



**EXECUTIVE COMMITTEE**  
**March 19, 2015 at 11:30AM**

**COMMITTEE MEMBERS:** Samuelson, Steingart, LaBuda, Vetter, Rouis, Gieger,  
Edwards, Benson, Sorensen

**I. COUNTY MANAGER'S MONTHLY REPORT**

**II. COUNTY ATTORNEY'S MONTHLY REPORT**

**III. PRESENTATION – None**

**IV. DISCUSSION**

1. Vacancies
2. Coroner Vacancy ✓

**V. RESOLUTIONS :**

1. Enter into agreement with the Bonadio Group for consulting service
2. Execute a Retainer Agreement with Marvin Newberg for defense work on behalf of the Board of Elections
3. Modify the 2014 and 2015 Budget
4. Support the creation of a Sullivan County Agriculture Task Force
5. Create a temporary per diem Supervising Social Work position for ACC
6. Accept the recommendations of the Sullivan County Solid Waste/Recycling Fee Grievance Committee
7. Reappoint three (3) members of the Sullivan County Human Rights Commission
8. Approve a Sullivan County Revolving Loan (Neversink Farm)
9. Create and fill a Per Diem Nutritionist Position for Public Health Services WIC Program
10. Enter into agreement for funding for colocation/collaboration of Behavioral Health and Child Protective Services
11. Appoint member to the Charter Review Commission to fill one vacancy
12. Authorize another Electrical Licensing Reciprocity
13. Appoint four members to the RSVP Advisory Committee
14. Appoint one member to the Office for the Aging Advisory Committee
15. Reinstate the Drinking Driver Program
16. Support efforts to expand broadband and other communications infrastructure for the residents, businesses, and workforce of Sullivan County
17. Authorize County Manager to execute an agreement for construction services needed for the Bridge 45 replacement construction project
18. Authorizing the County to pay for recording fees for a deed conveying parcel BE 42.-29-9

**VI. PUBLIC COMMENT**

Vacancy Request Fact Sheet

Date: 3/10/2015

Department: DFS

Department Head: Joseph A. Todora, Acting Commissioner

Position/Duties: Senior Caseworker w/ backfills      Budget Position: 2599

Senior Caseworker position is to be assigned to CPS. Senior Case worker to investigate hotline reports received from the NYS Central Register for Child Abuse and Maltreatment that allege that children have been neglected and/or abused. Position requires investigation of the allegations. An assessment of the family's needs is conducted. Interventions and service referrals are required to address identified issues in the family and to ensure that the children are safe and their basic needs are met.

Salary: \$44,497.00

Benefits: ~~\$23,027.00~~ 32,262

Total Cost: ~~\$67,524.00~~ 76,759

County Share: 33% ~~\$22,106.00~~ 25,330

Federal Share: 43% ~~\$29,212.00~~ 33,006

State Share: 24% ~~\$16,206.00~~ 18,423

Other:

Mandated:

Budgeted: \$67,524.00

Budget Line: DFS - SERVICES

A.6010.57.10.1011 Personal Serv. Regular Pay

A.6010.57.80.8001 – 80.8006 Employee Benefits

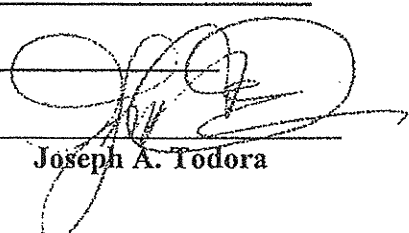
Date of Vacancy: 3/9/2015

Notes:

Date Received 3/13/15      Date Reviewed \_\_\_\_\_

Approved \_\_\_\_\_      Committee Vote:

Denied \_\_\_\_\_      YES \_\_\_\_\_ NO \_\_\_\_\_

Held \_\_\_\_\_  
Reviewed:   
Joseph A. Todora

V I

Vacancy Request Fact Sheet

**Date:** March 10, 2015  
**Department:** Public Health Services  
**Department Head:** Nancy McGraw, Public Health Director  
**Position / Duties:** Nutritionist (position #4082.164) *Ag*  
**Salary:** \$38,426 (Entry Level)  
**Benefits:** \$30,506  
**Total Cost:** \$68,932  
**County Share:** \$ 0  
**Federal Share:** \$57,834  
**State Share:** \$11,098  
**Other:** \$ 0

**Mandated:** Yes

**Budgeted:** Yes **Budget Line:** A4082-10-1011 – Personal Services Regular Pay and for the various benefits: A4082-80-8001 through A4082-80-8007

**Date of Vacancy:** Employee resigned effective 3/28/15.

**Notes:** The personnel costs of this position are fully covered by the WIC grant. It is critical to fill this position as soon as possibly in order to maintain current level of services to the public. Training for new WIC nutritionists is very lengthy and involved and we historically have difficulty finding qualified applicants.

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**Date Received** 3/11/15 **Date Reviewed** \_\_\_\_\_  
**Approved** \_\_\_\_\_ **Committee Vote:**  
**Denied** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**Held** \_\_\_\_\_

V2

Vacancy Request Fact Sheet

Date: 03/12/15

Department: Probation

Department Head: Jeffrey Mulinelli

Position / Duties:

Position #592 - Probation Officer Trainee/Public Safety ✓ *JK*

Responsible for monitoring a high-risk caseload of 50 probationers. This position also requires the officer to prepare and submit pre-sentence reports to county and justice courts. Officer is a participant in the splinter after-hours probation supervision program. Additional duties entail Family Court intake in which domestic violence/order of protection cases are screened.

Salary: \$43,107.00

Benefits: \$31,179.00

Total Cost: \$74,286.00

County Share: \$65,372.00

Federal Share: \$0.00

State Share: \$8,914.00

Other:

Mandated: No

Budgeted: Yes  No

Budget Line: A-3140-16

Date of Vacancy: 01/31/15

Notes:

Entry-level salary of \$41,107.00 + \$2,000.00 Peace Office Stipend = \$43,107.00

NYS Reimbursement is 12%

<i>For Administrative/Legislative Use ONLY</i>	
Date Received <u>3/13/15</u>	Date Reviewed _____
Approved _____	Committee Vote:
Denied _____	Yes ___ No ___
Held _____	

V3

Vacancy Request Fact Sheet

**Date:** 03/10/15

**Department:** Center for Workforce Development / HFS

**Department Head:** Laura Quigley / Joe Todora

**Position / Duties:**

Employment & Training Specialist position #752 - provides orientation, assessment, case management, individual employment plan development, job search and placement assistance to customers. AJ

**Salary:** \$31,699.00

**Benefits:** \$28,512.00

**Total Cost:** \$60,211.00

**County Share:** \$0.00

**Federal Share:** \$0.00

**State Share:** \$60,211.00

**Other:** \$0.00

**Mandated:** services are mandated

**Budgeted:** Yes  No  **Budget Line:** A6010-57-10-1011/80-8001-8007

**Date of Vacancy:** March 19, 2015

**Notes:**

current employee is moving out of the area.

<i>For Administrative/Legislative Use ONLY</i>	
Date Received <u>3/12/15</u>	Date Reviewed _____
Approved _____	Committee Vote:
Denied _____	Yes ___ No ___
Held _____	

V4

Vacancy Request Fact Sheet

Date: February 24, 2015

Department: Adult Care Center

Department Head: Shennoy Wellington

Position/Duties: Food Service Helper, full time

Budget Position: 1310 *WJ*

Tray set up/delivery, washing pots, assisting cooks with meal prep, nourishment set up

Salary: \$ 24,799

Benefits: \$25,722

Total Cost: \$ 50,521

County Share: \$1,692

Federal Share: \$11,544

State Share: \$31,500

Other: \$5,785

Mandated: no

Budgeted: yes Budget Line: EI-6020-75

Date of Vacancy: 1/24/2015

Notes: A current part time Food Service Helper would fill this vacancy

Date Received 2/24/15

Date Reviewed \_\_\_\_\_

Approved \_\_\_\_\_

Committee Vote:

Denied \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

Held \_\_\_\_\_

Reviewed: *[Signature]*

V5

Vacancy Request Fact Sheet

Date: February 24, 2015

Department: Adult Care Center

Department Head: Shennoy Wellington

Position/Duties: Food Service Helper, part time

Budget Position: 2873 *vjm*

Tray set up/delivery, washing pots, assisting cooks with meal prep, nourishment set up

Salary: \$ 13,776

Benefits: ~~\$22,795~~ 15,398

Total Cost: \$ ~~36,571~~ 29,174

County Share: ~~\$1,562~~ 1,235

Federal Share: ~~\$8,356~~ 6,605

State Share: ~~\$22,802~~ 18,025

Other: ~~\$4,187~~ 3,309

Mandated: no

Budgeted: yes Budget Line: EI-6020-75

Date of Vacancy: upon appointment to full time Food Service Helper position

Notes: this position will be utilized to cover weekends and absences from unexpected disabilities and scheduled time off

Date Received 2/26/15

Date Reviewed \_\_\_\_\_


Approved \_\_\_\_\_

Committee Vote:

Denied \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

Held \_\_\_\_\_

Reviewed: 

V6

Vacancy Request Fact Sheet

SULLY COUNTY MANAGER

21

Date: 02/13/15

FEB 20 2015

Department: Division of Public Works

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Department Head: Edward McAndrew, P.E.

Position / Duties: *Agg*

Postion #2795 - Solid Waste Operator - performs manual duties in the operation of a solid waste transfer station, waste, trailer/container exchange and recycling processing and materials recovery facility. Operates equipment, loads trucks, sorts recycling, snow removal, accounts for and deposits fee collections in bank accounts as directed, etc. This postion may also need to be backfilled.

Salary: \$50,642.00

Benefits: \$37,776.00

Total Cost: \$88,418.00

County Share: \$88,418.00

Federal Share:

State Share:

Other:

Mandated:

Budgeted: Yes  No

Budget Line: CL-8160

Date of Vacancy: 1/31/15

Notes:

Employee retired

<i>For Administrative/Legislative Use ONLY</i>	
Date Received <u>2/20/15</u>	Date Reviewed _____
Approved _____	Committee Vote:
Denied _____	Yes ___ No ___
Held _____	

V7



Vacancy Request Fact Sheet

Date: 02/23/15

Department: Center for Workforce Development

Department Head: Laura Quigley

Position / Duties:

15 youth positions for paid work experience opportunities under the Workforce Investment Act Title IB Youth. Eligible youth will be enrolled in 6 week work experience in their field of interest as part of their individual employment plan. Youth will participate for 10 hrs/week on average for a period of 6 weeks. \$8.75/hr x 10hrs/week x 6 weeks x 15 youth participants = \$7875. FICA and WC = \$ 996 for a total of \$8871.

Salary: \$8.75 \$7875

Benefits: \$996.00

Total Cost: \$7,875.00 \$8871

County Share: \$0.00

Federal Share: \$8,871.00

State Share: \$0.00

Other: \$0.00

Mandated: yes

Budgeted: Yes  No

Budget Line: R4791-R336 / 10-1011/80-8001-8006

Date of Vacancy: N/A

Notes:

<i>For Administrative/Legislative Use ONLY</i>	
Date Received <u>2/23/15</u>	Date Reviewed _____
Approved _____	Committee Vote:
Denied _____	Yes ___ No ___
Held _____	

V8

Vacancy Request Fact Sheet

**Date:** February 17, 2015

**Department:** Public Health Services

**Department Head:** Nancy McGraw, Public Health Director

**Position / Duties:** Registered Professional Nurse – Pos. #4010-33-2373

**Salary:** \$57,094 (This total includes the 4-year experiential differential and contractual stipend for nursing employees. The base wage for this position is \$52,594.) vgn

**Benefits:** \$34,056

**Total Cost:** \$91,150

**County Share:** \$ 0

**Federal Share:** \$ 0

**State Share:** \$ 0

**Other:** Medicare, Medicaid and third party insurances cover the personnel cost of this position.

**Mandated:** No, but this is a revenue producing position. Visits generated by third party insurances cover the cost of the position, and nursing positions are critical to fill at this time.

**Budgeted:** Budget Line: A4010.33-10-1011 and for the various benefits: A4010-33-80-8001 through A4010-33-80-8007

**Date of Vacancy:** November 10, 2014

**Notes:**

**Date Received** 2/17/15

**Date Reviewed** \_\_\_\_\_

**Approved** \_\_\_\_\_

**Committee Vote:**

**Denied** \_\_\_\_\_

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Held** \_\_\_\_\_

V9

Vacancy Request Fact Sheet

**Date:** February 17, 2015  
**Department:** Public Health Services  
**Department Head:** Nancy McGraw, Public Health Director  
**Position / Duties:** Community Health Nurse, Pos. # 4010-33-2943 *W*  
**Salary:** \$62,494 (This total includes the experiential differential and contractual stipend. The base wage for this position is \$57,994.)  
**Benefits:** \$35,657  
**Total Cost:** \$98,151  
**County Share:** \$ 0  
**Federal Share:** \$ 0  
**State Share:** \$ 0

**Other:** Medicare, Medicaid and third party insurances cover the personnel cost of this position.

**Mandated:** No, but this is a revenue producing position. Visits generated by third party insurances cover the cost of the position, and nursing positions are critical to fill at this time.

**Budgeted:** Yes; **Budget Line:** A4010.33-10-1011 and for the various benefits: A4010-33-80-8001 through A4010-33-80-8007

**Date of Vacancy:** New in 2014 and 2015

**Notes:**

**Date Received** 2/17/15

**Date Reviewed** \_\_\_\_\_

**Approved** \_\_\_\_\_

**Committee Vote:**

**Denied** \_\_\_\_\_

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Held** \_\_\_\_\_

V10

Vacancy Request Fact Sheet

**Date:** February 17, 2015

**Department:** Public Health Services

**Department Head:** Nancy McGraw, Public Health Director

**Position / Duties:** Registered Professional Nurse – Pos. #4010-33-849 *AM*

**Salary:** \$57,094 (This total includes the experiential differential and contractual stipend for employee previously in this position.)  
(The base wage for this position is \$52,594.)

**Benefits:** \$34,056

**Total Cost:** \$91,150

**County Share:** \$ 0

**Federal Share:** \$ 0

**State Share:** \$ 0

**Other:** Medicare, Medicaid and third party insurances cover the personnel cost of this position.

**Mandated:** No, but this is a revenue producing position. Visits generated by third party insurances cover the cost of the position, and nursing positions are critical to fill at this time.

**Budgeted:** Yes; **Budget Line:** A4010.33-10-1011 and for the various benefits: A4010-33-80-8001 through A4010-33-80-8007

**Date of Vacancy:** ~~November 10, 2014~~ 9/15/2013

**Notes:**

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**Date Received** 2/17/15                      **Date Reviewed** \_\_\_\_\_

**Approved** \_\_\_\_\_                      **Committee Vote:**

**Denied** \_\_\_\_\_                      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Held** \_\_\_\_\_

VII

**RESOLUTION NO. \_\_ INTRODUCED BY THE EXECUTIVE COMMITTEE TO  
ENTER INTO AN AGREEMENT WITH THE BONADIO GROUP FOR CONSULTING  
SERVICES**

**WHEREAS**, upon request of the County Manager, County Auditor, County Treasurer and Commissioner of Management and Budget, a proposal was received for consulting services for the Department of Family Services from Bonadio & Co. LLP, 171 Sully's Trail Suite 201, Pittsford, New York 14534 (Bonadio Group); and

**WHEREAS**, the proposal dated February 6, 2015 outlined a Scope of Services to include operational efficiencies, workflow efficiencies, financial administration of benefit programs and recommendations for improvements in the administration and processing of benefit programs; and

**WHEREAS**, the Scope of Services mentioned above are required due to the County's concerns over compliance with Federal and State rules and regulations as they pertain to service benefit programs; and

**WHEREAS**, a Purchase Order was issued on February 13, 2015, PO No. 2015-00029475, to enable Bonadio Group to commence review of certain of the County's Benefit Programs, however, review of the County's Food Stamps program alone required the time and analysis anticipated by the Purchase Order itself; and

**WHEREAS**, it is incumbent upon the County to continue the full review of all twelve benefit programs administered by the Department of Family Services.

**WHEREAS**, the consultants understand that the County needs to address many of the key programs and functions within the Department such as testing internal control, performing quality control procedures over benefit program administration and eligibility determinations as well as improving efficiencies; and testing the high risk areas for appropriate financial controls and reporting procedures; and

**WHEREAS**, the consultants will make suggestions that would provide an opportunity for the County to realize a maximization of reimbursable revenues, while streamlining the processes and improving organizational efficiencies; and

WHEREAS, the consultants will review the link between the fiscal staff of the County and the Departments programmatic staff, in order to provide an understanding of the fiscal impacts of the actions of the program staff, as well as, an understanding of the practical implementation impacts that any change in process may have upon client services and workflow; as well as address the need for improvement in the processing of the claiming, billing, and revenue reimbursements, as any delays will impact the County's cash flow and general fund balance.

NOW, THEREFORE, BE IT RESOLVED that the Sullivan County Legislature authorizes the County Manager to enter into an agreement with Bonadio & Co, LLP for Consulting Services beginning April 1, 2015 in the amount not to exceed \$150,000, in such form as the County Attorney shall approve.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

**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 enter into an agreement with the Bonadio Group for Consulting Services

**Date:** March 17, 2015

**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 enter into an agreement with the Bonadio Group for Consulting Services

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**Is subject of Resolution mandated? Explain:**

No.

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**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

**Amount to be authorized by Resolution: \$** 150,000.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** \_\_\_\_\_

**If "No", specify proposed source of funds: A6010-38-40-4002 Budget Modification**

**Estimated Cost Breakdown by Source:**

County	<u>\$75,000.00</u>	Grant(s)	\$ _____
State	<u>\$75,000.00</u>	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 [ Bonadio & Co., LLP ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: Professional  Other:

Duration of Contract: From 04/01/2015 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.]:

The County needs to address many of the key programs and functions with DFS and the County needs to continue the full review of all twelve benefit programs administered by DFS.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$150,000 (Approximate reimbursement from the State (50%-52%))

Efforts made to find Less Costly alternative:

\_\_\_\_\_  
\_\_\_\_\_

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

Reimbursement from the State of either 50% up to 52%  
\_\_\_\_\_  
\_\_\_\_\_

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

Telephone RFP done in Feb. 2015.

Person(s) responsible for monitoring contract (Title): County Manager



Pre-Legislative Approvals:

- A. Director of Purchasing: *[Signature]* Date 3/17/15
- B. Management and Budget: *[Signature]* Date 3/17/15
- C. Law Department: *S. Yasaur* Date 3/17/15
- D. County Manager: *[Signature]* Date 3/17/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Executive Committee Committee on 03/19/2015

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE COUNTY ATTORNEY TO EXECUTE A RETAINER AGREEMENT WITH MARVIN NEWBERG FOR DEFENSE WORK ON BEHALF OF THE BOARD OF ELECTIONS**

WHEREAS, the County Attorney's Office was served with a Summons and Complaint in the Southern District Court of the State of New York, and

WHEREAS, the County Attorney recommends hiring outside counsel for the Defendants the Sullivan County Board of Elections, Ann Prusinski and Rodney Gaebel, and

WHEREAS, Marvin Newberg, Esq. has agreed to represent the Board of Elections and Commissioners at an hourly rate of \$175.00.

**IT IS THEREFORE RESOLVED**, that the County Attorney is authorized to execute a Retainer Agreement with Marvin Newberg, Esq.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

To: Sullivan County Legislature  
Fr: Samuel S. Yasgur, County Attorney  
Re: Request for Consideration of a Resolution  
Date: March 16, 2015

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 authorize the County Attorney to enter into a Retainer Agreement with Marvin Newberg for defense work on behalf of the Board of Elections.

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: \$175.00 per hour worked

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A-1420-40-4008

If "No", specify proposed source of funds:

Estimated Cost Breakdown by Source:

County \$175.00

State \$

Federal Government \$

Grant(s) \$

Other \$

(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 [Marvin Newberg]

Nature of Other Party to Contract: Professional

Duration of Contract: From 03/01/2015 To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No X

If "Yes" provide the following information:

Dates of prior contract(s): \_\_\_\_\_

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 X

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.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): County Attorney

Pre-Legislative Approvals:

A. Director of Purchasing: L. Cathy Jones Date 3/16/15

B. Management and Budget: Janet Miller Date 3/16/15

C. Law Department: S. Moser Date 3/26/15

D. County Manager: Paul Rose Date 3/17/15

E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO  
MODIFY THE 2014 AND 2015 COUNTY BUDGET**

WHEREAS, the County of Sullivan 2014 and 2015 Budgets require modification,

NOW, THEREFORE, BE IT RESOLVED, that the attached budgetary transfers be authorized.

Moved by:

Seconded by:

2014 Year End Budget Modifications via Resolution  
 Modifications to the 2014 Sullivan County Budget

G/L Account Number	Account Description	Revenue		Appropriation	
		Increase Amount	Decrease Amount	Increase	Decrease
A-1165-10-1011	PERSONAL SERV REGULAR PAY			123,967	
A-1165-10-1012	PERSONAL SERV OVERTIME PAY			4,000	
A-1165-10-1013	PERSONAL SERV LONGEVITY				
A-1165-21-2105	FIXED AUTOMOTIVE EQUIP			18,944	
A-1165-80-8001	EMPL BENFTS FICA AND MEDICARE			5,000	
A-1165-80-8002	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				18,780
A-1165-80-8005	EMPL BENFTS RETIREMENT				44,674
A-1165-80-8006	EMPL BENFTS WORKERS COMPENSATION				
A-1165-R1289-R134	GEN GOV DEPT INCOME CHARGBCK - INTERDEPARTMNTL	88,077			
A-1341-42-4207	OFFICE FURNITURE			800	
A-1410-10-R1255-R247	CLERK FEE MISC FEE/REIMBURSMNT		218,000		
A-1410-10-R1255-R264	CLERK FEE PASSPORT	4,825			
A-1410-10-R1255-R266	CLERK FEE PISTOL		13,997		
A-1410-10-R1255-R418	CLERK FEE METAL & GEM LIC FEE		1,675		
A-1410-11-R1255-R168	CLERK FEE DMV FEES	37,223			
A-1410-11-R1255-R250	CLERK FEE MOTOR VEHL SALES TAX RETENTN	309			
A-1410-11-R3001-R421	ST AID REVENUE SHARING DMV	4,647			
A-1420-10-1011	PERSONAL SERV REGULAR PAY				8,500
A-1420-40-4007	CONTRACT LABOR RELATIONS				
A-1420-40-4008	CONTRACT LEGAL SERVICES				
A-1420-47-4705	DEPT COUNSEL/WITNESS EXPENSE			32,725	
A-1420-47-4705	DEPT COUNSEL/WITNESS EXPENSE			55,000	
A-1420-47-4705	DEPT COUNSEL/WITNESS EXPENSE			11,000	
A-1420-80-8002	DEPT COUNSEL/WITNESS EXPENSE			4,048	
A-1430-42-4201	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			15,000	
A-1430-42-4201	OFFICE ADVERTISING			12,000	
A-1430-42-4201	OFFICE ADVERTISING			1,191	
A-1430-42-4201	OFFICE ADVERTISING			1,895	
A-1430-R1260-R130	PERSONNEL FEE CHARGBCK - ADVERTSNG	1,895			
A-1450-43-4308	COMPUTER MIS CHARGEBACKS			118,474	
A-1450-R2215-R247	ELECTION SERV CHRGMISC FEE/REIMBURSMNT	2,087			
A-1450-R3089-R167	ST AID GEN GOV DEPARTMENTAL AID	116,387			
A-1620-21-44-4402	UTILITY FUEL OIL			15,950	
A-1620-27-44-4402	UTILITY FUEL OIL			15,375	
A-1680-43-4304	COMPUTER MAINTENANCE/SERVICE FEES			9,500	
A-1989-99-47-4736	DEPT CONTINGENT				1,191
A-1989-99-47-4736	DEPT CONTINGENT				50,000
A-1989-99-47-4736	DEPT CONTINGENT				11,000
A-1989-99-47-4736	DEPT CONTINGENT				800

3a

2014 Year End Budget Modifications via Resolution  
 Modifications to the 2014 Sullivan County Budget

G/L Account Number	Account Description	Revenue		Appropriation	
		Increase Amount	Decrease Amount	Increase	Decrease
A-1989-99-47-4736	DEPT CONTINGENT				4,048
A-1989-99-47-4736	DEPT CONTINGENT				17,600
A-1989-99-47-4736	DEPT CONTINGENT				186,668
A-1989-99-47-4736	DEPT CONTINGENT				106,225
A-3150-47-4751	DEPT PRISONER HOUSING			50,000	
A-4010-207-10-1011	PERSONAL SERV REGULAR PAY				4,590
A-4010-207-R3401-R167	ST AID PUBLIC HEALTH DEPARTMENTAL AID		1,652		
A-4010-33-41-4102	AUTO/TRAVEL LODGING				32
A-4010-33-41-4103	AUTO/TRAVEL MEALS				355
A-4010-33-41-4104	AUTO/TRAVEL MILEAGE/TOLLS				1,957
A-4010-33-41-4105	AUTO/TRAVEL REGISTRATION FEES				2,592
A-4010-33-41-4106	AUTO/TRAVEL REPAIRS/MAINTENANCE			1,806	
A-4010-34-41-4102	AUTO/TRAVEL LODGING				200
A-4010-34-41-4104	AUTO/TRAVEL MILEAGE/TOLLS				1,761
A-4010-34-41-4105	AUTO/TRAVEL REGISTRATION FEES				215
A-4010-36-10-1011	PERSONAL SERV REGULAR PAY				835
A-4010-36-41-4109	AUTO/TRAVEL CO FLEET CHARGEBACK				
A-4010-36-43-4308	COMPUTER MIS CHARGEBACKS				
A-4010-36-R3401-R167	ST AID PUBLIC HEALTH DEPARTMENTAL AID	1,465			
A-4050-10-1015	PERSONAL SERV OTHER PAY				4,590
A-4050-R3401-R167	ST AID PUBLIC HEALTH DEPARTMENTAL AID	1,652			
A-4059-10-1011	PERSONAL SERV REGULAR PAY				18,080
A-4059-40-4012	CONTRACT EARLY INTERVENTION				
A-4059-40-4016	CONTRACT PRESCHOOL				370,300
A-4059-41-4104	AUTO/TRAVEL MILEAGE/TOLLS				729
A-4059-41-4107	AUTO/TRAVEL VOLUNTEER/CLIENT				2,520
A-4059-41-4109	AUTO/TRAVEL CO FLEET CHARGEBACK				240
A-4059-42-4204	OFFICE POSTAGE				16
A-4059-42-4205	OFFICE PRINTING				6,760
A-4059-43-4308	COMPUTER MIS CHARGEBACKS				330
A-4059-44-4405	UTILITY PHONE LAND LINES				
A-4059-R3277-R183	ST AID EDUCATN HANDCP CHLD EARLY CARE	195,491			
A-4059-R3449-R167	ST AID EARLY INTERVENTN DEPARTMENTAL AID		195,491		
A-4082-10-1011	PERSONAL SERV REGULAR PAY				3
A-4082-10-1012	PERSONAL SERV OVERTIME PAY				1,212
A-4082-10-1015	PERSONAL SERV OTHER PAY				
					10,936



2014 Year End Budget Modifications via Resolution  
 Modifications to the 2014 Sullivan County Budget

G/L Account Number	Account Description	Revenue		Appropriation	
		Increase Amount	Decrease Amount	Increase	Decrease
A-4082-40-4001	CONTRACT AGENCIES			2,235	
A-4082-41-4103	AUTO/TRAVEL MEALS			205	
A-4082-41-4108	AUTO/TRAVEL AUTO TRAVEL OTHER			61	
A-4082-41-4109	AUTO/TRAVEL CO FLEET CHARGEBACK			3,500	
A-4082-43-4308	COMPUTER MIS CHARGEBACKS			3,720	
A-4082-R3450-R167	ST AID OTHR PUBLIC HEALTH DEPARTMENTAL AID		435		
A-4082-R4482-R167	FED AID W/IC PROGRAM DEPARTMENTAL AID		2,266		
A-4220-10-1011	PERSONAL SERV REGULAR PAY			4,600	
A-4220-40-4017	CONTRACT MEDICAL				17,950
A-4220-41-4106	AUTO/TRAVEL REPAIRS/MAINTENANCE				3,800
A-4220-44-4406	UTILITY WIRELESS COMMUNICATIONS				500
A-4220-46-4602	MISC SERV/EXP EMPL MEAL ALLOWANCE				400
A-4220-47-4708	DEPT INSURANCE				1,800
A-4220-47-4726	DEPT SECURITY EXPENSE			6,500	
A-4220-47-4745	DEPT ALCOHOL/DRUG TESTING				4,000
A-4220-80-8002	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				16,000
A-4220-R1620-R111	MENTAL HEALTH FEE CHARGBCK-JAIL	29,185			
A-4220-R1631-R247	ALCOHOLISM PROGRAM FEE MISC FEE/REIMBURSMNT		156,000		
A-4230-40-4036	CONTRACT ADDICTION SERVICES				14,000
A-4230-R3489-R207	ST AID OTHR HEALTH GAMBLING ADDICTN CONTRL		7,500		
A-4250-45-4509	SPEC DEPT SUPPLY PATIENT EDUCATNL MATERIAL				500
A-4250-47-4726	DEPT SECURITY EXPENSE				2,300
A-4250-80-8005	EMPL BENFTS RETIREMENT				1,900
A-4250-R1631-R181	ALCOHOLISM PROGRAM FEE DRINKING DRIVER PROGRAM		8,300		
A-4310-40-4002	CONTRACT ACCOUNT/AUDIT/ACTUARIAL SERVICES				20,000
A-4310-43-4308	COMPUTER MIS CHARGEBACKS				24,500
A-4310-47-4726	DEPT SECURITY EXPENSE				4,800
A-4310-80-8005	EMPL BENFTS RETIREMENT			10,000	
A-4310-R3490-R104	ST AID MENTAL HEALTH ADMINISTRATION	79,750			
A-4310-R4489-R297	FED AID OTHR HEALTH SALARY SHARING	70,057			
A-4320-40-10-1011	PERSONAL SERV REGULAR PAY				26,000
A-4320-40-80-8002	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				51,000
A-4320-40-80-8004	EMPL BENFTS HLTH INSUR OPT OUT				6,000
A-4320-40-80-8005	EMPL BENFTS RETIREMENT				24,000
A-4320-40-R1620-R111	MENTAL HEALTH FEE CHARGBCK-JAIL		98,000		
A-4320-40-R1620-R143	MENTAL HEALTH FEE CLINIC - ADULT		600,448		

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2014 Year End Budget Modifications via Resolution  
 Modifications to the 2014 Sullivan County Budget

G/L Account Number	Account Description	Revenue		Appropriation	
		Increase Amount	Decrease Amount	Increase	Decrease
A-4320-40-R1620-R144	MENTAL HEALTH FEE CLINIC - CHILD		156,000		38,000
A-4320-40-R1620-R151	MENTAL HEALTH FEE COPS ALLOCATION		129,529		28,000
A-4320-40-R1620-R204	MENTAL HEALTH FEE CLINIC - FORENSIC	3,885			
A-4320-40-R3490-R142	ST AID MENTAL HEALTH CLINIC	55,000			
A-4320-41-R1620-R247	MENTAL HEALTH FEE MISC FEE/REIMBURSMNT		62,000		
A-4320-42-10-1011	PERSONAL SERV REGULAR PAY				38,000
A-4320-42-40-4013	CONTRACT CONTRACT OTHER				28,000
A-4320-42-47-4726	DEPT SECURITY EXPENSE			9,000	
A-4320-42-80-8001	EMPL BENFTS FICA AND MEDICARE				3,000
A-4320-42-80-8002	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				27,000
A-4320-42-R1620-R125	MENTAL HEALTH FEE CASE MANAGMNT - INTENSIVE		166,000		
A-4320-42-R3490-R122	ST AID MENTAL HEALTH CASE MANAGMNT	16,000			
A-4320-42-R3490-R124	ST AID MENTAL HEALTH CASE MANAGMNT - CHILD	44,000			
A-4320-43-10-1011	PERSONAL SERV REGULAR PAY				100,000
A-4320-43-10-1015	PERSONAL SERV OTHER PAY				4,400
A-4320-43-80-8001	EMPL BENFTS FICA AND MEDICARE				8,000
A-4320-43-80-8002	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				24,000
A-4320-43-80-8005	EMPL BENFTS RETIREMENT				23,000
A-4320-43-80-8006	EMPL BENFTS WORKERS COMPENSATION				3,500
A-4320-43-R1620-R145	MENTAL HEALTH FEE CLINIC - CONTINUING TREATMNT		164,000		
A-4320-43-R1620-R247	MENTAL HEALTH FEE MISC FEE/REIMBURSMNT		82,000		
A-4320-43-R3490-R234	ST AID MENTAL HEALTH LOCAL ASSISTANCE		3,750		
A-4322-40-4023	CONTRACT MENTAL HEALTH				536000
A-4322-R3490-R147	ST AID MENTAL HEALTH OFFICE OF MENTAL HEALTH	441,000			
A-4322-R3490-R395	ST AID MENTAL HEALTH OMRDD		68,000		
A-6293-47-4760	DEPT CLIENT EXPENSES	738,877		40,900	1,003,550
A-7310-40-4013	CONTRACT CONTRACT OTHER		1,701,527		3,000
A-8020-90-47-4763	DEPT NEW INITIATIVES			17,600	
A-9901-90-9001	TRANSFERS TRANSFERS COUNTY ROAD				6,500
	Total General Fund	1,931,812	3,836,570	1,024,381	2,929,139
CL-8160-10-1011	PERSONAL SERV REGULAR PAY				20,365
CL-8160-10-1012	PERSONAL SERV OVERTIME PAY			18,145	
CL-8160-10-1013	PERSONAL SERV LONGEVITY			2,220	
CL-8160-40-4006	CONTRACT ENGINEER/ARCHITECT/DESIGN SERV			1,375	
CL-8160-40-4013	CONTRACT CONTRACT OTHER				11,190

3d

2014 Year End Budget Modifications via Resolution  
 Modifications to the 2014 Sullivan County Budget

G/L Account Number	Account Description	Revenue		Appropriation	
		Increase Amount	Decrease Amount	Increase	Decrease
CL-8160-41-4106	AUTO/TRAVEL REPAIRS/MAINTENANCE			13,550	
CL-8160-41-4109	AUTO/TRAVEL CO FLEET CHARGEBACK			250	
CL-8160-44-4401	UTILITY ELECTRIC			1,375	
CL-8160-80-8002	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				250
CL-8160-80-8004	EMPL BENFTS HLTH INSUR OPT OUT				750
CL-8160-80-8005	EMPL BENFTS RETIREMENT			750	
CL-8160-80-8006	EMPL BENFTS WORKERS COMPENSATION			250	
CL-8160-R3989-R167	ST AID HOME/COMM ASSIST DEPARTMENTAL AID				
	<b>Total Solid Waste Fund</b>		5,360	37,915	32,555
D-5110-46-45-4525	SPEC DEPT SUPPLY BRIDGE MATERIAL & SUPPLIES				20,000
D-5110-46-45-4527	SPEC DEPT SUPPLY MISC STONE				11,325
D-9998-R5031-R209	INTERFUND TRANSFR GENERAL FUND			31,325	
	<b>Total County Road Fund</b>			31,325	31,325

3e

March 2015 Budget Modifications via Resolution  
 Modifications to the 2015 Sullivan County Budget

G/L Account Number	Account Description	Revenue		Appropriation	
		Increase Amount	Decrease Amount	Increase	Decrease
A-1165-47-4724	DEPT DRUG FORFEITURE PROCEEDS NYS			5,000	
A-1165-R2626-R307	FORFEITR CRIME PROCD S STATE	5,000			
A-3010-45-4543	SPEC DEPT SUPPLY FOOD			250	
A-3010-R3306-R167	ST AID HOMELAND SECRTY DEPARTMENTAL AID	250			
A-4082-40-4001	CONTRACT AGENCIES			22,342	
A-4082-42-4203	OFFICE OFFICE SUPPLIES				
A-4082-43-4301	OFFICE OFFICE SUPPLIES				
A-4082-45-4541	COMPUTER SUPPLIES			35	
A-4082-47-4703	SPEC DEPT SUPPLY SM EQUIP TOOLS APPLNCS, SM ELECT				175
A-4082-R3450-R167	DEPT DUES			175	
A-4082-R4482-R167	ST AID OTHR PUBLIC HEALTH DEPARTMENTAL AID	3,597			
A-4250-10-1011	FED AID WIC PROGRAM DEPARTMENTAL AID	18,745			
A-4250-10-1012	PERSONAL SERV REGULAR PAY			400	
A-4250-10-1014	PERSONAL SERV OVERTIME PAY			2,729	
A-4250-10-1015	PERSONAL SERV SHIFT DIFFERENTIAL PAY			82	
A-4250-42-4204	PERSONAL SERV OTHER PAY			9,200	
A-4250-42-4205	OFFICE POSTAGE			100	
A-4250-45-4509	OFFICE PRINTING			100	
A-4250-47-4703	SPEC DEPT SUPPLY PATIENT EDUCATNL MATERIAL			600	
A-4250-47-4707	DEPT DUES			225	
A-4250-47-4708	DEPT MAINTENANCE IN LIEU OF RENT			1,539	
A-4250-47-4726	DEPT INSURANCE			300	
A-4250-80-8001	DEPT SECURITY EXPENSE			300	
A-4250-80-8006	EMPL BENFETS FICA AND MEDICARE			1,489	
A-4250-80-8007	EMPL BENFETS WORKERS COMPENSATION			700	
A-4250-R1631-R181	EMPL BENFETS DISABILITY			410	
A-7310-47-4794	ALCOHOLISM PROGRAM FEE DRINKING DRIVER PROGRAM	18,100			
A-7310-R3820-R337	DEPT YTH DEVLNMT PROGRAM FUNDING	46,362		46,362	
	ST AID YOUTH PROGRAM YOUTH BUREAU	92,054			
	<b>General Fund Total</b>			<b>92,264</b>	<b>210</b>

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**RESOLUTION NO. -15 INTRODUCED BY EXECUTIVE COMMITTEE SUPPORTING THE CREATION OF A SULLIVAN COUNTY AGRICULTURE TASK FORCE**

**WHEREAS**, the County of Sullivan (“County”) recognizes the importance of agriculture to the economy, character, and well-being of the area;

**WHEREAS**, the Sullivan County Agriculture and Farmland Protection Plan (“SCAFPP”) was updated and adopted by the County Legislature on December 18, 2014;

**WHEREAS**, the implementation of the SCAFPP will require leadership, collaboration and communication between a variety of people and organizations; and

**WHEREAS**, the SCAFPP recommends the creation of a Sullivan County Agriculture Task Force in order to implement the recommendations of the plan; and

**WHEREAS**, the creation of an Agriculture Task Force outlines a critical organizational framework to ensure implementation of the SCAFPP;

**NOW, THEREFORE, BE IT RESOLVED** that the Sullivan County Legislature declares that the promotion of agriculture and agri-businesses, and protection of farmlands shall be considered to be of critical importance and among the top priorities for economic development initiatives in the County; and

**BE IT FURTHER RESOLVED**, that the Sullivan County Agriculture Task Force be created, whereby the purpose of the Task Force will be to meet on a regular basis to review and discuss the status of Sullivan County and regional agricultural projects, share information among themselves and partner organizations, assist in the implementation of the projects outlined in the County Agriculture and Farmland Protection Plan (“SCAFPP”) and on an annual basis evaluate the progress and prioritize implementation of the SCAFPP; and

**BE IT FURTHER RESOLVED** that the following people will serve on the County Agriculture Task Force on a voluntary basis, without compensation:

- a) designees of partner agencies and organizations, with individuals appointed by the individual organization
  1. a designee of the Division of Planning and Environmental Management
  2. a designee of Cornell Cooperative Extension Sullivan County
  3. a designee of the County of Sullivan Industrial Development Agency
  4. a designee of the Sullivan County Visitor’s Association
  5. a designee of the Sullivan County Farm Bureau
  6. a designee of the Agriculture Advisory Board
  7. a designee of the Agriculture and Farmland Protection Plan Committee
  8. a designee of the Sullivan County Legislature
- b) designees of the farming community, with farmers appointed by the Sullivan County Agriculture and Farmland Protection Board with appointments serving a four year term, as follows , consisting of the following:
  1. New/Young farmer
  2. Small Farmer
  3. Large Farmer; and

**BE IT FURTHER RESOLVED** that the formation of this group shall take place no later than April 30<sup>th</sup>, 2015 and that the internal organization, rules, conduct and agendas of the County Agriculture Task Force shall be decided among its members, except for the following guidelines, as recommended in the SCAFPP:

- a) Identify goals and objectives of the project
- b) Identify users/beneficiaries of the project
- c) Identify partners to help implement
- d) Identify a lead agency or project coordinator
- e) Create a task list of items to be accomplished
- f) Make assignments of people or agencies for each task, or form working groups
- g) Establish a time frame and schedule to get specific steps done
- h) Outline reporting mechanisms so that working groups or people/agencies report and communicate with each other
- i) Estimate costs for each step
- j) Disseminate information on the plan project; and

**BE IT FURTHER RESOLVED**, that a report of the County Agriculture Task Force shall be made to the County Community and Economic Development Legislative Committee and the Division of Planning and Environmental Management on a quarterly basis, beginning on July 1, 2015

**Moved by** \_\_\_\_\_, **seconded by** \_\_\_\_\_, put to a vote, unanimously carried and declared duly adopted on motion \_\_\_\_\_.

4.a

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

To: Sullivan County Legislature

Fr: Melinda Meddaugh, DPEM

Re: Request for Consideration of a Resolution:

Date: 3/13/2015

**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.]

A resolution to create a Sullivan County Agriculture Task Force per the recommendation of the recently adopted County Farmland Protection Plan.

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: Janet My

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.)

\_\_\_\_\_ NA \_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

4C



Pre-Legislative Approvals:

- Assistant  
A. Director of Purchasing: Alyson Lewis Date 3/17/15  
B. Management and Budget: Janet Myz Date 3/17/15  
C. Law Department: [Signature] Date 3-17-15  
D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_  
E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO. \_\_\_\_\_ INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO CREATE A TEMPORARY, PER DIEM SUPERVISING SOCIAL WORK POSITION FOR THE ADULT CARE CENTER FOR A PERIOD NOT TO EXCEED 180 DAYS.**

WHEREAS, there is a vacancy in the position of Supervising Social Worker of the Sullivan County Adult Care Center since Oct, 2014, and

WHEREAS, regulations require a skilled nursing home with greater than 120 beds to have a professional Social Worker to be in compliance with NYSDOH rules and regulations, and

WHEREAS, there is a need to create a temporary, per diem Supervising Social Worker for the Sullivan County Adult Care Center for a period not to exceed 180 days effective March 23, 2015, and

WHEREAS, the per diem Supervising Social Worker can be utilized up to 10 hours per week with a set salary of \$55.00 per hour, and

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby creates the Temporary Per Diem Supervising Social Worker position at a set salary of \$55.00 per hour for a period not to exceed 180 days; and

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature authorizes the Adult Care Center Administrator to fill the vacancy effective March 23, 2015, and the position will be terminated upon the appointment of a full time Supervising Social Worker, or on the 181<sup>st</sup> day after the effective date of the authorization or whichever comes first; and

**BE IT FURTHER RESOLVED**, that the position will be filled with an individual that will maintain a Social Work License and Certification in good standing during their tenure as a temporary, per diem Supervising Social Worker, and failure to maintain the license and certification shall be cause for immediate termination from the position.

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: Shennoy Wellington

Re: Request for Consideration of a Resolution: Temp Per Diem Sup. Social Worker

Date: March 4th, 2015

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 the Adult Care Center to hire a Temp per diem Supervising Social Worker while the search continues for a full time employee.

Is subject of Resolution mandated? Explain:

Yes. It is required to have a Supervising Social Worker in order to maintain compliance with the NYSDOH rules and regulations.

Does Resolution require expenditure of funds? Yes  No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 7,150.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): 6020-71-10-1011/6502-200

If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County	\$ <u>214.50</u>	Grant(s)	\$ _____
State	\$ <u>4,433.00</u>	Other	\$ <u>858.00</u>
Federal Government	\$ <u>1,644.50</u>	(Specify)	_____

Verified by Budget Office: Janet M. Guy

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

If "Yes", provide information requested on Pages 2 and 3.

5A.

Request for Authority to Enter into Contract with \_\_\_\_\_ of \_\_\_\_\_

Nature of Other Party to Contract: Professional \_\_\_\_\_ 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:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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

Not Applicable

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

Pre-Legislative Approvals:

A. Director of Purchasing: [Signature] Date 3/17/15

B. Management and Budget: [Signature] Date 3/17/15

C. Law Department: [Signature] Date 3/17/15

D. County Manager: [Signature] Date 3/17/15

E. Other as Required: [Signature] Date 3/4/15

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION OF THE EXECUTIVE COMMITTEE ACCEPTING THE RECOMMENDATIONS OF THE SULLIVAN COUNTY SOLID WASTE/RECYCLING FEE GRIEVANCE COMMITTEE.**

**WHEREAS**, the Sullivan County Legislature (“Legislature”) Amended Local Law No. 7 of 2009 to Add a New Article VIII Establishing a Solid Waste Recycling Fee, and

**WHEREAS**, Local Law No. 7 of 2009 as amended provides for a Sullivan County Solid Waste/Recycling Fee Appeals Committee (“Committee”) to review written appeals from property owners, and

**WHEREAS**, the Committee wishes to report its recommendations to the Legislature, and

**WHEREAS**, the Committee has reviewed appeals and it recommends approving reduction/elimination of the user fee for properties detailed on the Recommended Approval List attached hereto as Appendix “A” and made a part hereof, and

**WHEREAS**, the Committee has reviewed appeals and it recommends denying reduction/elimination of the user fee for properties detailed on the Recommended Denial List attached hereto as Appendix “B” and made as part hereof.

**NOW, THEREFORE, BE IT RESOLVED**, that the Legislature acknowledges receipt of the Committee’s recommendations detailed on Appendix “A” and Appendix “B” and hereby ratifies said recommendations contained on Appendix A and B.

**BE IT FURTHER RESOLVED**, that the Legislature hereby authorizes the Sullivan County Treasurer, on behalf of the Committee to notify the property owners regarding approval/denial of their respective appeals.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

APPENDIX A - RECOMMENDED APPROVAL LIST

TOWN	SBL	CLASS CODE	PRIMARY OWNER	ADDRESS	TWN ST ZIP	FEE	New Bill	IMPACT
BETHEL	BES1-1-27.1	963	BETHEL LOCAL DEVELOPMENT CORP.	PO Box 300	White Lake, NY 12786	\$ 300.00	\$ -	\$ 300.00
COCHECTON	CO15-1-24	312	MARK ANTHONY TYLER	10801 Pepperbush Court	Glen Allen, VA 23060	\$ 120.00	\$ -	\$ 120.00
LIBERTY	LI34-4-1	330	ELEFTHERIOS VENETIS	267 Willli Hill Road	Swan Lake, NY 12783	\$ 120.00	\$ -	\$ 120.00
MAMAKATING	MAA7-1-54	620	ST. JOSEPH'S CHAPEL	PO Box 205	Round Top, NY 12473	\$ 120.00	\$ -	\$ 120.00
ROCKLAND	RO29-2-19	314	TRACY & DANIEL LYNCH	675 Tysens Ln, Apt. 4F	Staten Island, NY 10306	\$ 120.00	\$ -	\$ 120.00
						\$ 780.00	\$ -	\$ 780.00

APPENDIX B - RECOMMENDED DENIAL LIST

TOWN	SBL	CLASS CODE	PRIMARY OWNER	ADDRESS	TWN ST ZIP	FEE
FALLSBURG	FA2-1-14.3	260	GARY HARTUNG	300 W. Shields Road	Neversink, NY 12765	\$ 120.00
FALLSBURG	FA7-1-12.1	417	ESTATE OF EUGENE GANZ	c/o Altbach Law, PO Box 554	Ferndale, NY 12734	\$ 1,800.00
LIBERTY	LI12-1-13.10	620	Panavia of the Mountains Monastery	387 Benton Hollow Road	Livingston Manor, NY 12758	\$ 120.00
MAMAKATING	MA63-1-21.3	483	SANDRA HAGEN	2581 State Route 209	Wurtsboro, NY 12790	\$ 300.00

6a

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

**To:** Sullivan County Legislature

**Fr:** Solid Waste/Recycling Fee Grievance Committee

**Re:** Request for Consideration of a Resolution:

**Date:** March 10, 2015

**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.]

Resolution to accept the recommendations of the Solid Waste/Recycling  
Committee for written appeals from property owners.

**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:** \$ 780.00

**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	\$ <u>780.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** \_\_\_\_\_

*Janet M Yg*

**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.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

bc

Pre-Legislative Approvals:

- Assistant*  
A. Director of Purchasing: *Alyson Lewis* Date *3/10/15*  
B. Management and Budget: *Janet Myers* Date *3/11/15*  
C. Law Department: *Thomas Cowley* Date *3/10/15*  
D. County Manager: *John Roland* Date *3/10/15*  
E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO REAPPOINT THREE MEMBERS OF THE SULLIVAN COUNTY HUMAN RIGHTS COMMISSION**

**WHEREAS**, PURSUANT TO Resolution No. 490-04 adopted on Demcember 6, 2004, the Sullivan county Legislature created the Sullivan county Human Rights Commission ("Commission"); and

**WHEREAS**, RESOLUTION NO. 109-05 adopted on March 17, 2005 the Sullivan County Legislature appointed the members to the Commission for designated terms; and

due to the expiration of the following commissioners, Paul Austin, Roland Ward and Samuel Encarnacion, Sr. terms on 12/31/14 and

**WHEREAS**, RESOLUTION NO. 113-06 adopted on March 16, 2006 indicates terms are to be commenced on January 1 and terminate on December 31 in the year in which they are scheduled to terminate.

**NOW, THERERFORE, BE IT RESOLVED**, THAT THE Sullivan County Legislature does hereby appoint the following members to the Commission for the following terms

**Reappoint:**

Member	Term Expires
Paul Austin	12/31/16
Roland Ward	12/31/16
Samuel Encarnacion, Sr.	12/31/16

**RESOLUTION NO.                    INTRODUCED BY THE EXECUTIVE COMMITTEE TO  
APPROVE A SULLIVAN COUNTY REVOLVING LOAN**

**WHEREAS**, the Sullivan County Division of Planning & Environmental Management (“Division”) oversees the County Main Street Main Street Business Revolving Loan Funds funded through grants received from the New York Governor’s Office of Small Cities; and

**WHEREAS**, the Division has submitted the loan report to the Sullivan County Revolving Loan Fund Advisory Board; and

**WHEREAS**, the Advisory Board has considered such loan report and accompanying financial information and approved by majority the loan request listed below contingent upon certain conditions as outlined in the loan commitment letter.

<u>Borrower</u>	<u>Program</u>	<u>Amount</u>
Conor Crickmore, Neversink Farm	Agri-Business	\$40,000

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the Division to commence with the loan closing process and to have all the necessary documents executed to secure the loan in such form as approved by the County Attorney; and

**BE IT FURTHER RESOLVED**, that the Sullivan County Treasurer is hereby authorized to draw checks for the borrower in the amount indicated above.

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

To: Sullivan County Legislature

Fr: Jill M. Weyer

Re: Request for Consideration of a Resolution: Approve a revolving loan

Date: 03/04/15

**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.]

Approve an Agri-Business Revolving loan for Conor Crickmore, Neversink Farm to continue to expand his micro-green production and to purchase a van for improved distribution, including possible food hub capacity in the Town of Neversink.

Is subject of Resolution mandated? Explain:

N

Does Resolution require expenditure of funds? Yes  No

If "Yes", provide the following information:

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

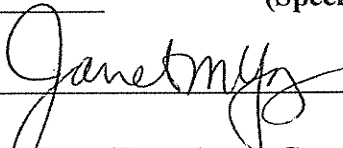
Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): CD-00200-01171

If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>40,000.00</u>
Federal Government	\$ _____	(Specify)	<u>County RLF Program</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.

8a

Request for Authority to Enter into Contract with [ Conor Crickmore ] of  
[ Neversink Farm, Claryville, NY ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2014 To 03/31/2019

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.]:

RLF to assist local business  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): 40,000


Efforts made to find Less Costly alternative:

n/a  
\_\_\_\_\_

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

n/a  
\_\_\_\_\_  
\_\_\_\_\_

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

n/a   
\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): Jill M. Weyer

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kashy Jones Date 3/10/15.
- B. Management and Budget: Janet M. Gray Date 3/11/15
- C. Law Department: [Signature] Date 3/10/15
- D. County Manager: [Signature] Date 3/11/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO.                    INTRODUCED BY EXECUTIVE COMMITTEE TO  
CREATE AND FILL A PER DIEM NUTRITIONIST POSITION FOR PUBLIC  
HEALTH SERVICES WIC PROGRAM**

**WHEREAS**, Public Health Services WIC Program has a significant increase in their caseload, and

**WHEREAS**, due to this caseload increase there is a need for a Per Diem Nutritionist position for the WIC Program, and

**WHEREAS**, this position will be fully funded by the New York State Department of Health WIC budget pending budget modifications and submission of insurance certificate.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature hereby creates and authorizes the filling of this Per Diem Nutritionist position for the WIC Program at Public Health Services as long as the funds from NYSDOH WIC budget are available.

**Moved by  
Seconded by  
and declared duly adopted on motion**



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: To create and fill a Per Diem Nutritionist position  
at PHS WIC Program

Date: March 16, 2015

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 position will help decrease the increased caseload at PHS WIC

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: \$ 9,800.00

Are funds already budgeted? Yes  No

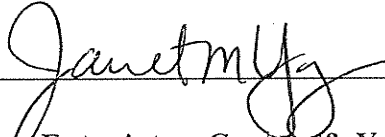
If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: To be fully funded by NYS DOH WIC budget

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>9,800.00</u>	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.

9a

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of [ \_\_\_\_\_ ]

Nature of Other Party to Contract: Professional 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.)

*Previously quoted & RF'd 3X - there are no dieticians/nutritionists avail full-time*

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

Pre-Legislative Approvals:

- A. Director of Purchasing: *[Signature]* Date 3/16/15
- B. Management and Budget: *[Signature]* Date 3/16/15
- C. Law Department: *[Signature]* Date 3/16/15
- D. County Manager: *[Signature]* Date 3/16/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

Resolution No.

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO ENTER INTO AGREEMENT FOR FUNDING FOR CO-LOCATION/COLLABORATION OF BEHAVIORAL HEALTH AND CHILD PROTECTIVE SERVICES**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, provides child protective services; and

**WHEREAS**, federal funding is available through the Child Abuse Prevention and Treatment Act (CAPTA) to hire a behavioral health professional or to formally partner with a local behavioral health provider to support the work of child protective services staff; and

**WHEREAS**, the County of Sullivan, through the Department of Family Services, wishes to contract for the provision of behavioral health support services with Sullivan County Community Services; and

**WHEREAS**, the Sullivan County Community Services is capable and willing to provide such services.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager, Chairman of the County Legislature, and/or their authorized representative (*as required by the funding source*) to execute any and all necessary documents to submit the CAPTA application for funding; *and*

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager, and/or Chairman of the County Legislature (*as required by the funding source*) to accept the award, and enter into an award agreement or contract to administer the funding secured, in such form as the County Attorney shall approve; and

**BE IT FURTHER RESOLVED**, that should the CAPTA funding be terminated, the County shall not be obligated to continue any action undertaken by the use of this funding.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

# Grant Concept Approval Form

The Division of Management and Budget must acknowledge ALL grants in concept prior to an application submission. This form must be submitted directly to the Department of Grants Administration within OMB. This form must be submitted upon the Notification of Funding Availability (NOFA)

Date Form is submitted: 3/5/15

Grant Deadline: April 1st 2015

Type of Grant Submission:  Hard Copy  e-File  Grants.gov  Other: discretionary opportunity

CFDA # 93.669 (if applicable) American Recovery & Reinvestment Act (ARRA) Funding  Yes  No

DUNS # 084074228

Contact Person/Title and Department Name: Vickie Sawall, DFS and Melissa Stickle, DCS

Grant Title and Granting agency/Organization: NYS OCFS

Amount Requested: \$75,000 per yr for 2 years Term of the Grant: start 2015/2016 end 2016/2017

How will this grant benefit the Division/Department?

Allow a Behavioral Health Social Worker to work in collaboration with DFS Protective and Preventative services, to better aide families, adolescents, and children

## Matching Funds:

1. Will a CASH Match be required for the grant?  Yes  No If yes, specify amount and how the match will be met.

2. Explain other match requirements and County obligations of the grant (staff time, space, technology, equipment, etc.)  
The Behavioral Health Social Worker will need to be co-located with Preventative and Protective Case Workers. Looking to re-located Preventative and

Protective Services in the Community Services Building

3. Does the grant involve the acquisition of technology? (software, hardware, etc.)  Yes  No

## Personnel:

4. Does this grant create new county government positions?  Yes  No (Contract to use existing services)  
If Yes, justify the hiring of a new staff vs. sub-contracting a service or explain if existing staff can be utilized:

## County Obligations:

5. Is the county required to initially use county funds in order to be reimbursed by the grant?  Yes  No  
If Yes, please explain the timeframe for advance funding and reimbursement:

see attached (Page 4 and 5)

6. What is the plan for after the grant expires?

A. The program/project will be discontinued and all grant funded positions terminated?  Yes  No

B. If no, please describe alternatives: The staffs to be utilized are currently county employees, following the two year coordination and training period the services will be continued through contract.

7. Will there be any ongoing impact on county budgets after the grant expires?  Yes  No If yes, please describe:

8. What will happen with the equipment and/or assets purchased with grant funds after the grant expires?

Owned by and available to the county  County-owned and used by the department

Other: \_\_\_\_\_

**Grant Assistance:** (Requests are reviewed and will receive assistance, if available, in order of priority set by the County Manager)

9. What assistance will you need to submit this application?

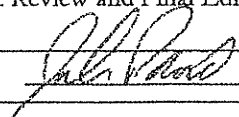
None – review and approval only

Coordinate application (track progress and internal deadlines, obtain signatures, support letters, etc.)

Facilitate collaboration between departments, towns, villages, agencies, organization, etc

Grant Review and Final Edit

Approval: County Manager



Date:

3/9/15

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

To: Sullivan County Legislature

Fr: Joseph A. Todora

Re: Request for Consideration of a Resolution:

Date: 03/10/15

**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 Sullivan County Department of Family Services to submit an application and accept funding from NYS Office of Children and Family Services for co-location/collaboration of behavioral health and child protective services. DFS will contract with SC Community Services to provide behavioral health support services.

Is subject of Resolution mandated? Explain:

No. The County is mandated to provide Child Protective Services; however, the addition of behavioral health services are not mandated.

Does Resolution require expenditure of funds? Yes  No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 75,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): Revenue & Appropriation codes to be determined

If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County \$ \_\_\_\_\_

Grant(s) \$ \_\_\_\_\_

State \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Federal Government \$ 75,000.00

(Specify) Max. award per year - incl. benefits  
2 year grant period

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 [ SC Community Services ] of  
[ Liberty, NY ]

Nature of Other Party to Contract: Local Supplier Other:

Duration of Contract: From 05/01/2015 To 04/30/2017

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.]:

The addition of a social worker to CPS will result in more thorough assessments of client needs and assist clients with accessing services more efficiently.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$75,000 per year for 2 years

Efforts made to find Less Costly alternative:

This contract will create a reduction in the use of high cost services thru collaboration and care coordination

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

Co-locating of services

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

Not Applicable RfP

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

10c

Pre-Legislative Approvals:

- A. Director of Purchasing: Laurey Jones Date 3/12/15
- B. Management and Budget: Janet My Date 3/16/15
- C. Law Department: Thomas J. Cowley Date 3/13/15
- D. County Manager: [Signature] Date 3/13/15
- E. <sup>ACTING</sup> Commissioner: Joseph A Todora Date 3/11/15 (CW)

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_



**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO  
APPOINT MEMBER TO THE CHARTER REVIEW COMMISSION TO FILL  
VACANCY**

**WHEREAS**, pursuant to Section 1.05 of the Charter of the County of Sullivan, the County Legislature has the authority to appoint qualified electors of Sullivan County to the Charter Review Commission in order to review the implementation of the Charter and propose amendments as required, and

**WHEREAS**, the Sullivan County Legislature appointed thirteen members to the Charter Review Commission in 2014 by Resolution No. 448, and

**WHEREAS**, Matthew Migliaccio has resigned from the Charter Review Commission creating a vacancy, and

**WHEREAS**, the Legislature is desirous of appointing Isaac Green-Dieboll to the Charter Review Commission to fill said vacancy.

**NOW, THEREFORE BE IT RESOLVED**, that the individual listed above is hereby appointed to the Charter Review Commission effective immediately, and

**BE IT FURTHER RESOLVED**, that if a member misses three (3) consecutive meetings of the Charter Review Commission, they will be automatically dismissed, and

**BE IT FURTHER RESOLVED**, Per resolution No. 448 of 2014, if a vacancy occurs due to resignation or dismissal, the Legislature is authorized to make additional appointments to fill the vacancies as necessary.

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature hereby appoints Isaac Green-Dieboll to the Charter Review Commission effective immediately.

**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE**

**RESOLUTION TO AUTHORIZE ELECTRICAL LICENSING RECIPROCITY**

**WHEREAS**, the Electrical Licensing Board has recommended reciprocal electrical licensing with City of Binghamton, New York.

**WHEREAS**, the Sullivan County Legislature must authorize such reciprocity.

**NOW, THEREFORE, BE IT RESOLVED**, that pursuant to 103-25A of the Sullivan County Code, the County Manager is authorized to execute reciprocity agreements with City of Binghamton, New York, until further resolution by the Legislature.

Resolution No.

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE

RESOLUTION TO APPOINT FOUR MEMBERS TO THE RSVP ADVISORY COMMITTEE (RSVP)

WHEREAS, it is the desire to appoint Donna Schick, Ronald "Ron" Borella, Marcia M. Salton and Marc Mendelsohn to the Retired Senior Volunteer Program Advisory Committee (RSVP), and

WHEREAS, the above appointments are to commence on the date this resolution is adopted.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby appoint the following members to the RSVP Advisory Committee, for the term to expire on the date opposite of name.

RSVP APPOINTMENTS:	TERM:
Ronald "Ron" Borella 164 Burr Road Cohecton NY 12726	1/31/2018
Marc Mendelsohn 91 Perry Road Cohecton NY 12726	1/31/2018
Marcia M. Salton P O Box 478 White Lake NY 12786	1/31/2018
Donna Schick 429 Big Hollow Road P O Box 478 Grahamsville NY 12740	1/31/2018

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

November 10, 2014

I would like to serve on the RSVP Advisory Committee for a three year term. This is to acknowledge my interest to be on the Committee.

Sincerely yours,

*Donna Schick*

13a

November 10, 2014

I would like to serve on the RSVP Advisory Committee for a three year term. This is to acknowledge my interest to be on the Committee.

Sincerely yours,

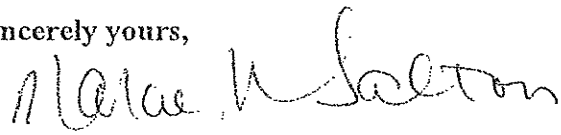
A handwritten signature in cursive script that reads "Dan Brull". The signature is written in black ink and includes a horizontal line at the end.

13b

November 10, 2014

I would like to serve on the RSVP Advisory Committee for a three year term. This is to acknowledge my interest to be on the Committee.

Sincerely yours,

A handwritten signature in cursive script that reads "Marcia M. Salton". The signature is written in dark ink and is positioned to the right of the typed name.

MARCIA M. SALTON

13c

November 10, 2014

I would like to serve on the RSVP Advisory Committee for a three year term. This is to acknowledge my interest to be on the Committee.

Sincerely yours, *Muri Mendelsohn*

13d

Resolution No.

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE

RESOLUTION TO APPOINT ONE MEMBER TO THE OFFICE FOR THE AGING ADVISORY COMMITTEE

WHEREAS, it is the desire to appoint Henry A. Rumsey to the Office for the Aging Advisory Committee to fill the vacancy of Betty Crandall, and

WHEREAS, the above appointment is to commence on the date this resolution is adopted.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby appoint the following member to the Office for the Aging Advisory Committee, for the term to expire on the date opposite of name.

OFA APPOINTMENT:

TERM:

Henry A. Rumsey  
P O Box 155  
Smallwood NY 12778

1/31/2018

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.



HENRY A. RUMSEY  
PO BOX 155  
SMALLWOOD, NY 12778

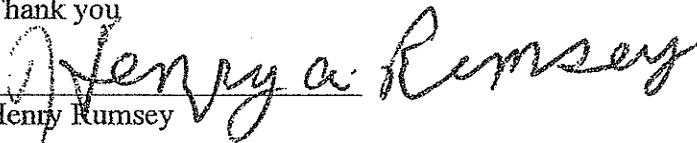
Debbie Allen, Director  
Office of the Aging  
100 North Street  
Monticello, NY 12701

December 2, 2014

Debbie:

Please accept this letter as my request to continue as a member of the Sullivan County Office for the Aging Advisory Committee for 2015.

Thank you

  
Henry Rumsey

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE.**

**RESOLUTION TO CREATE TWO POSITIONS FOR THE DRINKING DRIVER PROGRAM IN THE DEPARTMENT OF COMMUNITY SERVICES**

WHEREAS, the Sullivan County Department of Community Services provides the Drinking Driver Program (“DDP”); and

WHEREAS, the Office of Purchasing did an RFP of the program but there were no bids; and

WHEREAS, the Sullivan County Department of Community Services needs to reinstate the DDP effective January 1, 2015 to continue this program in Sullivan County; and

WHEREAS, the DDP is a self-supporting program; and

WHEREAS, the Office of Management and Budget will process a budget modification in the amount of \$18,100 into the Department of Community Services for the DDP under the appropriate line item; and

WHEREAS, there is a need to create the Drinking Driver Counselor PT and the Drinking Driver Director PT positions to run the DDP.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature hereby creates the position of Drinking Driver Counselor PT at a rate of \$84.00 per session and the position of Drinking Driver Director PT at a rate of \$105.00 per session.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

To: Sullivan County Legislature

Fr: Joseph A. Todora; Director

Re: Request for Consideration of a Resolution: To reinstate the budget for the Drinking Driving Program for the 2015 budget, effective 1/1/15.

Date: January 28, 2015

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 reinstate the Drinking Driver Program back into the budget for Community Services, plus reinstate the Drinking Driver Counselor PT at \$84.00 per session and abolish the Deputy Director Community Services and create the Drinking Driver Director PT at \$105.00 per session.

Is subject of Resolution mandated? Explain:

No. However, this is an effort to make the necessary NYS DMV Drinking Driver Program accessible to Sullivan County individuals arrested for DWI or DWUI's.

Does Resolution require expenditure of funds? Yes  No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 18,100.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: Funds are from participants fees for program

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>18,100.00</u>
Federal Government	\$ _____	(Specify)	<u>Fees from participants cover costs</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.

15a

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:

NYS DMV mandate people with DWI & DWUI's to take the program prior to reissuing of driver's license.

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): \$18,100.00

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.)

Person(s) responsible for monitoring contract (Title): Melissa Stickle, Dept. Director

Pre-Legislative Approvals:

- A. <sup>Assistant</sup> Director of Purchasing: Crystal Lewis Date 3/17/15
- B. Management and Budget: Jimmy Date 3/17/15
- C. Law Department: S. Yasgur Date 3/17/15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO SUPPORT EFFORTS TO EXPAND BROADBAND AND OTHER COMMUNICATIONS INFRASTRUCTURE FOR THE RESIDENTS, BUSINESSES, AND WORKFORCE OF SULLIVAN COUNTY**

**WHEREAS**, the Sullivan County Board of Legislators recognizes that universal access to high-speed Internet access – referred to generically as “broadband” which includes both wireline and wireless technologies – and other telecommunications such as mobile telephone service are essential elements in sustaining and growing our local economy and maintaining public safety, medical, and educational services; and

**WHEREAS**, access to broadband and other telecommunications services drives entrepreneurship, increases education and healthcare opportunities; supports business attraction and capital investment; increases connections to markets and customers; increases innovation and creates more jobs; and has fundamentally changed how people live and work by enabling them to more effectively do their jobs, positively affect their environment, work remotely, research local goods and services, and communicate in a more efficient way; and

**WHEREAS**, Sullivan County is comprised of geographically diverse areas, including some that are sparsely populated and lack essential broadband internet access, hampering many County residents and businesses;

**WHEREAS**, the Sullivan County Legislature has previously approved the build out of telecommunications towers and other infrastructure for public safety radio interoperability, and

**WHEREAS**, the public safety radio interoperability infrastructure may also support the installation of commercial equipment to expand residential and commercial telecommunications; and

**WHEREAS**, the Sullivan County Legislature identified “underserved and unserved areas” of business and consumer broadband and mobile telephony connectivity in a 2012 study funded by a USDA RBOG grant; and

**WHEREAS**, the County continues to update and refine its information on telecommunications service in the County through ongoing work with service providers and outreach to municipalities and consumers; now

**NOW, THEREFORE BE IT RESOLVED**, that the Sullivan County Board of Legislators supports County, local and private initiatives that encourage and advance development and deployment of broadband internet and related telecommunications technologies to all of its residents, businesses and institutions, and

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature supports efforts to explore public-private partnerships to expand telecommunications coverage in Sullivan County, potentially utilizing County infrastructure.

Resolution No. \_\_\_\_\_

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AUTHORIZE AGREEMENT WITH NEW CENTURY CONSTRUCTION, LLC**

**WHEREAS**, bid proposals were received for Replacement of County Bridge No. 45, County Road 53, over the Neversink River, Town of Fallsburg, and

**WHEREAS**, New Century Construction, LLC, 11 Arch Street, Watervliet, New York 12189, is the lowest responsible bidder, and

**WHEREAS**, the Division of Public Works has reviewed the proposal and recommends award.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is authorized to execute an agreement with New Century, LLC, in an amount not to exceed \$2,688,200.00, in accordance with Bid No., B-15-01, and shall be in such form as the County Attorney shall approve.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

To: Sullivan County Legislature

Fr: Kathleen Jones, Director of Purchasing & Central Services

Re: Request for Consideration of a Resolution: Bridge 45 (FAL) Construction Services

Date: March 19, 2015

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 the County Manager to execute an agreement for construction services needed for the Bridge 45 replacement construction project.

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: \$ 2,688,200.00

Are funds already budgeted? Yes  No

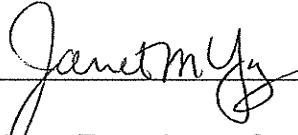
If "Yes" specify appropriation code(s): D-5110-46-40-4038

If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County	\$ <u>134,410.00</u>	Grant(s)	\$ _____
State	\$ <u>403,230.00</u>	Other	\$ _____
Federal Government	\$ <u>2,150,560.00</u>	(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.

17a



Request for Authority to Enter into Contract with [ New Century Construction, ] of  
[ 11 Arch Street, Watervliet, NY 12189 ]

Nature of Other Party to Contract: .

Other: Construction Company

Duration of Contract: From 04/01/2015 To 05/31/2016

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.]:

County does not have sufficient staff in-house to provide services during the duration of the project nor the equipment needed to implement the project.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$2,688,200.00 for contract period.

Efforts made to find Less Costly alternative:

Competitive bids were obtained, whereas New Century Construction, LLC was determined to be the lowest responsible bidder.

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

Cost to be funded by a NYSDOT Locally Administered Federal Aid Project Agreement providing 80% Federal Funding and an estimated 15% State funding.

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

Project was competitively bid following County, State and Federal procedures.

B-15-01 AKF  
Person(s) responsible for monitoring contract (Title): Robert Trotta, P.E., Bridge Engr.

Pre-Legislative Approvals:

- A. Director of Purchasing: *Leah Jones* Date *3/16/15*  
B. Management and Budget: *Janet Myer* Date *3/16/15*  
C. Law Department: *S. Hargrave* Date *3/16/15*  
D. County Manager: *John P. [unclear]* Date *3/17/15*  
E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION INTRODUCED BY PLANNING, ENVIRONMENTAL  
MANAGEMENT AND REAL PROPERTY COMMITTEE  
AUTHORIZING THE COUNTY TO PAY FOR RECORDING FEES  
FOR A DEED CONVEYING PARCEL BE 42.-29-9**

WHEREAS, a parcel of land known as Bethel 42.-29-9 was newly created in May, 2009 and assessed to Smallwood Estates, Inc.

WHEREAS, the County of Sullivan took title to this parcel on February 28, 2013 for delinquent taxes

WHEREAS, the County of Sullivan subsequently conveyed this parcel to the Town of Bethel by a deed recorded on November 18, 2013 by Instrument Number 2013-8868

WHEREAS, it was recently discovered that this parcel was originally created in error, and the land encumbered by it was owned by a party other than Smallwood Estates, Inc.

WHEREAS, it is in the best interest of the county to rectify this error and restore this land to the original owner

WHEREAS, the Town of Bethel is desirous of conveying this parcel by executing a Quit Claim Deed to the aggrieved party

WHEREAS, the Town of Bethel is not seeking any compensation for monies paid for this parcel, except that it wishes not to incur recording fees

WHEREAS, the recording fees amount to \$305

NOW, THEREFORE, BE IT RESOLVED, that the County of Sullivan agrees to pay the recording fees of \$305 for a deed executed by The Town of Bethel to John J Lorino, the original owner, conveying parcel BE 42.-29-9

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_ day of \_\_\_\_\_, 2015.

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

To: Sullivan County Legislature

Fr: Edward Homenick, Director of Real Property Tax Services

Re: Request for Consideration of a Resolution: Payment of Recording Fees

Date: March 6, 2015

**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 resolution authorizes the County of Sullivan to pay for recording fees for a deed executed by the Town of Bethel to John J Lorino. Real Property mistakenly created and mapped this parcel, assessing it to Smallwood Estates, Inc when in fact, the land was owned by Lorino. Subsequently, the county foreclosed on this parcel and conveyed it to the town. The town is not willing to incur expense because of an error by the county.

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	\$305.00	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.

18a

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.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. Director of Purchasing: *Kathy Jones* Date 3/9/15
- B. Management and Budget: *Janet Myz* Date 3/17/15
- C. Law Department: *[Signature]* Date 3/10/15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_