

VETERANS AFFAIRS COMMITTEE
August 30, 2021 3:30 p.m.

AGENDA

Chair: Tom Richardson

Members:

Preston Allen

Ed Kinowski

Jack Lawler

Dan Pemrick

Mo Wright

Benny Zlotnick - VC

- I. Welcome and Attendance
- II. Approval of the minutes of the July 8, 2021 meeting
- III. Communications to Committee
- IV. Veterans Office Report
- V. Veterans Trust Fund Report
- VI. Honoring Veterans Grant Program Applications
 - a. Town of Malta
- VII. Upcoming Honor Deceased Veterans Ceremonies
- VIII. Other Business
- IX. Adjournment

The public will have an opportunity to hear the meeting live via an audio signal using this call-in number and access code:

Dial: 1-978-990-5145 Access Code: 1840389



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
Therese Connolly, Clerk of the Board

CC: Jason Kemper, Planning Director
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office

FROM: Frank McClement

DATE: 8/26/2021

RE: Communication to Veterans Committee and Agency

COMMITTEE: Veterans

1. Is a Resolution Required: YES or NO
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: YES or NO
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: YES or NO
(If yes, provide details)
4. Specific details on what the resolution will authorize:
5. Does this item require hiring a Vendors/Contractors: YES or NO
 - a. Were bids/proposals solicited:
 - b. Is the vendor/contractor a sole source:
 - c. Commencement date of contract term:
 - d. Termination of contract date:
 - e. Contract renewal and term:
 - f. Contact information:
 - g. Is the vendor/contractor an LLS, PLLC or partnership:
 - h. State of vendor/contractor organization:
 - i. Is this a renewal agreement: YES or NO
 - j. Vendor/Contractor comment/remarks:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: YES or NO
(If yes, attach the last approved resolution)
- a. What were the terms of the prior resolution
 - b. Are the terms changing:
 - c. What is the reason for the change in terms:
7. Is a new position being created: YES or NO
- a. Effective date
 - b. Salary and grade
8. Is a new employee being hired: YES or NO
- a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted: YES or NO
- a. Source of grant funding:
 - b. Amount of grant:
 - c. Purpose grant will be used for:
 - d. Equipment and/or services being purchased with the grant:
 - e. Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
Thank you note from American Legion Post #278, Schuylerville.



Thank You

Dear Mr. Frank McClement,

The Old Saratoga Post #278 members want to sincerely thank you for all your recent work in obtaining the recent grant. This grant will help our Post to continue supporting our Veterans, Scouting programs, the local Robotics program, scholarships for graduating Schuylerville Central School seniors, support the local food bank and the "Adopt-A-Family" program at Christmas. We also maintain our building to provide an emergency relief location during emergency disasters.

Again Thank You.

The Post Membership



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FROM: Frank McClement

DATE: 8/26/2021

RE: Veterans Service Agency Monthly Report

COMMITTEE: Veterans

1. Is a Resolution Required: YES or NO
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
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(If yes, budget lines and impact must be provided)
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10. Remarks/Reasoning (Supporting documentation must be attached to this form):
Regular Veterans Service Agency Report to BOS Veterans Committee.

July and August 2021 – Veterans Committee Report

1. Veteran Service Officer Summary Report

- a. 76 New Claims assembled and submitted
- b. 44 Conducted scheduled appointments
- c. 18 Walk-In clients
- d. 4 DSS Referrals
- e. 0 Medicaid Referral

2. Veterans Events

- a. 7/9- Hadley Veterans Appreciation night
- b. 7/12- VA Virtual Town Hall
- c. 7/14- Halfmoon Farmers Market
- d. 7/20- Alliance 1 Ribbon Cutting
- e. 7/29- VA Law Concepts webinar
- f. 8/4 County American Legion meeting
- g. 8/18- Halfmoon Farmers Market
- h. 8/23-8/26- Megan Training NACVSO
- i. 8/25- VA Ethics for Veterans Webinar

3. Saratoga County Veterans Transportation

- a. Van transportation provided 40 rides for July and August.

4. Veterans Trust Fund

- a. Balance on hand of \$117401.70

5. Peer to Peer Summary

- a. Tuesdays- Coffee Night/Saratoga Coffee Traders
- b. Wednesdays- Guitar night
- c. 7/15- Sip and Paint
- d. 7/16- VA Outreach
- e. 8/5- VA MST Meeting
- f. 8/13 Tai Chi (4 weeks)

6. Honor our Deceased Veterans

- a. Potential Re-start date:
 - i. November -Saratoga County HDV restart
 - ii. December- Town of Saratoga
 - iii. January 2022- Town of Malta



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CC: Jason Kemper, Planning Director
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Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office

FROM: Frank McClement

DATE: 8/26/2021

RE: Monthly Veterans Trust Fund Report

COMMITTEE: Veterans

1. Is a Resolution Required: YES or NO
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
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- a. Source of grant funding:
 - b. Amount of grant:
 - c. Purpose grant will be used for:
 - d. Equipment and/or services being purchased with the grant:
 - e. Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
Regular Veterans Trust Fund Report to BOS Veterans Committee.

VETERANS TRUST FUND

DATE	TRANSACTION DESCRIPTION	DISBURSEMENTS	DEPOSITS	ACTUAL BALANCE
12/24/2020	RunSignup Inc.		\$ 3.80	\$ 95,547.73
12/31/2020	Spirit of Life Church Donation		\$ 300.00	\$ 95,847.73
	4th Qtr Interest		\$ 12.45	\$ 95,860.18
	MONTH TOTAL: DECEMBER 2020	\$ 8,150.50	\$ 312.45	\$ 95,860.18
	MONTH TOTAL: JANUARY 2021	\$ -	\$ -	\$ 95,860.18
	MONTH TOTAL: FEBRUARY 2021	\$ -	\$ -	\$ 95,860.18
3/23/2021	Donation		\$ 1,000.00	\$ 96,860.18
	MONTH TOTAL: MARCH 2021	\$ -	\$ 1,000.00	\$ 96,860.18
4/9/2021	Grand Prix Motel - Emergency Disbursement	\$ 300.00		\$ 96,560.18
4/16/2021	Donation		\$ 500.00	\$ 97,060.18
4/30/2021	Metabolic Clifton Park Donation		\$ 850.00	\$ 97,910.18
	MONTH TOTAL: APRIL 2021	\$ 300.00	\$ 1,350.00	\$ 97,910.18
	MONTH TOTAL: MAY 2021	\$ -	\$ -	\$ 97,910.18
5/28/2021	Exit 8 Wine & Liquor Donation		\$ 170.00	\$ 98,080.18
	MONTH TOTAL: JUNE 2021	\$ -	\$ 170.00	\$ 98,080.18
6/30/2021	1st Qtr Interest		\$ 13.52	\$ 98,093.70
7/13/2021	Metro Ford - Emergency Disbursement	\$ 692.00		\$ 97,401.70
	MONTH TOTAL: JULY 2021	\$ 692.00	\$ 13.52	\$ 97,401.70
8/10/2021	Bequest on behalf of Estate of		\$ 20,000.00	\$ 117,401.70
	MONTH TOTAL: AUGUST 2021	\$ -	\$ 20,000.00	\$ 117,401.70

VETERANS TRUST FUND

DATE	TRANSACTION DESCRIPTION	DISBURSEMENTS	DEPOSITS	ACTUAL BALANCE
TOTALS		\$ 101,186.59	\$ 218,588.29	\$ 117,401.70



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CC: Jason Kemper, Planning Director
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office

FROM: Frank McClement

DATE: 8/26/2021

RE: 2021 Honoring Veterans Grant - Malta Application

COMMITTEE: Veterans

1. Is a Resolution Required: YES or NO
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: YES or NO
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10. Remarks/Reasoning (Supporting documentation must be attached to this form):
Per established procedure. Veterans Committee approval required for each town/city submittal.

**COUNTY OF SARATOGA
COUNTY MUNICIPAL CENTER
BALLSTON SPA NY 12020**

VOUCHER

DEPT. Veterans

Claimant's Name and Address	Town of Malta 2540 Route 9 Malta, New York 12020
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PURCHASE
ORDER NO.

VOUCHER
NO.

DO NOT WRITE IN THIS BOX

DATE VOUCHER RECEIVED		
FUND APPROPRIATION	AMOUNT	PO Number
A.65.000-8764		
OPEN \$		
CK	JE	
	TOTAL	
Abstract No.		
Vendor's Ref. No.		DP

DATE	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
8/11/2021		Veteran's Program Reimbursement		2500.00
			TOTAL	2500.00

CLAIMANT'S CERTIFICATION

I, Kevin T. King, certify that the above account in the amount of \$ 2500.00 is true

Claimant must print name above

and correct, that the items, services and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included, and that amount claimed is actually due.

8/11/2021

Kevin T. King

Comptroller

Date	SIGNATURE	TITLE
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DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

DATE	AUTHORIZED COUNTY OFFICIAL
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APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.



**Saratoga County Veterans Affairs Committee
2021 Honoring Veterans Grant Program Reimbursement Form**

Date 8/11/2021

Applicant Information

Town/City Malta

Grant Information

Project Name American Military Education Need Program

Date of project completion 8/2/2021

Amount of grant drawdown (\$2,500K or less) \$2,500


Attached documentation

- Receipts and cancelled checks - *See Town Board Resolution / Simple Application*
- Saratoga County Voucher

Project Explanation:

In August 2021 the Town Board of the Town of Malta established the American Military Education Need Program to provide college tuition reimbursement of \$250 to Malta residents who served in the military including their spouses, children and grandchildren. The program will be funded with a \$2,500 grant from Saratoga County. Reimbursement will be provided on a first come first serve basis and the Town has established a maximum family income limit of \$100,000 for this program. To apply for the program visit the Town web site and download a simple grant application.

The Town will deposit the funds in a Trust and Agency account and disburse the funds to eligible applicants as applications are received.

Signature of Town/City Supervisor 

Approval Signature - Veterans Committee Chairman

DATE: _____

Please submit drawdown request form with Saratoga County Voucher, receipts and cancelled checks to: Frank McClement at fmcclement@saratogacountyny.gov | 518.884.4115 or mail to Saratoga County Veterans Service Agency, 2144 Doubleday Avenue, Ballston Spa, NY 12020

ESTABLISH VETERANS EDUCATION NEED PROGRAM

Motion by: O'Connor; Dunn; Hartzell; Warner; Young
Seconded: O'Connor; Dunn; Hartzell; Warner; Young
Action: Enacted; Defeated; Tabled to next meeting; No action
Vote: Unanimous; O'Connor; Dunn; Hartzell; Warner; Young

WHEREAS, the Town Board of the Town of Malta desires to establish the American Military Education Need Program to provide college tuition reimbursement of \$250 to Malta residents who served in the military including their spouses, children and grandchildren, now therefore be it

RESOLVED, the Town Board hereby establishes the American Military Education Need Program to provide college tuition reimbursement of \$250.00 to Malta residents who served in the military including their spouses, children and grandchildren and be it further

RESOLVED the program will be funded with a \$2,000.00 grant from Saratoga County and remaining monies from the Malta Global Foundries Foundation that had been earmarked for veteran's programs subjective to the Foundation's approval of the use of those funds for this purpose and any other requirements imposed by the Foundation's bylaws, and be it further

RESOLVED the Town Board directs the Town Supervisor and the Town Comptroller to prepare a simple grant application to administer said program.



APPLICATION
American Military Education Need Program
TOWN OF MALTA

SECTION A: APPLICANT INFORMATION

Name

Address

Email

Phone

SECTION B: VETERAN INFORMATION

Name of Veteran: _____

Veteran Address: _____

(Attach Proof of Residency)

Branch of Military: _____ (Attach Proof of Military Service)

Relationship of Applicant to Veteran: _____

Individual Address: _____

(Attach Proof of Residency)

Reimbursement Amount (\$250 maximum) (attach copy of tuition bill): _____

TOWN OF MALTA

SECTION C: APPLICANT AFFIRMATION

I authorize release of my contact information, dwelling information, and other information to representatives of the Town of Malta, and/or its designated representatives. I understand that the information provided by me will be used only for the purposes of determining eligibility for the program and financial incentives. I understand that all information will be kept confidential, to the extent permitted by law.

I understand that this application does not guarantee that assistance will be granted to me. Whether or not services are provided will depend on the number of applications received and the availability of funds and priorities established for the program.

I understand that by submitting this application I am affirming that my annual family income is < \$100,000.

I agree to provide the Town representatives at times that are mutually acceptable, to perform program activities including inspections and Quality Assurance activities. I agree to hold the Town harmless from any liability relating to this program.

I subscribe and affirm, under the penalties of law, that the statements made on all parts of this application, including statements made on any accompanying documents, have been examined by me and are to the best of my knowledge true and complete. I understand that my signature on this form gives permission for Town representatives of the Town of Malta, and their designees, to assure my eligibility for the programs. I consent to any inquiry to verify or confirm the information that I have given. I understand that if I give false information or withhold information in order to receive benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law.

X

Applicant Signature

Date

AGENCY USE ONLY

Veteran Address in Malta

Eligible for Program NOT Eligible for Program

Reimbursement Amount \$ _____

Additional Comments: _____

Agency Representative Signature: _____ Title: _____

Date: _____



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FROM: Frank McClement

DATE: 8/26/2021

RE: Upcoming Honor Deceased Veterans Ceremonies

COMMITTEE: Veterans

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10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- As a reminder to the BOS, upcoming Honor Deceased Veterans Ceremonies to be read at full Board Meeting.

Upcoming Honor Deceased Veterans Ceremonies

Month	Town/City	Veteran Submitted
November	Saratoga County	Robert Mitchell
December	Town of Saratoga	Charles E. Drew Sr. - WWII
January	Town of Malta	Doris and John Principe- Korea