

**HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING AGENDA
July 18, 2022**

Committee Members: Supervisors Frasier, McDevitt, Hogan, Braymer, Conover, Beaty and Geraci - *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: Submit '22-'23 Annual Implementation Plan to NYSOFA.
Rationale: The Program Instruction for the '22-'23 AIP was released by NYSOFA on April 1st and the plan was due on March 31st (yes, those dates are correct). Due to the pandemic and the flexibility in spending, NYSOFA expects that there will be changes to our AIP for this program year. The AIP is the tool that we use to inform NYSOFA of how we plan to spend our funds and the number of units of service we hope to provide under each program we offer.
 2. Request: Submit NY Connects Application for 4/1/22-3/31/23 in the amount of \$203,636.00, due June 30, 2022.
Rationale: NY Connects is 100% funded and allows us to provide long term care assistance and support.
- IV. Discussion Items:
- V. Referrals/Pending Items:
 - a. Committee requested the pending item concerning returning to meal delivery five days per week remain as a standing pending item until the matter was fully resolved. (2.25.22)
- VI. Privilege of the Floor and Public Comment (please allow for 15 second delay on live stream meetings)
- VII. Motion to adjourn

Attachments:

1. 20 Misc – Submit '22-'23 Annual Implementation Plan to NYSOFA
 - a. '22-'23 Annual Implementation Plan, including signature page
2. 05 Apply for Grant – NY Connects '22-'23 Application
 - a. Grant Application, including signature page

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

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

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 6/26/2022

- (a) Purpose of Request: **Submit 2022-2023 Annual Implementation Plan to NYSOFA.**
- (b) Details: **Every year NYSOFA requires each Office for the Aging to submit a update to the Four Year Plan. The Annual Implementation Plan was due on March 31, 2022, but not released until April 1, 2022.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **N/A**

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

* as listed in budget and LOGOS

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form–LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



Signature of Director of Area Agency on Aging

Deanna Park

Print/Type Name

7/1/2022

Date

AAA: Warren/Hamilton - 52
Original Date Submitted: 06/28/2022
Date Revised:
Date Last Saved: 05/05/2022 | Last Saved By: Deana Park

**2022-23 ANNUAL UPDATE TO THE 2020-24 FOUR YEAR PLAN
APRIL 1, 2022-MARCH 31, 2023
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, 2022 through March 31, 2023, 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: Kevin Geraghty Title: Chairman 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: Kevin.Geraghty@TownOfWarrensburg.net **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
Comments:	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
Comments:			

Name of Provider: Prime Health Choice

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		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
Comments:			

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).

ADDITIONAL FUNDING

Update period: 4/1/22-3/31/23

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)	0	52410	52410	52410
		Outreach	14 (Outreach)	0	0	0	
		Counseling & Assistance	21 (Other Services)	0	0	0	
7	MIPPA	Information & Assistance	13 (Information & Assistance)	28349	0	28349	28349
		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		14600
16	Other; specify	COVID-19 Funding		0
Grand Total:				310195

OTHER SERVICES (Line 21)

Update period: 4/1/22-3/31/23

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): III E

OTHER SERVICES (Line 21)

Update period: 4/1/22-3/31/23

Name of Service/Program: Home Modification

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

Check all that apply: Directly Provided Contracted

Amount of Funding for this Service: 188636

Funding Sources (List all): NY Connects

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

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

AAA: Warren/Hamilton - 52

Original Date Submitted: 06/28/2022

Date Revised:

Date Last Saved: 06/28/2022 | Last Saved By: Deana Park

OTHER SERVICES (Line 21)

Update period: 4/1/22-3/31/23

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

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 Grandparent/Older Relative	
		Units	Funding \$	Units	Funding \$
Information					
14	Outreach	0	0	0	0
21	Public Information	15	500	0	0
Information Subtotal		15	500	0	0
Access Assistance					
13	Information and Assistance	0	0	0	0
6	Case Management	150	7226	0	0
21	Other, specify	0	0	0	0
Access Assistance Subtotal		150	7226	0	0
Counseling, Support Groups, Training					
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
Respite					
1a	Personal Care Level II - Not Consumer Directed	677	21000	0	0
1b	Personal Care Level II - Consumer Directed	0	0	0	0
2a	Personal Care Level I - Not Consumer Directed	1517	44000	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		2194	65000	0	0
Supplemental Services					
18	PERS	0	0	0	0
21	Assistive Device/Equipment	0	0	0	0
4a	Home Delivered Meals - NSIP Ineligible Meals	0	0	0	0
4b	Home Delivered Meals - NSIP Eligible Meals	187	1966	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		187	1966	0	0
22	Area Plan Administration	0	0	0	0
Grand totals		2594	75192	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"/>	77	8,440	250,192	0	0	0	0	0	0	0	0	677	21,000	1. Personal Care Level II (Total)
a. Not Consumer Directed (c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	62	7,510	226,000	0	0	0	0	0	0	0	0	677	21,000	a. Not Consumer Directed (c)
b. Consumer Directed (c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	930	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"/>	109	4,434	126,900	0	0	0	0	0	0	0	0	1,517	44,000	2. Personal Care Level I (Total)
a. Not Consumer Directed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94	3,858	111,900	0	0	0	0	0	0	0	0	1,517	44,000	a. Not Consumer Directed
b. Consumer Directed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	576	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	123,860	1,282,859	2,105	20,000	0	0	79,611	834,608	0	0	187	1,966	4. Home Delivered Meals
a. NSIP Ineligible Meals**			35	1,315	12,500	0	0	0	0	1,315	12,500	0	0	0	0	a. NSIP Ineligible Meals**
b. NSIP Eligible Meals			870	122,545	1,270,359	2,105	20,000	0	0	78,296	822,108	0	0	187	1,966	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

Assistance	0	7076	176905	105	2296	0	0	0	0	0	2050	80759
14. Outreach	0	10	1000	0	0	0	0	0	0	0	0	0
15. In-Home Contact & Support	0	1230	35002	0	0	0	0	0	0	0	0	0
a. Not Consumer Directed	0	1230	35002	0	0	0	0	0	0	0	0	0
b. Consumer Directed	0	0	0	0	0	0	0	0	0	0	0	0
16. Sen. Center/Rec & Education	0	200	11225	0	0	0	0	0	0	0	0	0
17. Health Promotion (Total)	0	220	8813	0	0	0	0	0	0	0	0	0
a. Not Evidence-Based	0	220	8813	0	0	0	0	0	0	0	0	0
b. Evidence-Based	0	0	0	0	0	0	0	0	0	0	0	0
18. Personal Emergency Response	155	155	7000	0	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	10	0	6730	0	0	0	0	0	0	0	0	188636
22. Planning / Implementation / Admin.	0	0	40000	0	0	0	0	0	5000	0	0	15000
Total	22334	9644	333112	105	2296	24227	264872	15789	150000	4740	310195	
Service Categories	EISEP Units	EISEP Funding \$	CSE Units	CSE Funding \$	CSI Units	CSI Funding \$	WIN Units	WIN Funding \$	UNMET NEED UNITS	UNMET NEED Funding \$	All Other Programs	All Other Programs Funding Amount

(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
16) COVID-19 Funding				

**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**
1. PERSONNEL	\$ 0	\$32,389	\$32,389	\$ 0	\$86,524	\$86,524	\$ 0	\$312,604	\$312,604	\$ 0	\$ 0	\$1,000	\$1,000
Adjustments(a)	0	6,550	0	0	0	0	0	0	0	0	0	0	0
Adjusted Personnel	0	38,939	38,939	0	86,524	86,524	0	312,604	312,604	0	0	1,000	1,000
2. FRINGE BENEFITS	0	16,181	16,181	0	38,550	38,550	0	159,650	159,650	0	0	420	420
			41.55%(b)			44.55%(b)			51.07%(b)	0.00%(b)			42.00%(b)
3. EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TRAVEL	0	33,113	33,113	0	0	0	0	44,000	44,000	0	0	1,210	1,210
5. MAINTENANCE & OPERATIONS	0	2,302	2,302	0	27,358	27,358	0	55,783	55,783	0	0	1,688	1,688
6. OTHER EXPENSES	0	440	440	0	0	0	0	480	480	0	0	0	0
7. CONTRACTS	0	2,000	2,000	0	19,552	19,552	0	93,961	93,961	7,723	0	69,000	69,000
8. FOOD					100,000	100,000		183,691	183,691			1,874	1,874
9. TOTAL BUDGET (Lines 1-8)	\$ 0	\$92,975	\$92,975	\$ 0	\$271,984	\$271,984	\$ 0	\$850,169	\$850,169	\$7,723	\$ 0	\$75,192	\$75,192
10. Less Anticipated Income		300	300		53,000	53,000		72,000	72,000	319		100	100
11. Less NSIP/COMMODITY FOOD					27,824	27,824		64,499	64,499			0	0
12. NET TOTAL (Line 9 Less Lines 10 & 11)	\$ 0	\$92,675	\$92,675	\$ 0	\$191,160	\$191,160	\$ 0	\$713,670	\$713,670	\$7,404	\$ 0	\$75,092	\$75,092
13. FEDERAL FUNDS REQUESTED	0.00000%(c)	83,407.00	83,407.00	0.00000%(c)	109,874.00	109,874.00	0.00000%(c)	64,486.00	64,486.00	6,663.00	0.00	56,319.00	56,319.00
	0.00000%(c)	90,000.00	90,000.00	0.00000%(c)	57,480.00	57,480.00	0.00000%(c)	9,040.00	9,040.00	89,990.00	0.00000%(c)	75,000.00	75,000.00
14. MATCHING FUNDS	0.00000%	9,268.00	9,268.00	0.00000%	81,286.00	81,286.00	0.00000%	649,184.00	649,184.00	741.00	0.00	18,773.00	18,773.00
	0.00000%	10,000.05	10,000.05	0.00000%	42,522.55	42,522.55	0.00000%	90,964.2%	90,964.2%	10,008.10%	0.00000%	25,000.00%	25,000.00%

(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: \$ 0.0000 %
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)

Supporting Budget Schedule - Federal Programs

	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
5. MAINTENANCE & OPERATIONS					
A. Rental Costs from Rent Allocation Schedule	\$ 0	\$10,455	\$29,717	\$ 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	1,204	1,204	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	1,294	11,462	19,798	0	1,588
J. Telephone	0	2,237	3,064	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
Total Maintenance & Operations	\$2,302	\$27,358	\$55,783	\$ 0	\$1,688
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	480	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
Total Other Expenses	\$ 440	\$ 0	\$ 480	\$ 0	\$ 0

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	\$ 319	\$ 100
B. Other Income (specify source):	0	0	0	0	0
Total Income (10A +10B)	\$ 300	\$53,000	\$72,000	\$ 319	\$ 100
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	0.00
B. Base Allocation	83,407	109,874	64,486	6,663	56,319
C. Transfer From and (To) III-B**		0	0		
D. Transfer From and (To) III-C1**	0				
E. Transfer From and (To) III-C2**	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	0.00
Total Federal Funds	\$83,407.00	\$109,874.00	\$64,486.00	\$6,663.00	\$56,319.00
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	[]	49,692.00	389,861.00	370.00	13,141.00
Hamilton County	[]	31,594.00	259,323.00	371.00	5,632.00
	[]	0.00	0.00	0.00	0.00
	[]	0.00	0.00	0.00	0.00
	[]	0.00	0.00	0.00	0.00
Volunteers as Match	0.00	0.00	0.00	0.00	0.00
Total Matching Funds	\$9,268.00	\$81,286.00	\$649,184.00	\$ 741.00	\$18,773.00

* 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
1. PERSONNEL	\$24,112	\$10,000	\$34,112	\$39,481	\$138,950	\$178,431	\$0	\$0	\$0	\$5,000	\$112,640	\$117,640
Adjustments(a)	0	0	0	0	0	0	0	0	0	0	0	0
Adjusted Personnel	24,112	10,000	34,112	39,481	138,950	178,431	0	0	0	5,000	112,640	117,640
2. FRINGE BENEFITS	15,888	3,000	18,888	519	46,414	46,933	0	0	0.00%	0	34,500	34,500
			55.37%			26.30%			(b)			29.33%
3. EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0
4. TRAVEL	0	0	0	0	1,000	1,000	0	0	0	0	20,000	20,000
5. MAINTENANCE & OPERATIONS	0	1,626	1,626	0	9,708	9,708	0	2,296	2,296	0	24,425	24,425
6. OTHER EXPENSES	0	39,540	39,540	0	640	640	0	0	0	0	0	0
7. CONTRACTS	0	438,058	438,058	0	96,400	96,400	0	0	0	0	38,787	38,787
8. FOOD		7,000	7,000		0	0					29,520	29,520
9. TOTAL BUDGET (Lines 1-8)	\$40,000	\$499,224	\$539,224	\$40,000	\$293,112	\$333,112	\$0	\$2,296	\$2,296	\$5,000	\$259,872	\$264,872
10. Less Anticipated Income (Not Used as Local Match)		18,100	18,100		100	100		0	0		20,000	20,000
11. Less NSIP/COMMODITY		0	0		0	0					15,000	15,000
12. NET TOTAL (Line 9 Less Lines 10 & 11)	\$40,000	\$481,124	\$521,124	\$40,000	\$293,012	\$333,012	\$0	\$2,296	\$2,296	\$5,000	\$224,872	\$229,872

13. STATE FUNDS REQUESTED	40,000 (c)	360,842 (d)	400,842	40,000 (c)	192,149 (d)	232,149	0 (d,e)	1,722 (d)	1,722 (d)	5,000 (e)	208,070	213,070
14. MATCHING FUNDS		75.00			65.58		0.00	75.00	75.00			
		120,282	120,282		100,863	100,863	0	574	574	0	16,802	16,802
		25.00			34.42			25.00	25.00			

- (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: 64.87%

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

EISEP Ancillary Services Percentage: 11.16%

(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.)

Supporting Budget Schedule for the EISEP, CSE, CSI, WIN, CRC and State Transportation Programs

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	0
D. Equipment Costing Less Than 1,000	0	0	0	0
E. Insurance	520	708	0	0
F. Photocopying	388	2,000	0	0
G. Postage	200	400	0	0
H. Printing	0	0	0	0
I. Supplies	518	6,400	2,296	0
J. Telephone	0	200	0	0
K. Other (specify):	0	0	0	0
L. Other (specify):	0	0	0	0
M. Other (specify):	0	0	0	0
Total Maintenance & Operations	\$1,626	\$9,708	\$2,296	\$24,425
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
Total Other Expenses	\$39,540	\$ 640	\$ 0	\$ 0

*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	20,000
E. Other Income (specify source):	0	0	0	0
F. Contributions Used as Match	0	0	0	
Total Income (10C+10D+10E-10F)	\$18,100	\$ 100	\$ 0	\$20,000
14. Matching Funds	EISEP	CSE	CSI	WIN
Source				
Warren County	84,197	60,518	401	10,081
Hamilton County	36,085	40,345	173	6,721
	0	0	0	0
	0	0	0	0
Volunteers as Match	0	0	0	
Contributions Used as Match	0	0	0	
Total Matching Funds	\$120,282	\$100,863	\$ 574	\$16,802

**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	53152	53152	0	0	0	0	0	0	0	30500	30500
Adjustments(a)	0	0	0	0	0	0	0	0	0	0	0	0
Adjusted Personnel	0	53152	53152	0	0	0	0	0	0	0	30500	30500
2. FRINGE BENEFITS	0	24449	24449	0	0	0	0	0	0	0	9960	9960
3. EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0
4. TRAVEL	0	0	0	0	0	0	0	11200	11200	0	0	0
5. MAINTENANCE & OPERATIONS	0	4955	4955	0	0	0	0	0	0	0	450	450
6. OTHER EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0
7. CONTRACTS	0	36700	36700	0	0	0	0	0	0	0	11500	11500
8. FOOD		30744	30744									
9. TOTAL BUDGET (Lines 1-8)	0	150000	150000	0	0	0	0	11200	11200	0	52410	52410
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	150000	150000	0	0	0	0	11200	11200	0	52410	52410
13. TOTAL FUNDS REQUESTED	0	150000	150000	0	0	0	0	11200	11200	0	52410	52410
14. MATCHING FUNDS			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

Summary Budget for Unmet Need, CRC, State Transportation and HIICAP Programs

5. MAINTENANCE & OPERATIONS	Unmet Need	CRC	Transportation	HIICAP
A. Rental Costs from Rent Allocation Schedule	\$4,955	\$ 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	\$ 100
H. Printing	\$ 0	\$ 0	\$ 0	\$ 100
I. Supplies	\$ 0	\$ 0	\$ 0	\$ 200
J. Telephone	\$ 0	\$ 0	\$ 0	\$ 50
K. Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
L. Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
M. Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total Maintenance & Operations	\$4,955	\$ 0	\$ 0	\$ 450
6. OTHER EXPENSES	Unmet Need	CRC	Transportation	HIICAP
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
Total Other Expenses	\$ 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
Total Income (10C+10D+10E-10F)		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
Volunteers as Match		0	0	0	0
Contributions Used as Match		0	0	0	0
Total Matching Funds		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 (e)
								7a Implementation	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
N Aldous, Kellie	[]	18,976	0	0	3,903	10,715	0	0	0	0	0	0	2,500	1,858	#3
T Cook	[]	100.00%	0.00%	0.00%	20.57%	56.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.17%	9.79%	#3
N Allen, Renee	[]	19,632	0	0	2,945	11,224	0	0	0	0	0	0	3,500	1,963	#3
T Cook	[]	100.00%	0.00%	0.00%	15.00%	57.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.83%	10.00%	#3
N Barrett, Lisa	[]	22,772	0	0	4,683	12,312	0	0	0	0	0	0	3,500	2,277	#3
T Meal/Site Manager	[]	100.00%	0.00%	0.00%	20.56%	54.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.37%	10.00%	#3
N Bearor, Catherine	[]	47,656	0	0	0	0	0	0	0	0	17,394	0	0	30,262	#7 #9
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%	0.00%	0.00%	0.00%	63.50%	#6
N Belden, Stephanie	[]	36,414	0	0	0	0	0	0	0	0	28,221	0	0	8,193	#9
T Other	[]	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	77.50%	0.00%	0.00%	22.50%	#9
N Brennan, Kelly	[]	29,603	0	0	4,111	18,032	0	0	0	0	0	0	4,500	2,960	#3
T Meal/Site Manager	[]	100.00%	0.00%	0.00%	13.89%	60.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.20%	10.00%	#3
N Cabana, Cynthia	[]	18,207	0	0	0	0	0	0	0	0	0	0	0	18,207	#9
T Other	[]	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	#9
N Cedars, Vacant Cook	[]	22,301	0	0	4,683	11,888	0	0	0	0	0	0	3,500	2,230	#3
T Cook	[]	100.00%	0.00%	0.00%	21.00%	53.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.69%	10.00%	#3
N Cedars, Vacant FS	[]	22,301	0	0	4,683	11,888	0	0	0	0	0	0	3,500	2,230	#3
T Food Service Worker/Aide/Helper	[]	100.00%	0.00%	0.00%	21.00%	53.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.69%	10.00%	#3
N Chestertown, Vacant Manager	[]	18,585	0	0	3,903	10,249	0	0	0	0	0	0	2,575	1,858	#3
T Meal/Site Manager	[]	100.00%	0.00%	0.00%	21.00%	55.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.86%	10.00%	#3
Page Subtotal		256,447	0	0	28,911	86,308	0	0	0	0	45,615	0	23,575	72,038	

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) HICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPIRE	14) COUNTYFUNDS	15) CONTRACTS
16) COVID-19 Funding				

Grand Total	997,919	6,531	32,389	86,524	312,604	1,000	24,112	10,000	39,481	138,950	5,000	112,640	228,688
-------------	---------	-------	--------	--------	---------	-------	--------	--------	--------	---------	-------	---------	---------

AAA: Warren/Hamilton
 AAA: Warren/Hamilton - 52
 Period: 4/1/22 to 3/31/23
 Original Date Submitted: 06/28/2022
 Date Revised:
 Date Last Saved: 06/28/2022 | 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 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	9c WIN Services		
N Coulter, Cynthia	[]	37,041	0	0	0	0	0	0	10,000	0	18,707	0	0	0	8,334	#9
T Other	[]	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	27.00%	0.00%	50.50%	0.00%	0.00%	0.00%	22.50%	
N Cummins, Berniece	[]	29,603	0	0	4,055	18,088	0	0	0	0	0	0	4,500	2,960		#3
T Meall/Site Manager	[]	100.00%	0.00%	0.00%	13.70%	61.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.20%	10.00%	
N Haines, Jeffrey	[]	46,296	6,531	0	0	0	0	9,000	0	19,978	0	5,000	0	0	5,787	#9
T Fiscal Officer	[]	100.00%	14.11%	0.00%	0.00%	0.00%	0.00%	19.44%	0.00%	43.15%	0.00%	10.80%	0.00%	0.00%	12.50%	
N Hall, Johanna	[]	47,656	0	0	0	0	0	0	0	0	13,381	0	0	34,275		#7 #9
T Other	[]	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	28.08%	0.00%	0.00%	71.92%		#6
N Hanchett, Sherry	[]	42,617	0	0	0	0	0	0	0	0	21,308	0	0	21,309		#9
T Other	[]	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%		
N Hill, Debbie	[]	26,185	0	0	3,625	15,541	0	0	0	0	0	0	4,400	2,619		#3
T Meall/Site Manager	[]	100.00%	0.00%	0.00%	13.84%	59.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.80%	10.00%	
N Howk, Connie	[]	34,100	0	0	4,730	20,460	0	0	0	0	0	0	5,500	3,410		#3
T Food Service Worker/Aider/Helper	[]	100.00%	0.00%	0.00%	13.87%	60.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.13%	10.00%	
N Johnson, Linda	[]	18,976	0	0	3,903	10,600	0	0	0	0	0	0	2,575	1,898		#3

T	Cook	100.00%	0.00%	0.00%	20.57%	55.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.57%	10.00%	
N	Kawaguchi, Dinah	15,186	0	11,389	0	0	0	0	0	0	0	0	0	0	0	0	3,797	#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%	0.00%	0.00%	0.00%	25.00%	#9
N	Long Lake, Vacant Cook	18,585	0	3,903	10,248	0	0	0	0	0	0	0	0	0	0	2,575	1,859	#3
T	Cook	100.00%	0.00%	0.00%	21.00%	55.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.86%	10.00%	#3
	Page Subtotal	316,245	6,531	11,389	20,216	74,937	0	9,000	10,000	19,978	53,396	5,000	19,550	86,248				

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) HICAP	7) MIPPA	8) State Funded Transportation	9) NY Connects E & E	10) SHINE SNAP-Ed
11) Caregivers Resource Center	12) Grants in Aid	13) RESPIRE	14) COUNTYFUNDS	15) CONTRACTS
16) COVID-19 Funding				

Grand Total	997,919	6,531	32,389	86,524	312,604	1,000	24,112	10,000	39,481	138,950	5,000	112,640	228,688
-------------	---------	-------	--------	--------	---------	-------	--------	--------	--------	---------	-------	---------	---------

AAA: Warren/Hamilton
AAA: Warren/Hamilton - 52
Period: 4/1/22 to 3/31/23
Original Date Submitted: 06/28/2022
Date Revised:

Date Last Saved: 06/28/2022 | 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 McCarthy, MaryAnn	[]	42,617	0	0	0	0	0	0	0	37,290	0	0	0	5,327		#9	
T Volunteer Services Coordinator/Specialist		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	87.50%	0.00%	0.00%	0.00%	12.50%		#9	
N Medick, Helen	[]	29,346	0	0	3,601	18,310	0	0	0	0	0	0	4,500	2,935		#3	
T Cook		100.00%	0.00%	0.00%	12.27%	62.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.33%	10.00%		#3	
N Millington, Fawn	[]	28,478	0	0	3,942	17,188	0	0	0	0	0	0	4,500	2,848			

T	Meal/Site Manager		100.00%	0.00%	0.00%	13.84%	60.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.80%	10.00%	#3
N	Mumblow, Ruth	[]	26,185	0	3,625	15,441	0	0	0	0	0	0	0	0	4,500	2,619	#3
T	Meal/Site Manager		100.00%	0.00%	0.00%	13.84%	58.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.19%	10.00%	#3
N	Newell, Janet	[]	22,301	0	4,683	11,888	0	0	0	0	0	0	0	0	3,500	2,230	#3
T	Cook		100.00%	0.00%	0.00%	21.00%	53.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.69%	10.00%	#3
N	O'Rourke, RoseAnn	[X]	62,687	0	9,000	0	0	0	0	0	5,000	0	0	0	33,015	15,672	#9
T	Other		100.00%	0.00%	14.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.98%	0.00%	0.00%	52.67%	25.00%	#9
N	Ostrander, Jessi	[]	21,821	0	2,728	13,411	0	0	0	0	0	0	0	0	3,500	2,182	#3
T	Cook		100.00%	0.00%	0.00%	12.50%	61.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.04%	10.00%	#3
N	Park, Deanna	[]	69,637	0	12,000	0	0	1,000	15,112	0	14,503	0	0	0	0	24,373	#9
T	Director		100.00%	0.00%	17.23%	0.00%	0.00%	1.44%	21.70%	0.00%	20.83%	3.80%	0.00%	0.00%	0.00%	35.00%	#9
N	Seitz, Jean	[]	27,021	0	2,572	19,247	0	0	0	0	0	0	0	0	2,500	2,702	#3
T	Cook		100.00%	0.00%	0.00%	9.52%	71.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.25%	10.00%	#3
N	Smith, Colleen	[]	28,478	0	3,942	18,188	0	0	0	0	0	0	0	0	3,500	2,848	#3
T	Meal/Site Manager		100.00%	0.00%	0.00%	13.84%	63.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.29%	10.00%	#3
Page Subtotal			358,571	0	21,000	25,093	113,673	1,000	15,112	0	19,503	39,939	0	0	59,515	63,736	

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
16) COVID-19 Funding				

Grand Total		997,919	6,531	32,389	86,524	312,604	1,000	24,112	10,000	39,481	138,950	5,000	112,640	228,688
--------------------	--	---------	-------	--------	--------	---------	-------	--------	--------	--------	---------	-------	---------	---------

AAA: Warren/Hamilton
AAA: Warren/Hamilton - 52
Period: 4/1/22 to 3/31/23
Original Date Submitted: 06/28/2022
Date Revised:
Date Last Saved: 06/28/2022 | 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 Substitutes - Hamilton	[]	8,134	0	0	1,789	3,532	0	0	0	0	0	0	2,000	813	#3	
T Food Service Worker/Aide/Helper	[]	100.00%	0.00%	0.00%	21.99%	43.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	24.59%	10.00%	#3	
N Substitutes-Warren	[]	32,337	0	0	7,115	17,488	0	0	0	0	0	0	4,500	3,234	#3	
T Other	[]	100.00%	0.00%	0.00%	22.00%	54.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.92%	10.00%	#3	
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	[]	26,185	0	0	3,400	16,666	0	0	0	0	0	0	3,500	2,619	#3	
T Cook	[]	100.00%	0.00%	0.00%	12.98%	63.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.37%	10.00%	#3	
Page Subtotal		66,656	0	0	12,304	37,686	0	0	0	0	0	0	10,000	6,666		

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
16) COVID-19 Funding				

Grand Total	997,919	6,531	32,389	86,524	312,604	1,000	24,112	10,000	39,481	138,950	5,000	112,640	228,688
--------------------	---------	-------	--------	--------	---------	-------	--------	--------	--------	---------	-------	---------	---------

AAA: Warren/Hamilton
 AAA: Warren/Hamilton - 52
 Period: 4/1/17 to 3/31/18
 Original Date Submitted: 06/28/2022
 Date Revised:

Date Last Saved: 05/05/2022 | 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
No Records												

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										#3
Owner: Cedars I, LP										
Annual Rent: 15,845	18,845	0	2,757	7,401	0	0	0	6,802	1,885	
Maint.-in-Lieu: 3,000	100%	0.00%	14.63%	39.27%	0.00%	0.00%	0.00%	36.09%	10.00%	
Address: Senior Citizen's Ctr., Bolton Landing										#3
Owner: Church of the Blessed Sacrament										
Annual Rent: 1	10,001	0	1,350	4,500	0	0	0	3,151	1,000	
Maint.-in-Lieu: 10,000	100%	0.00%	13.50%	45.00%	0.00%	0.00%	0.00%	31.51%	10.00%	
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										#3
Owner: Town of Chester										
Annual Rent: 1	8,001	0	1,086	3,615	0	0	0	2,530	770	
Maint.-in-Lieu: 8,000	100%	0.00%	13.57%	45.18%	0.00%	0.00%	0.00%	31.62%	9.62%	
Address: Senior Center, Indian Lake										#3
Owner: Town of Indian Lake										
Annual Rent: 1	1,201	0	150	501	0	0	0	350	200	
Maint.-in-Lieu: 1,200	100%	0.00%	12.49%	41.72%	0.00%	0.00%	0.00%	29.14%	16.65%	
Page Subtotal	41,048	0	6,343	16,017	0	0	0	14,833	3,855	

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

Other Funding Source Codes

CONTRACTOR ROSTER

Name: Adirondack Community
 Contractor Code: 52056
 E-Mail: [redacted]
 Websites: [redacted]
 Rural Contractor: [] No
 Number of contracts, [X] Yes
 (State & federal), with the
 contractors: [1]
 Active: [X] Yes [] No
 New: [] Yes [X] No
 RD: [] Yes [X] No
 Consultant: [] Yes [X] No

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No										
III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 7,000 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)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 3,000 Services to be provided: 1 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 10,000 Services to be provided: 2 (Must be completed)

Name: American Medical Alert
 Contractor Code: 52057
 E-Mail Address:
 MWBE: [] Yes [X] No
 Rural Contractor: [] No
 Number of contracts, [X] Yes
 (State & federal), with the
 contractors: [2]
 Active: [X] Yes [] No
 New: [X] Yes [] No
 RD: [] Yes [X] No
 Consultant: [] Yes [X] No

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No										
III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$ 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)	\$ 7,000 Services to be provided: 1 (Must be completed)	\$ 7,000 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)	\$ 14,000 Services to be provided: 2 (Must be completed)

PAGE SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 7,000	\$ 0	\$ 3,000	\$ 0	\$ 0	\$ 24,000
GRAND TOTAL	\$ 2,000	\$ 19,552	\$ 7,723	\$ 69,000	\$ 438,058	\$ 0	\$ 38,787	\$ 50,200	\$ 815,681	

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: Catherine Keating- Stauch, RD Contractor Code: 52041 E-Mail: keatingc@warrenconnecticut.gov Addresses: [] Yes [X] No Rural Contractor: [] Yes [X] No Number of contracts, (State & Federal), with this contractor: For Profit [1] Contract is: Active: [X] Yes [] No New: [] Yes [X] No RD: [X] Yes [] No Consultant: [X] Yes [] No		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0	\$6,552	\$15,561	\$ 0	\$ 0	\$ 0	\$ 0	\$5,187	\$ 0	\$27,300	
Services to be provided: 0 (Must be completed)		Services to be provided: 2 (Must be completed)	Services to be provided: 2 (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)	Services to be provided: 0 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 2 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 6 (Must be completed)	
Name: Chester, Town of Contractor Code: 52017 E-Mail: townofchester@connecticut.com Addresses: [X] Yes [] No Rural Contractor: [X] Yes [] No Number of contracts, (State & Federal), with this contractor: Other [1] Contract is: Active: [X] Yes [] No New: [] Yes [X] No RD: [] Yes [X] No Consultant: [] Yes [X] No		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$3,771	\$ 0	\$ 0	\$ 0	\$3,771	
Services to be provided: 0 (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)	Services to be provided: 0 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 1 (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)	Services to be provided: 1 (Must be completed)	

PAGE SUBTOTAL	\$ 0	\$6,552	\$15,561	\$ 0	\$ 0	\$3,771	\$ 0	\$5,187	\$ 0	\$ 0	\$31,071
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$7,723	\$69,000	\$438,058	\$ 0	\$38,787	\$50,200	\$815,681	

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

CONTRACTOR ROSTER

Name: Countryside Adult Home Contractor Code: 52044 E-Mail: mcbyrfe@warrenfouj.gov		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), <input type="checkbox"/> 1 Other: <input type="checkbox"/> 2 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)	\$13,000 Services to be provided: 1 (Must be completed)	\$71,400 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)	\$20,458 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)	\$30,600 Services to be provided: 1 (Must be completed)	\$36,700 Services to be provided: 1 (Must be completed)	\$172,158 Services to be provided: 5 (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													
Name: Fort Hudson Health System Contractor Code: 52053 E-Mail: acruikshank@forthisp.hon		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL	
Rural Contractor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of contracts, (State & Federal), <input type="checkbox"/> 1 Other: <input type="checkbox"/> 2 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)	\$23,000 Services to be provided: 2 (Must be completed)	\$40,000 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)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$63,000 Services to be provided: 3 (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													

PAGE SUBTOTAL	\$ 0	\$13,000	\$71,400	\$23,000	\$60,458	\$ 0	\$ 0	\$ 0	\$30,600	\$36,700	\$235,158
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$69,000	\$438,058	\$96,400	\$ 0	\$ 0	\$38,787	\$50,200	\$815,681

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
16) COVID-19 Funding				

AAA: Warren/Hamilton
 AAA: Warren/Hamilton - 52
 Period: 4/1/22 to 3/31/23
 Original Date Submitted: 06/28/2022
 Date Revised:

Date Last Saved: 06/28/2022 | Last Saved By: Deana Park

CONTRACTOR ROSTER

Name: G.F. Assoc/Blind Inc		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Contractor Code: 52002		\$2,000	\$0	\$0	\$0	\$0	\$0	\$7,650	\$0	\$0	\$0	\$9,650
E-Mail: gfab@nybelight.com		Services to be provided: 1	Services to be provided: 0	Services to be provided: 3	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 4				
Rural Contractor: [] No		(Must be completed)										
Number of contracts, (State): [X] Yes												
Contract is: [2]												
Active: [X] Yes [] No												
New: [] Yes [X] No												
RD: [] Yes [X] No												
Consultant: [] Yes [X] No												
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No												
Name: Greater Adirondack Home Aides,		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Contractor Code: 52003		\$0	\$0	\$0	\$0	\$35,000	\$225,000	\$0	\$0	\$0	\$0	\$260,000
E-Mail: julie@glensfallsadhp.org		Services to be provided: 0	Services to be provided: 2	Services to be provided: 5	Services to be provided: 0	Services to be provided: 7						
Rural Contractor: [] No		(Must be completed)										
Number of contracts, (State): [X] Yes												
Contract is: [2]												
Active: [X] Yes [] No												
New: [] Yes [X] No												
RD: [] Yes [X] No												
Consultant: [] Yes [X] No												
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	\$2,000	\$0	\$0	\$35,000	\$225,000	\$7,650	\$0	\$0	\$0	\$0	\$0	\$269,650
GRAND TOTAL	\$2,000	\$19,552	\$7,723	\$69,000	\$438,058	\$96,400	\$0	\$38,787	\$50,200	\$815,681		

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
16) COVID-19 Funding				

AAA: Warren/Hamilton
 AAA: Warren/Hamilton - 52
 Period: 4/1/22 to 3/31/23
 Original Date Submitted: 06/28/2022
 Date Revised:

Date Last Saved: 06/28/2022 | Last Saved By: Deana Park

CONTRACTOR ROSTER

Name: Greater G.F. Sr Citizens Contractor Code: 52004 E-Mail: info@greatergfsc.org Rural Contractor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of contracts, (State & Federal), with this contractor: Not-For-Profit <input type="checkbox"/> 3 Contract is: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Active: <input type="checkbox"/> Yes <input checked="" 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
Name: Hamilton Co DSS Contractor Code: 52010 E-Mail Address: roberta.bly2@dfa.state.ny.us MWBE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Rural Contractor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of contracts, (State & Federal), with this contractor: Other Govt <input type="checkbox"/> 3 Contract is: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Active: <input type="checkbox"/> Yes <input checked="" 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

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											
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											

PAGE SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$7,723	\$69,000	\$438,058	\$96,400	\$38,787	\$50,200	\$71,500	\$815,681

Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) Foster Grandparents	5) RSVP
6) HICAP	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
16) COVID-19 Funding				

AAA: Warren/Hamilton
 AAA: Warren/Hamilton - 52
 Period: 4/1/22 to 3/31/23
 Original Date Submitted: 06/28/2022
 Date Revised:

Date Last Saved: 06/28/2022 | Last Saved By: Deana Park

CONTRACTOR ROSTER

Name: Hamilton CoPublic Health Svc Contractor Code: 52007 E-Mail: ericamahoney@frontier.net Website: www.hamiltonco.org Rural Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of contracts, (State & Federal), 0 4 Other Govt <input type="checkbox"/> 4 Contract is: Active: <input type="checkbox"/> Yes <input type="checkbox"/> No New: <input type="checkbox"/> Yes <input type="checkbox"/> No RD: <input type="checkbox"/> Yes <input type="checkbox"/> No Consultant: <input type="checkbox"/> Yes <input type="checkbox"/> No	III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
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	\$ 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)	\$3,866 Services to be provided: 1 (Must be completed)	\$10,000 Services to be provided: 2 (Must be completed)	\$35,100 Services to be provided: 2 (Must be completed)	\$3,313 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)	\$52,279 Services to be provided: 6 (Must be completed)

Name: Home Aide Services of the Central Contractor Code: 52052 E-Mail Address: HASCA@frontier.net MWBE: <input type="checkbox"/> Yes <input type="checkbox"/> No Rural Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of contracts, (State & Federal), 0 1 For Profit <input type="checkbox"/> 1 Contract is: Active: <input type="checkbox"/> Yes <input type="checkbox"/> No New: <input type="checkbox"/> Yes <input type="checkbox"/> No RD: <input type="checkbox"/> Yes <input type="checkbox"/> No Consultant: <input type="checkbox"/> Yes <input type="checkbox"/> No	III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
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	\$ 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)	\$40,000 Services to be provided: 2 (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)	\$40,000 Services to be provided: 2 (Must be completed)

PAGE SUBTOTAL	\$ 0	\$ 0	\$ 0	\$3,866	\$10,000	\$75,100	\$3,313	\$ 0	\$ 0	\$ 0	\$92,279
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$7,723	\$69,000	\$438,058	\$96,400	\$38,787	\$50,200	\$50,200	\$815,681

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
16) COVID-19 Funding				

AAA: Warren/Hamilton
 AAA: Warren/Hamilton - 52
 Period: 4/1/22 to 3/31/23
 Original Date Submitted: 06/28/2022
 Date Revised:
 Date Last Saved: 06/28/2022 | Last Saved By: Deana Park

CONTRACTOR ROSTER

Name: Home Health Care Partners Corp Contractor Code: 52046 E-Mail: KClark@newlynmasshealth.com MWBE: [] Yes [] No Rural Contractor: [] Yes [] No Number of contracts, (State & Federal), with this contractor type: For Profit [] 1]		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Will this contractor subcontract, subcontract or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$40,000	\$ 0	\$ 0	\$ 0	\$ 0	\$40,000
Services to be provided: 0 (Must be completed)		Services to be provided: 0 (Must be completed)	Services to be provided: 2 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 2 (Must be completed)							
Name: Horicon, Town of Contractor Code: 52019 E-Mail Address: supervisor@horiconny.gov MWBE: [] Yes [X] No Rural Contractor: [X] Yes [] No Number of contracts, (State & Federal), with this contractor type: Other Govt [] 1]		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Will this contractor subcontract, subcontract or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$2,510	\$ 0	\$ 0	\$ 0	\$2,510
Services to be provided: 0 (Must be completed)		Services to be provided: 0 (Must be completed)	Services to be provided: 1 (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)	Services to be provided: 1 (Must be completed)					

PAGE SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$40,000	\$2,510	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$42,510
GRAND TOTAL	\$2,000	\$19,552	\$93,961	\$7,723	\$69,000	\$438,058	\$96,400	\$ 0	\$38,787	\$50,200	\$815,681	\$815,681

PAGE SUBTOTAL	\$ 0	\$ 0	\$ 3,857	\$ 0	\$ 1,680	\$ 0	\$ 0	\$ 0	\$ 5,537
GRAND TOTAL	\$2,000	\$19,552	\$7,723	\$69,000	\$438,058	\$96,400	\$0	\$38,787	\$815,681

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
16) COVID-19 Funding				

AAA: Warren/Hamilton
 AAA: Warren/Hamilton - 52
 Period: 4/1/22 to 3/31/23
 Original Date Submitted: 06/28/2022
 Date Revised:

Date Last Saved: 06/28/2022 | Last Saved By: Deana Park

CONTRACTOR ROSTER

Name: Thurman, Town of Contractor Code: 52028 E-Mail: thurman@deanapark.net Number of contracts, (State & Federal), Other: [1] Contract is: Active: [X] Yes [] No New: [] Yes [X] No RD: [] Yes [X] No Consultant: [] Yes [X] No										
Will this contractor subcontract, subcontract or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No										
III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$1,797	\$ 0	\$ 0	\$ 0	\$1,797
Services to be provided: 0 (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)	Services to be provided: 0 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 1 (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)	Services to be provided: 1 (Must be completed)
Name: Town of Wells Contractor Code: 52047 E-Mail Address: nick-@townofwells.org Number of contracts, (State & Federal), Other: [1] Contract is: Active: [X] Yes [] No New: [X] Yes [] No RD: [] Yes [X] No Consultant: [] Yes [X] No										
Will this contractor subcontract, subcontract or enter into an MOU with any other entity to provide direct services to clients? [X] Yes [] No										
III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 800	\$ 0	\$ 0	\$ 0	\$ 800
Services to be provided: 0 (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)	Services to be provided: 0 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 1 (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)	Services to be provided: 1 (Must be completed)

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 2022-232022-232022-232022-232022-23 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: 06/28/2022
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

Certification		
[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

<p>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 2022-232022-232022-232022-23 Annual Update Guide for Completion for further instructions with regard to completing this form.</p>
--

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: 06/28/2022
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

Certification
[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 2022-232022-232022-23 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: 06/28/2022
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

Certification
[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 2022-232022-232022-23 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: 06/28/2022
Services to be Provided: PC1 and PC2	Employer ID: 00-0000001
Contract Period: 04/01/2022 - 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 []
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

Certification		
[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: 06/28/2022

<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 2022-232022-23 Annual Update Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52057 Number of contracts with this entity:	New Contract [X] Existing Contract []
Name of AAA: Warren/Hamilton - 52	AAA Contract Person: Deanna Park
Contractor Name:	Date:

American Medical Alert Corp	06/28/2022
Services to be Provided: PERS	Employer ID: 11-2571221
Contract Period: 04/01/2022 - 03/31/2023	Contract Total: \$7,000.00

Section 2

Contractor Contract Information	
Business Address: 30-30 47th Ave, Suite 620	
City: Long Island City State: NY Zip: 11101	
Mailing Address: 30-30 47th Ave, Suite 620	
City: Long Island City State: NY Zip: 11101	
Attention: Richard Brooks Phone #: 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 [<input checked="" type="checkbox"/>] 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 [<input checked="" type="checkbox"/>] 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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [<input checked="" type="checkbox"/>] 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"/>]

Section 4

Certification		
[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: 05/26/2022

<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 2022-23 Annual Update Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52057 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: American Medical Alert Corp	Date: 06/28/2022
Services to be Provided: PERS	Employer ID: 11-2571221
Contract Period: 04/01/2022 - 03/31/2023	Contract Total: \$7,000.00

Section 2

Contractor Contract Information	
Business Address: 30-30 47th Ave, Suite 620	
City: Long Island City State: NY Zip: 11101	
Mailing Address: 30-30 47th Ave, Suite 620	
City: Long Island City State: NY Zip: 11101	
Attention: Richard Brooks Phone #: 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"/>
---------------------------------------	---

Section 4

Certification

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: 06/28/2022

For Office Use Only:

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

ATTACHMENT B

PRIORITY SERVICES EXPENDITURE REPORT

Instructions: Using actual expenditures for the period, October 1, 2020- September 30, 2021, submit this completed and certified report with the 2022-23 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)
	IIIB-Services Expenditures	Percent (A)/[T]	CSE (& WIN for Access)	Services Combined Total (A) + (C)	Percent (D)/{[T]+(C)}
1. Access 20.0%	2000.00	6.22	31040.00 [S]	33040.00	52.28
2. In-Home 2.5%	0.00	0.00	3120.00 [H]	3120.00	8.84
3. Legal 7.0%	0.00	0.00	17950.00	17950.00	35.82
4. All Other Services	30163.00				
5. Subtotal	32163.00				
6. Over Match (-)	0.00				
7. Total	32163.00 [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 2022-2023 that will result in a major change in services or providers in SFY 2023-2024).

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 2022-2023 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

AAA: Warren/Hamilton - 52
Original Date Submitted: 06/28/2022
Date Revised:
Date Last Saved: | Last Saved By:

ATTACHMENT C

PROGRAM DESIGN MODIFICATIONS

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 2022-2023 Program Year or a Future Program Year and that: If any change to its programs or services does occur during the 2022-2023 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 2022-23 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.

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.

N/A

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%.

N/A

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

N/A

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

N/A

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.

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.

2022-2023 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.

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: 6/28/2022

- (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: **4/1/2022**
- (g) Termination Date of Grant: **3/31/2023**
- (h) Total Dollar Amount Involved (not to exceed): **\$203,636.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **6/30/2022**
- (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
22-PI-08
NY Connects
For the Period 04/01/22-03/31/23**

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.

Kevin Geraghty Title: Chairman of the Warren County
Name of person authorized to enter into agreement with the New York State Office for the Aging Board of Supervisors

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

NY Connects Expansion and Enhancement 2022-2023

SUMMARY BUDGETS

22-PI-08

AAA:	Warren/Hamilton Counties Office for the Aging	Allocation Amount \$203,636.00
------	--	-----------------------------------

Program Period: April 1, 2022 - March 31, 2023

Budget Category		Budget Amount
1	Personnel	\$134,265.00
2	Fringe Benefits	\$61,762.00
3	Equipment	
4	Travel	\$500.00
5	Maintenance and Operations	\$5,185.00
6	Other Expenses	\$1,924.00
7	Contracts and/or Consultants	
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 2022-2023
Supporting Budget Schedules
22-PI-08**

AAA: Warren/Hamilton Counties Office for the Aging

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)ame, (T)itle, (L)ocation	Annual Salary or Hourly Rate*	Hours worked on program per week	Total Hours worked per week	Chargeable to Program		Narrative justification: For each position, provide a brief summary of duties related to each program.			
				% of Time	Amount				
N Deanna Park									
T Director/NY Connects Coordinator	\$69,637	14	40	35.00%	\$24,373.00	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.			
L OFA Office, Lake George, NY 12845									
N RoseAnn O'Rourke									
T Coordinator of Services	62,687	10	40	25.00%	\$15,672.00	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			
L OFA Office, Lake George, NY 12845									
N Catherine Bearor									
T Aging Services Specialist	47,656	9	40	22.50%	\$10,723.00	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			
L OFA Office, Lake George, NY 12845									
N Joanna Hall									
T Aging Services Specialist	47,656	9	40	22.50%	\$10,723.00	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			
L OFA Office, Lake George, NY 12845									
N Cynthia Couller									
T Services Assistant	37,041	9	40	22.50%	\$8,334.00	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			
L OFA Office, Lake George, NY 12845									
N Cynthia Cabana									
T Services Assistant	18,027	20	20	100.00%	\$18,027.00	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			
L OFA Office, Lake George, NY 12845									
N Stephanie Belden									
T Services Assistant	36,414	9	40	22.50%	\$8,193.00	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			
L OFA Office, Lake George, NY 12845									
N Mary Ann McCarthy									
T Services Assistant	42,617	5	40	12.50%	\$5,327.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Options Counseling. Responsible for quarterly newsletter			
L OFA Office, Lake George, NY 12845									
N Sherry Hanchett									
T Services Assistant	46,617	20	40	50.00%	\$23,309.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Options Counseling.			
L OFA Office, Lake George, NY 12845									
N Dinah Kawaguchi									
T Typist	15,186	5	20	25.00%	\$3,797.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Options Counseling.			
L OFA Office, Lake George, NY 12845									
N Jeffrey Haines									
T Fiscal Coordinator	46,296	5	40	12.50%	\$5,787.00	The Fiscal Coordinator handles all NY Connects fiscal functions, including purchasing and A/P, budget monitoring, voucher preparation and claims processing.			
L OFA Office, Lake George, NY 12845									
TOTAL Program Personnel:					\$134,265.00				

*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 %:	46.00%
TOTAL Fringe:	\$61,762.00

**NY Connects Expansion and Enhancement 2022-2023
Supporting Budget Schedules**

22-PI-08

AAA: Warren/Hamilton Counties Office for the Aging

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):				\$500.00
Hotel Room for ACUU (2 staff members)				
Reasons for Travel:				
TOTAL Travel				\$500.00
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: Sending information to clients, providers, etc.				\$500.00
Printing & Photocopying: Copying information for clients, brochures, housing				\$685.00
Rent:				
	Monthly Rent	% Charge to Prg	No. of months	
NY Connects:				
Location:				
Owner:				
Supplies:	copy paper, notebooks, pens, folders, toner, binders, etc.			\$3,000.00
Telephone:	MiFi Access & telephone			\$1,000.00
Utilities:				
Miscellaneous Equipment (List Items):				
TOTAL M&O:				\$5,185.00

**NY Connects Expansion and Enhancement 2022-2023
Supporting Budget Schedules
22-PI-08**

AAA: Warren/Hamilton Counties Offi

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 14		\$924.00
Other (Specify):		Amount
Training ACUU (registration for 6 staff members)		\$1,000.00
TOTAL Other Expenses:		\$1,924.00
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
TOTAL Contractors/Consultants:		
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:		