

THE PUTNAM COUNTY LEGISLATURE

40 Gleneida Avenue
Carmel, New York 10512
(845) 808-1020 Fax (845) 808-1933

Paul E. Jonke *Chairman*
Amy E. Sayegh *Deputy Chair*
Diane Schonfeld *Clerk*
Robert Firriolo *Counsel*



Nancy Montgomery	Dist. 1
William Gouldman	Dist. 2
Toni E. Addonizio	Dist. 3
Ginny Nacerino	Dist. 4
Greg E. Ellner	Dist. 5
Paul E. Jonke	Dist. 6
Joseph Castellano	Dist. 7
Amy E. Sayegh	Dist. 8
Erin L. Crowley	Dist. 9

AGENDA

**HEALTH, SOCIAL, EDUCATIONAL & ENVIRONMENTAL COMMITTEE MEETING
TO BE HELD IN ROOM #318
PUTNAM COUNTY OFFICE BUILDING
CARMEL, NEW YORK 10512**

Chairwoman Sayegh, Legislators Crowley & Gouldman

Monday

March 18, 2024

(Immediately Following the Economic Development Meeting at 6:30PM)

- 1. Pledge of Allegiance**
- 2. Roll Call**
- 3. Acceptance of Minutes – February 22, 2024 Meeting**
- 4. Approval/Fund Transfer 24T030/Social Services/Division of Juvenile Justice & Opportunities for Youth Facility Chargebacks**
- 5. Approval/Budgetary Amendment 24A013/Health Department/MRC STTRONG (Medical Reserve Corps – State, Territory and Tribal Nations, Representative Organizations for Next Generation) Grant Funding**
- 6. Approval/Budgetary Amendment 24A017/Health Department/ELC (Enhanced Laboratory Capacity) Covid-19 Grant**
- 7. Approval/Budgetary Amendment 24A019/Social Services/Office of Mental Health State Aid Allocation**
- 8. Approval/Budgetary Amendment 24A020/Social Services/Use Opioid Abatement Funds to Purchase a Laptop for the Dual Recovery Coordinator**
- 9. Approval/Budgetary Amendment 24A023/Senior Resources/Use Lobdell Bequeathment Funds to Acquire a Handicap Van for Medical Transportation**
- 10. Other Business**
- 11. Adjournment**

#3

**HEALTH, SOCIAL, EDUCATIONAL & ENVIRONMENTAL COMMITTEE MEETING
HELD IN ROOM #318
PUTNAM COUNTY OFFICE BUILDING
CARMEL, NEW YORK 10512**

Chairwoman Sayegh, Legislators Crowley & Gouldman

Thursday

February 22, 2024

(Immediately Following the Personnel Meeting at 6:30PM)

The meeting was called to order at 6:50 P.M. by Chairwoman Sayegh who requested that Legislator Crowley lead in the Pledge of Allegiance. Upon roll call Legislators Crowley, Gouldman, and Chairwoman Sayegh were present.

Item #3 - Acceptance of Minutes – November 14, 2023 Meeting

The minutes were accepted as submitted.

Item #4 - Approval/Appointment/Community Services Board/Piazza

Chairwoman Sayegh stated this is for Former Social Services Commissioner Michael Piazza.

Legislator Gouldman stated he could not think of anyone better for this Board.

Legislator Crowley stated she appreciates Former Commissioner Piazza staying involved in the County.

Legislator Nacerino stated Former Commissioner Piazza is a wealth of knowledge and experience.

Chairwoman Sayegh made a motion to approve Appointment/Community Services Board/Piazza; Seconded by Legislator Gouldman. All in favor.

Item #5 - Other Business – None.

Item #6 – Adjournment

There being no further business, at 6:52 P.M., Chairwoman Sayegh made a motion to adjourn; Seconded by Legislator Crowley. All in favor.

Respectfully submitted by Administrative Assistant Ed Gordon.

2024

COUNTY OF PUTNAM

FUND TRANSFER REQUEST

cc: all Health A+A

Reso #4

TO: Commissioner of Finance

FROM: Kristen Wunner

DEPT: Dept of Social Services

DATE: 2/14/2024

2024 FEB 20 AM 11:34
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

I hereby request approval for the following transfer of funds:

FROM ACCOUNT# /NAME	TO ACCOUNT# /NAME	AMOUNT	PURPOSE
10612300 54414 (Care At Priv. Institution)	10612900 54413 (Care State Train. School)	\$88,233.00	to cover 2022 2nd-4th Qtr DJJOY Facility Chgbacks

Division of Juvenile Justice & Opportunities for Youth

TOTAL: \$88,233.00

2024_ Fiscal Impact \$ 0 0

2025_ Fiscal Impact \$ 0 0

K. Wunner 2/14/24
Department Head Signature/Designee Date

AUTHORIZATION: (Electronic Signature)

Date Commissioner of Finance/Designee: Initiated by: \$0 - \$5,000.00

Date County Executive/Designee: Authorized for Legislative Consideration: \$5,000.01 - \$10,000.00

Date Chairperson Audit /Designee: \$0 - \$10,000.00

Date Audit & Administration Committee: \$10,000.01 - \$25,000.00

24T030

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
CARE AND MAINTENANCE CHARGEBACK STATEMENT OF OBLIGATION

February 09, 2024

County: **PUTNAM** Current Period: **04/01/2022 - 06/30/2022** OCFSS Statement Number: **CB 37-Q2-22**
 Local Share Approved Financial Hardship Waiver?: **N/A** Current Period (See details attached) **\$103,566.99**
 County Tax Cap Met for this Period?: **Yes**

Quarter ending	Previous Balance	Current Period	Required Amount	Credit Debits Applied	Current Balance
Quarter ending 03/31/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quarter ending 12/31/2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quarter ending 09/30/2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quarter ending 06/30/2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OBLIGATION--To be processed through the Child Welfare Services Settlement:					\$103,566.99

Effective as of the first quarter 2017, counties will no longer receive bills since the Care and Maintenance Chargeback is now part of the Child Welfare Service Settlement System. This change was registered in the Enacted State Fiscal Year 2019-20 Budget. This statement provides the details of each county's quarterly Care and Maintenance Chargeback.

AUTHORIZING OFFICIAL: **Mala Boolchandani**

TITLE: **Director, Bureau of Financial Operations**

SIGNATURE: *Mala Boolchandani* DATE: 09/15/2023

24T030

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CARE AND MAINTENANCE CHARGEBACK STATEMENT OF OBLIGATION

February 09, 2024

County: **PUTNAM** Current Period: **07/01/2022 - 09/30/2022** OCFs Statement Number: **CB 37-Q3-22**
 Local Share Approved Financial Hardship Waiver?: **N/A** Current Period (See details attached) **\$124,239.08**
 County Tax Cap Met for this Period?: **Yes**

Periods Ending (S)	Amount	Home Maintenance	Required Amount	Child Support Applied	Child Support
Quarter ending 06/30/2022	\$103,566.99	\$0.00	\$0.00	\$0.00	\$103,566.99
Quarter ending 03/31/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quarter ending 12/31/2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quarter ending 09/30/2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OBLIGATION--To be processed through the Child Welfare Services Settlement:					\$227,806.07

Effective as of the first quarter 2017, counties will no longer receive bills since the Care and Maintenance Chargeback is now part of the Child Welfare Service Settlement System. This change was registered in the Enacted State Fiscal Year 2019-20 Budget. This statement provides the details of each county's quarterly Care and Maintenance Chargeback.

AUTHORIZING OFFICIAL: **Mala Boolchandani**

TITLE: **Director, Bureau of Financial Operations**

SIGNATURE: *Mala Boolchandani* DATE: 09/18/2023

24T030

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CARE AND MAINTENANCE CHARGEBACK STATEMENT OF OBLIGATION

February 09, 2024

County: **PUTNAM** Current Period: **10/01/2022 - 12/31/2022** OCFs Statement Number: **CB 37-Q4-22**
 Local Share
 County Tax Cap Met for this Period?: **Yes** Approved Financial Hardship Waiver?: **N/A** Current Period (See details attached) **\$13,025.06**

Period End Date(s)	Personnel	Other	Reimbursement	Other	Other	Other
Quarter ending 09/30/2022	\$124,239.08	\$0.00	\$0.00	\$0.00	\$0.00	\$124,239.08
Quarter ending 06/30/2022	\$103,566.99	\$0.00	\$0.00	\$0.00	\$0.00	\$103,566.99
Quarter ending 03/31/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quarter ending 12/31/2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OBLIGATION--To be processed through the Child Welfare Services Settlement:						\$240,831.13

Effective as of the first quarter 2017, counties will no longer receive bills since the Care and Maintenance Chargeback is now part of the Child Welfare Service Settlement System. This change was registered in the Enacted State Fiscal Year 2019-20 Budget. This statement provides the details of each county's quarterly Care and Maintenance Chargeback.

AUTHORIZING OFFICIAL: **Mala Boolchandani**

TITLE: **Director, Bureau of Financial Operations**

SIGNATURE: *Mala Boolchandani* DATE: 02/06/2024

24T030

Putnam County, NY Budget Report



Dept/Org	Object	Project	Description	2022	2023	2023	2023	2024	2024	2024
				Actuals	Original Budget	Revised Budget	Actual (10/31/2023)	Requested	Tentative	Adopted
01 GENERAL FUND										
6123 JUVENILE DELQ AND PINS										
10612300	418231		J D REPAYMENTS	(300.00)	0	0.00	(2,692.28)	0	0	0
10612300	436231		ST AID FOR JD CARE	(331,590.28)	(90,135)	(90,135.00)	(31,220.84)	(98,744)	(98,744)	(98,744)
10612300	51093		OVERTIME	17,070.73	23,246	23,246.00	20,105.14	0	0	0
10612300	54412		NON SECURE DETENTION FACILITY	24,096.32	20,000	20,000.00	0.00	25,000	25,000	25,000
10612300	54414		CARE AT PRIVATE INSTITUTION	269,927.94	400,000	400,000.00	0.00	200,000	200,000	200,000
10612300	54646		CONTRACTS	0.00	0	0.00	0.00	139,506	125,000	125,000
10612300	54989		MISCELLANEOUS	74,190.10	120,355	120,355.00	65,250.00	0	0	0
10612300	58001		STATE RETIREMENT	0.00	3,427	3,427.00	0.00	0	0	0
10612300	58002		SOCIAL SECURITY	1,302.35	1,778	1,778.00	1,528.79	0	0	0
10612300	58004		WORKERS COMPENSATION	0.00	283	283.00	0.00	0	0	0
Total Revenue				(331,890.28)	(90,135)	(90,135.00)	(33,913.12)	(98,744)	(98,744)	(98,744)
Total Expense				386,587.44	569,089	569,089.00	86,883.93	364,506	350,000	350,000
Raised by Taxation				54,697.16	478,954	478,954.00	52,970.81	265,762	251,256	251,256
Total Revenue JUVENILE DELQ AND PINS				(331,890.28)	(90,135)	(90,135.00)	(33,913.12)	(98,744)	(98,744)	(98,744)
Total Expense JUVENILE DELQ AND PINS				386,587.44	569,089	569,089.00	86,883.93	364,506	350,000	350,000
Raised by Taxation JUVENILE DELQ AND PINS				54,697.16	478,954	478,954.00	52,970.81	265,762	251,256	251,256

24T030

Putnam County, NY
Budget Report



Dept/Org	Object	Project	Description	2022 Actuals	2023 Original Budget	2023 Revised Budget	2023 Actual (10/31/2023)	2024 Requested	2024 Tentative	2024 Adopted
01 GENERAL FUND										
6129 STATE TRAINING SCHOOLS										
10612900	54413		CARE STATE TRAINING SCHOOL	212,122.26	152,599	152,599.00	4,034.84	152,599	152,599	152,599
Total Revenue				0.00	0	0.00	0.00	0	0	0
Total Expense				212,122.26	152,599	152,599.00	4,034.84	152,599	152,599	152,599
Raised by Taxation				212,122.26	152,599	152,599.00	4,034.84	152,599	152,599	152,599
Total Revenue STATE TRAINING SCHOOLS				0.00	0	0.00	0.00	0	0	0
Total Expense STATE TRAINING SCHOOLS				212,122.26	152,599	152,599.00	4,034.84	152,599	152,599	152,599
Raised by Taxation STATE TRAINING SCHOOLS				212,122.26	152,599	152,599.00	4,034.84	152,599	152,599	152,599

24T030

Notice of Claim Settlement

Print Date: 2/14/2024

Dept Code: 27000

Time: 10:38:45 AM

Description: 2/12/2024 - CHILD WELFARE 0124 PUTN (BA067585)

District: PUTN

Package: BOTTOMLINE ADJUSTMENT

Voucher No: BA067585

Check Number: 8440857 Check Date: 2/12/2024

Programs	Claims	Adjustments	Advances	Balance Due	Advance For	Amount Due
	0	0	0	0	0	0
SUBTOTAL:	\$0	\$0	\$0	\$0	\$0	\$0

Description of Deductions/Adjustments

Title IVE CARES Act FMAP Increase Adoption Q-End 3/31/23	2,893
Title IVE CARES Act FMAP Recoup Adop State Sh Q-End 03/31/23	-1,794
Title IVE CARES Act FMAP Increase FC Q-Ending 3/31/23	229
Title IVE CARES Act FMAP Increase Guardian Q-Ending 3/31/23	260
CY 2022 DJJOY Facility Chargeback	-240,831
SFY 2022-23 / FFY 2021-22 Child Welfare Final Settlement	-240,447
FFY 2022-23 Child Welfare Advance	1,425,408
SFY 2022-23 / FFY 2021-22 APDV Final Settlement	53,701
FFY 2022-23 APDV Advance	29,034
SFY 2023-24 FCBG Advance	225,742
Net Payment:	\$1,254,195

24T030

MICHAEL J. LEWIS
Commissioner of Finance

cc: all
Health
A+A

SHEILA BARRETT
First Deputy Commissioner of Finance

Reso
#5

DEPARTMENT OF FINANCE
MEMORANDUM

2024 FEB 20 PM 1:42
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

TO: Diane Schonfeld, Legislative Clerk
FROM: Michael J. Lewis, Commissioner of Finance – MJL
RE: Budgetary Amendment – 24A013
DATE: February 14, 2024

At the request of the Senior Fiscal Manager at the Department of Health, the following budgetary amendment is required.

<u>GENERAL FUND</u>			
<u>INCREASE ESTIMATED REVENUES:</u>			
26401001 444892 10217	MRC STTRONG GRANT		\$ 12,100.00
<u>INCREASE APPROPRIATIONS:</u>			
26401001 54329 10217	Promotional		\$ 5,000.00
26401001 54330 10217	Medical Supplies		1,500.00
26401001 54640 10217	Education & Training		3,000.00
26401001 54410 10217	Supplies and Materials		2,600.00
			\$ 12,100.00
	2024 Fiscal Impact \$0-		
	2025 Fiscal Impact \$0-		

Please refer to the attached supporting documentation regarding the MRC STTRONG Grant.

Please forward it to the appropriate committee.

Received add'l Funds
No Matching Funds
Per Bill OTR



PUTNAM COUNTY DEPARTMENT OF HEALTH
 1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390
 www.putnamcountyny.gov/health
 A PHAB-ACCREDITED HEALTH DEPARTMENT

Kevin M. Byrne
 COUNTY EXECUTIVE

Michael J. Nesheiwat, MD
 INTERIM COMMISSIONER OF HEALTH

MEMORANDUM

TO: Michael Lewis, Commissioner of Finance
FROM: William A. Orr, Jr., Senior Fiscal Manager **WAO**
DATE: January 17, 2024
RE: Budgetary Amendment

Please review and approve the Budgetary Amendment as regards to the MRC STTRONG Grant Award, and upon approval, please forward to the Legislative Committee.

Increase Revenue: 26401001-444892-10217		
MRC STTRONG Grant		<u>\$12,100</u>
	Total Revenue	<u>\$12,100</u>
Increase Expense: 26401001-54329-10217		
MRC STTRONG Grant-Promotional		\$5,000
Increase Expense: 26401001-54330-10217		
MRC STTRONG Grant-Medical Supplies		\$1,500
Increase Expense: 26401001-54640-10217		
MRC STTRONG Grant-Ed & Training		\$3,000
Increase Expense: 26401001-54410-10217		
MRC STTRONG Grant-Supplies & Materials		<u>\$2,600</u>
	Total Expense	<u>\$12,100</u>
	Fiscal Impact	<u>\$0.00</u>

Please see attached supporting documents for MRC STTRONG (Medical Reserve Corp – State, Territory and Tribal Nations, Representative Organizations for Next Generation) Funding from NYSDOH.

Putnam County Department of Health has been awarded \$12,100 for the period of 6/1/23 – 5/31/25, to be expended as follows:

Promotional:

Promotional items for recruitment and retention, specific items to be determined. Will need the National MRC logo on some items (may also include Putnam County logo).

Medical Supplies:

For use in “Deployment Bags” for the MRC Volunteers. Examples would be first aid kits, tweezers, scissors, bandages, tissues, alcohol wipes- Various items to be determined.

Education/Training:

Seminars and trainings for MRC Volunteers. Trainings such as “Stop the Bleed” and CPR. Feedback from Volunteers will help decide further trainings.

Non-Office Supplies: for use in Deployment Bags. Examples would be flashlights, batteries, safety gloves, headlamps, canvass bags/backpacks. Other items to be determined.

NC: mb

SUBRECIPIENT CONTACT INFORMATION

SECTION A: NYSDOH / Health Research, Inc. (HRI) Information

Principal Investigator: Kristen Townsend

Prime Sponsor: Administration for Strategic Preparedness & Response (ASPR)

Title of Proposal: Medical Reserve Corp – State, Territory and Tribal Nations, Representative Organizations for Next Generation (MRC-STTRONG)

Period of Performance from: 6/1/23 - 5/31/25

Administrative Contact: Mike Austin; email Michael.austin@health.ny.gov

SECTION B: Subrecipient Information

Legal Name: Putnam County Department of Health

Address: 1 Geneva Road

Address: (9-digit zip code required) Brewster, NY 10509-2339

DUNS#: 072709553

Federal Employer Identification Number (EIN): 14-6002759

GLN9KUJQKBB8

Registered in SAM? No **Expiration Date:** 2-10-24

Name and Title of Authorized Official: (Responsible individual who is authorized to enter into a contractual agreement with other entities)

William Orr

Phone: 845-808-1390 x43146 **Email:** william.orr@putnamcountyny.gov

Name and Title of Programmatic Contact: (Responsible individual for the day to day program activities)

Connie Bueti

Phone: 845-808-1390 x43239 **Email:** connie.bueti@putnamcountyny.gov

Name and Title of Fiscal Contact: (Responsible individual for vouchering/invoicing and maintaining audit records)

Nancy Collier

Phone: 845-808-1390 x43145 **Email:** Nancy.collier@putnamcountyny.gov

New York State Department of Health (NYSDOH)
Office of Health Emergency Preparedness (OHEP)
MRC-STTRONG
2023-2025 MRC Contract Deliverable Coordination Tool

Introduction:

The MRC State, Territory, and Tribal Nations, Representative Organizations for Next Generation (MRC STTRONG) grant 2023- 2025 contract deliverables:

All MRC deliverable documentation, including guidance documents, can be found on the Health Commerce System (HCS) Secured Collaboration Site. To access, follow the below instructions:

- 1.) Log on to HCS
- 2.) Click Secure Collaboration app (HCS account required)
- 3.) Select NYS MRC Collaboration Site
- 4.) Click on Library
- 5.) Open MRC-STTRONG Deliverables
- 6.) Open the folder for the appropriate Deliverable
- 7.) Add your element of completion.

Unless otherwise stated, all elements of completion are to be submitted as a PDF file using the above process.

Deliverable 1: Background Check Training Course		\$500 (One (1) person per unit)
Description	One staff member from each MRC Unit will attend a sub-regional training course on volunteer background checks. Participants will develop a full understanding of background check requirements, limitations, best practices, and policy memorandum deliverable requirements.	
Provider	NYSDOH Volunteer Program Coordinator	
Delivery of Sessions	In-person	
Target Audience	MRC Unit Leader	
Target Dates	December 1, 2023	
Payment	\$500 per MRC Unit.	
Element of Completion	Sign-in sheet.	
Note	Sign-in sheets/documentation must include the event name, event sponsor, date and time. Participant names must be legible and indicate the MRC Unit's operating name/site (not County or LHD) that they are representing for the MRC Unit to be eligible for payment. Participants cannot request payment for more than one MRC Unit for their participation in this event.	

Deliverable 2: MRC Background Check Policy Memorandum		\$4,000
Description	MRCs will complete a Background check policy memorandum for their unit. Guidance and template(s) will be provided during the background check training course.	
Target Audience	MRC Unit Leader	
Target Date	May 31, 2024	
Payment	\$4,000	

Element of Completion	Submission of Policy Memorandum to the MRC Collaboration site on the Health Commerce System (HCS) Security Collaboration Application using the template(s) provided in the background check training course.
Notes	

Deliverable 3: 2024 MRC Workshop		\$500/(One (1) person per unit)
Description	NYSDOH OHEP will host a two-day workshop for MRC Unit Leaders. The workshop will review MRC program requirements, success stories from the field, and provide guidance and template(s) to enable MRC Unit Leaders to develop MRC Unit Operational Playbooks and Spontaneous Unaffiliated Volunteer plans or policies. This is a pre-requisite for completion of Deliverables 4 and 5.	
Provider	NYSDOH Volunteer Program Coordinator	
Delivery of Sessions	In-Person	
Target Audience	MRC Unit Leaders	
Location and Dates	A training announcement with date and registration information will be forthcoming.	
Target Date	June 30, 2024	
Payment	\$500 per unit, per day, maximum award \$1,000	
Element of Completion	Sign-in sheet	
Note	Sign-in sheets/documentation must include the event name, event sponsor, date and time. Participant names must be legible and indicate the MRC Unit's operating name/site (not County or LHD) that they are representing for the MRC Unit to be eligible for payment. Participants cannot request payment for more than one MRC Unit for their participation in this event.	

Deliverable 4: Production of a Unit Operational Playbook		\$4,000
Description	Each MRC Unit will produce a Unit Operational Playbook. This playbook is not a Volunteer Management Plan, it is a guidance manual on how to properly prepare, deploy, demobilize and recover from planned and unplanned operations that involve volunteers of the MRC.	
Target Audience	MRC Unit Leaders	
Target Date	May 31, 2025	
Payment	\$4,000 per unit	
Element of Completion	Submission of Unit Operations Playbook to the MRC Collaboration site on the HCS Security Collaboration Application.	
Note	An informational training on the development of a Unit Operational Playbook will take place during the Deliverable 3: 2024 MRC Workshop.	

Deliverable 5: Spontaneous Unaffiliated Volunteer Plan		\$2,600
Description	Each MRC will develop a Spontaneous Unaffiliated Volunteer plan. This plan will provide guidance on how the MRC will account for or process Spontaneous Unaffiliated Volunteers before during and after an activation of the MRC.	
Target Audience	MRC Unit Leaders	
Target Date	May 31, 2025	
Payment	\$2,600 per unit	
Element of Completion	Submission of Spontaneous Unaffiliated Volunteer Plan to the MRC Collaboration site on the HCS Security Collaboration Application.	
Note	An informational training on the development of a Spontaneous Unaffiliated Volunteer Plan will take place during the Deliverable 3: 2024 MRC Workshop.	

MICHAEL J. LEWIS
Commissioner of Finance



cc: all
Health
A+A

Resol
#6

SHEILA BARRETT
First Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

MEMORANDUM

TO: Diane Schonfeld, Legislative Clerk
FROM: Michael J. Lewis, Commissioner of Finance – MJL
RE: Budgetary Amendment – 24A017
DATE: February 14, 2024

2024 FEB 20 AM 10:32
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

At the request of the Senior Fiscal Manager at the Department of Health, the following budgetary amendment is required.

<u>GENERAL FUND</u>				
<u>INCREASE ESTIMATED REVENUES:</u>				
26401001 444892 10160	Federal Aid - ELC Covid 19 Grant			\$ 17,900.00
<u>INCREASE APPROPRIATIONS:</u>				
26401001 52130 10160	Computer Equipment			\$ 12,000.00
26401001 54313 10160	Books and Supplements			800.00
26401001 54410 10160	Supplies and Materials			500.00
26401001 54636 10160	Internet Costs			600.00
26401001 54782 10160	Software Accessories			1,000.00
26401001 54989 10160	Miscellaneous			3,000.00
				\$ 17,900.00
	2024 Fiscal Impact \$0-			
	2025 Fiscal Impact \$0-			

Please refer to the attached supporting documentation regarding the Enhanced Laboratory Capacity (ELC) – Covid 19 Grant

Please forward it to the appropriate committee.



PUTNAM COUNTY DEPARTMENT OF HEALTH
 1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390
 www.putnamcountyny.gov/health

A PHAB-ACCREDITED HEALTH DEPARTMENT

Kevin M. Byrne
 COUNTY EXECUTIVE

Michael J. Nesheiwat, MD
 INTERIM COMMISSIONER OF HEALTH

MEMORANDUM

TO: Michael Lewis, Commissioner of Finance
FROM: William A. Orr, Jr., Senior Fiscal Manager *WAO*
DATE: February 12, 2024
RE: Budgetary Amendment

Please review and approve the Budgetary Amendment as regards to the Enhanced Laboratory Capacity (ELC)-COVID 19 Grant Award, and upon approval, please forward to the Legislative Committee.

Increase Revenue: 26401001-444892-10160 ELC-COVID 19 Grant	<u>\$17,900</u>		
		Total Revenue	<u>\$17,900</u>
Increase Expense: 26401001-52130-10160 ELC-COVID 19 Grant-Computer Equipment	\$12,000		
Increase Expense: 26401001-54313-10160 ELC-COVID 19 Grant-Books & Supplements	\$ 800		
Increase Expense: 26401001-54410-10160 ELC-COVID 19 Grant-Supplies & Materials	\$ 500		
Increase Expense: 26401001-54636-10160 ELC-COVID 19 Grant-Internet	\$ 600		
Increase Expense: 26401001-54782-10160 ELC-COVID 19 Grant-Software Accessories	\$1,000		
Increase Expense: 26401001-54989-10160 ELC-COVID 19 Grant-Miscellaneous	\$3,000		
		Total Expense	<u>\$17,900</u>
		Fiscal Impact	<u>\$0.00</u>

The ELC-COVID 19 Grant period was expected to end on December 31, 2023, therefore, PCDOH did not include revenues or expenses in the 2024 Budget.

A new Agreement was signed (see attached) in January 2024 extending the Grant period through July 31, 2024. This Amendment funds the county budget for ELC-COVID 19 through July 31, 2024. All purchases will be reimbursed at 100% by the ELC-COVID 19 Grant as per the Agreement.

See attached Quotes for proposed purchases:

Six new laptops with cases for use in office and offsite clinics.

Six tablet cases with keyboards for use at offsite clinics.

Rolling Laptop carrier for transporting multiple laptops to offsite clinics.

"Hot Spots" for internet connection for offsite clinics (Required for "Electronic Medical Record" access).

Continue subscription to Lexis Nexis, a public information search site used for clinics and other Health Department information. (Approximately \$100 per month).

Fund Miscellaneous in the event other items are needed.

NC: mb

Scanned 9/2/24

AMENDMENT #3

This Agreement, made this 23rd day of Jan., 2024 by and between **HEALTH RESEARCH INC.**, hereinafter referred to as "HRI," a domestic not-for-profit corporation, and **PUTNAM COUNTY DEPARTMENT OF HEALTH**, hereinafter referred to as "Contractor."

WHEREAS, heretofore on or about the 31st day of July 2020, the parties hereto entered into a certain agreement regarding "COVID-19 Enhanced Detection", HRI Contract Number **6440-01**, which was subsequently modified by Amendment #1 dated 9/29/2021 and Amendment #2 11/28/2022; and,

WHEREAS it is now desired to amend that provision of such contract designated as "Contract End Date".

NOW THEREFORE, it is mutually agreed by both parties that "Contract End Date" of Agreement HRI Contract Number 6440-01 will be **7/31/2024**.

It is further agreed, by and between the parties hereto, that said Agreement in all portions thereof, as heretofore and herein amended, shall remain in full force and effect in accordance with the terms thereof.

IN WITNESS WHEREOF, the parties hereto have agreed and executed this amendment.

HEALTH RESEARCH INC.

PUTNAM COUNTY DEPARTMENT OF HEALTH

Elizabeth Wood
Elizabeth Wood
Deputy Director

William A. Orr Jr
Name William A. Orr Jr
Title: Senior Fiscal Manager

ELC Grant



Laptops
Computer Agency

Pricing Proposal
Quotation #: 24445004
Reference #: 1/31/2024
Created On: 2/1/2024
Valid Until: 2/29/2024

NY-County of Putnam Health Department

Inside Account Executive

Annmarie Walz
1 Geneva Road
Brewster, NY 10509
United States
Phone: 845-808-1800
Fax:
Email: annmarie.walz@putnamcountyny.gov

Niall El-Adawy
300 Davidson Ave
Somerset, NJ 08873
Phone: 732-652-7686
Fax:
Email: niall_eladawy@shi.com

All Prices are in US Dollar (USD)

Product	Qty	Your Price	Total
1 Dell Latitude 5540 - Intel Core i7 - 1365U / 1.8 GHz - Win 11 Pro - Intel Iris Xe Graphics - 16 GB RAM - 512 GB SSD NVMe, Class 35 - 15.6" IPS 1920 x 1080 (Full HD) - 802.11a/b/g/n/ac/ax (Wi-Fi 6E) - BTS - with 1 Year Basic Onsite Service with Hardware S Dell - Part#: TPJJ4 Contract Name: Sourcewell- Technology Catalog Solutions Contract #: 081419-SHI Note: Participant ID# 34562	6	\$1,765.41	\$10,592.46
Total			\$10,592.46

Additional Comments

Hardware items on this quote may be updated to reflect changes due to industry wide constraints and fluctuations.

Please note, if Emergency Connectivity Funds (ECF) will be used to pay for all or part of this quote, please let us know as we will need to ensure compliance with the funding program.

The products offered under this proposal are resold in accordance with the terms and conditions of the Contract referenced under that applicable line item.

(Handwritten signature)

**PURCHASE REQUISITION FORM
COUNTY OF PUTNAM**

Supplier/Materials

Date

2/1/24

Requisition #

Purchase Order #

Vendor Name / Address
(Company from whom we are purchasing)

B + H Photo

(I.e.: EHS, Nursing, EI, etc)

Charge Program-Account

→ Nursing

Budget Line:

Commodity Code:

ITEM #	Description (Including Model No., Color, Size, etc.)	Quantity	Unit	Unit Price	Amount
	<i>See Attached (Padded Laptop Case)</i>	<i>2</i>	<i>ea</i>	<i>264.74</i>	<i>\$</i>
	<i>Rolling Lap top carrier</i>				
	REQUESTED BY: <i>Mary Mc Cormack</i> (Staff who is asking for the product)				

DATE NEEDED A.S.A.P.

ORDER TOTAL

529.48

DEPARTMENT Health

SUPV / MGR SIGNATURE

For Fiscal How We're Paying	For Fiscal Office Use
Do Not Send PO to Vendor <input type="checkbox"/>	FTR for this Requisition <input type="checkbox"/>
Program Coord will send PO to Vendor <input type="checkbox"/>	Quote Attached <input type="checkbox"/>
Fax <input type="checkbox"/> Email <input type="checkbox"/>	W9 attached for New Vendor <input type="checkbox"/>
Do Not Send PO to Vendor, Online Order <input type="checkbox"/>	Health ID for Toner Cartridge <input type="checkbox"/>
Send Check to Health Dep't <input type="checkbox"/>	Insurance Attached <input type="checkbox"/>
Pay on Voucher (Under \$200.00) <input type="checkbox"/>	
PCARD Transaction (Credit Card) <input type="checkbox"/>	

ELC Grant

420 Ninth Avenue, New York, NY 10001 • Fax: 212.239.7770



1-212 444-6600 1-800 947-9950	1-212 444-6700 1-800 947-9978	1-212 444-5000 1-800 947-9910	1-212 444-5070 1-800 947-1183
----------------------------------	----------------------------------	----------------------------------	----------------------------------

To Inquire About Your Order Tel: 212.239.7765 - 800.221.5743 • Fax: 212.239.7549 - 800.947.2215

The Professional's Source

www.bhphotovideo.com



Software Accessories
Laptop cases

Order No.: 904108463
Bid No.: R201202-OMNIA-P

Bill To: HEALTH DEPARTMENT
HEALTH DEPARTMENT
1 GENEVA RD
BREWSTER, NY 10509
USA

Ship To: HEALTH DEPARTMENT
1 GENEVA RD
BREWSTER, NY 10509

Bill Phone: (845)808-1390

Ship Phone: (845)808-1390

Invoice Date	Terms	Order No:	Order Date	PO NUMBER	Customer Code	Ship Via	
		904108463	02/05/24		B3939561	FDX GROUND	
Qty Ord	Qty Ship	Qty Bko	Item Description		SKU#/MFR#	Item Price	Amount
6	6		COCOON SLIM XL 17" BACKPACK-BLACK Salesperson Code: WB Qualifies for Free Shipping Within the Contiguous USA Please Remit: 395.94 PLEASE NOTE: **** Please reference your quote number on all PO's **** **** ALL PRICES ARE LISTED IN USD ****		COMCP3451BK (MCP3451BK)	\$65.99	\$395.94
Payment Type Card/Check Number Amount Sub-Total: \$395.94						Total Order: \$395.94 Total Payment: \$.00 Balance: USD \$395.94	

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BNI_Invoice-REPRINT

Customer Copy

Page 1 of 1

PURCHASE REQUISITION FORM
COUNTY OF PUTNAM

ELC

*Software
Accessories*

Date 2/1/24
Requisition # _____
Purchase Order # _____

Vendor Name / Address
(Company from whom we are purchasing)

Amazon

(i.e.: EHS, Nursing, EI, etc)

Charge Program-Account

→ *Nursing*

Budget Line:

→

Commodity Code:

→

ITEM #	Description (including Model No., Color, Size, etc.)	Quantity	Unit	Unit Price	Amount
	<i>Tablet Case w/ Keyboard</i>	<i>4</i>	<i>ea</i>	<i>69.98</i>	\$ -
	<i>See Attached</i>				
					<i>279.92</i>
	REQUESTED BY: <i>Mary McCormack</i> (Staff who is asking for the product)				

ORDER TOTAL 0

DATE NEEDED _____

DEPARTMENT *Health*

SUPV / MGR SIGNATURE *Kathleen L. Perreault, SP4*

To: Fiscal How We're Paying	For: Fiscal Office Use
Do Not Send PO to Vendor <input type="checkbox"/>	FTR for this Requisition <input type="checkbox"/>
Program Coord will send PO to Vendor <input type="checkbox"/>	Quote Attached <input type="checkbox"/>
Fax <input type="checkbox"/> Email <input type="checkbox"/>	W9 attached for New Vendor <input type="checkbox"/>
Do Not Send PO to Vendor, Online Order <input type="checkbox"/>	Health ID for Toner Cartridge <input type="checkbox"/>
Send Check to Health Dep't <input checked="" type="checkbox"/>	Insurance Attached <input type="checkbox"/>
Pay on Voucher (Under \$200.00) <input type="checkbox"/>	
PCARD Transaction (Credit Card) <input type="checkbox"/>	

MICHAEL J. LEWIS
Commissioner of Finance



SHEILA BARRETT
First Deputy Commissioner of Finance

cc: all
Health
A+A

Reso
#7

DEPARTMENT OF FINANCE

MEMORANDUM

2024 MAR 11 PM 11:06
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

TO: Diane Schonfeld, Legislative Clerk
FROM: Michael J. Lewis, Commissioner of Finance – *MJL*
RE: **Budgetary Amendment – 24A019**
DATE: March 3, 2024

At the request of the Fiscal Manager at DSS and Mental Health, the following budgetary amendment is required.

<u>GENERAL FUND</u>			
<u>INCREASE APPROPRIATIONS:</u>			
10034000 54647	MH SUPPORTED HOUSING - SUB CONTRACTORS		\$ 54,749.00
<u>INCREASE ESTIMATED REVENUES:</u>			
10034000 434903	STATE AID - MH SUPPORTED HOUSING		\$ 54,749.00
<u>DECREASE APPROPRIATIONS:</u>			
10040000 54647	MH REINVESTMENT - SUB CONTRACTORS		\$ 54,749.00
<u>INCREASE ESTIMATED REVENUES:</u>			
10040000 434981	STATE AID - MH REINVESTMENT		\$ 54,749.00
	2024 Fiscal Impact \$ 0		
	2025 Fiscal Impact \$ 0		

The above budgetary amendment is to align the Mental Health Budget in conjunction with the NYSOMH 2024 State Aid Authorization. Please refer to the attached for further information.

KEVIN BYRNE
County Executive

SARA SERVADIO
Commissioner
Sara.Servadio@dfa.state.NY.US

KRISTEN WUNNER
Fiscal Manager
Kristen.Wunner@putnamcountyny.gov



ELIZABETH BARCAVAGE
Director of Eligibility
Elizabeth.Barcavage@dfa.state.NY.US

FRANK MAROCCO, ESQ.
Director of Children and
Family Services
Frank.Marocco@dfa.state.NY.US


DEANNA DICAPRIO, ESQ
Deputy Counsel for DSS
Deanna.Dicaprio@dfa.state.ny.us

**DEPARTMENTS OF MENTAL HEALTH
SOCIAL SERVICES AND YOUTH BUREAU**

MEMORANDUM

February 23, 2024

TO: Michael Lewis, Commissioner of Finance

FROM:  Kristen Wunner, Fiscal Manager of Department of Mental Health, Social Services, and Youth Bureau

SUBJECT: MH 2024 Budgetary Amendment

Your approval is requested to amend the MH budget to align with NYS OMH CY 2024 State Aid authorization dated 12/29/2023.

Transfer Estimated Appropriations:

FROM:	10040000		MH REINVESTMENT	
		54647	SUB CONTRACTORS	\$54,749
TO:	10034000		MH SUPPORTED HOUSING	
		54647	SUB CONTRACTORS	\$54,749
			Total Estimated Appropriations	\$0

Transfer Estimated Revenue:

FROM:	10040000		MH REINVESTMENT	
		434981	MH ST AID	\$54,749
TO:	10034000		MH SUPPORTED HOUSING	
		434903	MH ST AID SUPPORTED HOUSING	\$54,749
			Total Revenue	\$0
			Fiscal Impact (24)	- 0 -
			Fiscal Impact (25)	- 0 -

Thank you for your time and consideration of this request.

Attachments:

Summary of County budget accounts – OMH/OASAS
OMH Attachment A – Funding Source Allocation Table



cc: Sara Servadio, Commissioner of Department of Mental Health, Social Services, and Youth Bureau

SUMMARY OF COUNTY BUDGET ACCOUNTS-OMH/OASAS ADP CY 2024 - CONTRACT AGENCIES

FC:	013S 10030000 54647	078 10034000 54647	014 10036000 54647	034J/570 10037000 54647	966/965S 10038000 54647	034K/570K 10039000 54647	200/200C 10040000 54647
ADOPTED/REVISED	453035	2173872	108029	373290	74252	54696	847167
AGENCY in accordance with state aid authorizations							
Green Chim							
PHC							250850
ARC			59987			197	
Careers							
SFC		2114333			852		9788
PrYr liability 122P							
SH Workforce RIV FC 200C							
MHA - Putnam			31686	10678	15936		129333
PFCS/COVECARE	353835			311088			218877
Family Supprt Nav.	99793						
Health Home FC 570/570K				69220		54696	
PEOPLES		85716			57267		183570
PrYr liability 122P							
NCA							
MHA - Westchester		28572					
PrYr liability 122P							
PC SHERIFF							
TBD			16356				
TOTALS	453628	2228621	108029	390986	74252	54696	792418
(OVER)/UNDER	598	54749	0	17696	0	0	54749



Attachment A

Funding Source Allocation Table
County Code: 40 County Name: Putnam
Year: 2024 Amendment: 2 - 12/29/2023 4:03:06 PM

Print Date : 01/02/2024 01:39 PM
 Printed By : L6884GNB
 Page : 1 of 2

Funding Source	Code	Type	Prior Letter Allocation	Allocation Changes Since Prior Letter	Revised Current Fiscal Year Allocation	Annualized Value from Prior Letter	Annualized Value Changes from Prior Letter	Fiscal Year Revised Annualized Value	Beds
Local Assistance	001A	GS	\$60,488	\$0	\$60,488	\$0	\$0	\$0	
Community Support Services	014	GS	\$111,568	\$0	\$111,568	\$0	\$0	\$0	
Adult Case Management & ACT	034J	GS	\$321,766	\$0	\$321,766	\$0	\$0	\$0	
Integrated Supp Emp	087	GS	\$52,328	\$0	\$52,328	\$0	\$0	\$0	
PROS State Aid	037P	GS	\$89,636	\$0	\$89,636	\$0	\$0	\$0	
Remarks									
Effective 1/1/2024, PROS Residual State Aid and PROS Vocational Initiative funding recalculated based upon monthly census data reported in CAIRS. CY 2023 funding increases are PFCS PROSper SA \$34,624 Voc \$55,011.									
Effective 04/01/2023, PROS Residual State Aid and PROS Vocational Initiative funding is being increased based upon the 4% COLA effective 04/01/2023. CY 2023 funding increases PFCS PROSper SA \$1,088 Voc \$1,696.									
Dwyer Veteran P2P	038F	GS	\$7,400	\$185,000	\$192,400	\$0	\$0	\$0	
Clinical Infrastructure-Adult	039P	GS	\$62,560	\$0	\$62,560	\$0	\$0	\$0	
CMHS Kids COVID Relief Funds	044C	F	\$0	\$0	\$0	\$0	\$0	\$0	
Clinical Infrastructure-C&F	046A	GS	\$77,916	\$0	\$77,916	\$0	\$0	\$0	
Community Support Programs-C&F	046L	GS	\$322,914	\$0	\$322,914	\$0	\$0	\$0	
Supported Housing	078	GS	\$2,228,621	\$0	\$2,228,621	\$0	\$0	\$0	78
Remarks									
Effective 1/1/24, 2 beds and \$54,749 are being moved from FSC 200C to FSC 078.									
Effective 4/1/23, a \$930 per bed COLA and a \$1,812 per bed stipend increase are being allocated for 76 SH beds. The first year value of this increase is \$156,294. The full annual value is \$208,392.									
Prior Year Liability	122P	GS	\$0	\$0	\$0	\$0	\$0	\$0	
Expanded Community Support Adult	142A	GS	\$276,316	\$0	\$276,316	\$0	\$0	\$0	
Suicide Prevention & Crisis Services	164	GS	\$150,000	\$0	\$150,000	\$0	\$0	\$0	
Trans. Mgmt. Kendra's	170B	GS	\$7,700	\$0	\$7,700	\$0	\$0	\$0	
MGP Admin Kendra's	170C	GS	\$2,532	\$0	\$2,532	\$0	\$0	\$0	



Attachment A

Funding Source Allocation Table

County Code: 40 County Name: Putnam

Year: 2024 Amendment: 2 - 12/29/2023 4:03:06 PM

Print Date : 01/02/2024 01:39 PM
 Printed By : L6884GMB
 Page : 2 of 2

Funding Source	Code	Type	Prior Letter Allocation	Allocation Changes Since Prior Letter	Revised Current Fiscal Year Allocation	Annualized Value from Prior Letter	Annualized Value Changes from Prior Letter	Fiscal Year Revised Annualized Value	Beds
Article 288.31 Closure Re-Invest. (Adult)	175A	GS	\$27,740	\$0	\$27,740	\$0	\$0	\$0	
Com. Reinvestment	200	GS	\$794,416	\$0	\$794,416	\$0	\$0	\$0	
Supported Housing - Workforce RIV	200C	GS	\$0	\$0	\$0	\$0	\$0	\$0	
Remarks									
Effective 1/1/24, 2 beds and \$54,748 are being moved from FSC 200C to FSC 078.									
Effective 4/1/23, a \$930 per bed COLA and a \$1,812 per bed stipend increase are being allocated for 2 SH beds. The first year value of this increase is \$4,113. The full annual value is \$5,484.									
Commissioner's Perf.	400	GS	\$27,524	\$0	\$27,524	\$0	\$0	\$0	
Health Home	570	GS	\$69,220	\$0	\$69,220	\$0	\$0	\$0	
Kids Health Home Care Management	570K	GS	\$54,696	\$0	\$54,696	\$0	\$0	\$0	
Funding Reduction/COLA	965	GS	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel Services Enhancements	965S	GS	\$74,252	\$0	\$74,252	\$0	\$0	\$0	
Grand Total:			\$4,819,593	\$185,000	\$5,004,593	\$0	\$0	\$0	

MICHAEL J. LEWIS
Commissioner of Finance



SHEILA BARRETT
First Deputy Commissioner of Finance

cc: all
Health
A+A

Reso
#8

DEPARTMENT OF FINANCE

MEMORANDUM

TO: Diane Schonfeld, Legislative Clerk
FROM: Michael J. Lewis, Commissioner of Finance – *MJL*
RE: **Budgetary Amendment – 24A020**
DATE: March 4, 2024

2024 MAR 11 PM 11:06
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

At the request of the Fiscal Manager at DSS and Mental Health, the following budgetary amendment is required.

GENERAL FUND				
INCREASE APPROPRIATIONS:				
10431000 52130 10206	MH LGU - OASAS ABATEMENT FUNDS			\$ 560.00
	OASAS ABATEMENT FUNDS			
INCREASE ESTIMATED REVENUES:				
10431000 434983 10206	MH LGU - COMPUTER EQUIPMENT			\$ 560.00
	OASAS ABATEMENT FUNDS			
	2024 Fiscal Impact \$ 0			
	2025 Fiscal Impact \$ 0			

The above budgetary amendment is to request the use of opioid abatement funds to purchase a laptop for the Dual Recovery Coordinator. Please refer to the attached for further information.

KEVIN BYRNE
County Executive

SARA SERVADIO
Commissioner
Sara.Servadio@dfa.state.NY.US

KRISTEN WUNNER
Fiscal Manager
Kristen.Wunner@putnamcountyny.gov



ELIZABETH BARCAVAGE
Director of Eligibility
Elizabeth.Barcavage@dfa.state.NY.US

FRANK MAROCCO, ESQ.
Director of Children and
Family Services
Frank.Marocco@dfa.state.NY.US


DEANNA DICAPRIO, ESQ
Deputy Counsel for DSS
Deanna.Dicaprio@dfa.state.ny.us

DEPARTMENTS OF MENTAL HEALTH
SOCIAL SERVICES AND YOUTH BUREAU

MEMORANDUM

February 26, 2024

TO: Michael Lewis, Commissioner of Finance

FROM:  Kristen Wunner, Fiscal Manager of Department of Mental Health, Social Services, and Youth Bureau

SUBJECT: MH 2024 Budgetary Amendment

Your approval is requested to amend the MH budget to fund the purchase of a laptop computer for the **Dual Recovery Coordinator** set to start with the Department of Mental Health on March 4th, 2024 using opioid abatement funds (quote attached).

Increase Estimated Revenue:

10431000	MH LGU	
434983	OASAS ABATEMENT FUNDS	
10206	OASAS ABATEMENT	\$560
	Total Revenue	\$560

Increase Estimated Appropriations:

10431000	MH LGU	
52130	COMPUTER EQUIPMENT	
10206	OASAS ABATEMENT	\$560
	Total Estimated Appropriations	\$560
	Fiscal Impact (24)	- 0 -
	Fiscal Impact (25)	- 0 -

Thank you for your time and consideration of this request.

Attachments:

2024 Budget – Computer Equipment Request Form
GovConnection, Inc. Sales Quote 25600248.02

cc: Sara Servadio, Commissioner of Department of Mental Health, Social Services, and Youth Bureau




2024 BUDGET - COMPUTER EQUIPMENT REQUEST FORM

DEPARTMENT #: 17

DEPARTMENT NAME: Mental Health - OASAS Abatement

ITEMS	QUANTITY	FEATURES NEEDED	JUSTIFICATION	EST. COST	% COVERED BY GRANT
	1	Dell Latitude 5420 with 4 yr. warranty 16 GB RAM, Mouse, Keyboard, Docking Station, Laptop case, H-DMI Cable	Proposed Dual Recovery Coord.	1,000	OASAS Abatement Funds.


Department Head Approval

8/11/23
Date

IT Approval

Date



SALES QUOTE

GovConnection, Inc.
732 Milford Road
Merrimack, NH 03054

Account Executive: Timothy Vanasse
Phone: (800) 800-0019 ext. 33011
Fax: (603) 683-1204
Email: tim.vanasse@connection.com

25600248.02
PLEASE REFER TO THE ABOVE QUOTE # WHEN ORDERING
Date: 2/26/2024
Valid Through: 3/27/2024
Account #:

Customer Contact: AnnMarie Watz
Email: annmarie.watz@putnamcountyny.g

Phone: (845) 808-4000 x41117
Fax: (845) 225-1421

QUOTE PROVIDED TO: AB#: 5418737 PUTNAM COUNTY DEPT OF SOCIAL SERVICES ACCOUNTS PAYABLE 110 OLD ROUTE 6 BUILDING 2 CARMEL, NY 10512 US (845) 808-1500	SHIP TO: AB#: 20600592 PUTNAM COUNTY SOCIAL SERVICES 110 Old Route 6 Bldg#2 Carmel, NY 10512 US (845) 808-4000 x41117
---	---

DELIVERY	FOB	SHIP VIA	SHIP WEIGHT	TERMS	CONTRACT ID#
5-30 Days A/R/O	Destination	Small Pkg Ground Service Level	10.00 lbs	Net 30	NCPA 01-144

Important Notice: — THIS QUOTATION IS SUBJECT TO THE FOLLOWING Terms of Sale: All purchases from GovConnection, Inc. are subject to the Terms and Conditions of our NCPA Contract # NCPA 01-144. Any Order accepted by GovConnection for the items included in this Quotation is expressly limited to those Terms and Conditions; any other terms and conditions referenced or appearing in your Purchase Order are considered null and void. No other terms and conditions shall apply without the written consent of GovConnection, Inc. Please refer to our Quote Number in your order.

* Line #	Qty	Item #	Mfg. Part #	Description	Mfg.	Price	Ext
1	1	41629856	4MRP5	Latitude 3540 Core i5-1335U / 2x8GB / 256GB PCIe / ax / BT / WC / 15.6" FHD / W11P Dell Distribution Systems-Non CTO	Dell Distribution Systems-Non CTO	\$ 943.36	\$ 943.36
2	1	31978597	808-3109	1-Year Next Business Day to 5-Year ProSupport for Select Latitude Models Dell Services	Dell Services	\$ 292.40	\$ 292.40
3	1	41426972	DELL-WD22TB4	WD22TB4 Thunderbolt 4 Dock Dell Computers	Dell Computers	\$ 289.60	\$ 289.60
4	1	41412672	DELL-CC5623	EcoLoop Pro Briefcase Dell Computers	Dell Computers	\$ 34.25	\$ 34.25
						Subtotal	\$ 1,559.61
						Fee	\$ 0.00
						Shipping and Handling	\$ 0.00
						Tax	Exempt
						Total	\$ 1,559.61

Ann Marie Watz

Connection™

PUBLIC SECTOR SOLUTIONS

we solve IT™

ORDERING INFORMATION
GovConnection, Inc. DBA Connection
NCPA Contract # NCPA 01-144

Please contact your account manager with questions.

Ordering Address
GovConnection, Inc.
732 Milford Road
Merrimack, NH 03054

Remittance Address
GovConnection, Inc.
PO Box 536477
Pittsburgh, PA 15253-5906

Please reference the Contract # on all purchase orders.

TERMS & CONDITIONS

Payment Terms:	NET 30 (subject to approved credit)
FOB Point:	DESTINATION (within Continental US)
Maximum Order Limitation:	NONE
Delivery Time:	1-30 DAYS ARO
FEIN:	52-1837891
DUNS Number:	80-967-8782
CEC:	80-068888K
Cage Code:	OGTJ3
Business Size:	LARGE

WARRANTY: Manufacturer's Standard Commercial Warranty

NOTE: It is the end user's responsibility to review, understand and agree to the terms of any End User License Agreement (EULA).

Important Notice: — THIS QUOTATION IS SUBJECT TO THE FOLLOWING Terms of Sale: All purchases from GovConnection, Inc. are subject to the Terms and Conditions of our NCPA Contract # NCPA 01-144. Any Order accepted by GovConnection for the items included in this Quotation is expressly limited to those Terms and Conditions; any other terms and conditions referenced or appearing in your Purchase Order are considered null and void. No other terms and conditions shall apply without the written consent of GovConnection, Inc. Please refer to our Quote Number in your order.

If you require a hard copy invoice for your credit card order, please visit the link below and click on the Proof of Purchase/Invoice link on the left side of the page to print one: <https://www.govconnection.com/web/Shopping/ProofOfPurchase.htm>

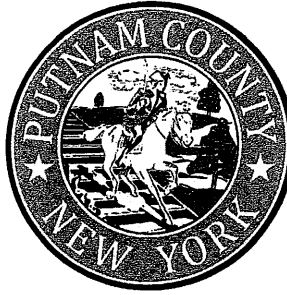
Please forward your Contract or Purchase Order to:

SLEDOPS@connection.com

QUESTIONS: Call 800-800-0019

FAX: 603.683.0374

MICHAEL J. LEWIS
Commissioner Of Finance



cc: all
Health
ARA

Re: 30 #9

SHEILA BARRETT
Deputy Commissioner Of Finance

DEPARTMENT OF FINANCE

MEMORANDUM

TO: Diane Schonfeld, Legislative Clerk
FROM: Michael J. Lewis, Commissioner of Finance – MJL
RE: Budgetary Amendment – 24A023
DATE: March 8, 2024

2024 MAR - 8 PM 4: 38
LEGISLATURE
PUTNAM COUNTY
CARNEL, NY

At the request of the Director of the Office for Senior Resources, the following budgetary amendment is necessary.

General Fund:

Increase Appropriations:

10677300 52650 OSR - Motor Vehicles \$ 70,000

Increase Estimated Revenues:

10677300 427050 OSR - Gifts and Donations \$ 70,000

Fiscal Impact - 2024 - \$ 0

Fiscal Impact - 2025 - \$ 0

The above budgetary amendment is required to ask for permission from the Legislature to use Jane Lobdell bequeathment funds to acquire a handicap van for medical transportation. Please refer to the attached memorandum from Director Cunningham.

Please forward it to the appropriate committee.

Kevin M. Byrne
County Executive



Michael Cunningham
Director

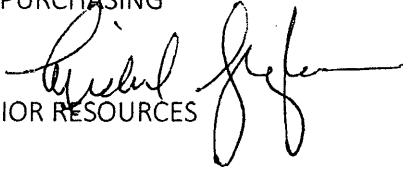


MEMORANDUM

DATE: MARCH 8, 2024

TO: DIANE SCHONFELD
CLERK TO THE LEGISLATURE

CC: KEVIN M. BYRNE, COUNTY EXECUTIVE
JAMES BURPOE, DEPUTY COUNTY EXECUTIVE
MICHAEL LEWIS, COMMISSIONER OF FINANCE
JOHN TULLY, DIRECTOR OF PURCHASING

FROM: MICHAEL CUNNINGHAM 
DIRECTOR, OFFICE FOR SENIOR RESOURCES

RE: PURCHASE OF HANDICAP VAN FOR MEDICAL TRANSPORTATION

Putnam County Office for Senior Resources requests approval for the purchase of a 2024 Chrysler Pacifica modified with BraunAbility wheelchair accessibility features from Bussani Mobility Team East or an alternate bidder for use by the OSR volunteer medical transportation program.

OSR wishes to replace its 1 remaining wheelchair 2014 Mobility Ventures MV-1 vehicle and replace it with a new Chrysler Pacifica wheelchair accessible modified van. OSR operates two wheelchair accessible vehicles for transportation to senior medical appointments by volunteer senior drivers:

- OSR has sought to replace the MV-1s with more conventional vans as the search for replacement parts for MV-1s is challenging with long lead times and costly prices.

Due to the accessibility customization, purchasing this vehicle (versus lease) would be the best option at an all-inclusive price of approximately \$63,395. We are requesting approval for \$70,000 (in case there is adverse movement in the sales price and equipment availability by the time we are prepared to purchase) from the Jane Lobdell bequeathment fund for this purchase.

It is respectfully requested that this matter be placed on the agenda for the next meeting of the appropriate committees.

Thank you for your consideration.