



**PERSONNEL COMMITTEE**

**June 4, 2015 – 12:15 P.M.**

**Personnel Committee Members**

**Ira Steingart, Chair  
Kitty Vetter, Vice Chair  
Kathy LaBuda  
Jonathan Rouis  
Cindy Kurpil Gieger**

**AGENDA**

**REPORTS:**

1. Human Rights – Monthly Report

**DEPARTMENTS:**

1. Personnel
2. Risk Management and Insurance

**DISCUSSION:**

1. Transportation Coordinator Position

**RESOLUTIONS:**

1. To waive Residency Requirements for a specific Per Diem Registered Nurse.
2. To reclassify and set the salary of Management Confidential position of the Healthy Beginnings Program Manager.
3. To reclassify a position in Real Property Tax Services.
4. To set working hours and salary for the Director of Probation Position.
5. To authorize award and execution of Agreement with NAVEX Global for on-line training for Sullivan County employees.

**PUBLIC COMMENT:**

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

**To:** Sullivan County Legislature

**Fr:** Lynda Levine, Human Resources Director

**Re:** Request for Consideration of a Resolution: To waive residency requirement

**Date:** May 15, 2015

**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.]

To allow a Per Diem RN to continue employment in Public Health Services

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \$** \_\_\_\_\_

**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:** \_\_\_\_\_



**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 [ \_\_\_\_\_ ] of [ \_\_\_\_\_ ]

Nature of Other Party to Contract: Professional \_\_\_\_\_ 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 purchasing issue Rf

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

**Pre-Legislative Approvals:**

A. Director of Purchasing: Kathy Jones Date 6.1.15

B. Management and Budget: \_\_\_\_\_ Date \_\_\_\_\_

C. Law Department: B. Yeager Date 6.1.15

D. County Manager: [Signature] Date 6/2/15

E. Other as Required: [Signature] Date 6/1/15

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION INTRODUCED BY PERSONNEL COMMITTEE TO WAIVE  
RESIDENCY REQUIREMENTS FOR A SPECIFIC PER DIEM REGISTERED NURSE**

**WHEREAS**, Public Health Director was authorized to fill the vacant Per Diem Registered Nurse position, and

**WHEREAS**, the Public Health Director has expressed her desire in filling the Per Diem Registered Nurse position due to its vital role in the Public Health Department, and

**WHEREAS**, the Public Health Director has stated that the Per Diem RN position has been difficult to fill with a qualified County resident, and

**WHEREAS**, the Public Health Director has requested that the Legislature waive the residency requirement as it pertains to Catherine Freda, and has stated that complying with the residency requirement will place an undue hardship upon her.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby waives the residency requirement policy for the said position of Per Diem Registered Nurse, and

**BE IT FURTHER RESOLVED**, that the Clerk to the Legislature is hereby directed to transmit a copy of this resolution to the Human Resources Department, Payroll Department and Public Health Services.

**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: To reclassify the Healthy Beginnings Program Supervisor position to that of Program Manager.

**Date:** May 28, 2015

**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.]

We request that the position of Healthy Beginnings Program Supervisor be reclassified to that of Healthy Beginnings Program Manager. We request that this be classified as a management confidential position and that the Legislature consider setting the current year's salary for this position at \$55,277 retroactive to 1/1/15. (Note: there is no other employee to whom her duties can be delegated and she been performing the work of Program Manager).

**Is subject of Resolution mandated? Explain:**

No, but the duties of the Healthy Beginnings Prog. Supervisor are such that the position should be reclassified to Program Manager

**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

Amount to be authorized by Resolution: \$ 55,277.00

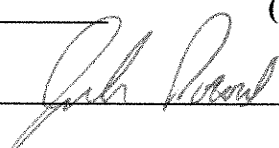
Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A4010-36-10-1011

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>55,277.00</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 \_\_\_\_\_ 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:

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 \_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kathy Jones Date 6.1.15
- B. Management and Budget: \_\_\_\_\_ Date \_\_\_\_\_
- C. Law Department: S. Yassur Date \_\_\_\_\_
- D. County Manager: John Bone Date 6/2/15
- E. Other as Required: [Signature] Date 6/1/15

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_



**RESOLUTION INTRODUCED BY PERSONNEL COMMITTEE TO RECLASSIFY AND SET THE SALARY OF MANAGEMENT CONFIDENTIAL POSITION OF THE HEALTHY BEGINNINGS PROGRAM MANAGER.**

**WHEREAS**, the County of Sullivan (“County”) and the Teamsters Local 445, International Brotherhood of Teamsters (“Teamsters” or “Union”) have agreed that the duties of the Healthy Beginnings Program Supervisor are such that the position should be reclassified to Healthy Beginnings Program Manager, be management and confidential; and

**WHEREAS**, The County and the Teamsters have agreed that the title Healthy Beginnings Program Supervisor shall remain in the Teamsters Salary Schedule and that the incumbent shall be reclassified to Healthy Beginnings Program Manager and will no longer be represented by the Teamsters; and

**WHEREAS**, salary rates for management confidential employees must be set or amended by Resolution of the Legislature.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby sets the salary of the Healthy Beginnings Program Manager at \$55,277.00 per year.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Edward Homenick, Director of Real Property Tax Services

**Re:** Request for Consideration of a Resolution: Reclassification of Position No. 2697

**Date:** May 29, 2015

**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.]

This is a Resolution to authorize a reclassification of position No. 2697 from Real Property Tax Map/GIS Technician to Senior Real Property Tax Map/GIS Technician

---

---

---

**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: \$ 3,300.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A-1355-10-1011

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County                    \$ 3,300.00                    Grant(s)                    \$ \_\_\_\_\_

State                    \$ \_\_\_\_\_                    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 [ \_\_\_\_\_ ] 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.)

\_\_\_\_\_ *NA* \_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 6.1.15
- B. Management and Budget: \_\_\_\_\_ Date \_\_\_\_\_
- C. Law Department: *S. Yargur* Date 6/1
- D. County Manager: *[Signature]* Date 6/2/15
- E. Other as Required: *[Signature]* Date 6/1/15

Vetted in Personnel Committee on 06/04/2015

**RESOLUTION NO \_\_\_\_\_ INTRODUCED BY PERSONNEL COMMITTEE TO RECLASSIFY A POSITION IN THE DEPARTMENT OF REAL PROPERTY TAX SERVICES**

**WHEREAS**, there is currently an employee in the position (Position No. 2697) designated as Real Property Tax Map/GIS Technician; and

**WHEREAS**, A job classification questionnaire was filled out by said employee and her supervisor and it has been determined by the Personnel Officer that the said employee is currently assigned some duties that are above her current title of Real Property Tax Map/GIS Technician; and

**WHEREAS**, the Real Property Tax Director feels that the title should be reclassified to Real Property Senior Tax Map/GIS Technician, which will encompass her current duties and meet the needs of the Department of Real Property Tax Services.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the reclassification of position 2697 in the Department of Real Property Tax Services from Real Property Tax Map/GIS Technician to Real Property Senior Tax Map/GIS Technician effective retroactive to May 5, 2015.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joshua Potosek, County Manager

**Re:** Request for Consideration of a Resolution: Set Work Week & Salary of Director of Probation

**Date:** May 29, 2015

**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.]

To set working hous and salary for the Director of Probation Position.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:** \$ 7,488.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A-3140-16-10-1011

**If "No", specify proposed source of funds:** \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	\$ <u>7,488.00</u>	Grant(s)	\$ _____
State	\$ _____	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 [ \_\_\_\_\_ ] 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:

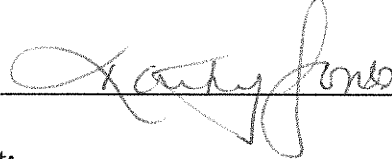


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ *N/A* \_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

**Pre-Legislative Approvals:**

- A. Director of Purchasing:  Date 6.1.15
- B. Management and Budget: \_\_\_\_\_ Date \_\_\_\_\_
- C. Law Department: S. Yousry Date \_\_\_\_\_
- D. County Manager:  Date \_\_\_\_\_
- E. Other as Required:  Date 6/1/15

Vetted in Personnel Committee on 06/04/2015



**RESOLUTION INTRODUCED BY THE PERSONNEL COMMITTEE TO SET WORKING HOURS AND SALARY FOR THE DIRECTOR OF PROBATION POSITION**

**WHEREAS**, the Sullivan County Legislature authorized the execution of a Memorandum of Agreement (“MOA”) with Teamsters Local 445, International Brotherhood of Teamsters pursuant to Resolution No. 5-15 on January 22, 2015;

**WHEREAS**, the MOA authorized the titles of Probation Officer Trainee, Probation Officer, Senior Probation Officer, and Probation Supervisor at a set work week of 40 hours a week; and

**WHEREAS**, the MOA authorized the above titles to receive Peace Officer Stipend increases; and

**WHEREAS**, the Director of Probation’s current salary is lower than some of the staff that the Director supervises, and currently working a 35 hour work week leaving staff unsupervised for 2.5 hours a week; and

**WHEREAS**, there is a need to set the work week of the Director of Probation to 37.5 hours a week and apply the Peace Officer Stipend to the Director of Probation position.

**WHEREAS**, the adjustment to the work week requires the need to set the salary for the Director of Probation position.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby sets the work week of the Director of Probation at 37.5 hours a week and sets the salary at \$82,325; and

**BE IT FURTHER RESOLVED**, that the Director of Probation position shall receive the Peace Officer Stipend effective for the 2015 fiscal year, in the same amounts authorized in the MOA with the Teamsters Local 445, International Brotherhood of Teamsters authorized by the Legislature on January 22, 2015.

**Moved by  
seconded by  
and adopted on motion**

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

**To:** Sullivan County Legislature

**Fr:** Lynda G. Levine, Director of Human Resources/Personnel Officer

**Re:** Request for Consideration of a Resolution: To authorize an agreement

**Date:** June 1, 2015

**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.]

Resolution to authorize an agreement with NAVEX Global to provide online training for all County employees.

---

---

---

**Is subject of Resolution mandated? Explain:**

Mandated by State and Federal statute.

---

**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):** A1430-46-4612

**If "No", specify proposed source of funds:** budget mod is necessary *Contract*

**Estimated Cost Breakdown by Source:**

**County** \$37,777.44 **Grant(s)** \$ \_\_\_\_\_

**State** \$ \_\_\_\_\_ **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 [NAVEX Global] of  
[6000 Meadows Road, Suite 200, Lake Oswego, OR, 97035]

Nature of Other Party to Contract: Not-For-Profit Corporation **Other:**

Duration of Contract: From 07/01/2015 To 06/30/2019

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:

none -

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:

Mandated by State and Federal Statutes

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): 37,777.44 (if over 1,000 employees can incur additional expense.)

Efforts made to find Less Costly alternative:

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

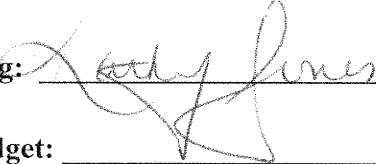
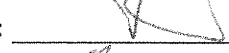



N/A

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

N/A - Training

Person(s) responsible for monitoring contract (Title): Lynda G. Levine

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 6/1/15
- B. Management and Budget:  Date \_\_\_\_\_
- C. Law Department:  Date 6/1/15
- D. County Manager:  Date 6/2/15
- E. Other as Required:  Date 6/1/15

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO                    INTRODUCED BY PERSONNEL COMMITTEE TO  
AUTHORIZE AWARD AND EXECUTION OF AGREEMENT**

**WHEREAS**, a proposal was received, for on-line training, for Sullivan County employees, to address the County's compliance program requirements; and

**WHEREAS**, NAVEX Global, 6000 Meadows Road, Suite 200 Lake Oswego, Oregon 97035, is qualified to provide the County training; and

**WHEREAS**, it is necessary to provide this service to County employees as an ongoing effort to address workplace violence and workplace discrimination and comply with state and federal laws, rules and regulations; and

**WHEREAS**, the Sullivan County Human Resources Department has reviewed and approved said training programs and proposal and recommends that the County enter into an agreement with NAVEX Global to provide the aforementioned on-line training; and

**WHEREAS**, according to the pricing summary, \$37,777.44 authorizes up to 1000 users over the four year period and allows for additional users as need in increments of 25 for a cost as follows:

Year 1 - \$39.00

Year 2 - \$34.00

Year 3 - \$30.00

Year 4 - \$25.00

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is hereby authorized to enter into an agreement with NAVEX Global, for the base amount of \$37,777.44 for 1000 users with the options to utilize the additional user clause as needed over the four (4) year period, effective July 1, 2015, to be paid in accordance with the attached pricing summary.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

# Pricing Summary

Product	Quantity	Months	Initial Fee	Annual
<b>Training</b>				
Workplace Harassment 6	1000	N/A	\$19,750.00 \$14,817.44	-
Violence & Bullying Prevention	1000	N/A	\$19,750.00 \$0.00	-
Workplace Harassment 6 - Maintenance	1000	48	-	\$4,740.00
Violence & Bullying Prevention - Maintenance	1000	48	-	\$4,740.00 \$0.00
Setup - NAVEX Hosted - Courseware (LMS Tracking)	2	N/A	\$1,000.00	-
Standard Customization Package	2	N/A	\$3,000.00	-
PRODUCT SUB-TOTALS:			\$18,817.44	\$4,740.00

	Initial Fee	Annual
SUB-TOTALS:	\$18,817.44	\$4,740.00

INVOICING SCHEDULE	
YEAR ONE:	\$23,557.44
YEAR TWO:	\$4,740.00
YEAR THREE:	\$4,740.00
YEAR FOUR:	\$4,740.00
<b>TOTAL SAVINGS:</b>	<b>\$43,642.56</b>
<b>TOTAL:</b>	<b>\$37,777.44</b>

## Additional Seats:

### ▼ Online Training

Hosting Method: NAVEX Hosted (TC9)  
 Add-on Pricing Override:   
 Minimum Add-on: 25

Year 1 Add On Price: USD 39.00  
 Year 2 Add On Price: USD 34.00  
 Year 3 Add On Price: USD 30.00  
 Year 4 Add On Price: USD 25.00  
 Year 5 Add On Price: