



# Health & Human Services Committee

Tuesday, March 5, 2024 3PM

40 McMaster Street, Ballston Spa, NY

**Chair:** Diana Edwards

**Members:** Joe Grasso VC, John Lant, Ian Murray, Scott Ostrander, Tom Richardson, Angela Thompson

## Agenda

- I. Welcome and Attendance
- II. Approval of the minutes of the February 6, 2024 meeting
- III. Proclaiming April 2024 as “Donate Life Month” in Saratoga County – Craig Hayner, County Clerk
- IV. Daniel Kuhles, Public Health
  - A. Authorizing an agreement with Blue Raster LLC for technical and training support of the ESRI ARC GIS Enterprise system software
  - B. Discussion - Online permitting system for entities regulated by NYS Public Health Law and /or NY Code of Rules and Regulations
- V. Sandi Cross, Aging & Youth Services
  - A. Proclaiming April 2024 as “Youth Month” in Saratoga County
  - B. Authorizing 2024 subcontracts with the Department of Aging and Youth Services
- VI. Other Business
- VII. Adjournment



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michelle Granger, County Attorney  
Therese Connolly, Clerk of the Board  
Stephanie Hodgson, Director of Budget

**CC:** John Warnt, Director of Purchasing  
Jason Kemper, Director of Planning and Economic Development  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office  
Audra Hedden, County Administrator's Office

**DEPARTMENT:** County Clerk

**DATE:** February 15th, 2024

**COMMITTEE:** Health & Human Services

**RE:** Proclaiming April 2024 as "Donate Life Month" in Saratoga County

1. Is a Resolution Required:

Yes, Proclamation/Honorary Resolution

2. Proposed Resolution Title:

PROCLAIMING APRIL 2024 AS "DONATE LIFE MONTH" IN SARATOGA COUNTY

3. Specific Details on what the resolution will authorize:

Authorize the Board of Supevisors to proclaim April 2024 as "Donate Life Month" in Saratoga County.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office Consulted <input checked="" type="checkbox"/>
--

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact	▼
------------------	---

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

Human Resources Consulted

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office Consulted <input type="checkbox"/>
---

- a. Source of grant funding:
- b. Agency granting funds:
- c. Amount of grant:
- d. Purpose grant will be used for:
- e. Equipment and/or services being purchased with the grant:
- f. Time period grant covers:
- g. Amount of county matching funds:
- h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:

Proposed Resolution is included as well as the previously passed 2023 Resolution.  
Updated areas are highlighted.



# Donate Life Month

*2024: Donors are Superstars*

## ★ Organ donor registration — How Saratoga County compares

Year	Saratoga County Registered Donors	Saratoga County % of TTL Population	New York State	National Average
2013	68,576	39.43%	22.10%	
2018	98,355	53.8%	35.2%	54%
2020	112,387	61.3%	42.5%	57%
2022	129,282	67%	46%	58%
2023	136,349	71%	48%	64%

## ★ Organ donation by the numbers

- There are about **8,000** New Yorkers waiting for lifesaving organ transplants.
- More than **1,000** New Yorkers have been waiting more than five years for an organ transplant.
- About **500** New Yorkers die each year because the organ they need is not donated in time.
- **3,580** transplants performed in New York state last year.
- **1 organ donor** can save **8 lives** and **heal 75 more** through eye and tissue donation.
- Every **8 minutes** another person is added to the national transplant waiting list.

## ★ Registering at the DMV

- Statewide, more than 80% of enrollments in the NYS Donate Life Registry come through DMV offices.
- Check the box for the New York State Donate Life Registry on the license, permit or non-driver ID application or renewal form to give legal consent to donate organs, eyes and tissues. The new license or non-driver ID will display a heart with the words "Organ Donor." Or visit [donatelifeny.gov/register](https://donatelifeny.gov/register) and complete the online form.





3/~~21/23~~19/24

## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION ~~77-2023~~**

**Introduced by Health and Human Services: Supervisors ~~Barrett, Lant, Ostrander, Richardson, Schopf, Wood and Wright~~ Edwards, Grasso, Lant, Murray, Ostrander, Richardson, Thompson**

### **PROCLAIMING APRIL ~~2023-2024~~ AS "DONATE LIFE MONTH" IN SARATOGA COUNTY**

**WHEREAS**, through Saratoga County's membership with the New York State Association of Counties (NYSAC) and New York State Association of County Clerks (NYSACC) New York's Counties have come together to collectively support Donate Life Month in New York State; and

**WHEREAS**, nationally, one person is added to the organ transplant waiting list every ~~nine-8~~ minutes, more than 100,000 men, women and children are awaiting organ transplants and 17 people die each day because the organ they need is not donated in time; and

**WHEREAS**, organ, tissue, marrow and blood donation are life-giving acts recognized worldwide as expressions of compassion to those in need; and

**WHEREAS**, a single individual's donation of the heart, lungs, liver, kidneys, pancreas and small intestine can save up to eight lives; an eye and tissue donation can save and heal the lives of up to 75 others; and a single blood donation can help three people in need; and

**WHEREAS**, no one is too old or too sick to register with the NYS Donate Life Registry. Anyone 16 years of age or older can register; and

**WHEREAS**, in New York State there are approximately 8,000 people waiting for an organ transplant; with more than ~~1,1001,000~~ New Yorkers having been waiting more than five years for an organ transplant; and an estimated ~~500-400~~ New Yorkers dying every year while waiting for an organ transplant; and

**WHEREAS**, ~~more than 3,3963,580~~ transplants were performed in New York State in ~~2022~~2023;  
and

**WHEREAS**, New York State's County governments play a key role in raising awareness of the need for organ and tissue donation through the interactions County officials have with the public with regard to this subject through local DMV offices, local boards of elections, departments of health, naturalization ceremonies and veterans' programs; and

**WHEREAS**, such interactions by Saratoga County officials with the public provide opportunities for the provision of information on how individuals can help their fellow New Yorkers by signing up as organ and tissue donors; and

**WHEREAS**, Counties across New York State are proclaiming the month of April ~~2022~~ 2024 as "Donate Life Month", and engaging in various activities designed to promote an increase in the number of registered organ and tissue donations; and

**WHEREAS**, one activity that Donate Life New York State has encouraged organizations to undertake is to have employees wear Donate Life's colors on the annual "Blue and Green Day" in order to raise awareness of the need for organ and tissue donations; and

**WHEREAS**, our Health and Human Services Committee and the Saratoga County Clerk's Office, through its Department of Motor Vehicles, wish to promote the month of April ~~2022-2024~~ as "Donate Life Month" in Saratoga County; now, therefore, be it

**RESOLVED**, that the Saratoga County Board of Supervisors hereby proclaims the month of April ~~2023-2024~~ as "Donate Life Month" in Saratoga County, and encourages those Saratoga County departments and agencies involved in providing information on organ and tissue donations or in registering organ and tissue donors to engage in activities throughout the month to increase the number of organ and tissue donors and promote awareness of the need for organ and tissue donations in Saratoga County; and be it further

**RESOLVED**, that Saratoga County employees shall be encouraged to wear blue and green, the official colors of Donate Life New York State, on the organization's "Blue and Green Day", which is April ~~1412~~, ~~2023-2024~~ as a means to raise awareness of the need for organ and tissue donors in Saratoga County; and be it further

**RESOLVED**, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact.

March ~~21, 2023~~ 19, 2024 Regular

Meeting Motion to Adopt:

Supervisor(s): Second:

Supervisors(s):

Ayes:

Noes:

Abstain:

Absent:





# SARATOGA COUNTY AGENDA ITEM REQUEST

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
George Conway, County Attorney  
Therese Connolly, Clerk of the Board  
Stephanie Hodgson, Director of Budget

**CC:** John Warmt, Director of Purchasing  
Jason Kemper, Director of Planning and Economic Development  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Audra Hedden, County Administrator's Office  
Samantha Kupferman, County Attorney's Office

**DEPARTMENT:** Department of Health

**DATE:** 2/14/2024

**COMMITTEE:** Health & Human Services



This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

1. Is a Resolution Required:
2. Proposed Resolution Title:  
Authorizing an Agreement with Blue Raster LLC for Technical and Training Support of the ESRI ARC GIS Enterprise System Software
3. Specific Details on what the resolution will authorize:  
Entering into a one year agreement in the amount of \$26,250 with Blue Raster to provide technical assistance and development support for the Department's Substance Use Surveillance Dashboard, Community Health Hub, GIS application and related initiatives

4. Is a Budget Amendment needed:  YES or  NO  
If yes, budget lines and impact must be provided.  
Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
Consulted Yes

- Please see attachments for impacted budget lines.  
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
----------------	--------------	--------

Expense

Account Number	Account Name	Amount
----------------	--------------	--------

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted A.40.000-8190
- b. Budget year impacted 2024
- c. Details

This item was budgeted under the 12/1/22-11/30/23 Infrastructure grant per Resolution # 180-2023. This grant was reappropriated from 2023 to 2024 in the amount of \$26,250.

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

Human Resources Consulted

N/A

7. Does this item require the awarding of a contract:  Y  N

a. Type of Solicitation **Professional Service**

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

GSA Contract #: 47QTCA24D003K

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department?  Y  N  N/A

d. Vendor information (including contact name):

**Blue Raster LLC**

**Michael Lippmann**

e. Is the vendor/contractor an LLC, PLLC, or partnership: **LLC**

f. State of vendor/contractor organization: **Virginia**

g. Commencement date of contract term: **From date of signed contract**

h. Termination of contract date: **One year from date of signed contract**

i. Contract renewal date and term: **N/A**

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

County Administrator's Office  
Consulted

8. Is a grant being accepted:  YES or  NO

- a. Source of grant funding:
- b. Agency granting funds:
- c. Amount of grant:
- d. Purpose grant will be used for:
- e. Equipment and/or services being purchased with the grant:
- f. Time period grant covers:
- g. Amount of county matching funds:
- h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:



**RESOLUTION 29--2021**

**Introduced by Supervisors Gaston, Barrett, Connolly, Grasso, Lant, O'Connor and Wood**

**AUTHORIZING AN AGREEMENT WITH BLUE RASTER LLC FOR TECHNICAL AND TRAINING SUPPORT OF THE ESRI ARC GIS ENTERPRISE SYSTEM SOFTWARE, ~~AND AMENDING THE 2021 BUDGET IN RELATION THERETO~~**

~~WHEREAS, pursuant to Resolution 140-2020, this Board authorized an agreement with Health Research, Inc. to accept a New York State Department of Health emergency funding Coronavirus Response grant for the period March 16, 2020 through March 15, 2021 in the amount of \$234,991 for local health department's (LHD) Coronavirus (COVID-19) response activities; and~~

~~WHEREAS, allowable expenses included the purchase of an ESRI Enterprise Arc Geographic Information System Software (GIS) system for data management with disease monitoring and contact tracing capabilities, including surveillance and real time reporting of COVID-19 cases; and~~

WHEREAS, Blue Raster LLC, a Federal General Services Administration corporation, is a service provider that supports ESRI Enterprise Arc GIS system to provide technical and training support for its GIS infrastructure; and

WHEREAS, our Commissioner of Public Health and Health and ~~Social~~ Health and Human Services Committee have recommended that the County enter into an agreement with Blue Raster LLC to ~~i) install, configure and administer Esri ArcGIS Enterprise System software, ii) support Arc GIS platform configuration; iii) assist with design and build-out of webmaps and web mapping applications for data analytics; iv) provide continued technical support for ArcGIS Enterprise infrastructure, and v) provide support in using the ArcGIS platform as needed for the creation of maps, data visualizations, dashboards, dashboard updates and ArcGIS Hub updates; i) provide technical support and training for the maintenance of the Substance Use Surveillance Dashboard as well as other dashboards and GIS applications; ii) provide design and development support for Substance Use Surveillance Dashboard and other dashboards enhancements; iii) provide design and development support for the Community Health Hub site including mobile-friendly modernization; iv) block of hours for ad-hoc design, GIS, and development support for County Department of Health initiatives to be used at the technical direction of the County.~~ now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute an agreement with Blue Raster LLC of Arlington, Virginia for technical and training support of ESRI Enterprise ARC GIS system software for a term of one year commencing at the signing of said agreement, for a total of 150 hours, at a cost not to exceed ~~\$25,000~~\$26,250, with the form and content of such agreement being subject to the approval of the County Attorney.

PUBLIC HEALTH

Appropriations:

~~————— Increase Acct.: #A.40.410-8190 Other Professional Services ————— \$ 25,000~~

Revenues:

~~————— Increase Acct.: #A.40-4487 PHEP Federal Aid ————— \$25,000~~

BUDGET IMPACT STATEMENT: None. ~~100% Federal Aid~~



Statement of Work #2

County of Saratoga, NY – ArcGIS Workflow Support & Training

In accordance with the contract signed between Blue Raster LLC and the County of Saratoga, NY (“Saratoga County”) in 2021, Blue Raster LLC is pleased to provide the following scope of work.

Blue Raster agrees to perform the services described herein for Saratoga County. The terms and conditions follow below:

Scope of Work:

Blue Raster understands Saratoga County’s requirements and will:

- Provide technical support and training for the maintenance of the Substance Use Surveillance Dashboard as well as other dashboards and GIS applications (ex. Survey123)
Provide design and development support for Substance Use Surveillance Dashboard and other dashboards enhancements, including but not limited to:
- Mobile-friendly modernization
- Integration of new datasets and frequency of data refresh
Provide design and development support for the Community Health Hub site including mobile-friendly modernization
Block of hours for ad-hoc design, GIS, and development support for County Department of Health initiatives to be used at the technical direction of the County

Cost: Blue Raster proposes a budget of \$26,250 (approx. 150 hours)

Schedule: January 2024 – December 31, 2024

Payment: Blue Raster will submit monthly invoices to Saratoga County for services completed. NET 30 upon receipt of invoice.

Contract Type: Time and Materials

Rate: Hourly rate of \$145-285 unless otherwise agreed to in writing.

The undersigned has / have read, understand(s), and agree(s) to the terms and conditions herein.

For and behalf of:
Blue Raster LLC
By: \_\_\_\_\_
Name: Michael Lippmann
Title: Principal & Co-founder
Date:

For and behalf of:
Saratoga County, NY
By: \_\_\_\_\_
Name: Erin Murray
Title: Public Health Supervisor
Date:



# SARATOGA COUNTY AGENDA ITEM REQUEST

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
George Conway, County Attorney  
Therese Connolly, Clerk of the Board  
Stephanie Hodgson, Director of Budget

**CC:** John Warmt, Director of Purchasing  
Jason Kemper, Director of Planning and Economic Development  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Audra Hedden, County Administrator's Office  
Samantha Kupferman, County Attorney's Office

**DEPARTMENT:** Department of Health

**DATE:** February 26, 2024

**COMMITTEE:** Health & Human Services



This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

1. Is a Resolution Required:
2. Proposed Resolution Title:  
n/a
3. Specific Details on what the resolution will authorize:  
n/a



4. Is a Budget Amendment needed:  YES or  NO  
If yes, budget lines and impact must be provided.  
Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
Consulted **Yes**

- Please see attachments for impacted budget lines.  
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
----------------	--------------	--------

Expense

Account Number	Account Name	Amount
----------------	--------------	--------

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

Human Resources Consulted

7. Does this item require the awarding of a contract:  Y  N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department?  Y  N  N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office  
Consulted

- a. Source of grant funding:
- b. Agency granting funds:
- c. Amount of grant:
- d. Purpose grant will be used for:
- e. Equipment and/or services being purchased with the grant:
- f. Time period grant covers:
- g. Amount of county matching funds:
- h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:

Online Permitting System for Entities Regulated by NYS Public Health Law and /or NY Code of Rules and Regulations.



# SARATOGA COUNTY AGENDA ITEM REQUEST

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
George Conway, County Attorney  
Therese Connolly, Clerk of the Board  
Stephanie Hodgson, Director of Budget

**CC:** John Warnt, Director of Purchasing  
Jason Kemper, Director of Planning and Economic Development  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Audra Hedden, County Administrator's Office  
Samantha Kupferman, County Attorney's Office

**DEPARTMENT:** Department of Aging & Youth Services

**DATE:** 2/28/24

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

Yes, Proclamation/Honorary Resolution

2. Proposed Resolution Title:

Proclaiming April 2024 as "Youth Month" in Saratoga County

3. Specific Details on what the resolution will authorize:

Activities planned for April 2024 will celebrate youth throughout Saratoga County with a variety of activities aimed at recognizing, engaging and empowering youth.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted Yes

4. Is a Budget Amendment needed:  YES or  NO  
If yes, budget lines and impact must be provided.  
Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
Consulted Yes

Please see attachments for impacted budget lines.  
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
----------------	--------------	--------

Expense

Account Number	Account Name	Amount
----------------	--------------	--------

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

Human Resources Consulted

N/A

7. Does this item require the awarding of a contract:  Y  N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

Purchasing Office Consulted

N/A

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department?  Y  N  N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

County Administrator's Office  
Consulted Yes

8. Is a grant being accepted:  YES or  NO
- a. Source of grant funding:
  - b. Agency granting funds:
  - c. Amount of grant:
  - d. Purpose grant will be used for:
  - e. Equipment and/or services being purchased with the grant:
  - f. Time period grant covers:
  - g. Amount of county matching funds:
  - h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:



~~3/21/23~~

## SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~73-2023~~ 2024

Introduced by Health and Human Services: Supervisors Barrett, Lant, Ostrander, Richardson, Schopf, Wood and Wright

PROCLAIMING APRIL ~~2023~~ <sup>2024</sup> AS "YOUTH MONTH" IN SARATOGA COUNTY

**WHEREAS**, our youth are our most valuable asset representing the bright future of our Country, State, County, Towns, Villages and Cities; and

**WHEREAS**, the yearly theme for Youth Month in ~~2023~~ <sup>2024</sup> is "~~All Together Now~~" <sup>"Jump into Youth Month"</sup>; and

**WHEREAS**, with the participation of the agencies, municipalities, educational and religious institutions of the County of Saratoga, the County will celebrate our youth throughout the month of April ~~2023~~ <sup>2024</sup> with a variety of activities aimed at recognizing, engaging, and empowering youth in our County with the hope of creating upward mobility for our young people through opportunity; and

**WHEREAS**, our young people continue to emerge from a very challenging time while dealing with the impacts of the COVID-19 pandemic and while they have shown resiliency, there is a need for the community to offer them guidance and support and provide positive and nurturing environments that allow our youth to develop into individuals that have strong self-awareness, self-confidence and pride in themselves and in our communities; and

**WHEREAS**, activities planned for this month will increase youth participation in the community socially, economically, culturally and physically by recognizing outstanding young people and their contributions to society as well as showcasing their strengths and creativity; and

**WHEREAS**, this recognition represents a call to action for young people to revamp and rebuild their strategies, explore opportunities and engage with resources that will empower them as they strive to be the best versions of themselves; now, therefore, be it

**RESOLVED**, that this Board of Supervisors proudly proclaims the month of April ~~2023~~ <sup>2024</sup> as Youth Month in the County of Saratoga; and it is further

**RESOLVED**, that the Board of Supervisors offers to our youth the message that they represent the future of our nation and "~~Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has~~" – Margaret Mead; and it is further

**"If the children are our future, then there is no greater way to invest in the future than investing in our children" - Nirvadhya Singh**



**RESOLVED**, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact.

~~March 21, 2023 Regular Meeting~~

~~Motion to Adopt: Supervisor Hammond~~

~~Second: Supervisor Grasso~~

~~AYES (205579): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5),  
Jonathon Schopf (19014.5), Diana Edwards (819), Jean Raymond (1333), Michael Smith (3525),  
Kevin Tollisen (25662), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander  
(18800), Theodore Kusnierz (16202), Sandra Winney (2075), Thomas N. Wood, III (5808), Tara  
N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant  
(17361).~~

~~NOES (0):~~

~~ABSENT (29930): Eric Butler (6500), Kevin Veitch (8004), Arthur M. Wright (1976), Willard  
H. Peck (5242), John Lawler (8208)~~



# SARATOGA COUNTY AGENDA ITEM REQUEST

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
George Conway, County Attorney  
Therese Connolly, Clerk of the Board  
Stephanie Hodgson, Director of Budget

**CC:** John Warmt, Director of Purchasing  
Jason Kemper, Director of Planning and Economic Development  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Audra Hedden, County Administrator's Office  
Samantha Kupferman, County Attorney's Office

**DEPARTMENT:** Department of Aging & Youth Services



**DATE:** 2/23/24

**COMMITTEE:** Health & Human Services



This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted Yes

1. Is a Resolution Required:

Yes, Contract Approval

2. Proposed Resolution Title:

Authorizing 2024 subcontracts for the Department of Aging and Youth Services

3. Specific Details on what the resolution will authorize:

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

4. Is a Budget Amendment needed:  YES or  NO  
If yes, budget lines and impact must be provided.  
Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
Consulted Yes

- Please see attachments for impacted budget lines.  
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
----------------	--------------	--------

Expense

Account Number	Account Name	Amount
----------------	--------------	--------

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted See attachment
- b. Budget year impacted 2024
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

Human Resources Consulted

N/A

7. Does this item require the awarding of a contract:  Y  N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department?  Y  N  N/A

d. Vendor information (including contact name):  
See attached

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term: **Varies (see attached)**

h. Termination of contract date: **Varies (see attached)**

i. Contract renewal date and term:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

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

Purchasing Office Consulted

No

8. Is a grant being accepted:  YES or  NO

County Administrator's Office  
Consulted Yes

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other List of subcontractors

10. Remarks:



# BOARD OF SUPERVISORS

~~11/21/2023~~

## RESOLUTION ~~285 - 2023~~

Introduced by Health and Human Services: Supervisors Barrett, Lant, Murray, Ostrander, Richardson, Schopf and Wright

### AUTHORIZING 2024 SUBCONTRACTS FOR THE DEPARTMENT OF AGING AND YOUTH SERVICES PURSUANT TO THE ~~2020-2024 FOUR-YEAR SERVICE PLAN~~

**WHEREAS**, the Saratoga County Department of Aging and Youth Services, provides programs to some elderly County residents under Title III of the Federal Older Americans Act of 1965, as amended, and the State Community Services Act of 1979 (Executive Law, Article 19-J); and

**WHEREAS**, the Federal Act requires the preparation of a Four-Year Service Plan, annual updates and funding applications for the provision of listed services; and

**WHEREAS**, the State Act requires the submission of an Annual Plan for the delivery of community services, which Plan also serves as the Federal annual update; and

**WHEREAS**, ~~our Department of Aging and Youth Services has proposed a 2023-2024 Annual Implementation Plan which includes appropriate annual funding applications; and~~ <sup>New York State has a tentative date of May 2024 for the release of the 2024-2028 Four Year Service Plan</sup>

**WHEREAS**, the Department of Aging and Youth Services ~~submitted~~ <sup>will submit</sup> its proposed ~~2023-~~ <sup>2024-</sup> 2024 Annual Implementation Plan ~~which was approved as submitted;~~ <sup>when New York State releases the 2024-2028 Four-Year Plan instructions</sup> now therefore, be it

**WHEREAS**, ~~pursuant to Resolution 235-2019, this Board approved the 2020-2024 Service Plan for the Department of Aging and Youth Services, as detailed in the document entitled "Four Year Plan for Older Americans Act 4/1/20 - 3/31/24"; now, therefore, be it~~

**RESOLVED**, that the Chair of the Board is hereby authorized to execute the following 2024 subcontracts:

PROVIDER	FUNDING	SERVICE	TERM	AMOUNT
<del>A &amp; H Services</del>	<del>HIB and AAA</del>	<del>Transportation</del>	<del>1/1/24-12/31/24</del>	<del>\$ 450.00/day</del>
<del>5 Thompson View</del>	<del>Transportation</del>	<del>(6 Towns)</del>	<del>Contributions</del>	<del>\$ 750.00</del>
<del>Ballston Spa, NY 12020</del>	<del>&amp; Community</del>	<del>Services for</del>	<del>Match</del>	<del>\$ 0.00</del>
		<del>the Elderly (CSE)</del>	<del>Reimbursement</del>	<del>\$112,500.00</del>



<del>A &amp; H Services 5 Thompson View Ballston Spa, NY 12020</del>	<del>IIIB and AAA Transportation Transportation (City of Saratoga) &amp; Community Springs) Services for the Elderly (CSE)</del>		<del>1/1/24-12/31/24 \$ 450.00/day Contributions \$ 750.00 Match \$ 0.00 Reimbursement \$112,500.00</del>
<del>O'Connell and Aronowitz 1 Court Street Saratoga Springs, NY 12866</del>	<del>HHB</del>	<del>Legal Services</del>	<del>1/1/24-12/31/24 \$34,334.00 Contributions \$ 1,000.00 Match \$ 3,334.00 Reimbursement \$30,000.00</del>
<del>Christine Kudlaeik, RD 79 Loudon Road Saratoga Springs, NY 12866</del>	<del>Title HHC</del>	<del>Dietician Services</del>	<del>1/1/24-12/31/24 \$52.00/hour</del>
<del>Greater Adirondack Home Aides 25 Willowbrook Rd, #4 Queensbury, NY 12804</del>	<del>HHE &amp; EISEP</del>	<del>In-Home Respite Care</del>	<del>1/1/24-12/31/24 \$35.00/hour</del>
<del>Wesley Senior Solutions 131 Lawrence Street Saratoga Springs, NY 12866</del>	<del>HHE &amp; EISEP</del>	<del>In-Home Respite Care</del>	<del>1/1/24-12/31/24 \$35.00/hour</del>
<del>Connect America, LLC 3 Bala Plaza West, Suite 200 Bala Cynwyd, PA 19004</del>	<del>EISEP</del>	<del>Personal Emergency Response Systems (PERS)</del>	<del>1/1/24-12/31/24 \$25,000.00 Contributions \$ 0.00 Match \$ 0.00 Reimbursement \$25,000.00</del>

; and it is further

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

**RESOLVED**, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department Budget.

November 21, 2023 Regular Meeting

Motion to Adopt: Supervisor Grasso

Second: Supervisor: M. Veitch

~~AYES (199756.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Jean Raymond (1333), Michael Smith (3525), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130),~~

~~Scott Ostrander (18800), Theodore Kusnierz (16202), Ian Murray (5808), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)~~

~~NOES (0):~~

~~ABSENT (35752.5): Diana Edwards (819), Thomas Richardson (5163), Willard H. Peck (5242), Sandra Winney (2075), Tara N. Gaston (14245.5), John Lawler (8208)~~



SARATOGA COUNTY DEPARTMENT OF AGING AND YOUTH SERVICES 2024 SUBCONTRACTS

PROVIDER	FUNDING	SERVICE	TERM	AMOUNT	EXPENSE LINE
Town of Corinth 600 Palmer Ave Corinth NY 12822	Community Services for the Elderly (CSE)	Transportation	4/1/24 - 3/31/25	\$30,100.00	A.76.763-8350
			Contributions	\$100.00	
			Match	\$7,500.00	
			Reimbursement	\$22,500.00	
AA & H Taxi Services Inc. 15 Cherry Choke Rd. Ballston Spa, NY 12020	Community Services for the Elderly (CSE) and/or Wellness in Nutrition (WIN)	Transportation (5 Town)	4/1/24 - 3/31/25	\$250.00 per day	A.76.762-8350
			Contributions	\$0.00	A.76.763-8350
			Match	\$0.00	
			Reimbursement	\$50,250.00	
Town of Clifton Park 1 Town Hall Plaza Clifton Park, NY 12065	Community Service for the Elderly (CSE)	Senior Center Recreation & Education	4/1/24 - 3/31/25	\$13,334.00	A.76.763-7762
			Contributions	\$0.00	
			Match	\$3,334.00	
			Reimbursement	\$10,000.00	
Senior Citizens Center of Saratoga Springs 290 West Ave. Suite1 Saratoga Springs, NY 12866	Community Service for the Elderly (CSE)	Senior Center Recreation & Education	4/1/24 - 3/31/25	\$10,000.00	A.76.763-7762
			Contributions	\$0.00	
			Match	\$2,500.00	
			Reimbursement	\$7,500.00	
Mechanicville Area Community Services Center P.O. Box 30 6 South Main Street Mechanicville, NY 12118	Community Service for the Elderly (CSE)	Senior Center Recreation & Education	4/1/24 - 3/31/25	\$10,000.00	A.76.763-7762
			Contributions	\$0.00	
			Match	\$2,500.00	
			Reimbursement	\$7,500.00	
Captain Community Human Services 543 Saratoga Road Glenville, NY 12302	Community Services for the Elderly (CSE)	Care Links Program	4/1/24 - 3/31/25	\$40,000.00	A.76.763-7762
			Contributions	\$0.00	
			Match	\$10,000.00	
			Reimbursement	\$30,000.00	
Christine Kudlacik, RD 79 Louden Road Saratoga Springs, NY 12866	Title IIIC and/or WIN	Dietician Services	4/1/24 - 3/31/25	\$52.00/hour	A.76.761-8121
					A.76.762-8121

SARATOGA COUNTY DEPARTMENT OF AGING AND YOUTH SERVICES 2024 SUBCONTRACTS

PROVIDER	FUNDING	SERVICE	TERM	AMOUNT	EXPENSE LINE
Greater Adirondack Home Aides 25 Willowbrook Road #4 Queensbury, NY 12804	Expanded In-Home Services for the Elderly (EISEP)	Personal Care	4/1/24 - 3/31/25 Level 1 - PCA Level 2 - PCA	\$35.00 per hour \$35.00 per hour	A.76.764-8345
Wesley Senior Solutions 131 Lawrence Street Saratoga Springs, NY 12866	Expanded In-Home Services for the Elderly (EISEP)	Personal Care	4/1/24 - 3/31/25 Level 1 - PCA Level 2 - PCA	\$35.00 per hour \$35.00 per hour	A.76.764-8345
RAMA Associates, LLC P.O. Box 367 58 N. Pawling St. Hagaman, NY 120856	Expanded In-Home Services for the Elderly (EISEP) and/or IIIIE	Personal Care	4/1/24 - 3/31/25 Level 1 - PCA	\$35.00 per hour	A.76.764-8345 A.76.769-8362
Visiting Nurses Home Care Corp. 35 Colvin Avenue Albany, NY 12206	Expanded In-Home Services for the Elderly (EISEP)	Personal Care	4/1/24 - 3/31/25 Level 1 - PCA Level 2 - PCA	\$35.00 per hour \$35.00 per hour	A.76.764-8345
Mechanicville Area Community Services Center P.O. Box 30 6 South Main Street Mechanicville, NY 12118	Community Services for the Elderly (CSE)	Elder Care Services	4/1/24 - 3/31/25 Contributions Match Reimbursement	\$66,667.00 \$0.00 \$16,667.00 \$50,000.00	A.76.763-7762