

Health & Human Services Committee
Warren County Department of Social Services
COMMITTEE MEETING AGENDA
February 25, 2019

Committee Members: Supervisors Frasier, McDevitt, Braymer, Leggett, Loeb, Driscoll, Hyde, Magowan and Sokol.

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business

1. **Request Resolution:**

- Notice of Intent to Fill the Position of Social Services Investigator #2, (Grade 11), Annual Base Salary \$38,225, in the Fraud Unit, due to resignation effective February 15, 2019.

Rationale: This position is mandated and reimbursed.

PLEASE SEE ATTACHMENT #1

2. **Request Resolutions:**

- Request to Create the position of Temporary Account Clerk, Grade 4, Annual Base Salary \$29,333, in the Accounting Unit, for a period up to 6 months.

Rationale: The Sr. Account Clerk has been out on long term Disability Leave. The Temp position is reimbursed.

- Notice of Intent to Fill the Position of (Temporary) Account Clerk, Grade 4, in the Accounting Unit.

PLEASE SEE ATTACHMENT #2

3. **Request Resolutions:**

- Request to Create the position of Case Manager Grade 14, Annual Base Salary \$40,954. This position will split responsibilities equally to serve both Countryside Adult Home and the Social Services Temporary Assistance Unit.

Rationale: *Countryside:* This position will handle intake, and manage and monitor the needs and activities of the residents; *Social Services:* This position will serve the Temporary Assistance Unit doing work related to Homeless Housing. The position is reimbursed.

- Notice of Intent to Fill the Position of Case Manager, Grade 14, to serve both the Social Services Department (50%) and Countryside Adult Home (50%).

PLEASE SEE ATTACHMENT #3

4. **Request Resolution:**

Request to renew the contract with Orkin Pest Control, for pest control services at Countryside Adult Home, which now includes rodent control services in addition to pest control, for the term commencing April 1, 2019 and terminating March 31, 2022, for a total amount not to exceed \$110.00 per month, plus an additional amount up to \$500 per year for rodent control.

PLEASE SEE ATTACHMENT(S) #4

5. Request Resolution(s):

Note: there are 2 separate Resolution Request forms attached, 1 each for 2019 and 2020

-Request to renew the contract with Hudson Headwaters Health Network, for Clinician Services, for the terms commencing January 1, 2019 through December 31, 2019, and January 1, 2020 through December 31, 2020, for total amounts not to exceed \$15,000 and \$15,500 per year, respectively. **PLEASE SEE ATTACHMENT(S) #5**

IV. Pending Items - There are no pending items

V. Information for Discussion and/or Review

- Chris Hanchett, Commissioner; Commissioner's Update; Countryside Adult Home update
- Julie Montero, Fiscal Manager - Monthly Revenue & Expenditures and Overtime Reports;
(PLEASE SEE ATTACHMENT #6)

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

VII. Motion to Adjourn

ATTACHMENTS:

1. Request: Notice of Intent to Fill-Social Service Investigator #2 in the Fraud Unit
2. Request: to Create Temporary Account Clerk, DSS Accounting Unit
Request: Notice of Intent to Fill Temporary Account Clerk
3. Request: to Create position of Case Manager, Grade 14 to be shared by DSS and Countryside Adult Home.
Request: Notice of Intent to Fill-Case Manager
4. Request: to renew contract with Orkin (CAH)
5. Request: to renew contract with HHHN (CAH) 2019, and
Request: to renew contract with HHHN (CAH) 2020
6. Monthly Revenue and Expenditure Reports

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: SOCIAL SERVICES Payroll Dept. No: 40.14
Title of Position: Social Services Investigator #2 Base Salary of Position: 38,225 Grade: 11
Filling at Step # (If Known): Wildey/12426
Budget code and title: A6010 110 Salaries Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: _____ Date of Vacancy: 02/15/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 37 % State 40 % 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. 13 2-19-19

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 2/19/19

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 2/21/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Hea Rth, 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 2/25/19

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

ATTACHMENT #2

DEPARTMENT NAME: Social Services

DATE: 2/12/19

- (a) Title of Requested Position: **Account Clerk - Temporary, up to 6 months**
- (b) Annual Base Salary (and Grade if Applicable): **\$29,333 (Grade 4)**
- (c) Effective Date for New Position:* **3/18/19**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.6010 110 Salaries - Regular \$14,667
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
This position is to fill in for a Senior Account Clerk who is out on long-term disability.
- (h) Is there expected revenue from this position? If so, please explain:
All DSS positions are reimbursed at approximately 77% (37% Fed, 40% State)

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.02
Title of Position: Account Clerk - Temporary Base Salary of Position: 29,333 Grade: 4
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: _____ Date of Vacancy: 03/18/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 37 % State 40 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other TEMP
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. 2/18/19
Human Resources Director has approved this form when initialed. 17 2-19-19

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 2/19/19

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 2/21/19

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 G. Garcia Date 2/25/19

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

ATTACHMENT #3

DEPARTMENT NAME: Social Services

DATE: 2/12/19

- (a) Title of Requested Position: **Case Manager**
- (b) Annual Base Salary (and Grade if Applicable): **\$40,954 (Grade 14)**
- (c) Effective Date for New Position:* **3/18/19**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
Caseworker - PT (Grade 16, \$21,695)
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.6010 110 Salaries - Regular \$20,477 A.6030 110 Salaries - Regular \$20,477
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
No
- (h) Is there expected revenue from this position? If so, please explain:
CSAH (\$20,477) will be reimbursed by NYS - 50%
DSS (\$20,477) to be reimbursed by NYS Grant (HMIS) at 100% 1st year with hopes the grant will continue.

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: SOCIAL SERVICES & COUNTRYSIDE ADULT HOME Payroll Dept. No: 40.00 / 42.00
Title of Position: Case Manager Base Salary of Position: 40,954 Grade: 14
Filling at Step # (If Known): _____
Budget code and title: Salaries-Regular A6010 110 (DSS) / A6030 110 (CAH) Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: _____ Date of Vacancy: 03/18/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 37 % State 40 % 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. REN 2/20/19
Human Resources Director has approved this form when initialed. AT 2-19-19

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 2/25/19

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 2/25/19

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. Fauci Date 2/25/19

RESOLUTION REQUEST FORM NO. 4 ATTACHMENT #4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 1/25/19

- (a) Purpose of Contract Change:
To renew the contract with Orkin Pest Control, for pest control services including rodent control, for Countryside Adult Home, for the term commencing April 1, 2019 and terminating March 31, 2022, for a total amount not to exceed \$110.00 per mo., plus an add'l amount up to \$500 per yr. for rodents
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
Resolution No. 384 2016
- (c) Name of Contractor:
Orkin Pest Control
- (d) Address of Contractor: **537 Queensbury Ave, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number:
Steve Martindale 877-250-1652
- (f) Commencement Date of Extension: **April 1, 2019**
- (g) Termination Date of Extension: **March 31, 2022**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$110 per month + \$500 yr**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount:
A.6030 470

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



**Orkin Pest Control
Commercial Services Agreement**

THIS AGREEMENT IS CONTINGENT UPON THE APPROVAL AND SIGNATURE OF A REPRESENTATIVE OF ORKIN MANAGEMENT, WHO HAS AUTHORITY TO EXECUTE IT ON BEHALF OF ORKIN.

COMMERCIAL SERVICES

ROUTE 06	GRID # 12885
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Customer Name WARREN COUNTY RESIDENCE Date _____
 Billing Address 353 SCHROON RIVER RD
 City WARRENSBURG State NY Zip Code 12885 Phone 518-761-6300

I. INTENT
 A. This Agreement is intended to constitute a mutual understanding between WARREN COUNTY RESIDENCE (the Customer) and Orkin, LLC (Orkin Pest Control).
 B. The specifications indicate services to be rendered by Orkin at the building(s) and premises of the Customer located at (service address):
353 SCHROON RIVER RD. WARRENSBURG, NY 12885

County Name: WARREN Is this within city limits Yes No Food Safety with GM OA Health Care Health Care with GM OA Pharmaceutical with GM OA Element

II. SCOPE AND NATURE OF WORK
 A. Orkin agrees to provide service for the following pests:
 Roaches Common ants Rats and mice Pharaoh ants Common spiders Fleas Odor Actizyme: Odor Neutralizer Fly Foam Service Other _____
 Service means the periodic treatment to help control/comb the targeted pests. Service cannot guarantee the targeted pests will not return, but if they do, Orkin will retreat, as set out under the Triple Guarantee attached hereto and incorporated into this Agreement. *Additional per service charge required to cover these ants.
 B. Service Exclusions: 1. Services Requiring a Separate Agreement: The Customer understands that this Agreement does not cover Carpenter Ants, Fire Ants, Bed Bugs, or Mosquitoes. Service for these pests requires a separate Agreement or Addendum. The requirement of a separate agreement or addendum can not be waived by the Customer or any employee or agent of Orkin. 2. Additional Exclusions: This Agreement does not cover Brown Recluse Spiders or mold or any mold-like conditions. This exclusion can not be waived by the Customer or any employee or agent of Orkin.

III. CUSTOMER OBLIGATIONS
 A. The Customer shall extend all necessary cooperation to ensure satisfaction from pest services, including: availability of premises; appropriate sanitation, and corrective construction measures.
 B. Whenever conditions conducive to the breeding and harborage of pests covered by this Agreement are reported to the Customer in writing by Orkin, the Customer shall take the necessary steps to correct such conditions.
 C. The Customer is responsible for communicating with all persons in the premises about the treatments and the nature of services offered hereunder; moreover, the Customer acknowledges that it has no information, or has communicated to Orkin in writing any information it does have, that any persons in the premises have any medical condition or sensitivity which may be affected by the services contemplated by this agreement.
 D. Should the Customer discover any targeted pests during the term of this Agreement, they must follow the applicable notification and documentation processes as set out in the scope of service, provided by Orkin.
 E. Failure of the Customer to take necessary steps to correct conditions reported to it or to otherwise comply with the Customer Obligations will relieve Orkin of its obligations under the Triple Guarantee and will permit Orkin, at its discretion, to terminate this Agreement with sixty (60) days written notice.

IV. SERVICE SCHEDULE
 A. Orkin service representative shall service the Customer (service frequency) 1 Time 2 Times 4 Times per month Other APRIL-DECEMBER
 All areas requiring attention shall be treated as deemed necessary by Orkin.
 B. Orkin representatives shall make additional visits and treatment as they are deemed necessary at no additional charge. Such service visits shall also be made promptly when requested by a designated representative of the Customer.

V. TERMS OF AGREEMENT
 A. This agreement shall be effective for a period of 1 2 3 years from the date hereof, and thereafter the term shall automatically renew for additional terms of one (1) year. This agreement can be cancelled by either party by giving written notice of termination at least 60 days prior to the end of the applicable term then in effect.
 B. For multiple year agreements, the service charge will not increase for two years after the initial treatment. Thereafter, and for all non-multiple year agreements, Orkin shall have the right to increase the service charges effective anytime after the anniversary date of the initial treatment.
 C. The Customer acknowledges that the terms and conditions between the Customer and Orkin are those stated in the Commercial Services Agreement, that this is the entire agreement, and that there are no other terms or provisions which apply. Any modification or change to these terms and conditions must be by a written Addendum signed by each party, subject to the provisions of section II.B. above.
 D. Orkin will be relieved of its obligations under the Triple Guarantee and Orkin may terminate this Agreement on sixty (60) days written notice, if any of the obligations set forth in this Agreement are not met by the Customer, or in the event of a change in state or federal law that materially affects Orkin's obligations under this Agreement. Moreover, Orkin may terminate if it cannot perform its responsibilities due to acts of God, including earthquakes, storms, fires, floods, or because of material change in circumstances, including, but not limited to, acts of war, strikes, unavailability of pesticides, or other supplies from ordinary sources. If any MEDIATION/ARBITRATION, if the sentence precluding the arbitrator from conducting an arbitration proceeding as a class, representative or private attorney general action is found to be invalid or unenforceable then the ENTIRETY OF THE MEDIATION/ARBITRATION paragraph shall be deemed to be deleted from this Agreement.

VI. PAYMENT
 A. The cost of the services described herein shall be \$ 110.00 plus tax of \$ 0 for the initial service and \$ 110.00 plus tax of \$ _____ per service thereafter for a period of _____ months. You will receive an invoice in the month serviced. Payment shall be due upon receipt of invoice.

VII. MATERIALS
 A. The materials used shall conform to Federal, State and local laws and ordinances and shall be acceptable to the Customer.
 B. The materials shall be used in accordance with the labels and specifications.

VIII. LIMITATION OF LIABILITY: The Customer expressly releases Orkin from liability for any claim for personal injury (including stings or bites from fire ants, spiders, or any other pests) or property damage (to include the structure or contents) caused by any pests. The Customer agrees that under no circumstances shall Orkin be liable for any amount greater than the amount paid by the Customer to Orkin for the services to be provided. In no event will Orkin be responsible for consequential damages or loss of use of property. Any claim by the Customer for damages must be made in writing within one (1) year of the incident at issue or it will be deemed waived.

IX. EQUIPMENT REPLACEMENT
 A. The Customer agrees to use the leased equipment or Orkin provided equipment (the "Equipment") in a proper manner and upon the cancellation of this Agreement to return the Equipment in good condition, usual wear and tear excepted. All Equipment (which includes rodent barrier equipment, Orkin/Aires, or insect light traps) that is damaged, lost or destroyed on the Customer premises will be replaced and charged to the Customer. Charges will be in accordance with the current existing equipment costs.
 B. Orkin shall retain ownership of leased components. Upon termination of this Agreement for any reason, the Customer agrees to make the leased components available to Orkin. At Orkin's discretion, Orkin may in a lawful manner and without breach of the peace, enter upon the Customer's premises, take possession of and remove the leased components. Orkin will not be responsible for any damage to the Customer's property upon removal of the leased components except such damage solely caused by Orkin's negligence.

X. INSURANCE: Upon request, Orkin shall furnish to the Customer a certificate of liability insurance coverage in effect.
 XI. CHEMICAL INFORMATION WARNING: Virtually all pesticides have some odor which may be present for a short time after application. At your request, Orkin will provide information about the chemicals to be used in treating the premises.

XII. MEDIATION/ARBITRATION: ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT, OR THE SERVICES PERFORMED BY ORKIN UNDER THIS AGREEMENT OR ANY OTHER AGREEMENT, REGARDLESS OF WHETHER THE CONTROVERSY OR CLAIM AROSE BEFORE OR AFTER THE EXECUTION, TRANSFER OR ACCEPTANCE OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO ANY TORT AND STATUTORY CLAIMS, AND ANY CLAIMS FOR PERSONAL OR BODILY INJURY OR DAMAGE TO REAL OR PERSONAL PROPERTY, SHALL BE SETTLED BY BINDING ARBITRATION, UNLESS THE PARTIES AGREE OTHERWISE. THE ARBITRATION SHALL BE ADMINISTERED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA") AND SHALL BE CONDUCTED BY AAA. IF ADMINISTERED UNDER THE AAA RULES, A CLAIM SHALL BE DETERMINED UNDER THE AAA SUPPLEMENTARY PROCEDURES FOR CONSUMER-RELATED DISPUTES IN CASES WHERE SUCH PROCEDURES ARE APPLICABLE. ANY OTHER CONTROVERSY OR CLAIM SHALL BE DETERMINED UNDER THE AAA COMMERCIAL ARBITRATION RULES. THE CUSTOMER AND ORKIN AGREE THAT THE ARBITRATOR SHALL FOLLOW THE SUBSTANTIVE LAW, INCLUDING THE TERMS AND CONDITIONS OF THIS AGREEMENT. THE ARBITRATOR'S POWERS TO CONDUCT ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT SHALL BE LIMITED AS FOLLOWS: ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT WILL NOT BE CONSOLIDATED OR JOINED WITH ANY ACTION OR LEGAL PROCEEDING UNDER ANY OTHER AGREEMENT OR INVOLVING ANY OTHER PREMISES, AND WILL NOT PROCEED AS A CLASS ACTION, PRIVATE ATTORNEY GENERAL ACTION OR SIMILAR REPRESENTATIVE ACTION. EITHER PARTY HAS THE RIGHT TO REQUIRE A PANEL OF THREE (3) ARBITRATORS, BUT IN THE ABSENCE OF THE PARTIES' AGREEMENT, THE REQUESTING PARTY SHALL BE RESPONSIBLE FOR THE COST OF THE ADDITIONAL ARBITRATORS. EITHER PARTY MAY REQUEST AT ANY TIME PRIOR TO THE HEARING THAT THE AWARD BE ACCOMPANIED BY A REASONED OPINION, THE AWARD RENDERED BY THE ARBITRATOR(S) SHALL BE FINAL AND BINDING ON ALL PARTIES. EXCEPT THAT A PARTY MAY WITHIN 30 DAYS OF THE ORIGINAL AWARD REQUEST AN ARBITRAL APPEAL TO AN APPEAL TRIBUNAL, CONSTITUTED IN THE SAME NUMBER AND BY THE SAME PROCESS AS THE INITIAL ARBITRATOR(S). THE APPEALING PARTY SHALL BE RESPONSIBLE FOR THE FILING FEE AND OTHER ARBITRATION FEES AND COSTS SUBJECT TO AWARD BY THE APPEAL TRIBUNAL UNDER APPLICABLE LAW. THE APPEAL TRIBUNAL SHALL REVIEW ALL QUESTIONS OF LAW AND FACT UNDER A CLEARLY ERRONEOUS STANDARD. THE AWARD OF THE APPEAL TRIBUNAL SHALL BE FINAL AND BINDING. JUDGMENT MAY BE ENTERED ON THE AWARD IN ANY COURT HAVING JURISDICTION THEREOF. CUSTOMER AND ORKIN ACKNOWLEDGE AND AGREE THAT THIS ARBITRATION PROVISION IS MADE PURSUANT TO A TRANSACTION INVOLVING INTERSTATE COMMERCE AND SHALL BE GOVERNED BY THE FEDERAL ARBITRATION ACT. BEFORE HAVING RECOURSE TO ARBITRATION, CUSTOMER AND ORKIN EACH AGREES TO TRY IN GOOD FAITH TO SETTLE ANY CONTROVERSY OR CLAIM BY AT LEAST FOUR (4) HOURS OF MEDIATION ADMINISTERED UNDER THE AAA COMMERCIAL MEDIATION RULES WITH ORKIN AGREEING TO PAY THE COSTS OF THE MEDIATION. THE AAA MAY BE CONTACTED AT THE TOLL-FREE NUMBER 800.778.7879, OR THROUGH THE FOLLOWING WEBSITE: <http://www.adr.org>.

PAYMENT SUMMARY (includes <input checked="" type="checkbox"/> pest <input type="checkbox"/> fly <input type="checkbox"/> odor <input type="checkbox"/> actizyme: odor neutralizer <input type="checkbox"/> other _____)	
CHECK THOSE THAT APPLY	
1. INITIAL PAYMENT	
a. Initial / Start-up Service	\$ <u>110.00</u>
b. One-Time Charges	\$ _____
c. Product Sales	\$ _____
d. Sales Tax (if applicable)	\$ _____
TOTAL (1a + 1b + 1c + 1d)	\$ <u>110.00</u>
2. TREATMENT SERVICE CHARGES	
a. Per Service Treatment Service Charges	\$ _____
b. Sales Tax (if applicable)	\$ _____
TOTAL (2a + 2b)	\$ _____
3. PER SERVICE LEASE CHARGES	
a. Leased Component Charges	\$ _____
<input type="checkbox"/> Sconce <input type="checkbox"/> Standard <input type="checkbox"/> Industrial <input type="checkbox"/> Orkin/Aires <input type="checkbox"/> Auto/Fresh	
<input type="checkbox"/> Actizyme: Odor Neutralizer <input type="checkbox"/> Other _____	
b. Sales Tax (if applicable)	\$ _____
TOTAL (3a + 3b)	\$ _____
4. Product Sales / One-Time Charges plus tax (if applicable)	\$ _____
INITIAL SERVICE INVESTMENT (Total of 1a, b, c, and d)	\$ <u>110.00</u>
PER SERVICE SERVICE / LEASE PAYMENT (Total of 2 + 3)	\$ <u>110.00</u>

XIII. AMOUNT REMITTED: \$ _____ Cash Check Payment Option Form P.O. Number _____

MARTINDALE 537 QUEENSBURY AVE
 Inspector Name (PRINT) _____ Employee ID # or Certification # _____ Branch Street Address _____

Branch Telephone Number _____ QUEENSBURY NY 12804
 THIS AGREEMENT IS NOT VALID UNTIL APPROVED BY ORKIN MANAGEMENT _____ City State Zip Code

Branch Management Signature _____ Date _____ Customer's Signature _____ Date _____



ORKIN COMMERCIAL SERVICES TRIPLE GUARANTEE

1 2x24 Response Guarantee

When you see a pest, you need service right away – 365 days a year. Orkin makes it easy with a direct priority line to our national customer service department and to your local branch. **We'll respond to your request within 2 hours and if needed have someone on-site at your facility within 24 hours – guaranteed.**

2 Reimbursement Guarantee*

Should your company be fined by a regulatory agency due solely to a pest infestation, Orkin will reimburse you for the amount of those fines that are paid.

RESTAURANT AND HOSPITALITY PRECISION PROTECTION™ CUSTOMERS:

Should your customer see a roach, rat or mouse in your establishment after 60 days of service, Orkin will:

- Repay, either you or the customers as appropriate, the reasonable charges incurred by the customer at time of sighting.
- Invite the customer back as Orkin's guest for a meal or room charge, as appropriate.

FOOD SAFETY PRECISION PROTECTION™ CUSTOMERS:

As a Food Safety Precision Protection customer, we stand behind you during your food safety audits. In the unlikely event that you fail your third-party food safety audit solely due to the pest management portion, Orkin will immediately develop and implement an action plan to address gaps noted by the auditor and will pay for that auditing company to come back and re-audit your facility within 60 days of the initial audit.

3 360° Satisfaction Guarantee

With Orkin, your satisfaction is guaranteed on all sides with three unique 60-day guarantees.

- ◆ **60 days complimentary service if you're not satisfied with the way we begin our service** – After you choose Orkin, we provide a 60-day guarantee of our service. If you're not satisfied after the first 60 days, we reimburse you in full.
- ◆ **60 days complimentary service if you're not satisfied at any time thereafter** – At any time, if you are not completely satisfied with results of your regularly scheduled service, Orkin will provide complimentary service for up to 60 days until you're satisfied.
- ◆ **60 days complimentary regular service by another provider if you're still not satisfied** – If you are still dissatisfied after 60 days of Orkin's complimentary service and you wish to cancel our service, we will pay for the first 60 days of regular service by another provider of your choice.

ORKIN REPRESENTATIVE _____

DATE _____

CUSTOMER _____

DATE _____



PEST CONTROL DOWN TO A SCIENCE™

LOCATION _____

* See agreement for details.



Commercial Customer Service Record

Fill out any special instructions for your Orkin Technician.

Enter Messages to Print on Service Ticket:

Directions:

Nearest Cross Street: _____

Medical:

Preferred Range of Service:

Date(s): _____

Time(s): _____

Pets: _____

Special Instructions:

RESOLUTION REQUEST FORM NO. 4

ATTACHMENT #5

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 1/25/19

- (a) Purpose of Contract Change:
Request to renew the contract with Hudson Headwaters Health Network, for Clinician Services for Countryside Adult Home, for the term commencing January 1, 2019 and terminating December 31, 2019, Total Amount not to exceed \$15,000.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
Resolution No. 383 2016
- (c) Name of Contractor:
Hudson Headwaters Health Network
- (d) Address of Contractor: **9 Carey Rd, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number:
518-761-0300
- (f) Commencement Date of Extension: **January 1, 2019**
- (g) Termination Date of Extension: **December 31, 2019**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$15,000 annual**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:**
A.6030 440

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 1/25/19

- (a) Purpose of Contract Change:
Request to renew the contract with Hudson Headwaters Health Network, for Clinician Services for Countryside Adult Home, for the term commencing January 1, 2020 and terminating December 31, 2020, Total Amount not to exceed \$15,500.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
Resolution No. 383 2016
- (c) Name of Contractor:
Hudson Headwaters Health Network
- (d) Address of Contractor: **9 Carey Rd, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number:
518-761-0300
- (f) Commencement Date of Extension: **January 1, 2020**
- (g) Termination Date of Extension: **December 31, 2020**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$15,500 annual**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount:
A.6030 440

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

THIS AGREEMENT made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845, (the "County"), and

HUDSON HEADWATERS HEALTH NETWORK, having a mailing address of 9 Carey Road, Queensbury, New York 12804, (hereinafter referred to as the "Clinician" or "Contractor").

WITNESSETH, that the parties hereto mutually agree as follows:

1. The Clinician agrees to provide services as described in Schedule "A" attached hereto to Warren County Countryside Adult Home ("Facility"), specifically, clinician coverage for a term commencing January 1, 2019 and terminating December 31, 2019, for an amount not to exceed Fifteen Thousand Dollars (\$15,000.00); and for the term commencing January 1, 2020 and terminating December 31, 2020, for an amount not to exceed Fifteen Thousand Five Hundred Dollars (\$15,500.00).
2. Payments will be made monthly upon receipt by the County of an invoice or other statement identifying the services rendered, dates the services were rendered, time spent performing the services and cost of the services. In addition, Clinician shall provide a completed voucher and any other document that may be required by the County's standard payment procedures.
3. This Agreement shall be for a term commencing January 1, 2019 and terminating December 31, 2020 and may be terminated by either party upon giving thirty (30) days written notice to the other party. In the event this agreement is terminated before the end of its term, payments to clinician shall be pro-rated.
4. It is understood and agreed that any and all forms, reports and other material prepared by the Clinician for the Facility shall be used by that institution only for its own internal operation.
5. The Clinician agrees to retain all records related to this contract for a period of six (6) years and agrees to allow the Administrator of the Countryside Adult Home and/or the New York State Health Department to review and/or audit such records. In the event that a review or audit is requested, the records shall be made available at the Clinician's place of business or, at the request of the County, at the Countryside Adult Home with the understanding that copies of such records may be made by the designated officials. Records shall be made available upon ten (10) days written notice or within ten (10) days of the delivering of written notice by the County.
6. The Clinician, in accordance with its status of independent contractor, covenants and agrees that it will conduct itself consistent with such status, that its employees will neither hold themselves out as nor claim to be officers or employees of the County, and that they will not make any claim, demand, or application to or for any right or privilege applicable to an officer or

employee of the County, including, but not limited to, workers' compensation coverage, unemployment benefits, social security coverage or employee retirement membership or credit.

7. HHHN shall, at its own cost and expense, procure and maintain the following insurance in companies satisfactory to the County to cover the personnel assigned under the terms of this agreement in amounts and types usually maintained by the HHHN, which include the following:

a. Professional Liability insurance covering all acts performed by HHHN as Physician or otherwise under this agreement with limits not less than One Million Dollars (\$1,000,000), however, the County agrees that this professional liability insurance coverage is satisfied through the FTCA coverage HHHN receives as a Federally Qualified Health Center;

b. Comprehensive general liability insurance covering the operations of the Clinician for bodily injury and property damage liability limits of not less than One Million Dollars (\$1,000,000) per occurrence, Two Million (\$2,000,000) Aggregate, including coverage for automobiles owned by, leased to or used on behalf of the Clinician.

c. Workers' compensation insurance and disability benefit insurance in accordance with the laws of the State of New York and any other employee's liability insurance required by law for an employer to carry on its employees;

Certificates of insurance indicating that the foregoing insurance is in effect and naming the County as additional insured, except in the case of the professional liability insurance, workers' compensation and New York State disability insurance shall be filed with the County Attorney's Office, stating that the County will be notified in writing by the insurer prior to cancellation or failure to renew. The insurance shall be maintained in full force and effect during the lifetime of this Agreement. Certificate Holder on all insurance certificates shall be Warren County, c/o Warren County Attorney's Office, 1340 State Route 9, Lake George, New York 12845.

8. In the event that this contract should be for a term beyond the current fiscal year, it is understood by and between the parties hereto that this agreement shall be deemed executory for such period and the County shall have no liability on account of this contract beyond funds appropriated and made available for the contract in each fiscal year.

9. Contractor shall strictly observe and comply with all safety laws, rules, and regulations (including but not limited to the Federal Occupational Safety and Health Act, the New York Labor Law, and all regulations promulgated pursuant to such laws) and to provide such protection as necessary to protect its workers and the workers of other Contractors. In the event that additional safety measures are required, Contractor agrees that it will install or procure such additional safety measures at its sole expense.

10. This Agreement constitutes the full understanding of the parties and may not be changed or amended except by further written agreement. This Agreement may be executed by each party signing or executing multiple copies thereof, or separate copies thereof, so long as the same are identical and each party executes at least one (1) copy. All copies of this Agreement executed by the parties shall be considered one and the same Agreement so long as at least one (1) copy of the Agreement is executed by each party.

11. This Agreement shall be deemed executory only to the extent of moneys available to the County for the performance of the terms hereof and no liability on account thereof shall be incurred by the County beyond moneys available to or appropriated by the County for the purpose of the Agreement and, if applicable, that this Agreement shall automatically terminate upon the termination of State or Federal funding available for such contract purpose.

12. Compliance with Executive Order #38. The Clinician is hereby advised of the existence of New York State Executive Order #38. If the Clinician is a covered provider under Executive Order #38, Contractor 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>.

13. The Contractor, in accordance with its status of independent contractor, covenants and agrees that it will conduct itself consistent with such status, that its employees will neither hold themselves out as nor claim to be officers or employees of the County, and that they will not make any claim, demand, or application to or for any right or privilege applicable to an officer or employee of the County, including, but not limited to, Workers' Compensation coverage, unemployment benefits, social security coverage or employee retirement membership or credit.

14. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status.

15. This Agreement shall be governed by the Laws of the State of New York except where the Federal Supremacy Clause requires otherwise.

16. 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 _____

HUDSON HEADWATERS HEALTH NETWORK

By _____
CHRISTOPHER TOURNIER, CFO

Date _____

STATE OF NEW YORK)
)
COUNTY OF WARREN) ss.:

On the _____ day of _____, in the year 2019, before me, the undersigned, a Notary Public in and for said state, personally appeared Christopher Tournier, CFO, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individuals, or person upon belief of which the individual(s) acted, executed the instrument.

Notary Public

SCHEDULE "A"

DISTINGUISHING FEATURES OF THE CLASS:

THE WORK INVOLVES RESPONSIBILITY FOR PERFORMING PROFESSIONAL MEDICAL SERVICES. THIS IS RESPONSIBLE PROFESSIONAL WORK CALLING FOR THE SERVICES OF AN EXPERIENCED PHYSICIAN. EMPLOYEES IN THIS CLASS WORK ON A PART-TIME BASIS AND PERFORM MEDICAL SERVICES OF A GENERAL OF SPECIALIZED NATURE. WORK IS OUTLINED AND REPORTS ARE REVIEWED TO THE DISCRETION OF THE PHYSICIAN. SUPERVISION MAY BE EXERCISED OVER THE WORK OF NURSING PERSONNEL. THE INCUMBENT DOES RELATED WORK AS REQUIRED.

TYPICAL WORK ACTIVITIES: (illustrative only)

PERFORMS ADMISSION, RE-ADMISSION AND ANNUAL PHYSICAL EXAMS. EXAMINES AND RECOMMENDS TREATMENT FOR PATIENTS; PROVIDES PROFESSIONAL MEDICAL CARE FOR PATIENTS; AUTHORIZES HOSPITALIZATION, CONSULTATION WITH SPECIALISTS, LABORATORY WORK, NURSING CARE AND OTHER SPECIALIZED TREATMENT; DIAGNOSES AND TREATS PATIENTS; TAKES SPECIMENS FOR NECESSARY TESTS; PERFORMS OR RECOMMENDS SURGICAL OPERATIONS WHEN NECESSARY; PREPARES REPORTS OF EXAMINATIONS MADE.

FULL PERFORMANCE KNOWLEDGE SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

THROUGH KNOWLEDGE OF THE PRINCIPLES AND PRACTICES OF MEDICINE; ABILITY TO GET ALONG WELL WITH OTHERS; CONSCIENTIOUSNESS AND THOROUGHNESS; INTEREST IN MAINTAINING A HIGH STANDARD OF PROFESSIONAL ETHICS; GOOD MOTOR, HAND AND EYE COORDINATION; SOUND PROFESSIONAL JUDGMENT; PHYSICAL CONDITION COMMENSURATE WITH DEMANDS OF THE POSITION.

MINIMUM QUALIFICATIONS:

TWO YEARS OF EXPERIENCE AS A PRACTICING PHYSICIAN AND GRADUATION FROM AN APPROVED SCHOOL OF MEDICINE.

SPECIAL REQUIREMENTS FOR ACCEPTANCE OF APPLICATION:

ELIGIBILITY FOR A LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE AT A TIME OF APPLICATION. POSSESSION OF THE LICENSE AT TIME OF APPOINTMENT.

Warren County Board of Supervisors

RESOLUTION NO. 383 OF 2016

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

AUTHORIZING AN AGREEMENT WITH HUDSON HEADWATERS HEALTH NETWORK FOR CLINICIAN SERVICES FOR COUNTRYSIDE ADULT HOME

RESOLVED, that Warren County enter into an agreement with Hudson Headwaters Health Network, 9 Carey Road, Queensbury, NY 12804 to provide clinician services for the residents at Countryside Adult Home for a term commencing January 1, 2017 and terminating December 31, 2017, for an amount not to exceed Fourteen Thousand One Hundred Thirty-Six Dollars and Twenty-Six Cents (\$14,136.26), and for the term January 1, 2018 and terminating December 31, 2018 for an amount not to exceed Fourteen Thousand Five Hundred Sixty Dollars and Thirty-Five Cents (\$14,560.35), and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the agreement in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.6030 437 Countryside Adult Home, Consulting Fees.

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR JANUARY 2019

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

EXPENSES	2019 BUDGETED	JAN 2019 EXP	JAN 2018 EXP	2019 YTD ACTUAL	2018 Prior Year Totals
110 Salaries - Regular	\$6,581,907.00	\$331,072.80	\$337,391.50	\$331,072.80	\$6,037,534.79
120 Salaries - Overtime	\$75,222.00	\$12,373.27	\$11,796.74	\$12,373.27	\$110,463.65
130 Salaries - Part Time	\$255,907.00	\$13,710.85	\$14,575.67	\$13,710.85	\$222,771.07
100's PERSONAL SERVICES Total	\$6,913,036.00	\$357,156.92	\$363,763.91	\$357,156.92	\$6,370,769.51
200's EQUIPMENT	\$23,000.00	\$414.22	\$748.80	\$414.22	\$77,356.64
400's CONTRACTUAL	\$22,863,554.00	\$1,136,863.42	\$1,287,257.89	\$1,136,863.42	\$20,493,598.42
800's EMPLOYEE BENEFITS	\$3,682,346.00	\$307,001.15	\$311,860.27	\$307,001.15	\$3,424,900.45
TOTALS	\$33,481,936.00	\$1,801,435.71	\$1,963,630.87	\$1,801,435.71	\$30,366,625.02

REVENUES	2019 BUDGETED	JAN 2019 REVENUE	JAN 2018 REVENUE	2019 YTD ACTUAL	2018 Prior Year Totals
	\$16,212,757.00	\$7,148.40	\$272,407.41	\$7,148.40	\$14,227,903.00

Expense Budget Performance Report

Fiscal Year to Date 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,800,929.00	.00	5,800,929.00	276,965.31	.00	276,965.31	5,523,963.69	5	5,310,005.74
120	Salaries - Overtime	49,222.00	.00	49,222.00	7,649.24	.00	7,649.24	41,572.76	16	77,907.33
130	Salaries - Part Time	75,814.00	.00	75,814.00	5,465.58	.00	5,465.58	70,348.42	7	69,766.47
<i>Personal Services Totals</i>		\$5,925,965.00	\$0.00	\$5,925,965.00	\$290,080.13	\$0.00	\$290,080.13	\$5,635,884.87	5%	\$5,457,679.54
<i>Equipment</i>										
210	Furniture/Furnishings	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	6,675.18
220	Office Equipment	3,000.00	.00	3,000.00	414.22	(414.22)	414.22	3,000.00	0	36,269.04
230										
230.1	Automotive Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	16,341.00
230 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$16,341.00
<i>Equipment Totals</i>		\$5,000.00	\$0.00	\$5,000.00	\$414.22	(\$414.22)	\$414.22	\$5,000.00	0%	\$59,285.22
<i>Contractual Expense</i>										
410	Supplies	57,015.00	.00	57,015.00	1,183.60	6,577.60	1,183.60	49,253.80	14	45,526.76
411	Rent-Building/Property	650,000.00	.00	650,000.00	54,166.67	.00	54,166.67	595,833.33	8	564,546.94
418	Ins-General Liability	30,735.00	.00	30,735.00	30,378.13	.00	30,378.13	356.87	99	29,492.81
423	Telephone	21,000.00	.00	21,000.00	492.80	.00	492.80	20,507.20	2	18,183.35
424	Postage	32,000.00	.00	32,000.00	400.00	.00	400.00	31,600.00	1	28,761.98
426	Subscriptions	500.00	.00	500.00	.00	.00	.00	500.00	0	471.46
427	Memberships & Dues	5,000.00	.00	5,000.00	.00	4,819.00	.00	181.00	96	4,679.00
428	Data Processing & Internet Fees	10,000.00	.00	10,000.00	.00	2,682.08	.00	7,317.92	27	3,858.00
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	.00	95,000.00	0	2,229.00
435	Medical Fees	500.00	.00	500.00	135.00	.00	135.00	365.00	27	(428.99)
436	Advertising Fees	500.00	.00	500.00	.00	.00	.00	500.00	0	32.76
439	Misc Fees & Expenses	7,000.00	.00	7,000.00	90.08	.00	90.08	6,909.92	1	6,238.51
440	Legal/Transcript Fees	15,000.00	.00	15,000.00	.00	.00	.00	15,000.00	0	9,943.19
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	521.36	.00	521.36	9,478.64	5	6,319.68
442	Automotive - Gas & Oil	8,000.00	.00	8,000.00	.00	.00	.00	8,000.00	0	7,186.15
444	Travel/Education/Conference	17,000.00	.00	17,000.00	92.02	1,039.00	92.02	15,868.98	7	7,621.73
469	Other Payments/Contributions	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	2,000.00
470	Contract	315,000.00	.00	315,000.00	.00	9,999.98	.00	305,000.02	3	268,717.08
<i>Contractual Expense Totals</i>		\$1,276,250.00	\$0.00	\$1,276,250.00	\$87,459.66	\$25,117.66	\$87,459.66	\$1,163,672.68	9%	\$1,005,379.41
<i>Employee Benefits</i>										
810	Retirement	755,337.00	.00	755,337.00	52,764.82	.00	52,764.82	702,572.18	7	707,957.54
830	Social Security	367,414.00	.00	367,414.00	16,482.98	.00	16,482.98	350,931.02	4	314,805.78
831	Medicare Contribution	85,923.00	.00	85,923.00	3,854.93	.00	3,854.93	82,068.07	4	73,623.84
860	Hospitalization	1,556,986.00	.00	1,556,986.00	111,027.42	.00	111,027.42	1,445,958.58	7	1,324,349.29
865	Dental Insurance	23,904.00	.00	23,904.00	1,756.44	.00	1,756.44	22,147.56	7	22,248.38

Expense Budget Performance Report

Fiscal Year to Date 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
	<i>Employee Benefits Totals</i>	\$2,789,564.00	\$0.00	\$2,789,564.00	\$185,886.59	\$0.00	\$185,886.59	\$2,603,677.41	7%	\$2,442,984.83
	<i>Other Benefits</i>									
840	Workmen's Compensation	43,857.00	.00	43,857.00	43,856.65	.00	43,856.65	.35	100	42,075.04
850	Unemployment Insurance	10,000.00	.00	10,000.00	.00	.00	.00	10,000.00	0	4,218.00
855	Disability	6,000.00	.00	6,000.00	.00	.00	.00	6,000.00	0	2,219.73
861	Retirees Hospitalization	289,878.00	.00	289,878.00	21,935.94	.00	21,935.94	267,942.06	8	418,285.01
862	Health Insurance Cost Reimbursement	5,250.00	.00	5,250.00	129.89	.00	129.89	5,120.11	2	3,710.19
	<i>Other Benefits Totals</i>	\$354,985.00	\$0.00	\$354,985.00	\$65,922.48	\$0.00	\$65,922.48	\$289,062.52	19%	\$470,507.97
	EXPENSE TOTALS	\$10,351,764.00	\$0.00	\$10,351,764.00	\$629,763.08	\$24,703.44	\$629,763.08	\$9,697,297.48	6%	\$9,435,836.97
	Department 6010 - Social Services Totals	(\$10,351,764.00)	\$0.00	(\$10,351,764.00)	(\$629,763.08)	(\$24,703.44)	(\$629,763.08)	(\$9,697,297.48)	6%	(\$9,435,836.97)
Department 6030 - Countryside Adult Home										
EXPENSE										
	<i>Personal Services</i>									
110	Salaries - Regular	780,978.00	.00	780,978.00	54,107.49	.00	54,107.49	726,870.51	7	727,529.05
120	Salaries - Overtime	26,000.00	.00	26,000.00	4,724.03	.00	4,724.03	21,275.97	18	32,556.32
130	Salaries - Part Time	180,093.00	.00	180,093.00	8,245.27	.00	8,245.27	171,847.73	5	153,004.60
	<i>Personal Services Totals</i>	\$987,071.00	\$0.00	\$987,071.00	\$67,076.79	\$0.00	\$67,076.79	\$919,994.21	7%	\$913,089.97
	<i>Equipment</i>									
210	Furniture/Furnishings	4,000.00	.00	4,000.00	.00	.00	.00	4,000.00	0	671.82
220	Office Equipment	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	48.82
230										
230.1	Automotive Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	31,989.00
	230 - Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$31,989.00
260	Other Equipment	12,500.00	.00	12,500.00	.00	2,257.99	.00	10,242.01	18	5,592.88
270	Lawn & Landscaping	500.00	.00	500.00	.00	.00	.00	500.00	0	375.80
	<i>Equipment Totals</i>	\$18,000.00	\$0.00	\$18,000.00	\$0.00	\$2,257.99	\$0.00	\$15,742.01	13%	\$38,678.32
	<i>Contractual Expense</i>									
410	Supplies	30,000.00	.00	30,000.00	2,706.77	2,612.16	2,706.77	24,681.07	18	30,181.63
413	Repair & Maint.-Bldg/Property	27,000.00	.00	27,000.00	1,089.64	2,590.00	1,089.64	23,320.36	14	21,651.13
415	Electricity	30,000.00	.00	30,000.00	.00	.00	.00	30,000.00	0	23,628.32
416	Oil & Gas-Heating	22,000.00	.00	22,000.00	1,317.06	.00	1,317.06	20,682.94	6	26,030.62
418	Ins-General Liability	9,324.00	.00	9,324.00	9,152.00	.00	9,152.00	172.00	98	8,216.51
422	Repair/Maint-Equipment	1,000.00	.00	1,000.00	160.00	.00	160.00	840.00	16	9,421.58
423	Telephone	2,000.00	.00	2,000.00	35.48	.00	35.48	1,964.52	2	2,212.83
424	Postage	500.00	.00	500.00	.00	.00	.00	500.00	0	160.13
426	Subscriptions	300.00	.00	300.00	.00	.00	.00	300.00	0	681.26
428	Data Processing & Internet Fees	1,500.00	.00	1,500.00	9.98	.00	9.98	1,490.02	1	1,936.21
434	Allowances	18,000.00	.00	18,000.00	1,150.00	.00	1,150.00	16,850.00	6	14,750.00

Expense Budget Performance Report

Fiscal Year to Date 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Contractual Expense</i>										
435	Medical Fees	2,500.00	.00	2,500.00	.00	.00	.00	2,500.00	0	1,520.00
436	Advertising Fees	3,105.00	.00	3,105.00	.00	.00	.00	3,105.00	0	.00
437	Consulting Fees	18,000.00	.00	18,000.00	320.00	640.00	320.00	17,040.00	5	17,320.32
439	Misc Fees & Expenses	1,000.00	.00	1,000.00	384.23	.00	384.23	615.77	38	707.00
440	Legal/Transcript Fees	500.00	.00	500.00	.00	.00	.00	500.00	0	.00
441	Auto-Supplies & Repair	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	1,270.61
442	Automotive - Gas & Oil	1,500.00	.00	1,500.00	.00	.00	.00	1,500.00	0	2,246.34
444	Travel/Education/Conference	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	3,845.34
445	Foods	110,000.00	.00	110,000.00	4,080.15	27,297.01	4,080.15	78,622.84	29	111,612.04
451	Medical Supply Expense	3,000.00	.00	3,000.00	.00	500.00	.00	2,500.00	17	2,826.71
453	Uniforms & Clothing	250.00	.00	250.00	.00	.00	.00	250.00	0	118.48
470	Contract	45,000.00	.00	45,000.00	.00	.00	.00	45,000.00	0	33,469.68
<i>Contractual Expense Totals</i>		\$329,479.00	\$0.00	\$329,479.00	\$20,405.31	\$33,639.17	\$20,405.31	\$275,434.52	16%	\$313,806.74
<i>Employee Benefits</i>										
810	Retirement	124,283.00	.00	124,283.00	9,125.02	.00	9,125.02	115,157.98	7	107,684.14
830	Social Security	61,199.00	.00	61,199.00	3,937.14	.00	3,937.14	57,261.86	6	53,331.51
831	Medicare Contribution	14,314.00	.00	14,314.00	920.80	.00	920.80	13,393.20	6	12,472.76
860	Hospitalization	228,182.00	.00	228,182.00	16,638.96	.00	16,638.96	211,543.04	7	201,075.58
865	Dental Insurance	3,888.00	.00	3,888.00	299.20	.00	299.20	3,588.80	8	3,770.45
<i>Employee Benefits Totals</i>		\$431,866.00	\$0.00	\$431,866.00	\$30,921.12	\$0.00	\$30,921.12	\$400,944.88	7%	\$378,334.44
<i>Other Benefits</i>										
840	Workmen's Compensation	17,717.00	.00	17,717.00	17,716.87	.00	17,716.87	.13	100	11,359.94
850	Unemployment Insurance	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	3,653.72
855	Disability	3,000.00	.00	3,000.00	.00	.00	.00	3,000.00	0	1,343.80
861	Retirees Hospitalization	66,679.00	.00	66,679.00	5,558.59	.00	5,558.59	61,120.41	8	102,475.11
862	Health Insurance Cost Reimbursement	1,500.00	.00	1,500.00	.00	.00	.00	1,500.00	0	351.96
<i>Other Benefits Totals</i>		\$93,896.00	\$0.00	\$93,896.00	\$23,275.46	\$0.00	\$23,275.46	\$70,620.54	25%	\$119,184.53
EXPENSE TOTALS		\$1,860,312.00	\$0.00	\$1,860,312.00	\$141,678.68	\$35,897.16	\$141,678.68	\$1,682,736.16	10%	\$1,763,094.00
Department 6030 - Countryside Adult Home Totals		(\$1,860,312.00)	\$0.00	(\$1,860,312.00)	(\$141,678.68)	(\$35,897.16)	(\$141,678.68)	(\$1,682,736.16)	10%	(\$1,763,094.00)
Department 6050 - Public Facil. For Children										
EXPENSE										
<i>Contractual Expense</i>										
469	Other Payments/Contributions	.00	.00	.00	.00	.00	.00	.00	+++	19,589.69
470	Contract	30,000.00	.00	30,000.00	.00	.00	.00	30,000.00	0	.00
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%	\$19,589.69
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%	\$19,589.69
Department 6050 - Public Facil. For Children Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	\$0.00	\$0.00	\$0.00	(\$30,000.00)	0%	(\$19,589.69)

Expense Budget Performance Report

Fiscal Year to Date 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6055 - Daycare										
EXPENSE										
Contractual Expense										
470	Contract	1,350,000.00	.00	1,350,000.00	(1,451.60)	.00	(1,451.60)	1,351,451.60	0	796,210.62
	<i>Contractual Expense Totals</i>	<u>\$1,350,000.00</u>	<u>\$0.00</u>	<u>\$1,350,000.00</u>	<u>(\$1,451.60)</u>	<u>\$0.00</u>	<u>(\$1,451.60)</u>	<u>\$1,351,451.60</u>	<u>0%</u>	<u>\$796,210.62</u>
	EXPENSE TOTALS	\$1,350,000.00	\$0.00	\$1,350,000.00	(\$1,451.60)	\$0.00	(\$1,451.60)	\$1,351,451.60	0%	\$796,210.62
	Department 6055 - Daycare Totals	(\$1,350,000.00)	\$0.00	(\$1,350,000.00)	\$1,451.60	\$0.00	\$1,451.60	(\$1,351,451.60)	0%	(\$796,210.62)
Department 6070 - Services for Recipients										
EXPENSE										
Contractual Expense										
470	Contract	315,000.00	.00	315,000.00	.00	.00	.00	315,000.00	0	302,116.12
	<i>Contractual Expense Totals</i>	<u>\$315,000.00</u>	<u>\$0.00</u>	<u>\$315,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$315,000.00</u>	<u>0%</u>	<u>\$302,116.12</u>
	EXPENSE TOTALS	\$315,000.00	\$0.00	\$315,000.00	\$0.00	\$0.00	\$0.00	\$315,000.00	0%	\$302,116.12
	Department 6070 - Services for Recipients Totals	(\$315,000.00)	\$0.00	(\$315,000.00)	\$0.00	\$0.00	\$0.00	(\$315,000.00)	0%	(\$302,116.12)
Department 6100 - Medicaid										
EXPENSE										
Contractual Expense										
470	Contract	11,966,775.00	.00	11,966,775.00	906,160.00	.00	906,160.00	11,060,615.00	8	11,823,331.00
	<i>Contractual Expense Totals</i>	<u>\$11,966,775.00</u>	<u>\$0.00</u>	<u>\$11,966,775.00</u>	<u>\$906,160.00</u>	<u>\$0.00</u>	<u>\$906,160.00</u>	<u>\$11,060,615.00</u>	<u>8%</u>	<u>\$11,823,331.00</u>
	EXPENSE TOTALS	\$11,966,775.00	\$0.00	\$11,966,775.00	\$906,160.00	\$0.00	\$906,160.00	\$11,060,615.00	8%	\$11,823,331.00
	Department 6100 - Medicaid Totals	(\$11,966,775.00)	\$0.00	(\$11,966,775.00)	(\$906,160.00)	\$0.00	(\$906,160.00)	(\$11,060,615.00)	8%	(\$11,823,331.00)
Department 6101 - Medical Assistance										
EXPENSE										
Contractual Expense										
470	Contract	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	.00
	<i>Contractual Expense Totals</i>	<u>\$1,000.00</u>	<u>\$0.00</u>	<u>\$1,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,000.00</u>	<u>0%</u>	<u>\$0.00</u>
	EXPENSE TOTALS	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$0.00
	Department 6101 - Medical Assistance Totals	(\$1,000.00)	\$0.00	(\$1,000.00)	\$0.00	\$0.00	\$0.00	(\$1,000.00)	0%	\$0.00
Department 6109 - Aid To Dependent Children										
EXPENSE										
Contractual Expense										
470	Contract	2,150,000.00	.00	2,150,000.00	73,541.92	.00	73,541.92	2,076,458.08	3	1,598,973.75
	<i>Contractual Expense Totals</i>	<u>\$2,150,000.00</u>	<u>\$0.00</u>	<u>\$2,150,000.00</u>	<u>\$73,541.92</u>	<u>\$0.00</u>	<u>\$73,541.92</u>	<u>\$2,076,458.08</u>	<u>3%</u>	<u>\$1,598,973.75</u>
	EXPENSE TOTALS	\$2,150,000.00	\$0.00	\$2,150,000.00	\$73,541.92	\$0.00	\$73,541.92	\$2,076,458.08	3%	\$1,598,973.75
	Department 6109 - Aid To Dependent Children Totals	(\$2,150,000.00)	\$0.00	(\$2,150,000.00)	(\$73,541.92)	\$0.00	(\$73,541.92)	(\$2,076,458.08)	3%	(\$1,598,973.75)
Department 6119 - Child Care										
EXPENSE										
Contractual Expense										
470	Contract	3,900,000.00	.00	3,900,000.00	255.00	.00	255.00	3,899,745.00	0	3,259,707.19

Expense Budget Performance Report

Fiscal Year to Date 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department	6119 - Child Care									
	EXPENSE									
	<i>Contractual Expense Totals</i>	\$3,900,000.00	\$0.00	\$3,900,000.00	\$255.00	\$0.00	\$255.00	\$3,899,745.00	0%	\$3,259,707.19
	EXPENSE TOTALS	\$3,900,000.00	\$0.00	\$3,900,000.00	\$255.00	\$0.00	\$255.00	\$3,899,745.00	0%	\$3,259,707.19
	Department 6119 - Child Care Totals	(\$3,900,000.00)	\$0.00	(\$3,900,000.00)	(\$255.00)	\$0.00	(\$255.00)	(\$3,899,745.00)	0%	(\$3,259,707.19)
Department	6129 - State Training School									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	250,000.00	.00	250,000.00	.00	.00	.00	250,000.00	0	.00
	<i>Contractual Expense Totals</i>	\$250,000.00	\$0.00	\$250,000.00	\$0.00	\$0.00	\$0.00	\$250,000.00	0%	\$0.00
	EXPENSE TOTALS	\$250,000.00	\$0.00	\$250,000.00	\$0.00	\$0.00	\$0.00	\$250,000.00	0%	\$0.00
	Department 6129 - State Training School Totals	(\$250,000.00)	\$0.00	(\$250,000.00)	\$0.00	\$0.00	\$0.00	(\$250,000.00)	0%	\$0.00
Department	6140 - Home Relief									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	1,050,000.00	.00	1,050,000.00	49,870.14	.00	49,870.14	1,000,129.86	5	1,194,517.00
	<i>Contractual Expense Totals</i>	\$1,050,000.00	\$0.00	\$1,050,000.00	\$49,870.14	\$0.00	\$49,870.14	\$1,000,129.86	5%	\$1,194,517.00
	EXPENSE TOTALS	\$1,050,000.00	\$0.00	\$1,050,000.00	\$49,870.14	\$0.00	\$49,870.14	\$1,000,129.86	5%	\$1,194,517.00
	Department 6140 - Home Relief Totals	(\$1,050,000.00)	\$0.00	(\$1,050,000.00)	(\$49,870.14)	\$0.00	(\$49,870.14)	(\$1,000,129.86)	5%	(\$1,194,517.00)
Department	6141 - Fuel Crisis Assistance									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	30,000.00	.00	30,000.00	63.00	.00	63.00	29,937.00	0	(1,799.64)
	<i>Contractual Expense Totals</i>	\$30,000.00	\$0.00	\$30,000.00	\$63.00	\$0.00	\$63.00	\$29,937.00	0%	(\$1,799.64)
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	\$63.00	\$0.00	\$63.00	\$29,937.00	0%	(\$1,799.64)
	Department 6141 - Fuel Crisis Assistance Totals	(\$30,000.00)	\$0.00	(\$30,000.00)	(\$63.00)	\$0.00	(\$63.00)	(\$29,937.00)	0%	\$1,799.64
Department	6142 - Emergency Aid For Adults									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	50,000.00	.00	50,000.00	.00	.00	.00	50,000.00	0	26,875.75
	<i>Contractual Expense Totals</i>	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	0%	\$26,875.75
	EXPENSE TOTALS	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	0%	\$26,875.75
	Department 6142 - Emergency Aid For Adults Totals	(\$50,000.00)	\$0.00	(\$50,000.00)	\$0.00	\$0.00	\$0.00	(\$50,000.00)	0%	(\$26,875.75)
Department	7310 - Youth Program 4-H Camp									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	25,000.00	.00	25,000.00	.00	.00	.00	25,000.00	0	25,000.00
	<i>Contractual Expense Totals</i>	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$25,000.00
	EXPENSE TOTALS	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$25,000.00

Expense Budget Performance Report

Fiscal Year to Date 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 7310 - Youth Program 4-H Camp Totals		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	\$0.00	(\$25,000.00)	0%	(\$25,000.00)
Department 7311 - Youth Bureau										
EXPENSE										
Contractual Expense										
410	Supplies	50.00	.00	50.00	.00	.00	.00	50.00	0	42.02
423	Telephone	50.00	.00	50.00	.00	.00	.00	50.00	0	.00
424	Postage	100.00	.00	100.00	.00	.00	.00	100.00	0	.52
444	Travel/Education/Conference	50.00	.00	50.00	.00	.00	.00	50.00	0	.00
470	Contract	5,500.00	.00	5,500.00	.00	.00	.00	5,500.00	0	2,304.00
Contractual Expense Totals		\$5,750.00	\$0.00	\$5,750.00	\$0.00	\$0.00	\$0.00	\$5,750.00	0%	\$2,346.54
Other Benefits										
861	Retirees Hospitalization	12,035.00	.00	12,035.00	995.50	.00	995.50	11,039.50	8	13,888.68
Other Benefits Totals		\$12,035.00	\$0.00	\$12,035.00	\$995.50	\$0.00	\$995.50	\$11,039.50	8%	\$13,888.68
EXPENSE TOTALS		\$17,785.00	\$0.00	\$17,785.00	\$995.50	\$0.00	\$995.50	\$16,789.50	6%	\$16,235.22
Department 7311 - Youth Bureau Totals		(\$17,785.00)	\$0.00	(\$17,785.00)	(\$995.50)	\$0.00	(\$995.50)	(\$16,789.50)	6%	(\$16,235.22)
Department 7312 - Special Delinquency Prev.										
EXPENSE										
Equipment										
220	Office Equipment	.00	.00	.00	559.99	(559.99)	559.99	.00	+++	141.01
Equipment Totals		\$0.00	\$0.00	\$0.00	\$559.99	(\$559.99)	\$559.99	\$0.00	+++	\$141.01
Contractual Expense										
410	Supplies	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	3,914.75
424	Postage	150.00	.00	150.00	.00	.00	.00	150.00	0	63.85
427	Memberships & Dues	275.00	.00	275.00	.00	.00	.00	275.00	0	175.00
439	Misc Fees & Expenses	100.00	.00	100.00	.00	.00	.00	100.00	0	582.75
444	Travel/Education/Conference	9,500.00	.00	9,500.00	.00	.00	.00	9,500.00	0	7,869.36
470	Contract	50,275.00	.00	50,275.00	.00	.00	.00	50,275.00	0	39,200.00
Contractual Expense Totals		\$65,300.00	\$0.00	\$65,300.00	\$0.00	\$0.00	\$0.00	\$65,300.00	0%	\$51,805.71
EXPENSE TOTALS		\$65,300.00	\$0.00	\$65,300.00	\$559.99	(\$559.99)	\$559.99	\$65,300.00	0%	\$51,946.72
Department 7312 - Special Delinquency Prev. Totals		(\$65,300.00)	\$0.00	(\$65,300.00)	(\$559.99)	\$559.99	(\$559.99)	(\$65,300.00)	0%	(\$51,946.72)
Department 7313 - Youth Court										
EXPENSE										
Contractual Expense										
470	Contract	69,000.00	.00	69,000.00	.00	.00	.00	69,000.00	0	54,990.63
Contractual Expense Totals		\$69,000.00	\$0.00	\$69,000.00	\$0.00	\$0.00	\$0.00	\$69,000.00	0%	\$54,990.63
EXPENSE TOTALS		\$69,000.00	\$0.00	\$69,000.00	\$0.00	\$0.00	\$0.00	\$69,000.00	0%	\$54,990.63
Department 7313 - Youth Court Totals		(\$69,000.00)	\$0.00	(\$69,000.00)	\$0.00	\$0.00	\$0.00	(\$69,000.00)	0%	(\$54,990.63)
Fund A - General Totals		\$33,481,936.00	\$0.00	\$33,481,936.00	\$1,801,435.71	\$60,040.61	\$1,801,435.71	\$31,620,459.68		\$30,366,625.02
Grand Totals		\$33,481,936.00	\$0.00	\$33,481,936.00	\$1,801,435.71	\$60,040.61	\$1,801,435.71	\$31,620,459.68		\$30,366,625.02

Revenue Budget Performance Report

Date Range 01/01/19 - 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd
Fund A - General									
Department 6010 - Social Services									
REVENUE									
Departmental Income									
1810	Administration	95,000.00	.00	95,000.00	.00	.00	.00	95,000.00	0
1811	Medical Incentive Earning	85,000.00	.00	85,000.00	.00	.00	.00	85,000.00	0
<i>Departmental Income Totals</i>		\$180,000.00	\$0.00	\$180,000.00	\$0.00	\$0.00	\$0.00	\$180,000.00	0%
State Aid									
3610	Social Services Admin	2,092,432.00	.00	2,092,432.00	.00	.00	.00	2,092,432.00	0
<i>State Aid Totals</i>		\$2,092,432.00	\$0.00	\$2,092,432.00	\$0.00	\$0.00	\$0.00	\$2,092,432.00	0%
Federal Aid									
4610	Social Services Admin	3,802,063.00	.00	3,802,063.00	.00	.00	.00	3,802,063.00	0
4615	Flexible Fund for Family Service	1,893,639.00	.00	1,893,639.00	.00	.00	.00	1,893,639.00	0
<i>Federal Aid Totals</i>		\$5,695,702.00	\$0.00	\$5,695,702.00	\$0.00	\$0.00	\$0.00	\$5,695,702.00	0%
REVENUE TOTALS		\$7,968,134.00	\$0.00	\$7,968,134.00	\$0.00	\$0.00	\$0.00	\$7,968,134.00	0%
Department 6010 - Social Services Totals		\$7,968,134.00	\$0.00	\$7,968,134.00	\$0.00	\$0.00	\$0.00	\$7,968,134.00	0%
Department 6030 - Countryside Adult Home									
REVENUE									
Departmental Income									
1289	Other General Governmental Income	64,000.00	.00	64,000.00	.00	.00	.00	64,000.00	0
1830	Repay - Adult Care, Pub Inst	650,000.00	.00	650,000.00	.00	.00	.00	650,000.00	0
<i>Departmental Income Totals</i>		\$714,000.00	\$0.00	\$714,000.00	\$0.00	\$0.00	\$0.00	\$714,000.00	0%
State Aid									
3630	Adult Care Priv. Inst.	586,791.00	.00	586,791.00	.00	.00	.00	586,791.00	0
<i>State Aid Totals</i>		\$586,791.00	\$0.00	\$586,791.00	\$0.00	\$0.00	\$0.00	\$586,791.00	0%
REVENUE TOTALS		\$1,300,791.00	\$0.00	\$1,300,791.00	\$0.00	\$0.00	\$0.00	\$1,300,791.00	0%
Department 6030 - Countryside Adult Home Totals		\$1,300,791.00	\$0.00	\$1,300,791.00	\$0.00	\$0.00	\$0.00	\$1,300,791.00	0%
Department 6055 - Daycare									
REVENUE									
Departmental Income									
1855	Repayments of Day Care	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0
<i>Departmental Income Totals</i>		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%
State Aid									
3655	Daycare - Soc. Service	1,345,000.00	.00	1,345,000.00	.00	.00	.00	1,345,000.00	0
<i>State Aid Totals</i>		\$1,345,000.00	\$0.00	\$1,345,000.00	\$0.00	\$0.00	\$0.00	\$1,345,000.00	0%
REVENUE TOTALS		\$1,350,000.00	\$0.00	\$1,350,000.00	\$0.00	\$0.00	\$0.00	\$1,350,000.00	0%
Department 6055 - Daycare Totals		\$1,350,000.00	\$0.00	\$1,350,000.00	\$0.00	\$0.00	\$0.00	\$1,350,000.00	0%
Department 6070 - Services for Recipients									
REVENUE									
State Aid									
3670	Services for Recipients	200,000.00	.00	200,000.00	.00	.00	.00	200,000.00	0

Revenue Budget Performance Report

Date Range 01/01/19 - 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd
Fund A - General									
Department 6070 - Services for Recipients									
REVENUE									
		<i>State Aid Totals</i>	\$200,000.00	\$0.00	\$200,000.00	\$0.00	\$0.00	\$200,000.00	0%
		<i>Federal Aid</i>							
4670	Services for Recipients	99,250.00	.00	99,250.00	.00	.00	.00	99,250.00	0
		<i>Federal Aid Totals</i>	\$99,250.00	\$0.00	\$99,250.00	\$0.00	\$0.00	\$99,250.00	0%
		REVENUE TOTALS	\$299,250.00	\$0.00	\$299,250.00	\$0.00	\$0.00	\$299,250.00	0%
		Department 6070 - Services for Recipients Totals	\$299,250.00	\$0.00	\$299,250.00	\$0.00	\$0.00	\$299,250.00	0%
Department 6101 - Medical Assistance									
REVENUE									
<i>Departmental Income</i>									
1801	Repay of Medical Assist	950.00	.00	950.00	.00	.00	.00	950.00	0
		<i>Departmental Income Totals</i>	\$950.00	\$0.00	\$950.00	\$0.00	\$0.00	\$950.00	0%
		REVENUE TOTALS	\$950.00	\$0.00	\$950.00	\$0.00	\$0.00	\$950.00	0%
		Department 6101 - Medical Assistance Totals	\$950.00	\$0.00	\$950.00	\$0.00	\$0.00	\$950.00	0%
Department 6109 - Aid To Dependent Children									
REVENUE									
<i>Departmental Income</i>									
1809	Repay of Aid to A.D.C.	250,000.00	.00	250,000.00	.00	.00	.00	250,000.00	0
		<i>Departmental Income Totals</i>	\$250,000.00	\$0.00	\$250,000.00	\$0.00	\$0.00	\$250,000.00	0%
		<i>Federal Aid</i>							
4609	Aid for Dependent Children	1,169,000.00	.00	1,169,000.00	.00	.00	.00	1,169,000.00	0
		<i>Federal Aid Totals</i>	\$1,169,000.00	\$0.00	\$1,169,000.00	\$0.00	\$0.00	\$1,169,000.00	0%
		REVENUE TOTALS	\$1,419,000.00	\$0.00	\$1,419,000.00	\$0.00	\$0.00	\$1,419,000.00	0%
		Department 6109 - Aid To Dependent Children Totals	\$1,419,000.00	\$0.00	\$1,419,000.00	\$0.00	\$0.00	\$1,419,000.00	0%
Department 6119 - Child Care									
REVENUE									
<i>Departmental Income</i>									
1819	Repay of Child Care	450,000.00	.00	450,000.00	.00	.00	.00	450,000.00	0
		<i>Departmental Income Totals</i>	\$450,000.00	\$0.00	\$450,000.00	\$0.00	\$0.00	\$450,000.00	0%
		<i>State Aid</i>							
3619	Child Care	1,409,000.00	.00	1,409,000.00	.00	.00	.00	1,409,000.00	0
		<i>State Aid Totals</i>	\$1,409,000.00	\$0.00	\$1,409,000.00	\$0.00	\$0.00	\$1,409,000.00	0%
		<i>Federal Aid</i>							
4619	Foster Care	1,300,000.00	.00	1,300,000.00	.00	.00	.00	1,300,000.00	0
		<i>Federal Aid Totals</i>	\$1,300,000.00	\$0.00	\$1,300,000.00	\$0.00	\$0.00	\$1,300,000.00	0%
		REVENUE TOTALS	\$3,159,000.00	\$0.00	\$3,159,000.00	\$0.00	\$0.00	\$3,159,000.00	0%
		Department 6119 - Child Care Totals	\$3,159,000.00	\$0.00	\$3,159,000.00	\$0.00	\$0.00	\$3,159,000.00	0%

Revenue Budget Performance Report

Date Range 01/01/19 - 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd
Fund A - General									
Department 6129 - State Training School									
REVENUE									
State Aid									
3629	State Training School	125,000.00	.00	125,000.00	.00	.00	.00	125,000.00	0
State Aid Totals		\$125,000.00	\$0.00	\$125,000.00	\$0.00	\$0.00	\$0.00	\$125,000.00	0%
REVENUE TOTALS		\$125,000.00	\$0.00	\$125,000.00	\$0.00	\$0.00	\$0.00	\$125,000.00	0%
Department 6129 - State Training School Totals									
		\$125,000.00	\$0.00	\$125,000.00	\$0.00	\$0.00	\$0.00	\$125,000.00	0%
Department 6140 - Home Relief									
REVENUE									
Departmental Income									
1840	Repay of Home Relief	150,500.00	.00	150,500.00	6,968.40	.00	6,968.40	143,531.60	5
Departmental Income Totals		\$150,500.00	\$0.00	\$150,500.00	\$6,968.40	\$0.00	\$6,968.40	\$143,531.60	5%
State Aid									
3640	Home Relief	225,000.00	.00	225,000.00	.00	.00	.00	225,000.00	0
State Aid Totals		\$225,000.00	\$0.00	\$225,000.00	\$0.00	\$0.00	\$0.00	\$225,000.00	0%
Federal Aid									
4640	Home Relief	34,000.00	.00	34,000.00	.00	.00	.00	34,000.00	0
Federal Aid Totals		\$34,000.00	\$0.00	\$34,000.00	\$0.00	\$0.00	\$0.00	\$34,000.00	0%
REVENUE TOTALS		\$409,500.00	\$0.00	\$409,500.00	\$6,968.40	\$0.00	\$6,968.40	\$402,531.60	2%
Department 6140 - Home Relief Totals									
		\$409,500.00	\$0.00	\$409,500.00	\$6,968.40	\$0.00	\$6,968.40	\$402,531.60	2%
Department 6141 - Fuel Crisis Assistance									
REVENUE									
Federal Aid									
4641	Home Energy Assistance	30,000.00	.00	30,000.00	.00	.00	.00	30,000.00	0
Federal Aid Totals		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%
REVENUE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%
Department 6141 - Fuel Crisis Assistance Totals									
		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%
Department 6142 - Emergency Aid For Adults									
REVENUE									
State Aid									
3642	Emergency Aid for Adults	25,000.00	.00	25,000.00	.00	.00	.00	25,000.00	0
State Aid Totals		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%
REVENUE TOTALS		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%
Department 6142 - Emergency Aid For Adults Totals									
		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%
Department 7311 - Youth Bureau									
REVENUE									
Departmental Income									
2006	Youth - Alive at 25	7,000.00	.00	7,000.00	180.00	.00	180.00	6,820.00	3
Departmental Income Totals		\$7,000.00	\$0.00	\$7,000.00	\$180.00	\$0.00	\$180.00	\$6,820.00	3%

Revenue Budget Performance Report

Date Range 01/01/19 - 01/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd
Fund A - General									
Department	7311 - Youth Bureau								
	REVENUE								
	<i>State Aid</i>								
3821	Youth Programs	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0
	<i>State Aid Totals</i>	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%
	REVENUE TOTALS	\$12,000.00	\$0.00	\$12,000.00	\$180.00	\$0.00	\$180.00	\$11,820.00	2%
	Department 7311 - Youth Bureau Totals	\$12,000.00	\$0.00	\$12,000.00	\$180.00	\$0.00	\$180.00	\$11,820.00	2%
Department	7312 - Special Delinquency Prev.								
	REVENUE								
	<i>State Aid</i>								
3822	Spec. Delinquency Prevention	64,785.00	.00	64,785.00	.00	.00	.00	64,785.00	0
	<i>State Aid Totals</i>	\$64,785.00	\$0.00	\$64,785.00	\$0.00	\$0.00	\$0.00	\$64,785.00	0%
	REVENUE TOTALS	\$64,785.00	\$0.00	\$64,785.00	\$0.00	\$0.00	\$0.00	\$64,785.00	0%
	Department 7312 - Special Delinquency Prev. Totals	\$64,785.00	\$0.00	\$64,785.00	\$0.00	\$0.00	\$0.00	\$64,785.00	0%
Department	7313 - Youth Court								
	REVENUE								
	<i>State Aid</i>								
3825	NYSOCFS - Youth Court	49,347.00	.00	49,347.00	.00	.00	.00	49,347.00	0
	<i>State Aid Totals</i>	\$49,347.00	\$0.00	\$49,347.00	\$0.00	\$0.00	\$0.00	\$49,347.00	0%
	REVENUE TOTALS	\$49,347.00	\$0.00	\$49,347.00	\$0.00	\$0.00	\$0.00	\$49,347.00	0%
	Department 7313 - Youth Court Totals	\$49,347.00	\$0.00	\$49,347.00	\$0.00	\$0.00	\$0.00	\$49,347.00	0%
	Fund A - General Totals	\$16,212,757.00	\$0.00	\$16,212,757.00	\$7,148.40	\$0.00	\$7,148.40	\$16,205,608.60	
	Grand Totals	\$16,212,757.00	\$0.00	\$16,212,757.00	\$7,148.40	\$0.00	\$7,148.40	\$16,205,608.60	

