



GOVERNMENT SERVICES COMMITTEE

July 6, 2017 – 10:00 AM

Committee Members: Catherine Owens (Chair), Nadia Rajsz (Vice Chair), Scott Samuelson, Alan Sorensen, Mark McCarthy

AGENDA

COMMENTS FROM THE CHAIR

DISCUSSION ITEMS:

PRESENTATION:

1. SUNY Sullivan's 2017-2018 Budget

REPORTS:

1. Cornell Cooperative/Consumer Affairs - Monthly Report
2. Sullivan County Community College
3. County Historian
4. Purchasing & Central Services - Monthly Report
5. Board of Elections - Monthly Report
6. County Clerk

RESOLUTIONS:

1. To modify Resolution No. 255-16, Advance Testing Company, Incorporated.
2. To authorize award and execution of contract with various providers for Personal Care and Home Health Care Aides.
3. To authorize award and execution of contract with various providers for Occupational Therapy Services for Public Health Services.
4. To authorize award and execution of contract with various providers for Physical Therapy Services for Public Health Services.
5. To authorize award and execution of contract with Rebecca Skoda for Medical Social Worker Services for Public Health Services.
6. To authorize award and execution of contract with Arleene Siegel, LMSW for Social Work Services for Community Services.
7. To authorize award and execution of contract with Advanced Oxy-Med Services, Inc. for Respiratory Services and Supplies for the Sullivan County Adult Care Center.

PUBLIC COMMENT:

Resolution No. _____

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE TO
MODIFY RESOLUTION NO. 255-16, ADVANCE TESTING COMPANY,
INCORPORATED**

WHEREAS, an agreement was executed with Advance Testing Company, Incorporated, 3348 Route 208, Campbell Hall, New York 10916, for Quality Assurance Asphalt Plant Testing and Quality Assurance Chip Seal Testing on various paving projects, dated April 26th, 2016, pursuant to Resolution No. 160-16, adopted by the Sullivan County Legislature on April 21st, 2016; and

WHEREAS, Resolution No. 255-16, adopted by the Sullivan County Legislature on June 16th, 2016, authorized the original contract to be modified to include the provision allowing for the extension of the agreement over four (4) additional paving seasons, on a yearly basis, under the same terms and conditions; and

WHEREAS, Resolution No. 255-16, adopted by the Sullivan County Legislature on June 16th, 2016, neglected to state a “not to exceed annual contract price” for the extended years of the contract, and

WHEREAS, Resolution No. 255-16, adopted by the Sullivan County Legislature on June 16th, 2016, shall be amended to reflect a change in the contract price to read: “a contract price not to exceed \$ 75,000 / year”.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a Modification Agreement with Advance Testing Company, Inc., for a contract price not to exceed \$75,000.00 / year, said contract modification to be in such form as the County Attorney shall approve.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2017.

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

To: Sullivan County Legislature

Fr: Edward McAndrew, P.E., Commissioner, Public Works

Re: Request for Consideration of a Resolution: Mod. Agree. - QA Testing

Date: 7/6/2017

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 modify Resolution No. 255-16 to reflect the not to exceed contract price of \$75,000 / year for each extended year of the contract. Also to authorize the execution of a modification agreement with Advance Testing Company, Inc. to reflect this change.

Is subject of Resolution mandated? Explain:

No - It is the responsibility of the Co. to assure that materials produced and placed on Co. Rds meet specifications to ensure the proper life expectancy is met.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 75,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): D-5110-45-45.4518 \$1.5M

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

Estimated Cost Breakdown by Source:

County	\$ <u>75,000.00</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 and 3.

Request for Authority to Enter into Contract with [Agree. Mod. for exist. contract] of [Advance Testing Company]

Nature of Other Party to Contract: Out Of County Vendor **Other:**

Duration of Contract: From 01/01/2017 To 12/31/2017

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s): From 04/26/2016 To 12/31/2016

Amount authorized by prior contract(s): 75,000.00

Resolutions authorizing prior contracts (Resolution #s): 160-16

Future Renewal Options if any:

This contract can be extended on a yearly basis through 2020.

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.]:

The paving contract was bid using NYSDOT Specifications and these specifications require both quality control / quality assurance testing of the construction materials. County forces cannot provide this specialized testing work.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$ 75,000

Efforts made to find Less Costly alternative:

A Request for Proposal was issued and the quote from the lowest responsible firm for the quality assurance work was chosen.

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

By specification the QC / QA testing is required for the placement of hot mix asphalt and all costs to repair the County Roads are borne by the County.

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)
Request for Proposals RFP 16-07 RFP Returned 3/25/2016

Person(s) responsible for monitoring contract (Title): Dermot P. Dowd, Civil Eng.

Pre-Legislative Approvals:

- A. Director of Purchasing: Amyson Lewis Date 7/5/17
- B. Management and Budget: Janetmy Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Other as Required: Edna McCarroll Date 6/30/17

Vetted in Public Works Committee Committee on 06/08/2017

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, proposals were received for Personal Care and Home Health Care Aides for Sullivan County, and

WHEREAS, the following Contractors will provide said services from July 1, 2017 through June 30, 2018, with an option to extend on a yearly basis, for three (3) additional years, under the same terms and conditions, and

<p>A & T Healthcare, LLC 339 North Main Street New City, New York 10956</p> <p>\$26.50/Hour Home Health Aide \$26.50/Hour Personal Care Aide</p>	<p>Willcare 346 Delaware Avenue Buffalo, New York 14202</p> <p><u>Year 1:</u> \$22.00/Hour Home Health Aide \$20.00/Hour Personal Care Aide I \$21.00/Hour Personal Care Aide II</p>
<p>Any-Time Home Care, Inc. 9-1/2 Dolson Avenue Middletown, New York 10940</p> <p>\$24.00/Hour Home Health Aide \$24.00/Hour Personal Care Aide</p>	<p><u>Year 2:</u> \$22.44/Hour Home Health Aide \$20.40/Hour Personal Care Aide I \$21.42/Hour Personal Care Aide II</p>
<p>Wellness Home Care 252 Main Street Goshen, New York 10924</p> <p>\$22.00/Hour Home Health Aide \$21.50/Hour Personal Care Aide</p>	<p><u>Year 3:</u> \$22.44/Hour Home Health Aide \$20.40/Hour Personal Care Aide I \$21.42/Hour Personal Care Aide II</p> <p><u>Year 4:</u> \$22.44/Hour Home Health Aide \$20.40/Hour Personal Care Aide I \$21.42/Hour Personal Care Aide II</p>

WHEREAS, the Sullivan County Department of Public Health Services has recommended said Contractors.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute contracts, with the above Contractors, at the above rates, in accordance with RFP R-17-14, said contracts to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, 2017.

**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 authorize award & execute contracts for HHA/PCA Services

Date: June 26, 2017

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.]

Sullivan County Public Health Service and Sullivan County Office for the Aging provide Home Health Aide/Personal Care Aide services and extended in-home services to persons needing care. SC PHS & SC OFA need contracts with the agencies and at the rates noted in the attached resolution for the period 7/1/2017 to 6/30/2018 in accordance with RFP #R-17-14. (Contract may be extended, on a yearly basis, for three (3) additional years.)

Is subject of Resolution mandated? Explain:

Yes, for PHS, these services are included on the Operating Certificates for the CHHA & LTHHCP.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 47,400.00 *Budget modifications needed for A4010-33 & A4010-34

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): #40-4024 for A4010-33*, A4010-34* & A7610-87

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

Estimated Cost Breakdown by Source:

County \$ 11,850.00 Grant(s) \$ _____

State \$ 35,550.00 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.

Request for Authority to Enter into Contract with [A&T Healthcare, LLC,] of [Anytime Homecare, Inc., Willcare, Wellness Home Care]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2017 To 06/30/2018

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information: **

Dates of prior contract(s):^{**} From 07/01/2013 To 06/30/2017

Amount authorized by prior contract(s): 863,339.00

Resolutions authorizing prior contracts (Resolution #s): 246-13

Future Renewal Options if any:

This contract may be extended, on a yearly basis, for three (3) additional years.

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:

These services are required as per our Operating Certificates.

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): \$47,400

Efforts made to find Less Costly alternative:

RFP

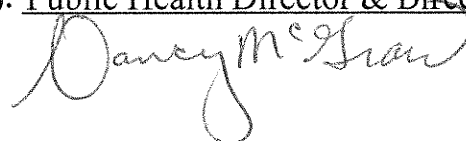
Efforts made to share costs with another agency or governmental entity:

These services were RFP'd for Public Health Services & the Office for the Aging

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

RFP #R-17-14

Person(s) responsible for monitoring contract (Title): Public Health Director & Director of OFA



Pre-Legislative Approvals:

- A. Director of Purchasing: ^{Assistant} Angela Lewis Date 7/5/17
- B. Management and Budget: Janet My Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Commissioner: [Signature] Date 6/30/17

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, proposals were received for Occupational Therapy Services for Public Health Services, and

WHEREAS, the following therapists will provide said services from July 1, 2017 through June 30, 2018, with an option to extend on a yearly basis, for three (3) additional years, under the same terms and conditions, and

- | | | |
|----|---|---|
| 1. | John Pasquale
226 Old Route 17
P.O. Box 1293
Livingston Manor, New York 12758 | \$70.00/visit – Occupational Therapist |
| 2. | Katskill Kids
101 Klothe Drive
Grahamsville, New York 12740 | \$52.50/ visit – Occupational Therapist Assistant
\$70.00/visit – Occupational Therapist |
| 3. | Catskill Regional Medical Center
68 Bushville Road
P.O. Box 800
Harris, New York 12742 | \$80.00/visit – Occupational Therapist |

WHEREAS, the Sullivan County Public Health Services has recommended said therapists.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract, with, the above therapists, at the price per visit listed above, in accordance with RFP R-17-15, said contracts to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, **2017.**

**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: Authorize award & execute contracts with John Pasquale, Katskill Kids & CRMC

Date: June 26, 2017 for Occupational Therapy services.

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.]

Sullivan County Public Health Services' Certified Home Health Agency is certified to provide Occupational Therapy services to CHHA & LTHHCP patients. SCPHS requests contracts with with John Pasquale & Katskill Kids, PT & SLP, LLC to provide these services, at the rate of \$70.00/Occupational Therapy visit & \$52.50/ Occupational Therapy Asst visit, for the period 7/1/17 - 6/30/18 in accordance with RFP R-17-15. Additionally, PHS would like to contract with Catskill Regional Medical Center for OT services at \$80/visit.

Is subject of Resolution mandated? Explain:

Yes, these services are included on the Operating Certificates for the CHHA & LTHHCP.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 116,700.00

Are funds already budgeted? Yes No * Budget modification needed for A4010-34

If "Yes" specify appropriation code(s): A4010-33-40-4014, A4010-34-40-4014*

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>116,700.00</u>
Federal Government	\$ _____	(Specify)	<u>third party revenue</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.

Request for Authority to Enter into Contract with [John Pasquale, OTR, CRMC,] of
[& Katskill Kids, PT, SLP, Psychology, OT, RN & LMSW, PLLC]]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2017 To 06/30/2018

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s): From 07/01/2013 To 06/30/2017

Amount authorized by prior contract(s): 141,918.00

Resolutions authorizing prior contracts (Resolution #s): 244-13 ***
*** for John Pasquale & Katskill Kids

Future Renewal Options if any:

This contract may be extended, on a yearly basis, for three (3) additional years.

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:

Yes, these services are included on the Operating Certificates for the CHHA & LTHHCP.

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): \$116,700

Efforts made to find Less Costly alternative:

RFP

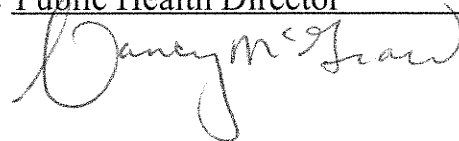
Efforts made to share costs with another agency or governmental entity:

N/A

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

RFP #R-17-15

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



Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Amyson Lewis Date 7/5/17
- B. Management and Budget: Janet Myer Date 7/5/17
- C. Law Department: [Signature] Date 9/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Commissioner: [Signature] Date 6/30/17

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, proposals were received for Physical Therapy Services for Public Health Services, and

WHEREAS, the following therapists will provide said services from July 1, 2017 through June 30, 2018, with an option to extend on a yearly basis, for three (3) additional years, under the same terms and conditions, and

- | | | |
|----|---|--|
| 1. | Home P.T. Services, LLC
P.O. Box 250
Bethel, New York 12720 | \$77.00/visit – Physical Therapist
\$57.75/visit – Physical Therapist Assistant |
| 2. | Catskill Regional Medical Center
68 Bushville Road
Harris, New York 12742 | \$80.00/visit – Physical Therapist |

WHEREAS, the Sullivan County Public Health Services has recommended said therapists.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract, with, the above therapists, at the price per visit listed above, in accordance with RFP R-17-16, said contract to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, 2017.

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

To: Sullivan County Legislature

Fr: Nancy McGraw

Re: Request for Consideration of a Resolution: To Authorize award & execute contracts for Physical Therapy services

Date: June 26, 2017

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.]

Sullivan County Public Health Services' Certified Home Health Agency is certified to provide Physical Therapy services to patients of the CHHA & LTHHCP. SCPHS requests contracts with Home P.T. Services, LLC & Catskill Regional Medical Center (CRMC) to provide these services, at the rate of \$77.00/Phys. Therapy visit & \$57.75/ Phys. Therapy Asst. visit, for the period 7/1/17 - 6/30/18 in accordance with RFP R-17-16. (Contract may extended on a yearly basis, for three (3) additional years.)

Is subject of Resolution mandated? Explain:

Yes, for PHS, these services are included on the Operating Certificates for the CHHA & LTHHCP.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

* Budget mod needed for A4010-34 account.

Amount to be authorized by Resolution: \$ 407,760.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4010-33-40-4014 & A4010-34-4014 *

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>407,760.00</u>
Federal Government	\$ _____	(Specify)	<u>Third party revenue</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.

Request for Authority to Enter into Contract with [Home PT Services, LLC &] of
[Catskill Regional Medical Center]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 07/01/2017 To 06/30/2018

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

(Note: am't below excludes pro] for Back in Balance included in prior Reso. Cover Sheet.

Dates of prior contract(s): From 07/01/2013 To 07/01/2014

Amount authorized by prior contract(s): 459,020.00

Resolutions authorizing prior contracts (Resolution #s): 243-13 (for Home PT) & 281-14 (for CRMC)

Future Renewal Options if any:

Contract may be extended, on a yearly basis, for three (3) additional years.

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:

Yes, for PHS, these services are included on the Operating Certificates for the CHHA & LTHHCP.

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): \$407,760

Efforts made to find Less Costly alternative:

RFP

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

N/A

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

RFP #R-17-16

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



Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Amyson Lewis Date 7/5/17
- B. Management and Budget: Janet Myfy Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Commissioner: [Signature] Date 6/30/17

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, a proposal was received for Medical Social Worker Services for Public Health Services, and

WHEREAS, the following Contractor will provide said services from July 1, 2017 through June 30, 2018, with an option to extend on a yearly basis, for three (3) additional years, under the same terms and conditions, and

Rebecca Skoda	\$60.00/visit
PO Box 271	
Ferndale, New York 12734	

WHEREAS, the Sullivan County Department of Public Health Services has recommended said Contractor.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute contract, with the Rebecca Skoda, at the price per visit listed above, in accordance with RFP R-17-17, said contract to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, 2013.

**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 authorize award & execute contract for Medical Social Worker services

Date: June 26, 2017

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.]

Sullivan County Public Health Services' Certified Home Health Agency is certified to provide Medical Social Worker services to patients of the CHHA & LTHHCP & requests a contract with Rebecca Skoda to provide such services to patients of the CHHA & Long Term Home Health Care Program at \$60.00/visit for the period 7/1/17– 6/30/18 in accordance with RFP R-17-17. (Contract may be extended, on a yearly basis, for three (3) additional years.)

Is subject of Resolution mandated? Explain:

Yes, for PHS, these services are included on the Operating Certificates for the CHHA & LTHHCP.

Does Resolution require expenditure of funds? Yes No

*If needed, a budget modification will be submitted to increase these appropriations

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 550.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4010-33-40-4024* & A4010-34-40-4024*

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>550.00</u>
Federal Government	\$ _____	(Specify)	<u>third party revenue</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.

Request for Authority to Enter into Contract with [Rebecca Skoda] of
[P. O. Box 271, Ferndale, NY 12734]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2017 To 06/30/2018

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s):** From 07/01/2013 To 06/30/2014

Amount authorized by prior contract(s): 12,100.00

Resolutions authorizing prior contracts (Resolution #s): 247-13

Future Renewal Options if any:

This contract may be extend on a yearly basis, for three (3) additional years

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:
for PHS, these services are included on the Operating Certificates for the CHHA & LTHHCP.

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): \$550.00

Efforts made to find Less Costly alternative:

RFP

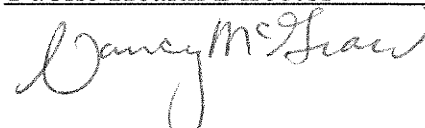
Efforts made to share costs with another agency or governmental entity:

N/A

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

RFP #R-17-17

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



Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Amson Lewis Date 7/5/17
- B. Management and Budget: Janet Myg Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Commissioner: [Signature] Date 6/30/17

Vetted in _____ Committee on _____

Resolution No. _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD AND EXECUTION OF CONTRACT

WHEREAS, proposals were received for Social Work Services for Community Services,
and

WHEREAS, Arleene Siegel, LMSW, 105 Lake Shore Drive South, Rock Hill, NY 12775,
will provide said services from August 1, 2017 through March 31, 2018, with an option to extend
on a yearly basis, for three (3) additional years, under the same terms and conditions, and

WHEREAS, the Sullivan County Community Services Department, has approved said
proposal and 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, Arleene Siegel, at a cost of \$45.00 per hour, in accordance
with RFP #R-16-37, said contract to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, 2017.

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

To: Sullivan County Legislature

Fr: Joseph A. Todora, MSW, LMSW; Commissioner/Director

Re: Request for Consideration of a Resolution: Authorize award & execute contract

Date: 6/8/2017

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.]

Execute a contract with Arleene Siegel, LMSW to provide professional social work services for the Department of Community Services for the hourly rates of \$45.00 per hour. This is in accordance with RFP #R-16-37.

Is subject of Resolution mandated? Explain:

No, but it is a critical component for the Department of Community Services to serve clients with serious mental illness.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 35,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4320-40-40-4023

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	<u>Medicaid, Medicare & Other</u>

Verified by Budget Office: 

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 [Arleene Siegel, LMSW] of

Nature of Other Party to Contract: Professional Other: Social Work

Duration of Contract: From 08/01/2017 To 03/31/2018

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:

Option for renewable contract for up to three (3) years _____

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:

The operation of the Mental Health Clinic requires social work services and signs off on all individual treatment plans. As there is a shortage of Social Workers we are contract to help with the caseloads.

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): \$35,000.00

Efforts made to find Less Costly alternative:

We have bid out some social work services with Office of General Services. This is to compensate for vacant social worker positions in the department.

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

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)
RFP #R-16-37

Person(s) responsible for monitoring contract (Title): Deputy Director

Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Amyson Lewis Date 7/5/17
- B. Management and Budget: Janytmya Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Other as Required: [Signature] Date 6/30/17
Deputy Commissioner

Vetted in _____ Committee on _____

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE TO AUTHORIZE
AWARD AND EXECUTION OF CONTRACT**

WHEREAS, proposals were received for Respiratory Services and Supplies for the Sullivan County Adult Care Center, and

WHEREAS, Advanced Oxy-Med Services, Inc., 5 Jeanne Drive, Suite 3, Newburgh, New York 12550, will provide said services from July 1, 2017 through June 30, 2018, with an option to extend on a yearly basis, for four (4) additional years, under the same terms and conditions, and

WHEREAS, the Sullivan County Adult Care Center Department, has approved said proposal and 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, Advanced Oxy-Med Services, Inc., at an annual price not to exceed \$50,000.00, in accordance with RFP #R-17-18, said contract to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, 2017.

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

To: Sullivan County Legislature

Fr: Adult Care Center, Laura Quick

Re: Request for Consideration of a Resolution: Authorize award & execute contract

Date: June 26, 2017

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.]

Authorization is to execute contract for respiratory management 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: \$ 50,000.00

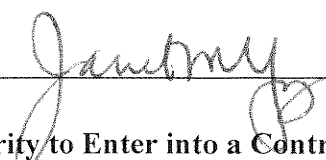
Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): 5505-410

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 and 3.

Request for Authority to Enter into Contract with [Advanced Oxy-Med Services] of

Nature of Other Party to Contract: Out Of County Vendor Other:

Duration of Contract: From 07/01/2017 To 06/30/2018

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 yearly extensions are available.

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 provide services in house.

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:

RFP

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

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)
RFP #R-17-18 Respiratory Therapy

Person(s) responsible for monitoring contract (Title): Administrator and/or Laura Quigley

Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Alyson Lewis Date 7/5/17
- B. Management and Budget: [Signature] Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Other as Required: Susan Sootherden Date 7.3.17

Vetted in _____ Committee on _____

ALLYSON LEWIS
Assistant Director



Tel.: (845) 807-0515
Fax: (845) 807-0526

**SULLIVAN COUNTY DEPARTMENT OF
PURCHASING & CENTRAL SERVICES
SULLIVAN COUNTY GOVERNMENT CENTER
100 NORTH STREET, P.O. BOX 5012
MONTICELLO, NY 12701**

To: Government Services Committee

From: Purchasing & Central Services

Date: July 6, 2017

Re: Monthly Report

1. Bids:

- **Disposal of Scrap Metal (B-17-28)**
Upstate Shredding
Owego, NY
- **Medical Oxygen Services (B-17-29)**
Advanced Oxy-Med Services, Inc.
Newburgh, NY
- **Chemical and Maintenance (B-17-30)**
Advanced Chemical Systems & Supply
E.A. Morse & Co., Inc.
Imperial Bag & Paper
My Price Supply
Sanico Inc.
Triple A Supplies, Inc.
Middletown, NY
Middletown, NY
Jersey City, NJ
Hackettstown, NJ
Binghamton, NY
Newburgh, NY
- **Fabrication and Installation of Wayfinding Signage at S.C. Airport (B-17-37)**
Allied Environmental Signage
Farmingdale, NJ

2. Bids Extended:

- **Eggs & Cheese (B-16-48)**
Duso Food Distributors
Ellenville, NY
- **Copy Paper (B-15-44)**
Paper Mart
East Hanover, NJ

3. RFP'S/QUOTES ISSUED:

- Personal Care & Home Health Care Aides for Public Health #R-17-14
- Occupational Therapy Services for Public Health #R-17-15
- Physical Therapy Services for Public Health #R-17-16
- Medical Social Worker Services for Public Health #R-17-17
- Respiratory Therapy Services and Supplies #R-17-18
- Land Survey for the Greater Catskill Flood Remediation Program #R-17-20
- Sale of Logs at Landfill #Q-17-10
- Wheelchair Lifts and Maintenance #Q-17-13
- Tree Removal in Town of Liberty #Q-17-21
- Cab for Slope Mower #Q-17-22
- Pond Liner Repair at the Landfill #Q-17-17
- Storm Water Pond Cleaning # #Q-17-15
- Laserfiche – NYS OGS
- HP Servers - NYS OGS
- Cooling Tower Cleaning #Q-17-12
- Baseline Data Collection #R-17-21
- Prepaid Bank Cards for the Department of Family Services #R-17-25
- Hospitality Consultant #Q-17-24
- Wireless Panic Devices #Q-17-26
- Driveway Gate #Q-17-25

4. BIDS ISSUED:

- Oil and Lubricants for Public Works #B-17-33
- Gates, Hydraulic Hoses, Fittings and Equipment #B-17-34
- Stone and Gravel #B-17-38

5. PROJECTS:

- Empire State Purchasing Group by BidNet

6. Processed 250 Purchase Orders

7. Recyclables