

SCHEDULE A

INSURANCE COVERAGE

Workers' Compensation and Employers' Liability Insurance: A policy or policies providing protection for employees in the event of job-related injuries.

Automobile Liability Insurance: A policy or policies with the limits of not less than \$500,000 combined for each accident because of bodily injury, sickness, or disease, sustained by any person, caused by accident, and arising out of the ownership, maintenance or use of any automobile for damage because of injury to or destruction of property, including the loss of use thereof, caused by accident and arising out of the ownership, maintenance, or use of any automobile.

General Liability Insurance: A policy or policies of comprehensive all-risk insurance, including coverage for demolition of structures, with limits of not less than:

Liability For:	Combined Single Limit
Property Damage	\$1,000,000.00
Bodily Injury	\$1,000,000.00
Personal Injury	\$1,000,000.00

RESOLUTION NO. 501

AUTHORIZING AN AGREEMENT WITH PLAZA LINEN SERVICE
REGARDING RESIDENT LAUNDRY SERVICES AT THE ALBANY
COUNTY NURSING HOME

Introduced: 11/13/18

By Elder Care Committee:

WHEREAS, The Department of Residential Health Care Facilities through the Purchasing Agent issued a request for bids for laundry services for residents at the Albany County Nursing Home, and

WHEREAS, The Executive Director of the Albany County Nursing Home has requested authorization to enter into an agreement with Plaza Linen Service, the lowest responsible bidder, regarding resident laundry services in an amount not to exceed \$210,000 for the term commencing January 1, 2019 and ending December 31, 2020, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Plaza Linen Service for resident laundry services at the Albany County Nursing Home in an amount not to exceed \$210,000 for the term commencing January 1, 2019 and ending December 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote - 11/13/18

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of November, 2018, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS WHEREOF, I have hereunto set my hand and the official seal of the County Legislature this 15th day of November, 2018.

A handwritten signature in cursive script, appearing to read "Paul J. Deane", is written over a horizontal line.

Clerk, Albany County Legislature

RESOLUTION NO. 464

AUTHORIZING AN AGREEMENT WITH PLAZA LINEN SERVICE REGARDING RESIDENTIAL LAUNDRY SERVICES AT SHAKER PLACE REHABILITATION AND NURSING CENTER

Introduced: 11/12/19

By Elder Care Committee:

WHEREAS, The Executive Director of the Albany County Department of Residential Health Care Facilities has requested authorization to enter into an agreement with Plaza Linen Service regarding residential laundry services at Shaker Place Rehabilitation and Nursing Center in the amount of \$105,000 for the term commencing January 1, 2020 and ending December 31, 2020, and

WHEREAS, The Executive Director indicated that Plaza Linen Service will pick up soiled residential clothing from Shaker Place Rehabilitation and Nursing Center and clean and return the clothing as directed by nursing home staff, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Plaza Linen Service, Clifton Park, NY 12065 regarding residential laundry services at Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$105,000 for the term commencing January 1, 2020 and ending December 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote - 11/12/19

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 12th day of November 2019, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 14th day of November, 2019.

A handwritten signature in cursive script, appearing to read "Paul T. Dawson".

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;

To accept the III-D Medication Management Program grant from New York State Office for Aging. This grant funds Evidence Based Health Promotion, Disease Prevention, and Recreational programs. These programs provide education along with activities that support healthy lifestyles, promote healthy behaviors and improve functional status for older adults that reside in Albany County in hopes of preventing and reducing chronic disease and falls. Evidence Based Programs awarded this contract year are; Matter of Balance, Falls Talk and Substance Use Disorder Counseling.

Grant Award Amount – \$48,615.40
Grant Term – 1/1/2021 to 12/31/2021
Funding Source – Federal - 90% County - 10%
Budget Amendment – No
Revenue Account – A6772 . 04776

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1792, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization to accept grant funding from NYSOFA for III-D Medication Management Program

Date: 7/23/2020
 Submitted By: Patrick Dillon
 Department: Aging
 Title: Contract Administration
 Phone: 518 447 7733
 Department Rep.
 Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging
Two Empire State Plaza
Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$48,615.40

Scope of Services: To accept grant funding for the provision of health promotion and disease prevention programs for older adults 60 years and older residing in Albany County.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No

Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: AA6772 04776
Revenue Amount: \$48,615.40

Appropriation Account and Line: AA6772 44046
Appropriation Amount: \$53,476.94

Source of Funding - (Percentages)

Federal: 90%
State: Click or tap here to enter text.
County: 10%
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021 - 12/31/2021
Length of Contract: 12 Months

Impact on Pending Litigation

If yes, explain: Yes No
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 305
Date of Adoption: 8/12/2019

Justification: (state briefly why legislative action is requested)

To accept the III-D Medication Management Program grant from New York State Office for Aging. This grant funds Evidence Based Health Promotion, Disease Prevention, and Recreational programs. These programs provide education along with activities that support healthy lifestyles, promote healthy behaviors and improve functional status for older adults that reside in Albany County in hopes of preventing and reducing chronic disease and falls. Evidence Based Programs awarded this contract year are; Matter of Balance, Falls Talk and Substance Use Disorder Counseling.

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

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County
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Program Year - Beginning: 1/1/2020 Ending: 12/31/2020

Fiscal Year from which funds are awarded: 2020 Federal CFDA No. - 93.043 This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>
Personnel	\$0.00	1. Federal Share (see remark 1) \$49,162.00
Fringe Benefits	0.00	2. Combined Matching Share
Equipment	0.00	A. In-Kind \$0.00
Travel	0.00	B. Cash \$5,463.00
Maint. & Operations	0.00	C. Volunteer Match \$0.00
Other Expenses	0.00	3. Net Cost \$54,625.00
Subcontracts	54,825.00	<u>Section III - Federal Funds Ceiling:</u>
Approved Costs	\$54,825.00	A. Carryover \$29,216.40
Less:		B. Base Allocation 19,399.00
Anticipated Income	200.00	C. Reallocation 0.00
Net Cost	\$54,625.00	D. Supplement 0.00
		E. Returned 0.00
		Federal Funds Ceiling (see remark 1) \$48,615.40

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 lower 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 90% of the Disease Prevention and Health Promotion 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 the grant provisions, all Title III-D Disease Prevention and Health Promotion funds may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.

() 6. 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: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020
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RESOLUTION NO. 305**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE MEDICATION MANAGEMENT PROGRAM**

Introduced: 8/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-D Medication Management Program funding in the amount of \$45,168 for the term commencing January 1, 2020 and ending December 31, 2020, and

WHEREAS, The Commissioner indicated that the funding, which requires a 10% County match, will be used to support evidence-based health promotion and disease prevention programs for older adults living in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-D Medication Management Program funding in the amount of \$45,168 for the term commencing January 1, 2020 and ending December 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote – 8/12/19



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
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WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;

To accept the Title III-B Supportive Services grant from New York State Office for Aging. This grant funding will provide funding for supportive services programs to benefit older adults living in Albany County. Title III-B supportive services funding supports programs that links seniors in Albany County with a wide range of services such as; transportation, adult day services, case management, shopping assistance, and preventative health services. These services help older adults to remain independent in their homes and communities.

Grant Award Amount – \$345,097.00
Grant Term – 1/1/2021 to 12/31/2021
Funding Source – Federal - 90% County - 10%
Budget Amendment – No
Revenue Account – A6772. 04773

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1781, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization to accept grant funding from NYSOFA for III-B Supportive Services.

Date: 7/22/2020
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

Change Order/Contract Amendment

Purchase (Equipment/Supplies)

Lease (Equipment/Supplies)

Requirements

Professional Services

Education/Training

Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

Settlement of a Claim

Release of Liability

Other: (state if not listed)

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$345,097.00

Scope of Services: The provision of support services to older adults age 60 years and older residing in Albany County such as social adult day care, transportation, legal, and in-home contact and support.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No

Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: AA6772 04773

Revenue Amount: \$345,097.00

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$379,606.70

Source of Funding - (Percentages)

Federal: 90%
State: Click or tap here to enter text.
County: 10%
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021 - 12/31/2021

Length of Contract: 12 Months

Impact on Pending Litigation

If yes, explain: Yes No
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 302

Date of Adoption: 8/12/2019

Justification: (state briefly why legislative action is requested)

To accept the Title III-B Supportive Services grant from New York State Office for Aging. This grant funding will provide funding for supportive services programs to benefit older adults living in Albany County. Title III-B supportive services funding supports programs that links seniors in Albany County with a wide range of services such as; transportation, adult day services, case management, shopping assistance, and preventative health services. These services help older adults to remain independent in their homes and communities.

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

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee Albany County
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Program Year - Beginning: 1/1/2020 Ending: 12/31/2020

Fiscal Year from which funds are awarded:	2020	Federal CFDA No. - 93.044	This award is	New
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Section I - Cost Categories	Amount	Section II - Grantee Budget - Federal and Matching Funds:
Personnel	\$80,086.00	1. Federal Share (see remark 1) \$265,418.00
Fringe Benefits	0.00	2. Combined matching Share
Equipment	0.00	A. In-Kind \$0.00
Travel	0.00	B. Cash 193,177.00
Maint. & Operations	19,400.00	C. Volunteer Match \$0.00
Other Expenses	9,250.00	
Subcontracts	358,859.00	3. Net Cost \$458,595.00
Approved Costs	\$467,595.00	Section III - Federal Funds Ceiling
Less:		A. Carryover \$0.00
Anticipated Income	9,000.00	B. Base Allocation 252,651.00
Net Cost	\$458,595.00	C. III-C-1 Transfer 92,446.00
		D. III-C-2 Transfer 0.00
		E. Supplement 0.00
		* Federal Funds Ceiling \$345,097.00
		(see remark 1)

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 higher 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 Supportive 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.

() 5. 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: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020
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RESOLUTION NO. 302**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE SUPPORTIVE SERVICES PROGRAM**

Introduced: 8/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-B Supportive Services Program funding in the amount of \$275,257 for the term commencing January 1, 2020 and ending December 31, 2020, and

WHEREAS, The Commissioner indicated that the funding, which requires a 10% County match, will be used to fund programs that link Albany County seniors with services such as transportation, adult day services, case management, shopping assistance, and preventative health services, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-B Supportive Services Program funding in the amount of \$275,257 for the term commencing January 1, 2020 and ending December 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote – 8/12/19



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
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WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;

To accept the III-C1 Congregate Meals Program grant from New York State Office for Aging. This grant funding will provide congregate meal services that to older adults in Albany County.

Grant Award Amount – \$184,893.00
Grant Term – 1/1/2021 to 12/31/2021
Funding Source – Federal - 90% County - 10%
Budget Amendment – No
Revenue Account – A6772. 04774

During the past year, the Albany County Department for Aging supported congregate meal sites within the county that provided 83,911 nutritious meals approved by a registered dietician to 1484 older adults. The program is open to people who are 60 years or older, or the spouse of an eligible individual regardless if age. The congregate meal program not only provides older adults with nutritious meals but also provides them with an opportunity to interact with others, thereby reducing isolation and loneliness.

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1787, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization to accept grant funding from NYSOFA for III-C1 Congregate Meal Program

Date: 7/22/2020
 Submitted By: Patrick Dillon
 Department: Aging
 Title: Contract Administrator
 Phone: 518 447 7733
 Department Rep.
 Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging
Two Empire State Plaza
Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$184,893.00
Scope of Services: Provision of congregate meals to older adults age 60 years and older residing in Albany County.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No

Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: AA6772 04774
Revenue Amount: \$184,893.00

Appropriation Account and Line: AA6772 44046
Appropriation Amount: \$203,382.30

Source of Funding - (Percentages)

Federal: 90%
State: Click or tap here to enter text.
County: 10%
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021 - 12/31/2021
Length of Contract: 12 Months

Impact on Pending Litigation

If yes, explain: Yes No
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 303
Date of Adoption: 8/12/2019

Justification: (state briefly why legislative action is requested)

To accept the III-C1 Congregate Meals Program grant from New York State Office for Aging. This grant funding will provide congregate meal services that to older adults in Albany County.

During the past year, the Albany County Department for Aging supported congregate meal sites within the county that provided 83,911 nutritious meals approved by a registered dietician to 1484 older adults. The program is open to people who are 60 years or older, or the spouse of an eligible individual regardless if age. The congregate meal program not only provides older adults with nutritious meals but also provides them with an opportunity to interact with others, thereby reducing isolation and loneliness.

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

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County
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Program Year - Beginning: 1/1/2020 Ending: 12/31/2020

Fiscal Year from which funds are awarded: 2020	Federal CFDA No. - 93.045	This award is New
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<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>	
Personnel	\$20,000.00	1. Federal Share (see remark 1)	\$375,127.00
Fringe Benefits	0.00	2. Combined Matching Share	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	55,085
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00		
Subcontracts	495,364.00	3. Net Cost	\$430,212.00
Food	0.00	<u>Section III - Federal Funds Ceiling:</u>	
Approved Costs	\$515,364.00	A. Carryover	\$0.00
Less:		B. Base Allocation	369,785.00
Anticipated Income	51,187.00	C. III-B Transfer	-92,446.00
NSIP	33,965.00	D. III-C-2 Transfer	-92,446.00
Net Cost	\$430,212.00	E. Supplement	0.00
		Federal Funds Ceiling (see remark 1)	\$184,893.00

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 lower 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:

Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020
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RESOLUTION NO. 303**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE CONGREGATE MEALS PROGRAM**

Introduced: 8/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-C-1 Congregate Meals Program funding in the amount of \$375,043 for the term commencing January 1, 2020 and ending December 31, 2020, and

WHEREAS, The Commissioner indicated that the funding, which requires a 10% County match, will be used to provide congregate meal services to seniors who are 60 years of age or older and living in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-C-1 Congregate Meals Program funding in the amount of \$375,043 for the term commencing January 1, 2020 and ending December 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote – 8/12/19



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;

To accept the III-C-2 Home Delivered Meals Program grant from New York State Office for Aging. This grant funding will provide home delivered meal services to benefit older adults living in Albany County. Home delivered meals are the most economical long-term care service and can often substitute for or delay the need for more extensive services.

Grant Award Amount – \$286,406.00
Grant Term – 1/1/2021 to 12/31/2021
Funding Source – Federal - 90% County - 10%
Budget Amendment – No
Revenue Account – A6772 . 04775

The home delivered meal program provides nutritious meals to the frail older adults who are incapacitated due to accident, illness or frailty or who have inadequate support from family or friends with food shopping or meal preparation. During the past year, the program delivered over 156,945 nutritious meals to 806 frail older adults that were in need of meals on a temporary or longer-term basis to maintain their health and remain independent within the community.

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1788, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization to accept grant funding from NYSOFA for III-C2 Home Delivered Meal Program.

Date: 7/22/2020
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging
Two Empire State Plaza
Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$286,406.00
Scope of Services: Provision for Home Delivered Meals to older adults 60 years and older residing in Albany County.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No

Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: AA6772 04775
Revenue Amount: \$286,406.00

Appropriation Account and Line: AA6772 44453
Appropriation Amount: \$315,046.60

Source of Funding - (Percentages)

Federal: 90%
State: Click or tap here to enter text.
County: 10%
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021 - 12/31/2021
Length of Contract: 12 Months

Impact on Pending Litigation

Yes No
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 304
Date of Adoption: 8/12/2019

Justification: (state briefly why legislative action is requested)

To accept the III-C-2 Home Delivered Meals Program grant from New York State Office for Aging. This grant funding will provide home delivered meal services to benefit older adults living in Albany County. Home delivered meals are the most economical long-term care service and can often substitute for or delay the need for more extensive services.

The home delivered meal program provides nutritious meals to the frail older adults who are incapacitated due to accident, illness or frailty or who have inadequate support from family or friends with food shopping or meal preparation. During the past year, the program delivered over 156,945 nutritious meals to 806 frail older adults that were in need of meals on a temporary or longer-term basis to maintain their health and remain independent within the community.

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-2 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County
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Program Year - Beginning: 1/1/2020 Ending: 12/31/2020

Fiscal Year from which funds are awarded: 2020 Federal CFDA No. - 93.045 This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>	
Personnel	\$20,000.00	1. Federal Share (see remark 1)	\$191,236.00
Fringe Benefits	0.00	2. Combined Matching Share	
Equipment	0.00	A. In-Kind	\$0.00
Travel	0.00	B. Cash	24,582.00
Maint. & Operations	0.00	C. Volunteer Match	\$0.00
Other Expenses	0.00		
Subcontracts	215,448.00	3. Net Cost	\$215,818.00
Food	0.00	<u>Section III - Federal Funds Ceiling:</u>	
Approved Costs	\$235,448.00	A. Carryover	\$0.00
Less:		B. Base Allocation	193,960.00
Anticipated Income	1,500.00	C. III-B Transfer	0.00
NSIP	18,130.00	D. III-C-1 Transfer	92,446.00
Net Cost	\$215,818.00	E. Supplement	0.00
		Federal Funds Ceiling (see remark 1)	\$286,406.00

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 higher 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 Home Delivered 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 congregate 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: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020
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