



GOVERNMENT SERVICES COMMITTEE

July 10, 2014 – 2:00 PM

Committee Members: Kitty Vetter (Chair), Cora Edwards (Vice Chair), Gene Benson, Cindy Kurpil Geiger, Alan Sorensen

AGENDA

DISCUSSION ITEMS:

- 1. SHOEBOX Grant Update**
- 2. Renaming of the Public Health Building**

PRESENTATION: None

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 set a Public Hearing on the Tentative 2014 – 2015 Budget for Sullivan County Community College.**
- 2. To authorize award & execution of agreement with Catskill Regional Medical Center for outpatient physical therapy patients for Public Health Services.**
- 3. To authorize award & execution of agreement with Partners In Safety, Inc. to perform Pre-Employment Drug Testing and Medical Exams, Pre Employment Physicals, Pre Employment Hearing Tests, Pre Employment Vision Tests, Various types of Drug and Alcohol testing, various types of physicals on municipal employees.**

PUBLIC COMMENT:

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

To: Sullivan County Legislature

Fr: Joshua Potosek, County Manager

Re: Request for Consideration of a Resolution: To set Public Hearing

Date: July 8, 2014

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

To set a Public Hearing on the Tentative 2014-2015 Budget for Sullivan County
Community College

Is subject of Resolution mandated? Explain:

no

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

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: 

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

Nature of Other Party to Contract: .

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.]:

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

Efforts made to find Less Costly alternative:

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

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

_____ N/A _____

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

Pre-Legislative Approvals:

A. Director of Purchasing: Austin Jensen Date 7/8/14

B. Management and Budget: _____ Date _____

C. Law Department: S. Y. Date 2/6/12

D. County Manager: John Board Date 7/9/14

E. Other as Required: _____ Date _____

Vetted in Government Services Committee on 07/10/2014

RESOLUTION NO. INTRODUCED BY THE GOVERNMENT SERVICES COMMITTEE TO SET A PUBLIC HEARING ON THE TENTATIVE 2014 – 2015 BUDGET FOR SULLIVAN COUNTY COMMUNITY COLLEGE

WHEREAS, there has been introduced and presented at a meeting of the Sullivan County Legislature held on August 21, 2014 a tentative 2014- 2015 budget for the Sullivan County Community College.

NOW, THEREFORE, BE IT RESOLVED, that a public hearing be held on said tentative 2014- 2015 budget for the Sullivan County Community College by the Sullivan County Legislature on August 21, 2014 at 1:45PM, in the Legislative Hearing Room, County Government Center, Monticello, New York, and at least six (6) days' notice of the public hearing be given by the Clerk of the Sullivan County Legislature by due posting thereof on the bulletin board of the County of Sullivan and by publishing such notice at least once in the official newspapers of the County.

COUNTY OF SULLIVAN
NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that there has been duly presented and introduced at a meeting of the Legislature of the County of Sullivan, New York, held on August 21, 2014, a tentative 2014-2015 budget for the Sullivan County Community College.

NOTICE IS FURTHER GIVEN that the Legislature of the County of Sullivan will conduct a public hearing on the aforesaid tentative 2014- 2015 budget for the Sullivan County Community College at the Legislature's Hearing Room, County Government Center, Monticello, New York, 12701, on August 21, 2014 at 1:45PM at which time all persons interested will be heard.

DATED: July 17, 2014

ANNMARIE MARTIN
Clerk of the Legislature
County of Sullivan, New York

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

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: Contract for Outpatient Physical Therapy Services

Date:

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 contract extension with Catskill Regional Medical Center to provide outpatient PT services (for such services that cannot be provided in the patients' homes) at the rate of \$80.00/ Physical Therapy session for the period 7/1/14 - 6/30/15 with 3 annual contract extensions

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 1,600.00

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>1,600.00</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 [Catskill Regional Med. Center] of [Harris, NY]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 07/01/2014 To 06/30/2015

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

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

Amount authorized by prior contract(s): _____

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.]:

Sullivan County Public Health Services' Certified Home Health Agency is certified to provide Physical Therapy services to patients of the CHHA & LTHHCP. Although not mandated, it's a required service per PHS' Operating Cerificates issued by NYS DOH.

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

Efforts made to find Less Costly alternative:

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

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

R-13-19A

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

Pre-Legislative Approvals:

- A. Director of Purchasing: *Angela Jones* Date 7/8/14
- B. Management and Budget: _____ Date _____
- C. Law Department: *S.Y.* Date 7/8/14
- D. County Manager: *John P. Smith* Date 7/9/14
- 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, a proposal was received for Outpatient Physical Therapy Services for Public Health Services, and

WHEREAS, Catskill Regional Medical Center, 68 Bushville Road, PO Box 800, Harris, New York 12742, is the most responsible Contractor for these services, and

WHEREAS, the Sullivan County Public Health Services 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 Catskill Regional Medical Center, at price not to exceed \$80.00/visit, in accordance with R13-19A, for 2014 services, with three (3) additional yearly extensions, said contract to be in such form as the County Attorney shall approve.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2014.

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

To: Sullivan County Legislature

Fr: Monica Farquhar Brennan, Director, Risk Management

Re: Request for Consideration of a Resolution: Partners in Safety for Occupational Medical Services

Date: July 10, 2014

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.]

Enter into an Agreement for 2015-2019 to provide occupational medical services for Sullivan County employees, Sheriff's Department (deputies and corrections) and HAZMAT Team for pre-employment drug testing & medical examinations, hearing and vision tests, drug and alcohol testing; random, post accident, return to work and followup; recertification/fitness for duty exams and assistance with assessing medical information.

Is subject of Resolution mandated? Explain:

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ see attached fee schedule

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): various departments

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

Estimated Cost Breakdown by Source:

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

Verified by Budget Office: 

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

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

Request for Authority to Enter into Contract with _____ of _____

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 01/01/2015 To 12/31/2019

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.]:

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

Efforts made to find Less Costly alternative:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)
RFP R-14-02

Person(s) responsible for monitoring contract (Title): Monica Farquhar Brennan

Pre-Legislative Approvals:

- A. Director of Purchasing: Cyrus Lewis Date 7/8/14
- B. Management and Budget: _____ Date _____
- C. Law Department: S. Y. Date 7/8/14
- D. County Manager: Julie Bond Date 7/9/14
- E. Other as Required: _____ Date _____

Vetted in Government Services Committee on 07/10/2014

RESOLUTION NO. _____ INTRODUCED BY THE GOVERNMENT SERVICES COMMITTEE TO AUTHORIZE AWARD AND EXECUTION OF CONTRACT

WHEREAS, The County is required to perform Pre Employment Drug Testing and Medical Exams, Pre Employment Physicals, Pre Employment Hearing Tests, Pre Employment Vision Tests, Various types of Drug and Alcohol testing, various types of physicals; on municipal employees and

WHEREAS, an RFP was issued and a satisfactory proposal to perform the necessary services including but not limited to those indicated above, has been received from Partners In Safety Inc., 800 Route 17 M, Middletown, NY 10940 and

WHEREAS, the County would like to contract with Partners In Safety for the necessary services outlined in the RFP. The Required Services/Pricing structure is attached and will begin January 1, 2015 through December 31, 2019.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager is hereby authorized to execute an agreement with Partners In Safety for Occupational Medical Services, such agreement to be in a form approved by the County Attorney.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2014

Services as Required	2015	2016	2017	2018	2019
		0	0	2%	2%
Pre Employment Physical including UA, PPD, Audiometry	\$95.00	\$95.00	\$95.00	\$96.90	\$98.84
Pre Emp. Police Physical	\$60.00	\$60.00	\$60.00	\$61.20	\$62.42
Pre Emp. Police Hearing	\$20.00	\$20.00	\$20.00	\$20.40	\$20.81
Pre Emp. Police Vision	\$15.00	\$15.00	\$15.00	\$15.30	\$15.61
All Other Pre Employment	\$55.00	\$55.00	\$55.00	\$56.10	\$57.22
Serology (VDRL)	\$30.00	\$30.00	\$30.00	\$30.60	\$31.21
EKG	\$36.00	\$36.00	\$36.00	\$36.72	\$37.45
Chest X-Ray	\$80.00	\$80.00	\$80.00	\$81.60	\$83.23
Pulmonary Function Test (PFT)	\$30.00	\$30.00	\$30.00	\$30.60	\$31.21
CBC/SMAC	\$49.00	\$49.00	\$49.00	\$49.98	\$50.98
Hazmat					
Hazmat PPD	\$18.00	\$18.00	\$18.00	\$18.36	\$18.73
Hazmat Audiometry	\$20.00	\$20.00	\$20.00	\$20.40	\$20.81
Hazmat Physical	\$60.00	\$60.00	\$60.00	\$61.20	\$62.42
Hazmat EKG	\$36.00	\$36.00	\$36.00	\$36.72	\$37.45
Hazmat Chest X-Ray	\$80.00	\$80.00	\$80.00	\$81.60	\$83.23
Hazmat PFT	\$30.00	\$30.00	\$30.00	\$30.60	\$31.21
Hazmat CBC/SMAC	\$49.00	\$49.00	\$49.00	\$49.98	\$50.98
Services as Required					
DOT Random Drug Testing Program	\$38.00	\$38.00	\$38.00	\$38.76	\$39.54

Sheriff's Drug Testing *	\$46.00	\$46.00	\$46.00	\$46.92	\$47.86
Drug Test (Lab)	\$46.00	\$46.00	\$46.00	\$46.92	\$47.86
Drug Test (Other Facility)	\$65.00	\$65.00	\$65.00	\$66.30	\$67.63
Breath Alcohol (Other Facility)	\$46.00	\$41.00	\$41.00	\$41.82	\$42.66
Breath Alcohol	\$35.00	\$35.00	\$35.00	\$35.70	\$36.41
*\$80.00 per hr.min. 3 hr for on site					
19A / DOT Physicals	\$55.00	\$55.00	\$55.00	\$56.10	\$57.22
Emergency Service (min. 2 hours)	\$150.00	\$150.00	\$150.00	\$153.00	\$156.06
Split Specimen Testing	\$250.00	\$250.00	\$250.00	\$255.00	\$260.10
DPW Group Testing					
EKG	\$36.00	\$36.00	\$36.00	\$36.72	\$37.45
Audiogram	\$22.00	\$22.00	\$22.00	\$22.44	\$22.89
Lead/ZPP	\$48.00	\$48.00	\$48.00	\$48.96	\$49.94
CBC/Lab Screen/Urine	\$49.00	\$49.00	\$49.00	\$49.98	\$50.98
Review Respiratory Questionnaires & Vitals	\$18.00	\$18.00	\$18.00	\$18.36	\$18.73
Fit Test & Respiratory Clearances	\$40.00	\$40.00	\$40.00	\$40.80	\$41.62
Physicals**	\$55.00	\$55.00	\$55.00	\$56.10	\$57.22
PFT	\$30.00	\$30.00	\$30.00	\$30.60	\$31.21
Audiogram Program Fee	included	included	included	included	included
Urine-microscopic lab screen	\$17.00	\$17.00	\$17.00	\$17.34	\$17.69
** reduced price for early completion					

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: July 10, 2014

Re: Monthly Report

1. Bids:

- **Radio Towers for Emergency Communication Upgrade (B-14-35)**
Valmont Structures Plymouth, IN
- **Eggs & Cheese (B-14-44)**
Duso Food Distributors, Inc. Ellenville, NY
Mivila Foods Paterson, NJ
- **Meat & Fish (B-14-46)**
Dino Mavros Co., Inc. Montgomery, NY
Ginsberg's Foods Hudson, NY
Mivila Foods Paterson, NJ
Nat Kagan Meat & Poultry Woodridge, NY
- **Aluminum Box Culvert for Co. Bridge #461 (B-14-49)**
Lane Enterprises, Inc. Bath, NY

2. Processed 230 Purchase Orders

3. Recyclables