



EXECUTIVE COMMITTEE
September 18, 2014 at 2:30PM

COMMITTEE MEMBERS: Samuelson, Steingart, LaBuda, Vetter, Rouis, Gieger,
Edwards, Benson, Sorensen

I. COUNTY MANAGER'S MONTHLY REPORT

II. COUNTY ATTORNEY'S MONTHLY REPORT

III. PRESENTATION

None

IV. DISCUSSION

None

V. RESOLUTIONS :

1. Change Legislative Employee position from Temporary to Regular and waive residency requirements
2. Confirm appointment of Lorne Green to Sullivan County Board of Ethics
3. Appoint Michelle Lipari to the Sullivan County Agricultural and Farmland Protection Board
4. Authorize contract with Westchester County Medical Center for DSRIP Needs Assessment Activities
5. Urge NYS Department of Civil Service to Grandfather current Solid Waste Operators from test taking
6. Authorize contract with Independent Living, Inc. for community support services
7. Authorize Sullivan County Visitors Association, Inc to apply for I Love New York 2015 funds
8. Authorize contract with Claire Schneider, MS, RD, CDN for provision of registered dietician services
9. Authorize contract with International Contractors Corporation for re-roofing services
10. Amend Resolution 260-14 authorizing redundant connectivity between E911 Center and NYS Police Barracks to support the new E911 phone system

**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO MAKE
LEGISLATIVE EMPLOYEE REGULAR FULL TIME AND TO WAIVE RESIDENCY
REQUIREMENTS**

WHEREAS, Resolution No. 205-14 created a temporary full time Legislative Employee position in the Sullivan County Legislature, and

WHEREAS, since Local Law 2 of 2014 was approved on August 21, 2014 regarding Electrical Licensing the Legislative Employee will be overseeing all administrative duties of the Sullivan County Electrical Licensing Law and to continue with the functionality of the Legislative Office, and

WHEREAS, it is the desire of the Clerk to the Legislature to make the Legislative Employee position regular full time effective September 18, 2014 and to waive the residency requirement from residency requirement policy.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby changes the Legislative Employee position from "Temporary" to "Full Time" and also waives the Regular Legislative Employee position from the residency requirement policy effective September 18, 2014.

**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO
CONFIRM THE APPOINTMENT OF A MEMBER OF THE SULLIVAN
COUNTY BOARD OF ETHICS**

WHEREAS, pursuant to the provisions of Section 102 of Local Law Number 3 of 2013, the County Manager has appointed members to the Sullivan County Board of Ethics with various terms, and

WHEREAS, there will be a vacancy on the board for the member whom shall be a County Official or employee, and

WHEREAS, the County Manager recommends the appointment of the following employee to serve a three (3) year term:

Member	Term
Lorne Green	September 25, 2014 – September 25, 2017

WHEREAS, the appointments to the Sullivan County Board of Ethics, by the County Manager, require confirmation by the County Legislature.

NOW, THEREFORE, BE IT RESOLVED, that the appointment listed above are hereby confirmed as set forth in Section 102 of Local Law Number 3 of 2013, to be effective on September 25, 2014.

**Moved by,
seconded by
declared duly adopted on motion 2014.**

**RESOLUTION NO. INTRODUCED BY THE EXECUTIVE COMMITTEE TO APPOINT A
MEMBER OF THE SULLIVAN COUNTY AGRICULTURAL AND FARMLAND PROTECTION
BOARD**

WHEREAS, Article 25AA of the Agriculture and Markets Law requires that one seat on the Sullivan County Agricultural and Farmland Protection Board (Board) be held by a County Cooperative Extension agent; and

WHEREAS, pursuant to Resolution No. 260-12, Elizabeth Higgins of Cornell Cooperative Extension Sullivan County was appointed to the Board;

WHEREAS, Elizabeth Higgins no longer serves as a county cooperative extension agent with Cornell Cooperative Extension Sullivan County; and

WHEREAS, Michelle Lipari currently serves as a county cooperative extension agent with Cornell Cooperative Extension Sullivan County; and

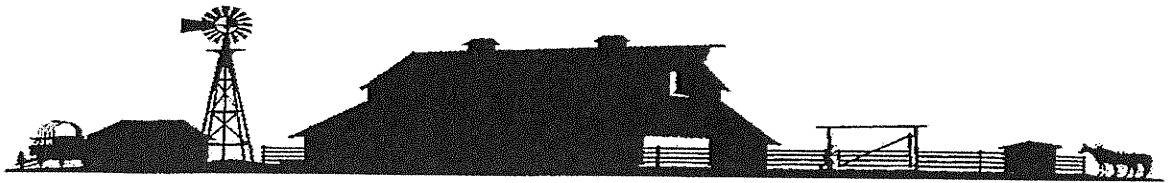
WHEREAS, the Board recommends that Michelle Lipari be appointed to the Board to replace Elizabeth Higgins as a required member of the Board.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby appoints Michelle Lipari to the Board, for a term commencing immediately and ending at the end of her term as County Cooperative Extension Agent.

Moved by

seconded by

declared duly adopted on motion



Sullivan County Agricultural and Farmland Protection Board

100 North St., Monticello, NY 12701

Request for Farmland Protection Board Appointment

The Sullivan County Agriculture and Farmland Protection Board requests that the following individual be appointed to the Agricultural and Farmland Protection Board, to serve as the County Cooperative Extension Agent, with a term commencing immediately and ending at the end of her term as County Cooperative Extension Agent:

Michelle Lipari, Cornell Cooperative Extension Sullivan County Agriculture Educator

3A

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Melinda Meddaugh, Division of Planning & Env. Management

Re: Request for Consideration of a Resolution:

Date: August 22, 2014

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

A resolution to appoint Michelle Lipari to the Agricultural and Farmland Protection Board, for a term commencing immediately and ending at the end of her term as County Cooperative Extension Agent, as recommended by the Agricultural and Farmland Protection Board at a July 10th 2014 meeting and required by NYS Agriculture and Markets.

Is subject of Resolution mandated? Explain:

Yes. According to NYS Ag & Markets Law 25AA a representative of Cornell Cooperative Extension must serve on the Agricultural & Farmland Protection Board.

Does Resolution require expenditure of funds? Yes ___ No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: _____

Janet Myer

Does Resolution request Authority to Enter into a Contract? Yes ___ No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

36

Request for Authority to Enter into Contract with _____ of _____

Nature of Other Party to Contract: .

Other:

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes ___ No ___

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No ___

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): _____

Efforts made to find Less Costly alternative:

Efforts made to share costs with another agency or governmental entity:

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

_____ *Not Applicable If* _____

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: *Cathy Jones* Date 8/26/14
- B. Management and Budget: *Janet Myers* Date 8/27/14
- C. Law Department: *[Signature]* Date 8/27/14
- D. County Manager: *Josh Brown* Date 8/28/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO AUTHORIZE PUBLIC HEALTH SERVICES TO ENTER INTO AN AGREEMENT WITH WESTCHESTER COUNTY MEDICAL CENTER (WCMC) AND NYSACHO (NEW YORK STATE ASSOCIATION OF COUNTY HEALTH OFFICIALS), FOR TECHNICAL ASSISTANCE for DSRIP NEEDS ASSESSMENT ACTIVITIES.

WHEREAS, Westchester County Medical Center (WCMC) received funding from New York State Department of Health through the Delivery System Reform Incentive Payments (DSRIP) Planning Grants, and

WHEREAS, WCMC wishes to engage the seven local health departments serving the Hudson Valley in the DSRIP needs assessment activities, and

WHEREAS, the seven local health departments have agreed to participate in the DSRIP planning process and to provide technical assistance as described in the attached SCOPE OF SERVICES, and

WHEREAS, NYSACHO has agreed to serve as the fiscal agent for the local health departments of the seven Counties, and

WHEREAS, as full and complete consideration for the services so rendered, WCMC shall pay a total sum not to exceed EIGHTHY THOUSAND DOLLARS (\$80,000) to be distributed as follows: Dutchess \$10,000; Putnam \$10,000; Ulster \$10,000; Orange \$10,000; Rockland \$10,000; **Sullivan \$10,000**; Westchester \$15,000; and NYSACHO \$5,000, and

WHEREAS, said payment will be made upon receipt of an invoice from each of the seven counties attesting to the completion of the work. NYSACHO shall compile the invoices and submit one bill, including the bill for its services, to WCMC. Upon receipt of payment from WCMC, NYSACHO shall disburse the funds to each of the seven local health departments as established above, and

WHEREAS, this Agreement shall be effective upon signature of all parties and shall terminate on December 31, 2014.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and is hereby authorized to enter into an agreement and execute all documents necessary to accept funding for Public Health Services' participation in providing technical assistance outlined in the Scope of Work in the agreement, to Westchester County Medical Center (WCMC) for DSRIP Needs assessment activities, and invoice NYSACHO as the fiscal agent for county health departments for this process.

BE IT FURTHER RESOLVED, the form of said agreement shall be approved by the Sullivan County Attorney's Office.

**Moved by
Seconded by
and declared duly adopted on motion**

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: WCMC wishes to engage the 7 local HV health departs in DSRIP needs assessment activities

Date: September 18, 2014

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Delivery System Reform Incentive Payments (DSRIP) are state planning grants that will fund the needs assessment activities to be performed by the seven local health departments (LHDs) serving the Hudson Valley. All 7 county health departments are involved in the DSRIP Medicaid redesign initiatives with Westchester County Medical Center. The 7 LHDs will be providing some technical assistance & advice for the community needs assess.

Is subject of Resolution mandated? Explain:

No; the LHDs are considered the local experts and have recently completed their Community Health Assessments, we will be involved so that efforts are not duplicated.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 10,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: DSRIP state planning grant

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
--------	----------	----------	----------

State	\$ <u>10,000.00</u>	Other	\$ _____
-------	---------------------	-------	----------

Federal Government	\$ _____	(Specify)	_____
--------------------	----------	-----------	-------

Verified by Budget Office: _____

Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [WCMC & NYSACHO] of [Valhalla, New York & Albany, NY, respectively]

Nature of Other Party to Contract: Professional

Other:

Duration of Contract: From 09/18/2014 To 12/31/2014

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

N/A; this agreement will be effective upon signature of all parties & terminates on 12/31/14

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

WCMC wishes to engage the seven local health departments serving the Hudson Valley in the DSRIP needs assessment activities; the seven local health departments would participate in the DSRIP planning process and to provide technical assistance.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$10,000 for Sullivan County

Efforts made to find Less Costly alternative:

Not applicable

Efforts made to share costs with another agency or governmental entity:

Not applicable

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

Person(s) responsible for monitoring contract (Title): Nancy McGraw, Public Health Director

Pre-Legislative Approvals:

A. Director of Purchasing: _____ Date _____

B. Management and Budget: _____ Date _____

C. Law Department: _____ Date _____

D. County Manager: _____ Date _____

E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

LETTER OF AGREEMENT

BETWEEN

WESTCHESTER COUNTY MEDICAL CENTER

AND

NEW YORK STATE ASSOCIATION OF COUNTY HEALTH OFFICIALS

AND

THE LOCAL HEALTH DEPARTMENTS OF DUTCHESS, ORANGE, PUTNAM,
ROCKLAND, SULLIVAN, ULSTER, AND WESTCHESTER COUNTIES

This LETTER AGREEMENT sets forth the understanding between the Westchester County Medical Center (WCMC), the New York State Association of County Health Officials (NYSACHO) and the seven local health departments serving the Hudson Valley region (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester, collectively, the Counties).

WHEREAS, Westchester County Medical Center (WCMC) received funding from New York State Department of Health through the Delivery System Reform Incentive Payments (DSRIP) Planning Grants;

WHEREAS, WCMC wishes to engage the seven local health departments serving the Hudson Valley in the DSRIP needs assessment activities;

WHEREAS, the seven local health departments have agreed to participate in the DSRIP planning process and to provide technical assistance as described in the attached SCOPE OF SERVICES;

WHEREAS, NYSACHO has agreed to serve as the fiscal agent for the local health departments of the seven Counties,

4d

In performing these services, the Counties will be acting as independent contractors. No party will be liable to any other party or any third party for any special, exemplary, punitive, indirect, multiple, incidental, or consequential damages arising out of or in connection with this Agreement whether based in contract, tort (including without limitation, negligence) or any other legal or equitable grounds. This indemnification section shall survive the expiration or termination of this agreement.

As full and complete consideration for the services so rendered, WCMC shall pay a total sum not to exceed EIGHTHY THOUSAND DOLLARS (\$80,000) to be distributed as follows: Dutchess \$10,000; Putnam \$10,000; Ulster \$10,000; Orange \$10,000; Rockland \$10,000; Sullivan \$10,000; Westchester \$15,000; and NYSACHO \$5,000.

Said payment will be made upon receipt of an invoice from each of the seven counties attesting to the completion of the work. NYSACHO shall compile the invoices and submit one bill, including the bill for its services, to WCMC. Upon receipt of payment from WCMC, NYSACHO shall disburse the funds to each of the seven local health departments as established above.

This Agreement shall be effective upon signature of all parties and shall terminate on December 31, 2014.

Acceptance of the terms of this Agreement may be made by signing and returning all copies of this Agreement to the WCMC at the address indicated herein.

Sincerely Yours,

Title: _____

Westchester County Medical Center

(address _____)

DATE _____

4e

The Undersigned acknowledges and agrees to the terms and conditions contained in this Agreement and shall perform the services in accordance with the same and the Scope of Services attached hereto at the rate set forth.

COUNTY OF SULLIVAN

By _____

DATE _____

48

The Undersigned acknowledges and agrees to the terms and conditions contained in this Agreement and shall perform the services in accordance with the same and the Scope of Services attached hereto at the rate set forth.

FOR NYSACHO

By _____

DATE _____

49

SCOPE OF SERVICE

The seven health departments serving the Hudson Valley region (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester) have a long and well established history of working together on community health assessments and health planning initiatives aimed at promoting healthy communities by identifying unmet service needs/barriers and examining the health care delivery system.

Each health department will provide:

- 1) Technical assistance to cover input in survey implementation;
- 2) Posting on our website a link to the survey;
- 3) Suggesting ways to disseminate the survey to reach the target audience. As gaps in distribution coverage are recognized, identify targets and ways to reach target population(s);
- 4) Identification of key community partners/entities as pertains to community health improvement;
- 5) Reviewing the resource inventory to provide additional information relative to contacts, addresses;
- 6) General guidance and recommendations regarding the convening of focus groups; and
- 7) Participation in various conference calls and meetings.

The scope does not include administration or data entry for community surveys.

At the conclusion of the needs assessment activities and before _____, 2014, each local health department will submit an invoice to NYSACHO, certifying the completion of their technical support as described above.

4h

**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO
URGE NEW YORK STATE DEPARTMENT OF CIVIL SERVICE TO
“GRANDFATHER” EXISTING SOLID WASTE OPERATORS (SWO) SO THEY ARE
NOT SUBJECTED TO TESTING TO KEEP THEIR POSITION WITH SULLIVAN
COUNTY**

WHEREAS, Sullivan County created the position of Solid Waste Operator (SWO) in January of 2010; and

WHEREAS, New York State Department of Civil Service has reviewed the description of SWO and has issued a determination that such position is subject to the open competitive class which has a testing requirement; and

WHEREAS, New York State Department of Civil Service has denied requests made by the Personnel Department to “Grandfather” the existing employees in the SWO position so they are not subject to testing; and

WHEREAS, Kathy LaBuda Chairperson of the Public Works Committee and the County Legislature desire that the existing employees do not have to be tested in order to keep their jobs.

NOW, THEREFORE, BE IT RESOLVED, the Legislature hereby urges the New York State Department of Civil Service reconsider the determination that the existing SWO’s be tested and allow them to be “Grandfathered”; and

BE IT FURTHER RESOLVED, a copy of this resolution be submitted to appropriate personnel in the New York State Department of Civil Service office.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2013.

5

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE.

RESOLUTION TO ENTER INTO A CONTRACT WITH INDEPENDENT LIVING, INC. (ILC) TO PROVIDE EXPANDED COMMUNITY SUPPORT (PEER) SERVICES PROGRAM.

WHEREAS, the County of Sullivan, through the Department of Community Services (DCS) to contract with Independent Living, Inc. (ILC); and

WHEREAS, such a contract will provide expanded community support services to adults and children/youth through Peer Support and Diversion to divert hospitalizations and maintain the wellness of people with behavioral health needs for the year 2014 and 2015; and

WHEREAS, this contract is subject to availability of funding and adjustment to State aid increases or decreases.

NOW, THEREFORE, BE IT RESOLVED, the Sullivan County Legislature authorizes the County Manager to extend the following contract for a term from July 1, 2014 to December 31, 2015 not to exceed the maximum amount of State aid and County funding through OMRDD, OMH including New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

Independent Living, Inc. for Peer Outreach and Engagement of Individuals, Diverting Hospitalizations, Linking Individuals & Maintain these Linkages with Resources in the Community, & Provide Flexible Support to Individuals \$225,000

BE IT FURTHER RESOLVED, the contract can be extended for up to three additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

BE IT FURTHER RESOLVED, the form of said contract be approved by the Sullivan County Attorney's Office.

Moved by _____ ,
Seconded by _____ ,
and adopted on motion _____ , 2014.

6

COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Joseph A. Todora; Director

Re: Request for Consideration of a Resolution: Contract with Independent Living, Inc. (a/k/a ILC).

Date: September 15, 2014

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Contract with Independent Living, Inc. (a/k/a ILC) to provide peer supportservices to help divert hospital admissions, peer outreach & engagement, linking individuals & maintaining these linkages with resources in the community and provide flexible support to individuals.

Is subject of Resolution mandated? Explain:
no

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 225,000.00

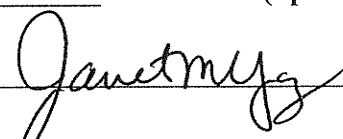
Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s):

If "No", specify proposed source of funds: State Aid funding-pass through money

Estimated Cost Breakdown by Source:

County	\$		Grant(s)	\$	
State	\$	225,000.00	Other	\$	
Federal Government	\$		(Specify)		

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

6A

Request for Authority to Enter into Contract with [Douglas J. Hovey, Exec. Drctr] of [Independent Living, Inc.]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2014 To 06/30/2015

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Three additional one year terms.

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

This is state aid pass through money.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$225,000 +/- state aid availability

Efforts made to find Less Costly alternative:
N/A

Efforts made to share costs with another agency or governmental entity:
N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)
N/A/af

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Director

eb

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 9/15/14
- B. Management and Budget: Janet Myer Date 9/15/14
- C. Law Department: S. Janssen Date _____
- D. County Manager: John Bond Date 9/17/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

EC

**RESOLUTION NO. INTRODUCED BY THE EXECUTIVE COMMITTEE
AUTHORIZING THE SULLIVAN COUNTY VISITORS ASSOCIATION, INC.
TO APPLY FOR I LOVE NEW YORK MATCHING FUNDS.**

WHEREAS, The I Love New York State Matching Funds Grant Program provides assistance to counties for advertising and promoting tourism; and

WHEREAS, The County of Sullivan has benefited from participating in the Matching Funds Program for more than 30 years; and

WHEREAS, participation in the Matching Funds Program is a vital component to the continuing growth of tourism in Sullivan County; and

WHEREAS, the Sullivan County Visitors Association, Inc. has been charged with promoting tourism in Sullivan County; and

WHEREAS, the Sullivan County Visitors Association, Inc. has the expertise and staff to apply for and administer the I Love New York Matching Funds Program.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby designates the Sullivan County Visitors Association, Inc. as the official tourism promotion agency of Sullivan County to apply for and receive matching funds for the fiscal year 2015.

BE IT FURTHER RESOLVED, that the County of Sullivan pledges to match up to 5% of the total New York State Matching Funds Budget, subject to County Legislature appropriation, which is the maximum application amount allocated per county for 2015 Program Year.

Resolution No.

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE

RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO AGREEMENT WITH CLAIRE L. SCHNEIDER, MS,RD,CDN FOR THE PROVISION OF REGISTERED DIETITIAN SERVICES FROM OCTOBER 1, 2014 THROUGH DECEMBER 31, 2016.

WHEREAS, the Sullivan County Office for the Aging has a need, as mandated by the New York State Office for the Aging (NYSOFA) for the nutrition related services of a Registered Dietitian for the nutrition program; and

WHEREAS, The Department of Purchasing & Central Services has repeatedly released an RFP for a Registered Dietitian who is capable of providing such services, with no response, which has resulted in the Sullivan County Office for the Aging being out of compliance for over 2 years; and

WHEREAS, Claire L. Schneider, MS, RD, CDN, can provide Registered Dietitian Services.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County Manager to execute a contract with Claire L. Schneider, MS, RD, CDN for provision of mandated registered dietitian services as required by the New York State Office for the Aging, not to exceed \$4,625.01 for the period of 10/01/2014-12/31/2014 of which \$1,803.00 is received from CSI NYS State funds and \$2,822.01 from County funds, and not to exceed \$18,500.00 for the period of 01/01/2015-12/31/2015 of which \$1,803.00 is received from CSI NYS State funds and \$16,697.00 from County funds, and not to exceed \$18,500.00 for the period of 01/01/2016-12/31/2016 of which \$1,803.00 is received from CSI NYS State funds and \$16,697.00 from County funds, and

BE IT FURTHER RESOLVED, that the form of said contract be approved by the Sullivan County Department of Law.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2014.

COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Deborah E. Allen, Director, Office for the Aging

Re: Request for Consideration of a Resolution:

Date: 9/3/2014

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Authorize County Manager to enter into agreement with Claire L. Schneider, MS, RD, CDN for the provision of mandated registered dietitian services as required by the New York State Office for the Aging for Registered Dietitian Services from October 1, 2014 through December 31, 2016.

Is subject of Resolution mandated? Explain:

Yes, Mandated/Budgeted

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 4,625.01

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A7610-88-40-4005

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ <u>2,822.01</u>	Grant(s)	\$ <u>0.00</u>
State	\$ <u>1,803.00</u>	Other	\$ _____
Federal Government	\$ <u>0.00</u>	(Specify)	<u>2 year 3 months/ 18,500.00 per year for 2015/2016.</u>

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

8A

Request for Authority to Enter into Contract with [Claire L, Schneider, MS, RD,] of
[_____]

Nature of Other Party to Contract: Professional

Other: Registered Dietitian

Duration of Contract: From 10/01/2014 To 12/31/2016

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes No ___

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

A Registered Dietitian for the Sullivan County Office for the Aging to bring the
SCOFA in compliance with the mandates of the New York State Office for the
Aging (NYSOFA).

If "No" provide other justification for County to enter into this Contract: [County does not
have resources in-house, best source of the subject materials, required by grant, etc.]:

Total Contract Cost for [year or contract period]: (If specific sum is not known state
maximum potential cost): \$4625.01 for 2014, \$18,500.00 each year for 2015/2016.

Efforts made to find Less Costly alternative:

N/A

Efforts made to share costs with another agency or governmental entity:

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

N/A - In the past two(2) years various efforts were made
to procure a Registered Dietician - This individual is
Person(s) responsible for monitoring contract (Title): Jane Bozan, Nutrition Serv. Coord
Interested in providing services to OPA and a Resol
contract should be issued / Kf

36

Pre-Legislative Approvals:

- A. Director of Purchasing: *Janet Jones* Date 9/4/14
- B. Management and Budget: *Janet Myers* Date 9/4/14
- C. Law Department: *[Signature]* Date 9/4/14
- D. County Manager: *John Rosen* Date 9/4/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE
RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF AGREEMENT**

WHEREAS, bids were received for Re-Roofing Projects at the Sullivan County Adult Care Center and Shared Clinic Facility, and

WHEREAS, International Contractors Corporation, 20 Hornbeck Road, Neversink, New York 12765, is the lowest, responsible bidder for this project, and

WHEREAS, the Sullivan County Division of Public Works, recommends that a contract be executed.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract with International Contractors Corporation, at a contract price as follows:

Part A – Adult Care Center - Twenty (20) Year Warranty, new roof, 60 Mil EPDM, new recovery board and existing insulation = \$503,000.00, with additional cost, if needed, of \$4.25/sq. ft., for rigid insulation replacement and \$1.75/sq. ft., for Type X gypsum board replacement, and

Part B – Shared Clinic Facility, EPDM roof = \$15,000.00, with additional cost of \$4.00/sq. ft., for removal of existing insulation and installation of new insulation at “soft spots”

In accordance with the Bid No. B-14-64, said contract to be in such form as the County Attorney shall approve.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2014.

COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Edward McAndrew, P.E.

Re: Request for Consideration of a Resolution:

Date: September 18, 2014

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Authorize award & execution of agreement with International Contractors Corporation for the re-roofing projects at the Sullivan County Adult Care Center and Shared Clinic Facility.

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$518,000.00

Pending Budget modification

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): H57-4997-21-2102 ACC / H60-1997-21

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$518,000.00	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: _____

Janet My

Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2 and 3.

Request for Authority to Enter into Contract with [International Contractors Corp.] of
[120 Hornbeck Road, Neversink, NY 12765]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

N/A

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

County does not have staff in-house to complete this project.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$518,000

Efforts made to find Less Costly alternative:

Competitive Bid

Efforts made to share costs with another agency or governmental entity:

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)
Competitive Bid No. B-14-64

Person(s) responsible for monitoring contract (Title): Edward McAndrew, P.E., Comp

Pre-Legislative Approvals:

- A. Director of Purchasing: *Tommy Jones* Date 9/16/14
- B. Management and Budget: *Daniel Myer* Date 9/17/14
- C. Law Department: *[Signature]* Date 9.17.14
- D. County Manager: *John P. [Signature]* Date 9/17/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AMEND RESOLUTION 260-14 AUTHORIZING REDUNDANT CONNECTIVITY BETWEEN THE E911 CENTER AND THE NEW YORK STATE POLICE BARRACKS, LIBERTY, NY TO SUPPORT THE NEW E911 PHONE SYSTEM.

WHEREAS, Resolution 260-14 authorized the County Manager to amend the facilities agreement dated May 28, 2014 by executing a Time Warner Service Order Agreement for ONE additional fiber communication line at a cost of \$600.00/month, and

WHEREAS, the new E-911 phone system requires TWO dedicated fiber connections to support multiple site failover redundancy for the new phone system between the E911 Center, White Lake, NY and the New York State Police Barracks in Liberty, NY, and

NOW, THEREFORE, BE IT RESOLVED, that the County Manager is hereby authorized to amend the existing facilities agreement and execute the Time Warner Service Order Agreement for the period of July 1, 2014 – June 30, 2019, for TWO new fiber lines with no installation fee and an effective monthly service fee of \$600 EACH (*plus all subservient account taxes and fees (Federal, State, Local and Regulatory)*) to be paid monthly during each fiscal year of the agreement or optionally pre-paid pending funding availability during the facilities agreement term.

BE IT FURTHER RESOLVED THAT, said agreement to be in such form as the County Attorney shall approve.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2014.