

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**  
**June 20, 2017 9:30AM**

Committee Members: Chairman Edna Frasier, Matthew MacDonald, Ron Vanselow, Ronald Montesi, Claudia Braymer, Peter McDevitt, Craig Leggett

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
  1. **Request:** Permission to fill vacant position of Supervisor of Volunteers, Grade 2, base salary of \$26,027.  
**Rationale:** This individual coordinates both the volunteer drivers for the home delivered meals program, as well as the transportation program.
  2. **Request:** Amend budget reporting for OFA to have two budget departments, 6772 for Warren County, and 6771 for Hamilton County, as long as NYSOFA is in agreement.  
**Rationale:** Currently OFA has twenty (20) department listings under its umbrella. While our overall funding streams and budget are not affected, we are frequently having to make adjustments in LOGOS to change where money is being taken from. Example – Repair to freezer at Bolton meal site would need to come out of 6774.422(SNAP, Repair to Equipment), but the monies are in 6773.422(Nutrition Program for Elderly-Warren County, Repair to Equipment). We would still need to track this internally, but the need to move the funds in LOGOS would be eliminated. Saving time both in OFA and the Treasurer's Office.
  3. **Request:** Enter into MOU with SAIL(Southern Adirondack Independent Living Center), to provide NY Connects services in Warren/Hamilton Counties.  
**Rationale:** NYSOFA(New York State Office for the Aging) is requiring that there be an MOU between Area Agencies of Aging Directors(us), Local Departments of Social Service Commissioners, NY Connects Coordinators(us) and Regional NY Connects ILC Grantees(SAIL) to provide services to residents throughout New York State. Copy of MOU will be sent to County Attorney's Office once it has been finalized for review.
- 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. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Office for the Aging Payroll Dept. No: 57.011 and 57.02  
Title of Position: Supervisor of Volunteers Base Salary of Position: \$26,027.00 Grade: 2  
Filling at Step # (If Known): 0  
Budget code and title: A6773.110 Nutrition Program Warren A6778.110 CSE Warren Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: Suzanne Scott Date of Vacancy: 6/13/2017  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal 20 %  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. 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: 6/19/2017

- (a) Purpose of Request: Amend budget codes for OFA.
- (b) Details: Currently OFA has twenty (20) department listings under it's budget, one for each source of funding from NYSOFA. After discussion with the Treasurer's Office, we would like to reduce this to two department listings for OFA, 6771 for Hamilton County and 6772 for Warren County.

The Hamilton County OFA department listing 6771 should include: 6771(Nutrition for Elderly-Ham), 6780(CSE-Ham), 6786(OFA-Point of Entry-Ham), 6789(EISEP-Ham), and 6794(USDA-Ham).

The Warren County OFA department listing 6772 should include: 6772(Office for the Aging), 6773(Nutiriton for Elderly-Warren), 6774(SNAP), 6777(Commodity Foods), 6778(CSE-Warren), 6783(HEAP), 6784(USDA-Warren), 6785(OFA-Point of Entry-Warren), 6787(BIP), 6788(EISEP-Warren), 6795(Title IIIIE), 6986(MIPPA/ARDC), 6787(Title VII Elder Abuse Prevention), 6988(HIICAP), and 6989(Health Promotion).

- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **No Financial Impact.**

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

\* 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: 6/19/2017**

- (a) Purpose of Request: **MOU with Department of Social Services and the Regional NY Connects ILC.**
- (b) Details: **NYSOFA(New York State Office for the Aging) is requiring that there be an MOU between Area Agencies of Aging Directors, Local Departments of Social Service Commissioners, NY Connects Coordinators and Regional NY Connects ILC Grantees(SAIL) to provide services to residents in Warren and Hamilton Counties. There already is an agreement between OFA, DSS and NY Connects, however, the new agreement would include the Regional NY Connects ILC.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **No Financial Impact.**

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

\* as listed in budget and LOGOS