

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

**HEALTH SERVICES COMMITTEE MEETING  
OFFICE FOR THE AGING AGENDA  
June 22, 2020 @ 9:35AM**

Committee Members: Chairman Peter McDevitt, Douglas Beaty, Ronald Conover, Daniel Bruno, Edna Frasier, Brad Magowan and Susan Shepler

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
  1. **Request:** Permission to submit '20-'21 NY Connects grant application for \$203,636.  
**Rationale:** This grant allows us to run the NY Connects program for Warren and Hamilton Counties. This grant is 100% funded.
  2. **Request:** Permission to fill Meal Site Manager #5 at the Warrensburg meal site, Grade 2, Base Salary \$27,438 (25hrs/week – \$13.19/hr), due to resignation on 6/16/2020.  
**Rationale:** We provide our own staff at the Warrensburg meal site and the position would need to be filled at the number of hours currently listed.
  3. **Request:** Permission to fill Fiscal Manager position due to retirement (7/10/2020).  
**Rationale:** This is a necessary position within the Office for the Aging. Holding discussion to determine appropriate grade.

Referral/pending items- None

IV. Information for Discussion/Review

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

VI. Motion to adjourn

## ***RESOLUTION REQUEST FORM NO. 5***

### ***Request to Apply for a Grant Application and Grant Agreement***

**DEPARTMENT NAME:** Warren/Hamilton Counties Office for the Aging

**DATE:** 6/16/2020

- (a) Purpose of Grant: **NY Connects**
- (b) Name of Grantor: **NYSOFA (New York State Office for the Aging)**
- (c) Address of Contractor: **Two Empire State Plaza, 4<sup>th</sup> Floor, Albany, NY 12223-1251**
- (d) Grantor's Contact Person and Telephone Number:
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Attached**
- (f) Effective Date of Grant: **4/1/2020**
- (g) Termination Date of Grant: **3/31/2021**
- (h) Total Dollar Amount Involved (not to exceed): **\$203,636**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:  
**7/17/2020(released 6/1/2020)**
- (j) Is a Budget amendment required? **NO** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **N/A** If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **NO** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title\* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

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

NEW YORK STATE OFFICE FOR THE AGING  
GRANT APPLICATION COVER PAGE  
20-PI-07  
NY Connects  
For the Period 04/01/20-03/31/21

Area Agency on Aging: Warren/Hamilton Counties Office for the Aging

Director: Deanna Park

Address: 1340 State Route 9

Lake George, NY Zip: 12845

Phone: (518) 761-6347

Contact person: Deanna Park Email: parkd@warrencountyny.gov

Phone: (518) 761-6347

The Area Agency on Aging agrees to comply with all applicable State and Federal laws and regulations as well as all of the conditions included in its 2020-2024 Area Plan, any updates to such Area Plan, and this application for funding as approved by NYSOFA.

Frank Thomas Title: Chairman of the Warren County Board of Sup  
Name of person authorized to enter into agreement  
with the New York State Office for the Aging

\_\_\_\_\_  
Signature of person authorized to enter into agreement  
with the New York State Office for the Aging Date: \_\_\_\_\_

**NY Connects Expansion and Enhancement 2020-2021**  
**SUMMARY BUDGETS**  
**20-PI-07**

AAA: Warren/Hamilton Counties OFA Allocation Amount  
\$203,636.00

Program Period: April 1, 2020 - March 31, 2021

Budget Category		Budget Amount
1	Personnel	\$110,229.00
2	Fringe Benefits	\$50,705.00
3	Equipment	
4	Travel	
5	Maintenance and Operations	\$2,817.00
6	Other Expenses	\$1,624.00
7	Contracts and/or Consultants	\$38,261.00
8	<b>Total Budget (Sum of Lines 1-7)</b>	<b>\$203,636.00</b>
9	<b>State Funds Requested</b>	
10	<b>Local Funds</b>	

Notes The Total Budget amount (Line 8) must equal the Total Budget amount (Line 8) on the last page.

Area Agencies may include additional Local Funding in the budget above, however additional funds are not required.

**NY Connects Expansion and Enhancement 2020-2021  
Supporting Budget Schedules**

AAA: Warren/Hamilton Counties OFA

1. Personnel - AAA salaries are listed here.( DSS and other <i>county</i> partners' salaries are listed in the contract section, as applicable.)							
	Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary or Hourly Rate*	Hours worked on program per week	Total Hours worked per week	Chargeable to Program		Narrative justification: For each position, provide a brief summary of duties related to each program.
					% of Time	Amount	
1	N Susan Dornan	\$49,173	40	40	99.00%	\$47,926.00	The NY Connects Coordinator is responsible for all facets of the program. This position does all the I&A, options counseling, handles outreach and education. Works with the LTCC leadership and completes
	T NY Connects Coordinator						
	L OFA Office, Lake George, NY 12845						
2	N Cynthia Ross	55,444	5	40	12.50%	\$6,930.50	The Fiscal Manager handles all NY Connects fiscal functions, including purchasing and A/P, budget monitoring, voucher preparation and claims processing.
	T Fiscal Manager						
	L OFA Office, Lake George, NY 12845						
3	N Tammy Morehouse	30,607	6	40	15.00%	\$4,591.00	Answer phone calls, conduct screening and home visits, input notes and information into Peerplace reporting system, conducts outreach. Works with NY Connects Coordinator.
	T Aging Services Assistant						
	L OFA Office, Lake George, NY 12845						
4	N Catherine Bearor	43,830	6	40	15.00%	\$6,575.00	Answer phone calls, conduct screening and home visits, input notes and information into Peerplace reporting system, conducts outreach. Works with NY Connects Coordinator.
	T Aging Services Specialist						
	L OFA Office, Lake George, NY 12845						
5	N Joanna Hall	42,820	6	40	15.00%	\$6,423.00	Answer phone calls, conduct screening and home visits, input notes and information into Peerplace reporting system, conducts outreach. Works with NY Connects Coordinator.
	T Aging Services Specialist						
	L OFA Office, Lake George, NY 12845						
6	N RoseAnn O'Rourke	55,376	6	40	15.00%	\$8,306.00	Answer phone calls, conduct screening and home visits, input notes and information into Peerplace reporting system, conducts outreach. Works with NY Connects Coordinator.
	T Coordinator of Services						
	L OFA Office, Lake George, NY 12845						
7	N Jami Rivers	35,710	20	40	50.00%	\$17,855.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Optoins Counseling.
	T Typist						
	L OFA Office, Lake George, NY 12845						
8	N Dinah Kawaguchi	14,013	11	25	25.00%	\$3,503.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Optoins Counseling.
	T Typist						
	L OFA Office, Lake George, NY 12845						
9	N Deanna Park	64,948	5	40	12.50%	\$8,119.00	Works with NY Connects Coordinator. Policy review and revision. Attends NWD, LTCC meetings, etc.
	T Director						
	L OFA Office, Lake George, NY 12845						
10	N						
	T						
	L						
11	N						
	T						
	L						
<b>TOTAL Program Personnel:</b>						<b>\$110,229.00</b>	
*Note: If employee is paid a salary, then list the annual salary. If employee is not on salary, then list the hourly rate. When reporting the rate of pay on vouchering forms, the format (i.e., salary or hourly rate) must match this budget (although the actual salary or the hourly rate paid may be different than budgeted).							
<b>2. Fringe Benefits-</b> Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.							
Fringe Benefit Rate %:		46.00%	TOTAL Fringe:		\$50,705.00		



<b>Information Technology (Specify):</b>	<b>Amount</b>
Annual User Fee \$67/user (Susan Dornan-100% NY Connects; 15% of 9 others)	\$158.00
<b>Other (Specify):</b>	<b>Amount</b>
Training/Conferences for NY Connects (ACUU, Adult Abuse Institute)	\$1,466
<b>TOTAL Other Expenses:</b>	<b>\$1,624.00</b>

**7. Contracts/Consultants:**

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

Contractor/Consultant and description of service (List them individually)	# of Units (Consultant)	Program Total
Hamilton County DSS serves as the NY Connects office for Hamilton		

2	Fringe Benefits	\$13,741.00
3	Equipment	
4	Travel	
5	Maintenance and Operations	
6	Other Expenses	
7	Contracts and/or Consultants	
8	<b>Total Budget (Sum of Lines 1-7)</b>	<b>\$38,261.00</b>
9	<b>State Funds Requested</b>	
10	<b>Local Funds</b>	

Notes The Total Budget amount (Line 8) must equal the Total Budget amount (Line 8) on the last page.

Area Agencies may include additional Local Funding in the budget above, however additional funds are not required.

**NY Connects Expansion and Enhancement 2020-2021  
Contractor Supporting Budget Schedule**

AAA: Warren/Hamilton Counties OFA

1. Personnel - AAA salaries are listed here.( DSS and other <i>county</i> partners' salaries are listed in the contract section, as applicable.)							
	Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary or Hourly Rate*	Hours worked on program per week	Total Hours worked per week	Chargeable to Program		Narrative justification: For each position, provide a brief summary of duties related to each program.
					% of Time	Amount	
1	N Kaillyn Knight	\$24,520	40	40	100.00%	\$24,520	Answers phone call, inputs notes and info into Peerplace reporting system. Works with NY Connects Coordinator. Manages NY Connects Resource Directory.
	T Clerk						
	L 139 White Birch Lane, Indian lake, NY 12842						
2	N						
	T						
	L						
3	N						
	T						
	L						
4	N						
	T						
	L						
5	N						
	T						
	L						
6	N						
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7	N						
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	L						
8	N						
	T						
	L						
9	N						
	T						
	L						
10	N						
	T						
	L						
11	N						
	T						
	L						
<b>TOTAL Program Personnel:</b>						<b>\$24,520.00</b>	
*Note: If employee is paid a salary, then list the annual salary. If employee is not on salary, then list the hourly rate. When reporting the rate of pay on vouchering forms, the format (i.e., salary or hourly rate) must match this budget (although the actual salary or the hourly rate paid may be different than budgeted).							
2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.							
Fringe Benefit Rate %:		56.04%	<b>TOTAL Fringe:</b>		<b>\$13,741.00</b>		

## NY Connects Expansion and Enhancement 2020-2021 Contractor Supporting Budget Schedule

AAA: Warren/Hamilton Counties OFA

<b>3. Equipment:</b> •List all equipment items whether purchased or leased. •Provide a detailed description for all equipment with a unit cost of \$1,000 or more. •Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance & Operations budget section.																
<b>Item and Description</b>	<b>Quantity</b>	<b>Unit Purchase Price</b>	<b>Percent Chargeable to Program</b>	<b>Amount Chargeable to Program</b>												
<b>TOTAL Equipment</b>																
<b>4. Travel:</b> •List travel costs. Include travel costs for NY Connects staff participating in the NYSOFA NWD PCC In-Person training to be held in Albany, NY. •Outline reason for travel and indicate the number of staff traveling. (e.g., staff to training, field interviews, advisory group meeting, etc.). •Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).																
Mileage: _____ miles @ _____ per mile Parking & Tolls Public Transportation: Rental Vehicles (specify destination): Other Travel Costs (Specify):				<b>Program Expenses</b> _____ _____ _____ _____												
Reasons for Travel: _____ _____																
<b>TOTAL Travel</b>																
<b>5. Maintenance &amp; Operations:</b> •In the space provided, detail each expense. •For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.																
Equipment Maintenance and Repair: Postage: Printing & Photocopying: Rent: <table border="1" style="margin-left: 20px; width: 60%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Monthly Rent</th> <th style="width: 20%;">% Charge to Prg</th> <th style="width: 50%;">No. of months</th> </tr> </thead> <tbody> <tr> <td>NY Connects: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Location: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Owner: _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Supplies: Telephone: Utilities: Miscellaneous Equipment (List Items):				Monthly Rent	% Charge to Prg	No. of months	NY Connects: _____	_____	_____	Location: _____	_____	_____	Owner: _____	_____	_____	<b>Program Expenses</b> _____ _____ _____ _____ _____ _____ _____
Monthly Rent	% Charge to Prg	No. of months														
NY Connects: _____	_____	_____														
Location: _____	_____	_____														
Owner: _____	_____	_____														
<b>TOTAL M&amp;O</b>																

# NY Connects Expansion and Enhancement 2020-2021 Contractor Supporting Budget Schedule

AAA: Warren/Hamilton Counties OFA

<b>6. Other Expenses: List specific item and cost.</b>		
<ul style="list-style-type: none"> <li>•Itemize all Public Education costs.</li> <li>•Promotional materials in the form of informational brochures and the like are acceptable expenses.</li> <li>•"Giveaways" are not an allowable expense under this funding.</li> <li>•Food and refreshments (other than travel related expenses) are not an allowable expense under this funding.</li> </ul>		
<b>Public Education:</b>		<b>Amount</b>
<b>Information Technology (Specify):</b>		<b>Amount</b>
<b>Other (Specify):</b>		<b>Amount</b>
<b>TOTAL Other Expenses:</b>		
<b>7. Contracts/Consultants:</b>		
<ul style="list-style-type: none"> <li>•List each contractor or consultant, amount, and describe service below.</li> <li>•A copy of each contract or consultant agreement must be submitted to NYSOFA before reimbursement will be made.</li> <li>•Complete and submit a Contractor Budget for each contractor that will receive 25% or more of your grant amount in the form of line item contracts.</li> <li>•For Consultants, please list unit rate (e.g., \$25 per hour) and Number of Units in the columns provided. (Note: If you hire a translator, language and/or sign interpreter, include the expense here.) DSS or other county partners' salaries are to be listed in this section.</li> <li>•The Unit Rate and Number of Units do not need to be completed for line item contracts.</li> </ul>		
Contractor/Consultant and description of service (List them individually)	# of Units (Consultant)	Program Total
<b>TOTAL Contractors/Consultants:</b>		
<b>8. Total Budget: (numbers 1-7)</b>		<b>\$38,261.00</b>
<b>9. State Funds Requested</b>		
<b>10. Local Funds: Describe below</b>		<b>Amount</b>
<b>TOTAL Local Funds:</b>		

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

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

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Office for the Aging Payroll Dept. No: 57.01  
Title of Position: Meal Site Manager #5 (Warrensburg) Base Salary of Position: \$27,438(25hr/week) Grade: 2  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A6772.110 Nutrition Program Warren - Salaries FT Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: 8396/Ranous Date of Vacancy: 06/17/2020  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_%  State 75%  Other \_\_\_\_\_%

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other \_\_\_\_\_  
**Actual Impact to Budget Report will be provided monthly by Human Resources Director**  
**Candidate's qualifications must be approved by Personnel Officer prior to hiring.** PO 6/16/20  
Human Resources Director has approved this form when initialed. AS 6/16/20

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.  
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 6/17/20

### BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.  
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature [Signature] Date 6/19/20

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services

The committee has no objection to the filling of the vacancy.  
 The committee objects to the filling of the vacancy.  
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.  
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 6/22/20

**RESOLUTION REQUEST FORM NO. 11****Request to Create New Position****DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging****DATE: 06/25/2020**

- (a) Title of Requested Position: **Fiscal Coordinator**
- (b) Annual **Base** Salary (and Grade if Applicable): **\$42,141.00 Grade 15 (Bargaining Unit)**
- (c) Effective Date for New Position:\* **7/13/2020**  
\*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):  
**Fiscal Manager, Grade 12, \$55,051.00 (Non-Bargaining Position)**
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:  
**A.6772.110 Warren County Salaries Full Time - \$42,141.00**
- (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:  
**NO**

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

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

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Office for the Aging Payroll Dept. No: 57.01  
Title of Position: Fiscal Coordinator Base Salary of Position: \$42,141.00 Grade: 15  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A6772.110 Warren County - Salaries FT Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other Creation  
Employee No./Last Name: \_\_\_\_\_ Date of Vacancy: 07/11/2020  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_%  State 75%  Other \_\_\_\_\_%

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other \_\_\_\_\_

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. DJN 6/26/20

Human Resources Director has approved this form when initialed. AP 6/26/20

### 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 7/1/20

### BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.  
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature [Signature] Date 7/8/20

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services

- The committee has no objection to the filling of the vacancy.  
 The committee objects to the filling of the vacancy.  
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.  
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 7/13/20