

SOCIAL SERVICES COMMITTEE
COUNTRYSIDE ADULT HOME
AGENDA
10/23/15

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: Enter into contract with Kaitlyn Witz, RD to provide Dietician Services to residents at Countryside Adult Home in the amount of \$40/hour, not to exceed \$3,840.00. This will be a two year contract.
Rationale: This will assist us with meeting DOH requirements with regards to having Registered Dietician services for the residents.
 2. Request to: Enter into contract with Orkin in the amount of \$925.00 to provide pest control services at the facility.
Rationale: This is to provide a special treatment at the facility.
- IV. Referral/Pending Items
- V. Information for Discussion/Review
 1. Overtime Report for 2015
 2. Admitting residents from other Counties to increase census.
(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

Overtime Report for 2015

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 10/23/2015

- (a) Is this a Result of a Bid or Request for Proposal?
NO
- (b) Purpose of Contract:
Provide Registered Dietician services to the residents of Countryside.
- (c) Name of Contractor:
Kaitlyn Witz
- (d) Address of Contractor: **4523 State Route 9, Warrensburg, NY 12885**
- (e) Contractor's Contact Person and Telephone Number:
Kaitlyn Witz, PH#(518)504-4305
- (f) Has or will the Contract be provided, if so, please attach:
To be drawn up by the County Attorney's office.
- (g) Commencement Date of Contract:
11/1/2015
- (h) Termination Date of Contract:
10/31/2017
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount **\$40.00**
iii) total amount not to exceed **\$3,840.00**
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:
A6030.437 - Consulting Fees

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. 3

Request for New Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 10/23/2015

- (a) Is this a Result of a Bid or Request for Proposal?
NO
- (b) Purpose of Contract:
PEST CONTROL SERVICES
- (c) Name of Contractor:
ORKIN
- (d) Address of Contractor: **537 Queensbury Ave, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number:
Steve Martindale PH#1-800-842-2847
- (f) Has or will the Contract be provided, if so, please attach:
Attached
- (g) Commencement Date of Contract:
10/14/2015
- (h) Termination Date of Contract:
1 TIME TREATMENT
- (i) Payment Provisions: i) lump sum amount **\$925.00**
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.
- (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:
A.6030.413 MAINTENANCE/REPAIRS TO BUILDING

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. 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: Countryside Adult Home

DATE: October 23, 2015

- (a) Purpose of Request:
To authorize Countryside Adult Home to admit out-of-County residents to fill empty beds

- (b) Details:
Countryside will admit up to five (5) out-of-County residents to fill empty beds with admitting preference being given to Warren County residents

- (c) Previous Resolution Number:

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

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

*** as listed in budget and LOGOS**