

Health, Human and Social Services Committee

**Health Services Department
Additional Agenda Items for Meeting June 20, 2017**

Action Agenda:

Request Resolution:

To authorize a contract agreement with Chantalle Grenier to provide Occupational Therapy Services in a form approved by the County Attorney.

Rationale:

Occupational Therapy visits are reimbursable services.

Informational Item:

Update on Recent Measles Case

Warren County Health Services

Health, Human and Social Services Committee
AGENDA FOR

June 20, 2017

Information Submitted By: Patricia Auer, DPH/DPS

Health and Human Services Committee Members: Frasier, MacDonald, Vanselow, Montesi, Braymer, McDevitt, Leggett

- I. **Committee meeting called to order by Chairperson**
Motion to approve minutes of the May 24, 2017 Health Services Committee meeting

- II. **Action Agenda/New Business**
 - Request Resolution:**
For Budget Transfer. Please see **Attachment #5**.
 - Request Resolution:**
To amend the 2017 Warren County Budget. Please see **Attachment #6**.
Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the need for the above two resolution requests.

Request Resolution:
To authorize an agreement with Lexikeet Learning LLC to provide Intake Software and Related Equipment for educational purposes for WIC Program participants in a form approved by the County Attorney.
Rationale:
The cost is 100% reimbursed by the WIC Program contract grant. The program is needed to enable English and non-English speaking parents, guardians, and proxies to understand and respond in their own language to WIC intake questions.
 - Request Resolution:**
To award the Bid to provide transportation services for special needs children enrolled in the Preschool and Early Intervention Programs to Durrin Inc. at a price of \$49.90 per day per child and \$200.00 per day per child if wheel chair bound child, for the period September 1, 2017 through August 31, 2018 with opportunities to extend for two additional one year terms without need for further bid or resolution.
Rationale:
Durrin was the only bidder. The company has been providing services for the past 3 years, and we have no reason not to accept the bid. It is rare to have a wheel chair bound child (we have had one in the past 3 years) but we need to have a provision in place should the need occur. Early Intervention and Preschool Services are mandated. In 2016, \$416,520.00 was paid for transportation services alone. The rate for the past 3 years has been \$44.55 per day per child and the wheel chair rate has been \$200.00 per day per child.

Request Resolution:

To authorize a contract agreement with Katherine Miele, Registered Dietician, to provide nutrition services to those patients in need of them as specified by physician orders.

Rationale:

Nutrition Services are reimbursable, and we need to have an individual to provide them as the service is listed on our state operating certificate.

Request Resolution:

To accept the 2016 Annual Report for Warren County Health Services.

Rationale:

We will be happy to answer any questions the committee may have at the meeting. This report must be accepted annually by Board Resolution. An electronic copy was transmitted for committee review with the committee agenda. Hard copies will be available for anybody requesting a copy, and a copy will be on file with the minutes of the meeting. After the report is accepted by the full Board of Supervisors, it will be posted on the Health Services website.

Request Resolution:

To appoint Paul Bachman, MD as the Medical Director for the Division of Public Health, and to appoint him as a member of the Professional Advisory Committee for Warren County Health Services effective July 1, 2017.

Rationale:

Dr. Bachman will replace Dr. Dan Larson, our long time Medical Director for the Division of Public Health, who is retiring as of July 1, 2017. We are sorry to lose Dr. Larson and wish to thank him for his many years of service. We are also happy to welcome Dr. Bachman, who we know to be a knowledgeable and dedicated Hudson Headwaters physician as well. Dr. John Ruggie will remain for the present time as the Medical Director for the Division of Home Care (the Certified Home Health Agency). Our contract with Hudson Headwaters Health Network will remain effect and there will be no financial or job duty changes.

- III. **Referral/Pending Items**
There are no pending items.

IV. **Information for Discussion/Review**

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016. Please see Attachment #2.

Revenue and Expense Comparison Report for 2015 vs 2016: Please see Attachment #3. Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

Emergency Response and Preparedness:

Please see **Attachment #1** for the monthly report.

Status of Referrals: Please see **Attachment #4** for the detailed report.

Valerie Whisenant, Assistant Director of Patient Services, and Tammie DeLorenzo, Fiscal and Informatics Coordinator, will provide comments at the meeting.

Staffing Update:

We still have open nursing positions and continue recruitment efforts. Since we last met we have had one resignation for Retirement (our Nurse Technician LPN). She will leave effective August 1, and we are currently recruiting to backfill the position. Unlike Registered Nurses, we do not anticipate difficulty filling the position. LPNs do not case manage, and primarily assist the RNs with wound care cases. We need committee approval in order to backfill the position as soon as a suitable individual is found.

In other staffing matters, we recently had a full time Dietician in the WIC Program resign during her probationary period, and the part time Nutritionist has taken the full time position. We have a candidate to take the part time slot who meets the qualifications, but it has been more than 6 months since the intent to fill form was signed, according to the county policy, it needs to be done again. The paperwork has been completed and at this point we are seeking committee approval to fill the position. It is 100% funded by the WIC Program grant.

Rabies Program Report:

Our new plan for managing animal bites is going well so far.

Donations:

Recently, one of our long standing patients passed away. The patient's wife requested Memorial Donations be made to Warren County Health Services. Occasionally, this has happened in the past, and in this particular situation \$735.00 was received. This was a case where more than one nurse cared for the patient, and it is nice for staff to know their services are appreciated.

Privilege of the Floor to discuss any additional items to come before Committee

V. Motion to adjourn the Health Services Meeting

Attachments:

- #1** Emergency Response and Preparedness Activities Report
- #2** Report of Expenditures, Revenues, Overtime and Per Diem Use
- #3** Revenue and Expense Comparison Report for 2016 vs 2017
- #4** Report of Referrals Status
- #5** Budget Transfer Request
- #6** Budget Amendment Request

ATTACHMENT #1
BT ACTIVITY SHEET
BP5 - 7/1/16 - 6/30/17

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;
 Purple/Special Needs; Orange/Drill; Black/Pan Flu

5/3	Education	Community Presentation, Bolton Seniors	Dan	
5/3	Education	Opioid Training for Probation/DSS/Public Health	Dan	
5/9	Meeting	Regional Public Health EPR Coordinators Meeting	Dan	
5/17	TTX	Glens Falls Hospital Helicopter Crash	Dan	Drill
5/17	Meeting	Volunteer Registry Monthly Webinar	Dan	
5/24	Education	Warren County Sheriff's Department Isolation & Quarantine Training (two classes)	Dan Ginelle	Training
5/31	Meeting	Regional Health Emergency Preparedness Coalition Quarterly Meeting (mandatory)	Dan,	
6/7 - 6/8	Conference	Two Day Zika Conference	Pat Belden, J'nelle Oxford	
6/8	Meeting	NYSACHO Discussion of BP 1 Deliverables ('17-'18)	Ginelle, Tammie	
6/13	Meeting	Regional Public Health EPR Coordinators Meeting	Dan	
6/13	Education	Crisis Emergency Risk Communication Webinar	Dan	Training
6/21	Education	MCM ClinOps POD webinar	Dan	Training
6/21	TTX	Environmental Incident Glens Falls Hospital	Dan	Drill

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2017 AS OF 6/12/2017 4:35:47 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4013, 4016, 4054, 4190, 4018, 4189

EXPENSES	2017 BUDGETED	2017 YTD ACTUAL	20
Salaries - Regular	\$2,582,580.00	\$919,082.94	
Salaries - Overtime	\$133,537.00	\$40,921.29	
Salaries - Part Time	\$442,443.00	\$173,453.17	
100's PERSONAL SERVICES	\$3,158,560.00	\$1,133,457.40	
200's EQUIPMENT	\$91,810.00	\$37,619.85	
400's CONTRACTUAL	\$6,142,053.97	\$1,479,918.47	
800's EMPLOYEE BENEFITS	\$1,588,713.00	\$640,018.90	
TOTALS	\$10,981,136.97	\$3,291,014.62	

REVENUES	2017 BUDGETED	2017 YTD ACTUAL	20
	\$8,838,159.00	\$1,698,773.90	

Notes: We are currently working on closing the month of May for our CHHA and MCH Programs. However, above we have accrued our A

Warren County Health Services

Salaries Comparison

2016 vs 2017

as of 5/28/17 Payroll

	YTD 2017	YTD 2016	YTD 16v17	% Change	Total
Total of All Depts					
Regular Salaries	\$919,082.94	\$1,072,050.81	-\$152,967.87	-14.27%	
Overtime Salaries	\$40,921.29	\$44,062.00	-\$3,140.71	-7.13%	
Part Time Salaries	\$173,453.17	\$128,749.38	\$44,703.79	34.72%	
TOTALS	\$1,133,457.40	\$1,244,862.19	-\$111,404.79	-8.95%	
% current YTD Salary to Total Budget	35.89%	42.61%			

*Source: Detail G/L report for all Salary Category from 1/1/XX-5/28/XX

Overall, total salaries are \$111,404.79 less than total 2016 Salaries. We continue to utilize per diem staffing as much as possible, due to staffing shortages in nursing to cover referrals therefore increasing the Part time salary category and reducing the Full time and Overtime salary categories showing overall a 8.95% reduction in salary from 2016.

Also to keep in mind, we no longer have the Long Term Care program or the Ebola Grant which effected both Full time and Part time categories. These costs totalled \$29,405.56 overall

	01/12/17 G/L		Variance
Salaries - Regular	\$919,082.94	\$1,072,050.81	(\$152,967.87)
Salaries - Overtime	\$40,921.29	\$44,062.00	(\$3,140.71)
Salaries - Part Time	\$173,453.17	\$128,749.38	\$44,703.79
100's PERSONAL SERVICES	\$1,133,457.40	\$1,244,862.19	(\$111,404.79)
200's EQUIPMENT	\$37,619.85	\$2,074.52	\$35,545.33
400's CONTRACTUAL	\$1,479,918.47	\$1,543,864.96	(\$63,946.49)
800's EMPLOYEE BENEFITS	\$640,018.90	\$685,432.21	(\$45,413.31)
TOTALS	\$3,291,014.62	\$3,476,233.88	(\$185,219.26)

REVENUES	2017 YTD ACTUAL	2016 Prior Year to Date Totals	
	\$1,698,773.90	\$1,905,486.22	(\$206,712.32)

Notes:

Salaries: (please see previous page) Overall are \$111,404.79 below 2016. Full time and overtime salaries are below 2016 YTD salaries while Part time salaries are above 2016. This correlates with the per diem staff that continue to be utilized to assist in nursing shortage coverage. Overall, 2017 salaries are 35.89% of budget while this time last year we were at 42.61% of budget for total salaries.

Equipment: Reflects the purchase of two vehicles in 2017 to bring our fleet more current.

Employee Benefits:

Employee benefits are below last year by \$45,413.31 and correlates with the nursing position shortages that we have experienced.

Revenues:

Revenues at this time reflect January through April Revenues for both years.

ATTACHMENT #3

Warren County Health Services
Patient Evaluations
CHHA Division

CATEGORY	01/2015	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015	
SN eval	122	110	114	109	122	109	122	111	99	104	106	102	
SN IV eval	9	6	8	13	5	7	8	3	9	5	1	8	
PRI & CDPAP	6	5	5	6	5	2	2	7	1	1	1	5	
UASNY	18	15	23	16	10	13	23	10	14	15	14	17	
SN Evals per month	155	136	150	144	142	131	155	131	123	125	122	132	
PT Evals	80	75	94	80	71	82	80	70	73	75	65	67	
PT only	25	26	34	30	31	24	26	31	34	29	24	17	
Total Evals per month	180	162	184	174	173	155	181	162	157	154	146	149	1977

CATEGORY	01/2016	02/2016	03/2016	04/2016	05/2016	06/2016	07/2016	08/2016	09/2016	10/2016	11/2016	12/2016	
SN eval	102	111	99	106	104	102	120	123	85	106	101	104	
SN IV eval	9	6	12	8	10	10	4	10	4	13	7	11	
PRI	4	6	1	7	6	3	6	2	5	10	3	1	
UASNY	19	11	11	17	13	9	13	12	9	7	12	14	
SN Evals per month	134	134	123	138	133	124	143	147	103	136	123	130	
PT Evals	76	76	62	66	68	77	69	82	69	67	71	65	
PT only	25	26	19	23	18	20	20	27	16	26	21	27	
Total Evals per month	159	160	142	161	151	144	163	174	119	162	144	157	1836

Difference	-12%	-1%	-23%	-7%	-13%	-7%	-10%	7%	-24%	5%	-1%	5%	-7%
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CATEGORY	01/2017	02/2017	03/2017	04/2017	05/2017	06/2017	07/2017	08/2017	09/2017	10/2017	11/2017	12/2017	
SN eval	97	109	124	94	109								
SN IV eval	7	6	14	4	3								
PRI	3	2	3	4	3								
UASNY	16	10	10	12	12								
SN Evals per month	123	127	151	114	127	0							
PT Evals	78	47	71	57	64								
PT only	27	9	18	16	18								
Total Evals per month	150	136	169	130	145	0							

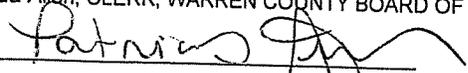
Difference	-6%	-15%	19%	-19%	-4%								
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Attachment # 4

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: 

DATE: June 20, 2017

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1. A.4018.0020.110	Family Health-Full time Salaries	A.4018.0020.130	Family Health -Part Time Salaries	\$5,000.00
2. A.4189.130	BT -Part Time Salaries	A.4189.422	BT-Repair /Maintenance Equipment	\$900.00

Total Transfers **\$5,900.00**

1. To transfer funds for staff person who works with Child Find program within the Family Health Program. She replaced an employee who retired. Move from Family Health FT to PT salary.
2. To transfer funds within the Bioterrorism Program to cover the annual fee of \$900 for the Fit Testing equipment warranty.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Home Care Division

DATE: June 20, 2017

- (a) **Purpose of Amendment:** To amend the 2017 budget to adjust the Health Services – HomeCare Division to reflect the funds given from the Adirondack Health Institute (AHI) to support the DSRIP (New York State Delivery Systems Reform Incentive Payment Program) Project of **\$7,905.00**.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4010.260 Health Services- Other Equipment \$7,905.00

Revenue Code (with title), and Amount:

A.4010.3426 Health Services—DSRIP Engagement Funds Revenue \$7,905.00

ATTACHMENT #6

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 06/20/2017

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Katherine Miele, Registered Dietician to provide nutrition services
- (c) Name of Contractor: Katherine Miele
- (d) Address of Contractor: 17 Butternut Hill Drive, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: cell: 518-410-6978, email: mieleka@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: use model for therapist
- (g) Commencement Date of Contract: 07/24/2017
- (h) Termination Date of Contract: thirty days written termination by either party
- (i) Payment Provisions:
- i) lump sum amount – per visit rate paid bimonthly upon receipt of documentation for each individual visit
 - 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.

Certified Home Health Agency

<u>Evaluation Region 1</u>	<u>\$55.00</u>
<u>Revisit Region 1</u>	<u>\$53.00</u>
<u>Evaluation Region 2</u>	<u>\$75.00</u>
<u>Revisit Region 2</u>	<u>\$75.00</u>
<u>Meeting (for all services)</u>	<u>\$40.00</u>

- (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:

Health Services A4010.470 contract expense

10 AM
5/17/17 great

Katherine Miele R.D., CDN, MS

17 Butternut Hill Dr. Queensbury NY 12804

mieleka.km@gmail.com

Cell: (518)410-6978

Summary of Qualification: Registered Dietitian, Completed dietetic internship program, Sage Graduate Schools, accredited by the Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics. I am currently working at for a web company as a nutrition coach and attending school to obtain my RN certification.

Goal: To continue to develop my clinical skills as a registered dietitian, to obtain RN certification.

PROFESSIONAL EXPERIENCE

Ava- Intelligent Eating; Eat With Ava program Coach

Programs Coach November 2016-Current

Samaritan Hospital, Troy, NY

Clinical Dietitian March 2016-November 2016

Glens Falls Hospital, Glens Falls, NY

Clinical Renal Dietitian August 2014-March 2016

Ferncliff Nursing Home, Rhinebeck, NY

Clinical Dietitian and Food Service Supervisor April 2014-August 2014

St. Mary's St. Alphonsus, Glens Falls, NY

Volunteered at St. Marys St. Alphonsus School (Food Director's Assistant) January 2014 - April 2014

- Analyzed school lunch menus, and created nutrition facts packet
- Audited the kitchen's budget
- Ordered
- Planned menus

Hunger Solutions New York, Albany, NY

Community Dietetic Intern for Hunger Solutions NY May 2013 - June 2013

- Create educational material based on USDA standards and policies for childhood nutrition.

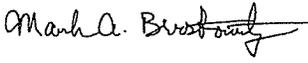
Stratton VA Medical Center, Albany, NY

Food Service Management Dietetic Intern September 2012 - December 2012

- Schedule staff hours and assign duties.
- Plan menus and food utilization based on quantity food production, nutritional value, palatability, popularity, and costs.
- Organize and direct worker training programs.
- Order and purchase equipment and supplies.
- Review work procedures to determine ways to improve service, performance, and safety.
- Review menus and analyze recipes to determine labor and costs.
- Develop recipes to be used in a hospital.
- Establish and enforce nutritional standards for dining based on accepted standards.

Clinical Dietetic Intern January 2013 - May 2013

- Counsel individuals and groups on basic rules of good nutrition, healthy eating habits, and nutrition monitoring to improve their quality of life.
- Assess nutritional needs, diet restrictions and current health plans to develop and implement dietary-care plans and provide nutritional counseling.
- Advise patients and their families on nutritional principles, dietary plans and diet modifications.
- Consult with physicians and health care personnel to determine nutritional needs and diet restrictions of patient or client.
- Monitor food service operations to ensure conformance to nutritional, safety, sanitation and quality standards.
- Develop policies for food service to assist in health promotion and disease control.

MEMORANDUM OF INSURANCE				Date Issued 05/22/2017	
Producer Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 1-800-503-9230			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.		
Insured Katherine Miele 17 Butternut Hill Drive Queensbury NY 12804			Company Affording Coverage Liberty Insurance Underwriters Inc		
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability DietetnNutr SE Dietitian	AHY-867385001	06/01/2017	06/01/2018	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$5,000,000
Memorandum Holder:			Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative Mark Brostowitz		
					

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: Health Services

DATE: 06/20/2017

- (a) Name of Appointee: Paul Bachman, M.D.
- (b) Is this a Reappointment? No If so, please provide the Resolution No. which authorized the last appointment of this individual
- (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 Also being appointed as member of Professional Advisory Committee
- (e) Address of Appointee: 9 Carey Road, Queensbury, NY 12804
- (f) Title of Appointment: Medical Director for Division of Public Health
- (g) Effective Date of Appointment: 07/01/2017
- (h) Termination Date of Appointment: per terms of current Hudson Headwaters contract agreement
- (i) Name of Person Being Replaced (if applicable): Dan Larson, M.D.
- (j) Reason for Replacement: Dr. Larson is retiring

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: Health Services

DATE: 06/20/2017

- (a) Purpose of Request: To accept the 2016 Annual Report for Health Services Department
- (b) Details:
- (c) Previous Resolution Number: 283/2016 please see attached

Warren County Board of Supervisors

RESOLUTION NO. 283 OF 2016

Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer

APPROVING WARREN COUNTY HEALTH SERVICES AGENCY EVALUATION OF SERVICES AND ANNUAL REPORT FOR 2015 FOR THE DIVISION OF HOME CARE AND THE DIVISION OF PUBLIC HEALTH

WHEREAS, the Director of Public Health/Patient Services of the Warren County Health Services Department has submitted an annual evaluation of Services and Annual Report for ~~2015~~²⁰¹⁶ for the Division of Home Care and the Division of Public Health to the Warren County Board of Supervisors for approval, now, therefore, be it

RESOLVED, that the Warren County Health Services Evaluation of Services and Annual Report for the year ~~2015~~²⁰¹⁶, as presented to the Warren County Board of Supervisors be, and hereby is, accepted and approved and a copy of same is on file with the Clerk of the Board of Supervisors.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 06/20/2017

- (a) Is this a Result of a Bid or Request for Proposal? Yes WC-36-17
- (b) Purpose of Contract: To award the transportation contract for the purpose of providing transportation services for children with special needs (Preschool and Early Intervention Programs) to Durrin, Inc.
- (c) Name of Contractor: Durrin, Inc.
- (d) Address of Contractor: 124 Ingersoll Road, Saratoga Springs, NY 12866
- (e) Contractor's Contact Person and Telephone Number: William Durrin, (518)587-2745, fax: (518)603-5501, email: wdurrin@nycap.rr.com
- (f) Has or will the Contract be provided, if so, please attach: contract info will be sent by purchasing department to county attorney's office
- (g) Commencement Date of Contract: September 1, 2017
- (h) Termination Date of Contract: August 31, 2018
- (i) Payment Provisions: \$49.90 per day per child per contract requirements paid monthly upon submission of required documentation
 - 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.
- (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:

Budget code A.4054.444 Ed/Physically Handicapped Children Travel Education Conference

Budget code A.4054.0060 444 Ed/Physically Handicapped/Early Intervention Travel/Education Conference

Warren County Board of Supervisors

RESOLUTION NO. 368 OF 2014

Resolution introduced by Supervisors Sokol, Conover, Frasier, Taylor and McDevitt

AWARDING BID AND AUTHORIZING AGREEMENT WITH DURRIN, INC. TO PROVIDE TRANSPORTATION FOR PRESCHOOL CHILDREN WITH DISABILITIES AND EARLY INTERVENTION PROGRAM IN WARREN COUNTY (WC 35-14)

WHEREAS, the Purchasing Agent has advertised for sealed bids for Transportation for Preschool Children with Disabilities and Early Intervention Program in Warren County (WC ~~35-14~~³⁶⁻¹⁷), and

WHEREAS, the Director of Public Health/Patient Services has issued correspondence recommending award of the bid to Durrin, Inc., as the lowest responsible bidder, now, therefore, be it

RESOLVED, that the Purchasing Agent notify Durrin, Inc. of the acceptance of their bid, and be it further

RESOLVED, that Warren County enter into an agreement with Durrin, Inc., for Transportation of Preschool Children with Disabilities and Early Intervention Program in Warren County, pursuant to the terms and provisions of the specifications (WC ~~35-14~~³⁶⁻¹⁷) and proposal, at a rate of Forty-Four ~~Dollars~~^{Nine} and ~~Fifty-Five~~^{Ninety} Cents (~~\$44.55~~^{\$49.90}) per child per day and Two Hundred Dollars (\$200) per child per day for those requiring a vehicle with a wheelchair lift, for a term commencing September 1, ~~2014~~²⁰¹⁷ and terminating August 31, ~~2015~~²⁰¹⁸, which agreement may be extended annually under the same terms and conditions for two (2) additional one year terms from the original termination date mentioned above, upon written agreement between the parties and without the need for further Resolution and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4054 444 Ed/Physically Hand. Children, Travel/Education/Conference and from Budget Code A.4054.0060 444 Ed/Physically Hand. Children, Ed. Phys. Hndcppd/Early Intervnt, Travel/Education/Conference.

TRANSPORTATION FOR PRESCHOOL CHILDREN WITH DISABILITIES AND EARLY INTERVENTION PROGRAM IN WARREN COUNTY
SPECIFICATION # WC 36-17 DATE: JUNE 8, 2017 TIME: 3:00 p.m.

SPECIFICATIONS

PROPOSAL

PROPOSAL OF DURRIN INC
company name

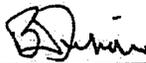
TO: Julie Butler, Purchasing Agent
Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845

The undersigned, having carefully examined the specifications and having, to his/her satisfaction, ascertained all the facts concerning these specifications, herewith submits the following bid for the term of September 1, 2017 to August 31, 2018 as per specifications, to provide Transportation Services to Warren County Children with Disabilities as called for in the attached specifications as follows:

BID PRICE PER CHILD PER DAY:
2017-2018 SCHOOL YEAR AND SUMMER \$ 49.90

BID PRICE PER CHILD PER DAY WITH WHEELCHAIR LIFT:
2017-2018 SCHOOL YEAR AND SUMMER \$ 200.00

The vendor hereby certifies that there are no Federal or State taxes included in the bid price.

SIGNATURE OF BIDDER: 

Name of Bidder Printed William G Durbin DATE: 6-8-17

TITLE: PRESIDENT FEDERAL ID#: 05-0436497

ADDRESS: 124 A INGERSOLL RD

PHONE: 518-581-2745 FAX #: 518-663-5501

E-MAIL: Wdurbin@nycap.vr.com

Included in this bid are Bidder Certification, Corporate Resolution and Iran Divestment Act Forms (attached) which must be completed, signed, and made a part of this bid proposal.

TRANSPORTATION FOR PRESCHOOL CHILDREN WITH DISABILITIES AND EARLY INTERVENTION PROGRAM IN WARREN COUNTY
SPECIFICATION # WC 36-17 DATE: JUNE 8, 2017 TIME: 3:00 p.m.

SPECIFICATIONS

CERTIFICATION

Non-Collusive Certification required of all bidders under Section 103-d of the General Municipal Law as amended by Chapter 675 of the Laws of 196, and further amended by Chapter 56 of the Laws of 2010, effective June 22, 2010.

- (a) By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies, as to its own organization, under penalty of perjury, that to the best of knowledge and belief:
 - (1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
 - (2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
 - (3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.
- (a-1) Notwithstanding the foregoing, the statement of non-collusion may be submitted electronically in accordance with the provisions of subdivision one of section one hundred three of the General Municipal Law.
- (b) A bid shall not be considered for award nor shall any award be made where (a) (1) (2) and (3) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth, in detail, the reasons therefor. Where (a) (1) (2) and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.
- (c) The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties of perjury, affirms the truth thereof, such penalties being applicable to the bidder as well as to the person signing on its behalf;
- (d) That attached hereto (if a corporate bidder) is a certified copy of resolution authorizing the execution of this certificate by the signatory of this bid, or proposal, on behalf of the corporate bidder.

Individual Bidder

Co-Partnership

By _____

Partner

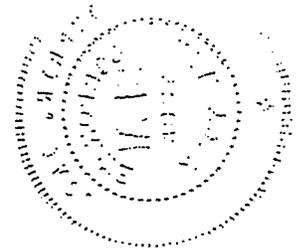
DURRIN INC

Corporation

BD Durin

By _____

President



SPECIFICATIONS

CORPORATE RESOLUTION

RESOLVED that DURRIN INC
(Name of Corporation)

be authorized to sign and submit the Bid, or Proposal, of this Corporation for the following project:

TRANSPORTATION
(Title of Project)

and to include in such Bid Proposal the Certificate as to non-collusion required by Section 103-d of the General Municipal Law as the act and deed of such corporation, and for any inaccuracies of misstatements in such certifies this Corporate Bidder shall be liable under the penalties of perjury.

The foregoing is a true and correct copy of the Resolution adopted by

DURRIN Corporation at a meeting of its Board of

Directors held on the 1 Day of JUNE, 2017, and is still in force and

effective on this 8 Day of JUNE, 2017.

Admin

SECRETARY

(Signature)



TRANSPORTATION FOR PRESCHOOL CHILDREN WITH DISABILITIES AND EARLY INTERVENTION PROGRAM IN WARREN COUNTY

SPECIFICATION # WC 36-17

DATE: JUNE 8, 2017

TIME: 3:00 p.m.

SPECIFICATIONS

CERTIFICATION OF COMPLIANCE WITH THE IRAN DIVESTMENT ACT

As a result of the Iran Divestment Act of 2012 (the "Act"), Chapter 1 of the 2012 Laws of New York, a new provision has been added to State Finance Law (SFL) § 165-a and New York General Municipal Law § 103-g, both effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) will be developing a list of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law) (the "Prohibited Entities List"). Pursuant to SFL § 165-a(3)(b), the initial list is expected to be issued no later than 120 days after the Act's effective date at which time it will be posted on the OGS website.

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, each Bidder/Contractor, any person signing on behalf of any Bidder/Contractor and any assignee or subcontractor and, in the case of a joint bid, each party thereto, certifies, under penalty of perjury, that once the Prohibited Entities List is posted on the OGS website, that to the best of its knowledge and belief, that each Bidder/Contractor and any subcontractor or assignee is not identified on the Prohibited Entities List created pursuant to SFL § 165-a(3)(b).

Additionally, Bidder/Contractor is advised that once the Prohibited Entities List is posted on the OGS Website, any Bidder/Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to this solicitation must certify at the time the Contract is renewed, extended or assigned that it is not included on the Prohibited Entities List.

During the term of the Contract, should the County receive information that a Bidder/Contractor is in violation of the above-referenced certification, the County will offer the person or entity an opportunity to respond. If the person or entity fails to demonstrate that he/she/it has ceased engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then the County shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages or declaring the Bidder/Contractor in default.

The County reserves the right to reject any bid or request for assignment for a Bidder/Contractor that appears on the Prohibited Entities List prior to the award of a contract and to pursue a responsibility review with respect to any Bidder/Contractor that is awarded a contract and subsequently appears on the Prohibited Entities List.

I, William G Durrin, being duly sworn, deposes and says that he/she is the PRESIDENT of the DURRIN Corporation

and that neither the Bidder/Contractor nor any proposed subcontractor is identified on the Prohibited Entities List.

[Signature]
SIGNED

SWORN to before me this

8th day of June

2017

Notary Public: [Signature]

PAULA L. O'SHEA
Notary Public in the State of New York
No. 6066653
Qualified in Schenectady County
My Commission Expires November 19, 2017

WARREN COUNTY PURCHASING DEPARTMENT

1340 State Route 9
Lake George, NY 12845
Telephone: (518) 761-6538
Fax: (518) 761-6395



Julie A. Butler, Purchasing Agent
Jason M. Shpur, Deputy Purchasing Agent
Danielle M. Parker, Purchasing Assistant

MEMO

TO: All Prospective Bidders
FROM: Jason M. Shpur, Deputy Purchasing Agent
DATE: June 1, 2017
SUBJECT: ADDENDUM #1: WC 36-17 - TRANSPORTATION FOR PRESCHOOL CHILDREN WITH DISABILITIES AND EARLY INTERVENTION PROGRAM IN WARREN COUNTY

Please sign and return the following to our office with your proposal:

I, William G Durbin, of
DURBIN INC (Company) have received the following

addendum and will include it with the above bid.

Addendum #1:

The following addendum is being issued to amend a section of the insurance requirements. Please replace starting on page 11 and ending near the end of page 12 of the bid specifications, the section titled **INSURANCE REQUIREMENTS** with the following:

INSURANCE REQUIREMENTS:

The Bidder to whom the bid is awarded shall, in a timely fashion (prior to the date work is to commence or materials to be provided per contract) and prior to commencing any work or providing any materials, but in no event later than thirty days (30) days after being awarded the bid, furnish such evidence of insurance policies (certificates and/or copies of policies of policies as may be requested by the County) which name Warren County as additional insured (except for Workers' Compensation - Disability Coverage) and which set forth the following coverages:

- A. General Liability Insurance Coverage covering, among other things, bodily injury and/or property damage with minimum limits of One Million Dollars (\$1,000,000) per occurrence, Two Million Dollars (\$2,000,000) aggregate;
- B. Automobile Liability Insurance Coverage protecting against, among other things, bodily injury and property damage, with minimum limits of Three Million Dollars (\$3,000,000) combined single limit for owned, hired and/or borrowed and non-owned motor vehicles. The required limits of insurance may also be satisfied by providing One Million Dollars (\$1,000,000) combined single limit for owned, hired and/or borrowed and non-owned vehicles and a Two Million Dollars (\$2,000,000) follow form Umbrella Liability Policy.

U

**WARREN COUNTY
BID TABULATION SHEET**

BID NO: WC 36-17 ITEM(S): TRANSPORTATION FOR PRESCHOOL CHILDREN W/DISABILITIES IN WARREN COUNTY DATE: JUNE 8, 2017 TIME: 3:00 PM.	NAME & ADDRESS OF BIDDER Durrin, Inc. Attn: William Durrin 124 A Ingersoll Road Saratoga Springs, NY 12866 Ph: 518-587-2745 Fx: 518-603-5501 Fx: 518-306-5501
DESCRIPTION OF ITEM	BID PRICE
BID PRICE PER CHILD PER DAY:	
2017-2018 School Year and Summer	\$49.90
BID PRICE PER CHILD PER DAY W/ WHEELCHAIR LIFT:	
2017-2018 School Year and Summer	\$200.00
BID AWARDED TO:	
	Resolution No. Xxx of 2017
JULIE A. BUTLER, PURCHASING AGENT	Term: September 1, 2017 through August 31, 2018

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 06/20/2017

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Lexikeet Learning LLC to provide intake software, installation of equipment and computer equipment for the WIC program in a form approved by the county attorney
- (c) Name of Contractor: Lexikeet Learning LLC
- (d) Address of Contractor: 1338 Hawthorn Road, Niskayuna, NY 12309
- (e) Contractor's Contact Person and Telephone Number: Becky Edvalson, (518)250-2229, cell: (704)564-9709, email: Becky@Lexikeet.com
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 08/01/2017
- (h) Termination Date of Contract: per terms of agreement
- (i) Payment Provisions: per terms of agreement see attached information
- 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.
- (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:
- WIC A4013.220 Office Equipment \$4495
WIC A4013.422 Maintenance Equipment \$500
WIC A4013.428 Data Processing \$750

Warren County WIC Program
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845
Office: 761-6425 Fax: 761-7643

Provider: Lexikeet Learning, LLC
1338 Hawthorn Road
Niskayuna, NY 12309

Recipient: Warren County WIC
1340 State Route 9
Lake George, NY 12845

The relationship between Lexikeet to Warren County, individually, shall be an independent contractor.

Proposed purchases include the following:

1. Intake Software & installation of applications

Lexikeet will provide the necessary tablet(s)/hybrid laptop(s) which enables English and non-English speaking parents, guardians and proxies to understand and respond in their own language to WIC intake questions. Specifically - English, Spanish and Mandarin Chinese

Intake Software and the installation of application = \$4,995.

WIC agrees to pay an annual software fee = \$500. This fee is waived for the first year of usage.

Lexikeet will provide live video interpreter services. WIC agrees to pay \$1.25 per minute usage.

Lexikeet will provide document translation services. WIC agrees to pay \$0.20 cents per word.

2. "WIC Rights & Responsibilities" include audio and visual versions software which provides NYS DOH WIC mandated verbiage to be delivered to each WIC participant prior to determination of WIC eligibility.

WIC agrees to pay an annual subscription fee of \$250 per language. Specifically – English, Spanish and Mandarin Chinese. This fee covers audio and visual updates that may become necessary due to government issued changes.

"Both parties understand that circumstances under which it is beneficial for agreement to be assigned or otherwise transferred. It is agreed that either party may assign or otherwise transfer its rights, obligations, and/or duties without prior written consent of the other party, it is further agreed that such consent shall be reasonably granted."* (*Schedule A Memorandum of Understanding approved as to Form by Mary Kissane, Assistant Warren County Attorney)

All expenditures are fully funded and reimbursed to Warren County by the NYS DOH WIC & USDA. Money for this expenditure is made available through the "WIC Strong" grant.

6.6.17 ADDENDUM – Per Mary Kissane, contract is intended to be effective 8/1/17 with full payment due to Lexikeet 8/31/17.

SERVICE PROVIDER AGREEMENT

THIS AGREEMENT, by and between the COUNTY OF WARREN (“County”), a municipal corporation of the State of New York, having a principal place of business located at the Warren County Municipal Center, 1340 State Route 9, Lake George, New York 12845, and LEXIKEET LEARNING LLC (“Provider”), 1338 Hawthorn Road, Niskayuna, NY 12309.

1. The County and the Provider agree that the Provider will provide intake software on compatible tablet(s)/hybrid laptop(s) to Warren County WIC (Women, Infants and Children) including Rights and Responsibilities statement mandated during certification appointments and related equipment which includes three audio/visual versions, online access, State-mandated updates and technical support.

2. In consideration of the services to be provided by the Provider, the County shall pay the Provider according to the terms and subject to the conditions as per the attached Schedules A and B, but not to exceed a total of Five Thousand Seven Hundred Forty-Five (\$5,745) to be paid by August 31, 2017 for the intake software and installation of applications and in subsequent years the sum of Five Hundred (\$500) per year for annual software and support and Two Hundred Fifty (\$250) per year for the annual subscription fee per requested language relating to WIC rights and responsibilities. The County shall not be liable to the Provider for any other services and/or expenses unless otherwise agreed to in writing by the County. The County shall make payments within thirty (30) days after the services have been completed and an invoice has been received. It is understood by and between the parties hereto that this Agreement shall be deemed executory to the extent of monies available to the County and no liability on account thereof shall be incurred by the County beyond monies available for the purpose thereof.

3. Relationship of the parties:

- a. The relationship of the Provider to the County, individually, arising out of this Agreement shall be that of an independent contractor. The Provider, in accordance with its status as independent contractor, covenants and agrees that it will conduct itself in a manner consistent with such status, that neither Provider, nor any member thereof, or person, firm, company, agency, association, corporation, or organization engaged by Provider as expert, consultant, independent contractor, specialist, trainee, employee, servant or agent will hold himself out as, or claim to be, an officer or employee of the County by reason hereof, and that it will not by reason hereof, make any claim, demand or application for any right or privilege applicable to an officer or employee of the County including, but not limited to, workers’ compensation coverage, disability coverage, unemployment insurance benefits, social security coverage, or retirement membership or credit.
- b. All personnel of the Provider shall be within the employ of Provider only, which alone shall be responsible for their work, direction and compensation.

Nothing in this Agreement shall impose any liability or duty on the County on account of any acts, omissions, liabilities or obligations of the Provider or any person, firm, company, agency, association, corporation, or organization engaged by Provider as expert, consultant, independent contractor, specialist, trainee, employee, servant or agent, or for taxes of any nature, including, but not limited to, unemployment insurance, disability coverage, and workers' compensation, and Provider hereby agrees to indemnify and hold individually harmless the County against any such liabilities.

4. The Provider represents that it has complied with all federal, state and local laws regarding any applicable licenses that may be required to carry out the work to be performed under this Agreement. The Provider shall comply with all applicable labor laws including all wage and hour laws.

5. The Provider shall indemnify, defend and hold the County harmless from and against any claim, liability, loss or damage, including reasonable attorney's fees, arising by reason of the death or bodily injury of persons, injury to property or other loss or damage resulting or arising, without limitation, from Provider's providing the services or products described in Item 2 of this Agreement.

6. The Provider shall carry General Liability coverage in the amounts of at least \$1,000,000 per occurrence and \$2,000,000 aggregate. The Provider is also required to carry Workers' Compensation, Disability Insurance (\$1,000,000 limit), if required under the law. All coverage must be issued by an insurance company authorized to do business in New York State and maintaining an A.M. Best rating of A- or better.

7. Provider shall furnish to the County Certificate(s) of Insurance evidencing coverage stipulated in paragraph number 6 before service from Provider begins. The failure of the Provider to provide such Certificate of Insurance shall not be deemed a waiver by the County of Provider's obligation to provide same insurance coverage. In addition and in the event of any defect in any Certificate of Insurance, regardless of when such defect may be discovered, the acceptance by the County of any such Certificate of Insurance shall not be deemed a satisfaction of the requirement that Provider provide insurance coverage as noted anywhere in this Agreement.

8. The effective date of this Agreement shall be August 1, 2017 and shall remain in force and in effect unless amended by mutual agreement of the parties or until terminated by either party with or without cause with thirty (30) days prior written notice. The failure of either party to exercise any of its rights under this Agreement for a breach thereof shall not be deemed to be a waiver of such rights or a waiver of any subsequent breach.

9. Compliance with Executive Order #38. The Provider is hereby advised of the existence of New York State Executive Order #38, If the Provider is a covered provider under Executive Order #38, Provider may be subject to certain financial reporting obligations with New

York State under Executive Order #38 and regulations promulgated thereunder. Information about Executive Order # 38 can be obtained at <http://executiveorder38.ny.gov>.”

10. Any notice given in connection with this Agreement shall be given in writing and shall be delivered either by hand to the party or by mail or overnight delivery to the party’s address stated above.

with a copy (which shall not constitute notice) to:

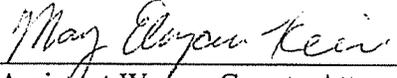
Office of the County Attorney
Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845

11. In the event that Schedule A and/or B attached to this Agreement conflict with the various numbered clauses or provisions of this Agreement, this document shall be controlling as to the intended agreement of the parties.

12. This is the entire Agreement of the parties and cannot be changed or modified except by mutual written agreement. If any part of this Agreement shall be held unenforceable, the rest of this Agreement will nevertheless remain in full force and effect. This Agreement may be executed in any number of counterparts. This Agreement may not be assigned, in whole or in part, by the Provider without prior approval by the County in writing. Any dispute under this Agreement or related to this Agreement shall be decided in accordance with the laws of the State of New York.

IN WITNESS WHEREOF, this Agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:


Assistant Warren County Attorney

COUNTY OF WARREN

By: _____
RONALD F. CONOVER, CHAIRMAN
Board of Supervisors

Date _____

LEXIKEET LEARNING LLC

By: _____

Title _____

Date: _____

SCHEDULE "A"

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is between Lexikeet Learning LLC ("Lexikeet") and the Warren County WIC Program ("Warren County"). The parties agree as follows:

1. Lexikeet will embed an intake software application ("Intake Software") on compatible tablet(s)/hybrid laptop(s) which enables English and non-English speaking parents, guardians, and proxies to understand and respond in their own language to WIC intake questions.
2. Lexikeet will provide the necessary tablet(s)/hybrid laptop(s) to run the Intake Software. Lexikeet will install the Intake Software. Warren County will own the hardware and is responsible for hardware warranty concerns with the hardware manufacturer. Lexikeet has no responsibility or liability regarding the hardware whatsoever, including, but not limited to, hardware malfunction or failure.
3. Warren County agrees to pay the yearly software license and support fee of \$500. This fee has been waived for the first year of usage.
4. Lexikeet has developed video interpretation ("Interpretation") and document translation ("Translation") applications that are accessible online from a compatible device through the Lexikeet Language Portal ("Portal") or through compatible hardware installed with licensed Lexikeet software, such as the Intake Software. Warren County acknowledges and agrees that Lexikeet makes no claim, warranty or guaranty as to the viability or functionality of Lexikeet's Interpretation and Translation applications. Warren County acknowledges and agrees that Lexikeet contracts with independent parties and contractors for Interpretation and Translation services and that Lexikeet makes no warranties and assumes no liability of any kind, including, but not limited to the quality of performance or the actions of such independent providers and their employees, agents and independent contractors.
5. By May 31, 2017, for the Intake software and the installation of applications, Warren County agrees to pay \$4,995.00. Beginning in June 1, 2018, Lexikeet will bill and Warren County agrees to pay an annual software support fee of \$500/Intake software. There is no charge in 2017 for the first year's maintenance fee.
6. Warren County has agreed to BETA test Lexikeet's Interpretation application. Lexikeet will provide live video interpreter services through Warren County's WiFi- and/or 4G-connected hardware which has been installed with Lexikeet's Intake Software or through an online portal on a compatible device. Warren County agrees to pay the BETA price of \$1.25 per minute of usage. Lexikeet will invoice Warren County no less than monthly and will provide thirty (30) days notice for any increase to pricing for Interpretation services.
7. Warren County has agreed to BETA test Lexikeet's Translation application. Lexikeet will provide document translation services through the Portal. Warren County agrees to pay the BETA price of \$0.20/word for Spanish, Arabic, Mandarin Chinese, Burmese, Karen, Pashto, Bengali, Tagalog, Farsi, Dari, Urdu, French, Kinyarwanda, & Nepali. Translation services for other languages not listed may incur an additional charge and require

- additional time to complete. A best estimate of work completion date will be given with each translation request on the Portal. Warren County will be invoiced according to usage no less than monthly by Lexikeet and Lexikeet will provide thirty (30) days notice for any increase to pricing for Translation services.
8. Additional document translation options may be made available by Lexikeet for additional charges, including but not limited to rush translation, second-source proofreading, and document formatting services.
 9. Lexikeet reserves the right to provide Interpretation application and Translation application services through a combination of sources. The specific source for each interpretation or translation request will be listed in the Portal. Warren County acknowledges and agrees that Lexikeet does not provide and is not responsible for customer support for such services. Warren County should contact the service providers regarding questions or concerns regarding their services. Lexikeet will provide email technical support for the Portal, Interpretation and Translation applications. Customer support for specific interpretation or translation requests will be provided by the respective interpretation or translation sources.
 10. Lexikeet has developed audio and visual versions of the New York State WIC Rights and Responsibilities ("WIC R&R"). Lexikeet will provide access to the WIC R&R through Intake Software and through the Portal. Warren County agrees to pay an annual subscription fee of \$250 per requested language relating to WIC R&R. This \$250 annual subscription fee covers audio and visual updates that may become necessary due to government-issued changes. For, 2017, Warren County agrees to pay the annual subscription fee within 30 days of executing this agreement. Thereafter, on or about June 1st of each year, Lexikeet will invoice and Warren County agrees to pay the annual subscription fee of \$250 per requested language within 30 days of the date of the invoice.
 11. Warren County acknowledges that Lexikeet is an independent contractor in the performance of this Agreement, and nothing contained herein may be construed to create or constitute a joint venture, partnership, agency, franchise, lease, or any other arrangement other than as expressly granted in this Agreement.
 12. Warren County acknowledges that Lexikeet is the sole and exclusive owner of any and all services and materials, including but not limited to software developed, under this Agreement ("Work") and of all associated intellectual property applications, derivative works, issues, grants and/or registrations and all pending registrations, as applicable, and Warren County shall do nothing inconsistent with such ownership. Warren County agrees and acknowledges that Lexikeet will be the sole owner of, and will retain the rights, title and interest in the resulting Work, including, but not limited to, computer software, programs and code and the proprietary and confidential information, trade secrets, business processes, technical know-how, designs and development methods, and other intellectual property used in designing, creating and developing the Work. Warren County further agrees that it will not claim ownership rights to the Work, or any derivative, compilation, sequel or series, or related Work owned by or used by Lexikeet.

Warren County agrees that nothing in this Agreement shall give Warren County any right, title, or interest in the Work other than the right to use the same in its capacity in providing services to students, parents and teachers in accordance with the terms hereunder. Warren County agrees not to make similar derivatives of the Work. Warren County admits the validity of all copyrights for the Work and all associated intellectual property applications, derivative works, issues, grants and/or registrations, and acknowledges that any and all rights that might be acquired by Warren County because of its use of the Work shall inure to the sole benefit of Lexikeet.

13. Warren County acknowledges that Lexikeet has the sole and exclusive right to use, sell, license, convey, etc. the Work, including any developed software applications, derivative works and similar technology and applications to other schools and not-for-profit and for-profit companies and organizations and that nothing herein precludes Lexikeet from using, selling, licensing, conveying, etc. the Work hereunder or derivative work or any other work developed by Lexikeet in any manner whatsoever.
14. The parties understand that there may be circumstances under which it is beneficial for this Agreement to be assigned or otherwise transferred. Accordingly, while it is agreed that neither party may assign or otherwise transfer its rights, obligations, and/or duties under this Agreement without the prior written consent of the other party, it is further agreed that such consent shall be reasonably granted. Any prohibited assignment is void.
15. Lexikeet's liability for payment and direct damages, regardless of the form of action, shall be limited to the terms of Paragraph 5 of the Service Provider Agreement entered into simultaneously herewith.
16. This Agreement and the Service Provider Agreement entered into simultaneously herewith are the final and complete agreements between Lexikeet and Warren County with respect to the subject matter hereof. No representations, inducements, promises, or understandings in relation to the subject matter hereof, whether oral or written, exist unless expressly set forth in these agreements, and these agreements supersede all prior understandings, agreements, contracts, or arrangements between the parties, whether oral or written, unless otherwise expressly incorporated in these agreements. No agreement or other understanding purporting to add to or to modify the terms and conditions hereof is binding unless agreed to by duly authorized representatives of the parties in writing. Any terms or conditions in any forms of the parties used in the performance of these agreements that are in conflict with the terms and conditions hereof are void.

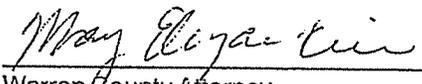
[SIGNATURE PAGE]

Signed and dated,

Jonathan Chan
Managing Partner
Lexikeet Learning LLC
518-860-0121

Ronald Conover
Chairman
Warren County Board of Supervisors
518-761-6535

Approved as to Form:


Asst. Warren County Attorney

SCHEDULE "B"

Billing Invoice

Date: 04/12/2017

Invoice #: 002-WARREN1



Provider: Lexikeet Learning LLC
 1338 Hawthorn Rd.
 Niskayuna, NY 12309
 (518) 250-2229
support@lexikeet.com

Recipient: Warren Co. WIC
 1340 State Rt. 9
 Lake George, NY 12845
 518-761-6555
RothA@warrencountyny.gov
 Customer ID: WARREN1

Contact	Job	Payment terms	Due date
Becky Edvalson	Warren County WIC Rights & Responsibilities Subscription	1 payment	Payment is due

Units	Description	Unit Price	Line Total
3	WIC Rights & Responsibilities Language(s) -- Audio/Visual	\$250.00	\$750.00
	* Voicing of document into target languages		
	* Languages Requested: English, Spanish & Mandarin		
1	Online access to WIC Rights & Responsibilities	INCLUDED	INCLUDED
	* Portal to access WIC Rights & Responsibilities online		
	* Ability to access on Intake Tablet (if purchased)		
1	WIC Rights & Responsibilities Yearly Maintenance Fee	INCLUDED	INCLUDED
	* State-mandated updates included free of charge		
	* Tech support included free of charge		
Prepared by: Becky Edvalson, Community Partnership Coordinator, becky@lexikeet.com , 518-250-2229		Total	\$750.00

Payment is DUE

Please send a copy of this invoice along with your payment to:

David Chan, Lexikeet Learning LLC, 821 Red Oak Drive, Niskayuna, NY 12309

SCHEDULE "B"

Billing Invoice

Date: 04/12/2017

Invoice #: 001-WARREN1



Provider: Lexikeet Learning LLC
 1338 Hawthorn Rd.
 Niskayuna, NY 12309
 (518) 250-2229
support@lexikeet.com

Recipient: Warren Co. WIC
 1340 State Rt. 9
 Lake George, NY 12845
 518-761-6555
RothA@warrencountynv.gov
 Customer ID: WARREN1

Contact	Job	Payment Terms	Due date
Becky Edvalson	Warren County WIC Program Intake Tablet	1 payment	Payment is due

Units	Description	Unit Price	Unit Total
1	Intake Tablet	\$4,995.00	\$4,995.00
	* Installation with customized software for WIC interactions onto Lexikeet-provided tablet/hybrid computer		
	* Includes English + Spanish + Mandarin		
1	On-Demand Video Interpreter Feature Set Up Fee	\$2,500.00	INCLUDED
	* Access to interpreters via Intake Tablet		(Beta User Discount)
	* Charged according to usage on a per minute basis		
1	Online Document Translation Portal	\$2,500.00	INCLUDED
	* Access to document translators via internet/3G/4G		(Beta User Discount)
	* Charged according to usage on a per word basis		
1	Intake Tablet: Print Feature Upgrade	INCLUDED	INCLUDED
	* Ability to print English End Reports from tablet via wireless connection to wi-fi enabled printer		
1	Yearly Maintenance Fee	\$500.00/yr	INCLUDED
	* Covers backend changes that do not affect user experience	Per tablet	(First Year Free)
Prepared by: Becky Edvalson, Community Partnership Coordinator, becky@lexikeet.com , 518-250-2229		Total	\$4,995.00

Payment is DUE

Please send a copy of this invoice along with your payment to:

David Chan, LexiKeet Learning LLC, 821 Red Oak Drive, Niskayuna, NY 12309

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 06/20/2017

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract with Chantalle Grenier to provide Occupational Therapy services in a form approved by the County Attorney
- (c) Name of Contractor: Chantalle Grenier
- (d) Address of Contractor: 738 Moon Hill Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Chantalle Grenier, (518)538-0318 email: cmgrenier16@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: No – use therapist model
- (g) Commencement Date of Contract: 07/24/2017
- (h) Termination Date of Contract: Thirty day written notice by either party
- (i) Payment Provisions: per visit rate paid upon receipt of required documentation for each individual visit
 - 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. bimonthly- see attached rates)
- (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:

Health Services A4010.470 contract expenses

**WARREN COUNTY HEALTH SERVICES
THERAPY RATES**

Certified Home Health Agency

Evaluation Region 1	\$55.00
Revisit Region 1	\$53.00
Evaluation Region 2	\$75.00
Revisit Region 2	\$75.00
Meetings (for all services)	\$40.00

Early Intervention Services Only

Evaluation Region 1	\$50.00
Revisit Region 1	\$50.00
Evaluation Region 2	\$57.00
Revisit Region 2	\$57.00
Extended visit Region 1 & 2 (with IFSP approval)	\$70.00
Supplemental Evaluations Regions 1 & 2	\$117.00

Preschool CPSE/Approved IEP

Basic visit Region 1	\$53.00
Basic visit Region 2	\$60.00
Group visit per child Regions 1 & 2	\$44.00

Meetings (for all services)	\$40.00
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Chantalle Grenier
738 Moon Hill Road, Queensbury N.Y
(518)538-0318 • cmgrenier16@gmail.com

Education

Occupational Therapist Registered, NBCOT Certified Certification Number: 329258 Certification Date: 7/9/14	July 2014
MS in Occupational Therapy, Utica College	May 2014
BS in Health Studies, Utica College <ul style="list-style-type: none">Nominated 2012- Who's Who in America's Colleges and Universities	May 2013

Occupational Therapy Experience

Centers for Specialty Care <ul style="list-style-type: none">Warren Center<ul style="list-style-type: none">Evaluated and treated short term and long term residents with various physiological and cognitive diagnoses inhibiting their quality of life and functional abilitiesPerformed physical agent modalities including ultrasound, paraffin, electrical stimulation, hot packs and cold packs to treat conditions of the upper extremitySupervision of Certified Occupational Therapy AssistantIndian River Rehabilitation and Nursing Center<ul style="list-style-type: none">Evaluated and treated short term and long term residents with various physiological and cognitive diagnoses inhibiting their quality of life and functional abilitiesPerformed physical agent modalities including ultrasound, paraffin, electrical stimulation, hot packs and cold packs to treat conditions of the upper extremitySupervision of Certified Occupational Therapy Assistant	August 2014- Present
Glens Falls School District: Fieldwork- Level II (Children) <ul style="list-style-type: none">Glens Falls School District<ul style="list-style-type: none">Planned and implemented treatment sessions, performed initial evaluations and re-evaluations, familiar with assessment tools used in this setting, participated in Individualized Education Meetings, and supervision of a Certified Occupational Therapy Assistant	February 2014-May 2014
Dominican Republic: Fieldwork-Level I (Children) <ul style="list-style-type: none">International Occupational Therapy Fieldwork Experience: Dominican Republic<ul style="list-style-type: none">Traveled with occupational therapy students and staff members of the Utica College Occupational Therapy Department to the Dominican Republic; Used therapeutic use of self to overcome a language barrierVisited early intervention clinics in the Dominican Republic and implemented treatment sessions with children including diagnoses of cerebral palsy, brachial plexus injuries, and general developmental delays	December 2013
Albany Medical Center: Fieldwork - Level II (Adult) <ul style="list-style-type: none">Acute Rehabilitation: Albany Medical Center<ul style="list-style-type: none">Planned and implemented treatment sessions, weekly reviews, and attended round meetings for full caseloadPerformed initial evaluations, treatment notes, progress notes, discharge notes, and rounds documentationAcute Care: Albany Medical Center<ul style="list-style-type: none">Performed initial evaluations, planned and implemented treatment sessions, and performed progress notes primarily on an orthopedic floor, a renal transplant floor, and the prison floor located in the hospitalSupervision of Certified Occupational Therapy AssistantProvided with opportunities to perform evaluations and treatments on the following floors: cardiac, infectious diseases, neurology, pediatric, and medical surgery floor	May 2013 - August 2013
Saranac Lake Hospital: Fieldwork - Level I (Adult): Saranac Lake Hospital <ul style="list-style-type: none">Observed and participated in treatment sessions for a variety of clients receiving outpatient as well as inpatient	December 2013

therapy for an array of diagnoses involving the upper extremities

- Participated in education regarding Sound Assisted Soft Tissue Mobilization to treat conditions of the upper extremity, as well as education regarding lymphedema treatments

Upstate Cerebral Palsy, Reindance Stables, Upstate Cerebral Palsy, Pool Pals, & Learn to Swim Program

Fall 2011-December 2013

Supporting Experience

Teacher Assistant for Gross Anatomy & Neuroanatomy, Utica College	September 2012-December 2013
Water Safety Instructor & Lifeguard, Newcomb Youth Program	July 2006-July 2012

Affiliations

Member, American Occupational Therapy Association (AOTA)	August 2012 - 2014
Research Presenter, 2014 AOTA National Conference and Expo, Baltimore, Maryland	April 2014
Member, New York Occupational Therapy Association	August 2012-2014
Member, Student Occupational Therapy Association, Utica College; Secretary	August 2013
Service Learning, MVCAA Head Start and Upstate Cerebral Palsy Tradewinds Program, Utica, NY	September 2013
Aqua Buddies Volunteer, Upstate Cerebral Palsy, Utica, NY	September 2013
Empire Orthopedics Volunteer, Utica, NY	January 2012



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance OCCURRENCE POLICY FORM



Print Date: 6/16/2017

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0647188140 from 06/16/17 to 06/16/18 at 12:01 AM Standard Time

Named Insured and Address: Chantalle M Grenier 738 Moon Hill Road Queensbury, NY 12804

Program Administered by: Healthcare Providers Service Organization 159 E. County Line Road Hatboro, PA 19040-1218 1-800-982-9491 www.hpso.com

Medical Specialty: Occupational Therapist

Code: 80721

Insurance is provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604

Excludes Cosmetic Procedures

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability * Malplacement Liability * Personal Injury Liability
* Indirect Sexual Misconduct included in the PL limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

Table with 4 columns: Coverage Extension, Amount, Unit, and Aggregate Limit. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, and Information Privacy (HIPAA).

Workplace Liability

Workplace Liability Included in Professional Liability Limit shown above
Fire & Water Legal Liability Included in the PL limit shown above subject to \$150,000 aggregate sublimit
Personal Liability \$1,000,000 aggregate

Total: \$ 116.00

Base Premium \$116.00

Premium reflects Self Employed , Part Time

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

Table with 7 columns of policy form numbers: G-121500-D, GSL10550NY, G-121503-C, G-121501-C, GSL11892NY, CNA81753, CNA81758, G-145184-A, G-147292-A, GSL15563NY, GSL15565NY, GSL17101, GSL18064NY, GSL13424, CNA80051, CNA80052, G-123813-C31, G-123846-D31, CNA82011, CNA79575

Signature of Chairman of the Board

Chairman of the Board

Signature of Secretary

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance. Master Policy # 188711433

G-141241-B31 (03/2010)

Coverage Change Date:

Endorsement Change Date:

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability insurance policy.

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
GSL10550NY	New York Amendatory Endorsement
G-121503-C	Workplace Liability Form
G-121501-C	Occurrence Policy Form
GSL11892NY	New York Amendatory Endorsement
CNA81753	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758	Notice - Offer of Terrorism Coverage & Disclosure of Premium
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563NY	New York Information Privacy Coverage
GSL15565NY	New York Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL18064NY	New York Amendatory Endorsement
GSL13424	Services to Animals
CNA80051	Amended Definition of Personal Injury Endorsement
CNA80052	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123813-C31	New York Amendatory Change
G-123846-D31	New York Cancellation and Non-Renewal
CNA82011	Related Claims Endorsement
CNA79575	Exclusion of Cosmetic Procedures

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form#: G-141241-B31 (03/2010)
Master Policy#: 188711433

Named Insured: Chantalle M Grenier
Policy#: 0647188140

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: Health Services - WIC Payroll Dept. No: 36.03 *pro-rated to*
Title of Position: WIC Nutrition Facilitator Base Salary of Position: 41,158 Grade: 16 *19.78*
Filling at Step # (If Known): Base Salary Request to Backfill Due to Promotion: Yes No *Request help rate*
Budget code and title: 4013.130 WIC Part Time Salaries Union Non-Union *not to exceed 20 hrs*
This position is vacated due to: Retirement Resignation Termination Promotion Other *20 hrs/week less than per week*
Employee No.: 12992 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 100 % State _____ % Other _____ %

* previous employee in position went from part time to full time status

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other REN 6/14/17

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. 10-6-17

When full time employee resigned during probationary period.

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 L. B. M. [Signature] Date 6/16/17

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 6/16/17

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 Edna A. Francis Date 6/20/17

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: Health Services Payroll Dept. No: 36.00

Title of Position: Nurse Technician Base Salary of Position: \$36,259 Grade: 11

Filling at Step # (If Known): Not known Request to Backfill Due to Promotion: Yes No

Budget code and title: A-4010-110 Full Time Salaries Union Non-Union

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

Employee No.: 7026 Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal _____ % State _____ % Other various payment through sources depending on case mix

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other RCN
Actual Impact to Budget Report will be provided monthly by Human Resources Director. 6/8/17

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. 6-8-17

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 6/8/17

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 [Signature] Date 6/12/17

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 6/20/17