

SOCIAL SERVICES COMMITTEE
COUNTRYSIDE ADULT HOME
AGENDA
6/26/15

Committee Members: Simpson, Wood, Sokol, Frasier, Strough, Vanselow, 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...**Renew contract with Mahoney Notify-Plus for our fire alarm system, in the amount of \$1,377.00/year, with an additional fee of \$137.50 to inspect the "K" rated fire extinguisher.
Rationale: DOH requires..."At least one of the required fire protection systems shall be connected directly to the local fire department or a central station." The contract with Mahoney provides this connection.
- IV. Referral/Pending Items
- V. Information for Discussion/Review
 1. Overtime Report for 2015

(List here budget reports, annual reports, project reports, business activity, updates, photos of projects, etc. - whatever you normally report on to Committee)
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VI. Motion to adjourn

Attachments

Mahoney Notify Plus Inc. contract.
Overtime Report for 2015

(List attachments by number relating to the above cited regular items)

Countryside Adult Home - Overtime Report

Week Ending	2015 OT Hours	2014 OT Hours	2013 OT Hours	2012 OT Hours	2011 OT Hours	2010 OT Hours	Includes Holiday	Net Difference from 2015	Difference to Date from 2015	1st Shift Hours [OT]	2nd Shift Hours [OT]	3rd Shift Hours [OT]
01/12/15	86	99.5	97.5	75.5	91.5	102	New Years	-13.5	-13.5	1335[44.5]	222[23.5]	313.7[18]
01/27/15	78.8	95.0	87	4.5	12.5	10.9	Martin Luther King	-16.2	-29.7	1320.4[38]	283.5[23]	270[17.8]
02/10/15	21	17.0	6	81.4	84.6	127		4.0	-25.7	1264[0]	329.5[11]	272[10]
02/24/15	92.5	92.8	113	0	3	27.8	Presidents Day	-0.3	-26.0	1213.5[38]	303.5[28.5]	286[26]
03/10/15	0	0.0	15.5	80.5	89	169		0.0	-26.0	1246	290.8	248
03/24/15	5	12.0	0	0	8	4.5		-7.0	-33.0	1260.5[5]	357.7	248
04/07/15	18	7.0	14.2	12.5	7	34.3		11.0	-22.0	1334[18]	342.5	254
04/21/15	10.5	15.5	0	0	0.9	11.5		-5.0	-27.0	1329.5[2.5]	268.2[8]	259
05/05/15	13	0.0	8	14	13	23		13.0	-14.0	1339	283.5	259[13]
05/19/15	16	0.0	4	16	10.4	9.5		16.0	2.0	1300.5	286[16]	289
06/02/15	71	79.0	82	5.5	0.4	13	Memorial Day	-8	-6.0	1321.8[26.5]	292[28.5]	254[16]
06/16/15	8	1.5	4	97	95	118		6.5	0.5	1331.9[4]	276[4]	248
06/30/15		0.0	3	0	3.5	55						
07/14/15		76.5	81.5	8.5	9.5	95.5	Independence Day					
07/28/15		0.0	8	93	114	56						
08/11/15		0.0	2	29.4	8	4.9						
08/25/15		0.0	3.5	8	12.5	13.5						
09/08/15		82.0	86.5	0	41.9	39.5	Labor Day					
09/22/15		4.0	8.5	93.5	114	103						
10/06/15		0.0	0	0	0	10.5						
10/20/15		82.0	82.5	8	0	22	Columbus Day					
11/03/15		0.0	0	80.5	89.9	89.5						
11/17/15		78.0	85	26	23.5	15	Veteran's Day					
12/01/15		86.0	81	93	88.2	122	Thanksgiving					
12/15/15		0.0	3	107	101	130						
12/29/15		85.0	79	2	0	70.3	Christmas					
		86.0	95.5	99.5	99.5	129						
TOTAL	419.8	998.8	1050	1035	1121	1605						

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

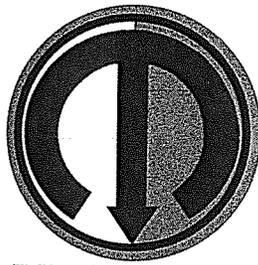
DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 6/16/2015

- (a) Purpose of Contract Change: **RENEW CONTRACT WITH MAHONEY NOTIFY FOR FIRE ALARM SYSTEM**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **297 of 2014**
- (c) Name of Contractor: **MAHONEY NOTIFY-PLUS, INC.**
- (d) Address of Contractor: **PO BOX 767/15 COOPER STREET, GLENS FALLS, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **KEVIN MAHONEY, PH#793-7788**
- (f) Commencement Date of Extension: **AUGUST 1, 2015**
- (g) Termination Date of Extension: **JULY 31, 2016**
- (h) Payment Provisions: i) lump sum amount **\$1,514.50**
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. **SEE CONTRACT**)
- (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: A6030.413 BUILDING MAINTENANCE & REPAIRS**

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



P.O. Box 767 - 15 Cooper St.
Glens Falls, NY 12801
518/793-7788
Fax 518/793-0602
www.mahoneyalarms.com

Lake Placid, NY 12946
518/523-1600
Fax 518/793-0602

Plattsburgh, NY 12901
518/566-9147
Fax 518/793-0602

June 9, 2015

Ms. Deanna Park
Director
Countryside Adult Home
353 Schroon River Road
Warrensburg, NY 12885

Dear Ms. Park:

As your existing service contract(s) for your alarm system(s) will soon expire, we have enclosed renewals for same.

Once you have perused the contract(s), should you elect to proceed with the coverages, we ask that you execute all copies, returning one copy to our office for processing. Please retain one copy for your records.

In the event you have a site Representative who is authorized to approve service and has the ability to allow access to your property, please list his/her name and contact number on your returned contract.

If you have any questions, please do not hesitate to contact our office, we will be happy to answer any questions, you may have.

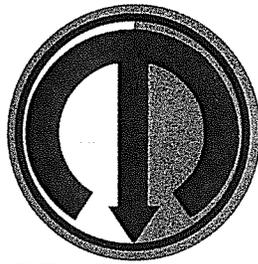
Awaiting your response, I remain

Sincerely,

A handwritten signature in cursive script that reads 'Joan Nassivera'.

Joan Nassivera
Administrative Assistant

JN
Enc.



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June 9, 2015

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Effective **August 1, 2015** Fire alarm system inspections will be conducted **Semi-Annually** with 100% device inspection **as per NFPA 72** each semi-annual period and will include the following devices when applicable for the period August 1, 2015 thru July 31, 2016:

CONTROL PANEL
ANNUNCIATOR PANEL
SMOKE & HEAT DETECTORS
MANUAL PULL STATIONS
HORN STROBE UNITS
POWER SUPPLY/BATTERIES
SIREN/BELLS
PANIC/HOLDUP
TRANSMISSION TO AUTHORITIES
SPRINKLER MONITORING DEVICES
KITCHEN K TYPE FIRE EXTINGUISHER

This quotation is based on Countryside Adult Home providing experienced personnel to assist with the inspection. The inspection will include the kitchen "K" type fire extinguisher visual inspection. In the event the "K" extinguisher requires a six year inspection or recharge Countryside Adult Home will be invoiced at an additional fee of \$137.50.

This inspection contract will be billed at a rate of \$1035.00 PER YEAR. Technical service shall be invoiced at the prevailing wage rate of \$110.00 per man hour between the hours of 8:00am and 4:30pm, Monday thru Friday. After hours, weekends and holiday service will be provided at the prevailing wage rate of \$165.00 per man hour. Travel charges and services provided which do not fall within the prevailing wage rates will be invoiced at \$82.50 per man hour, portal to portal for the first hour and \$75.00 per man hour thereafter between the hours of 8:00am and 4:30pm, Monday thru Friday. After hours, weekends and holiday non prevail wage services will be provided at the rate of \$123.75 per man hour, portal to portal, for the first hour and \$112.50 per man hour, portal to portal thereafter.

Fire alarm monitoring fees are invoiced at a rate of \$85.50 per quarter; \$342.00 per year.

Charges for additional work over and above the semi-annual inspection will be in accordance with the labor rates as specified above plus any material which is necessary.

This Inspection Agreement is also subject to the following conditions:

- A. All agreements are made contingent upon strikes, fires accidents or causes beyond our control.
- B. This proposal shall be valid if acceptance is made within 30 days from the date written and upon our receipt of your Purchase Order.
- C. It is further agreed that this contract shall be in effect for a minimum period of one year.
- D. Mahoney Notify-Plus Inc. shall be deemed the exclusive authorized service company and will not be responsible for any repairs or tampering made by third parties.
- E. Mahoney Notify-Plus Inc., will not be held responsible for any damages that occur to the system as a result of fires, strikes, floods, lightning or other acts of God.

The undersigned parties have read and understand the terms referred to in this contract and are in complete agreement with same.

AGREED & UNDERSTOOD: COUNTRYSIDE ADULT HOME

Accepted by; _____
Date: _____

AGREED AND UNDERSTOOD: MAHONEY NOTIFY-PLUS INC.

Accepted by Kevin Mahoney
Date: 6/9/19

THE FOLLOWING PERSON(S) HAVE THE AUTHORIZATION TO ALLOW ACCESS TO THE ABOVE PROPERTY AND ARE AUTHORIZED TO APPROVE SERVICES RELATED TO THE AFOREMENTIONED ALARM SYSTEM.

Deanna Park CONTACT NUMBER: (518) 623-3451