HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING
May 19, 2026

COMMITTEE MEMBERS: Strainer, Gilligan, Bruno, Maday, Butler, Wild and O'Neill- *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: Amend IIIE contract with Hamilton County Public Health from $10,000 to $30,000 for 1/1/26-12/31/26.
   Rationale: We have carryover funding from 2025 and there is a current need in Hamilton County.
2. Request: Submit '26-'27 Annual Update to the Four Year Plan.
   Rationale: The Annual Update outlines our budget for NYSOFA (New York State Office for the Aging). Released on 4/13/26 and due 6/12/26.
3. Request: Enter into contract with Exercize Innovations, LLC to offer Bingocize to seniors in Warren and Hamilton Counties under Title IIID in an amount not to exceed $5,000 for two years.
   Rationale: NYSOFA provides funding to cover "evidenced based" health promotion programs under Title IIID (90% reimbursed). This contract includes having licenses for both counties, training for two staff members, and materials needed to run the program for a 2 year period. The costs will be split 50/50 between Warren and Hamilton Counties. Initial cost is $2,209.60

V. Discussion Items:

1. Deanna Park & RoseAnn Taft will be attending the ACUU Conference 6/22-6/24/26 at The Desmond Hotel in Albany.

VI. Referrals/Pending Items:

VII. Privilege of the floor and public comment

VIII. Motion to adjourn

Attachments:

1. 04 Amend Existing Contract – Hamilton County Public Health Title IIIE
2. 20 Misc – Submit '26-'27 Annual Update to the Four Year Plan
   a. '26-'27 Annual Update to the Four Year Plan
3. 03 New Contract – Exercize Innovations, LLC IIID

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: April 20, 2026

(a) Purpose of Contract Change: **Amend Title IIIE contract with Hamilton County Public Nursing Services, to increase contract amount from $10,000 to $30,000 for program year 1/1/26-12/31/26.**

(b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **284 of 2025; 110 of 2025; 564 of 2023; 65 of 2023; 625 of 2022; 537 of 2021; 64 of 2019**

(c) Name of Contractor: **Hamilton County Public Nursing Services**

(d) Address of Contractor: **102 County View Drive, PO Box 205, Lake Pleasant, NY 12108**

(e) Contractor's Contact Person and Telephone Number: **Junie Delizo, jdelizo@hamiltoncountyny.gov**

(f) Commencement Date of Extension: **1/1/2026**

(g) Termination Date of Extension: **12/31/26**

(h) Payment Provisions:
- i) lump sum amount
- ii) hourly rate amount **$30.31/hour**
- iii) total amount not to exceed **$30,000**
- iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

(i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: **A.6771.470 Hamilton County Contracts**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 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: 4/29/2026

(a) Purpose of Request: **Submit '26-'27 Annual Update to the Four Year Plan to NYSOFA.**

(b) Details: **We are required to submit and Annual Update to the New York State Office for the Aging each year to the Four Year Plan. The '26-'27 Annual Update was released on April 13th and due June 12, 2026.**

(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

ANNUAL UPDATE REVIEW AND APPROVAL

Must be signed by the AAA Director (and the Chief Officer of the Governing Body of the Sponsoring Organization if the other than County, New York City, or Native American Organization).

I hereby submit for approval the Four Year Plan and the annual Applications for Funding (hereafter referred to as the Plan) for Older Americans Act (OAA) programs, New York State Community Services for the Elderly (CSE) Program and Expanded In-Home Services for the Elderly Program (EISEP), and the applications for funding indicated below:

Program	Program Period	Program Applied For
Title III-B	January 1, 2026 to December 31, 2026	X□Yes □No
Title III-C	January 1, 2026 to December 31, 2026	X□Yes □No
Title III-D	January 1, 2026 to December 31, 2026	X□Yes □No
Title III-E	January 1, 2026 to December 31, 2026	X□Yes □No
EISEP	April 1, 2026 to March 31, 2027	X□Yes □No
CSE	April 1, 2026 to March 31, 2027	X□Yes □No
CSI	April 1, 2026 to March 31, 2027	X□Yes □No
WIN	April 1, 2026 to March 31, 2027	X□Yes □No
Unmet Need	April 1, 2026 to March 31, 2027	X□Yes □No
Transportation	April 1, 2026 to March 31, 2027	X□Yes □No
CRC	April 1, 2026 to March 31, 2027	□Yes X□No
HIICAP	April 1, 2026 to March 31, 2027	X□Yes □No

I agree to comply with all applicable federal, state and local laws and regulations, program standards, and standard assurances which affect any funds, (including matching funds and program income) used for the programs described in this Plan. I have read and agree to comply with all of the Standard Assurances (Attachment A) in the Plan. In addition, I certify that no amendments have been made nor will be made to the Standard Assurances in the Plan. Furthermore, I agree to comply with all attachments submitted as part of this Plan and indicated on the Attachment Checklist.

I also certify that the information contained in the Priority Services Schedule (Attachment B) is true and correct.

I also certify that this organization is not currently suspended or debarred as defined in 2 CFR part 376.

Deanna Park — 5/6/2026

Signature of AAA Director | Print/Type Name | Date

Signature of the Chief Executive Officer of the Governing Body of the Sponsoring Organization (if other than County, New York City, or Native American Organization) — Date

Kevin Geraghty — Print/Type Name

Chair of Warren County Board of Supervisors — Print/Type Title

LOCAL GOVERNMENT EXECUTIVE REVIEW AND APPROVAL

Must be signed ONLY if the AAA intends to apply for CSE program or EISEP state aid pursuant to the New York State Elder Law.

I, Kevin Geraghty (Print/Type Name) being the Chief Executive Officer of the Governing Board of this Warren/Hamilton (County, New York City, or Native American Organization), do hereby certify that:

1. The Warren/Hamilton Counties Office for the Aging, an AAA established pursuant to the OAA of 1965, as amended, has been duly designated by me pursuant to New York State Elder Law §214.
   [X] CSE
   [X] EISEP
2. This Plan for the OAA and New York State CSE and/or EISEP pursuant to New York State Elder Law, is hereby approved for submission to the New York State Office for the Aging.

Signature (*Use ink."per" signature not acceptable*) | Kevin Geraghty — Print/Type Title | Date

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.

	Deanna Park	
Signature of Director of Area Agency on Aging	Print/Type Name	Date

2026-27 ANNUAL UPDATE TO THE
2025-29 FOUR YEAR PLAN
APRIL1, 2026-MARCH 31, 2027
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, fulfills the "Area Plan" requirement under the Older Americans Act, as amended, and the "County Plan" requirement under Section 214 of the New York State Elder Law.

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 ZipCode: 12845

Phone Number: (518)824-8820 Ext. Email: parkd@warrencountyny.gov

---

For County/City of New York/Native American Organization

Name of the Chief Executive Officer: Kevin Geraghty Title: Chair of Board of Supervisors

Address: 1340 STATE ROUTE 9

City: Lake George , New York ZipCode: 12845

Phone Number: Ext. Email: geraghtyk@warrencountyny.gov

OR

If other than County/City of New York/Native American Organization

Name of the Sponsoring Organization:

Name of Chief Officer of the Governing Body of the Sponsoring Organization: Title:

Address:

City: , New York ZipCode:

Phone Number: Ext. Email:

Official Authorized to Receive Payments on behalf of the AAA

Name: Christine Norton Title: Treasurer

Address: 1340 STATE ROUTE 9

City: Lake George , New York ZipCode: 12845

Phone Number: Ext. Email:

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

AAA: Warren/Hamilton Counties Office for the Aging -
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

PUBLIC HEARINGS/AREA AGENCY ON AGING ADVISORY COUNCIL

1. a. Provide the following information on Public Hearing(s) held, in-person or virtually*, for the Annual Update.

Select a Public Hearing Location Enter New Location - 1 location(s) currently entered

Location	
Date (mm/dd/yyyy)	mm/dd/yyyy
Number Attending	
Reset All	Delete Location

* Please refer to Standard Assurances relating to the criteria for holding open forum government meetings in a virtual format

b. Was the notice of at least one Public Hearing published in a local newspaper of general circulation at least twenty one (21) days before that hearing? [9 NYCRR 6653.2]
◉ YES ○ *NO

Date of notice publication: 09/03/2025

c. Was the proposed Annual Update or abstract containing program goals, objectives, action steps, and proposed budgets with categorical breakdowns made available to the public prior to the hearing?

◉ YES ○ *NO

d. Was a minimum of one Public Hearing held at least 30 days prior to the submission of the Annual Update?
○ YES ◉ *NO

If ***NO** to any of the above please explain:

Notice of the Public Hearing for the Proposed 2026 Budget was provided on September 3, 2025 on our Facebook page and also in our Fall edition of our newsletter and this was reviewed at the October 16, 2025 Advisory Council Meeting.

The Annual Update for '26-'27 will be reviewed with the Advisory Council on May 5, 2026.

2. Describe specific strategies used in this annual planning cycle to seek input from those unserved and underserved older adults in greatest social or economic need, particularly those who are:

- Low income (OAA)
- Low income minorities(OAA)
- Individuals with limited English proficiency (OAA)
- Rural Residents (OAA)
- Native Americans (OAA)
- Institutionalized/at risk for institutionalization (OAA)
- Individuals with Alzheimer's disease and related disorders (OAA)
- Individuals with disabilities (OAA)
- Caregivers of individuals with Alzheimer's and other related disorders (OAA)
- Caregivers of individuals with disabilities (OAA)
- Minorities (9NYCRR 6651.2(i))
- Frail (9NYCRR 6651.2(i))
- Vulnerable (9NYCRR 6651.2(i))
- LGBTQ+ (NYS Human Rights Law)
- Homebound (NYSOFA standard definition)

Examples of specific strategies might include: advertisement in LGBTQ+ group newsletter, notice of hearing delivered to HDM recipients, hearing held at ILC or other target group's gathering place, advertisement in rural communities where older adults congregate such as local coffee shop, etc.

The 2026 abstract was made available the beginning of October in anticipation of the public hearings, and is posted on our Facebook page. Included in the abstract was the Director's contact information, including PH#, fax number, office and email addresses. Individuals were encouraged to reach out to the Director with questions, suggestions, etc., especially if they were not able to attend in person. A notice was put in the fall edition of the newsletter, which is widely distributed throughout both Warren and Hamilton Counties, and to all

3. Public hearings need to be accessible to all individuals. The following questions regarding accessibility include some examples of ways in which AAA might ensure accessibility.

If the hearing was held virtually, was there a mechanism by which participants could request reasonable accommodations to participate ahead of time (ex: closed captioning enabled, virtual ASL interpretation, etc.)

◉ YES ○ *NO

transportation? Are sites rotated throughout Planning and Service Area?)

The public hearing was held virtually. This hearing was held immediately after the fall Advisory Council and members of the Council were present.

b. Please describe the physical accessibility of the hearing site(s). (Ex: Was it held in an ADA compliant building? Is there an accessible bathroom? Is there designated accessible parking?)

The first public hearing was held virtually. This hearing was held immediately after the fall Advisory Council and members of the Council were present.

c. Please describe attempts to make the hearing(s) accessible to all individuals including those with disabilities. What accommodations were available on site? What did someone need to request ahead of time and what was the mechanism for the individual to make the request? (Ex: sign language interpretation, Communication Access Real Time (CART) services, printed materials in large print or braille or distributed electronically in an accessible format, etc.) If the hearing was held virtually, was there a mechanism by which participants could request reasonable accommodations to participate ahead of time (ex: closed captioning enabled, virtual ASL interpretation, etc.)

The public hearing notices included information on whom to contact if special accommodations were needed, with instructions to reach out one week in advance. The office has magnifying sheets available for the public hearing, as well as a contract with the Glens Falls Association for the Blind to assist with any visual impairment needs. We also have several amplifying headsets available for use by our hearing impaired clients. If needed, the office would have provided other services upon request.

d. Please describe attempts to make hearing(s) accessible to individuals with limited English proficiency. What services were available? (Ex: telephonic interpretation---was a phone in the room, was the telephonic interpretation service information on site, translated printed materials, etc.) If the hearing was held virtually, how were the participants with limited English proficiency accommodated? (Telephonic interpretation would not have worked in a virtual scenario, other accommodations may include use of bilingual staff, closed captioning in additional languages, etc.)

We had language link services available if needed, and a speaker phone at all hearing locations in the event there was any LEP attendees. If printed materials were needed in another language, such would have been provided.

e. Please describe attempts to solicit input from the public using the individual's preferred mode of communication. (Ex: comment at hearing, written comment via mail or email, use of telephonic interpretation services i.e. relay, Language Line or similar; American Sign Language, etc.)

All written documentation included the Director (including name, address, PH#, Fax#, email address) as the person to contact if any special accommodations were needed. WHCOFA staff, contractors, Advisory Council members and partner agencies were asked to encourage individuals they came into contact with to share comments, suggestions, concerns regarding the needs of the population we serve.

4. How were interested parties in the PSA notified of the public hearing(s) and provided the opportunity to testify?

Notices of the public hearing were posted on our Facebook page, in the fall edition of the WHCOFA newsletter, which is widely distributed throughout both Warren and Hamilton Counties, and an ad was placed in both The Post Star, which serves Warren County, and the Hamilton County Express, which serves our Hamilton County residents. A notice about the scheduled public hearings was posted at each of the meal sites, and distributed to community partners to post. The hearings were also discussed at the Advisory Council, LTCC, and any other

5. Summarize major issues discussed or raised at the public hearings.

There were no major issues discussed or raised at the public hearings this year.

6. Did the AAA receive comments and/or feedback regarding the Annual Update outside of the public hearings, e.g. written comments, virtual meetings? Please explain.

Other than comments received during the public hearings, there were not specific written comments received. Although the abstract is available, other than distribution during the public hearings, Advisory Council meeting, nutrition sites, and in the office, there have been no requests for such.

7. List the major changes in the Annual Update resulting from input of interested parties.

☑ Not applicable, no major change(s)

Major changes in the Plan:

8. Provide the date the Annual Update was presented to the Area Agency Advisory Council as required for its review, before it was transmitted to NYSOFA. [9 NYCRR 6653.2 (f)]

Date: 10/16/2025

Summarize the comments of the Advisory Council:

The Advisory Council members had very few questions.

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging -
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

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.

2. 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?

Contract Totals by Service										
Personal Care Levels II	Personal Care Levels I	Chore	Case Management	Adult Day Services	Emergency Response Monitoring	Home-delivered meals	Congregate meals	Transportation	Evidence-Based Health Promotion	Other
0.00	0.00	0.00	0.00	0.00	0.00	20000.00	0.00	0.00	0.00	0.00

Select a Provider: 3 Provider(s) currently entered

Name of Provider*:			
SERVICE	CONTRACTED UNIT RATE (IF APPLICABLE)	REIMBURSEMENT AGREEMENT DESCRIPTION (IF NOT UNIT RATE)	ANTICIPATED VALUE OF CONTRACT
☐ Personal Care Levels II			
☐ Personal Care Levels I			
☐ Chore			
☐ Case Management			
☐ Adult Day Services			
☐ Emergency Response Monitoring			
☐ Home-delivered meals			
☐ Congregate meals			
☐ Transportation			
☐ Evidence-Based Health Promotion			
☐ Other:			
Add Row			
Reset All		Delete	

Comments:

3. 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).

Office for the Aging

Welcome Deanna Park

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 52
Original Date Submitted:
Date Revised:
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Park

ADDITIONAL FUNDING

Update Period: 4/1/26 to 3/31/27

This page is an inventory of all AAA funding without a dedicated program column on the SDRAP page. 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.

- After entry, the programs entered in codes 11 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 SDRAP.

Program Name	Services Provided	Area on Service Delivery Pages	Units	Amount	Program Total
HIICAP	Beneficiary Contact	OS, Line 10a.i	2841	66066	69566
	Group Outreach and Education	OS, Line 10a.ii	21	1000	
Add/Remove Other Programs					
				Grand Total:	351857

	Media Outreach and Education	OS, Line 10a.iii	8	500	
	Area Plan Administration	MP, Line 17		2000	
MIPPA	Beneficiary Contact	OS, Line 10a.i	2841	31913	35413
	Group Outreach and Education	OS, Line 10a.ii	21	1000	
	Media Outreach and Education	OS, Line 10a.iii	8	500	
	Area Plan Administration	MP, Line 17		2000	
State Funded Transportation	Assisted Transportation	MP, Line 7	0	0	11200
	Transportation	MP, Line 11	730	11200	
NY Connects E & E	Information & Assistance	OS, Line 9a.i	1000	147460	224678
	Options Counseling/Person Centered Counseling	OS, Line 9a.ii	20	40000	
	Public Education	OS, Line 9a.iii	10	3000	
	Area Plan Administration	MP, Line 17		34218	
ADCSI	Add Services				0
County Funds (not Match or over-Match)	Add Services				0
Contracts: purchase of AAA services by healthcare/other providers (see Revenue Diversification page)	Add Services				11000
Add/Remove Other Programs					
				Grand Total:	

COVID Funding	Add Services		0
Add/Remove Other Programs			
		Grand Total:	

Save Changes

Home

Logout

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 4/1/26 to 3/31/27
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

New York State Office for the Aging
Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

				Grand Total		Title III-B		Title III-C-1		Title III-C-2		Title III-D		Title III-E	
Service Categories	Dir	Con	Number of Individuals	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount
1. Personal Care Level II (Personal Care)			45	5404	215500	0	0								
a. Not Consumer Directed	☐	☑	39	4646	190500	0	0								
b. Consumer Directed	☐	☑	6	758	25000	0	0								
2. Personal Care Level I (Homemaker)			40	4069	162000	0	0								
a. Not Consumer Directed	☐	☑	25	3463	142000	0	0								
b. Consumer Directed	☐	☑	15	606	20000	0	0								
3. Chore	☐	☐	0	0	0	0	0								
4. Home Delivered Meals (Total)	☑	☑	620	106710	1308102					8742	107092				
a. NSIP Ineligible Meals			20	3326	41625					0	0				
b. NSIP Eligible Meals			600	103384	1266477					8742	107092				
5. Adult Day Services	☐	☑	3	227	13648	0	0								
6. Case Management	☑	☐	88	935	60788	0	0								
7. Assisted Transportation	☐	☑	10	50	2000	50	2000	0	0						
8. Congregate Meals (Total)	☑	☑	285	44931	550412			13780	168803						
a. NSIP Ineligible Meals			10	2000	24500			0	0						
b. NSIP Eligible															

Service Categories	Dir	Con	Number of Individuals to be Served	Grand Total		Title III-B		Title III-C-1		Title III-C-2		Title III-D		Title III-E	
Counseling															
10. Legal Assistance	☐	☑	50	160	17950	0	0								
11. Transportation	☐	☑	125	3084	55571	0	0	0	0						
12. Nutrition Education	☐	☑	650	84	13650			0	0	0	0				
13. Information & Assistance	☑	☑	1100	6643	383509	2819	56256	0	0	0	0				
14. Health Promotion: Evidence-Based	☑	☐	12	179	17914	0	0					179	17914		
15. Health Promotion: Not Evidence-Based	☐	☑	225	1003	8813	0	0								
16a. Other Services			8912	7695	333439	0	0	0	0	0	0				
16b. Caregiver Services			605	6453	155769	0	0							6453	155769
17. Area Plan Administration					168035		48621		0		0				0
Total					3480750		106877		168803		107092		17914		155769

Save Changes

Home **Logout**

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 4/1/26 to 3/31/27
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

New York State Office for the Aging
Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

	EISEP		CSE		CSI		WIN		UNMET NEED		ADDTL. FUNDING	
Service Categories	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount
1. Personal Care Level II (Personal Care)	5404	215500	0	0					0	0	0	0
a. Not Consumer Directed	4646	190500	0	0					0	0	0	0
b. Consumer Directed	758	25000	0	0					0	0	0	0
2. Personal Care Level I (Homemaker)	4069	162000	0	0					0	0	0	0
a. Not Consumer Directed	3463	142000	0	0					0	0	0	0
b. Consumer Directed	606	20000	0	0					0	0	0	0
3. Chore	0	0	0	0					0	0	0	0
4. Home Delivered Meals (Total)	3694	45261	0	0			31031	380140	62417	764609	826	11000
a. NSIP Ineligible Meals	0	0	0	0			0	0	2500	30625	826	11000
b. NSIP Eligible Meals	3694	45261	0	0			31031	380140	59917	733984	0	0
5. Adult Day Services	227	13648	0	0					0	0	0	0
6. Case Management	935	60788	0	0			0	0	0	0	0	0
7. Assisted Transportation	0	0	0	0	0	0	0	0	0	0	0	0
8. Congregate Meals (Total)	0	0	0	0			0	0	31151	381609	0	0
a. NSIP Ineligible Meals	0	0	0	0			0	0	2000	24500	0	0
b. NSIP Eligible Meals	0	0	0	0			0	0	29151	357109	0	0
9. Nutrition Counseling	0	0	0	0	0	0	8	4297	17	9353	0	0
10. Legal Assistance			160	17950					0	0	0	0
11. Transportation	254	6810	2100	37561	0	0	0	0	0	0	730	11200

13. Information & Assistance			3784	323562	40	3691	0	0	0	0	0	0
14. Health Promotion: Evidence-Based	0	0	0	0	0	0			0	0	0	0
15. Health Promotion: Not Evidence-Based	0	0	1003	8813	0	0			0	0	0	0
16a. Other Services	535	15000	390	27000	0	0	0	0	0	0	6770	291439
16b. Caregiver Services	0	0	0	0	0	0			0	0	0	0
17. Area Plan Administration		40598		40598		0		0		0		38218
Total		559605		455484		3691		388734		1164924		351857
Service Categories	EISEP		CSE		CSI		WIN		UNMET NEED		ADDTL. FUNDING	

Save Changes

Home **Logout**

Inicio App Directory Counties Events Programs Services

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 4/1/26 to 3/31/27
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

New York State Office for the Aging
Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

Service Categories	Dir	Con	Number of Individuals to be Served	Grand Total		Title III-B		Title III-C-1		Title III-C-2	
				Units	Amount	Units	Amount	Units	Amount	Units	Amount
1. Assistive Technology/ Durable Equipment/ Emergency Response			35	535	15000	0	0	0	0	0	0
a. Assistive Devices/Equipment	☐	☐	0	0	0	0	0	0	0	0	0
b. Emergency Response Monitoring	☐	☑	35	535	15000	0	0	0	0	0	0
c. Household Appliance	☐	☐	0	0	0	0	0	0	0	0	0
d. Technology and Innovations	☐	☐	0	0	0	0	0	0	0	0	0
2. Consumable Supplies	☐	☐	0	0	0	0	0	0	0	0	0
3. Home Modifications/Repairs			0	0	0	0	0	0	0	0	0
a. Home Maintenance/Repair	☐	☐	0	0	0	0	0	0	0	0	0
b. Home Modifications	☐	☐	0	0	0	0	0	0	0	0	0
c. Aging in Place Consultation	☐	☐	0	0	0	0	0	0	0	0	0
4. Elder Abuse Prevention/ Elder Rights			0	0	0	0	0	0	0	0	0
a. Crime and Safety Services	☐	☐	0	0	0	0	0	0	0	0	0
b. Elder Abuse Education & Outreach	☐	☐	0	0	0	0	0	0	0	0	0
c. LTC Ombudsman	☐	☐	0	0	0	0	0				
d. AAA Entered Services (Total)			0	0	0	0	0	0	0	0	0
5. Health			0	0	0	0	0	0	0	0	0
a. Home Health Aide	☐	☐	0	0	0	0	0	0	0	0	0
b. Psycho-Social Counseling	☐	☐	0	0	0	0	0	0	0	0	0

Service Categories	Dir	Con	Number of Individuals	Grand Total		Title III-B		Title III-C-1		Title III-C-2	
8. Socialization			170	375	17500	0	0	0	0	0	0
a. Friendly Visiting	☐	☐	0	0	0	0	0	0	0	0	0
b. Recreation and Education	☐	☑	120	300	14000	0	0	0	0	0	0
c. Telephone Reassurance	☑	☑	50	75	3500	0	0	0	0	0	0
d. AAA Entered Services (Total)			0	0	0	0	0	0	0	0	0
9. Access Not Reported Elsewhere			1620	1030	190460	0	0	0	0	0	0
a. NY Connects			1620	1030	190460	0	0				
i. Information and Assistance	☑	☐	1000	1000	147460	0	0				
ii. Person-Centered Options Counseling	☑	☐	20	20	40000	0	0				
iii. Public Education	☑	☐	600	10	3000	0	0				
b. Discount Program	☐	☐	0	0	0	0	0	0	0	0	0
c. Energy Assistance	☐	☐	0	0	0	0	0	0	0	0	0
d. Financial/Tax Counseling	☐	☐	0	0	0	0	0	0	0	0	0
e. SNAP (DSS)	☐	☐	0	0	0	0	0	0	0	0	0
f. Weatherization	☐	☐	0	0	0	0	0	0	0	0	0
g. AAA Entered Services (Total)			0	0	0	0	0	0	0	0	0
10. Other			6482	5740	100979	0	0	0	0	0	0
a. MIPPA & HIICAP			6482	5740	100979	0	0				
i. Beneficiary Contact	☑	☑	5682	5682	97979	0	0				
ii. Group Outreach and Education	☑	☑	200	42	2000	0	0				
iii. Media Outreach and Education	☑	☐	600	16	1000	0	0				
b. Employment	☐	☐	0	0	0	0	0	0	0	0	0
c. Shopping Assistance	☐	☐	0	0	0	0	0	0	0	0	0
d. Volunteer Services Program	☐	☐	0	0	0	0	0	0	0	0	0
e. AAA Entered Services (Total)			0	0	0	0	0	0	0	0	0

Save Changes

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 4/1/26 to 3/31/27
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

New York State Office for the Aging
Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

	EISEP		CSE		CSI		WIN		UNMET		ADDTL. FUNDING	
Service Categories	**Units**	**Amount**	**Units**	**Amount**	**Units**	**Amount**	**Units**	**Amount**	**Units**	**Amount**	**Units**	**Amount**
1. Assistive Technology/ Durable Equipment/ Emergency Response	535	15000	0	0	0	0	0	0	0	0	0	0
a. Assistive Devices/Equipment	0	0	0	0	0	0	0	0	0	0	0	0
b. Emergency Response Monitoring	535	15000	0	0	0	0	0	0	0	0	0	0
c. Household Appliance	0	0	0	0	0	0	0	0	0	0	0	0
d. Technology and Innovations	0	0	0	0	0	0	0	0	0	0	0	0
2. Consumable Supplies	0	0	0	0	0	0	0	0	0	0	0	0
3. Home Modifications/Repairs	0	0	0	0	0	0	0	0	0	0	0	0
a. Home Maintenance/Repair	0	0	0	0	0	0	0	0	0	0	0	0
b. Home Modifications	0	0	0	0	0	0	0	0	0	0	0	0
c. Aging in Place Consultation	0	0	0	0	0	0	0	0	0	0	0	0
4. Elder Abuse Prevention/ Elder Rights	0	0	0	0	0	0	0	0	0	0	0	0
a. Crime and Safety Services	0	0	0	0	0	0	0	0	0	0	0	0
b. Elder Abuse Education & Outreach	0	0	0	0	0	0	0	0	0	0	0	0
c. LTC Ombudsman											0	0
d. AAA Entered Services (Total)	0	0	0	0	0	0	0	0	0	0	0	0
5. Health	0	0	0	0	0	0	0	0	0	0	0	0
a. Home Health Aide	0	0	0	0	0	0	0	0	0	0	0	0
b. Psycho-Social Counseling	0	0	0	0	0	0	0	0	0	0	0	0
6. Outreach	0	0	5	4500	0	0	0	0	0	0	0	0

8. Socialization	0	0	375	17500	0	0	0	0	0	0	0	0
a. Friendly Visiting	0	0	0	0	0	0	0	0	0	0	0	0
b. Recreation and Education	0	0	300	14000	0	0	0	0	0	0	0	0
c. Telephone Reassurance	0	0	75	3500	0	0	0	0	0	0	0	0
d. AAA Entered Services (Total)	0	0	0	0	0	0	0	0	0	0	0	0
9. Access Not Reported Elsewhere	0	0	0	0	0	0	0	0	0	0	1030	190460
a. NY Connects			0	0					0	0	1030	190460
i. Information and Assistance			0	0					0	0	1000	147460
ii. Person-Centered Options Counseling			0	0					0	0	20	40000
iii. Public Education			0	0					0	0	10	3000
b. Discount Program	0	0	0	0	0	0	0	0	0	0	0	0
c. Energy Assistance	0	0	0	0	0	0	0	0	0	0	0	0
d. Financial/Tax Counseling	0	0	0	0	0	0	0	0	0	0	0	0
e. SNAP (DSS)	0	0	0	0	0	0	0	0	0	0	0	0
f. Weatherization	0	0	0	0	0	0	0	0	0	0	0	0
g. AAA Entered Services (Total)	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	5740	100979
a. MIPPA & HIICAP			0	0					0	0	5740	100979
i. Beneficiary Contact			0	0					0	0	5682	97979
ii. Group Outreach and Education			0	0					0	0	42	2000
iii. Media Outreach and Education			0	0					0	0	16	1000
b. Employment	0	0	0	0	0	0	0	0	0	0	0	0
c. Shopping Assistance	0	0	0	0	0	0	0	0	0	0	0	0
d. Volunteer Services Program	0	0	0	0	0	0	0	0	0	0	0	0
e. AAA Entered Services (Total)	0	0	0	0	0	0	0	0	0	0	0	0
Service Categories	EISEP		CSE		CSI		WIN		UNMET		ADDTL. FUNDING	

Save Changes

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging -
AIP Period: 4/1/26 to 3/31/27
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

New York State Office for the Aging
Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

				Grand Total		Title III-B		Title III-E		EISEP		CSE		CSI		UNMET		ADDTL. FUNDING	
Service Categories	Dir	Con	Number of Individuals	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amou
1. Registered Caregiver Services			85	6365	152569	0	0	6365	152569			0	0	0	0	0	0	0	
a. Caregiver Counseling	☐	☐	0	0	0	0	0	0	0			0	0	0	0	0	0	0	
b. Caregiver Training	☐	☐	0	0	0	0	0	0	0			0	0	0	0	0	0	0	
c. Supplemental Services			30	4118	50457	0	0	4118	50457			0	0	0	0	0	0	0	
d. Assistance: Case Management (Caregiver)	☑	☐	40	436	37112	0	0	436	37112			0	0	0	0	0	0	0	
e. Respite Care Services			15	1811	65000	0	0	1811	65000	0	0	0	0	0	0	0	0	0	
i. In-Home Respite			15	1811	65000	0	0	1811	65000	0	0	0	0	0	0	0	0	0	
1. Not Caregiver Directed	☐	☑	15	1811	65000	0	0	1811	65000	0	0	0	0			0	0	0	
2. Caregiver Directed	☐	☐	0	0	0	0	0	0	0	0	0	0	0			0	0	0	
3. Respite Voucher	☐	☐	0	0	0	0	0	0	0			0	0			0	0	0	
ii. Out-of-Home Respite (Day)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1. Not Caregiver Directed	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Caregiver Directed	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Respite Voucher	☐	☐	0	0	0	0	0	0	0			0	0	0	0	0	0	0	
iii. Out-of-Home Respite (Overnight)			0	0	0	0	0	0	0			0	0	0	0	0	0	0	
1. Not Caregiver Directed	☐	☐	0	0	0	0	0	0	0			0	0	0	0	0	0	0	
2. Caregiver Directed	☐	☐	0	0	0	0	0	0	0			0	0	0	0	0	0	0	

2. Non-Registered Caregiver Services			520	88	3200	0	0	88	3200			0	0	0	0	0	0	0		
a. Caregiver Support Groups	☑	☐	5	40	1000	0	0	40	1000			0	0	0	0	0	0	0		
b. Assistance: Information and Assistance	☑	☐	15	40	2000	0	0	40	2000			0	0	0	0	0	0	0		
c. Caregiver Information (Public)	☑	☐	500	8	200	0	0	8	200			0	0	0	0	0	0	0		
Service Categories	**Dir**	**Con**	**Number of Individuals**	**Grand Total**		**Title III-B**		**Title III-E**		**EISEP**		**CSE**		**CSI**		**UNMET**		**ADDTL. FUNDING**		

Save Changes

Home Logout

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 4/1/26 to 3/31/27
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

New York State Office for the Aging
Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

Service Categories	Dir	Con	Number of Individuals	Grand Total		Title III-B		Title III-E		CSE		CSI		UNMET		ADDTL. FUNDING	
				Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amour
1. Assistive Technology/ Durable Equipment/ Emergency Response			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
a. Caregiver Assistive Devices/Equipment	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
b. Caregiver Emergency Response Monitoring	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
c. Caregiver Household Appliance	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
d. Caregiver Technologies and Innovations	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
2. Caregiver Consumable Supplies	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Home Modifications/Repairs			0	0	0	0	0	0	0	0	0			0	0	0	
a. Caregiver Home Maintenance/Repair	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
b. Caregiver Home Modifications	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
4. Caregiver Legal and/or Financial Consultation	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Caregiver Homemaker/Chore/Personal Care	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
6. Transportation			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
a. Caregiver Transportation	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
b. Caregiver Assisted Transportation	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Nutrition Services			30	4118	50457	0	0	4118	50457	0	0	0	0	0	0	0	
a. Home Delivered Meals			30	4118	50457	0	0	4118	50457	0	0	0	0	0	0	0	
i. Caregiver NSIP Eligible Home Delivered Meals	☑	☑	30	4118	50457	0	0	4118	50457	0	0			0	0	0	
ii. Caregiver NSIP Ineligible Home Delivered Meals	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
b. Congregate Meals			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
i. Caregiver NSIP Eligible Congregate Meals	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ii. Caregiver NSIP																	

Service Categories	Dir	Con	Number of Individuals	Grand Total		Title III_B		Title III-E		CSE		CSI		UNMET		ADDTL. FUNDING	
c. Caregiver Nutrition Counseling	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
d. Caregiver Nutrition Education	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Other Supplemental Services			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
a. Caregiver Socialization	☐	☐	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
b. Caregiver Telephone Reassurance	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
c. Caregiver Care Expenses Support	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
d. Caregiver Other	☐	☐	0	0	0	0	0	0	0	0	0			0	0	0	
e. AAA Entered Other Caregiver Supplemental Services (Total)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Save Changes

Home Logout

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 4/1/26 to 3/31/27
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

New York State Office for the Aging
Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

Service Categories	Dir	Con	Number of Individuals	Grand Total		Title III-E		Unmet Need		ADDTL. FUNDING	
				Units	Amount	Units	Amount	Units	Amount	Units	Amount
1. Registered Caregiver Services - Older Relatives			0	0	0	0	0	0	0	0	0
a. Caregiver Counseling	☐	☐	0	0	0	0	0	0	0	0	0
b. Caregiver Training	☐	☐	0	0	0	0	0	0	0	0	0
c. Supplemental Services - Older Relatives			0	0	0	0	0	0	0	0	0
d. Assistance: Case Management (Caregiver)	☐	☐	0	0	0	0	0	0	0	0	0
e. Respite Care Services			0	0	0	0	0	0	0	0	0
i. In-Home Respite			0	0	0	0	0	0	0	0	0
1. Not Consumer Directed	☐	☐	0	0	0	0	0	0	0	0	0
2. Consumer Directed	☐	☐	0	0	0	0	0	0	0	0	0
3. Voucher	☐	☐	0	0	0	0	0	0	0	0	0
ii. Out-of-Home Respite (Day)			0	0	0	0	0	0	0	0	0
1. Not Consumer Directed	☐	☐	0	0	0	0	0	0	0	0	0
2. Consumer Directed	☐	☐	0	0	0	0	0	0	0	0	0
3. Voucher	☐	☐	0	0	0	0	0	0	0	0	0
iii. Out-of-Home Respite (Overnight)			0	0	0	0	0	0	0	0	0
1. Not Consumer Directed	☐	☐	0	0	0	0	0	0	0	0	0
2. Consumer Directed	☐	☐	0	0	0	0	0	0	0	0	0
3. Voucher	☐	☐	0	0	0	0	0	0	0	0	0
2. Non-Registered Caregiver Services			0	0	0	0	0	0	0	0	0

b. Assistance: Information and Assistance	☐	☐	0	0	0	0	0	0	0	0	0	0
c. Caregiver Information (Public)	☐	☐	0	0	0	0	0	0	0	0	0	0
Service Categories	**Dir**	**Con**	**Number of Individuals**	**Grand Total**		**Title III-E**		**Unmet Need**		**ADDTL. FUNDING**		

Save Changes

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 4/1/26 to 3/31/27
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

New York State Office for the Aging
Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

Service Categories	Dir	Con	Number of Individuals	Grand Total		Title III-E		Unmet Need		ADDTL. FUNDING	
				Units	Amount	Units	Amount	Units	Amount	Units	Amount
1. Assistive Technology/ Durable Equipment/ Emergency Response			0	0	0	0	0	0	0	0	0
a. Caregiver Emergency Response Monitoring	☐	☐	0	0	0	0	0	0	0	0	0
b. Caregiver Assistive Devices/Equipment	☐	☐	0	0	0	0	0	0	0	0	0
c. Caregiver Household Appliance	☐	☐	0	0	0	0	0	0	0	0	0
d. Caregiver Technologies and Innovations	☐	☐	0	0	0	0	0	0	0	0	0
2. Caregiver Consumable Supplies	☐	☐	0	0	0	0	0	0	0	0	0
3. Home Modifications/Repairs			0	0	0	0	0	0	0	0	0
a. Caregiver Home Maintenance/Repair	☐	☐	0	0	0	0	0	0	0	0	0
b. Caregiver Home Modifications	☐	☐	0	0	0	0	0	0	0	0	0
4. Caregiver Legal and/or Financial Consultation	☐	☐	0	0	0	0	0	0	0	0	0
5. Caregiver Homemaker/Chore/Personal Care	☐	☐	0	0	0	0	0	0	0	0	0
6. Transportation			0	0	0	0	0	0	0	0	0
a. Caregiver Transportation	☐	☐	0	0	0	0	0	0	0	0	0
b. Caregiver Assisted Transportation	☐	☐	0	0	0	0	0	0	0	0	0
7. Nutrition Services			0	0	0	0	0	0	0	0	0
a. Caregiver Home Delivered Meals			0	0	0	0	0	0	0	0	0
i. NSIP Eligible Nutrition	☐	☐	0	0	0	0	0	0	0	0	0
ii. NSIP Ineligible Nutrition	☐	☐	0	0	0	0	0	0	0	0	0
b. Caregiver Congregate Meals			0	0	0	0	0	0	0	0	0

ii. NSIP Ineligible Nutrition	☐	☐	0	0	0	0	0	0	0	0	0	0
c. Caregiver Nutrition Counseling	☐	☐	0	0	0	0	0	0	0	0	0	0
d. Caregiver Nutrition Education	☐	☐	0	0	0	0	0	0	0	0	0	0
8. Other Supplemental Services			0	0	0	0	0	0	0	0	0	0
a. Caregiver Socialization	☐	☐	0	0	0	0	0	0	0	0	0	0
b. Caregiver Telephone Reassurance	☐	☐	0	0	0	0	0	0	0	0	0	0
c. Caregiver Care Expenses Support	☐	☐	0	0	0	0	0	0	0	0	0	0
d. Caregiver Other	☐	☐	0	0	0	0	0	0	0	0	0	0
e. AAA Entered Other Caregiver Supplemental Services (Total)			0	0	0	0	0	0	0	0	0	0
Service Categories	Dir	Con	Number of Individuals	Grand Total		Title III-E		Unmet Need		ADDTL. FUNDING		

Save Changes

Home Logout

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 1/1/26 to 12/31/26
Title III-B Period (if different than above
to
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

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

Budget Category	Title III-B			Title III-C-1			Title III-C-2			Title III-D	Title III-E		
	Administration	Services	Budget	Administration	Services	Budget	Administration	Services	Budget	Budget	Administration	Services	Budget
Expenditures													
E1. Personnel	34729	34746	69475	0	121553	121553	0	78142	78142	4794	0	18854	18854
E2. Fringe Benefits	13892	18714	32606	0	47250	47250	0	28950	28950	2157	0	8484	8484
			46.93 %			38.87 %			37.05 %	44.99 %			45 %
E3. Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0
E4. Travel	0	0	0	0	0	0	0	0	0	1000	0	500	500
E5. Maintenance & Operations	0	362	362	0	0	0	0	0	0	1612	0	1612	1612
E6. Office Expenses	0	2434	2434	0	0	0	0	0	0	862	0	862	862
E7. Contracts	0	2000	2000	0	0	0	0	0	0	7489	0	115457	115457
E8. Food					0	0		0	0			10000	10000
TOTAL EXPENDITURES	48621	58256	106877	0	168803	168803	0	107092	107092	17914	0	155769	155769
Revenue													
R1. Program Income		0	0		0	0		7000	7000	0		0	0
R2. NSIP					0	0		0	0			0	0
NET TOTAL EXPENDITURES	48621	58256	106877	0	168803	168803	0	100092	100092	17914	0	155769	155769
R3. Grant Share	36465.00	39472.00	75937	0.00	148443.49	148443.49	0.00	87637.00	87637	16122.32	0.00	114583.43	114583.43
	75 %(a)	67.76 %(b)		0 %(a)	87.94 %(b)		0 %(a)	87.56 %(b)		90 %(b)	0 %(a)	73.56 %(a)	
R4. Matching Funds	12156.00	18784.00	30940	0.00	20359.51	20359.51	0.00	12455.00	12455	1791.68	0.00	41185.57	41185.57
	25.0015 %	32.2439 %		0 %	12.0611 %		0 %	12.4436 %		10.0016 %	0 %	26.4402 %	
TOTAL REVENUES	48621	58256	106877	0	168803	168803	0	107092	107092	17914	0	155769	155769

(a) Federal Funds Requested Cannot Exceed 75% of Net Total Expenditures.
(b) Federal Funds Requested Cannot Exceed 90% of Net Total Expenditures.

Percent of Federal funds budgeted for Area Plan Administration:$ 36465 8.23652 %
(See Guide for Completion for further information)

Save Changes

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging -
AIP Period: 1/1/26 to 12/31/2
Title III-B Period (if different than abov
to
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

Supporting Budget Schedule - Federal Programs

E5. MAINTENANCE & OPERATIONS	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Rental Costs from Rent Allocation Schedule	0	0	0	0	0
B. Equipment Maintenance	0	0	0	0	0
C. Equipment Costing Less Than $1,000	0	0	0	0	0
D. Insurance	0	0	0	0	0
E. Photocopying	0	0	0	0	0
F. Postage	43	0	0	157	157
G. Printing	0	0	0	0	0
H. Supplies	286	0	0	1215	1215
I. Telephone	0	0	0	107	107
J. Other (specify): Data/Internet User Fee	33	0	0	133	133
K. Other (specify):	0	0	0	0	0
L. Other (specify):	0	0	0	0	0
Total Maintenance & Operations	362	0	0	1612	1612
E6. 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	554	0	0	862	862
E. Minor Alterations & Renovations	0	0	0	0	0
F. Language Access Services	0	0	0	0	0
G. Other (specify): Workmen's Comp	1880	0	0	0	0
H. Other (specify):	0	0	0	0	0
Total Other Expenses	2434	0	0	862	862
	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E

Save Changes

Welcome Deanna P.

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging -
AIP Period: 1/1/26 to 12/31/2
Title III-B Period (if different than abov
to
Original Date Submitte
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna Pa

Supporting Budget Schedule - Federal Programs - cont.

R1. ANTICIPATED INCOME	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Participant Contributions	0.00	0.00	7000.00	0.00	0.00
B. Other Income (specify source): MLTC	0.00	0.00	0.00	0.00	0.00
Total Income (10A +10B)	0	0	7000	0	0
R3. FEDERAL FUNDS	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Carryover*	0.00	21091.49	927.00	10070.32	69698.43
B. Base Allocation	75937.00	127352.00	86710.00	6052.00	44885.00
C. Transfer From and (To) III-B**		0.00	0.00		
D. Transfer From and (To) III-C1**	0.00		0.00		
E. Transfer From and (To) III-C2**	0.00	0.00			
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	75937	148443.49	87637	16122.32	114583.43
R4. MATCHING FUNDS Source / Check if In-Kind	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
Warren County ☐	5731.00	8344.51	8418.00	895.84	24910.07
Hamilton County ☐	25209.00	12015.00	4037.00	895.84	16275.50
☐	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	0.00	0.00
Volunteers as Match	0.00	0.00	0.00	0.00	0.00
Total Matching Funds	30940	20359.51	12455	1791.68	41185.57

* 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.

Save Changes

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 5
AIP Period: 4/1/26 to 3/31/2
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

Application for Funding
Summary Budget for EISEP, CSE, CSI, and WIN Programs

Budget Category	EISEP			CSE			CSI			WIN		
	Administration	Services	Budget	Administration	Services	Budget	Administration	Services	Budget	Administration	Services	Budget
Expenditures												
E1. Personal	40000	18924	58924	40000	210200	250200	0	0	0	0	109598	109598
E2. Fringe Benefits	598	23570	24168	598	100080	100678	0	0	0	0	49319	49319
			41.02 %			40.24 %			0 %			45 %
E3. Equipment	0	0	0	0	0	0	0	0	0	0	0	0
E4. Travel	0	9695	9695	0	2120	2120	0	3691	3691	0	23040	23040
E5. Maintenance & Operation	0	3148	3148	0	1280	1280	0	0	0	0	20244	20244
E6. Other Expenses	0	4880	4880	0	2732	2732	0	0	0	0	1539	1539
E7. Contracts	0	437958	437958	0	98474	98474	0	0	0	0	174994	174994
E8. Food		20832	20832		0	0					10000	10000
TOTAL EXPENDITURES	40598	519007	559605	40598	414886	455484	0	3691	3691	0	388734	388734
Revenue												
R1. Program Income Not Co-Insurance		9000	9000		12000	12000		0	0		38000	38000
R2. NSIP		0	0		0	0					24103	24103
NET TOTAL EXPENDITURES	40598	510007	550605	40598	402886	443484	0	3691	3691	0	326631	326631
R3. Grant Share	40598 (a)	378573 (b)	419171	40598 (a)	253941 (b)	294539	0 (b,c)	2767 (b)	2767 (b)	0 (c)	305722	305722
		74.229			63.0305		0.00	74.9661	74.97			
R4. Matching Funds		131434	131434		148945	148945	0	924	924	0	20909	20909
		25.771			36.9695				25.0339			
TOTAL REVENUES	40598	519007	559605	40598	414886	455484	0	3691	3691	0	388734	388734

(a) 100% State Reimbursement
(b) 75% State Reimbursement
(c) Limited to 5% of total state funds (WIN and CSI programs)

ISEP In-Home Services Percentage: 74.02 %
EISEP In-Home Services include Personal Care Level I & II & Consumer Directed In-home Services only)
ISEP Ancillary Services Percentage: 15.83 %
Ancillary services include Adult Day Services not provided as non-institutional respite, HDM, Congregate Meals, Nutrition Counseling, Assisted Transportation/Escort, Transportation, In-home Contact and Support not provided as non-institutional respite, Health Promotion ersonal Emergency Response and Other Services)
See Guide for Completion and the worksheet for additional information.)

AAA: Warren/Hamilton Counties Office for the Aging -
AIP Period: 4/1/26 to 3/31/
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

Summary Budget for EISEP, CSE, CSI, and WIN Programs

E5. MAINTENANCE & OPERATIONS	EISEP	CSE	CSI	WIN
A. Rental Costs from Rent Allocation Schedule	0	0	0	14437
B. Equipment Maintenance	0	0	0	1106
C. Equipment Costing Less Than $1,000	0	0	0	0
D. Insurance	0	0	0	518
E. Photocopying	0	0	0	0
F. Postage	158	144	0	0
G. Printing	0	0	0	0
H. Supplies	2750	929	0	3133
I. Telephone	107	107	0	760
J. Other (specify): Data/Internet User Fee	133	100	0	100
K. Other (specify): Physicals	0	0	0	190
L. Other (specify):	0	0	0	0
Total Maintenance & Operations	3148	1280	0	20244
E6. OTHER EXPENSES	EISEP	CSE	CSI	WIN
A. Audits	0	0	0	0
B. Bonding	0	0	0	0
C. Conferences, Seminars & Training	600	600	0	0
D. Membership & Subscriptions	862	594	0	0
E. Minor Alterations & Renovations	0	0	0	0
F. Language Access Services	0	0	0	0
G. Other* (specify): Workmens Comp	3418	1538	0	1539
H. Other* (specify):	0	0	0	0
Total Other Expenses	4880	2732	0	1539

*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.

AAA: Warren/Hamilton Counties Office for the Aging -
AIP Period: 4/1/26 to 3/31/
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

Summary Budget for EISEP, CSE, CSI, and WIN Programs

R1. Anticipated Income	EISEP	CSE	CSI	WIN
A. Cost Sharing	9000	0		
B. Cost Sharing Transferred from EISEP to CSE	0	0		
C. Net Cost Sharing (10A[+ or -]10B)	9000	0		
D. Participant Contributions	0	0	0	18000
E. Other Income (specify source): MLTC/Towns for Transportati	0	12000	0	20000
F. Contributions Used as Match	0	0	0	
Total Income (10C+10D+10E-10F)	9000	12000	0	38000
R4. Matching Funds Source / Check If In-Kind	EISEP	CSE	CSI	WIN
Warren County ☐	85639	74473	521	9736
Hamilton County ☐	45795	74472	403	11173
☐	0	0	0	0
☐	0	0	0	0
Volunteers as Match	0	0	0	
Contributions Used as Match	0	0	0	
Total Matching Funds	131434	148945	924	20909

Save Changes

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging -
AIP Period: 4/1/26 to 3/31/
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

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
Expenditures												
E1. Personnel	0	319471	319471	0	0	0	0	0	0	0	35930	35930
E2. Fringe Benefits	0	112860	112860	0	0	0	0	0	0	0	19044	19044
			35.33 %			0 %			0 %			53.00 %
E3. Equipment	0	4554	4554				0	0	0	0	0	0
E4. Travel	0	30870	30870	0	0	0	0	710	710	0	622	622
E5. Maintenance & Operations	0	43835	43835	0	0	0	0	0	0	0	2242	2242
E6. Other Expenses	0	9220	9220	0	0	0	0	0	0	0	228	228
E7. Contracts	0	571849	571849	0	0	0	0	10490	10490	0	11500	11500
E8. Food		72265	72265									
Total Expenditures	0	1164924	1164924	0	0	0	0	11200	11200	0	69566	69566
Revenues												
R1. Program Income		74000	74000		0	0		0	0		0	0
R2. NMF		24103	24103									
Net Total Expenditures	0	1066821	1066821	0	0	0	0	11200	11200	0	69566	69566
R3. Grant Share	0 (b)	802430	802430	0 (b)	0	0	0 (b)	11200	11200	0 (b)	68086	68086
R4. Matching Funds			264391			0			0			1480
Total Revenues	0	900533	1164924	0	0	0	0	11200	11200	0	68086	69566

a. State Transportation funds may not be utilized to purchase vehicles
b. Limited to 15% of total funds requested

Save Changes

Home **Logout**

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging -
HIICAP Period: 4/1/26 to 3/31/
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

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

E5. MAINTENANCE & OPERATIONS	Unmet Need	CRC	Transportation	HIICAP
A. Rental Costs from Rent Allocation Schedule	24414	0	0	0
B. Equipment Maintenance	6006	0	0	0
C. Equipment Costing Less Than $1,000	0	0	0	0
D. Insurance	2509	0	0	0
E. Photocopying	0	0	0	0
F. Postage	0	0	0	156
G. Printing	0	0	0	0
H. Supplies	6456	0	0	1213
I. Telephone	4140	0	0	107
J. Other (specify): Data/Internet Usage Fee	0	0	0	766
K. Other (specify): Physical	310	0	0	0
L. Other (specify):	0	0	0	0
Total Maintenance & Operations	43835	0	0	2242
E6. 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	500	0	0	228
E. Minor Alterations & Renovations	0	0	0	0
F. Language Access Services	0	0	0	0
G. Other (specify): Workmens Comp	8720	0	0	0
H. Other (specify):	0	0	0	0
Total Other Expenses	9220	0	0	228

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging -
HIICAP Period: 4/1/26 to 3/31/
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

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

*There is no longer a cost share requirement for Unmet Need Services

R1. Program Income	Unmet Need*	CRC	Transportation	HIICAP
A. Cost Sharing	0			
B. Cost Sharing Transferred	0			
C. Net Cost Sharing	0			
D. Participant Contributions	74000	0	0	0
E. Other Income (specify source): MLTC	0	0	0	0
F. Contributions Used as Match	0	0	0	0
Total Income	74000	0	0	0
R4. Matching Funds Source	Check if In-Kind	Unmet Need	CRC	Transportation	HIICAP
Warren County	☐	132196	0	0	1480
Hamilton County	☐	132195	0	0	0
	☐	0	0	0	0
	☐	0	0	0	0
	☐	0	0	0	0
Volunteers as Match		0	0	0	0
Contributions Used as Match		0	0	0	0
Total Matching Funds		264391	0	0	1480

Save Changes

AAA: Warren/Hamilton Counties Office for the Aging -
Period: 4/1/26 to 3/31
Original Date Submitte
Date Revise
Date Last Saved: 04/23/2026 | Last Saved By: Deanna P

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
								7a Implementation	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
[N] Barrett, Lisa	[ ]	34,167	0	0	7,858	6,577	0	0	0	0	0	0	13,154	6,578	#3
[T] Meal/Site Manager		100.00%	0.00%	0.00%	23.00%	19.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.50%	19.25%	
[N] Bearor, Catherine	[ ]	63,051	0	0	0	0	0	0	0	0	30,816	0	0	32,235	#4 #5 #7
[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%	48.87%	0.00%	0.00%	51.13%	
[N] Belden, Stephanie	[ ]	50,122	0	0	0	0	0	0	0	0	40,098	0	0	10,024	#7
[T] Other		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	80.00%	0.00%	0.00%	20.00%	
[N] Cabana, Cynthia	[ ]	23,619	0	0	0	0	0	0	0	0	0	0	0	23,619	#7
[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%	
[N] Church, Lauren	[ ]	26,018	0	0	8,195	4,814	0	0	0	0	0	0	4,813	8,196	#3
[T] Cook		100.00%	0.00%	0.00%	31.50%	18.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.50%	31.50%	
[N] Coulter, Cynthia	[ ]	54,192	0	0	0	0	0	0	0	0	43,354	0	0	10,838	#7
[T] Other		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	80.00%	0.00%	0.00%	20.00%	
[N] Cummins, Berniece	[ ]	38,237	0	0	24,089	7,074	0	0	0	0	0	0	7,074	0	#3
[T] Meal/Site Manager		100.00%	0.00%	0.00%	63.00%	18.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.50%	0.00%	
[N] Gardner, Jan	[ ]	29,812	0	0	3,428	5,769	0	0	0	0	0	0	11,478	9,137	#3
[T] Meal/Site Manager		100.00%	0.00%	0.00%	11.50%	19.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.50%	30.65%	
[N] Haines, Jeffrey	[ ]	66,157	0	0	3,259	3,259	3,911	7,821	0	39,760	0	0	0	8,147	#7
[T] Fiscal Officer		100.00%	0.00%	0.00%	4.93%	4.93%	5.91%	11.82%	0.00%	60.10%	0.00%	0.00%	0.00%	12.31%	
[N] Hall, Johanna	[ ]	63,051	0	0	0	0	0	0	0	0	12,452	0	0	50,599	#4 #5 #7
[T] Other		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19.75%	0.00%	0.00%	80.25%	
[N] Hanchett, Sherry	[ ]	57,488	0	0	0	0	0	0	0	0	28,744	0	0	28,744	#7
[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] Hutchins, Mary	[ ]	25,283	0	0	7,964	4,678	0	0	0	0	0	0	4,677	7,964	#3
[T] Cook		100.00%	0.00%	0.00%	31.50%	18.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.50%	31.50%	
[N] Johnson, Linda	[ ]	28,472	0	0	6,459	5,504	0	0	0	0	0	0	11,006	5,503	#3
[T] Cook		100.00%	0.00%	0.00%	22.69%	19.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.66%	19.33%	
[N] Kostolni, Christine	[ ]	31,222	0	0	7,181	6,010	0	0	0	0	0	0	12,020	6,011	#3
[T] Meal/Site Manager		100.00%	0.00%	0.00%	23.00%	19.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.50%	19.25%	
[N] Mumblow, Ruth	[ ]	36,737	0	0	8,450	7,072	0	0	0	0	0	0	14,143	7,072	#3
[T] Meal/Site Manager		100.00%	0.00%	0.00%	23.00%	19.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.50%	19.25%	
[N] O'Rourke, RoseAnn	[X]	77,192	34,729	34,746	0	0	0	0	0	0	0	0	0	7,717	#7
[T] Other		100.00%	44.99%	45.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	
[N] Ostrander, Jessi	[ ]	29,813	0	0	9,391	5,516	0	0	0	0	0	0	5,515	9,391	#3
[T] Meal/Site Manager		100.00%	0.00%	0.00%	31.50%	18.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.50%	31.50%	
[N] Park, Deanna	[ ]	94,209	3,000	0	0	0	5,212	12,179	0	240	54,736	0	0	18,842	#7
[T] Director		100.00%	3.18%	0.00%	0.00%	0.00%	5.53%	12.93%	0.00%	0.25%	58.10%	0.00%	0.00%	20.00%	
[N] Pratt, Lisa	[ ]	48,655	0	0	0	0	9,731	20,000	18,924	0	0	0	0	0	
[T] Aging Services Representative/Specialist/Worker/Aide		100.00%	0.00%	0.00%	0.00%	0.00%	20.00%	41.11%	38.89%	0.00%	0.00%	0.00%	0.00%	0.00%	
[N] Simons, Kathy	[ ]	25,283	0	0	7,964	4,678	0	0	0	0	0	0	4,677	7,964	#3
[T] Cook		100.00%	0.00%	0.00%	31.50%	18.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.50%	31.50%	
[N] Smith, Colleen	[ ]	37,112	0	0	11,690	6,866	0	0	0	0	0	0	6,866	11,690	#3
[T] Meal/Site Manager		100.00%	0.00%	0.00%	31.50%	18.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.50%	31.50%	
[N] Substitutes - Hamilton	[ ]	35,000	0	0	11,025	6,475	0	0	0	0	0	0	6,475	11,025	#3
[T] Food Service Worker/Aide/Helper		100.00%	0.00%	0.00%	31.50%	18.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.50%	31.50%	
[N] Substitutes-Warren	[ ]	20,000	0	0	4,600	3,850	0	0	0	0	0	0	7,700	3,850	#3
[T] Other		100.00%	0.00%	0.00%	23.00%	19.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.50%	19.25%	
[N] Volunteers Used As Match	[ ]	0	0	0	0	0	0	0	0	0	0	0	0	0	

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%	
Grand Total		1,042,832	37,729	34,746	121,553	78,142	18,854	40,000	18,924	40,000	210,200	0	109,598	333,086	

or 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) HIICAP	5) MIPPA
6) Transportation	7) NY Connects E & E	8) ADCSI	9) Contracts	10) County Funds
11) COVID Funding				

AAA: Warren/Hamilton Counties Office for the Aging -
Period: 4/1/26 to 3/31
Original Date Submitt
Date Revise
Date Last Saved: | Last Saved

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**	12 Other Funding Amount
Range - 10 burner/double oven	1	4,554	4,554	0	0	0	0	0	0	0	0	#3	4,
Grand Total			4,554	0	0	0	0	0	0	0	0		4,

AAAs should not include items purchased as EISEP ancillary services. These items should be included on the State Supporting Budget Schedule 1 for EISEP, CSE, CSI, WIN, CRC and State Transportation under 6 Other Expenses, lines F through H.

' Specifics on equipment charged to the 'Other Funding' category, i.e. HIICAP, Title V, etc. must also be included in the supporting budget portion of the other program's grant application.

Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) HIICAP	5) MIPPA
6) Transportation	7) NY Connects E & E	8) ADCSI	9) Contracts	10) County Funds
11) COVID Funding				

** Notes: Equipment may not be charged to the State Caregivers (CRC) grant. Vehicles may not be charged to the State Transportation program.

Home **Logout**

AAA: Warren/Hamilton Counties Office for the Aging -
Period: 4/1/26 to 3/31
Original Date Submitte
Date Revise
Date Last Saved: | Last Saved

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 FUNDI Source(s)** Amount
Address: Senior Citizen's Ctr., Bolton Landing									
Owner: Church of the Blessed Sacrament									#3
Annual Rent: 1	15,000	0	0	0	0	0	0	5,775	9,
Maint.-in-Lieu: 14,999	100%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.50%	61.5
Address: Senior Center, Indian Lake									
Owner: Town of Indian Lake									
Annual Rent: 1	1	0	0	0	0	0	0	1	
Maint.-in-Lieu: 0	100%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.(
Address: Senior Center, Johnsburg									
Owner: Town of Johnsburg									#3
Annual Rent: 1	8,000	0	0	0	0	0	0	3,080	4,
Maint.-in-Lieu: 7,999	100%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.50%	61.5
Address: 539 Lake Avenue, Lake Luzerne, NY 12846									
Owner: Town of Lake Luzerne									#3
Annual Rent: 13,250	13,250	0	0	0	0	0	0	5,101	8,
Maint.-in-Lieu: 0	100%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.50%	61.5
Address: Town Hall, Long Lake									
Owner: Town of Long Lake									#3
Annual Rent: 1	1,300	0	0	0	0	0	0	240	1,
Maint.-in-Lieu: 1,299	100%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.46%	81.5
Address: Buttermilk Falls Road, Wells									
Owner: Wells Ambulance Corp									#3
Annual Rent: 1	1,300	0	0	0	0	0	0	240	1,
Maint.-in-Lieu: 1,299	100%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.46%	81.5
Grand Total*	38,851	0	0	0	0	0	0	14,437	24,414

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

Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) HIICAP	5) MIPPA
6) Transportation	7) NY Connects E & E	8) ADCSI	9) Contracts	10) County Funds
11) COVID Funding				

Home **Logout**

AAA: Warren/Hamilton Counties Office for the Aging
Period: 4/1/26 to 3/3
Original Date Submitt
Date Revise
Date Last Saved: 04/29/2026 | Last Saved By: Deanna F

CONTRACTOR ROSTER

Name: Adirondack Community Action Programs, Inc.
Contractor Code: 52056
E-Mail: ajones@acapinc.org
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$5,000	$5,000	$10,000
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: 0 (Must be completed)	Services to be provided: 0 (Must be completed)	Services to be provided: 1 (Must be completed)	Services to be provided: 1 (Must be completed)	Services to be provided: 2 (Must be completed)

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

Name: American Medical Alert Corp
Contractor Code: 52057
E-Mail:
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$15,000	$ 0	$ 0	$ 0	$ 0	$15,000
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: 0 (Must be completed)	Services to be provided: 1 (Must be completed)

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

Name: Catherine Keating- Stauch, RD
Contractor Code: 52041
E-Mail: keatingc@warrencountyny.gov
MWBE: [ ] No [X] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [ ] No [X] Yes
Consultant: [ ] No [X] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$8,594	$18,706	$27,300
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: 0 (Must be completed)	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: 4 (Must be completed)

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

Name: Community, Work, and Independence, Inc.
Contractor Code: 52062
E-Mail: aboucher@cwinc.org
MWBE: [X] No [ ] Yes
Rural Contractor: [X] No [ ] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Not-For-Profit
Contract is:
Active: [ ] No [X] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$45,000	$ 0	$ 0	$ 0	$ 0	$45,000
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: 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)

Consultant: [X] No [ ] Yes

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

Name: Countryside Adult Home
Contractor Code: 52044
E-Mail: mcbyrnea@warrencountyny.gov
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [2]
Contractor Type: Other Govt
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$12,000	$25,458	$ 0	$ 0	$58,400	$104,600	$200,458
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 3	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 2	Services to be provided: 7
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Fort Hudson Health System
Contractor Code: 52053
E-Mail:
MWBE: [X] No [ ] Yes
Rural Contractor: [X] No [ ] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$35,000	$222,500	$ 0	$ 0	$ 0	$ 0	$257,500
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 2	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 3
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Glens Falls Association for the Blind, Inc.
Contractor Code: 52002
E-Mail: gfablind@gmail.com
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [2]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$2,000	$ 0	$ 0	$ 0	$ 0	$ 0	$7,650	$ 0	$ 0	$ 0	$9,650
Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	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
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Greater Glens Falls Senior Citizens Center Inc.
Contractor Code: 52004
E-Mail: kbrengfseniors@gmail.com
MWBE: [X] No [ ] Yes
Rural Contractor: [X] No [ ] Yes
Number of contracts, (State & Federal): [3]
Contractor Type: Not-For-Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$26,500	$ 0	$ 0	$13,500	$40,000
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 3	Services to be provided: 0	Services to be provided: 0	Services to be provided: 2	Services to be provided: 5
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Hamilton County Public Nursing Services
Contractor Code: 52007
E-Mail: jdelizo@hamiltoncountyny.gov
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [3]
Contractor Type: Other Govt
Contract is:

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$30,000	$60,000	$3,313	$ 0	$ 0	$ 0	$93,313
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 2	Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 4
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

Consultant: [X] No [ ] Yes

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

Name: Home Aide Services of the Central Adirondacks
Contractor Code: 52052
E-Mail: HASCAOF@gmail.com
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$40,000	$ 0	$ 0	$ 0	$ 0	$40,000
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 2	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 2
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Home Health Care Partners Corp
Contractor Code: 52046
E-Mail: info@newyorkhomehealthcare.com
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$10,000	$ 0	$ 0	$ 0	$ 0	$10,000
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 2	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 2
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Legal Aid Society of Northeastern NY Inc.
Contractor Code: 52051
E-Mail: mtelfer@lasnny.org
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Not-For-Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$17,950	$ 0	$ 0	$ 0	$17,950
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Purr Foods Holding (Mom's Meals)
Contractor Code: 52059
E-Mail: Colleen.Miller@momsmeals.com
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$5,000	$ 0	$5,000
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Salvation Army
Contractor Code: 52060
E-Mail: Hilary.Akwue@use.salvationarmy.org
MWBE: [X] No [ ] Yes
Rural Contractor: [X] No [ ] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Not-For-Profit
Contract is:

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$38,457	$20,000	$ 0	$ 0	$98,000	$443,543	$600,000
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 2	Services to be provided: 4	Services to be provided: 8
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

Consultant: [X] No [ ] Yes

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

Name: TBD #1
Contractor Code: 52063
E-Mail:
MWBE: [X] No [ ] Yes
Rural Contractor: [X] No [ ] Yes
Number of contracts, (State & Federal): [ ]
Contractor Type: For Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$7,489	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$7,489
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Town of Lake George
Contractor Code: 52022
E-Mail: vcrocitto@lakegeorgetown.org
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Other Govt
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$3,665	$3,665
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Town of Lake Luzerne
Contractor Code: 52023
E-Mail: supervisorlakeluzerne@hotmail.com
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Other Govt
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$2,892	$2,892
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Town of Lake Pleasant
Contractor Code: 52024
E-Mail: supervisor@lakepleasantny.org
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Other Govt
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$1,144	$1,144
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Town of Long Lake
Contractor Code: 52025
E-Mail: supervisor@mylonglake.com
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Other Govt
Contract is:

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$4,254	$ 0	$ 0	$ 296	$4,550
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 2
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

Consultant: [X] No [ ] Yes

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

Name: Town of Wells
Contractor Code: 52047
E-Mail: Beth-Hunt@townofwells.org
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Other Govt
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 800	$ 800
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Tri County United Way
Contractor Code: 52058
E-Mail: transportation@warrenwashingtonrsvp.org
MWBE: [X] No [ ] Yes
Rural Contractor: [X] No [ ] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Not-For-Profit
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$3,307	$ 0	$ 0	$1,693	$5,000
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 2
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Warren County Public Health
Contractor Code: 52009
E-Mail: jones@warrencountyny.gov
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Other Govt
Contract is:
Active: [ ] No [X] Yes
New: [X] No [ ] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$5,500	$ 0	$ 0	$ 0	$5,500
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

Name: Warren County Veterans's Services
Contractor Code: 52061
E-Mail: direstad@warrencountyny.gov
MWBE: [X] No [ ] Yes
Rural Contractor: [ ] No [X] Yes
Number of contracts, (State & Federal): [1]
Contractor Type: Other Govt
Contract is:
Active: [ ] No [X] Yes
New: [ ] No [X] Yes
RD: [X] No [ ] Yes
Consultant: [X] No [ ] Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$30,000	$ 0	$ 0	$ 0	$30,000
Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1	Services to be provided: 0	Services to be provided: 0	Services to be provided: 0	Services to be provided: 1
(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)	(Must be completed)

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

GRAND TOTAL	$2,000	$ 0	$ 0	$7,489	$115,457	$437,958	$98,474	$ 0	$174,994	$595,839	$1,432,211

Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) HIICAP	5) MIPPA
6) Transportation	7) NY Connects E & E	8) ADCSI	9) Contracts	10) County Funds
11) COVID Funding				

AAA: Warren/Hamilton Counties Office for the Aging -
Original Date Submitte
Date Revise
Date Last Saved: 04/27/2026 | Last Saved By: Deanna Pa

ATTACHMENT CHECK LIST

Check [✓] attachments included with this Plan.

Forms are provided for Attachments B, 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.

☑ **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.

☑ **ATTACHMENT B:** Priority Services Expenditure Report

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

☑ **ATTACHMENT D:** Justification for excess Title III Carryover and Title III Transfers

☑ **ATTACHMENT E:** Fringe Benefit Policy/Travel Reimbursement Policy
Adjustments to Personnel Roster/ Rent Allocation Schedule and Contractor Roster Explanation

☑ **ATTACHMENT F:** Volunteers Used as Match

04/01/ 26 - 03/31/ 27

ATTACHMENT B

PRIORITY SERVICES EXPENDITURE REPORT

Instructions: Using actual expenditures for the period, October 1, 2024 - September 30, 2025, submit this completed and certified report with the 2026 - 2027 Annual Update to the 2025 - 29 Four Year Plan. Area Agencies may use their CAARS reports to assist with completing this page (click here (on electronic document); select beginning period October 1, 2024; select ending period of September 30, 2025; then click Expenditures Report).

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, chore and the specific other services of emergency response monitoring, home health aides, friendly home visiting, telephone reassurance, shopping assistance and bill paying 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] Include CSE dollars for personal care level I, personal care level II, chore and the specific other services of emergency response monitoring, home health aides, friendly home visiting, telephone reassurance, shopping assistance and bill paying services.

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) IIIB-Services Expenditures	(B) Percent (A)/[T]	(C) CSE (& WIN for Access)	(D) Services Combined Total (A) + (C)	(E) Percent (D)/{[T]+(C)}
1. Access 20.0%	12879.00	9.53	231362.00 [S]	244241	66.65
2. In-Home 2.5%	0.00	0	10612.65 [H]	10612.65	7.28
3. Legal 7.0%	0.00	0	17950.00	17950	11.73
4. All Other Services	122221.00				
5. Subtotal	135100				
6. Over Match (-)	0.00				
7. Total	135100 [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.

Select a Category:	Enter new Category - 1 Categorie(s) currently entered
Name of Category:	

Explanation:	
Strategies/Steps:	
Reset All Delete	

Save Changes

Home **Logout**

AAA: Warren/Hamilton Counties Office for the Aging -
Original Date Submitte
Date Revise
Date Last Saved: 04/24/2026 | Last Saved By: Deanna Pa

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%.

IIIE - We did not have enough clients requiring the services in 2025, as we have been working to promote the caregiver program. We have already seen an increase in 2026 and will be increasing one of our contracts for respite services.

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

We were not able to offer any Evidence Based Health Promotion Programs in 2025. The employee trained to provide CDSMP classes retired in February. We attempted to contract with Geri Fit, but the County Attorney's Office would not approve the contract. We are currently attempting to enter into a contract for Bingocize (depending on the County Attorney's Office).

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

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

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

AAA: Warren/Hamilton Counties Office for the Aging -
Original Date Submitte
Date Revise
Date Last Saved: 24-Apr-26 | Last Saved By: Deanna Pa

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 Fringe Benefit policy submitted with the 2024-2028 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.

2025 - 2029 Fringe Benefit Rate: 40.00 %

Travel Reimbursement Policy: Describe below any changes from the Travel Reimbursement Policy submitted with the 2024-2028 Four Year Plan.

N/A

Contractor Roster Explanation: Explain the AAA's plan for determining a contractor for service provision for any entries in the Contractor Roster which are to be determined (TBD). Include information on process and timeframe to fill the vacancy.

N/A

AAA: Warren/Hamilton Counties Office for the Aging -
Original Date Submitte
Date Revise
Date Last Saved: | Last Saved B

ATTACHMENT F

Volunteers Used as Match Schedule

Select a Volunteer:	Enter New Volunteer - 0 volunteer(s) currently entered
Volunteer Title:	
Service(s) Provided:	
Total Estimated Number of Volunteers:	0
Total Estimated Hours of Services:	0
Hourly Rate:	0
Total(a):	0
1. Title III-B Services	0
2. Title III-C1 Services	0
3. Title III-C2 Services	0
4. Title III-D Services	0
5. Title III-E Services	0
6. EISEP Services	0
7. CSE Services	0
8. CSI Services	0
9. Volunteer Services Not Used as Match:	0
Subtotal of 1 - 9:	0
	Reset All Delete Volunteer

(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. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 5/7/26

(a) Is this a Result of a Bid or Request for Proposal? No

(b) Purpose of Contract: Obtain licenses and training to offer Bingocize to seniors in Warren and Hamilton Counties as part of our evidenced based health promotion program. The licenses and trainers will be valid for two years. Initial payment will also include purchase of materials needed to run program. May need additional materials.

(c) Name of Contractor: Exercize Innovations, LLC

(d) Address of Contractor: 1053 Hill Avenue, Owensboro, KY 42301

(e) Contractor's Contact Person and Telephone Number: Kristeen Owens, PH#(270(215-4800, ext 2; kristeen@bingocoze.com

(f) Has or will the Contract be provided, if so, please attach: Will Be Provided

(g) Commencement Date of Contract: 7/1/2026

(h) Termination Date of Contract: 6/30/2028, with option for renews

(i) Payment Provisions:
- i) lump sum amount
- ii) hourly rate amount
- iii) total amount not to exceed $5,000
- iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Initially $2,209.60 (2 licenses, 2 trainers, materials needed to provide program); As needed for additional materials

(j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and

Amount: A.6772.470 - Warren County Contracts (50%) and A.6771.470 - Hamilton County Contracts (50%)

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