

WARREN-HAMILTON COUNTIES OFFICE FOR THE AGING
1340 STATE ROUTE ♦ LAKE GEORGE, NY 12845
PH#(518)761-6347 ♦ FAX#(518)761-6344

HUMAN SERVICES COMMITTEE MEETING
OFFICE FOR THE AGING AGENDA
January 25, 2019 10:30AM

Committee Members: Chairman Edna Frasier, Peter McDevitt, Claudia Braymer, Craig Leggett, William Loeb, Bennett Driscoll, Cynthia Hyde, Brad Magowan, Matthew Sokol

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting

III. Action Agenda

1. **Request:** Permission to amend CSE contracts for 2019.
Rationale: We received additional CSE funding in the amount of \$14,489 for the 4/1/2018-3/31/2019 program year. There is a County share of \$4,836.00 which is in the budget due to other contracts not being completely utilized by vendors. This would be a one time increase and not require the 50% match from the towns for transportation. See attached for details.
2. **Request:** Permission to reduce the hours for the Meal Site Cook #10 at the Johnsbury meal site, from 30hours/week to 25hours/week.
Rationale: Based on the NYSOFA staffing requirement levels and the number of meals produced by this site, it is not necessary to have two 30hour/week employees. Since 2016, the hours of the Meal Site Cooks at the other smaller meal sites have been reduced from 30hours/week to 25hours/week when there was a vacancy in the position. This would be a cost savings of approximately \$3,429.
3. **Request:** Permission to fill the Meal Site Cook#10 position at the Johnsbury meal site due to resignation.
Rationale: The previous Meal Site Cook resigned her position effective 12/31/18, due to medical reasons. There will be an approximate cost savings of \$5,699 due to longevity of the previous employee in the position.
4. **Request:** Permission to enter into contracts with Fort Hudson Health Systems, Inc. to provide personal care level 1, personal care level 2, case management and social adult day care services to residents of Warren and Hamilton Counties under EISEP(\$85,000) and Title IIIE(\$23,000) funding.
Rationale: This will allow us to optimize our funding from NYSOFA and expand services to residents of Warren and Hamilton Counties.
5. **Request:** Permission to enter into contract with Home Aide Services of the Central Adirondacks, Inc. to provide personal care level 1 and 2 services under EISEP(\$40,000).
Rationale: This will allow us to optimize our funding from NYSOFA and expanded in home services to residents of Hamilton County.
6. **Request:** Permission to enter into a contract with Countryside Adult Home to provide social adult day care services to residents of Warren and Hamilton Counties under EISEP (\$20,458).
Rationale: This will allow us to optimize our funding from NYSOFA and expand services to residents of Warren and Hamilton Counties.
7. **Request:** Permission to enter into a contract with Hamilton County Public Health Nursing Services to provide evidence based health promotion services to residents of Hamilton County under Title IIID (\$3,460).
Rationale: This will allow us to optimize our funding from NYSOFA and expand services to residents of Hamilton County.

8. **Request:** Permission to amend Schedule "A" for the following programs: IIID-Evidenced Based Health Promotion(Resolution 406 of 2017), IIIE-Caregiver Services(Resolution 120 of 2016), EISEP-Expanded In-Home Services for the Elderly(Resolution 78 of 2018), & CSE-Community Services for the Elderly(Resolution 76 of 2018). Please see attached Schedule "A" for details.
Rationale: These amendments to the contracts will allow us to optimize the funding received from NYSOFA and expand services to seniors in both Warren and Hamilton Counties.
9. **Request:** Permission to amend contract with Countryside Adult Home for the provision of meals to clients of Warrensburg and the surrounding areas, to a reimbursement rate of \$3.65/meal vs a flat rate of \$16,000/quarter.
Rationale: This amendment will allow us to better track the cost of providing these services, as well as back up documentation of such.
10. **Request:** Purchase Food Processor Software upgrade for \$499.
Rationale: We are required by NYSOFA to do an analysis on all of our menus. The last time this software was upgraded was in 2010.
11. **Request:** Submit 2019-2020 Annual Implementation Plan to NYSOFA.
Rationale: Each year, NYSOFA requires each Office for the Aging to submit an annual budget, called the AIP. The AIP for 2019-2020 was due on December 5th, 2018.
12. **Request:** Submit 2018-2019 MIPPA grant application in the amount of \$22,761.00.
Rationale: The MIPPA(Medicare Improvements for Patients and Providers Act) grant is used to cover expenses related to the State Health Insurance Assistance Program (SHIP) provided by the WHCOFA. This grant is 100% funded, covers the period of 9/30/2018-9/29/2019, and is due on February 22, 2019.
13. **Request:** Permission to amend contract with Catherine Keating-Stauch for dietitian services to change the two days of training conferences and seminars, "to necessary training conferences and seminars as approved by the Director."
Rationale: Due to NYSOFA regulations, it is sometimes necessary for the dietitian to attend more than two conferences and/or trainings a year.
14. **Request:** Permission to fill the Food Service Manager position at the Cedars Meal site due to resignation.
Rationale: The previous Food Service manager resigned her position effective 08/19/2018.

Referral/pending items- None

IV. Information for Discussion/Review

- a) Senior of the Year Nominations – Due February 8th.
- b) Annual Evaluation by NYSOFA – Completed September 25 & 26, 2018
 - i) Reporting: CAARS Reports were not submitted by the due date. The report was submitted, but did not show up as submitted at NYSOFA. It was re-submitted the next day.
 - ii) Client Assessment: One client case file reviewed did not contain the most recent Care Plan, Financial Information, Medicaid Prescreen or Client Agreement. This information was completed by the contractor, but had not yet been sent to OFA.

V. Privilege of the floor to discuss any additional items to come before the Committee.

VI. Motion to adjourn

PROGRAMS – NYSOFA 2019[Tentative Allocations]

Title III-B Supportive Services Program(6772) 75% Federally Funded[Max \$85,774]

Title III-B links many older New Yorkers with a wide range of services to help them remain independent in their homes and communities. Under Title III-B, AAAs can provide a wide variety of services (anything but nutrition). There is a statutory priority for Title III-B services placed upon three categories: Access Services (information, referral, transportation, outreach and other access services); In-home Services, PC I (housekeeper, chore) and PC II (homemaker, personal care) hours, supportive services for families of elderly victims of Alzheimer's disease, friendly visiting, and telephone reassurance); and Legal Assistance. As required by statute, NYSOFA has assigned minimum percentages of III-B services expenditures to Access (20%), Legal (7%) and In-home (2.5%).

Title III-C-1 Congregate Nutrition Services (6771) 75% Federally Funded[Max \$108,837]

The congregate meal settings provides the opportunity for social interaction and the delivery of support services such as recreation, nutrition education, shopping assistance, counseling and information and referral to other needed services. Congregate programs are also coordinated with community based long term care efforts. Transportation and escort services are provided to allow older people to participate.

Title III-C-2 Home Delivered Nutrition Services (6773) 75% Federally Funded[Max \$55,746]

Home-delivered meals are the most economical long term care service and can often substitute for or delay the need for more extensive services. A home-delivered meal is often providing the principal or initial contact with the service delivery system for many chronically or temporarily impaired elderly.

Title III-D Disease Prevention/Health Promotion (6989) 90% Federally Funded[Max \$6,227]

Provides disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home delivered meals programs or at other appropriate sites. Must be evidenced based.

Title III-E National Family Caregiver Support Program(6795) 75% Federally Funded[Max \$48,472]

Helps family members provide care for the elderly at home, who are 60(+). Services provided include information and assistance, counseling, support groups and training, respite services so that the caregiver can get a short break when needed, and supplemental services that complement care provided by informal caregivers, such as PC I(housekeeper, chore) and PC II (homemaker, personal care) hours. The program also assists grandparents raising grandchildren and older individuals providing care to children with mental retardation and developmental disabilities (no more than 10% of budget).

NSIP(3777 & 3784 & 3794) Funnels Through State 100% Federally Funded[\$109,087]

Nutrition Services Incentive Program provides additional funds to the nutrition program at all sites.

WIN(Used to be SNAP) Funnels Through State 100% State Funded[Max \$207,015]

Wellness In Nutrition program is targeted to those who are economically disadvantaged.

HIICAP(6988) 100% State Funded[Max \$51,378]

The New York State Health Insurance Information Counseling Program (HIICAP) provides free, confidential, accurate and unbiased health insurance information, counseling and assistance. Trained volunteer counselors and staff explain the coverage, costs and options of Medicare, managed care, Medigap insurance and long term care insurance. HIICAP educates and empowers Medicare beneficiaries and their families to choose and use their health insurance wisely and assists them when necessary.

CSE(6778 & 6780)**75% State Funded[Max W-\$144,147, H-\$82,412]**

Community Services for the Elderly Program (CSE) provides community-based, supportive services to frail, low-income elderly who need assistance to maintain independence in their home. CSE provides a wide range of services including but not limited to: case management, personal care, home delivered meals, information and assistance, referral, social adult day care, transportation, respite, telephone reassurance and friendly visiting, health promotion and wellness activities, senior centers and other congregate programs, personal emergency response systems, minor residential repairs, escort and other services.

EISEP(6788 & 6789)**75% State Funded[Max W-\$222,093, H-\$178,749]**

Expanded In-home Services for the Elderly Program (EISEP) provides only non-medical in-home services, case management, respite, ancillary services(PERS), and PC I(housekeeper, chore) and PC II(homemaker, personal care) hours. Services are provided to functionally impaired elderly who are in need of community-based long-term care but who are not eligible for similar services under Medicaid. EISEP is not an entitlement program and, thus, does not serve all older individuals in need. This program operates under a fixed, capped budget and requires client cost-sharing. Although targeted to low income elderly, clients who are financially able may receive needed services, provided they pay for the services.

CSI**75% State Funded[Max W-\$1,722, H-\$1,000]**

Congregate Services Initiative (CSI) services provided in community settings at which elderly people come together for services and activities that respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the community and which seek to prevent the well elderly from requiring more intensive services.

MIPPA(6986)**100% Funded Annual Grant[\$22,654]**

Medicare Improvements for Patients and Providers Act enhance/expand application assistance.

NY CONNECTS**100% State Funded Annual Grant[\$195,398]**

Funding for a single point of entry for people to access services from multiple departments. Program is interdepartmental (DSS, Health Services, Hamilton County) but the money is in OFA budget. Previously referred to as Point of Entry. This year, NYSOFA has combined the NY Connects ADRC grant with the Expansion and Enhancement or Balancing Incentive Program.

HEAP(6783)**[\$3,500]**

Home Energy Assistance Program. Funding for energy assistance, benefits disbursed by DSS.

TRANSPORTATION**100% Annual Grant [\$11,200]**

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office for the Aging

DATE: January 25, 2019

- (a) Purpose of Contract Change:
Amending contract with The Clements Firm to allow for payment of fees of \$1,070 incurred for services provided to four Office for the Aging Clients after their annual limit for services was reached

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
R118/2016

- (c) Name of Contractor:
The Clements Firm

- (d) Address of Contractor: **PO Box 598
Glens Falls, NY 12801**

- (e) Contractor's Contact Person and Telephone Number:
Thomas Clements

- (f) Commencement Date of Extension:

- (g) Termination Date of Extension: **March 31, 2018**

- (h) Payment Provisions: i) lump sum amount **\$1,070**
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:
Source of funds to be determined by Finance Committee**

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/18/2019

- (a) Purpose of Request: Amend CSE Contracts - 1x Increase
- (b) Details: 1/1/19-3/31/19; Glens Falls Association for the Blind-\$3,000; Town of Chester-\$943; Town of Hague-\$240; Town of Horicon-\$628; Town of Johnsbury-\$1,012; Town of Lake George-\$916 ; Town of Lake Luzerne-\$916; Town of Lake Pleasant-\$286; Town of Long Lake-\$1,138; Town of Stony Creek-\$420 ; Town of Thurman-\$1,000; Town of Wells-\$200; Hamilton County Public Health-\$3,126; Warren County Public Health-\$4,000; Glens Falls Hospital Medical Alert-\$1,500
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A6772.470(\$14,024) & A6771.470(\$5,301) Total of \$19,325

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/9/2019

- (a) Purpose of Request: **Amend table of organization to reflect a reduction in hours at Johnsburg meal site.**
- (b) Details: **Reduce Meal Site Cook #10 from 30hours/week to 25hours/week (Johnsburg Meal Site). Based on the staffing requirements outlined by NYSOFA and the number of meals produced at the site, it is not necessary to have two 30hr/week positions. The Meal Site Cook position was recently vacated due to resignation, so this would be a good time to do this.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A6772.130 Warren County Salaries**

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

* as listed in budget and LOGOS

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: _____
 Title of Position: Meal Site Cook #10 (Johnsburg Meal Site) Base Salary of Position: \$27,438 (25hr/week) Grade: 2
 Filling at Step # (If Known): _____
 Budget code and title: A.6772.130 Nutrition Program Warren - Salaries PT Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No./Last Name: #6774/Freebern Date of Vacancy: 12/31/2018
 Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal 75 % State _____ % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
 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. 2/19/19
 Human Resources Director has approved this form when initialed. 1/17/19

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 1/9/19

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 1/10/19

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 1/25/19

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 1/11/2019

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Provide personal care level 1 ad 2, case management and social adult day services(including transportation) to residents of Warren and Hamilton Counties under EISEP.

- (c) Name of Contractor: Fort Hudson Health System

- (d) Address of Contractor: 319 Broadway, Fort Edward, NY 12828

- (e) Contractor's Contact Person and Telephone Number: Andrew Cruikshank, PH#(518)747-2811

- (f) Has or will the Contract be provided, if so, please attach: Need

- (g) Commencement Date of Contract: 4/1/2019

- (h) Termination Date of Contract: 3/31/2020, with option for one year renewals if no material changes

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount See EISEP Schedule "A"
 - iii) total amount not to exceed \$85,000
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly Payments

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.6772.470 (Warren County Contracts EISEP) & A.6771.470 (Hamilton County Contracts EISEP) \$85,000

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 1/11/2019

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Provide respite services to residents of Warren and Hamilton Counties under Title IIIIE (including personal care level 1 & 2, and case management).

- (c) Name of Contractor: Fort Hudson Health System

- (d) Address of Contractor: 319 Broadway, Fort Edward, NY 12828

- (e) Contractor's Contact Person and Telephone Number: Andrew Cruikshank, PH#(518)747-2811

- (f) Has or will the Contract be provided, if so, please attach: Need

- (g) Commencement Date of Contract: 1/1/2019

- (h) Termination Date of Contract: 12/31/2019, with option for one year renewals if no material changes

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount See Title IIIIE Schedule "A"
 - iii) total amount not to exceed \$23,000
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly Payments

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: A.6772.470 (Warren County Contracts IIIIE) & A.6771.470 (Hamilton County Contracts IIIIE) \$23,000

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 1/11/2019

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Provide personal care level 1 and 2, to residents of Hamilton County under EISEP.

- (c) Name of Contractor: Home Aide Service of the Central Adirondacks, Inc.

- (d) Address of Contractor: 114 S Shore Road/PO Box 25, Old Forge, NY 13420

- (e) Contractor's Contact Person and Telephone Number: Roberta Konecny,
PH#(315)369-6183

- (f) Has or will the Contract be provided, if so, please attach: Need

- (g) Commencement Date of Contract: 4/1/2019

- (h) Termination Date of Contract: 3/31/2020, with option for one year renewals if no material changes

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount See EISEP Schedule "A"
 - iii) total amount not to exceed \$40,000
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly Payments

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: A.6771.470 (Hamilton County Contracts EISEP) \$40,000

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 1/11/2019

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Provide social adult day care services (personal care level 1 and 2), to residents of Warren and Hamilton Counties under EISEP.

- (c) Name of Contractor: Countryside Adult Home

- (d) Address of Contractor: 353 Schroon River Road, Warrensburg, NY 12885

- (e) Contractor's Contact Person and Telephone Number: Christian Hanchett, PH#(518)761-6362

- (f) Has or will the Contract be provided, if so, please attach: Need

- (g) Commencement Date of Contract: 4/1/2019

- (h) Termination Date of Contract: 3/31/2020, with option for one year renewals if no material changes

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount See EISEP Schedule "A"
 - iii) total amount not to exceed \$20,458
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly Payments

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.6772.470 (Warren County Contracts EISEP) \$20,458

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 1/11/2019

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Provide evidence based health promotion (Tai Chi) to residents of Hamilton County under Title IIID.

- (c) Name of Contractor: Hamilton County Public Health Nursing Services

- (d) Address of Contractor: PO Box 205, Route 8, Lake Pleasant, NY 12108

- (e) Contractor's Contact Person and Telephone Number: Erica Mahoney, PH#(518)648-6141

- (f) Has or will the Contract be provided, if so, please attach: Need

- (g) Commencement Date of Contract: 1/1/219

- (h) Termination Date of Contract: 12/31/2019, with option for one year renewals if no material changes

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount See Title IIID Schedule "A"
 - iii) total amount not to exceed \$3,460
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly Payments

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: A.6771.470 (Hamilton County Contracts Tile IIID) \$3,460

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/18/2019

- (a) Purpose of Request: **Amend Title IIID Contracts - 1/1/19-12/31/19**
- (b) Details: **1/1/19-12/31/19; See Attached Title IIID Schedule "A"**
 - a. Increase SAIL contract to \$3,459;**
 - b. Add contract with Hamilton County Public Health in the amount of \$3,460.**

****All contracts will continue to have automatic one year renewals if no monetary or program changes.**

- (c) Previous Resolution Number: **406 of 2017**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A6772.470(\$3,459) & A6771.470(\$3,460) Total of \$6,919**

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/18/2019

- (a) Purpose of Request: **Amend Title IIIE Contracts - 1/1/19-12/31/19**
- (b) Details: **1/1/19-12/31/19; See Attached Title IIIE Schedule "A", Changes as follows:**
 - a. Increase GAHA contract to \$35,000;**
 - b. Increase Hamilton County Public Health contract to \$10,000, change service to caregiver respite, PC1 and PC2 rates at \$30.31/hr;**
 - c. Add contract with Fort Hudson Health System in the amount of \$23,000;**

****All contracts will continue to have automatic one year renewals if no monetary or program changes.**

- (c) Previous Resolution Number: **692 of 2012, 124 of 2015, 120 of 2016**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A6772.470 & A6771.470 Total of \$69,000**

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/18/2019

- (a) Purpose of Request: **Amend EISEP Contracts - 4/1/19-3/31/20**
- (b) Details: **4/1/19-3/31/20; See Attached EISEP Schedule "A", Changes as follows:**
 - a. Reduce GAHA contract to \$180,000, Add Consumer Directed Program;**
 - b. Reduce Hamilton County Public Health contract to \$35,100, change PC1 and PC2 rates to \$30.31/hr;**
 - c. Add contract with Home Aide Services of the Central Adirondacks, Inc. in the amount of \$40,000, PC1 and PC2 rates of \$25/hr;**
 - d. Add contract with Fort Hudson Health System in the amount of \$85,000;**
 - e. Add contract with Countryside Adult Home in the amount of \$20,458, rate of \$45/day, transportation at \$15/one way.**

****All contracts will continue to have automatic one year renewals if no monetary or program changes.**

- (c) Previous Resolution Number: **119 of 2016, 153 of 2017, 75 of 2018**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A6772.470 & A6771.470 Total of \$438,058**

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

*** as listed in budget and LOGOS**

WARREN/HAMILTON COUNTIES OFFICE FOR THE AGING
EISEP CONTRACTS [4/1/19-3/31/20]

SCHEDULE A

VENDOR	SERVICE	SPECIFICS	STATE FUNDS	COUNTY FUNDS	YEARLY TOTAL AMOUNT	
Glens Falls Hospital	Medical Alert	Warren-\$4,000; Hamilton-\$3,000; \$30/Set Up Fee; \$35/Monthly Fee	\$5,600	\$1,400	\$7,000	same
Greater Adirondack Home Aides	PC1, PC2, CM & CD	PC1 & PC2-\$24/Hr; CM-\$2,334/Month; Add Consumer Directed Services	\$144,000	\$36,000	\$180,000	↓\$9,226, Added CD
Hamilton County DSS	CM	\$1,922/Month	\$24,400	\$6,100	\$30,500	same
Hamilton County Public Health	PC1 & PC2	PC1 & PC2 - \$30.31/hr	\$26,325	\$8,775	\$35,100	↓\$40,000
Home Health Care Partners	PC1 & PC2	PC2-\$25.69/hr; PC1-\$25.40/hr	\$32,000	\$8,000	\$40,000	same
Home Aide Services of the Central Adirondacks, Inc.	PC1 & PC2	PC 1 & PC2-\$25/hr	\$32,000	\$8,000	\$40,000	New
Fort Hudson Health System	PC1, PC2, CM & SADC	PC1-\$23/hr; PC2-\$24/hr; CM- /Monthly; SADC(\$20,000)- \$15/Transport(one way), \$35/half day, \$55/whole day)	\$68,000	\$17,000	\$85,000	New
Countryside Adult Home	SADC	\$15/Transport(one way), \$45/whole day	\$16,366	\$4,092	\$20,458	New

Revised (1/22/19)

Total Funding

\$438,058 ↑\$56,232

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/18/2019

- (a) Purpose of Request: **Amend CSE Contracts - 4/1/19-3/31/20**
- (b) Details: **4/1/19-3/31/20; See Attached CSE Schedule "A", changes as follows:**
 - a. **Add contract with Glens Falls Hospital(Medical Alert-PERS) in the amount of \$7,000;**
 - b. **Delete contract with GAHA under this funding source (move to EISEP/Title III)**

****All contracts will continue to have automatic one year renewals if no monetary or program changes.**

- (c) Previous Resolution Number: **130 of 2015, 118 of 2016, 76 of 2018**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A6772.470 & A6771.470 Total of \$104,090**

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

*** as listed in budget and LOGOS**

WARREN/HAMILTON COUNTIES OFFICE FOR THE AGING
CSE CONTRACTS [4/1/19-3/31/20]

SCHEDULE A

VENDOR	SERVICE	SPECIFICS	STATE FUNDS	COUNTY FUNDS	YEARLY TOTAL AMOUNT	
Glens Falls Association for the Blind	In-Home, I&A	Warren - \$6,000 Hamilton - \$1,650	\$6,120	\$1,530	\$7,650	Same
Glens Falls Hospital	Medical Alert	Warren - \$4,000; Hamilton - \$3,000; \$30/Set Up Fee; \$35/Monthly Fee	\$5,600	\$1,400	\$7,000	New
Greater Glens Falls Senior Center	In-Home, I&A, Outreach	\$2,208.33/Month	\$21,200	\$5,300	\$26,500	Same
Legal Aid Society	Legal Assistance	\$4,487.50/Quarter	\$14,360	\$3,590	\$17,950	Same
Town of Chester	Transportation	50% Match	\$3,016	\$755	\$3,771	Same
Town of Hague	Transportation	50% Match	\$768	\$192	\$960	Same
Town of Horicon	Transportation	50% Match	\$2,008	\$502	\$2,510	Same
Town of Johnsbury	Transportation	50% Match	\$3,238	\$810	\$4,048	Same
Town of Lake George	Transportation	50% Match	\$2,922	\$743	\$3,665	Same
Town of Lake Luzerne	Transportation	50% Match	\$2,313	\$579	\$2,892	Same
Town of Lake Pleasant	Transportation	50% Match	\$915	\$229	\$1,144	Same
Town of Long Lake	Transportation	50% Match	\$3,640	\$910	\$4,550	Same
Town of Stony Creek	Transportation	50% Match	\$1,344	\$336	\$1,680	Same
Town of Thurman	Transportation	50% Match	\$1,437	\$360	\$1,797	Same
Town of Warrensburg	Transportation	50% Match	\$1,304	\$326	\$1,630	Same
Town of Wells	Transportation	50% Match	\$640	\$160	\$800	Same
Warren/Hamilton County ACEO	Handyman Services	Warren - \$5,730 Hamilton - \$1,000	\$5,384	\$1,346	\$6,730	Same
Hamilton County Public Health	Health Promotion		\$2,650	\$663	\$3,313	Same
Warren County Public Health	Health Promotion		\$4,400	\$1,100	\$5,500	Same
Total Funding					\$104,090	↑\$10,821

Revised (1/11/19)

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: January 11, 2019

- (a) Purpose of Contract Change: **Amend contract with Countryside Adult Home to provide congregate and home delivered meals to seniors in Warrensburg and the surrounding towns, at a rate of \$3.65/meal. This amount will exclude labor costs, medical fees(annual physical and PPD every two years), office supplies, and costs of repairs to Office for the Aging equipment.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
- (c) Name of Contractor: **Countryside Adult Home**
- (d) Address of Contractor: **353 Schroon River Road, Warrensburg, NY 12885**
- (e) Contractor's Contact Person and Telephone Number: **Christian Hanchett, PH#(518)761-6362**
- (f) Commencement Date of Extension: **1/1/2019**
- (g) Termination Date of Extension: **12/31/2020; With automatic two year renewals, as long as there are no monetary changes.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$64,000.00**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly**)
- (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.6772.470 Warren County Contracts**

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 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: Warren/Hamilton Counties Office for the Aging

DATE: 1/18/2019

- (a) Purpose of Request: **Purchase Food Processor software upgrade in the amount of \$499.00**
- (b) Details: **We are required by NYSOFA to do an analysis on all of our menus. The last time this software was upgraded was in 2010.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A6772.470 & A6771.470 Total of \$499**

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/18/2019

- (a) Purpose of Request: **Submit 2019-2020 Annual Implementation Plan to NYSOFA.**

- (b) Details: **Each year, NYSOFA requires each Office for the Aging to submit an annual budget, called the AIP or AU. The AIP for 2019-2020 was due on December 5th, 2018. Permission to have the Chairman of the Warren County Board of Supervisors sign future Annual Implementation Plans, Annual Updates and Four Year Plans.**

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **N/A**

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

*** as listed in budget and LOGOS**

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
 Title of Position: Food Service Manager Base Salary of Position: \$29,333.00 Grade: 4
 Filling at Step # (If Known): 0
 Budget code and title: A.6772.110 Nutrition Program Warren Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No./Last Name: #12714/Lapasinkas Date of Vacancy: 8/19/2018
 Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal 75 % State _____ % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
 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. 2/22/19
 Human Resources Director has approved this form when initialed. 1-22-19

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 1/22/19

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 1/22/19

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 1/25/19

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/18/2019

- (a) Purpose of Request: **Amend contract with Catherine Keating-Stauch**
- (b) Details: **Remove two (2) day limit on reimbursement for training conferences and seminars. Change to "The Contractor shall be paid at a rate of Forty Dollars (\$40.00) per hour, times eight(8) hours a day plus the current IRS rate per mile plus meals for training conferences and seminars as deemed necessary by the County and the Director of the Warren/Hamilton Counties Office for the Aging."**
- (c) Previous Resolution Number: **272 of 2014**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

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: Warren/Hamilton Counties Office for the Aging

DATE: 1/23/2019

- (a) Purpose of Request: **Submit 2018-2019 MIPPA(Medicare Improvements for Patients and Providers Act) grant application to NYSOFA.**

- (b) Details: **The MIPPA grant is used to cover expenses related to the State Health Insurance Assistance Program (SHIP) provided by the WHCOFA. This grant is 100% funded, covers the period of 9/30/2018-9/29/2019, and is due on February 22, 2019. The grant application was not made available until 1/23/2019.**

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **N/A**

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

* as listed in budget and LOGOS

**MEDICARE IMPROVEMENTS FOR
PATIENTS AND PROVIDERS PROGRAM (MIPPA)
AAA Budget**

AAA: Warren/Hamilton Counties Office for the Aging
Program Period: 9/30/18-9/29/19

19-PI-03

	Budget Category	Total Amount	SHIP Amount	AAA Amount	ADRC Amount
1	Personnel	\$ 13,789.14	\$ 11,330.49	\$ -	\$ 2,458.65
2	Fringe Benefits	\$ 6,343.00	\$ 5,212.00	\$ -	\$ 1,131.00
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ 335.00	\$ 210.00	\$ -	\$ 125.00
6	Other Expenses	\$ 293.86	\$ 43.86	\$ -	\$ 250.00
7	Contracts and/or Consultants	\$ 2,000.00	\$ 407.00	\$ -	\$ 1,593.00
8	Total Budget (Sum of Lines 1-7)	\$ 22,761.00	\$ 17,203.35	\$ -	\$ 5,557.65
9	Program Income	\$ -	\$ -	\$ -	\$ -
10	Net Total Budget (Line 8 minus 9)	\$ 22,761.00	\$ 17,203.35	\$ -	\$ 5,557.65
11	Federal Funds Requested	\$ 22,761.00	\$ 17,203.35	\$ -	\$ 557.65
12	Local Funds (Line 10 minus 11)	\$ -	\$ -	\$ -	\$ -

Note: The total budget amount on the Budget Summary must equal the total budget amount on the last page.
* The inclusion of local funding provided in support of this program is optional.

**MIPPA
AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties Office for the Aging

1. Personnel - AAA salaries are listed here.

Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary*	Total Hours worked per week	Time Per Priority Area			Amount Charged to Priority Area			Narrative Justification: For each position, provide a brief summary of duties related to MIPPA: *If charging the NYConnects Coordinator to SHIP and/or AAA funding, please indicate what MIPPA responsibility the NYConnects Coordinator will perform for (or on behalf of) SHIP and/or AAA staff. *If charging the SHIP and/or AAA staff to NYConnects, please indicate what MIPPA responsibility the SHIP and/or AAA staff will perform for (or on behalf of) NY Connects staff. *Include specificity and relevance to MIPPA activities for all staff charged to this grant (i.e., administrative support, IT, managerial, etc.). *Include all staff contributing to MIPPA even if salary is paid with other funds.
			Priority Areas	Hours worked per priority area per week	% of Time	Priority 1 SHIP	Priority 2 AAA	Priority 3 ADRC	
1 N Hannah Hall	\$ 42,820.00	40	1: SHIP	4.5	11.25%	\$ 4,817.25			Follow up to enroll those referred by NY Connects & others, who may be potentially eligible. Meeting with clients, completing all necessary forms, and entering data into the reporting system. As well as
T Specialist Aging Services			2: AAA						
L OFA			3: ADRC						
2 N Tammy Morehouse	\$ 30,607.00	40	1: SHIP	3.5	8.75%	\$ 2,678.11			Follow up to enroll those referred by NY Connects & others, who may be potentially eligible. Meeting with clients, completing all necessary forms, and entering data into the reporting system. Assesses/assists
T Aging Services Assistant			2: AAA						
L OFA			3: ADRC						
3 N Catherine Bearor	\$ 43,830.00	40	1: SHIP	3.5	8.75%	\$ 3,835.13			Follow up to enroll those referred by NY Connects & others, who may be potentially eligible. Meeting with clients, completing all necessary forms, and entering data into the reporting system. Assesses/assists
T Specialist Aging Services			2: AAA						
L OFA			3: ADRC						
4 N Susan Dorman	\$ 49,173.00	40	1: SHIP					\$ 2,458.65	Meeting with clients, completing all necessary forms, and entering data into the reporting system. Assesses/assists individuals for MSP/LIS programs in office and by phone.
T NY Connects Coordinator			2: AAA						
L OFA			3: ADRC	2	5.00%				
5 N			1: SHIP						
T			2: AAA						
L			3: ADRC						
6 N			1: SHIP						
T			2: AAA						
L			3: ADRC						
7 N			1: SHIP						
T			2: AAA						
L			3: ADRC						
8 N			1: SHIP						
T			2: AAA						
L			3: ADRC						
TOTAL Program Personnel:						\$ 13,789.14	\$ 11,330.49	\$ -	\$ 2,458.65

*Note: If employee is paid a salary, then list the annual salary. If employee is not paid a salary, calculate an annual amount by multiplying the pay rate times the average number of total hours worked per week times 52 weeks.

2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.

Fringe Benefit Rate %:	46.00%	TOTAL Fringe Benefits:	\$ 6,343.00	\$ 5,212.00	\$ -	\$ 1,131.00
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MIPPA
AAA Supporting Budget Schedule

AAA: Warren/Hamilton Counties Office for the Aging

3. Equipment:

- List all equipment items whether purchased or leased.
- Provide a detailed description for all equipment with a unit cost of \$1,000 or more.
- Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance & Operations budget section.

Item and Description	Quantity	Unit Purchase Price	Percent Charged to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
TOTAL Equipment:				\$ -	\$ -	\$ -	\$ -

4. Travel:

- List travel costs.
- Outline reason for travel and indicate the number of staff traveling.(e.g., staff to training, field interviews, advisory group meeting, etc.).
- Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).
- In the "Reasons for Travel" section please mention the priority area(s) involved.

	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Mileage: _____ miles@ _____				
Parking & Tolls				
Public Transportation:				
Rental Vehicles (specify destination): _____				
Other Travel Costs (Specify):				

Reasons for Travel:

TOTAL Travel: \$ - \$ - \$ - \$ -

5. Maintenance & Operations:

- In the space provided, detail each expense.
- For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.

	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC												
Equipment Maintenance and Repair:																
Postage:	\$ 80.00	\$ 55.00		\$ 25.00												
Printing & Photocopying:	\$ 105.00	\$ 55.00		\$ 50.00												
Rent:																
<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 15%;">Monthly Rent</th> <th style="width: 15%;">% Charge to Program</th> <th style="width: 15%;">No. of Months</th> </tr> </thead> <tbody> <tr> <td>Costs: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Location: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Owner: _____</td> <td> </td> <td> </td> </tr> </tbody> </table>	Monthly Rent	% Charge to Program	No. of Months	Costs: _____			Location: _____			Owner: _____						
Monthly Rent	% Charge to Program	No. of Months														
Costs: _____																
Location: _____																
Owner: _____																
Supplies:	\$ 150.00	\$ 100.00		\$ 50.00												
Telephone:																
Utilities:																
Miscellaneous Equipment (List Items):																
TOTAL M&O: \$ 335.00 \$ 210.00 \$ - \$ 125.00																

**MIPPA
AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties Office for the Aging

6. Other Expenses: List specific item and cost.

Description	Total Cost	% Chargeable to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Advertising (flers, handouts, mailings, etc.)	\$ 293.86	100.00%	\$ 293.86	\$ 43.86		\$ 250.00
TOTAL Other Expenses:			\$ 293.86	\$ 43.86	\$ -	\$ 250.00

7. Contracts/Consultants:

- List each contractor or consultant and amount below.
- A copy of each contract or consultant agreement must be submitted to NYSOFA before reimbursement will be made.
- Complete and submit a Contractor Budget for each contractor that will receive 25% or more of your grant amount in the form of line item contracts.
- For Consultants, please list unit rate (e.g., \$25 per hour) and Number of Units in the columns provided. (Note: If you hire a translator, language and/or sign interpreter, include the expense here.) DSS or other county partners' salaries are to be listed in this section.
- The Unit Rate and Number of Units do not need to be completed for line item contracts.

Contractor/Consultant and description of service (List them individually)	Unit Rate	# of Units (Consultant)	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Greater Glens Falls Senior Center - Promotion & Education			\$ 2,000.00	\$ 407.00		\$ 1,593.00
Total Number of Contracts:		TOTAL:	\$ 2,000.00	\$ 407.00	\$ -	\$ 1,593.00

8. Total Budget: (numbers 1-7) **\$ 22,761.00** **\$ 17,203.35** **\$ -** **\$ 5,557.65**

9. Program Income

10. Net Total Budget **\$ 22,761.00** **\$ 17,203.35** **\$ -** **\$ 5,557.65**

11. Federal Funds Requested

12. Local Funds:

Source	Total Amount	Amount to SHIP	Amount to AAA	Amount to ADRC
TOTAL Local Funds:		\$ -	\$ -	\$ -