



**GOVERNMENT SERVICES COMMITTEE**

**March 3, 2015 – 10:30 AM**

**Committee Members: Catherine Owens (Chair), Nadia Rajsz (Vice Chair), Scott Samuelson, Alan Sorensen, Mark McCarthy**

**AGENDA**

**DISCUSSION ITEMS: None**

**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 contract with Access Physical Therapy & Wellness for Physical Therapy Services for Public Health Services.**

**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 authorize the contract for Access Physical Therapy & Wellness for Phys. Therapy services

**Date:** February 26, 2016

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

Sullivan County Public Health Services provides in-home Physical Therapy services to Certified Home Health Agency (CHHA) patients. A contract is needed with Access Physical Therapy & Wellness to provide physical therapy services for the period 3/1/16 to 2/28/17.

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

Yes, for PHS this service is included on the Operating Certificate for the CHHA.

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

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

Amount to be authorized by Resolution: \$ 1,450.00

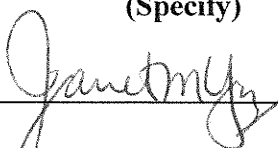
Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A/C #4010-33-40-4014

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

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>1,450.00</u>
Federal Government	\$ _____	(Specify)	<u>Third party revenue</u>

**Verified by Budget Office:** 

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

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

Request for Authority to Enter into Contract with [ Access Physical Therapy ] of [ 16 Maybrook Avenu, Campbell Hall, NY 10916 ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 03/01/2016 To 02/28/2017

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:

To extend contract annually, for three additional years under the same terms and conditions.

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

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

This service is required as per our CHHA Operating Certificate.

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$1,450.00 total projected cost for period 3/1/16-2/28/17.

Efforts made to find Less Costly alternative:

There are a limited number of agencies providing HC PT services. This agency responded to our request to fulfill a shortened contract period due to loss of another provider contract.

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

These services are for Public Health Services.

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

N/A for this contract. RFP- B-13-19A Supplement

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

Pre-Legislative Approvals:

- A. Director of Purchasing: Nancy Fox Date 2/29/16
- B. Management and Budget: Janet Myers Date 3/1/16
- C. Law Department: [Signature] Date 2/25/16
- D. County Manager: [Signature] Date 3/1/16
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE TO AUTHORIZE AWARD & EXECUTION OF CONTRACT WITH ACCESS PHYSICAL THERAPY & WELLNESS FOR PHYSICAL THERAPY SERVICES FOR PUBLIC HEALTH SERVICES**

**WHEREAS**, proposals were received for Physical Therapy Services for Public Health Services, and

**WHEREAS**, the following therapist will provide said services from March 1, 2016 through February 28, 2017, with an option to extend on a yearly basis, for three (3) additional years, under the same terms and conditions, and

- |                                       |   |
|---------------------------------------|---|
| 1. Access Physical Therapy & Wellness |   |
| 16 Maybrook Avenue                    | \$120.00/Visit – Initial Visit/Evaluation |
| Campbell Hall, New York 10916         | \$85.00/Visit – Followup Visit            |

**WHEREAS**, the Sullivan County Public Health Services has recommended said therapist.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute a contract, with, the above therapist, at the price per visit listed above, in accordance with RFP R-13-19A, said contract to be in such form as the County Attorney shall approve.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, **2016.**

**KATHLEEN JONES**  
Director



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**SULLIVAN COUNTY DEPARTMENT OF  
PURCHASING & CENTRAL SERVICES  
SULLIVAN COUNTY GOVERNMENT CENTER  
100 NORTH STREET, P.O. Box 5012  
MONTICELLO, NY 12701**

**To: Government Services Committee**

**From: Purchasing & Central Services**

**Date: March 3, 2016**

**Re: Monthly Report**

**1. Bids:**

• **Steel and Aluminum (B-16-03)**

All Steel & Aluminum, Inc.  
Chemung Supply Corp.  
Fall Fittings, Inc.  
Pacemaker Steel & Piping

Circleville, NY  
Elmira, NY  
New Paltz, NY  
Binghamton, NY

• **Milk & Dairy Products (B-16-04)**

Heinchon Marcus Distributors  
Hershey Creamery Co.

Newburgh, NY  
Middletown, NY

**2. Bids Extended:**

• **Copy Paper (B-15-44)**

Paper Mart

East Hanover, NJ

**3. Processed 366 Purchase Orders**

**4. Recyclables**