

HEALTH & HUMAN SERVICES COMMITTEE
October 25, 2021 4:30 p.m.

AGENDA

Chair: Darren O'Connor

Members:

Phil Barrett - VC
Eric Connolly
Joe Grasso
John Lant
Sandra Winney
Tom Wood

- I. Welcome and Attendance
- II. Approval of the minutes of the September 29, 2021 meeting
- III. Authorizing ongoing Mental Health Contracts for 2022-2024 – Michael Prezioso, Commissioner SCMHAS
- IV. Funding of OMH State Aid COLA – Michael Prezioso, Commissioner SCMHAS
- V. Contract Tracer Agreement - Daniel Kuhles, Public Health Commissioner.
- VI. Authorizing Office for the Aging Subcontracts for 2022. – Sandi Cross, Director of the Office for Aging
- VII. Other Business
- VIII. 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
Mike 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: Michael S. Prezioso, Ph.D., Commissioner

DATE: **October 18, 2021**

RE: **3-year Agency Contracts**

COMMITTEE: **Health and Human Services Committee – Monday October 25, 2021**

1. Is a Resolution Required: **YES**
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: **NO**
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: **NO**
(If yes, provide details)
4. Specific details on what the resolution will authorize:

Our current mental health service provider contracts will expire December 31, 2021. The resolution will authorize the Chair of the Board to execute renewal agreements with providers for a term of three years commencing January 1, 2022 through December 31, 2024, to provide for their funding, subject to state aid and commencing with the 2022 Saratoga County Budget appropriations.

5. Does this item require hiring a Vendors/Contractors: **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:
 - j. Vendor/Contractor comment/remarks:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

<u>ORGANIZATION</u>	<u>TOTAL</u>	<u>FUNDING LINE</u>
Albany Diocesan School Board aka/ Roman Catholic Diocese of Albany	\$37,304	NYS OASAS - \$27,849 Saratoga County - \$9,455
The Alcohol and Substance Abuse Prevention Council of Saratoga, Inc.	\$683,931	NYS OASAS - \$658,151 Saratoga County - \$25,780
Captain Community Human Services Corp.	\$41,301	NYS OMH - \$30,836 Saratoga County - \$10,465
Center For Disability Services, Inc. aka/United Cerebral Palsy of the Tri-Counties, Inc.	\$10,264	Saratoga County - \$10,264
Community, Work and Independence, Inc.	\$8,646	NYS OMH - \$8,646
Franklin Community Center, Inc.	\$75,932	NYS OASAS - \$56,687 Saratoga County - \$19,245
Mechanicville Area Community Services Center, Inc.	\$14,992	NYS OMH - \$13,506 NYS OASAS - \$1,486
Unity House of Troy, Inc.	\$14,039	NYS OMH - \$14,039
Northeast Parent and Child Society, Inc.	\$12,961	NYS OMH - \$12,961
Rehabilitation Support Services, Inc.	\$132,018	NYS OMH - \$132,018
Saratoga Bridges, NYS Association for Retarded Citizens, Inc., Saratoga County Chapter	\$64,311	NYS OMH - \$8,544 Saratoga County - \$55,767
Saratoga Center for the Family, Inc.	\$18,705	NYS OMH - \$7,620 Saratoga County - \$11,085
Shelters of Saratoga, Inc.	\$52,003	NYS OMH - \$38,823 Saratoga County - \$13,180
Rise Housing and Support Services, Inc.	\$1,481,506	NYS OMH - \$1,215,739 NYS OASAS - \$265,767
Unlimited Possibilities, Inc. d/b/a/ Unlimited Potential	\$716,389	NYS OMH - \$679,966 Saratoga County - \$36,423



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: **YES**
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution **See Resolution 200-2020 attached.**
 - Are the terms changing: **YES**
 - What is the reason for the change in terms: **Names, dates, and amounts will be updated.**
7. Is a new position being created: **NO**
- Effective date
 - Salary and grade
8. Is a new employee being hired: **NO**
- Effective date of employment
 - Salary and grade
 - Appointed position:
 - Term:
9. Is a grant being accepted: **NO**
- Source of grant funding:
 - Amount of grant:
 - Purpose grant will be used for:
 - Equipment and/or services being purchased with the grant:
 - Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
The contract amounts are reset according to the initial 2022 county budget allocations. Amendments will follow any increases in state aid. Resolution 200-2020 is attached, both original and with changes.

10/20/20



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~200-2020~~

Introduced by Supervisors Lucia, Connolly, Kusnierz, O'Connor, Winney, Wood and Zlotnick

AUTHORIZING ONGOING MENTAL HEALTH CONTRACTS FOR ~~2021~~ 2022-2024

WHEREAS, the Community Services Board assists our Commissioner of Mental Health and Addiction Services in administrating the County's many varied mental health programs; and

WHEREAS, current contracts with certain mental health service providers will expire on December 31, ~~2020~~ and ~~2021~~

WHEREAS, our Health and ~~Social~~ ^{Human} Services Committee has recommended that said expiring contracts be renewed for a term of one year; now, therefore, be it

RESOLVED, that the Chair of the Board is ²⁰²² authorized to execute renewal agreements ²⁰²⁴ for a term of one year commencing on January 1, ~~2021~~ and terminating on December 31, ~~2021~~ with the following agencies to provide for the indicated funding for their services, subject to State appropriations therefor:

Table with columns: ORGANIZATION, TOTAL, FUNDING LINE. Lists various organizations like Albany Diocesan School Board, The Alcohol and Substance Abuse Prevention Council, etc., with their respective funding amounts and sources.

Northeast Parent and Child Society, Inc.	\$ 12,833 12,961	NYS OMH - \$12,833 12,961
Rehabilitation Support Services, Inc.	\$ 129,424 132,018	NYS OMH - \$129,424 132,018
Saratoga Bridges, NYS Association for Retarded Citizens, Inc., Saratoga County Chapter	\$ 222,666 64,311	NYS OMH - \$8,112 8,544 Saratoga County - \$111,534 55,767 NYS OPWDD - \$102,720
Saratoga Center for the Family, Inc.	\$ 18,630 18,705	NYS OMH - \$7,545 7,620 Saratoga County - \$11,085
Shelters of Saratoga, Inc.	\$ 28,439 52,003	NYS OMH - \$28,439 38,823 SARATOGA COUNTY \$13,180
Transitional Services Association, Inc. RISE HOUSING and SUPPORT SERVICES, INC.	\$ 1,453,803 1,481,506	NYS OMH - \$1,191,898 1,215,739 NYS OASAS - \$261,905
Unlimited Possibilities, Inc. d/b/a Unlimited Potential	\$ 694,617 716,389	NYS OMH - \$598,194 679,966 Saratoga County - \$36,423

and, be it further

RESOLVED, that the form and content of such contracts shall be subject to the approval of the County Attorney; and be it further

RESOLVED, that the Health and ^{Hilman} ~~Social~~ Services Committee is hereby authorized to accept additional grant funds from the State of New York in support of the services provided by the foregoing agencies in an amount not to exceed 10% of amounts stated above; and be it further

RESOLVED, that each renewal agreement authorized herein shall provide that the amount stated above may be increased by up to 10% of said amount to include additional State grant funding received for the services provided by the agency without further amendment.

BUDGET IMPACT STATEMENT: Funding for these contracts has been placed in the ~~2021~~ 2022 Tentative Budget.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Mike 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: Michael Prezioso, Commissioner SCMHAS

DATE: **October 18, 2021**

RE: **Funding Code 965 OMH State Aid colas**

COMMITTEE: **Health and Human Services Committee – October 25, 2021**

1. Is a Resolution Required: **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:
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule:
(If yes, provide details)
4. Specific details on what the resolution will authorize:
5. Does this item require hiring a Vendors/Contractors:
 - a. Were bids/proposals solicited
 - b. Is the vendor/contractor a sole source
 - c. Commencement date of contract term
 - d. Termination of contract
 - 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:
 - j. Vendor/Contractor comment/remarks:
6. Is this an annual housekeeping resolution:
(If yes, attach the last approved resolution)
 - a. What were the terms of the prior resolution
 - b. Are the terms changing:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

- c. What is the reason for the change in terms:
7. Is a new position being created:
 - a. Effective date
 - b. Salary and grade
8. Is a new employee being hired:
 - a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted:
 - 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):

OMH State Aid Letter Amendment #8, issued August 23, 2021, indicates a 1% cost of living adjustment (COLA) on Personnel Services Enhancements funding code 965 and 965S detailed on the last page of the attached letter.

We ask the Committee to accept \$213, which represents the April through December value of this cola effective April 1, 2021.

None of the increases are above the 10% contract threshold authorized by Resolution 200-2020, which allows the committee to accept additional funds from the State of New York in support of the services provided by our agencies without further amendment. A letter signed by the Commissioner and Countersigned by the Agency detailing the increase in state aid is sufficient to document and effectuate the increases as set forth in the original contract.

We will increase appropriations using the attached Budget Transfer Request to reallocate unspent Saratoga County reinvestment funding contained within the 2021 budget - appropriated under Transitional Services Association kna Rise Housing & Support Services, Inc – account number A.43-8726.200.



**Attachment A
Funding Source Allocation Table
County Code: 46 County Name: Saratoga
Year: 2021 Amendment: 8 - 8/23/2021 11:54:59 AM**

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
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Remarks

Effective 2/23/21 OMH received authorization to fully restore 20% withholds taken since 4/1/2020.

Pursuant to the authority set forth in Section 1(f) of the SFY 2020-21 Aid to Localities Budget Bill, OMH has been instructed to withhold a portion of payments to Local Governmental U (LGUs) to address unprecedented financial effects of the COVID-19 pandemic. OMH has been authorized to provide full funding to LGUs in all codes utilized to fund residential program ensure the health and safety of clients served in these programs. The 20% withhold to January 2021 Quarterly payment is applied to funding for non-residential programs and activities resulting in a reduction of \$117,245. OMH is directing all LGUs to continue to make full quarterly advances to residential programs and services. For all other non-residential programs services OMH is directing LGUs to make, at a minimum, quarterly payments equivalent to the proportional State Aid payments made to the LGUs to preserve access to needed service

Implementation of 10% permanent reduction to Local Administrative Costs as part of 2020-21 Enacted Budget. Effective 04/01/2020 and applicable to program codes 0860, 0870 and 0890. Should any reduction be applied to program code 0890, there cannot be a reduction to direct care services. Counties should work with their respective Field Office if 0890 is reduced. A reduction in the amount of \$4,210 reflects the April and July quarters with CY 2020 reduction of \$6,314 (FAV - \$8,420).

Funding Reduction/COLA	965	GS	\$15,940	\$120	\$16,060	\$15,940	\$(15,940)	\$0	
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Remarks

\$120 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$160.

Personnel Services Enhancements	9655	GS	\$15,140	\$114	\$15,254	\$15,140	\$152	\$15,292	
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Remarks

\$114 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$152.

The SFY 21 Enacted Budget included funding for increases to minimum wage. Effective 1/1/2021 an allocation of \$2,096 FAV will be added for this purpose.

Grand Total:			\$3,038,871	\$46,484	\$3,085,355	\$2,999,967	\$46,558	\$3,046,525	
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REQUEST FOR TRANSFER OF FUNDS

DATE: October 20, 2021

#

FROM:

Budget Account Number	Account Name	Amount
A.43.441-8726.200	Transitional Services RF	\$213

TO:

Budget Account Number	Account Name	Amount
A.43.441-8726.965	TSA Salary cola	\$71
A.43.441-8727.965	UP Salary cola	\$115
A.43.441-8728.965	Captain CHS Salary cola	\$9
A.43.441-8729.965	Mechanicville Salary cola	\$2
A.43.441-8733.965	SaraBridgesNYSARC Salary cola	\$2
A.43.441-8749.965	NE Career Salary cola	\$1
A.43.435-8350	Client Transportation	\$13
	Total	\$213

Check here if new account(s) ()

Reason for request:

To cover 1% OMH colas given only to programs that have personal services enhancements funding codes 965 or 965S. We can find the money within the 2021 budget without the need for a resolution.

Department Head Approval:

Signature

Commissioner, SCMHAS
Title

The above request is hereby approved by:

Date: _____

Steven Bulger, County Administrator



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
Audra Hedden, County Administrator's Office

FROM: Dr. Daniel Kuhles

DATE: 10/18/2021

RE: Shelby Farrelly-Contact Tracer

COMMITTEE: Health and Human Services

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:

The resolution will reauthorize a major contract in the amount of \$52,000.00 for Shelby Farrelly who is currently a contact tracer whose current contract expires on 12/1/2021. The rate for contact tracers is \$25/hour. Her contract will be for a term of one year dependent on grant funding.

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)
- What were the terms of the prior resolution
 - Are the terms changing:
 - What is the reason for the change in terms:
7. Is a new position being created: YES or NO
- Effective date
 - Salary and grade
8. Is a new employee being hired: YES or NO
- Effective date of employment
 - Salary and grade
 - Appointed position:
 - Term:
9. Is a grant being accepted: YES or NO
- Source of grant funding:
 - Amount of grant:
 - Purpose grant will be used for:
 - Equipment and/or services being purchased with the grant:
 - Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Shelby Farrelly has been a contact tracer at Public Health since 7/31/2020 and her work is superior. Her current contact expires on 12/1/2021 and with the current number of cases of COVID, it is essential that we maintain high quality contact tracers such as Shelby. The contact tracers are covered under a Health Research, Inc grant.



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 228 - 2020

~~Introduced by Supervisors Lucia, Connolly, Kusnierz, O'Connor, Winney, Wood and Zlotnick~~

AUTHORIZING A CONTRACT WITH SHELBY FARRELLY FOR CONTACT TRACING SERVICES

WHEREAS, pursuant to Resolution ~~111~~²²⁸-2020, this Board authorized the County Administrator to execute up to fifty (50) minor contracts with individuals identified by Saratoga County Public Health Services as willing to serve and complete the required training to work as contact tracers on an as needed basis, at a rate of compensation of \$25.00 per hour; and

~~WHEREAS, the County entered into an existing minor contract with Shelby Farrelly dated July 31, 2020 for contact tracer services to rapidly interview positive COVID-19 patients; identify their close contacts; interview and alert those contacts to the risk of infection; instruct the contacts to quarantine or isolate for 14 days and monitor those in quarantine or isolation to ensure their compliance and to ascertain if they are showing any symptoms of COVID-19 and~~
December 2, 2020 ~~WHEREAS, the County entered into an existing minor~~ ^{major} contract with Shelby Farrelly dated July 31, 2020 for contact tracer services to rapidly interview positive COVID-19 patients; identify their close contacts; interview and alert those contacts to the risk of infection; instruct the contacts to quarantine or isolate for 14 days and monitor those in quarantine or isolation to ensure their compliance and to ascertain if they are showing any symptoms of COVID-19 and

WHEREAS, Shelby Farrelly has been a dependable contact tracer and her work has proven to be superior, and as she is a nursing student who is doing her studies online she is available to perform contact tracing services full time; and

~~WHEREAS, it is anticipated that the cost of services performed by Shelby will meet or exceed the minor contract limit of \$15,000 before the end of November, 2020; and~~
the contract will expire December 1, 2021

WHEREAS, our Health and Social Services Committee and ~~Acting Director~~^{Commissioner} of Public Health have recommended that the County enter into a new agreement with Shelby Farrelly for contact tracing services for a term of one year, commencing at the signing of said agreement, at the rate of \$25.00 per hour, with the total contract not to exceed the sum of \$52,000; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute an agreement with Shelby Farrelly of Saratoga Springs, New York for contact tracing services for a term of one year, commencing at the signing of said agreement, at the rate of \$25.00 per hour, with the total contract not to exceed the sum of \$52,000; and, be it further

Resolved that the contract is dependent on availability of funding from NRC

RESOLVED, that the form and content of such agreement shall be subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: None. Costs associated with this contract will be covered by a Health Research, Inc. grant.



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
Audra Hedden, County Administrator's Office
Stephanie Hodgson, Director of Finance

FROM: Sandra Cross, Director

DATE: 10/19/21

RE: Saratoga County Office for the Aging 2022 Subcontracts

COMMITTEE: Health and Human Services

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:

Authorize the Chairman to enter into renewal contracts with the attached list of vendors.

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:

Please see the attachment for the terms of the various contractors.



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 See resolution 227-2020
 - b. Are the terms changing: See attachments
 - c. What is the reason for the change in terms:
See attachments
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):
- Please see the attached list of Saratoga County Office for the Aging's 2022 subcontracts.
- No budget impact. Funding is included in the 2022 budget.

SARATOGA COUNTY OFFICE FOR THE AGING 2022 SUBCONTRACTS

PROVIDER	FUNDING	SERVICE	TERM	AMOUNT
A & H Services 5 Thompson View Ballston Spa, NY 12020	IIIB, AAA Transportation and Community Services for the Elderly (CSE)	Transportation (City of Saratoga Springs)	1/1/22 - 12/31/22	\$450.00 per day
			Contributions	\$750.00
			Match	\$0.00
			Reimbursement	\$112,500.00
A & H Services 5 Thompson View Ballston Spa, NY 12020	IIIB, AAA Transportation and Community Services for the Elderly (CSE)	Transportation (6 Town)	1/1/22 - 12/31/22	\$450.00 per day
			Contributions	\$750.00
			Match	\$0.00
			Reimbursement	\$112,500.00
A & H Services 5 Thompson View Ballston Spa, NY 12020	WIN, AAA Transportation and Community Services for the Elderly (CSE)	Transportation (5 Town)	4/1/22 - 3/31/23	\$250.00 per day
			Contributions	\$0.00
			Match	\$0.00
			Reimbursement	\$50,250.00
Town of Corinth 600 Palmer Ave Corinth NY 12822	Community Services for the Elderly (CSE)	Transportation	4/1/22 - 3/31/23	\$30,100.00
			Contributions	\$100.00
			Match	\$7,500.00
			Reimbursement	\$22,500.00
City of Mechanicville 36 North Main Street Mechanicville, NY 12118	Community Services for the Elderly (CSE)	Transportation	4/1/22 - 3/31/23	\$6,600.00
			Contributions	\$1,000.00
			Match	\$1,400.00
			Reimbursement	\$4,200.00
Captain Community Human Services 543 Saratoga Road Glenville, NY 12302	Community Services for the Elderly (CSE)	Care Links Program	4/1/22 - 3/31/23	\$40,000.00
			Contributions	\$0.00
			Match	\$10,000.00
			Reimbursement	\$30,000.00
Town of Clifton Park 1 Town Hall Plaza Clifton Park, NY 12065	Community Services for the Elderly (CSE)	Senior Center Recreation and Education	4/1/22 - 3/31/23	\$13,334.00
			Contributions	\$0.00
			Match	\$3,334.00
			Reimbursement	\$10,000.00

O'Connell and Aronowitz 1 Court Street Saratoga Springs, NY 12866	IIIB	Legal Services	1/1/22 - 12/31/22	\$34,334.00
			Contributions	\$1,000.00
			Match	\$3,334.00
			Reimbursement	\$30,000.00
Christine Kudlacik, RD 79 Louden Road Saratoga Springs, NY 12866	Title IIIC WIN	Dietician Services	1/1/22 - 12/31/22	\$52.00/hour
			4/1/22 - 3/31/23	\$52.00/hour
Greater Adirondack Home Aides 25 Willowbrook Road #4 Queensbury, NY 12804	IIIE & Expanded In-Home Services for the Elderly (EISEP)	In-Home Respite Care	1/1/22 - 12/31/22	\$25.00 per hour
Wesley Senior Solutions 396 Louden Road Saratoga Springs, NY 12866	IIIE & Expanded In-Home Services for the Elderly (EISEP)	In-Home Respite Care	1/1/22 - 12/31/22	\$25.00 per hour
Mechanicville Area Community Services Center P.O. Box 30, 6 South Main St. Mechanicville, NY 12118	Community Services for the Elderly (CSE)	Elder Care Services	4/1/22 - 3/31/23	\$56,000.00
			Contributions	\$0.00
			Match	\$14,000.00
			Reimbursement	\$42,000.00
Connect America LLC 3 Bala Plaza West, Suite 200 Bala Cynwyd, PA 19004	Expanded In-Home Services for the Elderly (EISEP)	Personal Emergency Response Systems (PERS)	1/1/22 -12/31/22	\$24,000.00
			Contributions	\$0.00
			Match	\$0.00
			Reimbursement	\$24,000.00