

**HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING AGENDA
April 19, 2021**

Committee Members: Supervisors Frasier, McDevitt, Conover, Hogan, and Strough

- I. Committee meeting called to order by Chairman
- II. Motion to approve the minutes of the prior meeting
- III. Action Agenda/New Business Items:
 1. Request: Submit '21-'22 Annual Implementation Plan to NYSOFA.
Rationale: The Program Instruction for the '21-'22 AIP was released by NYSOFA on March 18th and the plan was due on March 31st. Due to the pandemic and the flexibility in spending, NYSOFA expects that there will be changes to our AIP for this program year. The AIP is the tool that we use to inform NYSOFA of how we plan to spend our funds and the number of units of service we hope to provide under each program we offer.
 2. Request: Revise EISEP contract with Hamilton County DSS to remove language of \$1,922/monthly.
Rationale: There are occasions when we reimburse more than \$1,922/month, as we are reimbursing salary and fringe, so this language needs to be removed. The contract amount will remain the same.
 3. Request: Enter into contract with Mom's Meals to provide meals to seniors, at a cost of \$7.49/meal, not to exceed \$5,000.
Rationale: We would like to utilize Mom's Meals as a back up to provide meals to clients in Warren and Hamilton Counties in the event a meal site is not able to do so.
 4. Request: Delete Food Service Manager, Grade 4, position at Cedars (\$28,861; 35hrs/wk) and create Meal Site Manager, Grade 2, position at Cedars (\$26,027; 35hr/wk).
Rationale: The Food Service Manager position applies to the Cedars meal site location only. We would like to delete this position and create a Meal Site Manager position instead. The supervisory duties of this position will transfer to the office, similar to the way the other meal sites are operated. We hope that this will allow this site to operate more efficiently.
 5. Request: We have three office positions that we would like to discuss.
Rationale: With regards to the last action items, I am still working with Personnel and HR to revise our office positions and hope to have this accomplished by Monday's committee. Our intent is to delete the Aging Services Specialist position that is currently open, Grade 10, and create a position somewhere between the Aging Services Assistant, Grade 4 and Specialist position. Then move the other Aging Services Assistant PT Grade 4 and the Supervisor of Volunteers Grade 4 to this title as well. In the end, we are hoping these changes, along with the changes to the manager position at Cedars, will all be budget neutral. If there is any additional cost, we would have the monies in our budget this year, as we did not fill the Fiscal Coordinator position until March.

6. Request: Enter into two contracts with Connect America for PERS (Personal Emergency Response Services) for residents of Warren and Hamilton Counties in the amount of \$7,000 each, under our EISEP (Expanded In-Home Services for the Elderly Program) and CSE (Community Services for the Elderly).
Rationale: Last year, Glens Falls Hospital contracted out their PERS (Personal Emergency Response) services to Connect America. We brought a resolution through committee allowing them to do this. This year, they are not subcontracting it and it has been completely changed over to Connect America. We would like to enter into a contract with Connect America directly to provide the same exact services so there is no disruption.
7. Request: Permission to fill the vacant position of Food Service Helper #2 at the Cedars meal site due to resignation.
Rationale: The person in this position resigned this morning due to medical reasons. We would like to fill the position as it currently stands. There will be a cost savings due to the fact that the person was in this position since 2006.

IV. Discussion Items:

Vaccine Clinic – OFA, in conjunction with Kinney Drugs and Warren County Public Health held a 1,100 dose vaccination clinic for our 60(+) population on Saturday March 13th and Saturday April 3rd at SUNY Adirondack. We wanted to thank Kinney Drugs for securing the doses in a time when getting our seniors vaccinated seemed impossible; Warren County Public Health for helping us secure the location, coordinate the clinic and provide medical support on the day of; SUNY Adirondack for hosting us; SAIL/Caregiver Support Initiative/Herzog Law Firm/Conkling Center/RSVP of Warren/Washington County/Sheriff's Office/Public Health/Numerous Volunteers for helping us register our seniors; Kiwanis Club, Boy Scouts, Supervisor Driscoll and SUNY Adirondack for providing traffic control & parking assistance; Sheriff's Office for the use of their signs; Dr. Leach for his medical support on the day of the clinic; SAIL for the use of wheel chairs; OFA staff for their dedication to the seniors of Warren and Hamilton County throughout this whole process; Mike Colvin and IT department for setting up the COVID sign up link; Washington County OFA for registering clients and helping the day of the event.

V. Referrals/Pending Items: None

VI. Privilege of the Floor and Public Comment (please allow for 15 second delay on live stream meetings)

VII. Motion to adjourn

Attachments:

1. 20 Misc – Submit '21-'22 Annual Implementation Plan to NYSOFA
2. '21-'22 Annual Implementation Plan
3. 04 Amend Existing Contract – Hamilton County Department of Social Services EISEP
4. 03 New Contract – PurFoods, LLC dba Mom's Meals
5. Provider Agreement for PurFoods, LLC dba Mom's Meals

6. 11 Request to Create New Position – Meal Site Manager #10, Cedars
7. Notice of Intent to Fill – Meal Site Manager #10
8. 03 New Contract – Connect America
9. Notice of Intent to Fill – Food Service Helper #2, Cedars

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 4/2/2021

- (a) Purpose of Request: **Submit 2021-2022 Annual Implementation Plan to NYSOFA.**
- (b) Details: **Every year NYSOFA requires each Office for the Aging to submit a update to the Four Year Plan. The Annual Implementation Plan was due on March 31, 2021.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **N/A**

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

* as listed in budget and LOGOS

ANNUAL UPDATE REVIEW AND APPROVAL (STANDARD DATES)

Must be signed by the area agency director (and the sponsoring agency executive if the area agency is not part of county/City of New York/Native American Organization).

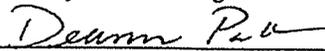
I hereby submit for approval the 2021-22 Annual Update to the 2020-24 Four Year Plan (hereafter referred to as the Annual Update) for the Older Americans Act and New York State Programs for the Elderly and the applications for funding indicated below:

Program	Program Period	Program Applied For
Title III-B	January 1, 2021 to December 31, 2021	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Title III-C	January 1, 2021 to December 31, 2021	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Title III-D	January 1, 2021 to December 31, 2021	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Title III-E	January 1, 2021 to December 31, 2021	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EISEP	April 1, 2021 to March 31, 2022	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CSE	April 1, 2021 to March 31, 2022	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CSI	April 1, 2021 to March 31, 2022	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WIN	April 1, 2021 to March 31, 2022	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unmet Need	April 1, 2021 to March 31, 2022	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Transportation	April 1, 2021 to March 31, 2022	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CRC	April 1, 2021 to March 31, 2022	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HIICAP	April 1, 2021 to March 31, 2022	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I agree to comply with all applicable federal, state and local laws and regulations, program standards, and standard assurances which affect any funds, (including matching funds and program income) used for programs described in this Annual Update. I have read and agree to comply with all of the Standard Assurances (Attachment A) in the Annual Update. In addition, I certify that no amendments have been made nor will be made to the Standard Assurances in the Annual Update. Furthermore, I agree to comply with all attachments submitted as part of this Annual Update and indicated on the Attachment Check List.

I also certify that the information contained in the Priority Services Schedule (Attachment B) is true and correct.

I also certify that this organization is not currently suspended or debarred as defined in 2 CFR part 376.


4/5/21

 Signature of Director of Area Agency on Aging Print/Type Name Date

 Signature of the Chief Officer of the Governing Body of the Sponsoring Organization Date
 (if other than county/City of New York/Native American Organization)
 Rachel Seeber Chairwoman of the Warren County Board of Supervisors

 Print/Type Name Print/Type Title

LOCAL GOVERNMENT EXECUTIVE REVIEW AND APPROVAL

Must be signed ONLY if the area agency intends to apply for Community Services for the Elderly Program or Expanded In-home Services for the Elderly Program state aid pursuant to the New York State Elder Law.

I, Rachel Seeber being the Chief Executive Officer/Chairman of the Governing Board of Warren County (county/City of New York/Native American Organization), do hereby certify that:

1. The Warren/Hamilton Counties Office for the Aging, an area agency on aging established pursuant to the Older Americans Act of 1965, as amended, has been duly designated by me pursuant to New York State Elder Law §214.

- Community Services for the Elderly Program
 Expanded In-home Services for the Elderly Program.

2. This Plan for the Older Americans Act and New York State Community Services for the Elderly and/or Expanded In-home Services for the Elderly Programs, pursuant to New York State Elder Law, is hereby approved for submission to the New York State Office for the Aging.

 Signature (Use ink. "per" signature not acceptable) Rachel Seeber Date

 Print/Type Title

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: April 6 2021

- (a) Purpose of Contract Change: Amend contract with Hamilton County Department of Social Services for case management services under EISEP (Expanded In-Home Services for the Elderly) to remove language of \$1,922/monthly.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 62 of 2019, 75 of 2018
- (c) Name of Contractor: Hamilton County Department of Social Services
- (d) Address of Contractor: PO Box 725, 139 White Birch Lane, Indian Lake, NY 12842
- (e) Contractor's Contact Person and Telephone Number: Robert Bly, PH#(518)648-6131
- (f) Commencement Date of Extension: 4/1/20
- (g) Termination Date of Extension: 3/31/2021, with no changes to future contracts
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$30,500
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: 4/13/2021

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

- (b) Purpose of Contract: Provide frozen meals to clients in Warren and Hamilton Counties if a meal site is not able to.

- (c) Name of Contractor: PurFoods, LLC dba Mom's Meals

- (d) Address of Contractor: 3210 SE Corporate Woods Drive, Ankeny, IOWA 50021

- (e) Contractor's Contact Person and Telephone Number: Krysta Houser,

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

- (g) Commencement Date of Contract: 5/1/2021

- (h) Termination Date of Contract: 4/30/2022, with one year renewals if pricing remains the same

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$5,000
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. \$7.49/meal, billed monthly

- (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: A6772.470 Warren County Contracts \$5,000.00

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

Provider Agreement

This Provider Agreement (“Agreement”) is entered into this _____ day of _____, 2020, by & between PurFoods, LLC dba Mom’s Meals (“Mom’s Meals”) and Warren/Hamilton Counties Office for the Aging, (“Agency”). Mom’s Meals and Agency may be referred to as “Party” and collectively as “Parties.”

1. **HIPAA and HITECH.** Parties agree to comply with HIPAA and the HITECH Act and all current implementing regulations.
2. **Service Authorization.** Agency agrees to provide Mom’s Meals a written notice that contains all relevant client information including the number of home delivered meals a client qualifies for on a weekly basis (“Service Authorization”). The Service Authorization shall include a start and end date for the home delivered meal service. Mom’s Meals shall not begin service to a client until said Service Authorization is received.
3. **Home Delivered Meal.** Provision to an eligible client, at the client's residence, a meal that complies with Dietary Guidelines for Americans, and provides at least one-third (1/3) of the current daily Recommended Dietary Allowances.
4. **Ordering and Delivery.** Mom’s Meals shall deliver meals according to its ordinary delivery practices, via third party courier, to client’s address as listed on the client’s Service Authorization. Meals shall be delivered at a frequency determined by the number of meals for which a client is approved. Delivery typically occurs every other week. If a client does not call in an order and the case manager has not sent in notification to place the service on hold or to cancel the client’s meals, Mom’s Meals shall deliver a random selection or the same selection of meals as a prior order to the client for that order period.
5. **Client Updates.** Agency shall notify Mom’s Meals in a timely manner upon learning of a change in a client’s status (e.g. the client entered a nursing home or hospital the client has moved; the client is deceased etc.) Agency shall notify Mom’s Meals by 5:00 p.m. CT the day prior to a scheduled shipment. Mom’s Meals shall notify Agency in a timely manner upon learning of a change in a client’s status (e.g. the client entered a nursing home or hospital; the client has moved; the client is deceased etc.).
6. **Billing and Per Meal Price.** Mom’s Meals shall bill Agency monthly, as agreed upon, either for each meal delivered or each cooler delivered in the previous thirty (30) days. Mom’s Meals shall bill Agency at the agreed per meal rate price documented in Attachment A. Payment is due to Mom’s Meals within fourteen (14) calendar days of the invoice date. If payment is not received in said period, Mom’s Meals shall send notification to the Agency at parkd@warrencountyny.gov. If payment is not received or arrangements acceptable to Mom’s Meals have not been made within thirty (30) days of said notification, Mom’s Meals reserves the right to discontinue services until payment or arrangements for payment have been agreed upon. Mom’s Meals reserves the right to modify the per meal cost with thirty (30) calendar days written notice to Agency.
7. **Maintenance of Records.** Mom’s Meals shall maintain all client records for a period of no less than six (6) years for all Agency clients.
8. **Disputes.** Either party who has a dispute concerning the Agreement will work with the other party to come to a mutual decision. If a mutual decision cannot be agreed upon, a third party mediator may be contacted to resolve the dispute.
9. **Termination.** Either Party may terminate this Agreement any time upon thirty (30) calendar days written notification to the other Party. If Agreement is terminated for any reason, Agency shall be billed for services authorized and provided through the date of termination.

- 10. **Severability.** If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
- 11. **Disputes.** This Agreement shall be governed exclusively by its terms and by the laws of the State of Iowa, without regard to its choice of law provisions.
- 12. **Notice.** All notices required under this Agreement shall be in writing and shall be considered given: (a) when delivered personally; (b) three (3) days after mailing, when sent certified mail, return receipt requested and postage pre-paid; (c) one (1) business day after dispatch, when sent via a commercial overnight courier, fees pre-paid; or (d) upon delivery when sent by facsimile transmission or e-mail and followed by notice sent in accordance with clause (a), (b) or (c) above. All notices shall be sent to the following addresses and indicated contacts:

(i) If to Mom's Meals:

Attn: Krysta Houser, Contracts & RFP Specialist
3210 SE Corporate Woods Drive
Ankeny, Iowa 50021

(ii) If to Agency:

Attn: Deanna Park
1340 State Route 9, First Floor
Lake George, NY 12845

Agency Owner/Manager (Printed)

Agency Name/Address

Warren/Hamilton Counties Office for the Aging
1340 State Route 9, First Floor
Lake George, NY 12845

Agency Owner/Manager (Signature)

Date

Mom's Meals Manager (Printed)

Nathan Jensen

Mom's Meals Address

PurFoods LLC dba Mom's Meals
3210 SE Corporate Woods Drive
Ankeny, Iowa 50021

Mom's Meals' Manager (Signature)

Date

Attachment A – Scope of Service

PurFoods, LLC dba Mom’s Meals (“Mom’s Meals”) and Warren/Hamilton Counties Office for the Aging (“Agency”) are Parties to a Provider Agreement dated _____ (“Agreement”). This Attachment A is incorporated into and made a part of the Agreement.

1. Program Details. Agency’s clients shall order meals from an approved menu provided to the client by Mom’s Meals. Mom’s Meals shall set up a client’s delivery schedule to maximize efficient use of each cooler, minimize the number of deliveries, and limit the number of coolers a client needs to dispose of. (For example, if a client is approved for 5-7 meals a week, they will be scheduled to receive 10-14 meals every other week).

2. Pricing. Parties agree to a per meal price of \$7.49 per meal. Mom’s Meals shall bill according to the terms in clause six (6) of the Agreement.

3. New Clients. Meal orders shall be placed no later than Tuesday at 5:00 PM CT for delivery the following week. In order to start new clients as soon as possible, however, Mom’s Meals intake department needs to receive a Service Authorization for a newly approved client no later than Thursday at 5:00 PM CT in order to begin delivery the following week.

Agency Owner/Manager (Printed)

Agency Name

Warren/Hamilton Counties Office for the Aging

Agency Owner/Manager (Signature)

Date

Mom’s Meals Manager (Printed)

Meal Provider

Nathan Jensen

PurFoods LLC dba Mom’s Meals

Mom’s Meals’ Manager (Signature)

Date

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 4/13/2021

- (a) Title of Requested Position: Meal Site Manager #10, Cedars
- (b) Annual Base Salary (and Grade if Applicable): \$26,027(35 hours/week) Grade 2
- (c) Effective Date for New Position:* 5/1/2021
*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):
Food Service Manager, Grade 4, \$27,827(35 hours/week)
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6772.110
- (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: 57.02
Title of Position: Mcal Site Manager #10 Base Salary of Position: \$26,027(35hr/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 Creation
Employee No./Last Name: _____ Date of Vacancy: _____
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 75 % Other 25 % Warren County

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. Yes 3/11/21
Human Resources Director has approved this form when initialed. 13 April 21

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 4/16/21

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 4/19/21

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 Edna A. Frazier Date 4/19/21

Amended, Warren County Personnel, September 2, 2004

MEAL SITE MANAGER

GENERAL STATEMENT OF DUTIES: Supervises and participates in the serving of food at a meal site for the elderly; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: Employees in this class are responsible for overseeing the service of food and maintenance of cleanliness in dining areas at meal sites. Work is performed under the general direction of the Nutrition Service Coordinator. Supervision is exercised over the work of volunteer helpers who serve food to elderly persons at the site.

EXAMPLES OF WORK; (Illustrative only)

Supervises and participates in the setting of tables and service of food at a meal site;

Supervises the collection of and accounting for cash receipts;

Prepares site layouts and makes recommendations for the maintenance and improvement of plant and equipment;

Keeps records and prepares necessary reports for the Nutrition Service Coordinator and others;

Plans and conducts recreational programs for the elderly in conjunction with meals programs;

Provides information and referral services to elderly participants in the nutrition program;

Provides information to the Office for the Aging and other community agencies to promote increased interest in the nutrition program;

Receives, inspects, stores, and distributes supplies; maintains inventory and related records.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES: Good knowledge of the proper methods of food service; good knowledge of sanitary requirements and proper care for glassware, tableware, silverware and dining areas; ability to plan and supervise the work of others; ability to get along well with elderly people; ability to understand and follow oral and written instructions; ability to keep records and prepare reports; tact; resourcefulness; good physical condition.

ACCEPTABLE TRAINING AND EXPERIENCE: One year of experience in serving food or one year of experience in a paid or volunteer program involving direct service to the aging; or any equivalent combination of training and experience.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 4/16/2021

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Provide PERS (Personal Emergency Response Services) to residents of Warren & Hamilton Counties under EISEP (Expanded In-Home Services for the Eldery) \$7,000 and CSE (Commuinty Services for the Eldery) \$7,000.
- (c) Name of Contractor: Connect America
- (d) Address of Contractor: One Helmont Ave, 12th Floor, Bala Cynwyd, PA 19004
- (e) Contractor's Contact Person and Telephone Number:
'hcdcontracts@connectamerica.com'
- (f) Has or will the Contract be provided, if so, please attach: Will be provided by County Attorney's Office
- (g) Commencement Date of Contract: 4/1/2021
- (h) Termination Date of Contract: 3/31/2021
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$7,000(each)
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. \$30/installation; \$35/monthly service fee; Paid Monthly
- (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: A6772.470 Warren County Contracts \$8,000 and A6771.470 Hamilton

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: Food Service Helper #2 (Cedars) Base Salary of Position: \$27,438(30hr/week) Grade: 2
Filling at Step # (If Known): _____
Budget code and title: A6772.130 Nutrition Program Warren - Salaries PT Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 10498/Skinner Date of Vacancy: 04/19/2021
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. _____
Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

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

Ranking Committee Member Signature _____ Date _____

Adopted, Warren County Civil Service

FOOD SERVICE HELPER

GENERAL STATEMENT OF DUTIES: Assists in the preparation and service of food and in the cleaning of kitchen equipment; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: This is routine manual work performed under immediate supervision in connection with the preparation and service of food. On occasion Food Service Helpers may perform cooking duties involving lesser degrees of skill than regularly required of employees in the classification of Cook.

EXAMPLES OF WORK: (Illustrative only)

Sets tables and clears them after meals;
Fills sugar bowls and salt and pepper shakers;
Polishes silverware, tables and chairs;
Prepares trays for and serves patients;
Cleans dining rooms and dish and linen closets;
Cleans, washes and otherwise prepares vegetables and fruit for cooking;
Assists in the preparation of salads and desserts;
Helps cooks in any phase of their duties;
Washes dishes, pots and pans by hand or machine;
Sweeps, mops and cleans kitchen;
May act as cashier.

REQUIRED KNOWLEDGES, SKILLS AND ABILITIES: Working knowledge of the proper methods of serving food and of the care of tableware, glassware, silver, and kitchen appliances; ability to follow oral and written directions; good physical condition.

ACCEPTABLE EXPERIENCE AND TRAINING: None is required but some experience as a helper in a restaurant or hotel dining room or in general domestic work is desirable.