

**WAYS AND MEANS**  
**AGENDA**  
**November 14, 2016**

1. **Approval of Minutes**
  - October 19, 2016
  - October 24, 2016
2. **Approval of Audit**
3. **Brenda Rigby Riehle, Clerk of the Board**
  - Mortgage Tax Apportionment
  - Payment of Mortgage Tax Fees to Towns and Villages
  - Acceptance of Insurance Check
  - Journal of Proceedings
4. **2016 Sealed Bid on Leftover Tax Property**
5. **Referrals from Other Committees**
6. **Old Business**
7. **New Business**
8. **Adjournment**

ATTACHMENT TO  
RESOLUTION NO. \_\_\_\_\_

TO: THE TREASURER OF ALLEGANY COUNTY, NEW YORK

Pursuant to the authority conferred by the Tax Law of the State of New York, the Board of Legislators of Allegany County, New York, does hereby order and direct that there be paid by you to the proper officers of the several tax districts entitled thereto, the mortgage tax moneys now in your hands and belonging to the several towns and villages of the county for the period April 1, 2016, through September 30, 2016.

<u>TOWN</u>	<u>AMOUNT OF TAX</u>	<u>PAYABLE TO TOWN</u>	<u>PAYABLE TO VILLAGE</u>	<u>NAME OF VILLAGE</u>
	<u>4b</u>	<u>5</u>	<u>6</u>	
Alfred	9,834.43	7,903.96	1,930.47	Alfred
Allen	1,177.96	1,177.96		
Alma	2,203.25	2,203.25		
Almond	10,543.89	9,739.14	804.75	Almond
Amity	3,167.69	2,666.53	501.16	Belmont
Andover	7,231.93	6,019.41	1,212.52	Andover
Angelica	4,547.57	3,776.38	771.19	Angelica
Belfast	3,271.98	3,271.98		
Birdsall	804.23	804.23		
Bolivar	10,149.52	8,050.56	1,952.92	(Bolivar)
			146.04	(Richburg)
Burns	4,727.63	4,152.32	575.31	Canaseraga
Caneadea	7,661.71	7,661.71		
Centerville	2,803.81	2,803.81		
Clarksville	7,423.32	7,423.32		
Cuba	9,990.97	8,606.74	1,384.23	Cuba
Friendship	3,320.09	3,320.09		
Genesee	6,568.08	6,568.08		
Granger	2,149.92	2,149.92		
Grove	1,842.42	1,842.42		
Hume	5,695.40	5,695.40		
Independence	3,243.59	3,243.59		
New Hudson	2,912.54	2,912.54		
Rushford	10,270.95	10,270.95		
Scio	4,118.33	4,118.33		
Ward	86.04	86.04		
Wellsville	25,329.85	18,497.42	6,832.43	Wellsville
West Almond	1,069.59	1,069.59		
Willing	1,984.23	1,984.23		
Wirt	1,988.22	1,848.14	140.08	Richburg
	-----	-----	-----	
	156,119.14	139,868.04	16,251.10	

DATED: \_\_\_\_\_

\_\_\_\_\_  
Brenda Rigby Riehle, Clerk  
Allegany County Board of Legislators

**MORTGAGE TAX APPORTIONMENT**

For Period: April 1, 2016 - September 30, 2016

TOWNS	TOWN ASSESSMENT (1)	VILLAGE ASSESSMENT (2)		RATE FOR VILLAGE SHARE (3)	AMOUNT ALLOCATED FOR EACH TAX DISTRICT		TOWN SHARE (5)	VILLAGE SHARE (6)		VILLAGES
					Rate: (4a)	0.86014155 (4b)				
Alfred	188,210,576 94,105,288	36,945,251		19.6297	11,433.50	9,834.43	7,903.96	1,930.47		Alfred
Allen	31,460,740				1,369.50	1,177.96	1,177.96			
Alma	44,246,951				2,561.50	2,203.25	2,203.25			
Almond	125,292,388 62,646,194	9,562,799		7.6324	12,258.32	10,543.89	9,739.14	804.75		Almond
Amity	139,204,824 69,602,412	22,023,768		15.8211	3,682.75	3,167.69	2,666.53	501.16		Belmont
Andover	108,882,208 54,441,104	18,255,360		16.7662	8,407.84	7,231.93	6,019.41	1,212.52		Andover
Angelica	134,787,518 67,393,759	22,857,699		16.9583	5,287.00	4,547.57	3,776.38	771.19		Angelica
Belfast	48,511,351				3,804.00	3,271.98	3,271.98			
Birdsall	18,202,047				935.00	804.23	804.23			
Bolivar	121,461,928 60,730,964	25,118,789	23,371,112 1,747,677	20.6804	11,799.82	10,149.52	8,050.56	2,098.96	1,952.92 146.04	Bolivar Richburg
Burns	87,005,740 43,502,870	10,587,768		12.1690	5,496.34	4,727.63	4,152.32	575.31		Canaseraga
Caneadea	82,383,848				8,907.50	7,661.71	7,661.71			
Centerville	34,693,658				3,259.71	2,803.81	2,803.81			
Clarksville	46,354,920				8,630.35	7,423.32	7,423.32			
Cuba	309,391,808 154,695,904	42,865,768		13.8548	11,615.49	9,990.97	8,606.74	1,384.23		Cuba
Friendship	62,653,980				3,859.94	3,320.09	3,320.09			
Genesee	57,878,954				7,636.05	6,568.08	6,568.08			
Granger	22,543,295				2,499.50	2,149.92	2,149.92			
Grove	35,463,721				2,142.00	1,842.42	1,842.42			
Hume	64,306,989				6,621.47	5,695.40	5,695.40			
Independence	67,231,942				3,771.00	3,243.59	3,243.59			
New Hudson	30,635,493				3,386.12	2,912.54	2,912.54			
Rushford	111,584,961				11,941.00	10,270.95	10,270.95			
Scio	42,530,403				4,787.97	4,118.33	4,118.33			
Ward	22,996,917				100.00	86.04	86.04			
Wellsville	490,027,026 245,013,513	132,179,107		26.9738	29,448.47	25,329.85	18,497.42	6,832.43		Wellsville
West Almond	20,631,431				1,243.50	1,069.59	1,069.59			
Willing	80,537,775				2,306.87	1,984.23	1,984.23			
Wirt	85,605,188 42,802,594	6,031,385		7.0456	2,311.50	1,988.22	1,848.14	140.08		Richburg
					181,504.01	156,119.14	139,868.04	16,251.10		

**MORTGAGE TAX APPORTIONMENT - Rebate to Towns and Villages**  
 For Period: April 1, 2016 - September 30, 2016

TOWNS	TOWN ASSESSMENT (1)	VILLAGE ASSESSMENT (2)		RATE FOR VILLAGE SHARE (3)	AMOUNT RETAINED BY COUNTY CLERK'S OFFICE FOR MORTGAGE TAX FEE (4a)	TOWN SHARE (5)	VILLAGE SHARE (6)		VILLAGES
Alfred	188,210,576 94,105,288	36,945,251		19.6297	1,599.07	1,285.18	313.89		Alfred
Allen	31,460,740				191.54	191.54			
Alma	44,246,951				358.25	358.25			
Almond	125,292,388 62,646,194	9,562,799		7.6324	1,714.43	1,583.58	130.85		Almond
Amity	139,204,824 69,602,412	22,023,768		15.8211	515.06	433.57	81.49		Belmont
Andover	108,882,208 54,441,104	18,255,360		16.7662	1,175.91	978.76	197.15		Andover
Angelica	134,787,518 67,393,759	22,857,699		16.9583	739.43	614.04	125.39		Angelica
Belfast	48,511,351				532.02	532.02			
Birdsall	18,202,047				130.77	130.77			
Bolivar	121,461,928 60,730,964	25,118,789	23,371,112 1,747,677	20.6804	1,650.30	1,309.01	341.29	317.54 23.75	Bolivar Richburg
Burns	87,005,740 43,502,870	10,587,768		12.1690	768.71	675.17	93.54		Canaseraga
Caneadea	82,383,848				1,245.79	1,245.79			
Centerville	34,693,658				455.90	455.90			
Clarksville	46,354,920				1,207.03	1,207.03			
Cuba	309,391,808 154,695,904	42,865,768		13.8548	1,624.52	1,399.45	225.07		Cuba
Friendship	62,653,980				539.85	539.85			
Genesee	57,878,954				1,067.97	1,067.97			
Granger	22,543,295				349.58	349.58			
Grove	35,463,721				299.58	299.58			
Hume	64,306,989				926.07	926.07			
Independence	67,231,942				527.41	527.41			
New Hudson	30,635,493				473.58	473.58			
Rushford	111,584,961				1,670.05	1,670.05			
Scio	42,530,403				669.64	669.64			
Ward	22,996,917				13.96	13.96			
Wellsville	490,027,026 245,013,513	132,179,107		26.9738	4,118.62	3,007.67	1,110.95		Wellsville
West Almond	20,631,431				173.91	173.91			
Willing	80,537,775				322.64	322.64			
Wirt	85,605,188 42,802,594	6,031,385		7.0456	323.28	300.50	22.78		Richburg
					25,384.87	22,742.47	2,642.40		

# **MEMORANDUM OF EXPLANATION**

Intro. No. \_\_\_\_\_  
(Clerk's Use Only)

**COMMITTEE:** Ways and Means

**DATE:** November 7, 2016

**RE:** Appropriation of Insurance Recovery

Clerk of the Board Brenda Rigby Riehle requests a resolution accepting a check in the amount of \$235 from NYMIR (New York Municipal Insurance Reciprocal) representing the cost to replace a windshield on an Office for the Aging 2009 Dodge Caravan that was broken when the vehicle was backed into a garbage dumpster on November 2, 2016, at approximately 2 p.m.

The funds should be appropriated to CS1931.429 (Risk Retention – Uninsured Property Loss) with a like sum placed in revenue account CS1930.2680.00 (Insurance Recovery).

Office for the Aging – 2009 Dodge Caravan  
VIN: #2D8HN44E79R645718

**FISCAL IMPACT:** None

**For further information regarding this matter, contact:**

**Brenda Rigby Riehle, Clerk of the Board**

**268-9220**

# **MEMORANDUM OF EXPLANATION**

Intro. No. \_\_\_\_\_  
(Clerk's Use Only)

**COMMITTEE:** Ways and Means

**DATE:** November 14, 2016

Requesting approval and resolution for the following sealed bid offer we received on the following 2016 leftover tax sale property...

Sale # 14-748; 183.5-1-1

See attached list for results.

**For further information regarding this matter, contact:**

Terri Ross, Allegany County Treasurer

268-9290

**2016 SEALED BID ON LEFTOVER TAX SALE PROPERTY**

<b>SALE #</b>	<b>MUNICIPALITY</b>	<b>TAX MAP #</b>	<b>FORMER OWNER</b>	<b>DEED NAME</b>	<b>BID</b>	<b>*BACK TAX</b>	<b>DIFFERENCE</b>
14-748	Town of Friendship	183.5-1-1	County of Allegany FKA VanAsperan	FRUTIGER DUSTLESS BLASTING	\$1.00	\$15,729.59	(\$15,728.59)

\*BACK TAXES INCLUDE THE FOLLOWING YEARS: 1997, 1998, 1999, 2001, 2002, 2003, 2012, 2013, 2014 & 2015

**ALLEGANY COUNTY BID FORM  
 BID FORM: TERMS AND CONDITIONS OF SALE**

Revised as of July, 2016

Allegany County will offer for sealed bid, leftover parcels from our annual tax sale held on April 30, 2016 acquired by Allegany County pursuant to the provisions of the New York State Real Property Tax Law. All parcels offered for sale are sold "as is" with no representation as to the status of the title. Allegany County will provide a Quit-Claim deed to each parcel which will contain the following language:

*The County of Allegany and the Allegany County Treasurer shall in no event be or become liable for any defects in or encumbrances of liens on the title hereby conveyed for any cause whatsoever. No claim or demand of any nature that arises from this sale or any of the proceedings leading hereto shall ever be made against the County of Allegany or the Allegany County Treasurer.*

Allegany County will not provide an abstract of title or title insurance and does not warrant that the title is insurable.

Written bids may be submitted for each of the parcels being offered for sale. All written bids must be submitted on this form and must be received by the Allegany County Treasurer's Office.

A bid deposit representing ten percent (10%) of the bid amount or \$100.00 whichever is greater must be submitted with the bid in the form of cash, certified check, or its equivalent. The balance of the bid price, together with any 2016 Town and County taxes (may contain relieves from previous year), and recording costs must be paid to the Allegany County Treasurer's Office by in the form of cash, certified check or its equivalent. No personal checks will be accepted. Failure to tender this balance will result in a forfeiture of the bid deposit and the County will have the right to sell the parcel to someone else.

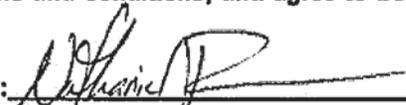
If the buyer owes any delinquent taxes on any other properties within the County of Allegany, the County of Allegany will not close the transaction until such taxes are paid in full, and if the taxes are not paid in full within 10 days after the sealed bid deadline date, the County of Allegany may cancel the sale to the Buyer and the Buyer's deposit and the Buyer's premium will be retained by the County as liquidated damages.

The County of Allegany reserves the right to reject any and all bids at any time. All bids received shall be deemed held open until final acceptance and approval by resolution of the County Board of Legislators.

Successful bidders will become responsible for all other taxes beginning with the 2016-17 village taxes (June), if applicable, and 2016-17 school taxes (September). Successful bidders also assume responsibility for evicting occupants, if any.

Upon full payment as provided above, the Allegany County Attorney's Office will prepare the Quit-Claim deed which will be recorded by the Allegany County Treasurer's Office in the Allegany County Clerk's Office. After recording, the deed will be mailed to the address as set out in the bid form.

I am the individual submitting a bid as set forth below on this bid form. I have read each of the terms and conditions of sale as set forth above, understand said terms and conditions, and agree to be bound by said terms and conditions in submitting my bid.

DATE: 10-25-16 SIGNATURE OF BIDDER: 

\*\*\*\*\*

**BID FORM : OFFER TO PURCHASE**

Pursuant to the terms and conditions of sale as set forth above, I hereby submit a bid in the amount indicated below to purchase the parcel of property as described below. *I have also enclosed a bid deposit in the amount of \$ \_\_\_\_\_ representing 10% of the amount of bid or \$100.00, whichever is greater..*

AMOUNT OF BID \$ 1.00 plus current years taxes  
 BIDDER # & NAME: Frazier Dustless Blasting  
 ADDRESS: 84 West main Street p.o. box 502  
Friendship NY  
 PHONE: 585-1010 91096  
 PROPERTY DESCRIPTION: friendship  
 TOWN: \_\_\_\_\_  
 ASSESSED TO: County of Allegany EKA Vankaspan  
 TAX MAP NO: 183.9-1-1

14-748

If my bid is accepted, I would like the Quit-Claim deed made out as follows: (Please PRINT each name to be on the deed separately)

<u>Frazier</u>	<u>Dustless Blasting LLC.</u>	<u>81-2284133</u>
LAST NAME	FIRST NAME MI	SOC SEC.# FEIN
LAST NAME	FIRST NAME MI	SOC. SEC. #

Frutiger Dustless Blasting  
84 west main  
Friendship ny 14739  
Nfrutiger7@gmail.com

10-26-2016

To who it may concern

Dear:

We are a new business we started back in april of 2016 we are based out of our home in friendship at 84 west main street. We are a mobile business but also have work brought to us from time to time and need a home base to work out of. We are looking to expand and grow with our business here in allegany county this building here parcel ID 183.5-1-1 old service station will fit our needs as we grow.

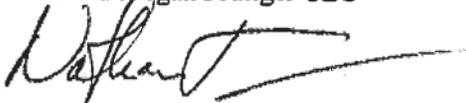
I have lived here in friendship my whole life and have watched as business have left and buildings have been taken down really sad to see our history disappear one empty lot at a time. we helped sponsor the friendship cheese fest this year and would love to bring people and business back to friendship. We have the means to fix up the building and restore it back to its former self maybe make it a destination for some people.

I would like to note or encourage you to check us out on facebook frutiger dustless blasting or look up dustless blasting on youtube this is the fastest way to remove paint rust or stains from any surface. We are environmentally safe process and have done work for: City of olean, caneadea sewer and water plant and the NFTA just some of the big jobs. Feel free to call us for any questions you may have 585-610-9696. We are very excited to save this small piece of history here in friendship

Sincerely,

Frutiger Dustless Blasting L.L.C.

Nathan and Megan Frutiger CEO



**Ways & Means Committee  
November 14, 2016  
Referrals from Other Committees**

**Facilities & Communications Committee**

1. Lieutenant Shawn Grusendorf requested a resolution to accept and appropriate the 2016-2017 Public Safety Answering Point Sustainment Grant in the amount of \$181,551. The funds should be appropriated as follows:

H3025.200 (Capital Projects – PSAP-911 FY17)	\$181,551
Revenue: H3025.3097.00	\$181,551

These funds will be used to update much needed equipment in the 911 Center. The breakdown is as follows:

Computer/911 Equipment	\$ 76,170
Training Equipment	\$ 13,426
Service Equipment	<u>\$ 91,955</u>
Total:	\$181,551

**Human Services Committee**

1. Office for the Aging Director Madeleine Gasdik is requesting approval to fill one full-time Aging Services Specialist (AFSCME, Grade 13, Step: Base). This position is responsible for recruiting, vetting, training, and coordinating the 312 volunteers who help the Office for the Aging offer services. This position also assists with Home Delivered Meals assessments and six month follow-up calls. The annual cost of the position is \$32,827 with benefits estimated at \$15,455. The position is funded 74 percent County, 22 percent State, and 4 percent Federal.
2. Office for the Aging Director Madeleine Gasdik is requesting approval to fill one part-time Meals-on-Wheels driver (non-union). Each driver has his/her own route and must deliver at the same time each day. The annual cost of the position is \$5,616 with benefits estimated at \$542 (no health insurance). The position is funded 24 percent County, 31 percent State, 15 percent Federal, and 30 percent participant contributions.
3. Office for the Aging Director Madeleine Gasdik is requesting approval to fill one part-time Substitute Luncheon Center Manager (non-union). Each center has its own manager, and the substitute only works if the regular Center Manager is off. The hourly rate of the position is \$9 per hour and is funded 36 percent County, 39 percent Federal, and 25 percent participant contributions.
4. Office for the Aging Director Madeleine Gasdik is requesting a resolution to accept and appropriate revenue received from Federal & State grants. The Office for the Aging budgeted \$234,700 in Federal and State funding for grants in 2016, but will be receiving \$246,092. Ms. Gasdik noted that Managed Long-Term Care (MLTC) funding is also underestimated in the 2016 Budget by \$16,000. The \$27,392 should be appropriated as follows:

<u>Appropriations:</u>	
A6772.408 (OFA Nutrition – General Supplies)	\$ 1,444
A6772.474 (OFA Nutrition – Contractor)	<u>\$ 6,000</u>

Total:	\$ 7,444
A6776.401 (OFA Community Services for Elderly – Postage)	\$ 1,000
A6776.402 (OFA Community Services for Elderly – Mileage/Transp)	\$ 1,022
A6776.409 (OFA Community Services for Elderly – Lifeline Fees)	\$ 4,000
A6776.419 (OFA Community Services for Elderly – Printing)	\$ 2,000
Total:	\$ 8,022

A6779.474 (OFA Wellness in Nutrition – Home Delivered Meals Contr.)	\$ 11,926
Total:	\$ 11,926

Revenues:

A6772.1972 (C2-MLTDC – Medicaid)	\$ 6,000
A6772.4772 (Title III-C1 – Medicaid)	\$ 1,444
A6776.3772 (CSE – State)	\$ 8,022
A6779.1972 (WIN-MLTC – Medicaid)	\$ 10,000
A6779.4772 (NSIP – Federal)	\$ 1,926
Total:	\$ 27,392

5. Public Health Director Lori Ballengee is requesting a resolution to accept and appropriate Performance Incentive Initiative monies for the General Fund for the 2016 Budget year. This incentive was awarded by the NYS Department of Health for improvement in the areas of Environmental Health electronic E-Form submission, and Gonorrhea treatment and completeness of Syphilis Serology. The funds will be utilized to offset shredding costs in accordance with HIPAA regulations. The funds should be appropriated as follows:

A4010.409 (Health Department – Fees)	\$1,500
Revenue: A4010.3450.00 (Public Health-State Aid)	\$1,500

6. Public Health Director Lori Ballengee is requesting a resolution to accept and appropriate COLA money for the Family Planning Program for the 2016 Budget year, 2016–17 grant year (April 1, 2016-March 31, 2017). The COLA proceeds will be utilized to fund supply purchases on the Family Planning Program (4035). The funds should be appropriated as follows:

A4035.408 General Supplies	\$3,337
Revenue: A4035.3450.00	\$3,337

7. Community Services Director Dr. Anderson is requesting a resolution to accept and appropriate additional funds received due to an increase in State Aid. The funds should be appropriated as follows:

Appropriations:

A4313.456 (Mental Health Contracts – SCAP)	\$ 9,124
A4313.457 (Mental Health Contracts – Fingerlakes)	\$ 1,942
A4313.460 (Mental Health Contracts – ARA)	\$ 80
A4313.459 (Mental Health Contracts – ARA)	\$ 48
A4313.461 (Mental Health Contracts – ARC)	\$ 123
A4313.462 (Mental Health Contracts – ARA)	\$ 2,882
A4313.463 (Mental Health Contracts – ARA)	\$ 923
A4313.464 (Mental Health Contracts – ARA)	\$12,551
A4314.456 (Mental Health CSS – ARA)	\$ 108
A4314.458 (Mental Health CSS – ARA)	\$ 257

A4314.460 (Mental Health CSS – LVA)	\$ 14
A4315.456 (Mental Health Reinvestment – ARA)	\$ 630
A4315.457 (Mental Health Reinvestment – ARC)	\$ 97
A4315.458 (Mental Health Reinvestment – SCAP)	\$ 21
A4315.460 (Mental Health Reinvestment – Accord)	\$ 468
A4315.461 (Mental Health Reinvestment – House Options)	\$ 16
A4315.464 (Mental Health Reinvestment – MHA)	\$ 50
Total:	\$29,334

Revenues:

A4313.3490.1075 (Mental Health Contracts)	\$ 9,124
A4313.3490.146L (Mental Health Contracts)	\$ 2,022
A4313.3490.139J (Mental Health Contracts)	\$ 45
A4313.3490.1400 (Mental Health Contracts)	\$ 3
A4313.3490.1037 (Mental Health Contracts)	\$ 123
A4313.3490.034K (Mental Health Contracts)	\$ 2,837
A4313.3490.570 (Mental Health Contracts)	\$ 45
A4313.3490.037P (Mental Health Contracts)	\$ 923
A4313.3490.039P (Mental Health Contracts)	\$ 5,898
A4313.3490.046A (Mental Health Contracts)	\$ 6,653
A4314.3490.1014 (Mental Health CSS)	\$ 108
A4314.3490.1014 (Mental Health CSS)	\$ 257
A4314.3490.1014 (Mental Health CSS)	\$ 14
A4315.3490.1200 (Mental Health Reinvestment)	\$ 630
A4315.3490.1200 (Mental Health Reinvestment)	\$ 97
A4315.3490.1200 (Mental Health Reinvestment)	\$ 21
A4315.3490.1200 (Mental Health Reinvestment)	\$ 468
A4315.3490.1200 (Mental Health Reinvestment)	\$ 16
A4315.3490.1200 (Mental Health Reinvestment)	\$ 50
Total:	\$29,334

8. Community Services Director Dr. Anderson is requesting a resolution to accept and appropriate additional funds received due to an increase in State Aid. The funds should be appropriated as follows:

Appropriations:

A4220.456 (Narcotic Addiction Control)	\$10,754
A4220.457 (Narcotic Addiction Control)	\$ 682
A4220.458 (Narcotic Addiction Control)	\$12,114
Total:	\$23,550

Revenue:

A4220.3486.00 (Narcotic Addiction Control – Council on Abuse)	\$23,550
---	----------

**Public Safety Committee**

1. Sheriff Whitney is requesting a resolution to accept and appropriate \$4,550 from Accord Corporation for the continuation of the ACT II Batterers Program. The funds should be appropriated as follows:

A3117.449 (ACT II Batterers Program – Contractual Expenses)	\$4,550
Revenue: A3117.2260.00	\$4,550

2. Sheriff Whitney is requesting approval to fill four E-911 Dispatch positions (AFSME Council 66 Bargaining Unit, Grade 13, Step: Base). These positions will fill open dispatcher positions in the schedule that are currently being filled by part-time staff when available, and full time staff otherwise which is resulting in considerable overtime being paid. The annual cost of the positions is \$131,331.20 (\$32,832.80 x 4) with benefits estimated at \$61,830.76 (\$15,457.69 x 4). The positions are 100 percent County funded.
3. Sheriff Whitney requested approval to transfer funds from contingency for the four E-911 Dispatcher positions. The annual salary for these four positions is \$131,331.20 and Sheriff Whitney would like them filled before the end of 2016 and asked for two months of salary totaling \$21,889 to be funded from contingency. The \$22,000 should be transferred from A1990.429 (Contingency) to A3112.101 (911 Dispatch)
4. Sheriff Whitney requested a resolution to accept and appropriate the New York State Division of Criminal Justice Service Narcotics Grant. This grant is filed jointly with the Cattaraugus County Sheriff's Narcotics Unit. The total award for the grant is \$90,000 that will be split equally between Cattaraugus and Allegany County. The Allegany County Narcotics Unit will receive \$45,000. Sheriff Whitney stated they anticipate spending these funds on a Drug K-9, License Plate Reader, Drone, and licensing and training. These items were submitted pre-acceptance of grant and have been approved by NYSDCJS. The funds should be appropriated to A3111.208 (Sheriff Drug Program – Equipment) with a like sum credited to revenue account A3111.3324.DCJS. The equipment breakdown is as follows:

Drug K-9	\$20,000
License Plate Reader	\$20,000
Drone	\$ 5,000
Total:	\$45,000

5. County Attorney Tom Miner requested a resolution to approve a one year contract with attorney Edward Pekarek to serve as the Assigned Counsel Administrator. The contract will be in the amount of \$14,400 and run from November 1, 2016, to October 31, 2017. The contract is necessary as the previous Assigned Counsel Administrator passed away. In addition to approving the contract for a new Assigned Counsel Administrator, County Attorney Tom Miner requested approval to pay attorney Joseph Miller the sum of \$2,666.66 for handling the work of the Assigned Counsel Administrator on an interim basis during the months of September and October. Attorney Miller undertook this work at the request of County Attorney Tom Miner. The interim period covers the time period from when the late Assigned Counsel Administrator became incapacitated and unable to perform the duties until a new Administrator is appointed. The amount of pay is at the same rate (\$1,333.33 per month), as was paid the now deceased Assigned Counsel Administrator.

### **Public Works Committee**

1. Public Works Superintendent Guy James is requesting approval to fill one full-time Heavy Motor Equipment Operator I (AFSCME, Grade 13) as well as any vacancies which may occur as a result of filling from within, down to and including the filling of entry-level positions from the outside. This employee handles the operation and maintenance of specialized heavy motor equipment for the County's Highway Department. This position may also monitor what is called the blow count during pile driving operations.

# MEMORANDUM OF EXPLANATION

## For acceptance and budgeting of GRANTS

INTRODUCTION NO: \_\_\_\_\_  
(Clerk's use only)

Committee of Jurisdiction: Facilities and Communications  
Refer to: Ways and Means

Date: November 2, 2016  
Date: \_\_\_\_\_

### Explanation of Grant:

(please attach award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

Request the acceptance and appropriation of the FY 2016-2017 Public Safety Answering Points Sustainment Grant

Appropriations: \$ 181,551.00  
H 3025.200 PSAP-911 FY17

Revenues: \$ 181,551.00  
H 3025.3097.00 State Aid-PSAP- 911FY17

**FISCAL IMPACT:** Total Grant: \$181,551.00

Local County Share: \$0.00 \*\*

State Grant:  Revenue # H3025.3097.00 \$ 181,551.00

Federal Grant:  Revenue # \_\_\_\_\_

If Federal Grant, please list Federal Catalog of Federal Domestic Assistance (CFDA) number \_\_\_\_\_

This Grant is a new grant fund program. Grant Fiscal Year: January 1, 2017 - December 31, 2017

**Obligation of County after grant expires:** Maintain equipment purchased though grant.

### This Grant will be used to update much needed equipment in the 911 Center:

Computer / 911 Equipment (Dispatcher Headsets, Dispatch Computers, Phone Key Pads, Back-up 911 Phone)	\$ 76,170.00
Training Equipment (Conference phone for web training, PowerPoint projects and screens)	\$ 13,426.00
Service Equipment (Service monitor, Network Equipment)	\$ 91,955.00

For further information regarding this matter please contact:  
**Sheriff Rick Whitney or Lt. Shawn Grusendorf (585) 268-9204**

\_\_\_\_\_  
Department Head Signature



Homeland Security and Emergency Services

ANDREW M. CUOMO  
Governor

JOHN P. MELVILLE  
Commissioner

September 2, 2016

The Honorable Curtis W. Crandall  
Chairman Allegany County Board of Legislators  
County Office Building  
7 Court Street  
Belmont, New York 14813

RECEIVED  
2016 SEP - 9 P 12: 33  
ALLEGANY COUNTY  
SHERIFF'S OFFICE

Dear Mr. Crandall,

I am pleased to announce that Allegany County has been awarded \$181,551 under the New York State 2016-17 Public Safety Answering Points Operations Grant Program (2016-17 PSAP Grant). This program, administered by my agency, allows for State support to counties for eligible public safety call-taking and dispatching expenses. Your participation in this program is another example of the successful partnerships we have been developing for public safety and emergency preparedness across the State.

The performance period for the 2016-17 PSAP grant will be 12 months, beginning calendar year 2017 (January 1, 2017– December 31, 2017). Expenses that you wish to claim must occur within that period. No extensions beyond that period will be allowed. In order to provide these funds to you as quickly as possible, we will need to gather budget information that reflects the award amount. Our Grants Program Administration staff will work with your designated PSAP point of contact, to provide additional administrative guidance and to develop a grant contract.

On behalf of Governor Andrew Cuomo, the Division of Homeland Security and Emergency Services remains committed to providing outstanding support in the administration of "your public safety first" responder initiatives. Please feel free to contact me if you have any questions, at 518-242-5000, or my Office of Interoperable and Emergency Communications (OIEC) Director, Michael A. Sprague, at 518-322-4911.

Thank you for your cooperation in this public safety endeavor.

Sincerely,

John P. Melville  
Commissioner

cc: Sheriff Ricky L. Whitney

# Request to Fill Position Form

Date: 11/02/16

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Aging Services Technician Dept.: Office for the Aging

Will any positions be eliminated? No If yes, which position(s): \_\_\_\_\_

This position is an:

Existing position?  Newly Created Position? \_\_\_\_\_ Created by Resolution #: \_\_\_\_\_

This position will be:

Full Time?  Part Time? \_\_\_\_\_ Permanent?  Temporary? \_\_\_\_\_

This position will be:

Non Union? \_\_\_\_\_ Union?  covered by the AFSCME bargaining unit.

Grade: 13 Step: Base Hourly pay rate: \$18.0367

Annual salary of position: \$32,827.00 Cost of benefits for position: \$15,455.00

Does position support a mandated program/grant? No Name of program: \_\_\_\_\_

Source of funding for position: 74 % County \_\_\_\_\_ % State 22 % Federal 4 % Other

Source of funding for benefits: 74 % County \_\_\_\_\_ % State 22 % Federal 4 % Other

Amount in current year's budget for this position: \$62,535.00

Rationale justifying the need to fill this position at this time. Please include in your rational where applicable:

**1. The specific duties that cannot be accomplished by another employee.**

This position is responsible for recruiting, vetting, training, and coordinating the 312 volunteers who help the Office for the Aging offer services. This position also assists with Home Delivered Meals assessments and six month follow up calls.

**2. The goals your organization will not be able to accomplish as a result of not filling this position.**

Our volunteers help the ACOFA with several programs. 103 volunteers deliver 13 Home Delivered Meals routes in the villages of Allegany County; 100 volunteers help with our Luncheon Centers; 25 volunteers traveled 25,000 miles offering rides to our clients to medical appointments, grocery shopping, banks, etc.; 12 volunteers offer Handyman services; 7 volunteers offer Tax Counseling services, 29 Volunteers offer Friendly Visiting and/or Telephone Reassurance services, 24 volunteers run our Exercise Classes, 60 volunteers work our Fair Booth, and 15-20 Wellsville School Students help assemble 450 Blizzard Boxes and help with our Senior Picnic. We will soon be recruiting and training volunteers to help with our Alzheimer's Respite grant.

**3. The funding available to fill the position from external sources.**

Federal Title III-B & donations/contributions

**4. The benefit to the County generated by this specific position.**

Continued Home Delivered Meals in the Villages, Tax Counseling, Transportation, Handyman Services, Exercise Classes, Friendly Visiting, and Telephone Reassurance.

Department Head Signature: \_\_\_\_\_

Date: 11/2/2016

Approved by the Ways and Means Committee on \_\_\_\_\_

Pursuant to Resolution No. 146-03  
Form Amended April 18, 2007

## Request to Fill Position Form

Date: 11/2/2016

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Meals-on-Wheels Driver Dept.: Office for the Aging

Will any positions be eliminated? no If yes, which position(s): \_\_\_\_\_

This position is an:

Existing position?  Newly Created Position? \_\_\_\_\_ Created by Resolution #: \_\_\_\_\_

This position will be:

Full Time? \_\_\_\_\_ Part Time?  Permanent? \_\_\_\_\_ Temporary? \_\_\_\_\_

This position will be:

Non Union?  Union? \_\_\_\_\_ covered by the \_\_\_\_\_ bargaining unit.

Grade: \_\_\_\_\_ Step: \_\_\_\_\_ Hourly pay rate: \$9.00

Annual salary of position: \$5,616.00 Cost of benefits for position: \$542.00. (no health ins.)

Does position support a mandated program/grant? No Name of program: Meals-on-Wheels

Source of funding for position: 24% County 31% State 15% Federal 30% Other

Source of funding for benefits: 24% County 31% State 15% Federal 30% Other

Amount in current year's budget for this position: \$6,200.00

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. The specific duties that cannot be accomplished by another employee.

Each driver has their own route and must deliver at the same time each day.

2. The goals your organization will not be able to accomplish as a result of not filling this position.

Meals on wheels would not be delivered.

3. The funding available to fill the position from external sources.

Funding for this position comes from Federal, State and Participant contributions.

4. The benefit to the County generated by this specific position.

Delivering meals to homebound seniors.

Department Head Signature: \_\_\_\_\_

Date: 11/2/016

Approved by the Ways and Means Committee on \_\_\_\_\_

## Request to Fill Position Form

Date: 11/2/2016

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Substitute Luncheon Ctr. Mngr. Dept.: Office for the Aging

Will any positions be eliminated? No If yes, which position(s): \_\_\_\_\_

This position is an:

Existing position?  Newly Created Position? \_\_\_\_\_ Created by Resolution #: \_\_\_\_\_

This position will be:

Full Time? \_\_\_\_\_ Part Time?  Permanent? \_\_\_\_\_ Temporary? \_\_\_\_\_

This position will be:

Non Union?  Union? \_\_\_\_\_ covered by the \_\_\_\_\_ bargaining unit.

Grade: \_\_\_\_\_ Step: \_\_\_\_\_ Hourly pay rate: \$9.00 per hour

Annual salary of position: varies Cost of benefits for position: .(no health ins.)

Does position support a mandated program/grant? No Name of program: Congregate Meals

Source of funding for position: 36 % County \_\_\_\_\_ % State 39 % Federal 25 % Other

Source of funding for benefits: 36 % County \_\_\_\_\_ % State 39 % Federal 25 % Other

Amount in current year's budget for this position: \$6,000.00 for average site manager

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. The specific duties that cannot be accomplished by another employee.

Each center manager has their own center. The substitute works only if the regular center manager is off.

2. The goals your organization will not be able to accomplish as a result of not filling this position.

Luncheon center would not have a manager.

3. The funding available to fill the position from external sources.

Funding for this position is 36% County match, 39% Older American Act Federal Funds, 25% contributions

4. The benefit to the County generated by this specific position.

Activities at the luncheon centers will continue even if the manager is sick or away.

Department Head Signature: \_\_\_\_\_

Date: 11/2/2016

Approved by the Ways and Means Committee on \_\_\_\_\_

# MEMORANDUM OF EXPLANATION

## For acceptance and budgeting of GRANTS

INTRODUCTION NO: \_\_\_\_\_

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: November 2, 2016

### Explanation of Grant:

(Please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

The Allegany County Office for the Aging requests a resolution to finalize revenue from the following Federal & State grants – Nutrition Services Incentive Program (NSIP), Older Americans Act Title III-C1(Nutrition) and Community Services for the Elderly (CSE). The Office for the Aging budgeted \$234,700.00 in Federal/State funding for these grants for 2016 but will be receiving \$246,092.00. (See attached NGAs).

Also Managed Long-Term Care (MLTC) funding is underestimated in the 2016 OFA budget by \$16,000.00.

Please appropriate funding as follows:

#### Appropriations (\$27,392.00)

A 6772.408 General Supplies	\$1,444.00
A 6772.474 Contractor	<u>\$6,000.00</u>
	\$7,444.00

A 6776.401 Postage	\$1,000.00
A 6776.402 Mileage/Transp	\$1,022.00
A 6776.409 Fees (Lifelines)	\$4,000.00
A 6776.419 Printing	<u>\$2,000.00</u>
	\$8,022.00

A 6779.474 Contractor	\$11,926.00
-----------------------	-------------

#### Revenues (\$27,392.00)

A 6772 1972.01 C2-MLTC (Medicaid)	\$ 6,000.00
A 6772 4772.00 Title III-C1 (Federal)	\$ 1,444.00
A 6776 3772.00 CSE (State)	\$ 8,022.00
A 6779 1972.00 WIN-MLTC (Medicaid)	\$10,000.00
A 6779 4772.00 NSIP (Federal)	\$ 1,926.00

**FISCAL IMPACT:** Total grants & MLTC: \$27,392.00  
Local county share: \$ 0

Federal Grant? Y Revenue # A 6772 4772.00  
A 6779 4772.00

(CFDA) Numbers

93.045

93.053

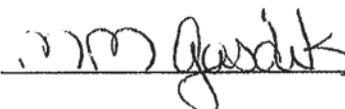
This grant is X renewal of existing grant funded program or \_\_\_\_\_ new grant fund program.

Grant Fiscal Year- 1/1/16-12/31/16, 4/1/16-3/31/17 and 10/1/15-9/30/16

Obligation of County after grant expires: None

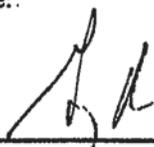
Major benefits of accepting this grant are: Additional funding for Meals programs, Lifelines for frail elderly, Volunteer Transportation program and other OFA expenses.

Department Head Signature \_\_\_\_\_



New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-1 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Allegany County Office for the Aging 6085 Route 19 N Belmont, NY 14813	Name and Address of Sponsoring Agency/Payee: Allegany County																																									
Program Year - Beginning: 1/1/2016 Ending: 12/31/2016																																										
Fiscal Year from which funds are awarded: 2016	Federal CFDA No. - 93.045	This award is New																																								
<b>Section I - Cost Categories</b>	<b>Section II - Grantee Budget - Federal and Matching Funds:</b>																																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; border-bottom: 1px solid black;">Amount</th> </tr> </thead> <tbody> <tr><td>Personnel</td><td style="text-align: right;">\$85,066.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">10,973.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">8,600.00</td></tr> <tr><td>Maint. &amp; Operations</td><td style="text-align: right;">28,685.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">1,200.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">80,925.00</td></tr> <tr><td>Food</td><td style="text-align: right; border-bottom: 1px solid black;">3,600.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$219,049.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">48,000.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">13,690.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$157,359.00</td></tr> </tbody> </table>		Amount	Personnel	\$85,066.00	Fringe Benefits	10,973.00	Equipment	0.00	Travel	8,600.00	Maint. & Operations	28,685.00	Other Expenses	1,200.00	Subcontracts	80,925.00	Food	3,600.00	Approved Costs	\$219,049.00	Less:		Anticipated Income	48,000.00	NSIP	13,690.00	Net Cost	\$157,359.00	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>1. Federal Share (see remark 1)</td><td style="text-align: right;">\$73,420.00</td></tr> <tr><td>2. Combined Matching Share</td><td></td></tr> <tr><td style="padding-left: 20px;">A. In-Kind</td><td style="text-align: right;">\$0.00</td></tr> <tr><td style="padding-left: 20px;">B. Cash</td><td style="text-align: right;">83,939.00</td></tr> <tr><td style="padding-left: 20px;">C. Volunteer Match</td><td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td></tr> <tr><td>3. Net Cost</td><td style="text-align: right; border-bottom: 1px solid black;">\$157,359.00</td></tr> </tbody> </table>		1. Federal Share (see remark 1)	\$73,420.00	2. Combined Matching Share		A. In-Kind	\$0.00	B. Cash	83,939.00	C. Volunteer Match	\$0.00	3. Net Cost	\$157,359.00
	Amount																																									
Personnel	\$85,066.00																																									
Fringe Benefits	10,973.00																																									
Equipment	0.00																																									
Travel	8,600.00																																									
Maint. & Operations	28,685.00																																									
Other Expenses	1,200.00																																									
Subcontracts	80,925.00																																									
Food	3,600.00																																									
Approved Costs	\$219,049.00																																									
Less:																																										
Anticipated Income	48,000.00																																									
NSIP	13,690.00																																									
Net Cost	\$157,359.00																																									
1. Federal Share (see remark 1)	\$73,420.00																																									
2. Combined Matching Share																																										
A. In-Kind	\$0.00																																									
B. Cash	83,939.00																																									
C. Volunteer Match	\$0.00																																									
3. Net Cost	\$157,359.00																																									
	<b>Section III - Federal Funds Ceiling:</b>																																									
	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>A. Carryover</td><td style="text-align: right;">\$4,200.00</td></tr> <tr><td>B. Base Allocation</td><td style="text-align: right;">69,244.00</td></tr> <tr><td>C. III-B Transfer</td><td style="text-align: right;">0.00</td></tr> <tr><td>D. III-C-2 Transfer</td><td style="text-align: right;">0.00</td></tr> <tr><td>E. Supplement</td><td style="text-align: right; border-bottom: 1px solid black;">0.00</td></tr> <tr><td>Federal Funds Ceiling (see remark 1)</td><td style="text-align: right; border-bottom: 1px solid black;">\$73,444.00</td></tr> </tbody> </table>		A. Carryover	\$4,200.00	B. Base Allocation	69,244.00	C. III-B Transfer	0.00	D. III-C-2 Transfer	0.00	E. Supplement	0.00	Federal Funds Ceiling (see remark 1)	\$73,444.00																												
A. Carryover	\$4,200.00																																									
B. Base Allocation	69,244.00																																									
C. III-B Transfer	0.00																																									
D. III-C-2 Transfer	0.00																																									
E. Supplement	0.00																																									
Federal Funds Ceiling (see remark 1)	\$73,444.00																																									
Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:																																										
(XX) 1. Federal reimbursement is limited to the <u>lower</u> of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.																																										
(XX) 2. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. The federal share of the project cost is earned only when allowable costs have been incurred and paid; and the non-federal share of the costs has been contributed.																																										
(XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative Activities and the federal share will not exceed 90% of the cost of Congregate Nutrition Services.																																										
(XX) 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.																																										
(XX) 5. In accordance with Federal Policy, the funds herein awarded cannot be used to pay the cost for home delivered meals.																																										
( ) 6. Other.																																										
( ) 7. This award authorizes the payment of advances only. The award is conditional upon the approval of the Annual Implementation Plan and application referenced above, and the initial advance must be repaid if such plan and application do not receive final approval after appropriate modifications, if any.																																										
Name and Title of Authorizing Official:  Greg Olsen Acting Director	Signature: 	Date:  9-2-16																																								

**NOTIFICATION OF GRANT AWARD  
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM**

<b>Name and Address of Area Agency:</b>  Allegany County Office for the Aging 6085 Route 19 N Belmont, NY 14813	<b>Name and Address of Sponsoring Agency/Payee:</b>  Allegany County
---	--

Program Year - Beginning: 4/1/2016 Ending: 3/31/2017

Fiscal Year from which funds are awarded: 2016

This award is New

<u>Section I - Grantee Budget</u>	<u>Amount</u>	<u>Section II - Grantee Budget - State and Matching Funds:</u>	
Personnel	\$86,402.00	1. State Share (see remark 1)	\$91,830.00
Fringe Benefits	26,490.00	2. Matching Share of Net Cost	
Equipment	0.00	A. In-Kind	0.00
Travel	3,000.00	B. Cash	52,092.00
Maint. & Operations	10,130.00	C. Volunteer Match	\$0.00
Other Expenses	23,900.00		
Subcontracts	0.00	3. Net Cost	\$143,922.00
Food:	0.00		
Approved Costs	<u>\$149,922.00</u>	<u>Section III - State Funds Ceiling:</u>	
Less:		A. CSE Planning and Implementation:	\$20,000.00
Anticipated Income	6,000.00	B. CSE Project - 75%	65,195.00
NSIP	0.00	C. CSE Supplemental Award	9,827.00
Net Cost	<u><u>\$143,922.00</u></u>	State Funds Ceiling (see remark 1)	\$95,022.00

Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

- (XX) 1. State reimbursement is limited to the lower of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.
  
- (XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid; and the local share of the costs has been contributed.
  
- (XX) 3. The funds herein awarded are to be expended in accordance with Section 214 of the New York State Elder Law and the applicable State Regulations.
  
- ( ) 4. Other:

<b>Name and Title of Authorizing Official:</b>  Greg Olsen Acting Director	<b>Signature:</b> 	<b>Date:</b> 9-20-16
---	-----------------------	-------------------------

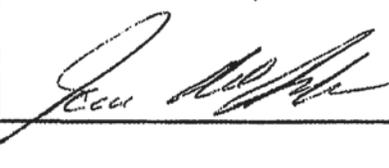
NOTIFICATION OF GRANT AWARD - NUTRITION SERVICES INCENTIVE PROGRAM

<p>Name and Address of Area Agency                  Allegany County Office for the Aging                  6085 Route 19 N                  Belmont, NY 14813</p>	<p><u>Federal Program Period:</u>                  Beginning: 10/01/2015 Ending: 09/30/2016</p>
<p>Name and Address of Sponsoring Agency/Payee                  Allegany County</p>	<p>Funds are awarded from Federal Fiscal Year: 2016                  Award Number: 4 Type of Action: Revised                  Federal CFDA No. 93.053 (AoA)</p>

<p>GRANT AWARD INFORMATION</p>	
<p>A. Previously Awarded this Fiscal Year</p>	<p>\$79,434.75</p>
<p>B. Current Award</p>	<p><u>191.35</u></p>
<p>C. Total Federal Fiscal Year to Dat</p>	<p><u><u>\$79,626.10</u></u></p>

Remarks: In addition to the conditions contained in the Four Year Plan and the Annual Implementation Plan, the conditions below apply to this award:

1. Money provided for under this award can be used only for the purchase of U.S. Grown agricultural commodities and other foods produced in the United States.
2. Unless revised, the amount awarded will constitute a ceiling for Federal participation in the program.
3. Funds herein awarded may be used beyond the end of the program period stated above.
4. Funds awarded for the period stated above are based on the number of eligible meals served during the period 10/01/2014 to 09/30/2015.
5. Receipt of Federal funds (either through advance or reimbursement) does not constitute earning of these funds. The Federal share of the project cost is earned only when allowable cost have been incurred and paid.
6. Other -

<p>Name and Title of Authorizing Official:                  James Del Belso                  Deputy Director                  Division of Finance and Administration</p>	<p>Signature:  </p>	<p>Date:                  09/23/2016</p>
--	---	--

# MEMORANDUM OF EXPLANATION

## For acceptance and budgeting of GRANTS

INTRODUCTION NO: \_\_\_\_\_

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: November 2, 2016

### Explanation of Grant:

The Health Department requests a resolution to accept and appropriate Performance Incentive Initiative monies for the General Fund for the 2016 Budget year. This incentive was awarded by the NYS Department of Health for improvement in the areas of environmental health electronic e-form submission and gonorrhea treatment/completeness of syphilis serology.

Revenues \$1,500.00

A4010-3450.00 Public Health-State Aid Other

\$1,500.00

Appropriations \$1,500.00

A4010.409 Fees

\$ 1,500.00

The performance incentive will be utilized to offset shredding costs in accordance with HIPAA regulations.

**FISCAL IMPACT:** Total grant: \$ 1,500.00

Local county share: \$ 0.00

State Grant?  Revenue # 3450.00 \$ 1,500.00

Federal Grant?  Revenue # \_\_\_\_\_ \$ \_\_\_\_\_

If Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number \_\_\_\_\_

This grant is  renewal of existing grant funded program or  new grant fund program.

Grant Fiscal Year – (Contract Period) 2015-16

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Certification of Internal Water Testing Lab.

Department Head Signature \_\_\_\_\_

# MEMORANDUM OF EXPLANATION

## For acceptance and budgeting of GRANTS

INTRODUCTION NO: \_\_\_\_\_  
(Clerk's use only)

Committee of Jurisdiction: HUMAN SERVICES Date: November 2, 2016

### Explanation of Grant:

The Health Department requests a resolution to accept and appropriate COLA money for the Family Planning Program for the 2016 Budget year, 2016-17 grant year (April 1, 2016-March 31, 2017). Note, The COLA proceeds will be utilized to fund supply purchases on the Family Planning Program (4035). Since the program supplies account is already fully appropriated, however, the funds will be subsequently transferred to 4010 to utilize existing available county funding.

Revenues	\$3,337.00	
	A4035.3450.00 St Aid - Public Health Other	\$3,337.00
Appropriations	\$3,337.00	
	A4035.408 General Supplies	\$3,337.00

**FISCAL IMPACT:** Total grant: \$ 3,337.00  
Local county share: \$ 0.00

State Grant?  Revenue # A4035-3450.00 \$ 3,337.00  
Federal Grant?  Revenue # \_\_\_\_\_ \$ \_\_\_\_\_

If Federal, please list Federal Catalog of Federal Domestic Assistance  
20% Title X (CFDA) number 93 - 217  
10% MCHBG (CFDA) number 93 - 994

This grant is  renewal of existing grant funded program or  new grant fund program.

Grant Fiscal Year - 2016/17

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Purchase Equipment Utilized in the Family Planning Program.

Department Head Signature \_\_\_\_\_



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

October 25<sup>h</sup>, 2016

### Allegany County Department of Health

Re: Cost of Living Adjustment (COLA) payments for State Fiscal Year (SFY) 2016-2017  
Contract Initiative: Family Planning  
Contract #: **C-027014**  
Budget Period: April 1<sup>st</sup>, 2016—December 31<sup>st</sup>, 2016

Dear Contractor:

This letter and all attachments are being provided in electronic versions via e-mail to expedite the submission and approval process. Please use the attached Proposal template to prepare a written plan for the COLA award and submit it to your contract manager for approval within 30 days of this letter. Prior approval will ensure the most appropriate use of the funds and reduce processing delays.

Once prior approval is granted by the contract manager, further instructions will be provided regarding the process for submission of the Claim for Payment (CFP), Budget Statement Report of Expenditures (BSROE), and all required supporting documentation as referenced in the attached guidance materials.

**Within 30 days of receiving this letter, please e-mail the completed and signed proposal electronically to [DFHFiscal@health.ny.gov](mailto:DFHFiscal@health.ny.gov) and your contract manager Nicole Cunningham at [Nicole.Cunningham@health.ny.gov](mailto:Nicole.Cunningham@health.ny.gov). The original proposal should be retained for your files. Please contact your contract manager with any questions.**

*Section 1 of part C of chapter 57 of the laws of 2006, as amended by section 1 of part I of chapter 60 of the laws of 2014, provide for the Commissioner of Health to establish an annual COLA for programs outlined in the statute. The SFY 2016-17 COLA appropriation has been allocated to eligible organizations at the rate of 8.24%.*

The COLA award for the above referenced contract is \$3,337.00 remainder of 25% contract value of your 2016-17 award.

Sincerely,

Richard Porter  
Senior Accountant  
DFH-BOA

Attachments:

FY 16-17 COLA Guidance  
Proposal for COLA Related Expenditures

# MEMORANDUM OF EXPLANATION

Intro. No. \_\_\_\_\_  
(Clerk's Use Only)

COMMITTEE: Human Services

DATE: 11/2/16

2016 NOV. BUDGET CHANGES

APPROPRIATIONS INCREASE

REVENUES INCREASE

A4313 4.56 SCAP	9,124	A4313.3490.1075	9,124
A4313 4.57 FINGERLAKES	1,942	A4313.3490.146L	2,022
A4313 4.60 ARA	80		
A4313 4.59 ARA	48	A4313.3490.139J	45
		A4313.3490.1400	3
A4313 4.61 ARC	123	A4313.3490.1037	123
A4313 4.62 ARA	2,882	A4313.3490.034K	2,837
		A4313.3490.570	45
4313 4.63 ARA	923	A4313.3490.037P	923
4313 4.64 ARA	12,551	A4313.3490.039P	5,898
		A4313.3490.046A	6,653
4314 4.56 ARC	108	A4314.3490.1014	108
4314.4.58 ARA	257	A4314.3490.1014	257
A4314 4.60 LVA	14	A4314.3490.1014	14
A4315 4.56 ARA	630	A4315.3490.1200	630
A4315 4. ARC	97	A4315.3490.1200	97
A4315 4.58 SCAP	21	A4315.3490.1200	21
A4315 4.60 ACCORD	468	A4315.3490.1200	468
A4315 4.61 HOUSE OPTIONS	16	A4315.3490.1200	16
A4315 4.64 MHA	50	A4315.3490.1200	50
TOTALS	29,334		29,334

NO FISCAL IMPACT TO COUNTY

For further information regarding this matter, contact:

Robert W. Anderson Ph.D.  
Name and Department  
Community Services

585-593-1991  
Telephone Number

5/94

# MEMORANDUM OF EXPLANATION

INTRO. NO.  
(CLERK'S USE ONLY)

COMMITTEE: Human Services

DATE: November 2, 2016

Allegany Council is receiving additional money from state aid.

	Inc. Approp.	Inc. Revenue
A4220.456	10,754	
A4220.457	682	
A4220.458	12,114	
A4220.3486.00		23,550

FISCAL IMPACT: None to the County

FOR FURTHER INFORMATION REGARDING THIS MATTER CONTACT:

Robert W. Anderson, PhD.  
Allegany County Community Services

(585) 593-1991

---

NAME AND DEPARTMENT

TELEPHONE NUMBER

# MEMORANDUM OF EXPLANATION

## For acceptance and budgeting of GRANTS

INTRODUCTION NO: \_\_\_\_\_

(Clerk's use only)

Committee of Jurisdiction: **Public Safety**

Date: **November 2, 2016**

### Explanation of Grant:

*(please attach award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)*

Request the acceptance and appropriation of \$4,550.00 from Accord Corporation for the continuation of the ACT II Batterers Program.

**FISCAL IMPACT:** Total Grant: \$4,550.00

Local county share: \$0.00

State Grant?  Revenue # A.3117.2260.00 \$ 4,550.00

Federal Grant  Revenue # \_\_\_\_\_ \$

if Federal, please list Federal Catalog of Federal Domestic Assistance  
(CFDA) number \_\_\_\_\_ - \_\_\_\_\_

Appropriation breakdown?	# <u>A 3117.4.49</u>	\$ <u>4,550.00</u>
	# _____	\$ _____
	# _____	\$ _____

This grant is a renewal of an existing grant funded program.

This is a new grant fund program.

Please contact County Treasurer for new account numbers for any new grants.

For further information regarding this matter please contact:  
Sheriff Rick Whitney (585) 268-9797

\_\_\_\_\_  
Department Head Signature

# Request to Fill Position Form

Date: November 2, 2016

Committee of Jurisdiction: Public Safety

Request to Fill: Title of Position: Four (4) E-911 Dispatchers Dept.: Sheriff's Office

Will any positions be eliminated? NO If yes, which position(s): \_\_\_\_\_

This position is an:

Existing position? \_\_\_\_\_ Newly Created Position? X Created by Resolution #: \_\_\_\_\_

This position will be:

Full Time? X Part Time? \_\_\_\_\_ Permanent? X Temporary? \_\_\_\_\_

This position will be:

Non Union? \_\_\_\_\_ Union? X covered by the AFSME Council 66 bargaining unit.

Grade: 13 Step: BASE Hourly pay rate: \$15.7850

Annual salary of position: \$32,832.80 X 4 = 131,331.20

Cost of benefits for position: \$15,457.69 X 4 = \$61,830.76

Does position support a mandated program/grant? YES Name of program: E-911 Dispatch

Source of funding for position: 100 % County \_\_\_\_\_ % State \_\_\_\_\_ % Federal \_\_\_\_\_ % Other

Source of funding for benefits: \_\_\_\_\_ % County \_\_\_\_\_ % State \_\_\_\_\_ % Federal \_\_\_\_\_ % Other

Amount in current year's budget for this position: \$134,341.92

Rationale justifying the need to fill this position at this time. Please include in your rational where applicable:

1. This position is needed to fulfill current dispatcher needs of the county.

*To fill open dispatcher positions in the current schedule. These positions are being filled by part-time staff when available and full time staff otherwise. This is resulting in considerable overtime being paid.*

2. The goals your organization will not be able to accomplish as a result of not filling this position.

*Inability to fulfill E-911 Staffing*

3. The funding available to fill the position from external sources.

*none*

4. The benefit to the County generated by this specific position.

*Public Safety*

Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by the Ways and Means Committee on \_\_\_\_\_

# MEMORANDUM OF EXPLANATION

Intro. No. \_\_\_\_\_  
(Clerk's use Only)

**COMMITTEE: Public Safety**

**Date: November 2, 2016**

The Sheriff's Office is requesting funds from contingency for the Four (4) E-911 Dispatcher positions. The annual salary for these four positions is \$131,331.20. We would like to have them filled as soon as possible and we are asking for two months of salary to be funded from contingency. Two months of salary would be \$21,889.00

\$22,000.00 FROM: Contingency (A1990.429) TO: E-911 Dispatch (A3112.101)

**Fiscal Impact: \$22,000.00**

**Refer to: Ways and Means**

**For further information regarding this matter contact:**

Sheriff Ricky L. Whitney (585) 268-9204

# MEMORANDUM OF EXPLANATION

## For acceptance and budgeting of GRANTS

INTRODUCTION NO: \_\_\_\_\_

(Clerk's use only)

Committee of Jurisdiction: **Public Safety**

Date: **November 2, 2016**

### Explanation of Grant:

(please attach award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

*The Sheriff's Office is requesting the acceptance and appropriation of the New York State Division of Criminal Justice Service Narcotics Grant. This grant is filed jointly with the Cattaraugus County Sheriff's Narcotics Unit. The total award for the grant is \$90,000 that will be split equally between Cattaraugus and Allegany County. The Allegany County Narcotics Unit will receive \$45,000.*

*We anticipate spending these funds on a Drug K-9, License Plate Reader, Drone and licensing and training. These items were submitted pre-acceptance of grant and have been approved by NYSDCJS.*

**FISCAL IMPACT:** Total Grant: \$45,000.00  
Local County Share: \$0.00

State Grant?  Revenue # A 3111.3324.DCJS \$ 45,000.00

Federal Grant  Revenue # \_\_\_\_\_ \$

if Federal, please list Federal Catalog of Federal Domestic Assistance (CFDA) number \_\_\_\_\_ - \_\_\_\_\_

Appropriation breakdown # A 3111.208 (Equipment) \$ 45,000.00

#### Equipment Breakdown:

K-9: \$20,000.00

License Plate Reader: \$20,000.00

Drone: \$5,000.00

This grant is a renewal of an existing grant funded program.

This is a new grant fund program.

Please contact County Treasurer for new account numbers for any new grants.

For further information regarding this matter please contact:

Sheriff Rick Whitney (585) 268-9797 or Lt. Shawn Grusendorf (585) 268-9792

\_\_\_\_\_  
Department Head Signature

## MEMORANDUM OF EXPLANATION

Intro No. \_\_\_\_\_  
(Clerk's Use Only)

**COMMITTEE:** Public Safety

**DATE:** November 2, 2016

Seek approval of a one year contract with attorney Edward Pekarek to serve as the Assigned Counsel Administrator. The contract will be in the amount of \$14,400 and run from November 1, 2016 to October 31, 2017. The contract is necessary as the previous Assigned Counsel Administrator died.

In addition to approving the contract for a new Assigned Counsel Administrator, permission is sought to pay attorney Joseph Miller the sum of \$2,666.66 for handling the work of the Assigned Counsel Administrator on an interim basis during the months of September and October. Attorney Miller undertook this work at the request of the County Attorney. The interim period covers the time period from when the late Assigned Counsel Administrator became incapacitated and unable to perform his duties until a new Administrator is appointed. The amount of pay is at the same rate, (\$1,333.33 per month), as was paid the now deceased Assigned Counsel Administrator.

### **FISCAL IMPACT:**

The fiscal impact will be a slight savings of \$266 in 2016 for the cost of the Assigned Counsel Administrator as the former Administrator was making \$16,000 per year and the new contract, commencing November 1<sup>st</sup>, is at a lesser annual amount of \$14,400. In 2017, the savings would be \$1,333 through October 2017.

**For further information regarding this matter, contact:**

**Tom Miner, County Attorney**

## **AGREEMENT**

**MADE** this 1st day of November, 2016, by and between the **COUNTY OF ALLEGANY**, having offices at 7 Court Street, Belmont, New York, hereinafter referred to as "**COUNTY**" and **PEKAREK LAW GROUP, P.C.**, having an office at 218 East Dyke Street, Wellsville, New York 14895, hereinafter referred to as "**ATTORNEY**".

### **WITNESSETH:**

**WHEREAS**, the "County" has adopted an Assigned Counsel Plan for the representation of indigent persons pursuant to Article 18-B of the County Law, by Resolution No. 68 of 1965 and as amended by Resolution No. 93 of 1965, which plan provides for an administrator, and

**WHEREAS**, the "County" desires to have the "Attorney" act as such Administrator and the "Attorney" desires to perform the duties of such Administrator, upon the terms and conditions set forth below, and

**NOW, THEREFORE**, the parties mutually agree as follows:

1. The "Attorney" agrees to perform the duties of Administrator of the Assigned Counsel Plan For Indigent Persons as set forth and approved by the "County" in County Board Resolution No. 68 of 1965, as amended by Resolution No. 93 of 1965.

2. The "County" agrees to pay the "Attorney" the sum of \$14,400, to be paid in twelve equal or near equal installments at the end of each calendar month that this Agreement is in effect, commencing with the calendar month of November.

3. The "Attorney" agrees to track and provide reports of the hours billed by attorneys participating in the Assigned Counsel Plan and meet with officials from the "County" in an effort to assure the fair and reasonable delivery of services.

4. It is understood and agreed that the relationship of the "Attorney" to the "County" is that of independent contractor, and said "Attorney", in accordance with his status as such contractor, covenants and agrees that he will conduct himself consistent with such status, that he will not hold himself out as, nor claim to be, an officer or employee of the County of Allegany by reason hereof, and that he will not, by reason hereof, make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the "County", including but not limited to workers' compensation coverage, social security coverage, or retirement or credit.

5. The "Attorney" agrees to indemnify and hold the "County", its officers and employees harmless from any liability, claim, demand or judgment, whether for personal injury,

damage to property or otherwise, including the cost of defense, arising from the "Attorney's" performance or failure to perform this Agreement.

6. Any changes or modifications to the terms of this Agreement shall be in writing and executed by the parties in the same manner that this Agreement is executed.

7. This Agreement may not be assigned either in whole or in part by the "Attorney" without the express prior written consent of "County".

8. This agreement is subject to revocation during its term by the County on 30 days written notice in the event that the County is notified of a New York State takeover of the Allegany County indigent defense system, or other similar legislative modification of assignment of counsel to indigent residents. Such agreement may be continued on a day to day basis with the agreement of the parties during the interim, to avoid a gap in services.

9. The term of this Agreement shall be effective from November 1, 2016 and shall terminate on October 31, 2017.

10. This Agreement constitutes the entire Agreement between the parties and no statement, promise, position, understanding, inducement, or representation, oral or written, express or implied, which is not contained herein shall be binding or valid.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement the day and year first above written.

**COUNTY OF ALLEGANY**

**PEKAREK LAW GROUP, P.C.,**

By: \_\_\_\_\_  
Curtis W. Crandall, Chairman  
Board of Legislators

By: \_\_\_\_\_  
Edward Pekarek

**Request to Fill Position Form**

Date: 11/2/16

Committee of Jurisdiction: PUBLIC WORKS

Request to Fill: Title of Position: Heavy Motor Equipment Operator I HMEO I  
Dept.: Public Works (County Road)

Will any positions be eliminated? No  
If yes, which position(s): \_\_\_\_\_

This position is an:  
Existing position?  Newly Created Position? \_\_\_\_\_ Created by Resolution #: \_\_\_\_\_

This position will be:  
Full Time?  Part Time? \_\_\_\_\_ Permanent? \_\_\_\_\_ Temporary? \_\_\_\_\_

This position will be:  
Non Union? \_\_\_\_\_ Union?  covered by the AFSCME bargaining unit.

Grade: 13 Step: \_\_\_\_\_ Hourly pay rate: \$15.7850 - \$19.1063

Annual salary of position: \$32,832.80 - \$39,741.10

Cost of benefits for position: \$15,208.15 \$18,408.08

Does position support a mandated program/grant? \_\_\_\_\_ Name of program: \_\_\_\_\_

Source of funding for position: 100 % County \_\_\_\_\_ % State \_\_\_\_\_ % Federal \_\_\_\_\_ % Other

Source of funding for benefits: 100 % County \_\_\_\_\_ % State \_\_\_\_\_ % Federal \_\_\_\_\_ % Other

Amount in 2016 year's budget for this position: 100%

Rationale justifying the need to fill this position at this time. Please include in your rational where applicable:

- The specific duties that cannot be accomplished by another employee.**  
Operations and maintenance of specialized heavy motor equipment for the County's highway Department
- The goals your organization will not be able to accomplish as a result of not filling this position.**  
Operations and maintenance of specialized heavy motor equipment for the County's highway Department
- The funding available to fill the position from external sources.**  
None
- The benefit to the County generated by this specific position.**  
Operations and maintenance of specialized heavy motor equipment for the County's highway Department

Department Name: PUBLIC WORKS

Date: 10/27/16

County Administrator Authorization: Timothy T Bayle

Date: \_\_\_\_\_

Approved by the Ways and Means Committee on \_\_\_\_\_