



GOVERNMENT SERVICES COMMITTEE

June 20, 2013 – 11:30 AM

**Committee Members: Kitty Vetter (Chairman), Ira Steingart (Vice Chair),
Jonathan Rouis, Cora Edwards, Alan Sorensen**

AGENDA

DISCUSSION ITEMS:

1. **Verizon Wireless Employee Discount**

PRESENTATION:

1. **Surrounding County Towing Policies – Sam Yasgur, County Attorney**

REPORTS:

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

RESOLUTIONS:

1. **To authorize extension agreements for Continuity of Services.**
2. **To authorize award & execution of contract with National Medical Services Labs for forensic toxicology testing services required at some of the autopsies by the Sullivan County Coroners to be performed at Catskill Regional Medical Center.**
3. **To authorize award & execution of contract for Physical Therapy Services for Public Health Services.**
4. **To authorize award & execution of contract for Occupational Therapy Services for Public Health Services.**
5. **To authorize award & execution of contract for Respiratory Therapy for Public Health Services.**
6. **To authorize award & execution of contract for Personal Care and Home Health Care Aides for Sullivan County.**
7. **To authorize award & execution of contract with Rebecca Skoda for Medical Social Worker Services for Public Health Services.**
8. **To authorize award & execution of contract for Development and Implementation of a Community Health Assessment Plan and Community Health Improvement Plan.**
9. **To authorize award & execution of contract with Regional Computer Recycling & Recovery for hard drive data destruction.**
10. **To authorize award & execution of agreement for a Removal, Transport and Disposal of Leachate from the Sullivan County Transfer Stations.**

PUBLIC COMMENT:

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

To: Sullivan County Legislature

Fr: Kathy Jones, Director, Purchasing & Central Services

Re: Request for Consideration of a Resolution: Authorization of Extension of Agreements

Date: June 20, 2013

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.]

Authorize Contract Extensions through December 31, 2013, to minimize disruption to services resulting in the contract review process. Note, a previous Resolution, No. 145-13, authorized extensions through June 30, 2013. Additional time is required to review and renew various contracts.

Is subject of Resolution mandated? Explain:

No, subject is not mandated.

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 0.00

Are funds already budgeted? Yes No ___

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: Not Applicable

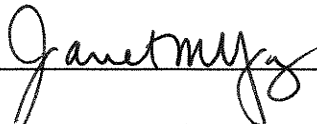
Estimated Cost Breakdown by Source:

County \$ _____ **Grant(s)** \$ _____

State \$ _____ **Other** \$ _____

Federal Government \$ _____ **(Specify)** _____

Verified by Budget Office: _____



Does Resolution request Authority to Enter into a Contract? Yes ___ No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [Not Applicable] of
[_____]

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

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

This is not a contract. The purpose of this resolution is to authorize additional time.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): Not Applicable

Efforts made to find Less Costly alternative:

Not Applicable

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

Not Applicable

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

Each contract is being reviewed in accordance with Purchasing Policy

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 6/14/13
- B. Management and Budget: Janet Myers Date 6/19/13
- C. Law Department: S. Yasgur Date 6/14/13
- D. County Manager: John Board Date 6/14/13
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE EXTENSION AGREEMENTS FOR CONTINUITY OF SERVICES

WHEREAS, the Sullivan County Legislature previously adopted Resolution No. 414-12, authorizing contract extensions up to 90 days, from January 1, 2013 through March 31, 2013, to minimize the disruption to services that may result from contract review/renew process; and

WHEREAS, Resolution No. 145-13, allowed for an additional 90 days, from April 1, 2013 through June 30, 2013, to review/renew various contracts, and

WHEREAS, additional time is required to allow for contract extensions through December 31, 2013, to allow for the continuation of reviewing/renewing various contracts.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the Acting County Manager to enter into extension agreements with vendors, who had a contract with the County, due to expire on December 31, 2012, for the period beginning July 1, 2013 and ending no later than December 31, 2013.

BE IT FURTHER RESOLVED, that the form of said agreements be approved by the Sullivan County Department of Law.

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: Coroners Department

Re: Request for Consideration of a Resolution: Resolution to execute an agreement for coroners' forensic toxicology testing services.

Date: June 20, 2013

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.]

National Medical Services Labs performs medical legal death investigation testing services required by the Coroners' Office and is the services that Catskill Regional Medical Center contract with which provides continuity to the process. They provide discount pricing on routine postmortem toxicology panels.

Is subject of Resolution mandated? Explain:

It is not mandated, but it is needed to determine the cause of death in many cases.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 40,000.00

Are funds already budgeted? Yes No

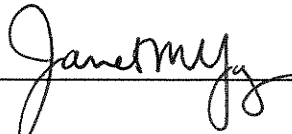
If "Yes" specify appropriation code(s): A1185-47-4720

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

Estimated Cost Breakdown by Source:

County	\$ <u>40,000.00</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. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [National Medical Services] of
[3701 Welsh Road, Willow Grove, PA 19090]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 01/01/2013 To 12/31/2013

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2012 To 12/31/2012

Amount authorized by prior contract(s): 40,000.00

Resolutions authorizing prior contracts (Resolution #s): No. 103-12

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

The County does not have the resources in-house

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): 2012=\$27,481.00, 2013=unknown

Efforts made to find Less Costly alternative:

A representative for the company offered a less costly testing with more than basic testing of drugs generally used. We have saved a considerable expense in using it.

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

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

County must contract with the hospital's lab. - procurement not applicable

Person(s) responsible for monitoring contract (Title): Carol Karleski

Pre-Legislative Approvals:

- A. Director of Purchasing: Lucy Jones Date 6/14/13
- B. Management and Budget: Janet Myers Date 6/19/13
- C. Law Department: S. Baugher Date 6/14/13
- D. County Manager: John Petrucci Date 6/14/13
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, forensic toxicology testing services are required at some of the autopsies ordered by the Sullivan County Coroners to be performed at Catskill Regional Medical Center, and

WHEREAS, National Medical Services Labs (NMS Labs), 3701 Welsh Road, Willow Grove, PA 19090, performs the medical-legal death investigation testing services required by the Coroners' Office and is the service that Catskill Regional Medical Center contracts with, which would provide continuity to the process, and

WHEREAS, NMS Labs will provide a discounted pricing consideration on routine postmortem toxicology panels for the period January 1, 2013 – December 31, 2013, based upon a projected annual volume of 75 cases per year, and has contracted with Sullivan County for the past five years.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract, with National Medical Services Labs (NMS Labs), in an amount not to exceed \$40,000.00 per year, 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: Kathy Jones, Director of Purchasing

Re: Request for Consideration of a Resolution: To authorize a contract for Physical Therapy Services to patients of CHHA and LTHHCP

Date: June 11, 2013

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 & Back in Balance Physical Therapy & Sport Rehabilitation to provide these services, at the rate of \$72.24/Phys. Therapy visit & \$54.19/Phys. Therapy Asst. visit, for the period 7/1/13 - 6/30/14 in accordance with RFP R-13-19.

Is subject of Resolution mandated? Explain:

Yes, these services are required on our operating certificate.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 730,170.00

Are funds already budgeted? Yes No

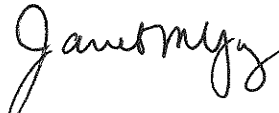
If "Yes" specify appropriation code(s): A4010-33.40-4014 & A4010-34.40-4014

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>730,170.00</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 P.T. Services, LLC] of
[& Back in Balance Physical Therapy & Sport Rehabilitation]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2013 To 06/30/2014

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes No ___

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

Yes, these services are required on our operating certificate.

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): \$730170

Efforts made to find Less Costly alternative:

RFP

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

N/A No other agency provides these services.

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

RFP R-13-19

Person(s) responsible for monitoring contract (Title): Director of Agency - PHS

Pre-Legislative Approvals:

- A. Director of Purchasing: *Gary Jones* Date *6/14/13*
B. Management and Budget: *Janet Murphy* Date *6/19/13*
C. Law Department: *S. Yasgur* Date *6/14/13*
D. County Manager: *John Powell* Date *6/14/13*
E. Other as Required: _____ Date _____

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, 2013 through June 30, 2014, 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 \$72.24/visit – Physical Therapist
 - Bethel, New York 12720 \$54.19/visit – Physical Therapist Assistant

- 2. Back In Balance Physical Therapy and Sport Rehabilitation
 - 726 East Main Street, Suite 102
 - Middletown, New York 10940 \$72.24/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-13-19, 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: Kathy Jones, Director of Purchasing

Re: Request for Consideration of a Resolution: To authorize a contract for Occupational Therapy Services to patients of CHHA and LTHHC

Date: June 11, 2013

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 patients of the CHHA & LTHHCP. SCPHS requests contracts with with John Pasquale & Katskill Kids, PT & SLP, LLC to provide these services, at the rate of \$68.00/Occupational Therapy visit according to the RFP & \$48.75/ Occupational Therapy Asst visit, for the period 7/1/13 - 6/30/14.

Is subject of Resolution mandated? Explain:

Yes, they are services required on our operating certificates.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 141,918.00

Are funds already budgeted? Yes No

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>141,918.00</u>
Federal Government	\$ _____	(Specify)	<u>third party revenue</u>

Verified by Budget Office: Janet Myer

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 &] of
[Katskill Kids, PT & SLP, LLC]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2013 To 06/30/2014

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes No ___

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

This is required on our Operating Certificate

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): \$141918

Efforts made to find Less Costly alternative:

RFP

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

N/A This was RFP'd

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

RFP R-13-20

Person(s) responsible for monitoring contract (Title): Director of Agency - PHS

Pre-Legislative Approvals:

- A. Director of Purchasing: *Christy Jones* Date *6/14/13*
B. Management and Budget: *Jane Murphy* Date *6/19/13*
C. Law Department: *S. Gaspar* Date *6/14/13*
D. County Manager: *John Board* Date *6/14/13*
E. Other as Required: _____ Date _____

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, 2013 through June 30, 2014, 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
Livingston Manor, New York 12758 | \$68.00/ OT Visit |
| 2. | Katskill Kids
101 Klothe Drive
Grahamsville, New York 12740 | \$48.75/OT Assistant Visit
\$68.00/ OT Visit |

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 \$68.00/visit, in accordance with RFP R-13-20, said contracts 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: Kathy Jones, Director of Purchasing

Re: Request for Consideration of a Resolution: To authorize a contract for Respiratory Therapy Services to patients of the LTHHCP

Date: June 11, 2013

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 Respiratory Therapy services to patients of the LTHHCP. SCPHS requests contracts with Andrea Henry and Ranae Birmingham to provide Respiratory Therapy services to patients of the Long Term Home Health Care Program at \$50.00/initial visit & \$45.00/follow-up visit for the period 7/1/13– 6/30/14 in accordance with RFP R-13-21.

Is subject of Resolution mandated? Explain:

Yes, they are services required on our operating certificate.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 13,000.00

Are funds already budgeted? Yes No


If "Yes" specify appropriation code(s): A4010-34.40.4014

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>13,000.00</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 [_____] of [Andrea Henry and Ranae Birmingham]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2013 To 06/30/2014

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes No ___

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

Yes, this is required on our operating certificate

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): \$13000.00

Efforts made to find Less Costly alternative:

RFP

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

N/A No other agency provides these services.

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

RFP R-13-21

Person(s) responsible for monitoring contract (Title): Director of Agency - PHS

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 6/14/13
- B. Management and Budget: Janet Myer Date 6/19/13
- C. Law Department: S. Gasque Date 6/14/13
- D. County Manager: John Petrus Date 6/14/13
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

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

WHEREAS, the following Contractors will provide said services from July 1, 2013 through June 30, 2014, with an option to extend on a yearly basis, for three (3) additional years, under the same terms and conditions, and

Ranae Birmingham
339 Cochection Turnpike
Honesdale, PA 18431

\$50.00/initial visit
\$45.00/followup visits

Andrea Henry
PO Box 577
Harris, NY 12742

\$50.00/initial visit
\$45.00/followup visits

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

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-13-21, said contracts 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: Kathy Jones, Director of Purchasing

Re: Request for Consideration of a Resolution: To authorize a contract for HHA/PCA Services

Date: June 11, 2013

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 7/1/2013 to 6/30/2014 in accordance with RFP R-13-11.

Is subject of Resolution mandated? Explain:

Yes, these services are required on our operating certificate.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 863,339.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4010-33-40-4024, A4010-34-40-4024, A7610.87.40 - 4024

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

Estimated Cost Breakdown by Source:

County	\$ <u>56,585.00</u>	Grant(s)	\$ _____
State	\$ <u>169,754.00</u>	Other	\$ <u>637,000.00</u>
Federal Government	\$ _____	(Specify)	<u>Third party revenue</u>

Verified by Budget Office:

Janet Myung

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 [Any-Time, A&T, Community] of [Health, Wellness, and Willcare]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2013 To 06/30/2014

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes No ___

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

Yes, these services are required on our operating certificate.

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): \$ 863339.00

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 and Office for the Aging.

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

RFP R-13-11

Person(s) responsible for monitoring contract (Title): Director of Agency - PHS

Pre-Legislative Approvals:

- A. Director of Purchasing: Harry Jones Date 6/14/13
- B. Management and Budget: Janet Murphy Date 6/19/13
- C. Law Department: S. Gargan Date 6/14/13
- D. County Manager: John P. Ponder Date 6/14/13
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

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, 2013 through June 30, 2014, with an option to extend on a yearly basis, for three (3) additional years, under the same terms and conditions, and

Community Health 1 Hillcrest Center Avenue, Ste. 210 Spring Valley, NY 10977	\$18.40/Hour Home Health Aide \$17.84/Hour Personal Care Aide
Wellness Home Care 252 Main Street Goshen, NY 10924	\$18.40/Hour Home Health Aide \$17.84/Hour Personal Care Aide
A & T Healthcare 339 North Main Street New City, NY 10956	\$18.40/Hour Home Health Aide \$17.84/Hour Personal Care Aide
Willcare 346 Delaware Avenue Buffalo, NY 14202	\$18.40/Hour Home Health Aide \$17.84/Hour Personal Care Aide
Any-Time Home Care, Inc. 9-1/2 Dolson Avenue Middletown, NY 10940	\$18.40/Hour Home Health Aide \$17.84/Hour Personal Care Aide

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-13-11, said contracts 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: Kathy Jones, Director of Purchasing

Re: Request for Consideration of a Resolution: To authorize a contract to provide Medical Social Worker services to patients of the CHHA/LTHHP

Date: June 14, 2013

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 \$55.00/visit for the period 7/1/13– 6/30/14 in accordance with RFP R-13-31.

Is subject of Resolution mandated? Explain:

Yes, it is a requirement of our operating certificate.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 12,100.00

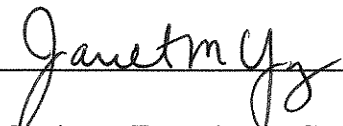
Are funds already budgeted? Yes No

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

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>12,100.00</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 [_____]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2013 To 06/30/2014

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:

To extend on a yearly basis, for three additional years, under the same terms & conditions.

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:

Requirement of our operating certificate

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): 12100.00

Efforts made to find Less Costly alternative:

RFP

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

N/A, No other agency provides these services

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

RFP B-13-32

Person(s) responsible for monitoring contract (Title): Director of Agency - PHS

Pre-Legislative Approvals:

- A. Director of Purchasing: Gayle Jones Date 6/14/13
B. Management and Budget: Janet Myer Date 6/19/13
C. Law Department: Shyagur Date 6/14/13
D. County Manager: John Brown Date 6/14/13
E. Other as Required: _____ Date _____

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, 2013 through June 30, 2014, with an option to extend on a yearly basis, for three (3) additional years, under the same terms and conditions, and

Rebecca Skoda
PO Box 271
Ferndale, New York 12734

\$55.00/visit

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 above rate, in accordance with RFP R-13-32, 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: Carol Ryan, Director of Public Health/Patient Services

Re: Request for Consideration of a Resolution: To contract with Halloran to produce the required
Community Health Assessment

Date: 06/13/2013

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.]

Required by NYS DOH of all local health departments. The purpose of a community health assessment is to describe the health status of the population, identify factors that contribute to health status and health challenges, and identify assets that can be used to improve community health. This is a four year plan. There is also a Community Health Improvement Plan required as part of this project that measures progress.

Is subject of Resolution mandated? Explain:

This contract is for the preparation of the Community Health Assessment which is a requirement by NYS Department of Health for all local health departments.

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): A4010-33.40.4013

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

Estimated Cost Breakdown by Source:

County	\$ <u>22,400.00</u>	Grant(s)	\$ _____
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State	\$ <u>12,600.00</u>	Other	\$ _____
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Federal Government	\$ _____	(Specify)	<u>*Estimated Article 6 State Aid covered at 36%</u>
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Verified by Budget Office: Janet M. Yu

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 [Holleran Consulting LLC] of
[Mountville, PA 17554]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 06/20/2013 To 11/30/2013

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:

N/A

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:

NYS Public Health Law §602 and §2803-1; Part 40, 40-2.150 of the New York State Health Department Commissioner's Rules and Regulations pertaining to Community Health Assessment requirements for local health departments

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): \$34,050, NTE \$35,000

Efforts made to find Less Costly alternative:

This was the only proposal submitted. Two others responded saying they would not submit a proposal because they did not believe they could do the project for less than \$35K.

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

We are partnering with CRMC, Greater Hudson Valley Health System, Rural Health Network agencies and county departments on the planning process and for in put which will save costs and eliminate duplication of effort.

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

RFP issued. R-13-31

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

Pre-Legislative Approvals:

- A. Director of Purchasing: *Xaddy Jones* Date *6/14/13*
B. Management and Budget: *Janet Myz* Date *6/19/13*
C. Law Department: *S. Gasque* Date *6/14/13*
D. County Manager: *Paul Poter* Date *6/14/13*
E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, a proposal was received for Development and Implementation of a Community Health Assessment Plan and Community Health Improvement Plan, and

WHEREAS, Holleran, 3710 Hempland Road, Suite 3, Mountville, Pennsylvania 17554, is a qualified vendor to provide said services, and

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

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract, with **Holleran**, at a price not to exceed \$35,000, in accordance with RFP R-13-31, 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: Lorne D. Green, Chief Information Officer

Re: Request for Consideration of a Resolution: To authorize entering into a "Hard Drive Data Destruction" Agreement

Date: June 13, 2013

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

This firm has been previously selected by the County for the purpose of disposing of recyclables — mostly through DPW but this does include electronics. Part of their service is to remove hard drives from old PC's, destroy them and then certify back to the County, their destruction. This is at no additional cost to us. They are NAID certified and an authorized NYS Data Destruction Contractor, License #15810066000.

Is subject of Resolution mandated? Explain:

Proper data destruction is necessary in this enterprise.

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: Janet Myg

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 [Reg'l Comp Recy'ling & Rcvr] of [Victor, New York]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 07/01/2013 To 06/30/2014

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:

Annually

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 legal protection - proper destruction and certification of same is necessary to protect the interests of the citizenry we represent.

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): \$0 for this service

Efforts made to find Less Costly alternative:

NA

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

NA

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

proposal thru purchasing

Person(s) responsible for monitoring contract (Title): Lorne Green, MS

Pre-Legislative Approvals:

- A. Director of Purchasing: Gayle Jones Date 6/14/13
- B. Management and Budget: Janet Myers Date 6/19/13
- C. Law Department: S. Yesgum Date 6/14/13
- D. County Manager: Paul Potts Date 6/14/13
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, a proposal was received for hard drive data destruction, and

WHEREAS, Regional Computer Recycling & Recovery, 7318 Victor Mendon Road, Victor, New York 14564, will provide said services from July 1, 2013 through June 30, 2014, with an option to extend, on a yearly basis, for an additional two (2) years, and

WHEREAS, Regional Computer Recycling & Recovery is our current vendor for the Removal and Disposal of Electronic Scrap, Q-13-02, for the same contract period, at the vendor's cost of \$.03/lb./unit, and

WHEREAS, the Sullivan County Department of Management & Information Systems has recommended said vendor.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract, with Regional Computer Recycling & Recovery, at no cost, 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: Edward M. Andrew, Dep. Comm'r, D.P.W.

Re: Request for Consideration of a Resolution: Authorize Execution of Contract

Date: 6/14/13

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.]

Authorize Execution of a Contract with Residual Management Services, LLC to remove leachate from Sullivan County Transfer Stations as required by the NYSDEC.

Is subject of Resolution mandated? Explain:

No, but required to comply with NYSDEC regulations.

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): CL-8160-40-4015

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

Estimated Cost Breakdown by Source:

County	\$ <u>50,000.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

(To be transferred from account CL-8160-47-4717 where this service is currently budgeted)

Verified by Budget Office: Janet Myz

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 [Residuals Management Service] of [199 Maple Grange Rd, Vernon, NJ 07462]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 07/01/2013 To 06/30/2014

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 (3) additional one (1) year extensions

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 is under regulation through permits issued by the NYSDEC to have leachate removed from transfer stations and County does not have means to do so in-house.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): Not to exceed \$50,000.00

Efforts made to find Less Costly alternative:

Bid open competitively

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

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)
Bid B-13-38

Person(s) responsible for monitoring contract (Title): Ed McAndrew

Pre-Legislative Approvals:

- A. Director of Purchasing: Nancy Jones Date 6/14/13
- B. Management and Budget: Janet Myer Date 6/19/13
- C. Law Department: [Signature] Date 6/14/13
- D. County Manager: [Signature] Date 6/14/13
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

Resolution No. _____

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE
RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF AGREEMENT**

WHEREAS, bids were received for a Removal, Transport and Disposal of Leachate from the Sullivan County Transfer Stations, and

WHEREAS, Residuals Management Services, LLC, 99 Maple Grange Road, Vernon, New Jersey 07462, is the responsible bidder for this project, and

WHEREAS, the Sullivan County Division of Public works has approved said bid and recommends that an agreement be executed.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute an agreement with Residuals Management Services, LLC, at a price not to exceed **\$50,000.00, based on \$0.25/gallon**, for the Removal, Transport and Disposal of Leachate from the Sullivan County Transfer Stations, B-13-38, for the contract period July 1, 2013 through June 30, 2014, with three (3) additional yearly extensions, under the same terms and conditions, said contract to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, **2013.**

KATHLEEN JONES
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: June 20, 2013

Re: Monthly Report

1. Bids:

- **Seasonal Produce (B-13-26)**
The Farmers Market
Monticello, NY
- **Chain Saw & Small Engine Parts (B-13-27)**
Eldred Power Equipment and Auto Parts
Montague Tool and Supply Company
Eldred, NY
Branchville, NJ
- **Printing (B-13-28)**
The Printer
The Weeks Lerman Group, LLC
American Solutions for Business
Livingston Manor, NY
Maspeth, NY
Glenwood, MN
- **Steel and Aluminum (B-13-29)**
Chemung Supply Corp.
Fall Fittings, Inc.
Newburgh Steel Products, Inc.
Elmira, NY
New Paltz, NY
Newburgh, NY
- **Concrete (B-13-30)**
Cranesville Block Co., Inc.
E Tetz & Sons Inc.
Sullivan Concrete, Inc.
Amsterdam, NY
Middletown, NY
Cochecton, NY
- **Electrical & Plumbing Supplies (B-13-31)**
Schmidt's Wholesale Inc.
Monticello, NY
- **Recapping & Mounting Tires (B-13-33)**
Custom Bandag Inc.
Mike's Tire Discount
Van Kleeck's Tire Inc.
Linden, NJ
Liberty, NY
Lake Katrine, NY
- **Copy Paper (B-13-34)**
Paper Mart
East Hanover, NJ

2. Processed 283 Purchase Orders

3. Recyclables