

HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING AGENDA
June 21, 2021

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

- I. Committee meeting called to order by Chairman
- II. Motion to approve the minutes of the prior meeting
- III. Action Agenda/New Business Items:
 1. Request: Submit NY Connects Application for 4/1/21-3/31/22 in the amount of \$203,636.00, due July 9, 2021.
Rationale: NY Connects is 100% funded and allows us to provide long term care assistant and support.
 2. Request: Permission to fill Meal Site Cook #4, Grade 2, base salary \$27,438 (35 hours/week) at Cedars due to promotion.
Rationale: The person in this position took the Food Service Manager position at Cedars. We would also request to fill any positions this may leave vacant.
- IV. Discussion Items:
Annual Report for 2020
- V. Referrals/Pending Items: None
- VI. Privilege of the Floor and Public Comment (please allow for 15 second delay on live stream meetings)
- VII. Motion to adjourn

Attachments:

1. 05 Apply for Grant – NY Connects '21-'22 Application
 - a. Grant Application, including signature page
2. Notice of Intent to Fill – Meal Site Cook #4, Cedars
3. Annual Report

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 6/2/2021

- (a) Purpose of Grant: NY Connects
- (b) Name of Grantor: NYSOFA (New York State Office for the Aging)
- (c) Address of Contractor: Two Empire State Plaza, 4th Floor, Albany, NY 12223-1251
- (d) Grantor's Contact Person and Telephone Number:
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Attached**
- (f) Effective Date of Grant: 4/1/2021
- (g) Termination Date of Grant: 3/31/2022
- (h) Total Dollar Amount Involved (not to exceed): **\$203,636.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 7/9/2021(released 5/27/2021)
- (j) Is a Budget amendment required? **NO** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **N/A** If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **NO** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:

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

*as listed in budget and LOGOS

NEW YORK STATE OFFICE FOR THE AGING
GRANT APPLICATION COVER PAGE
21-PI-08
NY Connects
For the Period 04/01/21-03/31/22

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

Director: Deanna Park

Address: 1340 State Route 9

Lake George, NY Zip: 12845

Phone: () (518)761-6347

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

Phone: () (518)761-6347

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

Rachel Seeber Title: Chairwoman of the Warren County Board
Name of person authorized to enter into agreement
with the New York State Office for the Aging

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

Date: _____

NY Connects Expansion and Enhancement 2021-2022
SUMMARY BUDGETS
21-PI-08

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

Program Period: April 1, 2021 - March 31, 2022

Budget Category		Budget Amount
1	Personnel	\$119,796.00
2	Fringe Benefits	\$55,106.00
3	Equipment	
4	Travel	
5	Maintenance and Operations	\$3,410.00
6	Other Expenses	\$2,324.00
7	Contracts and/or Consultants	\$23,000.00
8	Total Budget (Sum of Lines 1-7)	\$203,636.00
9	State Funds Requested	\$203,636.00
10	Local Funds	

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

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

**NY Connects Expansion and Enhancement 2021-2022
Supporting Budget Schedules**

AAA: Warren/Hamilton Counties OFA

1. Personnel - AAA salaries are listed here.(DSS and other county partners' salaries are listed in the contract section, as applicable.)						
Complete for Each Position (N)Name, (T)Title, (L)Location	Annual Salary or Hourly Rate*	Hours worked on program per week	Total Hours worked per week	Chargeable to Program		Narrative justification: For each position, provide a brief summary of duties related to each program.
				% of Time	Amount	
1 N Deanna Park	67,609	14	40	35.00%	\$23,563.15	The NY Connects Coordinator is responsible for all facets of the program. Works with the LTCC leadership and completes reporting. Policy review and revision. Attends NWD, LTCC meetings, etc.
T Director/NY Connects Coordinator						
L OFA Office, Lake George, NY 12845						
2 N RoseAnn O'Rourke	57,844	14	40	35.00%	\$20,245.40	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
T Coordinator of Services						
L OFA Office, Lake George, NY 12845						
3 N Catherine Bearor	43,974	14	40	35.00%	\$15,390.90	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
T Aging Services Specialist						
L OFA Office, Lake George, NY 12845						
4 N Joanna Hall	43,974	14	40	35.00%	\$15,390.90	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
T Aging Services Specialist						
L OFA Office, Lake George, NY 12845						
5 N Vacant	33,600	14	40	35.00%	\$11,760.00	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
T Services Assistant						
L OFA Office, Lake George, NY 12845						
6 N Cynthia Cabana	16,800	8	40	40.00%	\$6,720.00	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
T Services Assistant						
L OFA Office, Lake George, NY 12845						
7 N Jami Rivers	35,710	20	40	50.00%	\$17,855.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Oplains Counseling.
T Typist						
L OFA Office, Lake George, NY 12845						
8 N Dinah Kawaquchi	14,013	11	25	25.00%	\$3,503.25	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Oplains Counseling.
T Typist						
L OFA Office, Lake George, NY 12845						
9 N Jeffrey Haines	42,141	5	40	12.50%	\$5,267.63	The Fiscal Coordinator handles all NY Connects fiscal functions, including purchasing and A/P, budget monitoring, voucher preparation and claims processing.
T Fiscal Coordinator						
L OFA Office, Lake George, NY 12845						
10 N						
T						
L						
11 N						
T						
L						
TOTAL Program Personnel:						\$119,796.00
*Note: If employee is paid a salary, then list the annual salary. If employee is not on salary, then list the hourly rate. When reporting the rate of pay on vouchering forms, the format (i.e., salary or hourly rate) must match this budget (although the actual salary or the hourly rate paid may be different than budgeted).						
2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.						
Fringe Benefit Rate %:	45.00%			TOTAL Fringe:	\$55,106.00	

**NY Connects Expansion and Enhancement 2021-2022
Supporting Budget Schedules**

AAA: Warren/Hamilton Counties OFA

3. Equipment:				
<ul style="list-style-type: none"> •List all equipment items whether purchased or leased. •Provide a detailed description for all equipment with a unit cost of \$1,000 or more. •Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance & Operations budget section. 				
Item and Description	Quantity	Unit Purchase Price	Percent Chargeable to Program	Amount Chargeable to Program
TOTAL Equipment				
4. Travel:				
<ul style="list-style-type: none"> •List travel costs. Include travel costs for NY Connects staff participating in the NYSOFA NWD PCC In-Person training to be held in Albany, NY. •Outline reason for travel and indicate the number of staff traveling.(e.g., staff to training, field interviews, advisory group meeting, etc.). •Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food). 				
Mileage: _____ miles @ _____ per mile				Program Expenses
Parking & Tolls				
Public Transportation:				
Rental Vehicles (specify destination):				
Other Travel Costs (Specify):				
Reasons for Travel:				
TOTAL Travel				
5. Maintenance & Operations:				
<ul style="list-style-type: none"> •In the space provided, detail each expense. •For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment. 				
Equipment Maintenance and Repair:				Program Expenses
Postage:				\$500.00
Printing & Photocopying:				\$319.00
Rent:				
	Monthly Rent	% Charge to Prg	No. of months	
NY Connects:				
Location:				
Owner:				
Supplies:	copy paper, notebooks, pens, folders, toner, binders, calendars, e			\$1,277.00
Telephone:	MiFi Access & telephone			\$1,314.00
Utilities:				
Miscellaneous Equipment (List Items):				
TOTAL M&O:				\$3,410.00

NY Connects Expansion and Enhancement 2021-2022 Supporting Budget Schedules

AAA: Warren/Hamilton Counties OFA

6. Other Expenses: List specific item and cost.		
<ul style="list-style-type: none"> •Itemize all Public Education costs. •Promotional materials in the form of informational brochures and the like are acceptable expenses. •"Giveaways" are not an allowable expense under this funding. •Food and refreshments (other than travel related expenses) are not an allowable expense under this funding. 		
Public Education:		Amount
Information Technology (Specify):		Amount
Annual User Fees - \$66/user x 13		\$858.00
Other (Specify):		Amount
Training ACUU		\$1,466.00
TOTAL Other Expenses:		\$2,324.00
7. Contracts/Consultants:		
<ul style="list-style-type: none"> •List each contractor or consultant, amount, and describe service below. •A copy of each contract or consultant agreement must be submitted to NYSOFA before reimbursement will be made. •Complete and submit a Contractor Budget for each contractor that will receive 25% or more of your grant amount in the form of line item contracts. •For Consultants, please list unit rate (e.g., \$25 per hour) and Number of Units in the columns provided. (Note: If you hire a translator, language and/or sign interpreter, include the expense here.) DSS or other county partners' salaries are to be listed in this section. •The Unit Rate and Number of Units do not need to be completed for line item contracts. 		
Contractor/Consultant and description of service (List them individually)	# of Units (Consultant)	Program Total
Hamilton County DSS serves as the NY Connects office for Hamilton County. This includes staff time (there is a case manager who works closely with our NY Connects Coordinator, and other case workers that provide back-up for her) and office resources used for the program (printing, postage, envelopes, etc.)	\$1,000	\$23,000.00
TOTAL Contractors/Consultants:		\$23,000.00
8. Total Budget: (numbers 1-7)		\$203,636.00
9. State Funds Requested		\$203,636.00
10. Local Funds: Describe below		Amount
TOTAL Local Funds:		

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Office for the Aging Payroll Dept. No: 57.01
Title of Position: Meal Site Cook #4 Base Salary of Position: \$27,438(35hr/week) Grade: 2
Filling at Step # (If Known): \$28,982
Budget code and title: A6772.110 Nutrition Program Warren - Salaries FT Union [x] Non-Union []
This position is vacated due to: [] Retirement [x] Resignation [] Termination [x] Promotion [] Other
Employee No./Last Name: 12566/Medick Date of Vacancy: 06/07/2021
Is this position mandated? [] Yes [x] No Is the position reimbursable? [x] Yes [] No
Source of reimbursement: [] Federal [] % [x] State 75 % [] Other [] %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [x] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 8/16/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[x] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 8/17/21

BUDGET OFFICER COMPLETES THIS SECTION

[x] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 8/17/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Edna A. Thomas Date 9/11/21