workshop Sessions (5)
12:00PM - 2:00PM	2015 Statewide Workforce Awards Luncheon
2:00PM - 3:15PM	Workshop Sessions (5)
3:30PM - 3:45PM	Break
3:45PM - 5:00PM	Workshop Sessions (5)
5:00PM - 6:30PM	Inspiring the Future of Workforce Reception and Raffle

October 28, 2015

8:00 AM - 9:30AM	Conference Registration Opens
9:00 AM - 10:30AM	WIOA 101 Intensive
9:00AM - 10:30AM	Workshop Sessions (2)
10:30AM - 10:45AM	Break

10:45AM - 12:00PM	Part 2: WIOA 101 Intensive
10:45AM - 12:00PM	Workshop Sessions (2)

- [Event Contact Information](#)
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