



**PERSONNEL COMMITTEE**

September 3, 2015 – 12:15 P.M.

**Personnel Committee Members**

**Ira Steingart, Chair  
Kitty Vetter, Vice Chair  
Kathy LaBuda  
Jonathan Rouis  
Cindy Kurpil Gieger**

**AGENDA**

**REPORTS:**

1. Human Rights – Monthly Report

**DEPARTMENTS:**

1. Personnel
2. Risk Management and Insurance

**DISCUSSION:**

1. WIC Program

**RESOLUTIONS:**

1. To Request County Funding for Unfunded Portion of Breastfeeding Peer Counselors Personnel Costs for the WIC Program at Public Health Services.
2. To Upgrade the Title of a Principle Family Services Investigator Position to a Coordinator of Child Support Enforcement Position in the Department of Family Services.
3. To Create One (1) Part-Time Position of Secretary to the Charter Review Commission.
4. To reclassify a position in the Department of Public Health Services.
5. To create a new position of Senior Nutrition Assistant and abolish the position of Nutrition Assistant in the Department of Public Health Services.
6. To abolish the position of Senior Account Clerk/Typist and create a new position of Principal Account Clerk and immediately fill the position in the Department of Public Health Services, with approval to backfill.
7. To Reclassify a Position in the Probation Department.

**PUBLIC COMMENT:**

**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 request county funding for unfunded portion of Breastfeeding Peer Counselors personnel costs.

**Date:** August 20, 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.]

WIC funding for the upcoming grant year (beginning 10/1/15) has been reduced. As a result, a portion of the personnel costs for the three part-time Breastfeeding Peer Counselors will not be grant funded. We request that the County consider funding this cost for the period 10/1/15 - 12/31/15 so we can continue to improve maternal/infant health outcomes and fulfill contractual obligations for the remainder of the current calendar year.

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

N/A.

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

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

Amount to be authorized by Resolution: \$ 10,634.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): 4082-10-1011 & 4082-80-8001-8007

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

**Estimated Cost Breakdown by Source:**

County	<u>\$5,082.00</u>	Grant(s)	\$ _____
State	<u>\$2,161.00</u>	Other	\$ _____
Federal Government	<u>\$3,391.00</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 [ \_\_\_\_\_ ] 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:

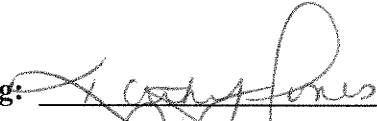
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

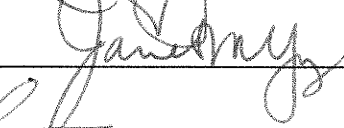
Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

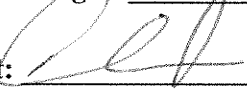
N/A - off.

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

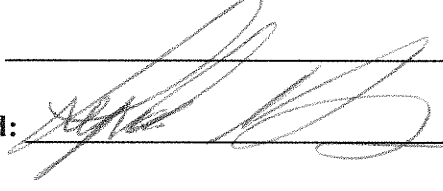
**Pre-Legislative Approvals:**

A. Director of Purchasing:  Date 8/31/15

B. Management and Budget:  Date 9/1/15

C. Law Department:  Date 9-1-15

D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_

E. Other as Required:  Date 8/31/15

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

**RESOLUTION            INTRODUCED BY PERSONNEL COMMITTEE TO REQUEST  
COUNTY FUNDING FOR UNFUNDED PORTION OF BREASTFEEDING PEER  
COUNSELORS PERSONNEL COSTS FOR THE WIC PROGRAM AT PUBLIC  
HEALTH SERVICES**

**WHEREAS**, the Public Health Services Department's WIC funding for the upcoming grant year (beginning 10/1/15) has not been fully funded by the New York State Department of Health. As a result, a portion of the personnel costs for the full time and two part time Breastfeeding Peer Counselors will not be grant funded.

**WHEREAS**, this will result in no change in hours for the two existing part-time breastfeeding peer counselors,

**WHEREAS**, this will result in the reduction in status of one full time breastfeeding peer counselor position to that of part-time,

**WHEREAS**, Public Health Services is requesting that the County consider funding this cost for the period 10/1/15 – 12/31/15.

**WHEREAS**, the county share of funding for 3 part-time breastfeeding peer counselors will be \$5,082.00,

**WHEREAS**, the state share is \$2,161.00, and the federal share is \$3,391.00; making the total cost \$10,634.00 for the period 10/1/15-12/31/15,

**WHEREAS**, this funding will enable Public Health Services Department's WIC Breastfeeding Program to continue to improve maternal/infant health outcomes, and to support to pregnant and postpartum women in Sullivan County.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby abolishes one full-time breastfeeding peer counselor position and creates one part-time breastfeeding peer counselor position; and

**BE IT FURTHER RESOLVED**, the Sullivan County Legislature hereby approves County funding for a portion of the personnel costs for three part-time Breastfeeding Peer Counselors for the WIC Program at Public Health Services for the period of 10/1/2015 – 12/31/2015.

**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:** Joseph A. Todora, Acting Commissioner, DHFS

**Re:** Request for Consideration of a Resolution: Upgrade title from Principal FS Investigator to Coordinator of Child Support Enforcement

**Date:** 9/3/2015

**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 fill the need for a supervisory position in the Child Support Enforcement Unit of the Department of Family Services

**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:** \$ 11,179.51

**Are funds already budgeted? Yes  No**

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

**If "No", specify proposed source of funds:** Funding will be provided through the existence of

**Estimated Cost Breakdown by Source:** current vacancies throughout DFS.

<b>County</b>	<u>\$5,974.00</u>	<b>Grant(s)</b>	\$ _____
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<b>State</b>	<u>\$0.00</u>	<b>Other</b>	\$ _____
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<b>Federal Government</b>	<u>\$5,205.51</u>	<b>(Specify)</b>	_____
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**Verified by Budget Office:** 

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

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

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

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

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

If "Yes" provide the following information:

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

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

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

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

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

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

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

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

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

Efforts made to find Less Costly alternative:

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

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

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


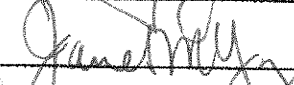



Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

*Not Applicable Rf*

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



**Pre-Legislative Approvals:**

- A. Director of Purchasing:  Date 8/31/15
- B. Management and Budget:  Date 9/1/15
- C. Law Department:  Date 9/1/15
- D. County Manager:  Date \_\_\_\_\_
- E. Commissioner:  Date 8/25/15  
8/31/15

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

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

**To:** Sullivan County Legislature

**Fr:** Scott Samuelson, Chairman

**Re:** Request for Consideration of a Resolution: Create One Part-time Position

**Date:** August 27, 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 create one (1) Part-time position of Secretary to the Charter Review Commission

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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: \$ 50.00/hour

Are funds already budgeted? Yes  No

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

**If "No", specify proposed source of funds:** A1010-10-1015 Bud mod Contingency Act.

**Estimated Cost Breakdown by Source:**

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

**Verified by Budget Office:** 

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

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

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

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

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

If "Yes" provide the following information:

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

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

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

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

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

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

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

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

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

Efforts made to find Less Costly alternative:

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

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




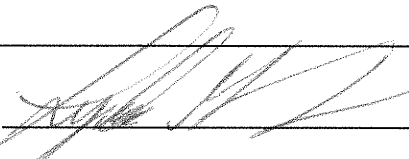
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Not Applicable

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

**Pre-Legislative Approvals:**

- A. Director of Purchasing:  Date 8/31/15
- B. Management and Budget:  Date 8/31/15
- C. Law Department:  Date 9.1.15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required:  Date 8/31/15

Vetted in Personnel Committee Committee on 09/03/2015

**RESOLUTION NO. INTRODUCED BY PERSONNEL COMMITTEE TO CREATE ONE (1) PART-TIME POSITION OF SECRETARY TO THE CHARTER REVIEW COMMISSION**

**WHEREAS**, the Charter Review Commission is formed every ten years to review the Sullivan County Charter; and

**WHEREAS**, the Charter Review Commission meets once per month to conduct business; and

**WHEREAS**, Resolution No. 91-15 authorized payment for an existing employee to perform secretarial duties for the Charter Review Commission in addition to her full time position of Administrative Assistant for Public Health Services at a rate of \$50.00 per hour; and

**WHEREAS**, the aforementioned employee has since retired from County employment and there is a need to create the part-time position of Secretary to the Charter Review Commission until such time as the Commission has prepared and filed a final report and recommendations to the Sullivan County Legislature; and

**WHEREAS**, the Secretary to Charter Review Commission shall attend meetings, transcribe and distribute minutes; prepare agendas and send out correspondence on behalf of the Charter Review Commission.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature approves the creation of one part-time Secretary to the Charter Review Commission and authorizes the Chairman of the Legislature to fill said position immediately; and

**BE IT FURTHER RESOLVED**, that the salary for the part-time Secretary to the Charter Review Commission shall be set, consistent with Resolution No. 91-15 at \$50.00 per hour; and

**BE IT FURTHER RESOLVED**, that this Resolution's effective date is retroactive to August 15, 2015.

**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:** Nancy McGraw, Public Health Director

**Re:** Request for Consideration of a Resolution: To reclassify a position

**Date:** Aug. 31 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 reclassify Account Clerk to Senior Account Clerk to reflect current duties and meet the needs of the department. Costs are paid for by WIC grant (comprised of federal & state funding) starting 10/1/15. (Projected costs below are combined wages & fringe benefits.)

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

N/A

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

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

**Amount to be authorized by Resolution:** \$47,445.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A-4082-10-1011, A4082-80-8001-8007

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

**Estimated Cost Breakdown by Source:**

County	<u>\$0.00</u>	Grant(s)	\$ _____
State	<u>\$8,189.00</u>	Other	\$ _____
Federal Government	<u>\$39,256.00</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 [ \_\_\_\_\_ ] 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.)

not Applicable

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

Pre-Legislative Approvals:

A. Director of Purchasing: [Signature] Date 8/31/15

B. Management and Budget: \_\_\_\_\_ Date \_\_\_\_\_

C. Law Department: [Signature] Date 9.1.15

D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_

E. Other as Required: [Signature] Date 8/31/15

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





**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 reclassify a position

**Date:** Aug. 20, 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 reclassify Nutrition Assistant to Senior Nutrition Assistant to meet the needs of the department. Funding covers position with WIC grant (comprised of federal & state funding) starting 10/1/15. Amount includes salary and fringe costs.

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

N/A

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

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

**Amount to be authorized by Resolution:** \$63,573.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A-4082-10-1011, A4082-80-8001-8007

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

**Estimated Cost Breakdown by Source:**

County	<u>\$0.00</u>	Grant(s)	\$ _____
State	<u>\$10,973.00</u>	Other	\$ _____
Federal Government	<u>\$52,600.00</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 \_\_\_\_\_ 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.)

Not Applicable

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

Pre-Legislative Approvals:

- A. Director of Purchasing: [Signature] Date 8/31/15
- B. Management and Budget: [Signature] Date 9/2/15
- C. Law Department: [Signature] Date 9.1.15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: [Signature] Date 8/31/15

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

**RESOLUTION            INTRODUCED BY PERSONNEL COMMITTEE TO CREATE A  
NEW POSITION OF SENIOR NUTRITION ASSISTANT AND ABOLISH THE  
POSITION OF NUTRITION ASSISTANT IN THE DEPARTMENT OF PUBLIC  
HEALTH SERVICES**

**WHEREAS**, the Public Health Services Department wishes to create a new position of Senior Nutrition Assistant and abolish the position of Nutrition Assistant (position no. 1758),

**WHEREAS**, the employee currently in position No. 1758 is willing and able to perform the duties and job functions of Senior Nutrition Assistant,

**WHEREAS**, the creation of this position will better serve the needs of the Department's WIC program to provide nutrition health education to women, infants and children,

**WHEREAS**, the Personnel Officer has determined that the employee currently in the position of Nutrition Assistant is qualified and can be appointed provisionally by the Director of Public Health to Senior Nutrition Assistant,

**WHEREAS**, the WIC grant will cover the costs of the Senior Nutrition Assistant position,

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby create a new position of Senior Nutrition Assistant and abolish the Nutrition Assistant position ( no. 1758),

**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 reclassify a position

**Date:** Aug. 31, 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 reclassify Senior Account Clerk/Typist to Principal Account Clerk to reflect the duties of the position accurately due to change in regulations and requirements for billing in the Early Care Program and Medicaid. (The projected costs below are wages plus fringe benefits.)

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

N/A

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

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

**Amount to be authorized by Resolution:** \$62,086.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A4059-10-1011; A4059-80-8001 to 8007

**If "No", specify proposed source of funds:** Increase covered by Budget mod

**Estimated Cost Breakdown by Source:**

County	<u>\$50,540.00</u>	Grant(s)	\$ _____
State	<u>\$0.00</u>	Other	\$ _____
Federal Government	<u>\$11,546.00</u>	(Specify)	_____

**Verified by Budget Office:** Janet McGraw

**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 [ \_\_\_\_\_ ] 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:

\_\_\_\_\_

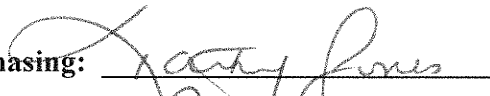
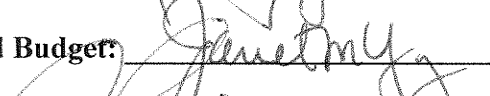

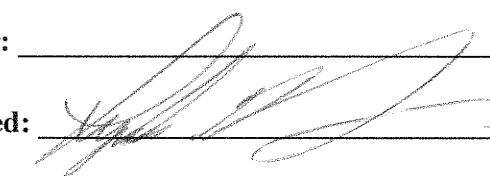
\_\_\_\_\_

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

Not Applicable

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

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 8/31/15
- B. Management and Budget:  Date 9/1/15
- C. Law Department:  Date 9.1.15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required:  Date 8/31/15

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



**RESOLUTION            INTRODUCED BY PERSONNEL COMMITTEE TO ABOLISH  
THE POSITION OF SENIOR ACCOUNT CLERK/TYPIST AND CREATE A NEW  
POSITION OF PRINCIPAL ACCOUNT CLERK AND IMMEDIATELY FILL THE  
POSITION IN THE DEPARTMENT OF PUBLIC HEALTH SERVICES, WITH  
APPROVAL TO BACKFILL.**

**WHEREAS**, the Public Health Services Department wishes to create a new position of Principal Account Clerk and abolish the position of Senior Account Clerk/Typist (Position No. 403) in the Early Care program; and

**WHEREAS**, the job duties and responsibilities of this position have evolved and become more complex due to changes in state and federal regulations and requirements for billing Medicaid; and

**WHEREAS**, the creation of the new position will better serve the needs of the Department and maximize efficiencies in billing processes in Early Intervention and the Preschool Special Education Programs; and

**WHEREAS**, the Personnel Officer has recommended and approved the job duties and responsibilities of this position to be appropriate for a Principal Account Clerk title;

**WHEREAS**, the employee in the Senior Account Clerk/Typist position has resigned and there is a critical need to immediately fill this new position;

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby create and immediately fill a new position Principal Account Clerk, and abolish the Senior Account Clerk/Typist position (No.403), with permission to backfill if the Principal Account Clerk position is filled internally.

**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:** Jeffrey Mulinelli, Director of Probation II

**Re:** Request for Consideration of a Resolution: Reclassify a Position in the Probation Department

**Date:** 08/25/15

**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.]

State mandates require every Probation Department have a Terminal Agency Coordinator (TAC). Specialized knowledge is required to ensure proper functioning of tasks involved with this position. The Probation Department is unable to function without the use of a TAC. The only Probation Officer capable of managing these systems is currently working out of title as functions are those of a Senior Probation Officer. (see attached)

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

The Terminal Agency Coordinator (TAC) is responsible for the training and subsequent recertification for all staff authorized to access the NYS criminal history (see attached)

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

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

Amount to be authorized by Resolution: \$ 4,204.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): \_\_\_\_\_ (2015)

If "No", specify proposed source of funds: (see attached) Position can be funded

Estimated Cost Breakdown by Source: through funds available from vacancies

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

State	\$ _____	Other	\$ _____
-------	----------	-------	----------

Federal Government	\$ _____	(Specify)	_____
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**Verified by Budget Office:** Janet Myer

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

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

## Resolution Cover Memo Continuation

"Purpose of Resolution" (continued) The Probation Department does not have any other line staff capable of functioning as TAC or administrating other specialized programs for which the incumbent is responsible. If the programs are not administered appropriately, it is likely NYS Division of Criminal Justice services would no longer provide funding assistance (\$200,000.) for the department. Additionally, should DCJS grant a temporary waiver, the department would no longer be able to run rap sheets requiring the submittal of requests to the Sullivan County Sheriff's Office for processing, thus delaying numerous functions required of Probation and delay Pre-Sentence Investigations/Court reports.

"Is Subject of Resolution Mandated?" (continued) repository and records of other criminal justice agencies. The TAC is also responsible for ensuring appropriate case records management, records are maintained, and case files requested for periodic compliance audits by DCJS. A TAC is mandated by DCJS, and the department could not function without one.

"Specify Proposed Source of Funds" (continued) The Legislature would have to approve additional funding for this position (increase in Probation budget) for the upcoming year. Currently there is a vacancy within the department, and funding for this position could be applied for funding the upgrade for the remainder of the 2015 budget cycle.

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

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

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

If "Yes" provide the following information:

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

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

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

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

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

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

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

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

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

Efforts made to find Less Costly alternative:

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

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

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

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

\_\_\_\_\_ N/A / *[Signature]*

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

**Pre-Legislative Approvals:**

- A. <sup>Assistant</sup> Director of Purchasing: Angela Semis Date 9/20/15
- B. Management and Budget: Janetmy Date 9/1/15
- C. Law Department: [Signature] Date 8.1.15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: [Signature] Date 8/31/15

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

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

**RESOLUTION INTRODUCED BY THE PERSONNEL COMMITTEE TO  
RECLASSIFY A POSITION IN THE PROBATION DEPARTMENT**

**WHEREAS**, there is currently a position in the Probation Department designated as Probation Officer, and

**WHEREAS**, the Director of Probation has advised that some of the duties assigned to this person (position #956) are above her current title of Probation Officer, and

**WHEREAS**, the Director of Probation feels the title should be reclassified to Senior Probation Officer, which encompasses her current duties and meets the needs of the Probation Department,

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the reclassification of position #956 in the Probation Department from Probation Officer to Senior Probation Officer.

**Moved by**  
**Seconded by**  
**Adopted on motion**