

HEALTH SERVICES COMMITTEE  
OFFICE FOR THE AGING  
June 23, 2025

COMMITTEE MEMBERS: Strainer, Runyon, Gilligan, Bruno, Patchett, Wild, and Thomas  
*- 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 Chair
- II. Approval of minutes of prior Committee Meeting
- III. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:
  1. **Request:** Submit NY Connects Application for 4/1/25-3/31/26 in the amount of \$224,678.00, due June 27, 2025.  
**Rationale:** NY Connects is 100% funded and allows us to provide long term care assistant and support. Application was received 5/23/25.
- V. Discussion Items:
  1. Aging Concerns Unite Us (ACUU) Conference June 23<sup>rd</sup>-25<sup>th</sup>, \$905 for three people
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

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Attachments:

1. 05 Apply for Grant – NY Connects '25-'26

## ***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: 6/5/2025**

- (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, 4<sup>th</sup> 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: **4/1/2025**
- (g) Termination Date of Grant: **3/31/2026**
- (h) Total Dollar Amount Involved (not to exceed): **\$224,678.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **6/27/25 (Received 5/23/25)**
- (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  
NY Connects - Grant Application Cover Page  
25-PI-06  
Program Period: 04/01/25-03/31/26**

Warren/Hamilton Counties Office for the Aging

County AAA: \_\_\_\_\_

AAA Director: Deanna Park

Address: 1340 State Route 9, Lake George, NY 12845

AAA Phone: (518)761-6347

Contact person: Deanna Park Phone: (518)761-6347

Email: parkd@warrencountyny.gov

The AAA agrees to comply with the conditions in this application for funding as approved by NYSOFA and comply with all local, state, and federal laws, regulations, and issuances including, but not limited to:

- 14-PI-16: NY Connects Choices for Long Term Care - Revised Program Standards
- 12-PI-08: Equal Access to Services and Targeting Policy
- 20-PI-01: Updated NY Connects Statewide Resource Directory Inclusion/Exclusion Policy
- The AAA's 2024-2028 Area Plan
- Subsequent updates and amendments to local, state, and federal laws, regulations, and issuances.

The person authorized to enter into an agreement with NYSOFA must sign below.

Kevin Geraghty  
Print Name

Chair Board of Supervisors  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NY Connects Expansion and Enhancement 2025-2026**

**SUMMARY BUDGETS**

**25-PI-06**

AAA: **Warren/Hamilton Counties Office for the Aging** **Allocation Amount**  
\$224,678.00

Program Period: April 1, 2025 - March 31, 2026

<b>Budget Category</b>		<b>Budget Amount</b>
1	Personnel	\$167,698.00
2	Fringe Benefits	\$50,309.00
3	Equipment	
4	Travel	\$700.00
5	Maintenance and Operations	\$3,103.00
6	Other Expenses	\$2,868.00
7	Contracts and/or Consultants	
8	<b>Total Budget (Sum of Lines 1-7)</b>	\$224,678.00
9	<b>State Funds Requested</b>	\$224,678.00
10	<b>Local Funds</b>	

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 2025-2026  
Supporting Budget Schedules**

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.)		Chargeable to Program		Narrative justification: For each position, provide a brief summary of duties related to each program.	
Complete for Each Position (N)name, (T)title, (L)location	Annual Salary or Hourly Rate*	Hours worked on program per week	Total Hours worked per week		% of Time
N Deanna Park				The NY Connects Coordinator is responsible for all facets of the program. Works with the LTCC leadership and completes reporting. Policy review and revision. Attends NWD, LTCC meetings, etc.	
T Director/NY Connects Coordinator	\$91,244	8	40		\$18,249.00
L OFA Office, Lake George, NY 12845					
N RoseAnn O'Rourke				Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education	
T Coordinator of Services	74,279	8	40		\$14,856.00
L OFA Office, Lake George, NY 12845					
N Catherine Bearor				Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education	
T Aging Services Specialist	61,066	8	40		\$12,213.00
L OFA Office, Lake George, NY 12845					
N Joanna Hall				Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education	
T Aging Services Specialist	61,066	7	40		\$10,687.00
L OFA Office, Lake George, NY 12845					
N Cynthia Coulter				Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education	
T Services Assistant	48,544	8	40		\$9,709.00
L OFA Office, Lake George, NY 12845					
N Stephanie Belden				Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education	
T Services Assistant	47,827	8	40		\$9,565.00
L OFA Office, Lake George, NY 12845					
N Cynthia Cabana				Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education	
T Services Assistant	22,876	20	20		\$22,876.00
L OFA Office, Lake George, NY 12845					
N Kira Wilkins				Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education	
T Services Assistant	45,751	30	40		\$34,313.00
L OFA Office, Lake George, NY 12845					
N Sherry Hanchett				Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Optoins Counseling. Updates NY Connects Resource Directory.	
T Services Assistant	55,678	20	40		\$27,839.00
L OFA Office, Lake George, NY 12845					
N Jeffrey Haines				The Fiscal Coordinator handles all NY Connects fiscal functions, including purchasing and A/P, budget monitoring, voucher preparation and claims processing.	
T Fiscal Coordinator	59,131	5	40		\$7,391.00
L OFA Office, Lake George, NY 12845					
N					
T					
L					
<b>TOTAL Program Personnel:</b>					<b>\$167,698.00</b>

\*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 %:	30.00%
<b>TOTAL Fringe:</b>	<b>\$50,309.00</b>

## NY Connects Expansion and Enhancement 2025-2026 Supporting Budget Schedules

AAA: Warren/Hamilton Counties Office for the Aging

<b>3. Equipment:</b>																
<ul style="list-style-type: none"> <li>•List all equipment items whether purchased or leased.</li> <li>•Provide a detailed description for all equipment with a unit cost of \$1,000 or more.</li> <li>•Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance &amp; Operations budget section.</li> </ul>																
<b>Item and Description</b>	<b>Quantity</b>	<b>Unit Purchase Price</b>	<b>Percent Chargeable to Program</b>	<b>Amount Chargeable to Program</b>												
<b>TOTAL Equipment</b>																
<b>4. Travel:</b>																
<ul style="list-style-type: none"> <li>•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.</li> <li>•Outline reason for travel and indicate the number of staff traveling. (e.g., staff to training, field interviews, advisory group meeting, etc.).</li> <li>•Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).</li> </ul>																
<b>Mileage:</b> _____ miles @ _____ per mile <b>Parking &amp; Tolls</b> <b>Public Transportation:</b> <b>Rental Vehicles (specify destination):</b> <b>Other Travel Costs (Specify):</b>				<b>Program Expenses</b>												
				<b>\$700.00</b>												
ACUU conference (hotel room for 1 staff, registration fee for 11 staff members);																
<b>Reasons for Travel:</b>																
<b>TOTAL Travel</b>				<b>\$700.00</b>												
<b>5. Maintenance &amp; Operations:</b>																
<ul style="list-style-type: none"> <li>•In the space provided, detail each expense.</li> <li>•For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.</li> </ul>																
<b>Equipment Maintenance and Repair:</b> <b>Postage: Sending information to clients, providers, etc</b> <b>Printing &amp; Photocopying: copying information for clients, brochures, hot</b> <b>Rent:</b>				<b>Program Expenses</b>												
				<b>\$158.00</b>												
				<b>\$1,380.00</b>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Monthly Rent</th> <th style="width: 30%;">% Charge to Prg</th> <th style="width: 40%;">No. of months</th> </tr> </thead> <tbody> <tr> <td>NY Connects: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Location: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Owner: _____</td> <td> </td> <td> </td> </tr> </tbody> </table>				Monthly Rent	% Charge to Prg	No. of months	NY Connects: _____			Location: _____			Owner: _____			
Monthly Rent	% Charge to Prg	No. of months														
NY Connects: _____																
Location: _____																
Owner: _____																
<b>Supplies:</b> copy paper, notebooks, pens, folders, toner, binders, etc.				<b>\$1,215.00</b>												
<b>Telephone:</b> MiFi Access & telephone				<b>\$350.00</b>												
<b>Utilities:</b>																
<b>Miscellaneous Equipment (List Items):</b>																
<b>TOTAL M&amp;O:</b>				<b>\$3,103.00</b>												

# NY Connects Expansion and Enhancement 2025-2026

## Supporting Budget Schedules

AAA: Warren/Hamilton Counties Office

<b>6. Other Expenses: List specific item and cost.</b>		
<ul style="list-style-type: none"> <li>•Itemize all Public Education costs.</li> <li>•Advertising and promotional materials are acceptable expenses, including expenses for informational brochures and educational materials. Promotional materials may include items such as pens, magnets, chip clips etc.</li> <li style="text-align: right;">•Food and refreshments (other than travel related expenses) are not an allowable expense under this funding.</li> </ul>		
<b>Public Education:</b>		<b>Amount</b>
Greater Glens Falls Senior Center Senior Expo Fee		\$125.00
<b>Information Technology (Specify):</b>		<b>Amount</b>
Annual User Fees - \$75/user x 14 users (12 staff & 2 conference rooms)		\$597.00
<b>Other (Specify):</b>		<b>Amount</b>
Insurance (\$2,910.13)		
Dues (\$1,569)		\$234.00
Workmen's Comp (\$26,000)		\$1,912.00
<b>TOTAL Other Expenses:</b>		<b>\$2,868.00</b>
<b>7. Contracts/Consultants:</b>		
<ul style="list-style-type: none"> <li>•List each contractor or consultant, amount, and describe service below.</li> <li>•A copy of each contract or consultant agreement must be submitted to NYSOFA before reimbursement will be made.</li> <li>•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.</li> <li>•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.</li> <li>•The Unit Rate and Number of Units do not need to be completed for line item contracts.</li> </ul>		
Contractor/Consultant and description of service (List them individually)	# of Units (Consultant)	Program Total
<b>TOTAL Contractors/Consultants:</b>		
<b>8. Total Budget: (numbers 1-7)</b>		<b>\$224,678.00</b>
<b>9. State Funds Requested</b>		\$224,678.00
<b>10. Local Funds: Describe below</b>		Amount
<b>TOTAL Local Funds:</b>		