

**HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING AGENDA
November 22, 2021**

**Committee Members: Supervisors Frasier, McDevitt, Conover, Hogan, and Strough -
*Chair of the Board shall serve as an Ex-Officio member when needed
in accordance with Section C (4) of the Rules of the Board***

- 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: Renew contract with Cedars in the amount of \$15,845 for 2022 and \$16,320 for 2023.
Rationale: We provide the meals for the Glens Falls/Queensbury seniors out of this location. This reflects a 3% increase for each year.
 2. Request: Renew contract with Countryside Adult Home for meals to our seniors in the amount of \$4.50. Contract renewal to begin 11/29/2021 and end 12/31/2022.
Rationale: Countryside provides the supplies for our meals to seniors in the Chestertown, Warrensburg, and Lake George area, while OFA provides the labor. This contract allows us to reimburse the costs of supplies and reflects an increase in the costs of these items.
 3. Request: Amend our EISEP contract with Greater Adirondack Home Aides, Inc. (GAHA), to increase the hourly rates from \$24/hr to \$26/hr for PCI and PCII (personal care levels 1 and 2) under our EISEP (Expanded In-Home Services for the Elderly) program.
Rationale: GAHA has not asked for an increase in over three years. Due to the current aide shortage, this will help them with recruitment and retention of staff.
 4. Request: Amend our Title IIIIE contract with Greater Adirondack Home Aides, Inc. (GAHA), to increase the hourly rates from \$24/hr to \$26/hr for PCI and PCII (personal care levels 1 and 2) under our Title IIIIE program.
Rationale: GAHA has not asked for an increase in over three years. Due to the current aide shortage, this will help them with recruitment and retention of staff.
 5. Request: Submit 2021-2022 MIPPA grant application in the amount of \$22,259.00.
Rationale: The MIPPA (Medicare Improvements for Patients and Providers Act) grant is used to cover expenses related to the State Health Insurance Assistance Program (SHIP) provided by the WHCOFA. This grant is 100% funded, covers the period of 9/1/2020-8/31/2021, was received on 1/19/2021 and was due on February 19, 2021.
 6. Request: Permission to delete Meal Site Manager #5 (Cedars meal site), Grade 2, 25 hours/week, salary \$18,113.
Rationale: We would like to change this to a cook title, as there is a Food Service Manager position at Cedars. Changing the title will also better fit with the duties this person will be asked to perform.
 7. Request: Permission to create Meal Site Cook (Cedars meal site), Grade 2, 30 hours/week, salary \$27,438.
Rationale: See above.

8. Request: Permission to fill Meal Site Cook (Cedars meal site), Grade 2, 30 hours/week, salary \$27,438.
Rationale: See above.
9. Request: Create Services Assistant – Office for the Aging #3, Grade 7, salary \$33,600 to assist with increased work load in OFA.
Rationale: We have seen an increase in the number of requests for assistance, which is putting a strain on the current staff members. We also have an employee that will be out of work intermittently.
10. Request: Permission to fill Services Assistant, Office for the Aging #3, Grade 7, salary \$33,600.
Rationale: See above.

IV. Discussion Items:

V. Referrals/Pending Items:

- a. Referral from the Personnel, Administration & Higher Education Committee requesting that Dee Park, *Director, Office for the Aging*, prepare a plan to address staffing issues at meal sites to present for review at a future Committee meeting. (09.01.21) Update: Ms. Park indicated she had advertised the vacant meal site positions on social media and a campaign with The Chronicle was planned, as well as a campaign with local radio stations. (09.20.21)

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

VII. Motion to adjourn

Attachments:

1. 04 Request to Amend Existing Contract - Cedars (Summit Properties)
2. 04 Request to Amend Existing Contract - Countryside Adult Home
3. 04 Request to Amend Existing Contract -GAHA for PC1 and PC2 services under the EISEP program.
4. 04 Request to Amend Existing Contract -GAHA PC1 and PC2 services under the Title IIIIE program.
5. 05 Apply for Grant – MIPPA
 - a. MIPPA Grant Application & Signature Page
6. 11 Request to Create New Position – Meal Site Cook
7. 12 Notice of Intent to Fill – Meal Site Cook
8. 11 Request to Create New Position – Services Assistant, Office for the Aging #3
9. 12 Notice of Intent to Fill – Services Assistant, Office for the Aging #3

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: October 28, 2021

- (a) Purpose of Contract Change: **Amend contract with Cedars (Summit Properties), to increase annual reimbursement to \$15,845.00 for 2022 and \$16,320 for 2023.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **563 of 2019 (440 of 2017)**
- (c) Name of Contractor: **Cedars I, LP**
- (d) Address of Contractor: **7 Aspen Drive, Suite1, South Burlington, VT 05403**
- (e) Contractor's Contact Person and Telephone Number: **John Hunt, PH#(802)846-5430, ext 2**
- (f) Commencement Date of Extension: **1/1/2022**
- (g) Termination Date of Extension: **12/31/2023; With automatic one year renewals after 2023, as long as there are no monetary changes from 2023 rate.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$15,845.00(2022) & \$16,320(2023)**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly**
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.6772.470 Warren County Contracts**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: November 12, 2021

- (a) Purpose of Contract Change: **Change cost per meal to \$4.50/meal, increase do not exceed amount to \$140,000.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **99 of 2012, 60 of 2019, 371 of 2020**
- (c) Name of Contractor: **Countryside Adult Home**
- (d) Address of Contractor: **353 Schroon River Road, Warrensburg, NY 12885**
- (e) Contractor's Contact Person and Telephone Number: **Amy McByrne, PH#(518)623-3451.**
- (f) Commencement Date of Extension: **11/29/2021**
- (g) Termination Date of Extension: **12/31/2022, with option to renew annually if no changes to contract.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **\$4.50/meal**
 - iii) total amount not to exceed **\$140,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly**
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.6772.470 Warren County Contracts**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: November 5, 2021

- (a) Purpose of Contract Change: **Amend EISEP contract with Greater Adirondack Home Aides, Inc., to increase PCI (personal care level 1) and PCII (personal care level 2) from \$24.00/hour to \$26.00/hour.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **121 of 2019 (62 of 2019; 75 of 2018)**
- (c) Name of Contractor: **Greater Adirondack Home Aides, Inc.**
- (d) Address of Contractor: **25 Willowbrook, #4, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Julie Smith, PH#(518)926-7070**
- (f) Commencement Date of Extension: **4/1/2022**
- (g) Termination Date of Extension: **3/31/2023; With automatic one year renewals after 2023, as long as there are no monetary changes from 2023 rate.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$225,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Monthly**)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.6772.470 Warren County Contracts**

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

***as listed in budget and LOGOS**

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: November 5, 2021

- (a) Purpose of Contract Change: **Amend Title III E contract with Greater Adirondack Home Aides, Inc., to increase PCI (personal care level 1) and PCII (personal care level 2) from \$24.00/hour to \$26.00/hour.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **64 of 2019 (120 of 2016)**
- (c) Name of Contractor: **Greater Adirondack Home Aides, Inc.**
- (d) Address of Contractor: **25 Willowbrook, #4, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Julie Smith, PH#(518)926-7070**
- (f) Commencement Date of Extension: **1/1/2022**
- (g) Termination Date of Extension: **12/31/2022; With automatic one year renewals after 2022, as long as there are no monetary changes from 2022 rate.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$35,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Monthly**)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: **A.6772.470 Warren County Contracts****

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 11/12/2021

- (a) Purpose of Grant: **MIPPA (Medicare Improvements for Patients and Providers Act)**
- (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: **9/1/2021**
- (g) Termination Date of Grant: **8/31/2022**
- (h) Total Dollar Amount Involved (not to exceed): **\$28,349.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
12/6/2021(released 11/8/2021)
- (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

**MEDICARE IMPROVEMENTS FOR
PATIENTS AND PROVIDERS PROGRAM (MIPPA)
AAA Budget**

AAA: Warren/Hamilton Counties OFA

21-PI-11

Program Period: 9/1/2021 - 8/31/2022

	Budget Category	Total Amount	SHIP Amount	AAA Amount	ADRC Amount
1	Personnel	\$ 15,190.00	\$ 6,493.00	\$ 4,766.00	\$ 3,931.00
2	Fringe Benefits	\$ 6,987.00	\$ 2,987.00	\$ 2,192.00	\$ 1,808.00
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ 4,172.00	\$ 1,177.00	\$ 2,396.00	\$ 599.00
6	Other Expenses	\$ -	\$ -	\$ -	\$ -
7	Contracts and/or Consultants	\$ 2,000.00	\$ 512.00	\$ 1,488.00	\$ -
8	Total Budget (Sum of Lines 1-7)	\$ 28,349.00	\$ 11,169.00	\$ 10,842.00	\$ 6,338.00
9	Program Income	\$ -	\$ -	\$ -	\$ -
10	Net Total Budget (Line 8 minus 9)	\$ 28,349.00	\$ 11,169.00	\$ 10,842.00	\$ 6,338.00
11	Federal Funds Requested	\$ 28,349.00	\$ 11,169.00	\$ 10,842.00	\$ 6,338.00
12	Local Funds (Line 10 minus 11)	\$ -	\$ -	\$ -	\$ -

Note: The total budget amount on the Budget Summary must equal the total budget amount on the last page.

* The inclusion of local funding provided in support of this program is optional.

MIPPA

AAA: Warren/Hamilton Counties OFA

1. Personnel - AAA salaries are listed here.										Narrative Justification: For each position, provide a brief summary of duties related to MIPPA:			
Complete for Each Position (Name, Title, Location)		Annual Salary*	Total Hours worked per week	Priority Areas	Hours worked per priority area per week	% of Time	Amount Charged to Priority Area						
							Priority 1 SHIP	Priority 2 AAA	Priority 3 ADRC				
1	N Hannah Hall T Specialist Aging Services L OFA	\$ 47,656.00	40	1: SHIP 2: AAA 3: ADRC	2.45 2 2.3	6.13% 5.00% 5.75%	\$ 2,919.00	\$ 2,383.00	\$ 2,740.00	*If charging the NYConnects Coordinator to SHIP and/or AAA funding, please indicate what MIPPA responsibility the NYConnects Coordinator will perform for (or on behalf of) SHIP and/or AAA staff. *If charging the SHIP and/or AAA staff to NYConnects, please indicate what MIPPA responsibility the SHIP and/or AAA staff will perform for (or on behalf of) NY Connects staff. *Include specificity and relevance to MIPPA activities for all staff charged to this grant (i.e., administrative support, IT, managerial, etc.). *Include all staff contributing to MIPPA even if salary is paid with other funds. Hannah has responsibilities that fall under the SHIP, AAA and ADRC Programs. The MIPPA activities she conducts in her role are: follows up to enroll those referred by NY Connects & others, who may be Catherine has responsibilities that fall under the SHIP, AAA and ADRC Programs. The MIPPA activities she conducts in her role are...follows up to enroll those referred by NY Connects & others, who			
2	N Catherine Bearor T Specialist Aging Services L OFA	\$ 47,656.00	40	2: AAA 3: ADRC	2 1	5.00% 2.50%	\$ 3,574.00	\$ 2,383.00	\$ 1,191.00				
3	N T L			1: SHIP 2: AAA 3: ADRC									
4	N T L			1: SHIP 2: AAA 3: ADRC									
5	N T L			1: SHIP 2: AAA 3: ADRC									
6	N T L			1: SHIP 2: AAA 3: ADRC									
7	N T L			1: SHIP 2: AAA 3: ADRC									
8	N T L			1: SHIP 2: AAA 3: ADRC									
TOTAL Program Personnel:							\$ 15,190.00	\$ 6,493.00	\$ 4,766.00		\$ 3,931.00		
*Note: If employee is paid a salary, then list the annual salary. If employee is not paid a salary, calculate an annual amount by multiplying the pay rate times the average number of total hours worked per week times 52 weeks.													
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 %:		46.00%	TOTAL Fringe Benefits:		\$ 6,987.00	\$ 2,987.00	\$ 2,192.00	\$ 1,808.00					

MIPPA
AAA Supporting Budget Schedule

AAA: Warren/Hamilton Counties OFA

3. Equipment:																			
- 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 Charged to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC												
TOTAL Equipment:				\$ -	\$ -	\$ -	\$ -												
4. Travel:																			
- List travel costs. - 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). - In the "Reasons for Travel" section please mention the priority area(s) involved.																			
				Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC												
Mileage: _____ miles@ _____																			
Parking & Tolls																			
Public Transportation:																			
Rental Vehicles (specify destination): _____																			
Other Travel Costs (Specify): _____																			
Reasons for Travel:																			
TOTAL Travel:				\$ -	\$ -	\$ -	\$ -												
5. Maintenance & Operations:																			
- 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.																			
				Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC												
Equipment Maintenance and Repair:																			
Postage:				\$ 300.00	\$ 100.00	\$ 100.00	\$ 100.00												
Printing & Photocopying:				\$ 600.00	\$ 200.00	\$ 200.00	\$ 200.00												
Rent:																			
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Monthly Rent</th> <th style="width: 15%;">% Charge to Program</th> <th style="width: 15%;">No. of Months</th> </tr> <tr> <td>Costs: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Location: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Owner: _____</td> <td> </td> <td> </td> </tr> </table>				Monthly Rent	% Charge to Program	No. of Months	Costs: _____			Location: _____			Owner: _____		
Monthly Rent	% Charge to Program	No. of Months																	
Costs: _____																			
Location: _____																			
Owner: _____																			
Supplies:				\$ 3,272.00	\$ 877.00	\$ 2,096.00	\$ 299.00												
Telephone:																			
Utilities:																			
Miscellaneous Equipment (List Items):																			
TOTAL M&O:				\$ 4,172.00	\$ 1,177.00	\$ 2,396.00	\$ 599.00												

**MIPPA
AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties OFA

6. Other Expenses: List specific item and cost.

Description	Total Cost	% Chargeable to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
TOTAL Other Expenses:			\$ -	\$ -	\$ -	\$ -

7. Contracts/Consultants:

For Unit Cost Contracts/Consultants: Please include contractor/consultant name and a brief description of service, as well as "Unit Rate," "Number of Units," "Amount Charged to SHIP," "Amount Charged to AAA," "Amount Charged to ADRC," as appropriate. The "Amount Charged to Program" will auto populate. Note: There is no required supplemental budget, regardless of funding levels.

For Line Item Contractors: When completing the section, please include contractor/consultant name and a brief description of service, as well as "Amount Charged to SHIP," "Amount Charged to AAA," "Amount Charged to ADRC," as appropriate. The "Amount Charged to Program" will auto populate. Note: If, for any Line Item Contractor/Consultant, the "Amount Charged to Program" is 25 percent or more of your total grant amount, a supporting Contractor Line Item Budget is needed.

Unit Rate Contractor/Consultant and description of service (List them individually)	Unit Rate	# of Units (Consultant)	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Greater Glens Falls Senior Center - Promotion & Education (Placing articles in their newsletter, providing handouts to individuals who come to the senior center, presentations at the senior center, and assistance with filling out applications and education on the individual level.)			\$ 2,000.00	\$ 512.00	\$ 1,488.00	
description:						
Line Item Contractor and description of service (List them individually and submit separate Contractor Budget)						
description:						
description:						
description:						
Total Number of Contracts:		TOTAL:	\$ 2,000.00	\$ 512.00	\$ 1,488.00	\$ -

8. Total Budget: (numbers 1-7) **\$ 28,349.00** **\$ 11,169.00** **\$ 10,842.00** **\$ 6,338.00**

9. Program Income **\$ -** **\$ -** **\$ -** **\$ -**

10. Net Total Budget **\$ 28,349.00** **\$ 11,169.00** **\$ 10,842.00** **\$ 6,338.00**

11. Federal Funds Requested **\$ 28,349.00** **\$ 11,169.00** **\$ 10,842.00** **\$ 6,338.00**

12. Local Funds:

Source	Total Amount	Amount to SHIP	Amount to AAA	Amount to ADRC
TOTAL Local Funds:	\$ -	\$ -	\$ -	\$ -

APPLICATION FOR MIPPA FUNDING

Program Period: September 1, 2021-August 31, 2022

Funded under grant from the Administration for Community Living

Instructions: Electronically submit the signed Signature Page in PDF and completed Budget and Subcontractor Budget (if applicable) to:

MIPPA@aging.ny.gov

New York State Office for the Aging

Two Empire State Plaza, 4th Floor, Albany, NY 12223-1251

Area Agency: Warren/Hamilton Counties Office for the Aging

Director: Deanna Park

Address: 1340 State Route 9
Lake George, NY 12845

HIICAP Coordinator: Johanna Hall

HIICAP Coordinator Phone Number: (518)761-6347

Email Address: hallh@warrencountyny.gov

Mailing address (if different from the AAA):

NY Connects Coordinator: Deanna Park

NY Connects Coordinator Phone Number: (518)761-6347

Email Address: parkd@warrencountyny.gov

Mailing address (if different from the AAA):

Amount Requested: \$28,349.00

TERMS AND CONDITIONS: The undersigned agrees with respect to any funds received under this grant to comply with all applicable federal, state and local laws, Program Instructions, regulations and standards, and that the project will be administered in accordance with the programmatic and fiscal provisions as described in the approved application.

The person authorized to enter into Agreement with the New York State Office for the Aging should sign below.

Name: Rachel Seeber

Title: Chairwoman of the Warren County Board of Supervisors

Signature:

Date:

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 11/12/2021

- (a) Title of Requested Position: **Meal Site Cook # , Cedars**
- (b) Annual **Base** Salary (and Grade if Applicable): **\$21,736(30 hours/week) Grade 2**
- (c) Effective Date for New Position:* **12/17/2021**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
Meal Site Manager #5, Grade 2, \$18,113(25 hours/week)
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6772.110
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
NO
- (h) Is there expected revenue from this position? If so, please explain:
NO

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Office for the Aging Payroll Dept. No: 57.01
Title of Position: Meal Site Cook # (Cedars) Base Salary of Position: \$21,736 (30hr/week) Grade: 2
Filling at Step # (If Known): _____
Budget code and title: A6772.110 Nutrition Program Warren - Salaries FT Union ☒ Non-Union ☐
This position is vacated due to: ☐ Retirement ☐ Resignation ☐ Termination ☐ Promotion ☒ Other
Employee No./Last Name: _____ Date of Vacancy: 11/22/2021
Is this position mandated? ☐ Yes ☒ No Is the position reimbursable? ☒ Yes ☐ No
Source of reimbursement: ☐ Federal _____% ☒ State 90% ☐ Other _____%

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

☐ Competitive-active eligible list ☐ Competitive-no list (*hiring would be provisional*) ☐ Non-Competitive ☐ Other _____

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

Candidate's qualifications must be approved by Personnel Officer prior to hiring. _____

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

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

Ranking Committee Member Signature _____ Date _____

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 11/12/2021

- (a) Title of Requested Position: **Services Assistant - Office for the Aging #3**
- (b) Annual **Base** Salary (and Grade if Applicable): **\$33,600; Grade 7**
- (c) Effective Date for New Position:* **12/17/2021**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A6772.110
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
NO
- (h) Is there expected revenue from this position? If so, please explain:
NO

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Office for the Aging Payroll Dept. No: 57.01
Title of Position: Services Assistant-Office for the Aging #3 Base Salary of Position: \$33,600 Grade: 7
Filling at Step # (If Known): _____
Budget code and title: A6772.110 Warren - Salaries FT Union ☒ Non-Union ☐
This position is vacated due to: ☐ Retirement ☐ Resignation ☐ Termination ☐ Promotion ☒ Other
Employee No./Last Name: _____ Date of Vacancy: 11/22/2021
Is this position mandated? ☐ Yes ☒ No Is the position reimbursable? ☒ Yes ☐ No
Source of reimbursement: ☐ Federal _____% ☒ State 90% ☐ Other _____%

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

☐ Competitive-active eligible list ☐ Competitive-no list (*hiring would be provisional*) ☐ Non-Competitive ☐ Other _____

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

Candidate's qualifications must be approved by Personnel Officer prior to hiring. _____

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

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

Ranking Committee Member Signature _____ Date _____