

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, January 22, 2016 9am

Committee Members: Chairman Matt Sokol, Ron Vanselow, Rachel Seeber, Edna Frasier, John Strough, Peter McDevitt, Matthew MacDonald, Claudia Braymer, Matthew Simpson

- 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 Warren- Hamilton Counties Office for the Aging Advisory Committee
Rationale: The Advisory Committee is mandated by NYSOFA and appointed annually
 2. **Resolution Request Form #20:** To request authorization to submit the Four Year Plan for 2016-2020, SFY 4/1/16-3/31/17 to New York State Office for the Aging
Rationale: This is the four year plan, with annual budget, that we submit to NYSOFA to fund programs.
 3. **Resolution Request Form #12:** To fill vacant meal site cook position at the Bolton site
Rationale: Position was vacated due to promotion and we need the position
 4. **Resolution Request Form #12:** To fill position of Specialist, Services for the Aging due to retirement
Rationale: This position handles many of the mandatory home-delivered meal assessments and we need this position in order to meet NYSOFA requirements
 5. **Resolution Request Form #4:** To extend contracts under Title IIIB
Rationale: This contract schedule usually automatically renews but there were changes to the schedule that necessitated a new resolution
- IV. Referral/pending items- N/A
- V. Information for Discussion/Review
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

SCHEDULE "A"

A.6772 Office for the Aging
Subcontracts for 2016

Subcontractor	Service Provided	Pd to Contractor	Contribution: Totals
+++++	+++++	+++++	+++++
G.F. Association for the Blind, Inc.	Services for the Blind	\$3,500.00	\$3,500.00
Greater Adirondack Homeaides, Inc.	In-Home Services	\$3,500.00	\$1,000.00 \$4,500.00
Home Health Care of Hamilton County, Inc.	In-Home Services	\$3,500.00	\$1,000.00 \$4,500.00
Catholic Family Services	Psychological Counseling	\$500.00	\$500.00
Town of Lake Luzerne	Senior Banquet	\$1,500.00	\$1,500.00
Thomas Clements, Esq.	Legal Services	\$11,000.00	\$11,000.00
TOTAL		\$23,500.00	\$2,000.00 \$25,500.00

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: **January 22, 2016**

- (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: 1/1/16
- (h) Termination Date of Appointment: 12/31/16
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **January 22, 2016**

- (a) Resolution No. which Authorized the Original Contract: 668 of 2011
- (b) Name of Contractor:
- (c)
- (d) **See attached Schedule "A"**
- (e) Address of Contractor:
- (f) Contractor's Contact Person and Telephone Number:
- (g) Commencement Date of Extension: 1/1/2016
- (h) Termination Date of Extension: 12/31/2016
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 51,267
 - 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 (with Title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: Office for the Aging- Contract A.6772 470 \$ 40,267 / Office for the Aging- Legal/Transcript Fees A.6772 440 \$11,000

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: OFA Payroll Dept. No.: 57:00

Title of Position: Specialist Services for the Aging Base Salary of Position: \$34,675 Grade: 10

Filling at Step # (If Known): \$34,675 Request to Back Due to Promotion: Yes No

Budget code and title: various Union Non-Union

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

Employee No: 10851 Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal 50% State 75% Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

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

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. _____

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 _____

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 _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

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 _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

AUTHORITY FOR POLICY AND PROCEDURE

Resolution 155 of 2003, amended by Resolution Nos. 497 of 2006, 719 of 2006, 318 of 2007, 374 of 2011 and 259 of 2014, provides the policy and procedure for the establishment, filling and increasing or decreasing of salaries for positions within Warren County. Copies of the resolutions are available from the Clerk of the Board.

WHAT FORM TO USE

- For giving notice of intent to fill an existing vacant position, use this form.
- For creating a new position, complete Resolution Request Form No. 11.
- For increasing or decreasing salary of non-union position, complete Resolution Request Form No. 13.
- For reclassification of position, complete Resolution Request Form No. 14.

These forms are available from the Clerk of the Board.

HOW TO USE THIS FORM

Department heads must first file this notice of intent with the County Administrator. The County Administrator shall furnish a copy of the notice to the Budget Officer. Once both the County Administrator and the Budget Officer have executed the form, a copy must be submitted by the Department Head to the Supervisory Committee with their regular agenda. Once signed by the Chair of the Supervisory Committee, the Notice of Intent shall be submitted to the Clerk of the Board, who shall report the action on the Personnel Committee agenda and forward the fully executed form to the Department Head.

OBJECTIONS

If either the County Administrator, Budget Officer or Supervisory Committee objects to the position being filled, each should affix their signature to this form indicating they have an objection. In this case, the department head is advised that the position may not be filled unless otherwise determined by the Board of Supervisors. All requests to fill vacant positions must be approved by the County Administrator, Budget Officer and a 2/3 majority vote of the Supervisory Committee or oversight committee Chair approval as provided in the Rules of the Board.

NO OBJECTIONS

If the County Administrator, Budget Officer and Supervisory Committee have no objection to the position being filled, each should affix their signatures to this form indicating they have no objection.

PAPERWORK

To fill the position, complete the 426 Report of Personnel Change, attach the original of this form to the back of the 426, along with the Resolution approving same and submit to the Human Resources and Civil Service Department. Be certain to make a copy of both the 426 and this form for retention in your department files.

Department Heads are reminded that an oath of office must be filed in the Office of the County Clerk. Oaths of Office forms are available from the County Clerk.

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: Office for the Aging

DATE: January 22, 2016

- (a) Purpose of Request: To request authorization to submit the Four Year Plan for SFY 4/1/16-3/31/17 to New York State Office for the Aging
- (b) Details: This is the four year plan, with annual budget, that we submit to NYSOFA to fund programs
- (c) Previous Resolution Number: **666 of 2011**

SCHEDULE "A"		
A.6772 Office for the Aging		
Subcontracts for 2016		
Subcontractor	Service Provided	Totals
+++++	+++++	+++++
Town of Chester	Transportation	\$3,771.00
Town of Hague	Transportation	\$960.00
Town of Horicon	Transportation	\$1,280.00
Town of Johnsburg	Transportation	\$4,048.00
Town of Lake George	Transportation	\$3,715.00
Town of Lake Luzerne	Transportation	\$2,892.00
Town of Lake Pleasant	Transportation	\$1,194.00
Town of Long Lake	Transportation	\$2,800.00
Town of Stony Creek	Transportation	\$1,680.00
Town of Thurman	Transportation	\$1,797.00
Town of Warrensburg	Transportation	\$1,630.00
TOTAL		\$25,767.00

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: OFA Payroll Dept. No.: 57:07

Title of Position: Meal Site Cook #9 Base Salary of Position: \$18,961 Grade: 2

Filling at Step # (If Known): \$19,691 Request to Back Due to Promotion: Yes No

Budget code and title: A6774 130 SNAP PT Union Non-Union

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

Employee No: 11427 Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State 75% Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

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

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. _____

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 _____

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 _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

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.

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