

**EDUCATION AND ECONOMIC DEVELOPMENT COMMITTEE
AGENDA
MONDAY, MARCH 19, 2018
4:00 P.M.**

****REVISED****

EDUCATION AND ECONOMIC DEVELOPMENT COMMITTEE MEMBERS: Paul Ruskiewicz, Chair
Leigh J. Benton, Rob Sassi, James D. O'Donnell, Barry J. Cheney, Laurie R. Tautel, Kevindaryan Lujan, Joseph J. Minuta,
Thomas J. Faggione

I. RACHEL WILSON, DIRECTOR, YOUTH BUREAU

- a. **Request to accept and appropriate NYS Department of Health grant extension, "Successfully Transitioning Youth to Adolescence" funding. The award is \$97,201.00. Previously appropriated \$41,658.00 in anticipation of 3-month extension, \$55,543.00 (LR#057)**
- b. **OVERVIEW: Youth Bureau**

II. JOHANNA YAUN, HISTORIAN

UPDATE: Algonquin Park Masonry Study

III. JAMES P. BURPOE, COMMISSIONER, GENERAL SERVICES

- ** Request supplemental appropriation for Pilot Program – Evaluation of security and communication link from various school districts within Orange County to the Emergency Services Center (E911), \$250,000.00 (bonding) (LR#055)**



County of Orange

Legislative Request #: (rev. 1/18)

2018 + 057

(County Executive Dept.'s Use Only)

LEGISLATIVE REQUEST FORM

DATE:*	DATE LEGISLATIVE ACTION REQUIRED: *	DEPARTMENT/DIVISION:
3/5/2018	4/6/2018	Youth Bureau

SYNOPSIS:*

Request the Legislature to accept NYS Department of Health grant extension "Successfully Transitioning Youth to Adolescence funding. The award is \$97,201. Previously appropriated \$41,658 in anticipation of 3 month extension. Request to appropriate \$55,543 as per attached Schedule A.

I.a.

INITIAL	DATE
<i>(Signature)</i>	3/5/18

COUNTY EXECUTIVE'S CONCEPTUAL APPROVAL

COMMENTS

INITIAL	DATE
<i>(Signature)</i>	03/12/18

COUNTY ATTORNEY APPROVAL

COMMENTS

INITIAL	DATE
<i>(Signature)</i>	3/15/18

HUMAN RESOURCES - DEPARTMENT REQUEST

TITLE:*	GRADE: *	STEP:*
DEPARTMENT COMMENTS:*		
PERSONNEL DEPARTMENT COMMENT:		

INITIAL	DATE
<i>(Signature)</i>	3/15/18

BUDGET

BUDGETED:*	AMOUNT *	FUNDING - STATE: *	FUNDING - FEDERAL:*	OTHER FUNDING: *	FUNDING - COUNTY:*
<input type="checkbox"/> YES <input type="checkbox"/> NO					\$ 0.00

BUDGET COMMENTS:

Request a supplemental appropriation of \$55,543 in NYS grant funds as per the attached Schedule A.

INITIAL	DATE
<i>(Signature)</i>	3/15/18

COUNTY EXECUTIVE'S FINAL APPROVAL

COMMENTS

INITIAL	DATE
<i>(Signature)</i>	03/15/18

LEGISLATIVE ACTION: (SYNOPSIS VOTING AND COMMENTS)

STATUTORY: *	NAME:	DATE:	TIME:
<input checked="" type="checkbox"/>	Education + Economic Dev.	3/19/18	4:10 p.m.
*	NAME:	DATE:	TIME:
*	NAME:	DATE:	TIME:
*	NAME:	DATE:	TIME:
SPECIAL:**	NAME:	DATE:	TIME:
		Rec'd 3/15/18	

Legislative Request 2018

Accept and appropriate additional funding for Successfully Transitioning Youth to Adolescence grant

SCHEDULE A

	<u>ORG</u>	<u>ACCT</u>	<u>ACCT DESCRIPTION</u>	<u>AMT</u>
Revenue:	731019	448201	Federal Aid	55,543
Expense	731019	571500	Employee Consult Chrgbks	18,762
	731019	571820	Consult Serv	1,000
	731019	573100	Office Supplies	225
	731019	573200	Food Items	200
	731019	575180	Photocopy Mach Rental	116
	731019	576470	Sub contracts (Non-medical/healthcare)	29,535
	731019	576640	Advertising	87
	731019	576760	Mileage Reimb-County Employee	334
	731019	576810	Repro (Copying) Services	32
	731019	576820	Specialty Payments	5,252



Department of Health

ANDREW M. CUOMO
Governor

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

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

January 23, 2018

Ms. Rachel Wilson
Orange County Youth Bureau
18 Seward Avenue, Suite 102
Middletown, NY 10940

Re: C028569
Successfully Transitioning Youth to Adolescence
7-Month Contract Extension

Dear Ms. Wilson:

This is to inform you of the Department's intent to amend the term of your Successfully Transitioning Youth to Adolescence contract to now end on September 30, 2018. Your award for the 7-month extension period, March 1, 2018 – September 30, 2018 will be \$97,201. **This amendment is contingent upon budget appropriations and approval by the State Comptroller's Office.**

This award is conditioned on the requirement that you are prequalified in the Grants Gateway. Additional information on prequalification and the Grants Gateway can be found on the Grants Reform website (<http://grantsreform.ny.gov/>). Please attend to this requirement to avoid any delay in approvals.

The required budget forms and MWBE forms are enclosed. Detailed work plans will not be required during the 7-month extension period. Contractors will be held responsible for the performance of all activities within the standard work plan.

Contracts valued at greater than \$25,000 are subject to the Department's 30% goal for Minority and Women Owned Business participation. The M/WBE forms consist of a Utilization Plan for identifying the level of M/WBE participation your agency can meet with regard to the equipment, supplies and contractual services (subcontracting) eligible expenses. In addition, a Waiver form is included. If, after making good faith efforts, you are not able to meet the 30% participation goal, complete the waiver and include all required attachments. Complete these forms based on eligible expenses contained in your 7-month extension budget.

Please e-mail completed budget and MWBE documents by **February 7, 2018** to the Divisions of Family Health, Bureau of Administration mail log, DFH.BOA@health.ny.gov and cc me.

Indicate your contract name and contract number in the subject line of the e-mail. (Ex: STYA 2018 ext. budget)

You may contact me at (518) 473-4441 with any budget related questions or Karen Barrett at (518) 473-6172 with any programmatic inquiries. Thank you for your attention to this matter.

Sincerely,

Valerie A. Ridgeway
Health Program Administrator
Division of Family Health
Bureau of Administration

Enclosures

cc: Karen Barrett
Eric Zasada
Nancy Bakker

Bakker, Nancy

From: Ridgeway, Valerie A (HEALTH) <valerie.ridgeway@health.ny.gov>
Sent: Wednesday, February 28, 2018 8:43 AM
To: Bakker, Nancy
Cc: Barrett, Karen A (HEALTH); Ridgeway, Valerie A (HEALTH); doh.sm.dfh.boa
Subject: C028569 STYA Final approved Budget 2-28-18
Attachments: C028569 STYA FINAL APPROVED BUDGET 2-28-18.pdf

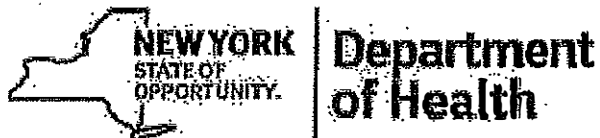
Good morning Nancy,

Attached is the Final approved Budget for the 7-month Extension.

If you have any questions do not hesitate to contact me.

Sincerely

Valerie A. Ridgeway
Division of Family Health
Bureau of Administration



ESP Corning Tower, Room 859
Albany, New York 12237-0621
Phone: 518-473-4441
E-mail: valerie.ridgeway@health.ny.gov

Click [here](#) to report this email as spam.

**ATTACHMENT B-1 - EXPENDITURE BASED BUDGET
SUMMARY**

PROJECT NAME: Successfully Transitioning Youth to Adolescence

CONTRACTOR SFS PAYEE NAME: Orange County Youth Bureau

CONTRACT PERIOD: From: 3/1/2018
To: 9/30/2018

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Personal Services					
a) Salary	18,000.00	16,368.00	91%		34,368.00
b) Fringe	10,732.00	9,759.00	91%		20,491.00
Subtotal	28,732.00	26,127.00	91%		54,859.00
2. Non Personal Services					
a) Contractual Services	67,237.00	28,807.23	43%		96,044.23
b) Travel	500.00	28.65	0%		528.65
c) Equipment	0.00	0.00	0%		0.00
d) Space/Property & Utilities	0.00	12,289.00	0%		12,289.00
e) Operating Expenses	732.00	428.00	0%		1,160.00
f) Other	0.00	5,250.00	0%		5,250.00
Subtotal	68,469.00	46,802.88	68%	0.00	115,271.88
TOTAL	\$97,201.00	\$72,929.88	75%	\$0.00	\$170,130.88

Contract Number: # C-028569

Page 1 of 5, Attachment B-1 – Expenditure Based Budget



County of Orange

LEGISLATIVE REQUEST FORM

Legislative Request #: (rev. 1/18)
 2018 + 055
 (County Executive Dept.'s Use Only)

DATE: * 3/7/2018	DATE LEGISLATIVE ACTION REQUIRED: * 3/20/2018	DEPARTMENT/DIVISION: General Services
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SYNOPSIS: *
 Pilot Program-evaluation of security and communication link from various school districts within Orange County to the Emergency Services Center (E911) \$250,000.00

III

INITIAL	DATE
<i>[Signature]</i>	3/7/2018

COUNTY EXECUTIVE'S CONCEPTUAL APPROVAL

COMMENTS

INITIAL	DATE
<i>[Signature]</i>	03/08/18

COUNTY ATTORNEY APPROVAL

COMMENTS

INITIAL	DATE
<i>[Signature]</i>	3/8/18

HUMAN RESOURCES - DEPARTMENT REQUEST

TITLE: *	GRADE: *	STEP: *
DEPARTMENT COMMENTS: *		
PERSONNEL DEPARTMENT COMMENT:		

INITIAL	DATE
<i>[Signature]</i>	3/19/18

BUDGET

BUDGETED: *	AMOUNT *	FUNDING - STATE: *	FUNDING - FEDERAL: *	OTHER FUNDING: *	FUNDING - COUNTY: *
<input type="checkbox"/> YES <input type="checkbox"/> NO					\$ 0.00

BUDGET COMMENTS:
 Request a supplemental appropriation of \$250,000 for proposed project #65 in the 2018 Capital Plan. Funds to come from borrowing as per the attached Schedule A.

INITIAL	DATE
<i>[Signature]</i>	3/9/18

COUNTY EXECUTIVE'S FINAL APPROVAL

COMMENTS

INITIAL	DATE
<i>[Signature]</i>	3/18/18

LEGISLATIVE ACTION: (SYNOPSIS VOTING AND COMMENTS)

STATUTORY: * NAME:	DATE:	TIME:
✓ Education - Economic Dev.	3/19/18	4:00 p.m.
Public Safety	3/22/18	3:30 p.m.
Ways - means	3/27/18	3:30 p.m.
SPECIAL: ** NAME:	DATE:	TIME:
rec'd 3/19/18		

REVISED SCHEDULE A
Legislative Request 2018-055

Fund	Org	Account	Description	Amount
REVENUE:				
1100	199701	457101	Serial Bonds	\$250,000
EXPENDITURE:				
1100	199701	577010	Capital Expense	\$250,000