

AGENDA

HUMAN SERVICES COMMITTEE

MONDAY, FEBRUARY 29th

Members: Manktelow, Marini, Baldrige, Verno, Kolczynski

8:30 a.m. **Approve Minutes from Previous Meetings**

8:30 a.m. **Workforce Development, Kathleen Templar**

Office Activities Report [WFD 2016 Attendance Totals.doc](#)

8:45 a.m. **Commissioner of Social Services, Josh McCrossen**

MONTHLY REPORTS

[CASELOAD REPORT - JANUARY.doc](#)

[FIN RPT JAN 2016.docx](#)

[MA Caseload Comparison Graph Jan 15 - Jan 16.docx](#)

[SNAP Caseload Comparison Graph Jan 15 - Jan 16.docx](#)

[TA Caseload Comparison Graph Jan 15 - Jan 16.docx](#)

TRANSMITTALS:

- Authorization to sign contract with FLACRA for drug/alcohol assessments [DSS03RES01 FLACRA FOR DRUG ALCOHOL ASSESSMENTS.doc](#)
- Authorization to sign contract with FLACRA for ADD services [DSS03RES02 FLACRA FOR AOD SERVICES.doc](#)
- Authorization to sign agreement amendment with child caring institution [DSS03RES03 CHILD CARING INSTITUTION.doc](#)
- Authorization to sign agreement amendment with Cayuga Home for Children [DSS03RES04 CAYUGA HOME FOR CHILDREN.doc](#)
- Authorization to sign contract with Youth Advocacy Program [DSS03RES05 YOUTH ADVOCACY PROGRAM.doc](#)
- Authorization to amend Resolution #84-16—contract with VRC [DSS03RES06 AMEND RES 084-16 VRC NON-RESIDENTIAL DV .doc](#)
- Authorize Salary Level for Assistant Attorneys [DSS03RES07 AUTHORIZE SALARY LEVEL FOR DSS ASSISTANT ATTORNEYS.docm](#)

9:10 a.m. **Veterans Services, Patrick Skelly**

Monthly Report [VET Monthly.pdf](#)

Annual Report [VET 2015 AR.pdf](#)

9:30 a.m. **Department of Aging and Youth, Penny Shockley**

TRANSMITTALS:

- Authorization to remove and re-appoint members to Youth Board [AY 03 RES 04 Youth Board Appointments.doc](#)
- Authorization to create Facebook page [AY 03 RES 05 Social Media approval.docx](#)
- Authorization to amend budget and purchase equipment [AY03 RES 06 Aging and Youth Budget mod REV1.docx](#)
- Authorization to renew Home Meal Service contract [AY03 RES 01 2016 HMS Contract.doc](#)
- Authorization to sign contract for administration of Sodus Senior Center [AY 03 RES 02 Sodus Senior Center Contract.docx](#)
- Authorization to re-appoint members to Aging Advisory Council [AY 03 RES 03 Aging Advisory Council reappointments.docx](#)

Annual Report [AY 2015 Annual Report.pdf](#)

2016 ATTENDANCE TOTALS

Finger Lakes Works Career Center One Stop Activity in Lyons

	Employer Recruit/ Orientation/ Job Fair	Work Keys	DSS Job Seeker 2day W.S	DSS Job Clubs	DSS Orientation	DSS Assessments	Jump Start Your Job Search Strategy	Career Explorer & Training Options	Resume 101	Resume Review	Interviewing	Jump Start Your Job Search Strategy	Job Search Over 50	Social Networking	Metrix	Personal Skills for Success	Walk-Ins
Jan	0	1	41	132	69	41	57	6	3	3	3	57	4	0	6	11	903
Feb																	
Mar																	
Apr																	
May																	
Jun																	
July																	
Aug																	
Sep																	
Oct																	
Nov																	
Dec																	

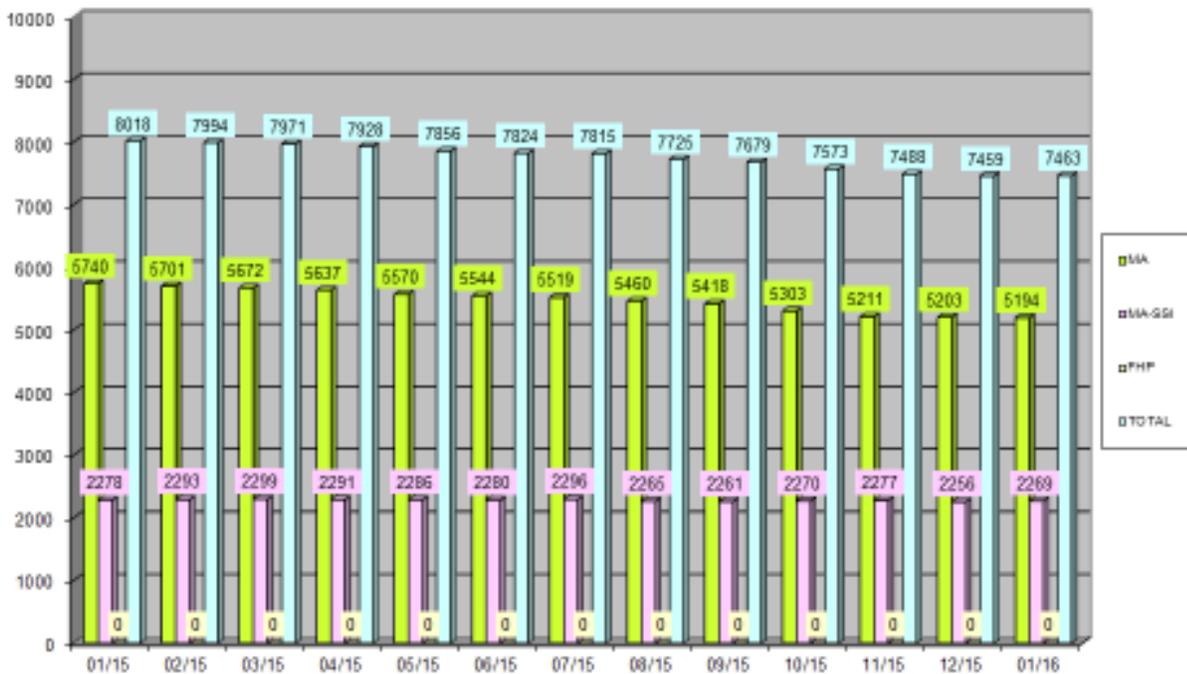
CASELOAD STATISTICS – JANUARY 2016

	Wayne	▲ Last Month		Ontario	▲ Last Month
Temporary Assistance	291	(12)	Family Assistance	368	2
	291	-	Safety Net	389	3
	582	(12)	Total Cases	757	5
	987	(34)	Total Individuals	1,309	22
Medical Assistance	5,194	(9)	MA	6,073	(22)
	2,269	13	MA-SSI	2,017	(8)
	0	-	FHP	0	-
	7,463	4	Total Cases	8,090	(30)
	11,122	9	Total Individuals	11,664	(102)
Food Stamps/SNAP	4,944	74	NPA-FS/SNAP	4,683	42
	158	(7)	FS/SNAP-MIX	147	(4)
	333	(3)	PA-FS/SNAP	449	12
	5,435	64	Total Cases	5,279	50
	9,929	167	Total Individuals	9,381	137
Totals for all three Programs	13,480	56	Total Cases	14,126	25
	22,038	142	Total Individuals	22,354	57

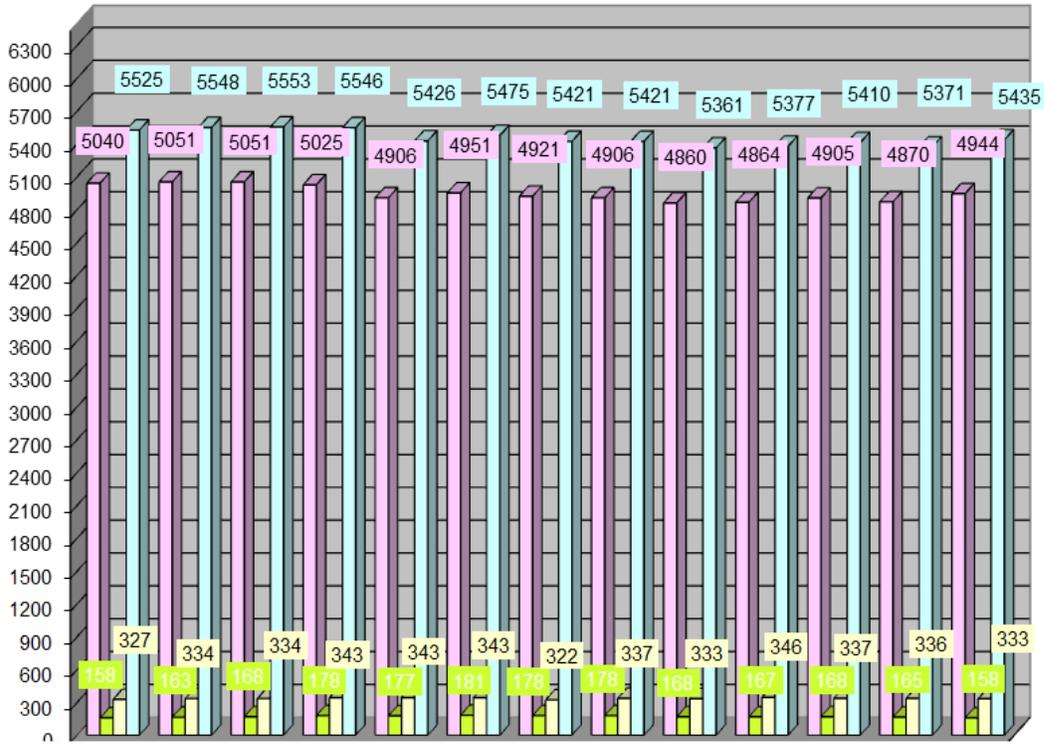
*NOTE: One individual may be a participant in more than one program

Account	2015				2016				YTY Change	
	Revenue	%	Expended	%	Revenue	%	Expended	%	Rev +/- Change	Exp +/- Change
6010.1	12,466	0.1%	281,600	4.0%	4,897	0.0%	265,708	3.7%	-0.1%	-0.3%
0.2			7,011	5.4%			0	0.0%		-5.4%
0.4			58,861	2.2%			128,201	4.4%		2.2%
0.8			158,509	3.8%			342,382	8.6%		4.8%
6055.4 Day Care	1,069	0.1%	42,732	3.9%	0	0.0%	82,002	7.5%	-0.1%	3.6%
6070.4 POS	0	0.0%	26,192	2.0%	0	0.0%	16,259	1.2%	0.0%	-0.7%
6100 Medicaid	0	0.0%	1,033,336	7.3%	0	0.0%	1,313,185	9.5%	0.0%	2.3%
6101 MA	110,279	220.6%	52	0.1%	43,691	87.4%	0	0.0%	-133.2%	-0.1%
6106 Fam T.H.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%
6109 FA	13,533	0.3%	203,403	5.1%	23,680	0.7%	213,698	6.2%	0.3%	1.1%
6119 FC	7,915	0.6%	108,976	7.4%	3,664	0.3%	103,882	6.9%	-0.3%	-0.5%
6123 JD	18,512	11.2%	22,962	6.8%	0	0.0%	30	0.0%	-11.2%	-6.7%
6129 STS	25	5.0%	0	0.0%	25	5.0%	0	0.0%	0.0%	0.0%
6140 SN	18,236	2.2%	174,089	9.0%	17,509	2.0%	154,800	7.6%	-0.2%	-1.4%
6141 HEAP	53,175	531.8%	35	0.4%	7,946	79.5%	27,811	278.1%	-452.3%	277.8%
6142 EAA	0	0.0%	226	1.5%	0	0.0%	1,384	9.2%	0.0%	7.7%
TOTAL			2,117,983	5.4%			2,649,342	6.7%		1.3%
R&R	235,210	1.3%			101,411	0.6%			-0.7%	
County			1,882,773	9.1%			2,547,931	12.1%		3.0%
2016 - Total Budget = \$38,251,873			2016 - Budgeted County Cost = \$20,404,283			2016 - Budget Revenue \$17,847,590				

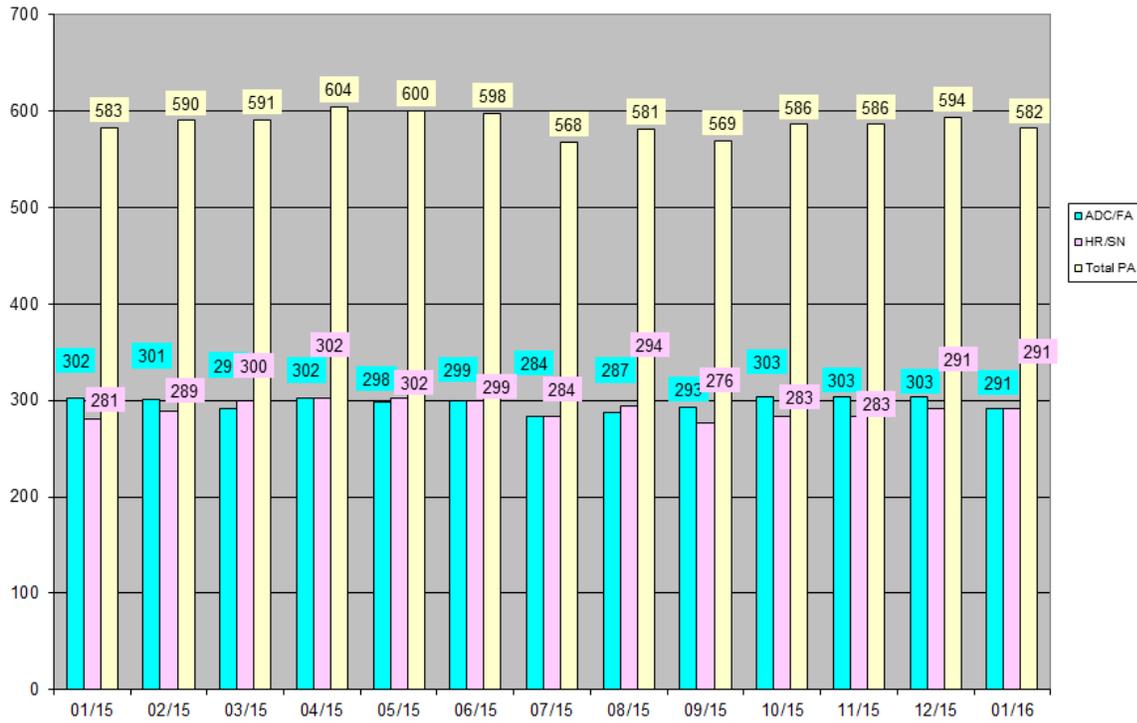
MEDICAID ASSISTANCE CASELOAD COMPARISON 2015-2016



**SNAP CASELOAD
COMPARISON 2015 - 2016**



**Temporary Assistance Caseload
Comparison 2015-2016**



RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/29/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH FINGER LAKES ADDICTIONS COUNSELING AND REFERRAL AGENCY, INC. (FLACRA) FOR CO-LOCATED ALCOHOL AND OTHER DRUG (AOD) SERVICES**

Brief Explanation:

MOTION: Whereas, the Child Welfare caseload often includes families with alcohol and/or other drug problems; and

WHEREAS, there is need to continue Alcohol and Other Drug (AOD) services; and

WHEREAS, the NYS Office of Children and Family Services is without funds to continue AOD services; and

WHEREAS, Wayne County DSS has monies available through the Flexible Fund for Family Services; and

WHEREAS, AOD services are expected to help stabilize families who will then be able to properly care for their children; and

WHEREAS, AOD services will help prevent out of the home placements of children and/or promote the earlier return of children to their families from foster care placement; and

WHEREAS, FLACRA has experience and expertise in these areas; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute a contract on behalf of the Wayne County Department of Social Services, subject to the County Attorney's review as to form and content, with Finger Lakes Addictions Counseling and Referral Agency, Inc. for the provision of Alcohol and Other Drug services during 1/1/16–12/31/16 timeframe at a cost not to exceed \$75,848; and be it further

RESOLVED, that there are no county monies included in the cost of this contract.

Budgeted: yes no Proposed Cost: \$ 75,848 Reimbursed Amount \$ 75,848 County cost: 0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

DSS03RES02 CONTRACT WITH FLACRA FOR AOD SERVICES

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/29/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

AUTHORIZATION TO SIGN AMENDED AGREEMENT WITH CHILD CARING INSTITUTION – THE WILLIAM GEORGE AGENCY FOR CHILDREN’S SERVICES, INC.

Brief Explanation:

MOTION:

WHEREAS, Resolution #521-15 authorized an Agreement with the Child Caring Institution – The William George Agency for Children’s Services, Inc.

WHEREAS, the wording of Agreements between local Departments of Social Services and Child Caring Institutions is dictated by the NY State Office of Children and Family Services (NYS OCFS); and

WHEREAS, the NYS OCFS recently notified the Wayne County Department of Social Services that the Agreements had been amended and the amended version must be used retroactive to 7/1/15; and

WHEREAS, the timeframe of the contract is 7/1/15-6/30/16 which means the amended contract form must be used; and

WHEREAS, this amendment does not change the total dollar amount of contract authorized by Resolution #521-15; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute an amended agreement with The William George Agency for Children’s Services, Inc. for the timeframe 7/1/15-6/30/16, subject to the County Attorney’s approval, for an amount not to exceed the previously approved amount of \$1,150,000.

Budgeted: yes X no ___ Proposed Cost: \$1,150,000 Reimbursed Amount: \$862,500 County cost: \$287,500

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator’s Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec’d: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

DSS03RES03 AUTHORIZATION TO SIGN AMENDED AGREEMENT WITH CHILD CARING INSTITUTION – THE WILLIAM GEORGE AGENCY FOR CHILDREN’S SERVICES, INC.

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/29/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

AUTHORIZATION TO SIGN AMENDED AGREEMENT WITH CHILD CARING INSTITUTION - CAUYGA HOME FOR CHILDREN D/B/A CAYUGA CENTERS

Brief Explanation:

MOTION:

WHEREAS, Resolution #538-15 authorized an Agreement with the Child Caring Institution – Cayuga Home for Children D/B/A Cayuga Centers

WHEREAS, the wording of Agreements between local Departments of Social Services and Child Caring Institutions is dictated by the NY State Office of Children and Family Services (NYS OCFS); and

WHEREAS, the NYS OCFS recently notified the Wayne County Department of Social Services that the Agreements had been amended and the amended version must be used retroactive to 7/1/15; and

WHEREAS, the timeframe of the contract is 7/1/15-6/30/16 which means the amended contract form must be used; and

WHEREAS, this amendment does not change the total dollar amount of contract authorized by Resolution #538-15; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute an amended agreement with Cayuga Home for Children D/B/A Cayuga Centers for the timeframe 7/1/15-6/30/16, subject to the County Attorney’s approval, for an amount not to exceed the previously approved amount of \$625,000.

Budgeted: yes X no ___ Proposed Cost: \$625,000 Reimbursed Amount: \$468,750 County cost: \$156,250

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator’s Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec’d: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

DSS03RES04 AUTHORIZATION TO SIGN AMENDED AGREEMENT WITH CHILD CARING INSTITUTION – CAYUGA HOME FOR CHILDREN D/B/A/ CAYUGA CENTERS

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/29/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH YOUTH ADVOCACY PROGRAM**

Brief Explanation:

WHEREAS, youth are being placed outside their homes at a significant expense to the County, and

WHEREAS, one of the gateway behaviors to PINS/JD charges is truancy, and

WHEREAS, many of these youth, if given the necessary and appropriate services, could stay in the community, and

WHEREAS, youth already placed outside their homes may be able to be returned to the community if provided the appropriate services, and

WHEREAS, such services and service coordination have been provided and/or effectively arranged for by the Youth Advocacy Program, therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to enter into a contract, subject to the County Attorney's review, with the Youth Advocacy Program in an amount not to exceed \$436,000 for the timeframe 1/1/16 - 12/31/16 for the purpose of reducing youth out-of-home placements.

Budgeted: yes no Proposed Cost: \$ 436,000 Reimbursed Amount: \$ 270,320 County cost: \$ 165,680

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

DSS03RES05 AUTHORIZE CONTRACT WITH YOUTH ADVOCACY PROGRAM

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/29/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AMEND RESOLUTION 084-16 AUTHORIZING CONTRACT WITH VICTIM RESOURCE CENTER, INC. FOR NON-RESIDENTIAL DOMESTIC VIOLENCE SERVICES**

Brief Explanation:

MOTION:

WHEREAS, Resolution 084-16 authorized a contract with Victim Resource Center for the period 1/1/16 – 12/31/16, and

WHEREAS, the timeframe needs to be for the two year period 1/1/15 – 12/31/16, and

WHEREAS, Wayne County Department of Social Services is required to provide services to victims of Domestic Violence, and

WHEREAS, Victim Resource Center, Inc. is a certified Domestic Violence agency that has provided both residential and non-residential services to Domestic Violence victims for a number of years in Wayne County, and

WHEREAS, Wayne DSS receives reimbursement from NY State for such services, therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an amended agreement with Victim Resource Center, Inc., subject to the County Attorney’s approval as to form and content, for the provision of Non-Residential Domestic Violence Services during the period 1/1/15 - 12/31/16 subject to a maximum contract amount of \$22,716.

Budgeted: yes no Proposed Cost: \$22,716 Reimbursed Amount: \$11,358 County cost: \$11,358

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator’s Review \$ Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec’d: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/29/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE SALARY LEVEL FOR ASSISTANT ATTORNEYS**

WHEREAS, one Full-Time Assistant DSS Attorney retired unexpectedly in January 2016 and the other Full-Time Assistant DSS Attorney resigned unexpectedly as of 2/24/16; and

WHEREAS, the lack of these two Full-Time Attorneys significantly impairs the ability of the Department of Social Services to fulfill its mandates of keeping children safe and providing them financial resources; and

WHEREAS, not having sufficient legal staff places the Department of Social Services and the County at risk of incurring negative financial consequences; and

WHEREAS, the Department needs to have as experienced and competent attorney staff as possible, especially given the present lack of attorney time available; and

WHEREAS, the pool of attorneys available, competent and willing to practice child welfare and child support law is quite small; and

WHEREAS, the pool of such attorneys who have extensive experience in these areas of law is an even smaller one; and

WHEREAS, the Board of Supervisors, in Resolution 388-14, defined implementing procedures for the Managerial/Confidential salary Plan, reserving authority to itself to set higher starting salaries in instances where attracting candidates with significant experience is difficult; and

WHEREAS, the Director of Human Resources has reviewed other similar employees and determined that internal equity will still be maintained if higher starting salaries are offered based on experience; now, therefore be it,

RESOLVED, that the Commissioner of Social Services is hereby authorized to make salary offers up to the midpoint of the 2016 Grade 8 Managerial and Confidential salary schedule (\$66,896) to candidates with significant experience in the areas of Child Welfare and Child Support law.

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

DSS03RES07 AUTHORIZE SALARY LEVEL FOR ASSISTANT ATTORNEYS



WAYNE COUNTY VETERANS SERVICE AGENCY

7376 STATE ROUTE 31, SUITE 1300 • LYONS, NEW YORK 14489-9173 • (315) 946-5993



MONTHLY REPORT

JANUARY 1, 2016 - JANUARY 31, 2016

VETERAN STATUS	TYPE	MODE
WWI	VETERAN	242 PERSONAL 112
WWII	DEPENDENT/WIDOW	40 PHONE/MAIL 247
KOREA	OTHER	77
VIETNAM		
158		
PERSIAN GULF		
65		
PEACTIME/OTHER		
35		
TOTAL	359	TOTAL 359

COUNSELING SERVICES (Pension, Compensation, Educ/Voc Rehab.
 Burial, Insurance, Legal, Loans, Tax
 Exemption, Medical, Employment, etc.)

359

VETERANS TRANSPORTED TO:
 WATS CANANDAIGUA VAMC 84

SYRACUSE VAMC 20
 MILES TRAVELED TO SYRACUSE VAMC 889

INDIGENT BURIALS

BURIALS 2

COUNTY COST \$3,554.30

STATE REIMBURSEMENT

VA FEDERAL REIMBURSEMENT 1 - \$825.80

Submitted By Patrick F. Skelly Date: March 7, 2016
 Patrick F. Skelly
 Director

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 29, 2016 Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to remove and reappoint Youth Board members

Brief Explanation:

WHEREAS, Pam Philips, representing Wayne Co. Probation, requests to be removed as a member of the Wayne County Youth Board due to changes in circumstances; and

WHEREAS, Michael Muscolino, representing Alex Eligh Community Center; term as a member of the Wayne County Youth Board is completed and requests to be reappointed; and

WHEREAS, Debra DeRue, representing town of Williamson; term as a member of the Wayne County Youth Board is completed and requests to be reappointed; and

WHEREAS, Edward Hunt, representing Wayne Behavioral Health Network; term as a member of the Wayne County Youth Board is completed and requests to be reappointed; therefore be it

RESOLVED, request authorization from the Chairman of the Board of Supervisors to reappoint Michael Muscolino, Debra DeRue, and Edward Hunt to the Wayne County Youth Board for a term of three years.

Michael Muscolino
696 Filkins Rd.
Newark, NY 14513

Debra DeRue
3307 West Ridge Rd.
Williamson, NY 14589

Edward Hunt
Wayne Beh Health Network
1519 Nye Rd.
Lyons, NY 14489

Budgeted: yes ___ no ___ Proposed Cost: N/A Reimbursed Amount N/A County cost N/A

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 7

Date: February 29, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Create a Facebook Page for Wayne County Department of Aging and Youth

Brief Explanation:

WHEREAS, the Employee Handbook on Information Security's policy on Acceptable Use of Social Media outlines the process for other Wayne County departments to follow when creating social media accounts; and

WHEREAS, Wayne County Department of Aging and Youth (WCDAY) wishes to create a Facebook Business Account to provide the following: release pertinent, educational and factual information on a weekly basis; convey senior and youth resources, services and long term care options; convey press releases; information on eligibility benefits, Insurance options, etc; and

WHEREAS, the WCDAY Facebook page will be structured to not allow comments for any posts released; and

WHEREAS, the Director of Aging and Youth has submitted a Business Case Justification to the County Attorney and the County Administrator as directed by the Acceptable Use of Social Media policy; now, therefore, be it

RESOLVED, that the Director of Aging and Youth is hereby authorized to create a Wayne County Department of Aging and Youth Facebook Business Account.

Budgeted: yes no Proposed Cost: \$NA Reimbursed Amount \$NA County cost \$0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 7

Date: February 29, 2016

Committee Chair:

Brian Manktelow

Department Head:

Penny Shockley

Transmittal Title: Authorization to Amend 2016 Aging and Youth Budgets and Purchase Equipment

Brief Explanation:

WHEREAS, the department requires one desktop computer, a printer and a monitor that need to be replaced because they are being phased out or are not working, and

WHEREAS, the total cost of required to replace the equipment is \$813, therefore, be it

RESOLVED, that the Department of Aging and Youth be authorized to purchase one desk top computer, one laser printer and a monitor in the amount of \$813, and further be it

RESOLVED, that the Wayne County Treasurer is hereby authorized and directed to make the following budget adjustments

A6772-Aging Budget

(Appropriations)

\$243 from 54660 Miscellaneous

\$243 to 52201 Computer Equipment

A7310- Youth Budget

(Appropriation)

\$570 from 54150 Office Supplies

\$570 to 52201 Computer Equipment

Budgeted: yes__ no X Proposed Cost: \$813 Reimbursed Amount \$ \$813. County cost: \$0

County Administrator's Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 7

Date: February 29, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Renew 2016 Home Meal Service Inc. Contract
Brief Explanation:

WHEREAS, the Federal Older Americans Act and NY State Office for the Aging allocates Title III C-2 and Wellness in Nutrition (WIN) funding to provide home delivered meals to homebound elderly individuals who are nutritionally at risk, and

WHEREAS, The Department of Aging and Youth contracts with Home Meal Services, Inc. to provide these services and requests authorization to renew the contract effective January 1 through December 31, 2016, utilizing IIIC-2 (\$66,971) and WIN (\$70,699) funding for a total amount of \$137,670 plus contributions and NSIP funding,

WHEREAS, HMS Program will be responsible for the required IIIC-2 10% match, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Home Delivered Meal Service, in the amount of \$137,670 for the period of January 1, 2016 through December 31, 2016.

Budgeted: yes no Proposed Cost: \$137,670 Reimbursed Amount \$137,670. County cost \$0.

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 7

Date: February 29, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization for 2016 Contract Renewal with Home Meal Service, Inc. to Administer the Sodus Senior Center Program.

Brief Explanation:

WHEREAS, the Department of Aging and Youth contracts with Home Meal Service, Inc. to administer the Sodus Senior Center (congregate meal site) to provide an lunch as well as social activities for eligible individuals over 60; and

WHEREAS, III C-1 funding is utilized in the amount of \$12,000 to support the program; and

WHEREAS, HMS will be responsible to provide the 10% required match in the amount of \$1,200, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Home Delivered Meal Service Program to run the Sodus congregate meal site, in the amount of \$12,000.for the period of January 1, 2016 through December 31, 2016.

Budgeted: yes no___ Proposed Cost: \$12,000. Reimbursed Amount \$12,000. County cost \$0

Departmental transfer \$_____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes ___ no___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 7

Date: February 29, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Reappoint Members to the Aging Advisory Council

Brief Explanation:

WHEREAS, the New York State Office for the Aging Requires Each Area Agency on Aging to have an Aging Services Advisory Council; and

WHEREAS, terms for Wayne County advisory council members Barb Campbell, Dorothy DeMay, Bob Hanson, Peggy Hanson, Carm Krueger, Dave Nussbaumer, Susan Nussbaumer, Mae Pitts, Alice Reynolds and Mary Ann Lane have expired; and

WHEREAS, these individuals desire to continue as members of the Aging Services Advisory Council for additional three-year terms; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors hereby reappoints Barb Campbell, Dorothy DeMay, Bob Hanson, Peggy Hanson, Carm Krueger, Dave Nussbaumer, Susan Nussbaumer, Mae Pitts, Alice Reynolds and Mary Ann Lane to the Wayne County Aging Services Advisory Council for a term commencing on January 1, 2016 and ending on December 31, 2019; and be it further

RESOLVED, that the appointments are hereby confirmed.

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost

Departmental transfer \$ _____ from Account No. _____ to Account No.

County Administrator's Review \$ Approval: yes ___ no ___ by:

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature:

Revised 1/2008