

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
1340 STATE ROUTE
LAKE GEORGE, NEW YORK 12845
TEL: (518) 761-6347 ♦ FAX: (518) 761-6344

HUMAN SERVICES COMMITTEE MEETING
OFFICE FOR THE AGING AGENDA
November 21, 2016 9:00AM

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. **Request:** Amend contract with KLC Property Management to include \$20/snow removal of walkway for heavy/wet snow or anything > 6", at the Bolton Meal Site.
Rationale: This is important to prevent back injuries for our meal site employees.
2. **Request:** Renew contract with The Clements Firm for the 2017 contract year in the amount of \$16,000.
Rationale: The contract amount of \$11,000 for 2016 was exceeded due to the high number of legal referrals [eviction notices, rental issues, etc.].
3. **Request:** Authorize 1x payment to The Cedars in the amount of \$1,809.37 for repairs to the A/C unit in the Kitchen.
Rationale: This unit is used primarily by OFA staff and is located in the kitchen, where the meals for the OFA program are prepared. The monies are in the budget for such.
4. **Request:** Amend contract with Northway Service, Inc. to increase total amount not to exceed from \$1,000 to \$2,000/year. As well as include Countryside Adult Home in contract for repairs not to exceed \$1,500/year.
Rationale: The current amount for repairs to the meal sites kitchen equipment has exceeded \$1,000 for the year. In order to make payment, we need to amend the existing contract. The monies are in the budget. Countryside Adult Home does not currently have a contract for repairs to the stoves, ovens, steam table, etc.
5. **Request:** Permission to submit an application to the NYS Office for the Aging grant funding for NY Connects Program, 16-PI-21, in the amount of \$85,880.00 for the program year 10/1/16-9/30/17.
Rationale: This grant pays for the salaries of the NY Connects Coordinator and a portion of the Fiscal Manager, as well as miscellaneous expenses associated with the program. This grant is 100% reimbursable and does not require County matching funds.
6. **Request:** Increase hours of our Typist/PT from 25 hours/week to 30 hours/week, for no more than three months.
Rationale: With the transition to Peer Place (new data reporting system), there is a back log of data that needs to be entered into the system. There is also an increased work load for OFA staff at this time due to open enrollment for health insurance and

HEAP. This will assist us to meet the current needs of the population we serve. The monies are in the budget.

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

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: October 31, 2016

- (a) Purpose of Contract Change: **Amend existing agreemeent with KLC Property Management LLC, to include \$20 fee per occurrence for clearing the walkways of the Bolton meal site, when there is heavy/wet snow or snow greater than six inches.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **517 of 2015**
- (c) Name of Contractor: **KLC Property Enhancement LLC**
- (d) Address of Contractor: **35 Brookside Drive, Bolton Landing, NY 12814**
- (e) Contractor's Contact Person and Telephone Number: **Barry Kincaid, PH#644-3132**
- (f) Commencement Date of Extension: **10/19/2016**
- (g) Termination Date of Extension: **Automatic Renewal if no changes.**
- (h) Payment Provisions: i) lump sum amount
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.)
- (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: A.6774.413 SNAP Repair/Maintenance of Bldg/Property**

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. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: November 17, 2016

- (a) Purpose of Contract Change: **To extend contract for legal services with The Clements Firm for 2017, in the amount of \$16,000.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **60 of 2016**
- (c) Name of Contractor: **The Clements Firm**
- (d) Address of Contractor: **333 Glen Street, Suite 202, Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **Tom Clements 745-0978**
- (f) Commencement Date of Extension: **1/1/2017**
- (g) Termination Date of Extension: **12/31/2017, unless renewed under the same terms and conditions**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$16,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (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: A6772 10 470 Title IIIB- Legal 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. 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: 11/17/2016

- (a) Purpose of Request: To authorize a one time payment to The Cedars in the amount of \$1,809.37 for repairs to the air conditioning unit in the Kitchen.
- (b) Details: The air conditioning unit in the Kitchen was in need of repairs. This unit is designated for the area where the meals are prepared for home delivered and congregate meals. This area is primarily used by Office for the Aging staff. The monies are in the budget.
- (c) Previous Resolution Number: 519 of 2015 Contract
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A6773 411 Nutri for Elderly-Warr; Rent-Building.Property

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: November 17, 2016

- 5133
- (a) Purpose of Contract Change: **To amend contract with Northway Services to state, not to exceed \$2,000/year. Include Countryside Adult Home in an amount not to exceed \$1,500/year.**
 - (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **492 of 2013**
 - (c) Name of Contractor: **Northway Service, Inc.**
 - (d) Address of Contractor: **PO Box 967, 65 South Street, Glens Falls, NY 12801**
 - (e) Contractor's Contact Person and Telephone Number: **Pinhas Shabat, PH#793-**
 - (f) Commencement Date of Extension: **11/21/2016**
 - (g) Termination Date of Extension:
 - (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **OFA - \$2,000/yr; CAH - \$1,500/yr**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
 - (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: A6773 411 Nutri for Elderly-Warr; Rent-Building.Property[OFA]; A6030.413 Building Repair/Maintenance [CAH]**

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. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: **Office for the Aging**

DATE: **11/9/2016**

- (a) Purpose of Grant: To obtain Year 11 NY Connects 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: Lori Sanders
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? See Attached
- (f) Effective Date of Grant: 10/1/2016
- (g) Termination Date of Grant: 9/30/2017
- (h) Total Dollar Amount Involved (not to exceed): \$85,880
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 11/15/2016
- (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:

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: OFA

DATE: 11/18/2016

- (a) Purpose of Request: **Temporarily increase hours for Typist/PT from 25hours/week to 30hours/week for no more than 3 months.**
- (b) Details: **Due to a back log from the transition to a new State data reporting system, as well as the fact that we are in open enrollment for health insurance and HEAP season has started, we have a temporary need for more hours to do data entry.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.6772.130 Office, Part Time; A.6771.130 Hamilton County Part Time...No More than \$780**

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

* as listed in budget and LOGOS