

AAA: Warren/Hamilton - 52  
Original Date Submitted: 03/30/2021  
Date Revised:

Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

**2021-22 ANNUAL UPDATE TO THE 2020-24 FOUR YEAR PLAN  
APRIL 1, 2021-MARCH 31, 2022  
FOR OLDER AMERICANS ACT,  
NEW YORK STATE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM,  
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM,  
CONGREGATE SERVICES INITIATIVE,  
WELLNESS IN NUTRITION,  
UNMET NEED,  
STATE TRANSPORTATION PROGRAM,  
CAREGIVER RESOURCE CENTER, and  
HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM**

This document, including the applications and attachments, is an update, for the period April 1, 2021 through March 31, 2022, to the 2020-24 Four Year Plan and any previous amendments, modifications, or updates thereto approved by the New York State Office for the Aging.

Area Agency on Aging (AAA): Warren/Hamilton Counties Office for the Aging County Code: 52  
Director's Name: Deanna Park Title: Director  
Address: 1340 State Route 9  
City: Lake George, New York Zip Code: 12845  
Phone Number: (518) 761-6347 Ext. Email: parkd@warrencountyny.gov

**For County/City of New York/Native American Organization**

Name of the Chief Executive Officer: Rachel Seeber Title: Chairwoman of the Board of Supervisors  
Address: 1340 State Route 9  
City: Lake George, New York Zip Code: 12845  
Phone Number: (518) 761-6536 Ext. Email: seeber@warrencountyny.gov **OR If other than County/City of New York/Native American Organization**

Name of the Sponsoring Organization:  
Name of Chief Officer of the Governing Body of the Sponsoring Organization: Title:  
Address:  
City: Lake George, New York Zip Code: 12845  
Phone Number: Ext. Email:

**Official Authorized to Receive Payments on behalf of the AAA**

Name: Michael Swan Title: Treasurer  
Address: 1340 State Route 9  
City: Lake George, New York Zip Code: 12845  
Phone Number: (518) 761-6379 Ext. Email: swanm@warrencountyny.gov

**Submit To:**

**New York State Office for the Aging  
Division of Local Program Operations  
2 Empire State Plaza  
Albany, NY 12223-1251**

**REVENUE DIVERSIFICATION**

1. If contracting or planning to contract with a healthcare system or other providers, indicate each contractual agreement below. Examples of providers which may purchase services through contract with the AAA include Managed Care Organizations, health systems, hospitals, health insurers, and other payers.

Does the AAA plan on contracting with any health systems or other providers during the Annual Update period?  
 \*YES     NO

If \*yes, List the name(s) of the provider which will purchase services from the AAA. What service(s) is/are the AAA contracted for or negotiating to provide and what is the reimbursement agreement?

Name of Provider: Fidelis			
SERVICE	CONTRACTED UNIT RATE (IF APPLICABLE)	REIMBURSEMENT AGREEMENT DESCRIPTION (IF NOT UNIT RATE)	ANTICIPATED VALUE OF CONTRACT
<input type="checkbox"/> Personal Care Levels I	0.00		0.00
<input type="checkbox"/> Personal Care Levels II	0.00		0.00
<input type="checkbox"/> Home Health Aide	0.00		0.00
<input type="checkbox"/> Case Management	0.00		0.00
<input type="checkbox"/> Adult Day Services	0.00		0.00
<input type="checkbox"/> Personal Emergency Response System (PERS)	0.00		0.00
<input checked="" type="checkbox"/> Home-delivered meals	9.50		100.00
<input type="checkbox"/> Congregate meals	0.00		0.00
<input type="checkbox"/> Transportation	0.00		0.00
<input type="checkbox"/> Evidence-Based Health Promotion	0.00		0.00
<input type="checkbox"/> Other:	0.00		0.00
<b>Comments:</b>	We do not currently have anyone receiving meals under the Fidelis contract.		

Name of Provider: Nascentia Health Options			
SERVICE	CONTRACTED UNIT RATE (IF APPLICABLE)	REIMBURSEMENT AGREEMENT DESCRIPTION (IF NOT UNIT RATE)	ANTICIPATED VALUE OF CONTRACT
<input type="checkbox"/> Personal Care Levels I	0.00		0.00
<input type="checkbox"/> Personal Care Levels II	0.00		0.00
<input type="checkbox"/> Home Health Aide	0.00		0.00
<input type="checkbox"/> Case Management	0.00		0.00
<input type="checkbox"/> Adult Day Services	0.00		0.00
<input type="checkbox"/> Personal Emergency Response			

System (PERS)	0.00		0.00
<input checked="" type="checkbox"/> Home-delivered meals	9.50		2500.00
<input type="checkbox"/> Congregate meals	0.00		0.00
<input type="checkbox"/> Transportation	0.00		0.00
<input type="checkbox"/> Evidence-Based Health Promotion	0.00		0.00
<input type="checkbox"/> Other:	0.00		0.00
<b>Comments:</b>			
<b>Name of Provider:</b> Prime Health Choice			
<b>SERVICE</b>	<b>CONTRACTED UNIT RATE (IF APPLICABLE)</b>	<b>REIMBURSEMENT AGREEMENT DESCRIPTION (IF NOT UNIT RATE)</b>	<b>ANTICIPATED VALUE OF CONTRACT</b>
<input type="checkbox"/> Personal Care Levels I	0.00		0.00
<input type="checkbox"/> Personal Care Levels II	0.00		0.00
<input type="checkbox"/> Home Health Aide	0.00		0.00
<input type="checkbox"/> Case Management	0.00		0.00
<input type="checkbox"/> Adult Day Services	0.00		0.00
<input type="checkbox"/> Personal Emergency Response System (PERS)	0.00		0.00
<input checked="" type="checkbox"/> Home-delivered meals	9.50		12000.00
<input type="checkbox"/> Congregate meals	0.00		0.00
<input type="checkbox"/> Transportation	0.00		0.00
<input type="checkbox"/> Evidence-Based Health Promotion	0.00		0.00
<input type="checkbox"/> Other:	0.00		0.00
<b>Comments:</b>			
<p>2. Please describe any additional partnership development or strategic planning for revenue diversification that the AAA will engage in during the Four Year Plan Period (e.g. Private Pay, Value Based Payment, Pay for Performance, co-implementation with neighboring AAAs, partnerships with community organizations, county departments and others).</p> <p>WHCOFA will work on procuring additional funding from entities, in collaboration with the Business Acumen Initiative.</p>			

**ADDITIONAL FUNDING**

Update period: 4/1/21-3/31/22

This page is an inventory of all AAA funding without a dedicated program column on the Service Delivery and Resource Allocation Plan (Budget page 1&2). The Services Provided column below indicates allowable services. Completion of this page will result in the automatic completion of the 'All Other Programs' column of the Service Delivery and Resource Allocation Plan.

- Program numbers 4 through 15 are pre-populated in the 'Program Funding Source Codes'.
- After entry, the programs entered in codes 16 through infinity will populate in the 'Program Funding Source Codes'.
- After entry, the total amount for each service for each program will automatically populate on the corresponding line for service in the 'All Other Programs' column of the Service Delivery and Resource Allocation Plan.
- Any amounts being provided as Line 21 – 'Other Services' must also be included and described in the 'Other Services' page.

FUNDING CODE	PROGRAM NAME	SERVICES PROVIDED	'ALL OTHER PROGRAMS' COLUMN - LINE #	FUNDING AMOUNT anticipated for coming program year			
				NYSOFA Administered Amount	Other Sources Amount (Local, Federal, Income etc.)	Line Total	Program Total
4	Foster Grandparents	Volunteer Services Program	21 (Other Services)	0	0		0
5	RSVP	Volunteer Services Program	21 (Other Services)	0	0		0
6	HIICAP	Information & Assistance	13 (Information & Assistance)	51704	0	51704	51704
		Outreach	14 (Outreach)	0	0	0	
		Counseling & Assistance	21 (Other Services)	0	0	0	
7	MIPPA	Information & Assistance	13 (Information & Assistance)	22259	0	22259	22259
		Outreach	14 (Outreach)	0	0	0	
		Public Information	21 (Other Services)	0	0	0	
8	State Funded Transportation	Assisted Transportation	9 (Assisted Transportation)	0	0	0	11200
		Transportation	10 (Transportation)	11200	0	11200	
9	NY Connects E & E	Various	21	188636	0	188636	203636
		Planning/Implementation/Admin.	22	15000	0	15000	
10	SHINE SNAP-Ed	Nutrition Education	12	0	0	0	0
		Public Information	21	0	0	0	
		Food Box Distribution/Other	21	0	0	0	
11	Caregivers Resource Center	Various					0
12	Grants-in-Aid	Various					0

13	State Respite program	Various		0
14	County Funds (not Match or over-Match)	Various		0
15	Contracts: purchase of AAA services by healthcare/other providers (see Revenue Diversification page)	Various		0
16	Other; specify			0
<b>Grand Total:</b>				

**OTHER SERVICES (Line 21)**

Update period: 4/1/21-3/31/22

Complete the following to identify and describe all services/programs included on Line 21 in the Federal, State or Other Funding Columns, on the "Services Delivery and Resource Allocation" pages. This is to include all Line 21 services from the Additional Funding page as well. Utilize the names of services pre-populated in the drop-down menu where possible.

Name of Service/Program:      Assistive Device/Equipment

Check all that apply:             Directly Provided             Contracted

Briefly describe the service:  
Assistive equipment and/or installation of such for eligible EISEP clients, such as tub seats, modified telephone, medication, medication dispensers, chairs lifts, stair glide, walkers, wheelchairs, rollators, etc. Personal items such as depends/undergarments, adaptive silverware, plates, cups, etc.

Amount of Funding for this Service:      13000

Number of Units:      22

Funding Sources (List all):      EISEP Ancillary Services

Name of Service/Program:      Assistive Device/Equipment

Check all that apply:             Directly Provided             Contracted

Briefly describe the service:  
WHCOFA will provide depends, monitors, etc. to caregivers receiving respite services.

Amount of Funding for this Service:      500

Number of Units:      48

Funding Sources (List all):      IIIE

**OTHER SERVICES (Line 21)**

Name of Service/Program: Home Modification

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Check all that apply:             Directly Provided             Contracted

Briefly describe the service:  
Home modification materials and/or labor costs to eligible EISEP clients for items such as grab bars, widening door frames, wheel chair ramps, raising electrical outlets, door bells, etc.

Amount of Funding for this Service: 13700

Number of Units: 5

Funding Sources (List all): EISEP Ancillary Services

Name of Service/Program: NY Connects E&E

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Check all that apply:             Directly Provided             Contracted

Amount of Funding for this Service: 188636

Funding Sources (List all): NY Connects

Name of Service/Program: Public Information/Education

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Check all that apply:             Directly Provided             Contracted

Briefly describe the service:  
WHCOFA will provide information to older New Yorkers and caregivers in Warren and Hamilton County on caregiver services, respite, etc.

Amount of Funding for this Service: 1000

Number of Units: 20

Funding Sources (List all): III E

AAA: Warren/Hamilton - 52  
Original Date Submitted: 03/30/2021  
Date Revised:

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**OTHER SERVICES (Line 21)**

Name of Service/Program: Residential Repair & Maintenance (includes Chore Services)

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Check all that apply:             Directly Provided             Contracted

Briefly describe the service:

Residential repair and maintenance supplies and/or labor costs for eligible EISEP clients, such as storm windows/doors, repairs to faucets, electrical outlets, hand rails, steps, ramps, etc.

Amount of Funding for this Service: 13000

Number of Units: 12

Funding Sources (List all): EISEP Ancillary Services

Name of Service/Program: Residential Repair & Maintenance (includes Chore Services)

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Check all that apply:             Directly Provided             Contracted

Briefly describe the service:

Contract for repairs to client homes, and/or snow removal/lawn maintenance.

Amount of Funding for this Service: 6730

Number of Units: 19

Funding Sources (List all): CSE

Complete this table to populate the III-E column on the Service Delivery and Resource Allocation Plan

Service Category	III-E Total		III-E Grandparen/ Older Relative	
	Units	Funding \$	Units	Funding \$
<b>Information</b>				
14 Outreach	0	0	0	0
21 Public Information	20	1000	0	0
Information Subtotal	20	1000	0	0
<b>Access Assistance</b>				
13 Information and Assistance	52	2600	0	0
6 Case Management	246	7625	0	0
21 Other, specify	0	0	0	0
Access Assistance Subtotal	300	10225	0	0
<b>Counseling, Support Groups, Training</b>				
19a Caregiver Counseling	0	0	0	0
19b Caregiver Support Groups	0	0	0	0
19c Caregiver Training	48	500	0	0
Counseling, Support Groups, Training Subtotal	48	500	0	0
<b>Respite</b>				
1a Personal Care Level II - Not Consumer Directed	307	6000	0	0
1b Personal Care Level II - Consumer Directed	0	0	0	0
2a Personal Care Level I - Not Consumer Directed	1699	45000	0	0
2b Personal Care Level I - Consumer Directed	0	0	0	0
3 Home Health Aide	0	0	0	0
15a In-home Contact and Support - Not Consumer Directed (supervision of care receiver or friendly visiting)	0	0	0	0
15b In-home Contact and Support - Consumer Directed (supervision of care receiver or friendly visiting)	0	0	0	0
5 Social Adult Day Care	0	0	0	0
5 Adult Day Health Care Services	0	0	0	0
21 Overnight Adult Home	0	0	0	0
21 Overnight Nursing Home	0	0	0	0
21	0	0	0	0
21	0	0	0	0
Respite Subtotal	2206	53000	0	0
<b>Supplemental Services</b>				
18 PERS	0	0	0	0
21 Assistive Device/Equipment	48	500	0	0
4a Home Delivered Meals - NSIP Ineligible Meals	0	0	0	0
4b Home Delivered Meals - NSIP Eligible Meals	0	0	0	0
7a Congregate Meals - NSIP Ineligible Meals	0	0	0	0
7b Congregate Meals - NSIP Eligible Meals	0	0	0	0
8 Nutrition Counseling	0	0	0	0
12 Nutrition Education	0	0	0	0
17a Health Promotion - Not Evidence-Based	0	0	0	0
17b Health Promotion - Evidence-Based	0	0	0	0
10 Transportation	0	0	0	0
11 Legal Services	0	0	0	0
9 Assisted Transportation	0	0	0	0
21 Home Modification	0	0	0	0
21 Other, specify	0	0	0	0
Supplemental Services Subtotal	48	500	0	0
22 Area Plan Administration	0	0	0	0
Grand totals	2622	65225	0	0

**New York State Office for the Aging  
 Service Delivery and Resource Allocation Plan - Federal Programs**

Service Categories	Dir	Con	Number of Individuals to be Served	Grand Total Units All sources (Pages 1&2)	Grand Total Funding \$ All sources (Pages 1&2)	Title III-B		Title III-C-1		Title III-C-2		Title III-D		Title III-E		Service Categories
						Units	Funding \$	Units	Funding \$	Units	Funding \$	Units	Funding \$	Units(e)	Funding \$(e)	
1. Personal Care Level II (Total)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68	9,372	227,192	0	0	0	0	0	0	0	0	307	8,000	1. Personal Care Level II (Total)
a. Not Consumer Directed (c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	62	8,252	195,000	0	0	0	0	0	0	0	0	307	8,000	a. Not Consumer Directed (c)
b. Consumer Directed (c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	1,120	24,192	0	0	0	0	0	0	0	0	0	0	b. Consumer Directed (c)
2. Personal Care Level I (Total)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100	5,631	137,900	0	0	0	0	0	0	0	0	1,899	45,000	2. Personal Care Level I (Total)
a. Not Consumer Directed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94	4,986	77,900	0	0	0	0	0	0	0	0	1,899	45,000	a. Not Consumer Directed
b. Consumer Directed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	645	15,000	0	0	0	0	0	0	0	0	0	0	b. Consumer Directed
3. Home Health Aide (c)	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0	0	0	0	0	0	0	3. Home Health Aide (c)
4. Home Delivered Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	905	130,757	1,204,558	0	0	0	0	75,687	688,806	0	0	0	0	4. Home Delivered Meals
a. NSIP Ineligible Meals**			35	2,098	94,174	0	0	0	0	1,588	14,500	0	0	0	0	a. NSIP Ineligible Meals.**
b. NSIP Eligible Meals			870	128,659	1,110,384	0	0	0	0	74,099	674,306	0	0	0	0	b. NSIP Eligible Meals
5. Adult Day Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	9,000	60,458	0	0	0	0	0	0	0	0	0	0	5. Adult Day Services



(c)																
Service Categories	Dir	Con	Number of Individuals to be Served	Grand Total Units All sources (Pages 1&2)	Grand Total Funding \$ All sources (Pages 1&2)	Title III-B Units	Title III-B Funding \$	Title III-C-1 Units	Title III-C-1 Funding \$	Title III-C-2 Units	Title III-C-2 Funding \$	Title III-D Units	Title III-D Funding \$	Title III-E Units(e)	Title III-E Funding \$(e)	Service Categories
19. b. Caregiver Support Groups(c)	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0	0	0	0	0	0	0	Counseling(c)
19. c. Caregiver Training(c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	48	0	0	0	0	0	0	0	0	0	48	500	19. b. Caregiver Support Groups(c)
20. LTC Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>			0	0	0	0	0	0	0	0	0			19. c. Caregiver Training(c)
21. Other Services					236,566	0	0	0	0	0	0	0	0			20. LTC Ombudsman
22. Area Plan Administration					101,500	0	0	0	0	0	0	0	0		1,500	21. Other Services
23. Total					2,795,368		61,613		238,805		704,367		7,713		65,225	22. Area Plan Administration
																23. Total

- (a) These services constitute Access services under Title III-B for the purpose of meeting the priority services requirement of 20%.
  - (b) These services constitute Legal Services under Title III-B for the purpose of meeting the priority services requirement of 7%.
  - (c) These services constitute In-Home Services under Title III-B for the purpose of meeting the priority services requirement of 2.5%.
  - (d) See Guide for Completion for limitations on expenditures for Supportive and Access services, (lines 9,10, 13-16) under Title III-C. Line 15, In-Home Contact & Support may only include Shopping Assistance under Titles III-C-1 and III-C-2.
  - (e) Refer to the Guide for Completion for listing of services included in each of the five Title III-E Service Categories. Supplemental Services are limited to 20% of the total Title III-E budget.
- \* AIP Period will not correspond with most Federal program periods.  
 \*\* NSIP - Nutrition Services Incentive Program (formerly Cash-in-Lieu of Commodity Foods)



Assistance	0	0	5940	145905	140	3630	0	0	0	0	2050	73963
14. Outreach	0	0	70	7500	0	0	0	0	0	0	0	0
15. In-Home Contact & Support	0	0 (a&b&c)	1230	35002	0	0	0	0	0	0	0	0
a. Not Consumer Directed	0	0 (a&b&c)	1230	35002	0	0	0	0	0	0	0	0
b. Consumer Directed	0	0 (a&b&c)	0	0	0	0	0	0	0	0	0	0
16. Sen. Center/Rec & Education	0	0	175	9225	0	0	0	0	0	0	0	0
17. Health Promotion (Total)	0	0 (a&b)	220	8813	0	0	0	0	0	0	0	0
a. Not Evidence-Based	0	0 (a&b)	220	8813	0	0	0	0	0	0	0	0
b. Evidence-Based	0	0 (a&b)	0	0	0	0	0	0	0	0	0	0
18. Personal Emergency Response	155	7000 (a&b)	155	7000	0	0	0	0	0	0	0	0
19. a. Caregiver Counseling	0	0	0	0	0	0	0	0	0	0	0	0
19. b. Caregiver Support Groups	0	0	0	0	0	0	0	0	0	0	0	0
19. c. Caregiver Training	0	0	0	0	0	0	0	0	0	0	0	0
20. LTC Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0
21. Other Services	0	39700 (a&b)	0	6730	0	0	0	0	0	0	0	0
22. Planning / Implementation / Admin.	0	40000	0	40000	0	0	0	6500	0	0	0	15000
<b>Total</b>	<b>23602</b>	<b>524274</b>	<b>13610</b>	<b>373503</b>	<b>140</b>	<b>3630</b>	<b>58203</b>	<b>527439</b>	<b>0</b>	<b>0</b>	<b>3350</b>	<b>288799</b>
<b>Service Categories</b>	<b>EISEP Units</b>	<b>EISEP Funding \$</b>	<b>CSE Units</b>	<b>CSE Funding \$</b>	<b>CSI Units</b>	<b>CSI Funding \$</b>	<b>WIN Units</b>	<b>WIN Funding \$</b>	<b>UNMET NEED UNITS</b>	<b>UNMET NEED Funding \$</b>	<b>All Other Programs</b>	<b>All Other Programs Funding Amount</b>

(a) See Guide for Completion for limitations on services provided under EISEP.

(b) See Guide for Completion for information regarding these EISEP services.

(c) Enter the number of LTHHCP (or other non-NSIP eligible) meals 0

(d) Enter the amount of Adult Day Services provided as: Non-Institutional Respite: \$ 60458 Ancillary Services: \$ 0

(e) Enter the amount of In-home Contact & Support Services provided as: Non-Institutional Respite: \$ 0 Ancillary Services: \$ 0

(f) See Other NYSOFA Funding and Services and Other Services pages

### Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

**Application For Funding**  
**Summary Budget for Titles III-B, III-C-1, III-C-2, III-D, III-E**

Budget Category	Title III-B Area Plan Admin.	Title III-B Services	Total III- B Budget	Title III-C1 Area Plan Admin.	Title III-C1 Services	Total III- C1 Budget	Title III-C2 Area Plan Admin.	Title III-C2 Services	Total III- C2 Budget	Title III-D Budget	Title III-E Area Plan Admin.	Title III-E Services	Total III- E Budget**
<b>1. PERSONNEL</b>	\$ 0	\$39,865	\$39,865	\$ 0	\$73,102	\$73,102	\$ 0	\$233,492	\$233,492	\$ 0	\$ 0	\$1,000	\$1,000
Adjustments(a)	0	0	0	0	0	0	0	0	0	0	0	0	0
Adjusted Personnel	0	39,865	39,865	0	73,102	73,102	0	233,492	233,492	0	0	1,000	1,000
<b>2. FRINGE BENEFITS</b>	0	17,300	17,300	0	36,594	36,594	0	115,509	115,509	0	0	0	0
			43.40%(b)			50.06%(b)			49.47%(b)	0.00%(b)			0.00%(b)
<b>3. EQUIPMENT</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>4. TRAVEL</b>	0	0	0	0	2,000	2,000	0	64,000	64,000	0	0	0	0
<b>5. MAINTENANCE &amp; OPERATIONS</b>	0	2,008	2,008	0	25,057	25,057	0	54,905	54,905	0	0	225	225
<b>6. OTHER EXPENSES</b>	0	440	440	0	0	0	0	0	0	0	0	0	0
<b>7. CONTRACTS</b>	0	2,000	2,000	0	19,552	19,552	0	93,961	93,961	7,713	0	64,000	64,000
<b>8. FOOD</b>					82,500	82,500		142,500	142,500			0	0
<b>9. TOTAL BUDGET (Lines 1-8)</b>	\$ 0	\$61,613	\$61,613	\$ 0	\$238,805	\$238,805	\$ 0	\$704,367	\$704,367	\$7,713	\$ 0	\$65,225	\$65,225
<b>10. Less Anticipated Income</b>		300	300		53,000	53,000		72,000	72,000	0		100	100
<b>11. Less NSIP/COMMODITY FOOD</b>					27,824	27,824		64,499	64,499			0	0
<b>12. NET TOTAL (Line 9 Less Lines 10 &amp; 11)</b>	\$ 0	\$61,313	\$61,313	\$ 0	\$157,981	\$157,981	\$ 0	\$567,868	\$567,868	\$7,713	\$ 0	\$65,125	\$65,125
<b>13. FEDERAL FUNDS REQUESTED</b>	0.00	54,404.00	54,404.00	0.00	118,166.00	118,166.00	0.00	70,747.00	70,747.00	6,941.00	0.00	48,843.00	48,843.00
	0.0000%(c)	88.7300%(d)		0.0000%(c)	74.8000%(d)		0.0000%(c)	12.4600%(d)		89.9900%(d)	0.0000%(c)	75.0000%(c)	
<b>14. MATCHING</b>	0.00	6,909.00	6,909.00	0.00	39,815.00	39,815.00	0.00	497,121.00	497,121.00	772.00	0.00	16,282.00	16,282.00

<b>FUNDS</b>	0.0000%	11.2684%	0.0000%	25.2024%	0.0000%	87.5416%	10.0091%	0.0000%	25.0012%
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- (a) Adjustments to Personnel Roster - see Attachment E.
  - (b) Composite Fringe Benefit Percentage.
  - (c) Federal Funds Requested Cannot Exceed 75% of Net Total, Line 12.
  - (d) Federal Funds Requested Cannot Exceed 90% of Net Total, Line 12.
- Line 1 Total APA Personnel expenses: \$0

\*\*Title III-E Expenditures for Grandparents and older relatives Caring for Children Activities: \$ \$0.00  
0.0000 %

This service is limited to 10% of the Title III-E federal funds and local match plus income & NSIP generated by these services. Do not include expenditures for grandparents and other older relatives caring for individuals with disabilities between 19-59.

\*\*Title III-E Expenditures Budgeted for Supplemental Services: \$0.00 . 0.0000 %  
This service is limited to 20% of the Title III-E federal funds and local match plus income & NSIP generated by these services.

Percent of Federal funds budgeted for Area Plan Administration: \$0.00 0.0000 %  
(See Guide for Completion for further information)

Period: 1/1/21 to 12/31/21  
 Title III-B Period (if different than above):  
 Original Date Submitted: 03/30/2021  
 Date Revised:  
 Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

**Supporting Budget Schedule - Federal Programs**

5. MAINTENANCE & OPERATIONS	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Rental Costs from Rent Allocation Schedule	\$ 0	\$10,455	\$31,140	\$ 0	\$ 0
B. Adjustments to Rental Costs - see Attachment E	0	0	0	0	0
C. Equipment Maintenance	0	2,000	2,000	0	0
D. Equipment Costing Less Than \$1,000	0	0	0	0	0
E. Insurance	708	0	0	0	0
F. Photocopying	0	0	0	0	50
G. Postage	100	0	0	0	0
H. Printing	200	0	0	0	50
I. Supplies	1,000	11,462	19,798	0	125
J. Telephone	0	1,140	1,967	0	0
K. Other (specify):	0	0	0	0	0
L. Other (specify):	0	0	0	0	0
M. Other (specify):	0	0	0	0	0
<b>Total Maintenance &amp; Operations</b>	<b>\$2,008</b>	<b>\$25,057</b>	<b>\$54,905</b>	<b>\$ 0</b>	<b>\$ 225</b>
6. OTHER EXPENSES	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Audits	0	0	0	0	0
B. Bonding	0	0	0	0	0
C. Conferences, Seminars & Training	0	0	0	0	0
D. Membership & Subscriptions	340	0	0	0	0
E. Minor Alterations & Renovations	0	0	0	0	0
F. Language Access Services*	100	0	0	0	0
G. Other (specify):	0	0	0	0	0
H. Other (specify):	0	0	0	0	0
<b>Total Other Expenses</b>	<b>\$ 440</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

**Supporting Budget Schedule - Federal Programs - cont.**

10. ANTICIPATED INCOME	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E	
A. Participant Contributions	\$ 300	\$53,000	\$72,000	\$ 0	\$ 100	
B. Other Income (specify source):	0	0	0	0	0	
<b>Total Income (10A +10B)</b>	<b>\$ 300</b>	<b>\$53,000</b>	<b>\$72,000</b>	<b>\$ 0</b>	<b>\$ 100</b>	
13. FEDERAL FUNDS	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E	
A. Carryover*	0.00	0.00	0.00	0.00	44,343.00	
B. Base Allocation	74,404	108,166	60,747	6,941	56,533	
C. Transfer From and (To) III-B**		10,000	10,000			
D. Transfer From and (To) III-C1**	-10,000		0			
E. Transfer From and (To) III-C2**	-10,000	0				
F. Supplement	0.00	0.00	0.00	0.00	0.00	
G. Reallocation	0.00	0.00	0.00	0.00	0.00	
H. Amount Returned	0.00	0.00	0.00	0.00	(52,033.00)	
<b>Total Federal Funds</b>	<b>\$54,404.00</b>	<b>\$118,166.00</b>	<b>\$70,747.00</b>	<b>\$6,941.00</b>	<b>\$48,843.00</b>	
14. MATCHING FUNDS	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E	
Source	Check if In-Kind					
Warren County	<input type="checkbox"/>	4,836.00	27,870.50	347,984.70	386.00	11,363.00
Hamilton County	<input type="checkbox"/>	2,073.00	11,944.50	149,136.30	386.00	4,919.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00	0.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00	0.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00	0.00
<b>Volunteers as Match</b>		0.00	0.00	0.00	0.00	0.00
<b>Total Matching Funds</b>		<b>\$6,909.00</b>	<b>\$39,815.00</b>	<b>\$497,121.00</b>	<b>\$ 772.00</b>	<b>\$16,282.00</b>

\* If Carryover exceeds 7.5% of the previous year's total Federal award for Titles III-B, III-C, III-E or 25% for Title III-D a justification must be provided in Attachment D.

\*\* Provide justification for all transfers in Attachment D.

**Application for Funding**  
**Summary Budget for EISEP, CSE, CSI, WIN, CRC and State Transportation Programs**

Budget Category	EISEP Implementation	EISEP Services Activities	Total EISEP Budget	CSE Planning & Implementation	CSE Community Service Project Activities	Total CSE Budget	CSI Administration	CSI Services Costs	Total CSI Budget	WIN Administration	WIN Service Activities	Total WIN Budget
<b>1. PERSONNEL</b>	\$27,112	\$3,000	\$30,112	\$36,407	\$131,887	\$168,294	\$ 0	\$ 0	\$ 0	\$5,000	\$166,175	\$171,175
Adjustments(a)	0	0	0	0	0	0	0	0	0	0	0	0
Adjusted Personnel	27,112	3,000	30,112	36,407	131,887	168,294	0	0	0	5,000	166,175	171,175
<b>2. FRINGE BENEFITS</b>	12,888	362	13,250	3,593	64,868	68,461	0	0	0	1,500	84,641	86,141
			44.00% (b)			40.68% (b)			0.00% (b)			50.32% (b)
<b>3. EQUIPMENT</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>4. TRAVEL</b>	0	0	0	0	30,000	30,000	0	0	0	0	32,000	32,000
<b>5. MAINTENANCE &amp; OPERATIONS</b>	0	3,314	3,314	0	9,708	9,708	0	3,630	3,630	0	49,336	49,336
<b>6. OTHER EXPENSES</b>	0	39,540	39,540	0	640	640	0	0	0	0	0	0
<b>7. CONTRACTS</b>	0	438,058	438,058	0	96,400	96,400	0	0	0	0	38,787	38,787
<b>8. FOOD</b>		0	0		0	0					150,000	150,000
<b>9. TOTAL BUDGET</b> (Lines 1-8)	\$40,000	\$484,274	\$524,274	\$40,000	\$333,503	\$373,503	\$ 0	\$3,630	\$3,630	\$6,500	\$520,939	\$527,439
<b>10. Less Anticipated Income</b> (Not Used as Local Match)		18,100	18,100		100	100		0	0		42,000	42,000
<b>11. Less NSIP/COMMODITY</b>		0	0		0	0					40,374	40,374
<b>12. NET TOTAL</b> (Line 9 Less Lines 10 & 11)	\$40,000	\$466,174	\$506,174	\$40,000	\$333,403	\$373,403	\$ 0	\$3,630	\$3,630	\$6,500	\$438,565	\$445,065

<b>13. STATE FUNDS REQUESTED</b>	40,000 (c)	339,630 (d)	379,630	40,000 (c)	186,559 (d)	226,559	0 (d,e)	2,722 (d)	2,722 (d)	6,500 (e)	207,015	213,515
		72.85			55.96		0.00	74.99	74.99			
<b>14. MATCHING FUNDS</b>		126,544	126,544		146,844	146,844	0	908	908	0	231,550	231,550
		27.15			44.04				25.01			

- (a) Adjustments to Personnel Roster
- (b) Composite Fringe Benefit Percentage
- (c) 100% State Reimbursement
- (d) 75% State Reimbursement
- (e) Limited to 5% of total state funds (WIN and CSI programs)
- (f) State Transportation funds may not be utilized to purchase vehicles

EISEP In-Home Services Percentage: 66.95%

(EISEP In-Home Services include Personal Care Level I & II & Consumer Directed In-home Services only)

EISEP Ancillary Services Percentage: 10.02%

(Ancillary services include Adult Day Services not provided as non-institutional respite, HDM, Congregate Meals, Nutrition Counseling, Assisted Transportation, Transportation, In-home Contact and Support not provided as non-institutional respite, Health Promotion, Personal Emergency Response and Other Services)

(See Guide for Completion and the worksheet for additional information.)

<b>Supporting Budget Schedule for the EISEP, CSE, CSI, WIN, CRC and State Transportation Programs</b>
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5. MAINTENANCE & OPERATIONS	EISEP	CSE	CSI	WIN
A. Rental Costs from Rent Allocation Schedule	\$ 0	\$ 0	\$ 0	\$24,425
B. Adjustments to Rental Costs - see Attachment E	0	0	0	0
C. Equipment Maintenance	0	0	0	2,000
D. Equipment Costing Less Than 1,000	0	0	0	0
E. Insurance	708	708	0	0
F. Photocopying	688	2,000	0	0
G. Postage	400	2,800	0	0
H. Printing	0	0	0	0
I. Supplies	1,518	4,000	3,630	20,840
J. Telephone	0	200	0	2,071
K. Other (specify):	0	0	0	0
L. Other (specify):	0	0	0	0
M. Other (specify):	0	0	0	0
<b>Total Maintenance &amp; Operations</b>	<b>\$3,314</b>	<b>\$9,708</b>	<b>\$3,630</b>	<b>\$49,336</b>
6. OTHER EXPENSES	EISEP	CSE	CSI	WIN
A. Audits	0	0	0	0
B. Bonding	0	0	0	0
C. Conferences, Seminars & Training	100	200	0	0
D. Membership & Subscriptions	340	340	0	0
E. Minor Alterations & Renovations	0	0	0	0
F. Language Access Services*	100	100	0	0
G. Other** (specify): Assistive Devices & Equipment	13,000	0	0	0
H. Other** (specify): Home Repairs & Modifications	26,000	0	0	0
<b>Total Other Expenses</b>	<b>\$39,540</b>	<b>\$ 640</b>	<b>\$ 0</b>	<b>\$ 0</b>

\*If the AAA does not expect to incur expenses related to the provision of Language Access Services--question 5a in the DEMOGRAPHIC DATA & TARGETING OBJECTIVE Section must be completed.

\*\*Equipment and assistive devices purchased as EISEP Ancillary Services must be included on line 6. G or H unless they are purchased as part of a contract.

**Supporting Budget Schedule for the EISEP, CSE, CSI, WIN, CRC and State Transportation Programs  
- cont.**

10. ANTICIPATED INCOME		EISEP	CSE	CSI	WIN
A. Cost Sharing		18,000	0		
B. Cost Sharing Transferred from EISEP to CSE		0	0		
C. Net Cost Sharing (10A[+ or -]10B)		18,000	0		
D. Participant Contributions		100	100	0	42,000
E. Other Income (specify source):		0	0	0	0
F. Contributions Used as Match		0	0	0	
<b>Total Income (10C+10D+10E-10F)</b>		\$18,100	\$ 100	\$ 0	\$42,000
14. Matching Funds		EISEP	CSE	CSI	WIN
Source	Check if In-Kind				
Warren County	[ ]	88,580	102,790	574	162,085
Hamilton County	[ ]	37,964	44,054	334	69,465
	[ ]	0	0	0	0
	[ ]	0	0	0	0
Volunteers as Match		0	0	0	
Contributions Used as Match		0	0	0	
<b>Total Matching Funds</b>		\$126,544	\$146,844	\$ 908	\$231,550

**Application For Funding**  
**Summary Budget for Unmet Need, CRC, State Transportation and HIICAP Programs**

Budget Category	Unmet Need			CRC			Transportation			HIICAP		
	Administration Costs	Services Costs	Total Budget	Administration Costs	Services Costs	Total Budget	Administration Costs	Services Costs	Total Budget	Administration Costs	Services Costs	Total Budget
1. PERSONNEL	0	0	0	0	0	0	0	0	0	0	30000	30000
Adjustments(a)	0	0	0	0	0	0	0	0	0	0	0	0
Adjusted Personnel	0	0	0	0	0	0	0	0	0	0	30000	30000
2. FRINGE BENEFITS	0	0	0	0	0	0	0	0	0	0	10204	10204
			0.00%(b)			0.00%(b)			0.00%(b)			34.01%(b)
3. EQUIPMENT	0	0	0				0	0	0(c)	0	0	0
4. TRAVEL	0	0	0	0	0	0	0	11200	11200	0	0	0
5. MAINTENANCE & OPERATIONS	0	0	0	0	0	0	0	0	0	0	0	0
6. OTHER EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0
7. CONTRACTS	0	0	0	0	0	0	0	0	0	0	11500	11500
8. FOOD		0	0									
9. TOTAL BUDGET (Lines 1-8)	0	0	0	0	0	0	0	11200	11200	0	51704	51704
10. Less Anticipated Income		0	0		0	0		0	0		0	0
11. Less: NSIP / COMMODITY FOOD		0	0									
12. NET TOTAL (Line 9 Less Lines 10 and 11)	0	0	0	0	0	0	0	11200	11200	0	51704	51704
13. TOTAL FUNDS REQUESTED	0	0	0	0	0	0	0	11200	11200	0	51704	51704
14. MATCHING FUNDS			0			0	0		0	0	0	0

- a. Adjustments to Personnel Roster - see Attachment E
- b. Composite Fringe Benefit Percentage
- c. State Transportation funds may not be utilized to purchase vehicles
- d. Limited to 15% of total funds requested

<b>Summary Budget for Unmet Need, CRC, State Transportation and HIICAP Programs</b>
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<b>5. MAINTENANCE &amp; OPERATIONS</b>	<b>Unmet Need</b>	<b>CRC</b>	<b>Transportation</b>	<b>HIICAP</b>
A. Rental Costs from Rent Allocation Schedule	\$ 0	\$ 0	\$ 0	\$ 0
B. Adjustments to Rental Costs - see Attachment E	\$ 0	\$ 0	\$ 0	\$ 0
C. Equipment Maintenance	\$ 0	\$ 0	\$ 0	\$ 0
D. Equipment Costing Less Than \$1,000	\$ 0	\$ 0	\$ 0	\$ 0
E. Insurance	\$ 0	\$ 0	\$ 0	\$ 0
F. Photocopying	\$ 0	\$ 0	\$ 0	\$ 0
G. Postage	\$ 0	\$ 0	\$ 0	\$ 0
H. Printing	\$ 0	\$ 0	\$ 0	\$ 0
I. Supplies	\$ 0	\$ 0	\$ 0	\$ 0
J. Telephone	\$ 0	\$ 0	\$ 0	\$ 0
K. Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
L. Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
M. Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total Maintenance &amp; Operations</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. OTHER EXPENSES</b>	<b>Unmet Need</b>	<b>CRC</b>	<b>Transportation</b>	<b>HIICAP</b>
A. Audits	\$ 0	\$ 0	\$ 0	\$ 0
B. Bonding	\$ 0	\$ 0	\$ 0	\$ 0
C. Conferences, Seminars & Training	\$ 0	\$ 0	\$ 0	\$ 0
D. Membership & Subscriptions	\$ 0	\$ 0	\$ 0	\$ 0
E. Minor Alterations & Renovations	\$ 0	\$ 0	\$ 0	\$ 0
F. Language Access Services	\$ 0	\$ 0	\$ 0	\$ 0
G. Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
H. Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total Other Expenses</b>	\$ 0	\$ 0	\$ 0	\$ 0

**Summary Budget for Unmet Need, CRC, State Transportation and HIICAP Programs  
- cont.**

10. ANTICIPATED INCOME		Unmet Need	CRC	Transportation	HIICAP
A. Cost Sharing		0			
B. Cost Sharing Transferred from EISEP to CSE		0			
C. Net Cost Sharing (10A[+ or -]10B)		0			
D. Participant Contributions		0	0	0	0
E. Other Income (specify source):		0	0	0	0
F. Contributions Used as Match		0	0	0	0
<b>Total Income (10C+10D+10E-10F)</b>		0	0	0	0
14. Matching Funds		Unmet Need	CRC	Transportation	HIICAP
Source	Check if In-Kind				
Warren County	<input type="checkbox"/>	0	0	0	0
Hamilton County	<input type="checkbox"/>	0	0	0	0
	<input type="checkbox"/>	0	0	0	0
	<input type="checkbox"/>	0	0	0	0
	<input type="checkbox"/>	0	0	0	0
<b>Volunteers as Match</b>		0	0	0	0
<b>Contributions Used as Match</b>		0	0	0	0
<b>Total Matching Funds</b>		0	0	0	0

**PERSONNEL ROSTER**

Complete for Each Position [N] Name [T] Title	Check below if footnote (a) is true	1. Annual Salary	2. Title-III Area Plan Admin.(b)	3. Title III-B Services	4. Title III-C1 Services	5. Title III-C2 Services	6. Title III-E Services	7. EISEP		8. CSE		9. WIN		10. Other Funding	Sources (c)
								7a Implementation	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
N Allen, Renee	[ ]	17,510	0	0	2,627	8,755	0	0	0	0	0	0	6,128	0	
T Cook		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N Bearor, Catherine	[ ]	43,974	0	2,500	0	0	0	0	0	0	21,832	0	0	19,642	#7 #9
T Client Services Representative		100.00%	0.00%	5.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	49.65%	0.00%	0.00%	44.67%	#6
N Brenan, Kelly	[ ]	27,403	0	0	4,111	13,701	0	0	0	0	0	0	9,591	0	
T Meal/Site Manager		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N Cabana, Cynthia	[ ]	14,667	0	0	0	0	0	0	0	0	7,333	0	0	7,334	
T Aging Services Representative/Specialist/Worker/Aide		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%	0.00%	50.00%	#9
N Clark, Amber	[ ]	17,809	0	0	2,671	8,905	0	0	0	0	0	0	6,233	0	
T Cook		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N Cummins, Berniece	[ ]	27,028	0	0	4,055	13,514	0	0	0	0	0	0	9,459	0	
T Cook		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N Haines, Jeffrey	[ ]	42,141	2,256	0	0	0	0	9,000	0	20,497	0	5,000	0	5,388	#9
T Fiscal Officer		100.00%	5.35%	0.00%	0.00%	0.00%	0.00%	21.36%	0.00%	48.64%	0.00%	11.86%	0.00%	12.79%	
N Hall, Johanna	[ ]	43,974	0	0	0	0	0	0	0	0	14,955	0	0	29,019	#7 #9
T Other		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	34.01%	0.00%	0.00%	65.99%	#6
N Hill, Debbie	[ ]	24,161	0	0	3,625	12,080	0	0	0	0	0	0	8,456	0	
T Meal/Site Manager		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N Howk, Connie	[ ]	31,532	0	0	4,730	15,766	0	0	0	0	0	0	11,036	0	
T Food Service Worker/Aide/Helper		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
<b>Page Subtotal</b>		<b>290,199</b>	<b>2,256</b>	<b>2,500</b>	<b>21,819</b>	<b>72,721</b>	<b>0</b>	<b>9,000</b>	<b>0</b>	<b>20,497</b>	<b>44,120</b>	<b>5,000</b>	<b>50,903</b>	<b>61,383</b>	

For Positions Used as In-Kind, note with (\*) after their name

(a) Check box if AAA staff is designated or responsible for nutrition program oversight and/or operations.

(b) This column includes Area Plan Administration salaries budoeted under Titles III-B. III-C-1. III-C-2 and/or III-E.

### Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

Grand Total		861,403	14,256	39,865	73,102	233,492	1,000	27,112	3,000	36,407	131,887	5,000	166,175	130,107
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AAA: Warren/Hamilton  
 AAA: Warren/Hamilton - 52  
 Period: 4/1/21 to 3/31/22  
 Original Date Submitted: 03/30/2021  
 Date Revised:  
 Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

### PERSONNEL ROSTER

Complete for Each Position [N] Name [T] Title	Check below if footnote (a) is true	1. Annual Salary	2. Title-III Area Plan Admin.(c)	3. Title III-B Services	4. Title III-C1 Services	5. Title III-C2 Services	6. Title III-E Services	7. EISEP		8. CSE		9. WIN		10. Other Funding	Sources (c)
								7a Implementation	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
N Hughes, Pauline	[ ]	22,112	0	0	3,228	11,149	0	0	0	0	0	0	7,735	0	
T Meal/Site Manager		100.00%	0.00%	0.00%	14.60%	50.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	34.98%	0.00%	
N Kawaguchi, Dinah	[ ]	14,013	0	10,510	0	0	0	0	0	0	0	0	0	3,503	#9
T Keyboard Specialist		100.00%	0.00%	75.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.00%	
N McCarthy, MaryAnn	[ ]	30,947	0	0	0	0	0	0	0	0	25,947	0	0	5,000	#9
T Volunteer Services Coordinator/Specialist		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	83.84%	0.00%	0.00%	16.16%	
N Medick, Helen	[ ]	24,514	0	0	3,601	12,510	0	0	0	0	0	0	8,403	0	
T Cook		100.00%	0.00%	0.00%	14.69%	51.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	34.28%	0.00%	
N Millington, Fawn	[ ]	26,278	0	0	3,942	13,139	0	0	0	0	0	0	9,197	0	
T Meal/Site Manager		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N Monroe, Heather	[ ]	13,719	0	0	2,057	6,860	0	0	0	0	0	0	4,802	0	
T Meal/Site Manager		100.00%	0.00%	0.00%	14.99%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N Morehouse, Tammy	[ ]	40,223	0	0	0	0	0	5,000	3,000	4,500	9,955	0	0	17,768	#7 #9
T Aging Services Representative/Specialist/Worker/Aide		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.43%	7.46%	11.19%	24.75%	0.00%	0.00%	44.17%	#6
N Mumblow, Ruth	[ ]	24,162	0	0	3,625	12,080	0	0	0	0	0	0	8,457	0	

T	Meal/Site Manager		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N	O'Rourke, RoseAnn	[X]	55,376	5,000	4,000	0	0	0	0	0	0	35,300	0	0	11,076	#9
T	Other		100.00%	9.03%	7.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	63.75%	0.00%	0.00%	20.00%	
N	Ostrander, Jessi	[ ]	18,427	0	0	2,728	9,333	0	0	0	0	0	0	6,366	0	
T	Cook		100.00%	0.00%	0.00%	14.80%	50.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	34.55%	0.00%	
<b>Page Subtotal</b>			269,771	5,000	14,510	19,181	65,071	0	5,000	3,000	4,500	71,202	0	44,960	37,347	

For Positions Used as In-Kind, note with (\*) after their name

- (a) Check box if AAA staff is designated or responsible for nutrition program oversight and/or operations.
- (b) This column includes Area Plan Administration salaries budgeted under Titles III-B, III-C-1, III-C-2 and/or III-E.
- (c) 'Other Funding' Source Codes

### Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

<b>Grand Total</b>		861,403	14,256	39,865	73,102	233,492	1,000	27,112	3,000	36,407	131,887	5,000	166,175	130,107	
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AAA: Warren/Hamilton  
 AAA: Warren/Hamilton - 52  
 Period: 4/1/21 to 3/31/22  
 Original Date Submitted: 03/30/2021  
 Date Revised:  
 Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

### PERSONNEL ROSTER

Complete for Each Position [N] Name [T] Title	Check below if footnote (a) is true	1. Annual Salary	2. Title-III Area Plan Admin.(b)	3. Title III-B Services	4. Title III-C1 Services	5. Title III-C2 Services	6. Title III-E Services	7. EISEP		8. CSE		9. WIN		10. Other Funding	Sources (c)
								7a Implementation	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
N Park, Deanna	[ ]	67,609	7,000	5,000	0	0	1,000	13,112	0	11,410	16,565	0	0	13,522	#9
T Director		100.00%	10.35%	7.40%	0.00%	0.00%	1.48%	19.39%	0.00%	16.88%	24.50%	0.00%	0.00%	20.00%	
N Peters Dashnaw, Nekisha	[ ]	26,133	0	0	3,919	13,066	0	0	0	0	0	0	9,148	0	
T Meal/Site Manager		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.01%	0.00%	
N Potash, Heather	[ ]	17,510	0	0	2,627	8,755	0	0	0	0	0	0	6,128	0	
T Meal/Site Manager		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	

T	Receptionist		100.00%	0.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	#9
N	Seitz, Jean	[ ]	17,149	0	0	2,572	8,575	0	0	0	0	0	0	6,002	0	
T	Cook		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N	Sherman, Darlene	[ ]	20,134	0	0	3,021	10,067	0	0	0	0	0	0	7,046	0	
T	Cook		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N	Skinner, Shirley	[ ]	26,278	0	0	3,717	13,889	0	0	0	0	0	0	8,672	0	
T	Food Service Worker/Aide/Helper		100.00%	0.00%	0.00%	14.14%	52.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.00%	0.00%	
N	Smith, Colleen	[ ]	26,278	0	0	3,942	13,139	0	0	0	0	0	0	9,197	0	
T	Meal/Site Manager		100.00%	0.00%	0.00%	15.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	0.00%	
N	Substitutes - Hamilton	[ ]	8,134	0	0	1,789	3,091	0	0	0	0	0	0	3,254	0	
T	Food Service Worker/Aide/Helper		100.00%	0.00%	0.00%	21.99%	38.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	40.00%	0.00%	
N	Substitutes-Warren	[ ]	32,337	0	0	7,115	12,288	0	0	0	0	0	0	12,934	0	
T	Other		100.00%	0.00%	0.00%	22.00%	38.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	40.00%	0.00%	
<b>Page Subtotal</b>			<b>277,272</b>	<b>7,000</b>	<b>22,855</b>	<b>28,702</b>	<b>82,870</b>	<b>1,000</b>	<b>13,112</b>	<b>0</b>	<b>11,410</b>	<b>16,565</b>	<b>0</b>	<b>62,381</b>	<b>31,377</b>	

For Positions Used as In-Kind, note with (\*) after their name

(a) Check box if AAA staff is designated or responsible for nutrition program oversight and/or operations.

(b) This column includes Area Plan Administration salaries budgeted under Titles III-B, III-C-1, III-C-2 and/or III-E.

(c) 'Other Funding' Source Codes

### Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

<b>Grand Total</b>		861,403	14,256	39,865	73,102	233,492	1,000	27,112	3,000	36,407	131,887	5,000	166,175	130,107	
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AAA: Warren/Hamilton  
AAA: Warren/Hamilton - 52  
Period: 4/1/21 to 3/31/22  
Original Date Submitted: 03/30/2021

Date Revised:  
Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

### PERSONNEL ROSTER

Complete for Each Position	Check below if	2. Title-III	3. Title	4. Title	5. Title	6. Title	7. EISEP	8. CSE	9. WIN	10.
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[N] Name [T] Title	footnote (a) is true	Salary	Area Plan Admin.(b)	III-B Services	III-C1 Services	III-C2 Services	III-E Services	7a Implementation	EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services	Other Funding	Source (c)
N Volunteers Used As Match	[ ]	0	0	0	0	0	0	0	0	0	0	0	0	0	
T Volunteers Used As Match		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
N Youker, Pam	[ ]	24,161	0	0	3,400	12,830	0	0	0	0	0	0	7,931	0	
T Cook		100.00%	0.00%	0.00%	14.07%	53.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	32.83%	0.00%	
<b>Page Subtotal</b>		24,161	0	0	3,400	12,830	0	0	0	0	0	0	7,931	0	

For Positions Used as In-Kind, note with (\*) after their name

(a) Check box if AAA staff is designated or responsible for nutrition program oversight and/or operations.

(b) This column includes Area Plan Administration salaries budgeted under Titles III-B, III-C-1, III-C-2 and/or III-E.

(c) 'Other Funding' Source Codes

### Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

<b>Grand Total</b>		861,403	14,256	39,865	73,102	233,492	1,000	27,112	3,000	36,407	131,887	5,000	166,175	130,107	
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AAA: Warren/Hamilton - 52  
 Period: 4/1/17 to 3/31/18  
 Original Date Submitted: 03/30/2021  
 Date Revised:  
 Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

**EQUIPMENT SCHEDULE**

Equipment Item (Unit cost or annual rental of \$1,000 or more)	1 Quantity	2 Unit Price	3 Total Cost (1x2)	4 Title III-B Cost	5 Title III-C- 1 Cost	6 Title III-C- 2 Cost	7 Title III-D Cost	8 Title III-E Cost	9 EISEP Cost	10 CSE Cost	11 WIN Cost	12 Other Funding		
												Sources**		
												Amount		
<i>No Records</i>														

AAA: Warren/Hamilton - 52  
 Period: 4/1/21 to 3/31/22  
 Original Date Submitted: 03/30/2021  
 Date Revised:  
 Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

**RENT ALLOCATION SCHEDULE**

Complete For Each Location	1 Annual Cost Total Percent	2 Title III-B	3 Title III-C-1	4 Title III-C-2	5 Title III-E	6 EISEP	7 CSE	8 WIN	9 OTHER FUNDING
									Source(s)**
									Amount
Address: Evergreen Drive, GF									
Owner: Cedars I, LP									
Annual Rent: 15,383	18,383	0	2,757	8,824	0	0	0	6,802	0
Maint.-in-Lieu: 3,000	100%	0.00%	15.00%	48.00%	0.00%	0.00%	0.00%	37.00%	0.00%
Address: Senior Citizen's Ctr., Bolton Landing									
Owner: Church of the Blessed Sacrament									
Annual Rent: 1	9,001	0	1,350	4,500	0	0	0	3,151	0
Maint.-in-Lieu: 9,000	100%	0.00%	15.00%	49.99%	0.00%	0.00%	0.00%	35.01%	0.00%
Address: Glen Street, Glens Falls									
Owner: First Presbyterian Church									
Annual Rent: 3,000	3,000	0	1,000	0	0	0	0	2,000	0
Maint.-in-Lieu: 0	100%	0.00%	33.33%	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%
Address: 6307 State Route 9, Chestertown, NY 12817									
Owner: Town of Chester									
Annual Rent: 1	7,231	0	1,086	3,615	0	0	0	2,530	0
Maint.-in-Lieu: 7,230	100%	0.00%	15.02%	49.99%	0.00%	0.00%	0.00%	34.99%	0.00%
Address: Senior Center, Indian Lake									
Owner: Town of Indian Lake									
Annual Rent: 1	1,001	0	150	501	0	0	0	350	0
Maint.-in-Lieu: 1,000	100%	0.00%	14.99%	50.05%	0.00%	0.00%	0.00%	34.97%	0.00%
<b>Page Subtotal</b>	<b>38,616</b>	<b>0</b>	<b>6,343</b>	<b>17,440</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,833</b>	<b>0</b>

For Locations Used as In-Kind, Note with Asterisk (\*).

**Other Funding Source Codes**



Maint.-in-Lieu: 2,900	2,900	0	700	1,700	0	0	0	1,010	0
	100%	0.00%	15.03%	49.98%	0.00%	0.00%	0.00%	34.99%	0.00%
<b>Page Subtotal</b>	27,404	0	4,112	13,700	0	0	0	9,592	0

For Locations Used as In-Kind, Note with Asterisk (\*).

### Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP					
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed					
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS					
<b>Grand Total*</b>	66,020	0	10,455	31,140	0	0	0	24,425	0

**CONTRACTOR ROSTER**

Name: Adirondack Community Action Contractor Code: 52056 E-Mail Notes: ralexan@acapinc.org Rural Contractor: <input type="checkbox"/> No Number of contracts, (State <input checked="" type="checkbox"/> Yes Confirmed), Type of this contract: Contract is: <input type="checkbox"/> 1 Active: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Consultant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
	\$ 0	\$ 0	\$7,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$3,000	\$ 0	\$10,000
Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 2					
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

Name: Catherine Keating- Stauch, RD Contractor Code: 52041 E-Mail Notes: keatingc@yesforin.gov Rural Contractor: <input checked="" type="checkbox"/> No Number of contracts, (State <input type="checkbox"/> Yes Confirmed), Type of this contract: Contract is: <input type="checkbox"/> 1 Active: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Consultant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
	\$ 0	\$6,552	\$15,561	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$5,187	\$ 0	\$27,300
Services to be provided: 0	Services to be provided: 2	Services to be provided: 2	Services to be provided: 0	Services to be provided: 2	Services to be provided: 0	Services to be provided: 6					
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

PAGE SUBTOTAL	\$ 0	\$6,552	\$22,561	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$8,187	\$ 0	\$37,300
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$7,713	\$64,000	\$438,058	\$96,400	\$ 0	\$38,787	\$ 0	\$760,471

**Other Funding Source Codes**







Consultant:  Yes  No

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

PAGE SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$33,000	\$232,000	\$7,000	\$ 0	\$ 0	\$ 0	\$272,000
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$7,713	\$64,000	\$438,058	\$96,400	\$ 0	\$38,787	\$ 0	\$760,471

**Other Funding Source Codes**

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

AAA: Warren/Hamilton  
 AAA: Warren/Hamilton - 52  
 Period: 4/1/21 to 3/31/22  
 Original Date Submitted: 03/30/2021  
 Date Revised:  
 Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

**CONTRACTOR ROSTER**

<b>Name:</b> Greater G.F. Sr Citizens <b>Contractor Code:</b> 52004 <b>E-Mail Address:</b> info@greatergleesensenioren.com <b>MWBE:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of contracts, (State &amp; Federal), with this contractor:</b> 3 <b>Contract type:</b> Not-For-Profit <input checked="" type="checkbox"/> <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>RD:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Consultant:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>	<b>III-C1</b>	<b>III-C2</b>	<b>III-D</b>	<b>III-E</b>	<b>EISEP</b>	<b>CSE</b>	<b>CSI</b>	<b>WIN</b>	<b>OTHER</b>	<b>TOTAL</b>
	Services to be provided: 0 (Must be completed)	Services to be provided: 3 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 0 (Must be completed)						
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Name:</b> Hamilton Co DSS <b>Contractor Code:</b> 52010 <b>E-Mail Address:</b> roberta.bly2@dfa.state.ny.us <b>MWBE:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of contracts, (State &amp; Federal), with this contractor:</b>	<b>III-B</b>	<b>III-C1</b>	<b>III-C2</b>	<b>III-D</b>	<b>III-E</b>	<b>EISEP</b>	<b>CSE</b>	<b>CSI</b>	<b>WIN</b>	<b>OTHER</b>	<b>TOTAL</b>
	Services to be provided: 0 (Must be completed)	Services to be provided: 30,500 (Must be completed)	Services to be provided: 0 (Must be completed)								









E-Mail supervisor@warren-hamilton.com	III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Rural Contractor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of contracts, (State & Federal), Other Govt <input type="checkbox"/> [ 1] Contract is: Active: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Consultant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$2,892 Services to be provided: 1 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$2,892 Services to be provided: 1 (Must be completed)

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

Name: Lake Pleasant, Town of Contractor Code: 52024 E-Mail supervisor@warren-hamilton.com	III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Rural Contractor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of contracts, (State & Federal), Other Govt <input type="checkbox"/> [ 1] Contract is: Active: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Consultant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$1,144 Services to be provided: 1 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$1,144 Services to be provided: 1 (Must be completed)

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

PAGE SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$4,036	\$ 0	\$ 0	\$ 0	\$4,036
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$7,713	\$64,000	\$438,058	\$96,400	\$ 0	\$38,787	\$ 0	\$760,471

Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

AAA: Warren/Hamilton  
 AAA: Warren/Hamilton - 52  
 Period: 4/1/21 to 3/31/22  
 Original Date Submitted: 03/30/2021  
 Date Revised:  
 Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

### CONTRACTOR ROSTER

Name: Legal Aid Society of Warren Contractor Code: 52051 E-Mail Address: LMoy@Lasnny.org MWBE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Rural Contractor: <input type="checkbox"/> No Number of contracts, (State Contracts): <input checked="" type="checkbox"/> Yes Contract is: <input type="checkbox"/> Profit <input checked="" type="checkbox"/> Not Profit Active: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Consultant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>	<b>III-C1</b>	<b>III-C2</b>	<b>III-D</b>	<b>III-E</b>	<b>EISEP</b>	<b>CSE</b>	<b>CSI</b>	<b>WIN</b>	<b>OTHER</b>	<b>TOTAL</b>
\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$17,950 Services to be provided: 1 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$17,950 Services to be provided: 1 (Must be completed)

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

Name: Long Lake, Town of Contractor Code: 52025 E-Mail Address: lsuper@airondack.net MWBE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Rural Contractor: <input type="checkbox"/> No Number of contracts, (State Contracts): <input checked="" type="checkbox"/> Yes Contract is: <input type="checkbox"/> Profit <input checked="" type="checkbox"/> Not Profit Active: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Consultant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>	<b>III-C1</b>	<b>III-C2</b>	<b>III-D</b>	<b>III-E</b>	<b>EISEP</b>	<b>CSE</b>	<b>CSI</b>	<b>WIN</b>	<b>OTHER</b>	<b>TOTAL</b>
\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$4,550 Services to be provided: 1 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$4,550 Services to be provided: 1 (Must be completed)

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

<b>PAGE SUBTOTAL</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$22,500	\$ 0	\$ 0	\$ 0	\$22,500
<b>GRAND TOTAL</b>	\$2,000	\$19,552	\$93,961	\$7,713	\$64,000	\$438,058	\$96,400	\$ 0	\$38,787	\$ 0	\$760,471

### Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

**CONTRACTOR ROSTER**

Name: SAIL Contractor Code: 52055 E-Mail: [ ] Yes [ ] No Rural Contractor: [ ] No Number of contracts, [ X ] Yes (State & Fed type), with this Contractor: [ 1 ] Active: [ X ] Yes [ ] No New: [ ] Yes [ X ] No RD: [ ] Yes [ X ] No Consultant: [ X ] No [ ] Yes	III-B \$ 0 Services to be provided: 0 (Must be completed)	III-C1 \$ 0 Services to be provided: 0 (Must be completed)	III-C2 \$ 0 Services to be provided: 0 (Must be completed)	III-D \$3,857 Services to be provided: 1 (Must be completed)	III-E \$ 0 Services to be provided: 0 (Must be completed)	EISEP \$ 0 Services to be provided: 0 (Must be completed)	CSE \$ 0 Services to be provided: 0 (Must be completed)	CSI \$ 0 Services to be provided: 0 (Must be completed)	WIN \$ 0 Services to be provided: 0 (Must be completed)	OTHER \$ 0 Services to be provided: 0 (Must be completed)	TOTAL \$3,857 Services to be provided: 1 (Must be completed)
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [ ] Yes [ X ] No											
Name: Stony Creek, Town of Contractor Code: 52027 E-Mail: [ ] Yes [ ] No Rural Contractor: [ ] No Number of contracts, [ X ] Yes (State & Fed type), with this Govt Contractor: [ 1 ] Active: [ X ] Yes [ ] No New: [ ] Yes [ X ] No RD: [ ] Yes [ X ] No Consultant: [ X ] No [ ] Yes	III-B \$ 0 Services to be provided: 0 (Must be completed)	III-C1 \$ 0 Services to be provided: 0 (Must be completed)	III-C2 \$ 0 Services to be provided: 0 (Must be completed)	III-D \$ 0 Services to be provided: 0 (Must be completed)	III-E \$ 0 Services to be provided: 0 (Must be completed)	EISEP \$ 0 Services to be provided: 0 (Must be completed)	CSE \$1,680 Services to be provided: 1 (Must be completed)	CSI \$ 0 Services to be provided: 0 (Must be completed)	WIN \$ 0 Services to be provided: 0 (Must be completed)	OTHER \$ 0 Services to be provided: 0 (Must be completed)	TOTAL \$1,680 Services to be provided: 1 (Must be completed)
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [ ] Yes [ X ] No											

PAGE SUBTOTAL	\$ 0	\$ 0	\$ 0	\$3,857	\$ 0	\$ 0	\$1,680	\$ 0	\$ 0	\$ 0	\$5,537
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$7,713	\$64,000	\$438,058	\$96,400	\$ 0	\$38,787	\$ 0	\$760,471

Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

AAA: Warren/Hamilton  
AAA: Warren/Hamilton - 52  
Period: 4/1/21 to 3/31/22  
Original Date Submitted: 03/30/2021  
Date Revised:  
Date Last Saved: 03/30/2021 | Last Saved By: Deana Park

### CONTRACTOR ROSTER

<b>Name:</b> Thurman, Town of <b>Contractor Code:</b> 52028 <b>E-Mail</b> <b>Phone:</b> Thurman Supervisor@vtjz.net <b>Rural Contractor:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of contracts, (State &amp; Federal),</b> <b>with this contractor:</b> Other [ 1 ] <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>RD:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Consultant:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>III-C1</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>III-C2</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>III-D</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>III-E</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>EISEP</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>CSE</b> \$1,797 Services to be provided: 1 (Must be completed)	<b>CSI</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>WIN</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>OTHER</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>TOTAL</b> \$1,797 Services to be provided: 1 (Must be completed)
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Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

<b>Name:</b> Town of Wells <b>Contractor Code:</b> 52047 <b>E-Mail</b> <b>Phone:</b> don_heach@townofwells.net <b>Rural Contractor:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of contracts, (State &amp; Federal),</b> <b>with this contractor:</b> Other [ 1 ] <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>RD:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Consultant:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>III-C1</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>III-C2</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>III-D</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>III-E</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>EISEP</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>CSE</b> \$ 800 Services to be provided: 1 (Must be completed)	<b>CSI</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>WIN</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>OTHER</b> \$ 0 Services to be provided: 0 (Must be completed)	<b>TOTAL</b> \$ 800 Services to be provided: 1 (Must be completed)
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Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

<b>PAGE SUBTOTAL</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$2,597	\$ 0	\$ 0	\$ 0	\$2,597
<b>GRAND</b>	\$2,000	\$19,552	\$93,961	\$7,713	\$64,000	\$438,058	\$96,400	\$ 0	\$38,787	\$ 0	\$760,471



<b>PAGE SUBTOTAL</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$7,130	\$ 0	\$ 0	\$ 0	\$7,130
<b>GRAND TOTAL</b>	\$2,000	\$19,552	\$93,961	\$7,713	\$64,000	\$438,058	\$96,400	\$ 0	\$38,787	\$ 0	\$760,471

**Other Funding Source Codes**

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HIICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPITE	14) COUNTYFUNDS	15) CONTRACTS

**CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY**

**Instructions**

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the 2021-222021-222021-222021-22 Annual Update Guide for Completion for further instructions with regard to completing this form.

**Section 1**

NYSOFA Contractor Code: 52003 Number of contracts with this entity:	New Contract [ <input type="checkbox"/> ] Existing Contract [X ]
Name of AAA: Warren/Hamilton - 52	AAA Contract Person: Deanna Park
Contractor Name: Greater Adirondack Home Aides, Inc	Date: 03/30/2021
Services to be Provided: PC1, PC2 and CM	Employer ID: 14-1491972
Contract Period: 04/01/2019 - 03/31/2020	Contract Total: \$225,000.00

**Section 2**

Contractor Contract Information
Business Address: 25 Willowbrook, Suite 4
City: Queensbury State: NY Zip: 12804
Mailing Address: 25 Willowbrook, Suite 4
City: Queensbury State: NY Zip: 12804
Attention: Julie Smith Phone #: 518-636-1504 Fax #

**CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY**

**Section 3**

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]

This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [ X ] No [ ]
AAA has retained "program design authority"? If no, please provide an explanation:	Yes [ X ] No [ ]

**Section 4**

<b>Certification</b>		
[ X ] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.		
Name: Deanna Park	Title: Director	Date: 10/24/2019

<i>For Office Use Only:</i>	
Form reviewed by: _____	Title: _____
Date Reviewed: _____	

**CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY**

**Instructions**

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the 2021-222021-222021-222021-22 Annual Update Guide for Completion for further instructions with regard to completing this form.

**Section 1**

NYSOFA Contractor Code: 52003 Number of contracts with this entity:	New Contract [ ] Existing Contract [X]
Name of AAA: Warren/Hamilton - 52	AAA Contract Person: Deanna Park
Contractor Name: Greater Adirondack Home Aides, Inc	Date: 03/30/2021
Services to be Provided: Respite - PC1 and PC2	Employer ID: 14-1491972
Contract Period: 01/01/2020 - 12/31/2020	Contract Total: \$35,000.00

**Section 2**

Contractor Contract Information
---------------------------------

Business Address: 25 Willowbrook, Suite 4
City: Queensbury State: NY Zip: 12804
Mailing Address: 25 Willowbrook, Suite 4
City: Queensbury State: NY Zip: 12804
Attention: Julie Smith Phone #: 518-636-1504 Fax #

**CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY**

**Section 3**

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [ X ] No [ ]
AAA has retained "program design authority"? If no, please provide an explanation:	Yes [ X ] No [ ]

**Section 4**

<b>Certification</b>
[ X ] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.
Name: Deanna Park Title: Director Date: 10/24/2019

<i>For Office Use Only:</i>
Form reviewed by: _____ Title: _____
Date Reviewed: _____

**CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY**

**Instructions**

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the 2021-222021-222021-22 Annual Update Guide for Completion for further instructions with regard to completing this form.
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**Section 1**

NYSOFA Contractor Code: 52008 Number of contracts with this entity:	New Contract [ <input type="checkbox"/> ] Existing Contract [X ]
Name of AAA: Warren/Hamilton - 52	AAA Contract Person: Deanna Park
Contractor Name: Glens Falls Hospital	Date: 03/30/2021
Services to be Provided: Personal Emergency Response System	Employer ID: 14-1338413
Contract Period: 04/01/2018 - 03/31/2029	Contract Total: \$7,000.00

**Section 2**

<b>Contractor Contract Information</b>	
Business Address: 25 Willowbrook, Suite 1	
City: Queensbury State: NY Zip: 12804	
Mailing Address: 25 Willowbrook, Suite 1	
City: Queensbury State: NY Zip: 12804	
Attention: Kelly Crotty Phone #: 518-409-8100 Fax #	

<b>CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY</b>
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**Section 3**

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
AAA has retained "program design authority"? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]

**Section 4**

<b>Certification</b>
[ X ] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park Title: Director Date: 10/24/2019

*For Office Use Only:*  
 Form reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_

**CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY**

**Instructions**

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the 2021-22 Annual Update Guide for Completion for further instructions with regard to completing this form.

**Section 1**

NYSOFA Contractor Code: 52008 Number of contracts with this entity:	New Contract [ ] Existing Contract [X]
Name of AAA: Warren/Hamilton - 52	AAA Contract Person: Deanna Park
Contractor Name: Glens Falls Hospital	Date: 03/30/2021
Services to be Provided: . Personal Emergency Response System	Employer ID: 14-1338413
Contract Period: 04/01/2018 - 03/31/2019	Contract Total: \$7,000.00

**Section 2**

Contractor Contract Information	
Business Address: 25 Willowbrook, Suite 1	
City: Queensbury State: NY Zip: 12804	
Mailing Address: 25 Willowbrook, Suite 1	
City: Queensbury State: NY Zip: 12804	
Attention: Kelly Crotty Phone #: 518-409-8100 Fax #	

**CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY**

**Section 3**

\_\_\_\_\_

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [ X ] No [ ]
AAA has retained "program design authority"? If no, please provide an explanation:	Yes [ X ] No [ ]

#### Section 4

<b>Certification</b>		
[ X ] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.		
Name: Deanna Park	Title: Director	Date: 10/24/2019

<i>For Office Use Only:</i>	
Form reviewed by: _____	Title: _____
Date Reviewed: _____	

<b>CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY</b>
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#### Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the 2021-222021-22 Annual Update Guide for Completion for further instructions with regard to completing this form.

#### Section 1

NYSOFA Contractor Code: 52041 Number of contracts with this entity:	New Contract [ ] Existing Contract [X]
Name of AAA: Warren/Hamilton - 52	AAA Contract Person: Deanna Park
Contractor Name: Catherine Keating- Stauch, RD	Date: 03/30/2021

Services to be Provided: Nutritional Counseling and Education	Employer ID: 00-0000000
Contract Period: 05/01/2019 - 04/30/2020	Contract Total: \$27,300.00

## Section 2

Contractor Contract Information	
Business Address: 17 Castleberry Dr.	
City: Gansevoort State: NY Zip: 12831	
Mailing Address: 17 Castleberry Dr.	
City: Gansevoort State: NY Zip: 12831	
Attention: Catherine Keating Phone #: 518-584-8958 Fax #	

## CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

### Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [ X ] No [ ]
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [ X ] No [ ]
AAA has retained "program design authority"? If no, please provide an explanation:	Yes [ X ] No [ ]

### Section 4

<b>Certification</b>		
[ X ] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.		
Name: Deanna Park	Title: Director	Date: 10/24/2019

<i>For Office Use Only:</i>	
Form reviewed by: _____	Title: _____
Date Reviewed: _____	

## CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

### Instructions

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This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the 2021-22 Annual Update Guide for Completion for further instructions with regard to completing this form.

**Section 1**

NYSOFA Contractor Code: 52052 Number of contracts with this entity:	New Contract [ <input type="checkbox"/> ] Existing Contract [X ]
Name of AAA: Warren/Hamilton - 52	AAA Contract Person: Deanna Park
Contractor Name: Home Aide Services of the Central Adirondacks, Inc	Date: 03/30/2021
Services to be Provided: PC1 and PC2	Employer ID: 00-000001
Contract Period: 04/01/2021 - 03/31/2022	Contract Total: \$40,000.00

**Section 2**

Contractor Contract Information	
Business Address: 114 S. Shore Road PO Box 25	
City: Old Forge State: NY Zip: 13420	
Mailing Address: 114 S. Shore Road PO Box 25	
City: Old Forge State: NY Zip: 13420	
Attention: Phone #: 315-369-6183 Fax #	

**CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY**

**Section 3**

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [ X ] No [ <input type="checkbox"/> ]

AAA has retained "program design authority"? If no, please provide an explanation:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Section 4**

<b>Certification</b>
<input checked="" type="checkbox"/> By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.
Name: Deanna Park Title: Director Date: 03/30/2021

<i>For Office Use Only:</i>
Form reviewed by: _____ Title: _____
Date Reviewed: _____

**ATTACHMENT CHECK LIST**

Check [v] attachments included with this Plan.

Forms are provided for Attachments B, C, D, E, and F

*Note: Letters of comment received on the expected impact of (and agency relationships under) CSE Projects and EISEP from local Departments of Social Services, Health, Mental Health and any other county and City of New York agencies and CASA-type agencies, must be maintained on file locally for State Office review.*

[v] **ATTACHMENT A:** Standard Assurances - The AAA Director has reviewed the Standard Assurances.

**Note:** The general certification and approval for the Standard Assurances is included on the **PLAN REVIEW AND APPROVAL** page.

[v] **ATTACHMENT B:** Priority Services Expenditure Report

This report **must** be completed and returned by each AAA.

[v] **ATTACHMENT C:** Summary of major changes and/or justification for new direct services

This report **must** be completed and returned by each AAA.

[v] **ATTACHMENT D:** Justification for excess Title III Carryover and Title III Transfers

[v] **ATTACHMENT E:** Fringe Benefit Policy/Travel Reimbursement Policy  
Adjustments to Personnel Roster/ Rent Allocation Schedule and Contractor Roster

Explanation

[v] **ATTACHMENT F:** Volunteers Used as Match

04/01/21 - 03/31/22

**ATTACHMENT B**

**PRIORITY SERVICES EXPENDITURE REPORT**

Instructions: Using actual expenditures for the period, October 1, 2019- September 30, 2020, submit this completed and certified report with the 2021-22 Annual Update. Area Agencies may use their CAARS reports to assist with completing this page.

Since AAA CAARS reports are completed on an accrual basis, they may not reflect the actual expenditures incurred during the most recent federal fiscal year. If the Attachment B expenditure report indicates that the AAA has not complied with the minimum required Priority Services percentages, the AAA should review their actual expenditures based on contractor claims or direct AAA costs associated with service category(ies) in order to complete the report below.

- Column A: Include Title III-B expenditures (services dollars only - Federal, Non-Federal and Income) for:
- Row 1. **Access:** transportation, outreach, information and assistance, case management
- Row 2. **In-home:** personal care level I, personal care level II, home health aide, consumer directed in-home services, in-home contact & support, caregiver services
- Row 3. **Legal:** legal advice & representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and includes counseling or representation by a non-lawyer where permitted by law, to older adults with economic or social needs. (Also see 94-PI-52, 12/29/94.)
- Row 4. **All Other Services:** necessary to sum total services dollars expended.
- Row 5. **Subtotal:** all services dollars expended.
- Row 6. **Over Match:** must be removed from total.
- Row 7. **Total:** [T] should indicate all Title III-B services dollars with required match only. Be sure to subtract any over match.

Column B: To calculate the percentage of each Priority Service in Column A, divide each Priority Service Expenditure, on Column A by the total [T] Expenditure in Column A, Line 7.

**If the percentage in Column B meets the minimum required percentage STOP do not continue.**

If it does not, then continue in Column C. Include only the required amount from CSE and/or WIN expenditures required to meet the Percentage in each of the Priority Services areas. (See instructions in Guide on how to calculate the minimum percentage amounts.)

**Notes:**

[S] Include WIN dollars for Access only.

[H] Includes CSE dollars for Home Health Aide, In-Home Contact & Support and Caregiver Services only.

Column D: add Columns A and C for Lines 1, 2 & 3.

Column E: calculate the percentage of each Priority Service separately. For each priority service divide dollars for the combined III-B and CSE/WIN amounts (Column D) by the sum of the III-B total [T] in Column A, Line 7, plus the Priority Service's amount in Column C.

Category & Minimum Required Percentage	(A)	(B)	(C)	(D)	(E)
	III B-Services Expenditures	Percent (A)/[T]	CSE (& WIN for Access)	Services Combined Total (A) + (C)	Percent (D)/([T]+(C))
1. Access 20.0%	2150.00	2.94	109823.00 [S]	111973.00	61.21
2. In-Home 2.5%	0.00	0.00	3120.00 [H]	3120.00	4.09
3. Legal 7.0%	0.00	0.00	8951.00	8951.00	10.91
4. All Other Services	70956.00				
5. Subtotal	73106.00				
6. Over Match (-)	0.00				
7. Total	73106.00 [T]				

If for one or more of the Priority Services categories the amount specified in Column E is less than the Minimum Required Percentage, for each such category provide an explanation of the reason for the shortfall in expenditures and describe the strategies and steps that the AAA is implementing to assure that it will satisfy the requirement for the forthcoming plan year.

Name of Category	Explanation	Strategies/Steps
No reasons have been entered.		

## ATTACHMENT C

### Program Design Modifications

All AAAs should carefully review this form and the Guide for Completion.

#### PURPOSE

All AAAs must complete Attachment C. Attachment C is intended for the AAA to alert and obtain approval from NYSOFA regarding: Major Changes; New Direct Services; New Activities; Plans for Multipurpose Senior Centers that are not included in the previous program period; and/or any changes that are being planned for future periods(e.g. an RFP to be held in SFY 2021-2022 that will result in a major change in services or providers in SFY 2022-2023).

Every AAA must complete the Certification Section of Attachment C whether or not any changes are anticipated.

Please be advised that program design modifications identified in Attachment C must be approved by NYSOFA before any expenditures can be obligated for such plans.

#### DEFINITIONS

**Program Design Modification:** Refers to a Major Change, New Direct Service or New Activity.

**Major Change(s):** Refers to a proposed change(s) in program design for SFY 2021-2022 from what NYSOFA has approved in the previous program period that will significantly impact older adults. It also refers to any planned change(s) for future periods that will have a significant impact on service delivery to older adults.

**Significant Impact:** The criteria for determining Significant Impact include:

1. The discontinuance of any service, or
2. Major changes in:
  - a. service location;
  - b. access to services;
  - c. service providers;
  - d. types of services being offered;
  - e. the manner in which services are provided;
  - f. service levels (changes of more than 20% in units or expenditures for any specific service); and
  - g. changes in administrative operations (e.g. a re-organization, a consolidation).

Please refer to the *Guide for Completion* and 20-PI-14 for examples of 'Major Changes' and situations which are exempt from inclusion in this attachment.

**New Direct Service:** Refers to any service that is currently provided by a contractor that the AAA is seeking to provide directly or a new service that the AAA is proposing to provide directly.

**New Activity:** Refers to: Any new service or program

**ATTACHMENT C**

**PROGRAM DESIGN MODIFICATIONS**

Service: Case Management

Funding Source(s):

- IIIB  IIIC1  IIIC2  IIID  IIIE  
 EISEP  CSE  CSI  WIN  TRANS  
 HIICAP  CountyFunds  NYConnects  OtherFunds  UnmetNeed

Type of Activity: Administrative Change

Please describe the anticipated program design modification/s in the text box provided.

Warren/Hamilton Counties OFA & NY Connects restructured our office personnel in 2021 so that all staff are handling NY Connects calls now, and the Director has been designated as the NY Connects Coordinator. This allowed us to provide a more cohesive experience to consumers, prevent them from being transferred from multiple people within our own agency, and educate all staff on the NY Connects program. NYSOFA was notified of this possible transition back in October of 2020.

Service: Home Delivered Meals - NSIP Eligible Meals

Funding Source(s):

- IIIB  IIIC1  IIIC2  IIID  IIIE  
 EISEP  CSE  CSI  WIN  TRANS  
 HIICAP  CountyFunds  NYConnects  OtherFunds  UnmetNeed

Type of Activity: Services or Program

Please describe the anticipated program design modification/s in the text box provided.

At the beginning of the pandemic, we reduced our HDM deliveries to M-W-F, instead of Monday through Friday. However, we are still delivery five meals a week. This was done to reduce potential instances where we could spread COVID to our seniors, as well as due to the fact that the number of volunteer drivers we had to deliver meals dropped significantly. Due to a continued shortage in volunteer drivers and to keep our seniors safe, we decided to continue this practice through 2021 at this time. This was reviewed with NYSOFA as well.

Service: Home Delivered Meals - NSIP Ineligible Meals

Funding Source(s):

- IIIB  IIIC1  IIIC2  IIID  IIIE  
 EISEP  CSE  CSI  WIN  TRANS  
 HIICAP  CountyFunds  NYConnects  OtherFunds  UnmetNeed

Type of Activity: Services or Program

Please describe the anticipated program design modification/s in the text box provided.

The production of our meals for the Chestertown location was transferred to our Warrensburg meal site in January of 2021. The congregate meal site will still be available to seniors in Chestertown when it is reopened, and HDMs are still being delivered to our seniors in Chestertown. We purchased electric meal transporters to keep the meals at the appropriate temperatures and all meals will still be delivered within the required time frame. Again, NYSOFA was notified of this possible change back in September of 2020.

**ATTACHMENT C**

**CERTIFICATION**

One of the certifications below must be checked.

1) The AAA certifies that there are no planned program design modifications beyond those specified in this Attachment C that may occur during the 2021-2022 Program Year or a Future Program Year and that: If any change to its programs or services does occur during the 2021-2022 Program Year or a future Program Year that causes or can be expected to cause a significant impact or major change in its programs or services, the Area Agency on Aging will notify the State Office for the Aging as soon as it becomes aware of such change and will submit an amended Attachment C for the then current Program Year.

**OR**

2) The AAA certifies that it is not making any program design modifications in this Attachment C and that: If any change to its programs or services does occur during the 2021-22 Program Year or a future Program Year that causes or can be expected to cause a significant impact or major change in its programs or services, the Area Agency on Aging will notify the State Office for the Aging as soon as it becomes aware of such change and will submit an amended Attachment C for the then current Program Year.

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**ADVISORY COUNCIL REVIEW AND COMMENT**

The AAA certifies that it has submitted the program design modifications contained in this Attachment C to its advisory council for review and comment as required under Title III, Part 45, Section 1321(c) of the Older Americans Act Regulations.

**ATTACHMENT D**

**Justification for Title III Carryovers and Title III Transfers**

**Transfers:** Provide justification for any transfer of funds within and among Title III programs. Transfers are limited to no more than 30% between Titles III-B and III-C and no more than 40% between Titles III-C-1 and III-C-2. Transfers are not allowed for Titles III-D or III-E.

Funds were transferred from IIIB to IIIC1 and IIIC2 to continue to maintain the level of service that we currently provide.

**Carryovers:** (Reference 88-PI-17, 3/24/88)

**Titles III-B, III-C and Title III-E:** Provide justification for carryover amounts in excess of 7.5%.

Funds were carried over from the 2020 budget for IIIB, IIIC1 and IIIC2 due to the funds not being expended due to COVID stimulus dollars. We will maintain the same level of services.

**Title III-D:** Provide justification for carryover amounts in excess of 25%.

**Targeting:** In accordance with NYCRR §6654.3 (a)(22)(b) and 12-PI-08, describe how carryover funds will be used in provision of services or outreach designed to reach target populations.

Examples of use of funds to reach target populations might include:

- translation of informational materials for persons with limited English proficiency
- development of Braille and audio materials for persons who are visually impaired
- creation of or new implementation of programming in an effort to reduce health disparities
- new transportation services to reach rural residents

Where the AAA will not use carryover funds for additional or expanded targeting efforts, and the AAA targeting goals have not been met, please provide a justification including a description of the specific activities implemented by the AAA to meet targeting goals and outcomes.

N/A

**ATTACHMENT E**

**Fringe Benefits, Travel Reimbursement, Schedule Adjustment and Contractor Explanation**

**Fringe Benefits Policy:** Include below the current fringe benefit rate for employees. Describe any changes from the Fringe Benefit policy submitted with the 2020-24 Four Year Plan. If the composite fringe benefit percentage for an individual program exceeds the average fringe benefit percentage included below- by more than 15%- the reason for the deviation(s) **must** be explained below.

2021-2022 Fringe Benefit Rate: 46.00%

N/A

**Travel Reimbursement Policy:** Describe below any changes from the Travel Reimbursement Policy submitted with the 2020-24 Four Year Plan.

N/A

**Personnel Roster and Rent Allocation Schedule Adjustment:** Describe below any adjustments included in the adjustment line of the summary budgets for personnel costs, or the adjustment line of the supporting budget schedules for rental costs.

N/A

**Contractor Roster Explanation:** Explain AAA plan for determining a contractor for service provision for any entries in the Contractor Roster which are to be determined. Include information on process and timeframe.

N/A



(a) The total amount (number of hours times hourly rate) will be rounded to a whole dollar amount. The whole dollar amount should then be allocated to the individual funding streams. Do not use cents in any column other than the Hourly Rate.

(b) The 'Grand Total' for each program must be included on the Personnel Roster on the 'Volunteers Used as Match' line and on the Supporting Budget page, 'Matching funds' section, 'Volunteers Used as Match' line for each affected budget. These values will be automatically carried over to the appropriate pages in the web-based version. The Volunteer Services Not Used as Match will NOT be included or appear in any other section of this document.

Additional instructions for completing Attachment F are included in the Guide for Completion.