

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**  
**Wednesday, March 23, 2016 11:30am**

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 #12:** Request to fill vacant position- fillable  
**Rationale:** Due to resignation there is a position to fill at the Warrensburg Nutrition site located at Countryside.
  2. **Resolution Request Form #20:** Miscellaneous request to authorize OFA Director to sign agreements that do not have any monetary obligation  
**Rationale:** It is happening more frequently that various entities are requesting formalized partnership agreements with OFA and they require an authorized signature and, seeing as they do not have any budget impact, it would be expeditious to allow the OFA Director to sign said agreements.
  3. **Resolution Request Form #5:** Request to apply for NY Connects Grant  
**Rationale:** This is an annual request for funding for the NY Connects program. This is program year 10 and while it is included in our Annual Implementation Plan there is an individual signature page so I believe it requires an additional resolution. This funding has no county share.
- 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

**Attachments:**

# 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: Office for the Aging

Payroll Dept. No.: 57.01

Title of Position: Meal Site Manager #5 Base Salary of Position: \$18,961 Grade: 2

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

Budget code and title: A6773 130 Nutr. Prog WC- PT Union  Non-Union

This position is vacated due to:  Retirement  Resignation <sup>A-29-10</sup>  Termination  Promotion  Other

Employee No: 12488 Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal 75%  State %  Other %

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

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

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. *10* 3-21-16

### 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 *[Signature]*

Date 3/22/16

### 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 *Frank E. Thomas*

Date 3/23/16

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social 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 *[Signature]*

Date March 23, 2016

# ***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: March 23, 2016**

- (a) Purpose of Request: **To give the Director of the Office for the Aging authorization to enter into partnership agreements, MOU's, etc. with various entities as requested.**
- (b) Details: **There are often entities that wish to formalize partnerships for purposes such as referrals, information sharing, common goals, etc.. These agreements do not have any monetary obligation by either party but do require an authorized signature and it would be expeditious if the Director of the OFA was authorized to sign this type of agreement.**
- (c) Previous Resolution Number: **NA**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **NA**

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

**\* as listed in budget and LOGOS**

## RESOLUTION REQUEST FORM NO. 5

### Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **3/23/16**

- (a) Purpose of Grant: To obtain NYConnects Funding
- (b) Name of Grantor: NYS Office for the Aging
- (c) Address of Grantor: **2 Empire State Plaza, Albany, NY**
- (d) Grantor's Contact Person and Telephone Number: Stacey Agnello (518) 474-8976
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? see attached
- (f) Effective Date of Grant: 10/1/2015
- (g) Termination Date of Grant: 9/30/2016
- (h) Total Dollar Amount Involved (not to exceed): \$ 85,880
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
- (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:

NEW YORK STATE OFFICE FOR THE AGING  
GRANT APPLICATION COVER PAGE – 15-PI-22

NY Connects Program for the Period 10/1/15 to 9/30/16

Program and Budget Period: 10/1/15 to 9/30/16

Area Agency on Aging: \_\_\_Warren-Hamilton Counties Office for the Aging\_\_\_\_\_

Director: \_\_\_Christie Sabo\_\_\_\_\_

Address: \_\_\_1340 State Route 9\_\_\_\_\_

\_\_\_Lake George, NY\_\_\_\_\_ Zip: \_\_\_12845\_\_\_\_\_

Phone: (518) \_761-6347\_\_\_\_\_

Contact person: Christie Sabo \_\_\_ Email: \_\_\_saboc@warrencountyny.gov\_\_\_\_\_

Phone: (518) 761-6347\_\_\_\_\_

The Area Agency on Aging agrees to comply with all applicable State and Federal laws and regulations as well as all of the conditions included in your Annual Implementation Plan and this application for funding as approved by NYSOFA.

Kevin Geraghty Title: Chairman of Warren County Board of Supervisors  
Name of person authorized to enter into agreement  
with the New York State Office for the Aging

\_\_\_\_\_  
Signature of person authorized to enter into agreement  
with the New York State Office for the Aging

Date: \_\_\_\_\_

**NY Connects 2015-2016  
SUMMARY BUDGET**

**15-PI-22  
NY Connects  
Allocation Amount**

AAA: **Warren- Hamilton**

**\$85,880.00**

Program Period: **October 1, 2015 - September 30, 2016**

<b>Budget Category</b>		<b>Budget Amount</b>
1	Personnel	\$50,461.00
2	Fringe Benefits	\$19,680.00
3	Equipment	
4	Travel	\$431.00
5	Maintenance and Operations	\$3,008.00
6	Other Expenses	\$1,300.00
7	Contracts and/or Consultants	\$11,000.00
8	<b>Total Budget (Sum of Lines 1-7)</b>	<b>\$85,880.00</b>
9	<b>State Funds Requested</b>	<b>\$85,880.00</b>
10	<b>Local Funds</b>	

Note: Total budget amount on Budget Summary must equal total budget amount on last page.

\* The inclusion of local funding provided in support of NY Connects is optional.

**NY Connects 2015-2016  
Supporting Budget Schedule**

Warren- Hamilton

AAA: Warren- Hamilton

1. Personnel - AAA salaries are listed here. (DSS and other county partners' salaries are listed in the contract section, as applicable.)										
Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary or Hourly Rate*	Hours worked on NY Connects Program per week	Total Hours worked per week	Chargeable to NY Connects		Narrative justification: For each position, provide a brief summary of duties related to each program.				
				% of Time	Amount					
1 N Susan Doman T NY Connects Coordinator L OFA Office, Lake George, NY	\$45,307	40	40	100.00%	\$45,307.00	NY Connects Coordinator is responsible for all facets of the program. This position does all of the I&A and options counseling, handles outreach and educational, works with LTCC leadership and completes reporting.				
2 N Cynthia Ross T Fiscal Manager L OFA Office, Lake George, NY	\$1,537	4	40	10.00%	\$5,154.00	The Fiscal Manager handles all NY Connects fiscal functions including purchasing and A/P, budget monitoring, voucher preparation and claims processing.				
3 N T L										
4 N T L										
5 N T L										
6 N T L										
7 N T L										
8 N T L										
9 N T L										
10 N T L										
11 N T L										
<b>TOTAL NY Connects Personnel:</b>					\$50,461.00					
<p>*Note: If employee is paid a salary, then list the annual salary. If employee is not on salary, then list the hourly rate. When reporting the rate of pay on vouchering forms, the format (i.e., salary or hourly rate) must match this budget (although the actual salary or the hourly rate paid may be different than budgeted).</p> <p>2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are NY Connects related. Provide a clear justification if the expenses are not proportionally allocated.</p>										
Fringe Benefit Rate %:										39.00%
TOTAL Fringe:										\$19,680.00

# NY Connects 2015-2016 Supporting Budget Schedule

Warren- Hamilton

AAA: Warren- Hamilton

**3. Equipment:** List all equipment items whether purchased or leased. Provide a detailed description for all equipment with a unit cost of \$1,000 or more. For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.

Item and Description	Quantity	Unit Purchase Price	Annual Rental Per Unit	Amount Chargeable to Program
<b>Miscellaneous Equipment- List Items</b>				
	Enter total cost for misc.			
<b>TOTAL Equipment:</b>				

**4. Travel:** List travel costs. Outline reason for travel and indicate the number of staff traveling.(e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).

Mileage: <u>750 miles @ \$0.575 per mile</u>	<b>\$431.00</b>
Parking & Tolls	
Public Transportation:	
Rental Vehicles (specify destination):	
Other Travel Costs (Specify):	

**Reasons for Travel:**

Travel to various sites in Warren and Hamilton County when county car is not available. OFA/NY Connects does not have a dedicated county car so there are many times when a fleet car is not available and due to distances traveled to Hamilton County one trip can be 130 miles.

<b>TOTAL Travel</b>	<b>\$431.00</b>
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**5. Maintenance & Operations:** In the space provided, detail each expense.

	Program Expenses												
Equipment Maintenance and Repair:													
Postage:	\$500.00												
Printing & Photocopying:	\$250.00												
Rent:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Monthly Rent</th> <th style="width: 30%;">% Charge to Prg</th> <th style="width: 40%;">No. of months</th> </tr> </thead> <tbody> <tr> <td>NY Connects:</td> <td> </td> <td> </td> </tr> <tr> <td>  Location:</td> <td> </td> <td> </td> </tr> <tr> <td>  Owner:</td> <td> </td> <td> </td> </tr> </tbody> </table>	Monthly Rent	% Charge to Prg	No. of months	NY Connects:			Location:			Owner:			
Monthly Rent	% Charge to Prg	No. of months											
NY Connects:													
Location:													
Owner:													
Supplies:	\$1,800.00												
Telephone:	\$458.00												
Utilities:													
<b>TOTAL M&amp;O:</b>	<b>\$3,008.00</b>												

# NY Connects 2015-2016 Supporting Budget Schedule

AAA: Warren- Hamilton

**6. Other Expenses: List specific item and cost.**

Itemize all Public Education costs. Promotional materials (e.g. informational brochures) are acceptable expenses. The cost of "giveaways" cannot exceed \$500."

Itemize all Information Technology (IT) costs and provide a justification. This includes such things as the number of licensing user fees, for whom and associated cost, licensing agreement amount, maintenance cost, and/or reporting upgrading fees. An itemized bill from the vendor will be accepted as documentation, as long as it breaks out the costs appropriately.

	NY Connects Expenses
<b>Public Education:</b>	
Promotional materials (\$300 per county)	\$600.00
<b>Information Technology:</b>	
<b>Other (Specify):</b>	
Training/conferences for NY Connects Coordinator	\$550.00
LTCC Meeting costs	\$150.00
<b>TOTAL Other Expenses:</b>	<b>\$1,300.00</b>

**7. Contracts/Consultants:** List each contractor or consultant and amount below. A copy of each contract or consultant agreement must be submitted to NYSOFA before reimbursement will be made. Complete and submit a Contractor Budget for each contractor that will receive 25% or more of your grant amount. For Consultants, please list unit rate (e.g., \$25 per hour) and Number of Units in the columns provided. (Note: If you hire a translator, language and/or sign interpreter, include the expense here.) DSS or other county partners' salaries are to be listed in this section.

Contractor/Consultant and description of service (List them individually)	Unit Rate	# of Units (Consultant)	NY Connects Total
Hamilton County Department of Social Services			\$11,000.00
<b>TOTAL Contractors/Consultants:</b>			<b>\$11,000.00</b>

**8. Total Budget: (numbers 1-7)** **\$85,880.00**

**9. State Funds Requested**

**10. Local Funds: Describe below**

**TOTAL Local Funds:**