



**GOVERNMENT SERVICES COMMITTEE**

**March 5, 2015 – 10:30 AM**

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

**AGENDA**

**PROCLAMATION:**

1. For SUNY Sullivan to Become the Official Sullivan County Earth Day Event Site

**DISCUSSION ITEMS:**

1. Policy for funding of Contracting Agencies

**PRESENTATION: None**

**REPORTS:**

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

**RESOLUTIONS:**

1. To authorize award & execution of agreement with Amstar of Western New York, Inc. for 2015 Sullivan County Bridge Painting Project.
2. To authorize Modification Agreement with Rolling V Bus Corporation to provide continuity of services for Welfare-To-Work transportation services.
3. To authorize award and execute agreement with Senior Connections of New York, P.C. to continue to provide therapists to provide psychological services for the Sullivan County Adult Care Center.
4. To authorize award and execute agreement with Dr. Thomas L. VanAken to continue to provide psychiatric services to the Sullivan County Adult Care Center.
5. To authorize award and execute agreement with Dr. Paul Salzberg to provide the services to the Adult Care Center.
6. To authorize award and execute agreement with Dr. Lawrence Richman to provide dental services to the residents at the Sullivan County Adult Care Center.
7. To authorize award and execute agreement with Catskill Oral Surgery, P.C. to continue to provide oral and maxillofacial services to the Sullivan County Adult Care Center residents.
8. To authorize Modification Agreement with Harbridge Consulting Group, LLC for Actuarial and Consulting Services for mandated postretirement healthcare benefits plan.

**PUBLIC COMMENT:**

**FOR DISCUSSION PURPOSES**

**DRAFT**

**March 5, 2015**

**COUNTY OF SULLIVAN OUTSIDE  
ENTITY ANNUAL DISCRETIONARY FUNDING POLICY**

The County Legislature wishes to streamline and make consistent the process undertaken with respect to the annual discretionary funding of certain outside entities. These entities may be individuals, partnerships, or corporations (hereafter referred to collectively as “Entities”) who seek non-mandated government funding from the Legislature to offset the cost of programs or services to various County residents for the greater good of the County. In an effort to provide ample opportunity to review requests for such discretionary funding, the following policy applies:

**FUNDING LIMIT: AT NO TIME SHALL THE AGGREGATE ANNUAL FUNDING FOR ENTITIES COVERED BY  
THIS POLICY EXCEED \$100,000.00.**

**SECTION ONE: APPLICATION PROCESS**

**101. ENTITIES SUBJECT TO THE POLICY**

Entities that the County is not statutorily required to fund, but may fund, within available limits, based on determinations that such funding would be in the best interest of the County and/or certain of its residents.

**102. ENTITY OBLIGATIONS**

Entities wishing to be considered for discretionary funding shall submit a formal application to the Office of the County Manager no later than July 31<sup>st</sup> of each calendar year. Attached to the Application shall be:

- A) Organizational or corporate documents, including but not limited to: certificate of incorporation or similar filing with the Secretary of State, mission statement, by-laws, identification of board members or partners, certificates of good standing, and/or filed DBA certificate. Corporate documents filed in previous years that are not subject to change, amendment, annual review or verification and have not been changed since their initial filing with the County Manager are exempt from the annual filing requirement.

- B) Current filed IRS 990 or 990 EZ form.
- C) An itemized budget detailing the amount and purpose of the requested funds *including, at a minimum, total revenues itemized by category of expense.* [FROM RESOL. 149-14]
- D) Throughout the budget process and for any contract period, Entities shall report any changes to its organizational structure, membership or governing boards within thirty days.

### 103. COUNTY OBLIGATIONS

- A) On or before **July 31<sup>st</sup>** of each year the County Manager shall appoint a Committee of no more than five County staff members to convene to review applications that satisfy Section 102 of this Policy.
- B) The Committee will make its recommendation to the County Manager no later than **September 15<sup>th</sup>**.
- C) At the Legislature's **September** Executive Committee meeting, the County Manager shall provide a list of Entities that have requested funding and complied with the timeframe and reporting requirements set forth in Section 102 of this Policy and make his recommendations for discretionary funding. The Entity list shall be deemed final for purposes of the Tentative County Budget. An Entity's inclusion on the list shall not guarantee funding.
- D) On or before **November 30<sup>th</sup>**, the Legislature shall provide the County Manager with any amendment to the Entity list as presented.
- E) Funding determinations and general authorizations shall occur upon the Legislature's adoption of the Annual Budget in **December** of each year.

## SECTION TWO: CONTRACT AWARD PROCESS

201. CONTRACT ELIGIBILITY. Upon adoption of the County budget, an Entity seeking discretionary funding shall become eligible for funding for the following year, subject to the following:

- A) A fully executed Agreement has been delivered to the County. Each Entity shall have contractual obligations consistent with its services. Payment for services in any given year shall be made in no fewer than two installments to provide for annual reporting at the Legislature's Executive Committee. Contained within each Agreement shall be a REPORTING REQUIREMENT and a VOUCHER REQUIREMENT.

i) **REPORTING REQUIREMENT:** In addition to any reporting requirement set forth in a particular Agreement, every Entity must appear at a Special Meeting of the Legislature's Executive Committee at least once annually either in the month of May or the month of June of each contract year. At this meeting, an authorized representative of the Entity is to provide the Legislature with a written or oral synopsis of its activity and the use to which the County funds have been or will be put. The report and any submissions shall become an official record of the Executive Committee. Failure to timely appear at the Executive Committee shall result in a loss of funding for the remainder of the year and impact the Entity's eligibility for funding the following year.

ii) **AUDIT REQUIREMENT:** Annual submission of an audit of the financial records by an independent auditor licensed as a certified public accountant in the State of New York.

iii) **MEETING MINUTES:** A copy of all minutes of its governing Board.

iv) **VOUCHER REQUIREMENT:** Each Entity shall comply with the specific payment requirements set forth in its Agreement with the County. Failure to comply with the Voucher Requirements shall disqualify an Entity from being paid.

v) **SPECIALIZED REQUIREMENTS:** From time to time, the County may seek additional information or documentation from an Entity. To the greatest extent possible, such specialized requirements shall be identified in the Agreement between the parties; however, the County shall not be precluded from seeking additional information or documentation at any time throughout the Agreement performance period.

vi) **ADDITIONAL REPORTING:** In addition to an annual appearance before the Executive Committee, each Entity shall provide written or oral report to the legislative committee having jurisdiction regarding activity and expenditures, including upcoming projects. Specific reporting requirements shall be set forth in the contract between the County and the Entity.

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

**To:** Sullivan County Legislature

**Fr:** Kathleen Jones, Director of Purchasing and Central Services

**Re:** Request for Consideration of a Resolution: 2015 Sullivan County Bridge Painting Project

**Date:** March 12, 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 the 2015 Sullivan County Bridge Painting Project.

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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:** \$ 1,510,000.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** D-5110-47-40-4038

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

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>1,510,000.00</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 [ Amstar of Western NY ] of [ 825 Rein Rd. Cheektowaga, NY 14225 ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2015 To 10/30/2015

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 nor specialized equipment needed to implement the project.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$1,510,000 for contract period.

Efforts made to find Less Costly alternative:

Competitive bids received and low bidder is recommended for award.

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

Cost to be funded by NYS CHiPs funding.

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

B-15-06 Bid

Person(s) responsible for monitoring contract (Title): Robert Trotta, P.E., Bridge Engr.

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 3/4/15
- B. Management and Budget: *[Signature]* Date 3/3/15
- C. Law Department: *[Signature]* Date 3/4/15
- D. County Manager: *[Signature]* Date 3/4/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

**WHEREAS**, bids were received for 2015 Sullivan County Bridge Painting Project, and

**WHEREAS**, Amstar of Western New York, Inc., 825 Rein Road, Cheektowaga, New York 14225, is the lowest responsible bidder for this project, and

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

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute an agreement with Amstar of Western New York, Incorporated, at a total price not to exceed \$1,510,000.00, including base bid and Alternate to paint Bridge No. 159 (Item Nos. 570.150011X and 573.010011), in accordance with B-15-06, said contract to 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:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

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

**Date:** 3/5/2015

**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 extension through 6/30/2015 of current welfare-to-work, employment and employment training related transportation service agreement.

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\_\_\_\_\_

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

18 CRR-NY Part 385 Public Assistance and Food Stamp Employment Program Requirements.

\_\_\_\_\_

**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): A6109 46 4615

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

**Estimated Cost Breakdown by Source:**

County	<u>\$51,000.00</u>	Grant(s)	\$ _____
State	<u>\$0.00</u>	Other	\$ _____
Federal Government	<u>\$99,000.00</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.**

Request for Authority to Enter into Contract with [ Rolling V Bus Corporation ] of  
[ South Fallsburg, NY ]

Nature of Other Party to Contract: Local Supplier Other: \_\_\_\_\_

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

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 300,000.00

Resolutions authorizing prior contracts (Resolution #s): 120-14, 127-13, 206-12

Future Renewal Options if any:

Renewable to the extent funding available and/or as re-negotiated and/or Bid/RFPed.

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:

18 CRR-NY Part 385 Public Assistance and Food Stamp Employment Program 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): Maximum potential cost \$150,000 (Jan-Jun 2015).

Efforts made to find Less Costly alternative:

Procurement requested 2015.

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

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

R-08-02 - 2008 Bid w/ extensions expired on 12/31/14.  
Services must be Re-RFP'd

Person(s) responsible for monitoring contract (Title): TA Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Kearney Jones* Date *3/4/15*
- B. Management and Budget: *Janet My* Date *3/3/15*
- C. Law Department: *[Signature]* Date *3/4/15*
- D. County Manager: *John Wood* Date *3/4/15*
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE TO AUTHORIZE MODIFICATION AGREEMENT WITH ROLLING V BUS CORPORATION**

**WHEREAS**, an agreement with Rolling V Bus Corporation, PO Box 110, South Fallsburg, New York 12779, dated January 1, 2009, was entered into pursuant to Resolution No. 407-08, adopted by Sullivan County Legislature on November 20, 2008, and as modified and extended by Resolution Nos. 70-09, 574-10, 269-11, 391-12 and 120-14, for providing Welfare-To-Work transportation services, and

**WHEREAS**, it is necessary to continue services, with Rolling V Bus Transportation, to provide continuity of services until a “new” Request for Proposal is issued later this year, and

**WHEREAS**, Rolling V Bus Corporation will continue services at the same terms and conditions, not to exceed \$150,000.00, through June 30, 2015, and

**WHEREAS**, the Division of Family Services has recommended extending these services.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is authorized to execute a modification agreement with Rolling V Bus Corporation, in accordance with the terms and conditions of RFP, R-08-32, 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:** Shennoy Wellington

**Re:** Request for Consideration of a Resolution: Senior Connections Psychological Services

**Date:** March 2nd, 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 contract with Senior Connections to provide Psychologist Services as needed to the residents of the Sullivan County Adult Care Center.

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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: \$ \_\_\_\_\_


Are funds already budgeted? Yes \_\_\_ No \_\_\_

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

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

**Estimated Cost Breakdown by Source:**

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

*Verified by Budget Office:* 

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

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

Request for Authority to Enter into Contract with [ Senior Connections ] of  
19 Puritan Lane, Washingtonville, NY 10992

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2015 To 03/31/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2012 To 12/31/2014

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): 556-11

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.]:

Senior Connections of New York will provide Psychologist Services to the residents of the SC ACC at no cost to the facility.

\_\_\_\_\_

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:

No cost  
\_\_\_\_\_  
\_\_\_\_\_

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 - Xf.*

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

Pre-Legislative Approvals:

A. Director of Purchasing: \_\_\_\_\_ Date \_\_\_\_\_

B. Management and Budget: *Janet Myg* Date *3/3/15*

C. Law Department: *[Signature]* Date *3/5/15*

D. County Manager: *[Signature]* Date *3/4/15*

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

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

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE**

**RESOLUTION TO AUTHORIZE AWARD AND EXECUTE AGREEMENT**

**WHEREAS**, Senior Connections of New York, P.C., is qualified, available and willing to continue to provide therapists to provide psychological services for the Sullivan County Adult Care Center residents, and

**WHEREAS**, the contract period shall be from April 1, 2015 through March 31, 2016. This agreement may be extended, on a yearly basis, under the same terms and conditions, for three (3) additional years.

**WHEREAS**, the Sullivan County Adult Care Center, has approved said proposal and recommends that a contract be executed.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute an Agreement with Senior Connections of New York, P.C., at no cost to the County, as services will be billed to third party payers, said contract to 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:** Shennoy Wellington

**Re:** Request for Consideration of a Resolution: Thomas VanAken, MD, Ph.D.

**Date:** March 2nd, 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 contract with Thomas VanAken to provide Psychiatric Services as  
needed to the residents of the Sullivan County Adult Care Center.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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)	\$ _____
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State	\$ _____	Other	\$ _____
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Federal Government	\$ _____	(Specify)	_____
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**Verified by Budget Office:** Janet Myers

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

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

Request for Authority to Enter into Contract with [Thomas VanAken, MD, PhD] of [291 Indian Brook Rd, Garrison, NY 10524]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2015 To 03/31/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2012 To 12/31/2014

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): 558-11

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.]:

Thomas VanAken, MD will provide Psychiatric Services to the residents of the SC ACC at no cost to the facility.

\_\_\_\_\_

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:

No cost  
\_\_\_\_\_  
\_\_\_\_\_

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 - Xf

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

**Pre-Legislative Approvals:**

A. Director of Purchasing: \_\_\_\_\_ Date \_\_\_\_\_

B. Management and Budget: Janet Myers Date 3/3/15

C. Law Department: \_\_\_\_\_ Date 3/4/15

D. County Manager: John P. ... Date 3/4/15

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

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

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE**

**RESOLUTION TO AUTHORIZE AWARD AND EXECUTE AGREEMENT**

**WHEREAS**, Dr. Thomas L. VanAken., is qualified, available and willing to continue to provide psychiatric services to the Sullivan County Adult Care Center residents, and

**WHEREAS**, the contract period shall be from April 1, 2015 through March 31, 2016. This agreement may be extended, on a yearly basis, under the same terms and conditions, for three (3) additional years.

**WHEREAS**, the Sullivan County Adult Care Center, has approved said proposal and recommends that a contract be executed.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute an Agreement with Dr. Thomas L. VanAken, at no cost to the County, as services will be billed to third party payers, said contract to 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:** Shennoy Wellington

**Re:** Request for Consideration of a Resolution: Paul Salzberg, MD

**Date:** March 2nd, 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 contract with Paul Salzberg, MD to provide the services of Medical Director and attending physician of the Sullivan County Adult Care Center.

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

Yes. The ACC is required to have a Medical Director.

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

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

Amount to be authorized by Resolution: \$24,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): 6020-73-40-4017/6908-310

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

**Estimated Cost Breakdown by Source:**

County	<u>\$720.00</u>	Grant(s)	\$ _____
State	<u>\$14,880.00</u>	Other	<u>\$2,880.00</u>
Federal Government	<u>\$5,520.00</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 and 3.**

Request for Authority to Enter into Contract with [Paul Salzberg, MD] of  
[PO Box 898, 9741 St. Route 97, Callicoon, NY 12723]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2015 To 03/31/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2012 To 12/31/2014

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): 555-11

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:

The Sullivan County is required to have a Medical Director pursuant to NYS DOH regulations.

\_\_\_\_\_

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): Not to Exceed \$24,000

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.)

No other proposals rec'd.

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

Pre-Legislative Approvals:

A. Director of Purchasing: [Signature] Date 3/4/15

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

C. Law Department: [Signature] Date 3/4/15

D. County Manager: [Signature] Date 3/4/15

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

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

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE**

**RESOLUTION TO AUTHORIZE AWARD AND EXECUTE AGREEMENT**

**WHEREAS**, the Sullivan County Adult Care Center is required to have a Medical Director and attending physicians to provide care to the residents, and

**WHEREAS**, Dr. Paul Salzberg is qualified and willing to continue to provide these services, and

**WHEREAS**, the contract period shall be from April 1, 2015 through March 31, 2016. This agreement may be extended, on a yearly basis, under the same terms and conditions, for three (3) additional years.

**WHEREAS**, the Sullivan County Adult Care Center, has approved said proposal and recommends that a contract be executed.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute an Agreement with Dr. Paul Salzberg to provide services to the facility. Physician would bill third party payers for visits. Physician will be reimbursed for a maximum of four (4) hours per week of medical director services at an annual rate of \$2,000/month. The total annual cost of the contract shall not exceed \$24,000.00, said contract to 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:** Shennoy Wellington

**Re:** Request for Consideration of a Resolution: Lawrence Richman, DDS

**Date:** March 2nd, 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 contract with Lawrence Richman, DDS to provide Dental Services as needed to the residents of the Sullivan County Adult Care Center.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:** \$40,000.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** 6020-67-40-4018/6100-310

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

**Estimated Cost Breakdown by Source:**

County	<u>\$1,200.00</u>	Grant(s)	\$ _____
State	<u>\$24,800.00</u>	Other	<u>\$4,800.00</u>
Federal Government	<u>\$9,200.00</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 and 3.**

Request for Authority to Enter into Contract with [Lawrence Richman] of  
[PO Box 25, 111 Sullivan Ave Suite 1-7, Ferndale, NY 12734]

Nature of Other Party to Contract: Professional

Other:

Duration of Contract: From 04/01/2015 To 03/31/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2012 To 12/31/2014

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): 554-11

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.]:

Lawrence Richman, DDS will provide Dental Services to the residents of the SC ACC as needed,

\_\_\_\_\_

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

no other proposals rec'd.

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

Pre-Legislative Approvals:

- A. Director of Purchasing: *Kathy Jones* Date 3/4/15
- B. Management and Budget: *Janet Myer* Date 3/3/15
- C. Law Department: *[Signature]* Date 3/4/15
- D. County Manager: *Jul Brown* Date 3/4/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE**

**RESOLUTION TO AUTHORIZE AWARD AND EXECUTE AGREEMENT**

**WHEREAS**, the Sullivan County Adult Care Center is required to provide dental services to the residents, and

**WHEREAS**, Dr. Lawrence Richman is qualified and willing to continue to provide dental services, and

**WHEREAS**, the contract period shall be from April 1, 2015 through March 31, 2016. This agreement may be extended, on a yearly basis, under the same terms and conditions, for three (3) additional years.

**WHEREAS**, the Sullivan County Adult Care Center, has approved said proposal and recommends that a contract be executed.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute an Agreement with Dr. Lawrence Richman, at a total annual cost not to exceed \$40,000.00, said contract to 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:** Shennoy Wellington

**Re:** Request for Consideration of a Resolution: Catskill Oral Surgery

**Date:** March 2nd, 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 contract with Catskill Oral Surgery to provide Oral Surgery Services as needed to the residents of the Sullivan County Adult Care Center.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:** \$7,000.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** 6020-67-40-4018/6100-310

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

**Estimated Cost Breakdown by Source:**

County	<u>\$210.00</u>	Grant(s)	\$ _____
State	<u>\$4,340.00</u>	Other	<u>\$840.00</u>
Federal Government	<u>\$1,610.00</u>	(Specify)	_____

**Verified by Budget Office:** Janet M. York

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

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

Request for Authority to Enter into Contract with [ Catskill Oral Surgery ] of  
[ 457 Broadway, Suite 17, Monticello, NY 12701 ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2015 To 03/31/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2012 To 12/31/2014

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): 546-11

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.]:

Catskill Oral Surgery will provide Oral Surgery Services to the residents of the SC ACC as needed,

\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): Not to Exceed \$7,000

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.)

- 7/19 - 2/1

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

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kacey Jones Date 3/4/15
- B. Management and Budget: Janet Myers Date 3/3/15
- C. Law Department: [Signature] Date 3/4/15
- D. County Manager: Julie Rosen Date 3/4/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE**

**RESOLUTION TO AUTHORIZE AWARD AND EXECUTE AGREEMENT**

**WHEREAS**, Catskill Oral Surgery, P.C., is qualified, available and willing to continue to provide oral & maxillofacial services to the Sullivan County Adult Care Center residents, and

**WHEREAS**, the contract period shall be from April 1, 2015 through March 31, 2016. This agreement may be extended, on a yearly basis, under the same terms and conditions, for three (3) additional years.

**WHEREAS**, the Sullivan County Adult Care Center, has approved said proposal and recommends that a contract be executed.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute an Agreement with Catskill Oral Surgery, P.C., at a total annual cost not to exceed \$7,500.00, said contract to 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:** Monica Farquhar Brennan, Director, Risk Management

**Re:** Request for Consideration of a Resolution: Modification Resolution Harbridge Consulting Group, LLC

**Date:** March 12, 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.]

Modify Resolution to continue services for Actuarial and other post-employment benefits (OPEB) in order to comply with Governmental Accounting Standards Board (GASB) Statement No. 45 that establishes standards for the measurement, display and recognition of OPEB expenses and liabilities. Awarded vendor is Harbridge Consulting Group, LLC, Syracuse, New York.

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

Yes.

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

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

Amount to be authorized by Resolution: \$ 5,300.00

Are funds already budgeted? Yes  No

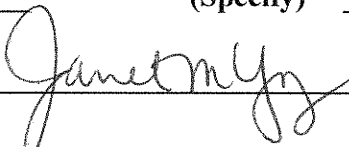
If "Yes" specify appropriation code(s): A1320-40-4002

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

**Estimated Cost Breakdown by Source:**

County	\$5,300.00	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.**

Request for Authority to Enter into Contract with [Harbridge Consulting Group, ] of  
[One Lincoln Center, Syracuse, New York 13202 ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 01/01/2015 To 12/31/2017

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2012 To 12/31/2014

Amount authorized by prior contract(s): 5,300.00

Resolutions authorizing prior contracts (Resolution #s): 352-12, adopted 10/18/2012

Future Renewal Options if any:

1/01/2018 - 12/31/2020

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:

Mandated postretirement benefit plan

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): Not to exceed \$10,600.00 for two (2) year period

Efforts made to find Less Costly alternative:

RFP'd for services

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

Not Applicable

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

R-12-16 - Allows extensions (K)

Person(s) responsible for monitoring contract (Title): Director of Risk Management

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Nancy Jones* Date 3/4/15
- B. Management and Budget: *Janet Myers* Date 3/3/15
- C. Law Department: *[Signature]* Date 3/4/15
- D. County Manager: *John Brown* Date 3/4/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

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

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE TO AUTHORIZE MODIFICATION AGREEMENT WITH HARBRIDGE CONSULTING GROUP, LLC**

**WHEREAS**, an agreement with Harbridge Consulting Group, LLC, One Lincoln Center, Syracuse, New York 13202, dated August 29, 2006, Resolution No. 273-06 (“Original Agreement”) and subsequent amendments to the Agreement dated December 31, 2008, Resolution No. 498-08; December 31, 2010, Resolution No. 514-10 and December 31, 2012, Resolution No. 352-12 for Actuarial and Consulting Services for mandated postretirement healthcare benefits plan, and

**WHEREAS**, Resolution No. 352-12, adopted by the Sullivan County Legislature on October 18, 2012, allowed for services through December 31, 2014, and

**WHEREAS**, in accordance with the RFP, R-12-16, there is a provision to extend these services for two additional, two year periods, 2015-2017 and 2018-2020, at the same terms and conditions, for an amount not to exceed \$10,600.00 over a two (2) year period, and

**WHEREAS**, the Department of Risk Management recommends continuing these services.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is authorized to execute a modification agreement with Harbridge Consulting Group, LLC, in an amount not to exceed \$10,600.00 for a two (2) year period, in accordance with the terms and conditions in RFP, R-12-16, and shall be in such form as the County Attorney shall approve.

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

