

HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING
October 20, 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 contract with Catherine Keating-Stauch to increase the hourly rate from \$45/hour to \$50/hour.
Rationale: Catherine is our dietitian and provides nutritional education and counseling. This is required by NYSOFA (New York State Office for the Aging). The last increase was in 2022. The do not exceed amount will remain the same.
 2. Request:
Rationale:
- V. Discussion Items:
 - 1.
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

Attachments:

1. 04 Amend Existing Contract – Catherine Keating-Stauch (Dietitian Services)

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: October 7, 2026

- (a) Purpose of Contract Change: **Amend contract with Catherine Keating-Stauch to increase hourly rate from \$45 to \$50. Last increase was in 2022.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **272 of 2014; 59 of 2019; 132 of 2022**
- (c) Name of Contractor: **Catherine Keating-Stauch**
- (d) Address of Contractor: **11 Waterview Drive, Saratoga Springs, NY 12866**
- (e) Contractor's Contact Person and Telephone Number: **Catherine Keating-Stauch, PH#(518)260-8808**
- (f) Commencement Date of Extension: **1/1/2027**
- (g) Termination Date of Extension: **4/30/2027, with one year extensions as long as there are no changes to the terms**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **\$50**
 - iii) total amount not to exceed **\$27,300**
 - 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.6772.470 Warren County Contracts (\$16,000) and A.6771.470 Hamilton County Contracts (\$11,300)****

**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