

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
April 22, 2019 9:00AM

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:** Amend NY Connects MOU with Hamilton County DSS to include monetary reimbursement.
Rationale: NYSOFA has requested that we include this in the MOU. WHCOFA reimburses Hamilton County DSS the salary and fringe for employees tasked with NY Connects duties in Hamilton County.
 2. **Request:** Enter into contract with the Glens Falls Association for the Blind, Inc. for in-home contact and support, information and assistance, and senior recreation and education to residents of Warren and Hamilton Counties, in the amount of \$7,650, utilizing CSE funding.
Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.
 3. **Request:** Enter into contract with Glens Falls Hospital to provide PERS (Personal Emergency Response System) to residents of Warren and Hamilton Counties, in the amount of \$7,000, utilizing CSE funding.
Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.
 4. **Request:** Enter into contract with Greater Glens Falls Senior Center to provide for in-home contact and support, information and assistance, and senior recreation and education to residents of Warren County, in the amount of \$26,500, utilizing CSE funding.
Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.
 5. **Request:** Enter into contract with Legal Aid Society of Northeastern NY, Inc. to provide legal assistance and education to residents of Warren and Hamilton Counties, in the amount of \$17,950, utilizing CSE funding.
Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.
 6. **Request:** Enter into contract with the Town of Chester to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$3,771, utilizing CSE funding.
Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.
 7. **Request:** Enter into contract with the Town of Hague to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$960, utilizing CSE funding.
Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.
 8. **Request:** Enter into contract with the Town of Horicon to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$2,510, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

9. **Request:** Enter into contract with the Town of Johnsburg to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$4,048, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

10. **Request:** Enter into contract with the Town of Lake George to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$3,665, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

11. **Request:** Enter into contract with the Town of Lake Luzerne to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$2,892, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

12. **Request:** Enter into contract with the Town of Lake Pleasant to provide transportation to residents of Hamilton County, reimbursing 50% of total expenses up to \$1,144, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

13. **Request:** Enter into contract with the Town of Long Lake to provide transportation to residents of Hamilton County, reimbursing 50% of total expenses up to \$4,550, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

14. **Request:** Enter into contract with the Town of Stony Creek to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$1,680, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

15. **Request:** Enter into contract with the Town of Thurman to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$1,797, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

16. **Request:** Enter into contract with the Town of Warrensburg to provide transportation to residents of Warren County, reimbursing 50% of total expenses up to \$1,630, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

17. **Request:** Enter into contract with the Town of Wells to provide transportation to residents of Hamilton County, reimbursing 50% of total expenses up to \$800, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

18. **Request:** Enter into contract with the Warren-Hamilton Counties Action Committee for Economic Opportunity, Inc. to provide home maintenance and repairs, to residents of Hamilton County, in the amount of \$6,730, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

19. **Request:** Enter into contract with the Hamilton County Public Health Nursing to provide health promotion and education to residents of Hamilton County, in the amount of \$3,313, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

20. Request: Enter into contract with the Warren County Public Health to provide health promotion and education to residents of Warren County, in the amount of \$5,500, utilizing CSE funding.

Rationale: When we did the 1x increase in CSE funding, that resolution cancelled the existing CSE contracts.

Referral/pending items- None

IV. Information for Discussion/Review

- a) Senior Luncheon – Friday, June 7th, from 12-2PM at the Holiday Inn in Lake George. We will be recognizing our Warren and Hamilton County Seniors of the year:
 - i. Leon “Lee” Smith – Wells
 - ii. Avis Warner – Wells
 - iii. John Plantier – Lake Luzerne
 - iv. Patrice “Pat” Cianci – Bolton
- b) The Warren County Seniors of the Year will also be recognized at the June 19th Board Meeting.

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

VI. Motion to adjourn

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: April 12, 2019

- (a) Purpose of Contract Change: **Amend MOU with Hamilton County Department of Social Services for NY Connects services to residents of Hamilton County, to include reimbursement for salary and fringe for employees providing such services.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **429 of 2015**
- (c) Name of Contractor: **Hamilton County Department of Social Services**
- (d) Address of Contractor: **PO Box 725, Indian Lake, NY 12842**
- (e) Contractor's Contact Person and Telephone Number: **Roberta Bly**
- (f) Commencement Date of Extension: **1/1/2019**
- (g) Termination Date of Extension: **Termination of MOU**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **according to Hamilton County DSS salary schedule**
 - iii) total amount not to exceed **\$40,000.00**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Monthly**)
- (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.6771.470 Hamilton 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. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide in-home contact and support, information and assistance, and senior recreation and education to residents of Warren and Hamilton Counties under CSE (Community Services for the Elderly) funding.

- (c) Name of Contractor: Glens Falls Association for the Blind, Inc.

- (d) Address of Contractor: 144 Ridge Street, Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: Philip Jensen, PH#(518)792-3421

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$7,650
 - 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 CSE \$6,000) & A.6771.470 (Hamilton County Contracts CSE \$1,650) Total \$7,650

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide Personal Emergency Response Service (PERS) to residents of Warren and Hamilton Counties under CSE (Community Services for the Elderly) funding.

- (c) Name of Contractor: Glens Falls Hospital

- (d) Address of Contractor: 100 Park Street, Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: Kelly Crotty,
PH#(518)926-1917

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$7,000
 - 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 CSE \$4,000) & A.6771.470 (Hamilton County Contracts CSE \$3,000)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~T~~Office for the Aging

DATE: 4/12/2019

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Provide in-home contact and support, information and assistance, and senior center, recreation and education to residents of Warren County under CSE (Community Services for the Elderly) funding.
- (c) Name of Contractor: Glens Falls Senior Citizens Center, Inc.
- (d) Address of Contractor: 380 Glen Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Kim Bren, PH#(518)793-2189
- (f) Has or will the Contract be provided, if so, please attach: Have
- (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 CSE Schedule "A"
iii) total amount not to exceed \$26,500
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 CSE \$26,500)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~Y~~Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide legal assistance and education to residents of Warren and Hamilton Counties under CSE (Community Services for the Elderly) funding.

- (c) Name of Contractor: Legal Aid Society of Northeastern New York ,Inc.

- (d) Address of Contractor: 95 Central Avenue, Albany, New York 12206

- (e) Contractor's Contact Person and Telephone Number: PH#(518)462-6765

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$17,950
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$17,950)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~Y~~Office for the Aging

DATE: 4/12/2019

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.
- (c) Name of Contractor: Town of Chester
- (d) Address of Contractor: PO Box 423, Chestertown, NY 12817
- (e) Contractor's Contact Person and Telephone Number: Craig Leggett, PH#(518)494-2711
- (f) Has or will the Contract be provided, if so, please attach: Have
- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$3,771
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$3,771)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~T~~Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Hague

- (d) Address of Contractor: Community Center, Route 8, Hague, NY 12836

- (e) Contractor's Contact Person and Telephone Number: Edna Frasier, PH#(518)543-6161

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$960
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$960)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Horicon

- (d) Address of Contractor: 6604 Stae Route 8/PO Box 90, Brant Lake, NY 12815

- (e) Contractor's Contact Person and Telephone Number: Matthew Simpson, PH#(518)494-3647

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$2,510
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$2,510)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~4~~ Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Johnsburg

- (d) Address of Contractor: PO Box 7, North Creek, NY 12853

- (e) Contractor's Contact Person and Telephone Number: Andrea Hogan, PH#(518)251-2421

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$4,048
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$4,048)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~7~~ Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Lake George

- (d) Address of Contractor: PO Box 392, Lake George, NY 12845

- (e) Contractor's Contact Person and Telephone Number: Dennis Dickinson, PH#(518)668-5722

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$3,665
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$3,665)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~4~~ Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Lake Luzerne

- (d) Address of Contractor: 539 Lake Ave/PO Box 370, Lake Luzerne, NY 12846

- (e) Contractor's Contact Person and Telephone Number: Eugene Merlino, PH#(518)

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$2,892
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$2,892)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~T~~Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Hamilton County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Lake Pleasant

- (d) Address of Contractor: PO Box 799, Lake Pleasant, NY 12108

- (e) Contractor's Contact Person and Telephone Number: PH#(518)548-3625

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$1,144
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$1,144)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~T~~Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Hamilton County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Long Lake

- (d) Address of Contractor: PO Box 307, Long Lake, NY 12847

- (e) Contractor's Contact Person and Telephone Number: PH#(518)624-3001

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$4,550
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$4,550)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~7~~ Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Stony Creek

- (d) Address of Contractor: 52 Hadley Road, Stony Creek, NY 12878

- (e) Contractor's Contact Person and Telephone Number: Frank Thomas, PH#(518)696-3575

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$1,680
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$1,680)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~4~~ Office for the Aging

DATE: 4/12/2019

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.
- (c) Name of Contractor: Town of Thurman
- (d) Address of Contractor: PO Box 29, Athol, NY 12810
- (e) Contractor's Contact Person and Telephone Number: Cynthia Hyde,
PH#(518)623-9649
- (f) Has or will the Contract be provided, if so, please attach: Have
- (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 CSE Schedule "A"
iii) total amount not to exceed \$1,797
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$1,797)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~T~~Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Warren County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Warrensburg

- (d) Address of Contractor: 3797 Main Street, Warrensburg, NY 12885

- (e) Contractor's Contact Person and Telephone Number: Kevin Geraghty, PH#(518)623-9464

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$1,630
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$1,630)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: *T*Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide transportation services to residents of Hamilton County under CSE (Community Services for the Elderly) funding. Warren/Hamilton Counties Office for the Aging will reimburse 50% of expenses up to the amount specified below.

- (c) Name of Contractor: Town of Wells

- (d) Address of Contractor: PO Box 493, Wells, NY 12190

- (e) Contractor's Contact Person and Telephone Number: PH#(518)924-7912

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$800
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly 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 CSE \$800)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~T~~Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide assistance with home maintenance and repair tasks to residents of Warren and Hamilton Counties under CSE (Community Services for the Elderly) funding.

- (c) Name of Contractor: Warren-Hamilton Counties Action Committee for Economic Opportunity, Inc.

- (d) Address of Contractor: 190 Maple Street/PO Box 968, Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: PH#(518)793-0636

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$6,730
 - 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 CSE \$5,730) & A.6771.470 (Hamilton County Contracts CSE \$1,000) Total \$6,730

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~Y~~Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide health education and promotion to residents of Hamilton County under CSE (Community Services for the Elderly) funding.

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

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

- (e) Contractor's Contact Person and Telephone Number: Erica Mahoney,
PH#(518)548-7911

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$3,313
 - 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 CSE \$3,313)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: ~~T~~Office for the Aging

DATE: 4/12/2019

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

- (b) Purpose of Contract: Provide health education and promotion to residents of Warren County under CSE (Community Services for the Elderly) funding.

- (c) Name of Contractor: Warren County Public Health

- (d) Address of Contractor: 1340 State Route, Lake George, NY 12845

- (e) Contractor's Contact Person and Telephone Number: Ginelle Jones

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

- (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 CSE Schedule "A"
 - iii) total amount not to exceed \$5,500
 - 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 CSE \$5,500)

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

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

2019
Senior of the Year

Please join us for the

46th Annual Senior Luncheon

Honoring Seniors from Warren and Hamilton Counties

Friday, June 7th, from 12-2PM

HOLIDAY INN

(2223 State Route 9, Lake George, NY)

Sign up at your meal site, Senior Club or Office for the Aging
\$16 per person

(please make checks payable to "Warren County Treasurer" with OFA Luncheon in memo line)

Menu

Garden Salad & Homemade Roll

Medallion of Beef with Gravy, Oven Roasted Potatoes & Seasonal Vegetables or

Chicken Francaise with Rice & Seasonal Vegetables

Coffee, Hot Tea & Soda

Cheesecake with Raspberry Drizzle

Seating is limited, reservations and payment due by Friday, May 24th.
Call Jami at the Office for the Aging PH#(518) 761-6347 to reserve your place.