

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
Wednesday, June 22, 2016 9:30am

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 #11 and #12:** Request to create and fill a position
Rationale: We have a retirement in the office and it creates an opportunity to do some restructuring to maximize efficiency and improve operations. This resolution will be combining the duties of Coordinator of Services and Nutrition Services Coordinator. I am working with Civil Service to finalize position.
 2. **Resolution Request Form #11 and #12:** Request to create and fill a position
Rationale: While we are combining the major responsibilities of the two positions above there will still be work associated with both jobs that will need to be distributed so I would like to create another Specialist position. Overall, the number of OFA staff will remain the same but instead of having a Coordinator of Services and a Nutrition Services Coordinator we will now have one Coordinator position and one Specialist position.
 3. **Resolution Request Form #3:** Request to enter into a new contract with Cavolis Grinding Service, Inc.
Rationale: The nutrition program prepares over 650 meals per day and periodically they need their knives sharpened.
 4. **Resolution Request Form #3:** Request to enter into a new contract with the Glens Falls B.P.O.E. Lodge #81
Rationale: In the past we contracted with the Warren County Council of Seniors to assist with our annual senior luncheon and they handled the venue rental but as they have disbanded we need to directly contract.
 - 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. 11

Request to Create New Position

DEPARTMENT NAME: Office for the Aging

DATE: 6/22/16

- (a) Title of Requested Position: **Coordinator (personnel researching title/grade/salary)**
- (b) Annual Base Salary (and Grade if Applicable): **\$ 43,787 Grade 19 (see above)**
- (c) Effective Date for New Position:* **7/16/16**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6778110 Comm Svc Elderly WC \$19,349 A6988 110 OFA HIICAP \$20,387, various
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
No
- (h) Is there expected revenue from this position? If so, please explain:
This position is currently funded by CSE which receives state revenue of 75%, the HIICAP program which is 100% funded, and several smaller programs with varying reimbursement rates

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: Coordinator, Office for the Aging Base Salary of Position: \$43,787 Grade: 19

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

Budget code and title: A6778 CSE (W), A6988 HIICAP, various Union Non-Union

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

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

Source of reimbursement: Federal 100% 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. 11

Request to Create New Position

DEPARTMENT NAME: Office for the Aging

DATE: 6/22/16

- (a) Title of Requested Position: **Specialist, Office for the Aging**
- (b) Annual Base Salary (and Grade if Applicable): **\$34,675 Grade 10**
- (c) Effective Date for New Position:* **7/16/16**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
Deleting Nutrition Services Coord #2, \$42,038, grade not applicable
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6783 110 Home Energy Asst Prog \$28,663 A6988 110 OFA HIICAP \$40,747
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
No
- (h) Is there expected revenue from this position? If so, please explain:
This position is currently funded by HEAP which receives revenues from DSS based on their administrative allocation (varies year to year) and the HIICAP program which is 100% funded

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: OFA Payroll Dept. No.: 57:00

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

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

Budget code and title: A6783 HEAP A6988 HIICAP Union Non-Union

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

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

Source of reimbursement: Federal varies, HEAP % of DSS admin dollars% State 100% 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"

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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. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 6/22/16

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: **Knife sharpening**
- (c) Name of Contractor: **Cavolis Grinding Service, Inc.**
- (d) Address of Contractor: **1921 Broadway, Schenectady, NY 12306-4121**
- (e) Contractor's Contact Person and Telephone Number: **Carmello Cavoli 793-3131**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **6/1/16**
- (h) Termination Date of Contract: **5/31/2017 option for 2 one year renewals**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$300 annually**
 - 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: **A6773 470 Nutr. for Elderly Warr Cty- Contracts****

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: Office for the Aging

DATE: 6/22/16

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To rent a venue for our annual senior picnic**
- (c) Name of Contractor: **Glens Falls B.P.O.E. Lodge #81**
- (d) Address of Contractor: **32 Cronin Rd, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **JoAnn Daigle, 793-3106**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **Upon execution**
- (h) Termination Date of Contract: **12/31/16, automatic annual renewal (1/1-12/31)**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$300**
 - 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: **A6773 470 Nutr. for Eldery Warr Cty- Contracts****

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

GLENS FALLS B.P.O.E. LODGE #81
 32 Cronin Road, Queensbury, New York 12804 518-792-3434
 JoAnn Daigle, Banquet Manager 518-793-3106, CELL 744-3110

FACILITY RENTAL AGREEMENT

Non-Member

Rental Date: 9/7/16 Room: Pavilion Time: 9 AM – 3 PM

Type of Event: Seniors' picnic Estimated # of people: 400

Name of Renter: Warren/Hamilton Counties Office for the Aging

Home Address: Municipal Center, 1340 State Rte 9, Lake George, 12845
 For return of deposit

Contact: RoseAnn O'Rourke - email ORourkeR@warrencountyny.gov

Sponsor member, if any : _____ Phone No: () _____

	MAXIMUM	NON-MEMBER	ROOM RENTAL
FACILITY	CAPACITY	RATE-4 Hours	Add'l Rate Per Hour
Lodge Room	225	\$450.00	\$100.00
Century Room	90	\$250.00	\$75.00
Pavilion	225	\$300.00 ✓	\$75.00

FOOD: Seniors provide all food themselves.

Facility Rental	4 hrs	\$200.00	See above rates
Additional Rental Time () hrs		\$	
ROOM FEE (subtotal of above)		\$	One-Half (1/2) Due at Contract Signing
Security Deposit		\$ 100.00	Due at signing of contract (see page 2 section 3)
Total Room Cost		\$300.00	
Deposit		\$300.00	Due at signing of contract
Balance Due by Date:			

SPECIAL INSTRUCTIONS

SET UP	Will use BBQ pit Mason's cook They bring salads, coffee, lemonade
TABLES	Buffet tables Will use our tables & chairs from garage

9. PROHIBITIONS/RESTRICTIONS:

- Smoking inside the facility is prohibited. Smoking is confined to designated smoking areas. Smoking is not permitted inside the Pavilion.
- No animals or pets of any kind are permitted on the property for the safety of both humans and the animals. *Exception:* Service animals for the handicapped are permitted. However, RENTER assumes all liability/responsibility for the animals and their actions. RENTER is responsible for clean up relating to animals.
- Parking must be in designated areas. All fire lanes must remain open.
- RENTER and guests are to stay in the rented area. RENTER is responsible to ensure his/her guests understand this and do not enter GFBPOE lodge member only areas.

RENTER agrees that he/she will assume any/all legal and financial responsibility/liability for the actions, safety, and well-being of any/all guests and other participants involved in the contracted event and agrees to hold GFBPOE, its officers, trustees and members harmless for same. This responsibility/liability includes, but is not limited to, property damage, personal injury, and criminal liability. Should the rented facility become unavailable on the date/time of the event due to fire, damage, natural disaster, or any other reason not within the control of GFBPOE, RENTER will hold GFBPOE harmless for any loss associated with cancellation of the event.

RENTER hereby acknowledges receipt of a completed copy of this Agreement and agrees to all of the terms contained herein.

Signature of Renter: _____ Date: _____

Signature of Sponsor: _____ Date: _____

GFBPOE Banquet Manager: Jo Ann Daigle Date: 6/14/16