

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

Thursday

November 21, 2024

(Immediately Following the Protective Mtg. at 6:30PM)

- 1. Pledge of Allegiance**
- 2. Roll Call**
- 3. Discussion/Stabilization Center Update/Social Services Commissioner Sara Servadio**
- 4. Approval/Grant Proposal Partnership with Greater Hudson Heritage Network/County Historian Jennifer Cassidy**
- 5. Approval/Fund Transfer 24T387/Health Department/Preschool-Care at Private Institutions**
- 6. Approval/Fund Transfer 24T391/Health Department/Fund Nursing Overtime for Rest of 2024**
- 7. Approval/Budgetary Amendment 24A112/Health Department/Increased Cost of Preschool 3 to 5 Program**
- 8. Approval/Budgetary Amendment 24A115/Health Department/NYS Department of Health's Local Health Department Performance Incentive Program Award**
- 9. FYI/Fund Transfer 24T373/Social Services/Authorized Client Transport**
- 10. FYI/Fund Transfer 24T374/Social Services/Purchase Foster Care Recruitment Giveaways**
- 11. FYI/Fund Transfer 24T396/Health Department/Environmental Health Services Overtime through End of Year**

12. **FYI/Fund Transfer 24T398/Social Services/Expenses related to Foster Home Recruitment Activities**
13. **FYI/Fund Transfer 24T399/Health Department/Purchase Rabies Vaccines for Pre- and Post-Exposure Patients**
14. **FYI/Fund Transfer 24T422/Social Services/Reallocate Funds within ACL-ARPA Grant**
15. **Other Business**
16. **Adjournment**

THE PUTNAM COUNTY LEGISLATURE

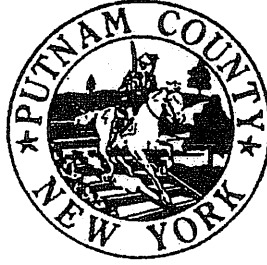
40 Gleneida Avenue

Carmel, New York 10512

(845) 808-1020 Fax (845) 808-1933

#3

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



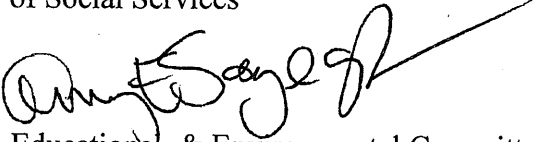
Nancy Montgomery	Dist. 1
William Gouldman	Dist. 2
Toni E. Addonizio	Dist. 3
Ginny Nacerino	Dist. 4
Greg E. Ellner	Dist. 5
Paul E. Jonke	Dist. 6
Joseph Castellano	Dist. 7
Amy E. Sayegh	Dist. 8
Erin L. Crowley	Dist. 9

MEMORANDUM

DATE: November 8, 2024

TO: Kevin Byrne
Putnam County Executive

CC: Sara Servadio
Commissioner of Social Services

FROM: Amy Sayegh 
Chairwoman
Health, Social, Educational, & Environmental Committee

RE: Stabilization Center Update

As the end of year deadline for the American Rescue Plan Act (ARPA) Funds approaches, I respectfully request DSS Commissioner Sara Servadio attend the November 21st Health Committee Meeting to provide an update on the progress of the plans for a Stabilization Center. The meeting will immediately follow the Protective Meeting which begins at 6:30PM in Room 318 of the County Office Building.

Thank you for your attention to this request.

JENNIFER M. CASSIDY
COUNTY HISTORIAN



cc: all Health Reso

KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

#4

MEMORANDUM

To: Putnam County Legislature
From: Jennifer M. Cassidy, County Historian
Date: November 13, 2024
Re: Grant Proposal Partnership with Greater Hudson Heritage Network

2024 NOV 14 PM 12:18
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

The Historian's Office respectfully requests permission to partner with Greater Hudson Heritage Network's (GHHN) grant proposal to be submitted to the 2024 Save America's Treasures Collections Grant program, to potentially help fund conservation efforts for the Sybil Ludington statue located on the shore of Lake Gleneida in Carmel, NY. This consideration does not require any county funding.

This competitive grant, established to protect threatened cultural treasures, is from the Historic Preservation Fund administered by the National Parks Service in partnership with the National Endowment for the Arts, the National Endowment for the Humanities, and the Institute for Museum and Library Services.

If supported, notification will be received by August 2025 and the conservation activities would take place between Oct 1, 2025 - September 2028. It is anticipated that the conservation of the statue will take 8-12 months within that time period. The actual conservation dates would be determined by the availability of the conservator and the timeline of programs at Carmel/Putnam County involving the statue.

To secure conservation funding from this grant program, GHHN would apply on behalf of Putnam County (owner of the sculpture) and other selected organizations for the conservation of specific object(s) and would facilitate staff/volunteer training on the care of the object post-conservation. If Putnam County were to be considered and approved, conservation costs would be covered in part by the Save America's Treasures Collection Grant and in-kind contributions.

I have attached more details on this unique opportunity and make myself available for any questions you may have. Thank you for your consideration.

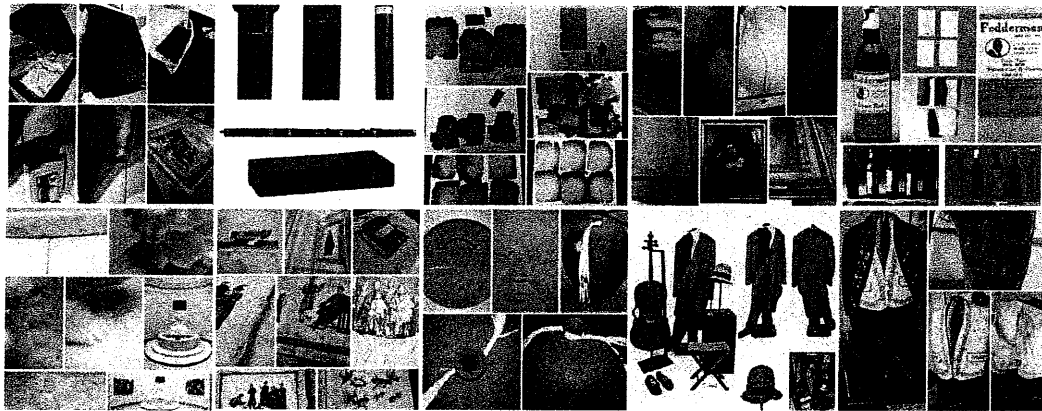
SHARE:

[Join Our Email List](#)

Can't see the images? [View as Webpage](#)

GREATER HUDSON HERITAGE NETWORK

Proudly Serving Heritage Keepers for Over 40 Years



GHHN Seeks Organizational Partners for Grant Proposal!

Do you have an object or a group of related objects that are in dire need of conservation? If the estimated cost of conservation is between \$8,000 - \$20,000, we have an opportunity for you...

As you know, GHHN has managed the NYSCA/GHHN Conservation Treatment Grant Program for over 24 years and has provided approximately \$2.5 million in support to conserve over 1277 objects in 606 NYS museums. However, the ceiling for funding in this program is \$7,500, and we are limited in the types of objects that can be conserved. GHHN has identified a way in which we can support larger conservation projects for small organizations in New York State.

On August 24, 2024, GHHN received \$269,038.00 from Save America's Treasures to conserve objects from 10 small and mid-size museums in New York State. This grant, established to protect threatened cultural treasures, is from the Historic Preservation Fund administered by the National Park Service in partnership with the National Endowment for the Arts, the National Endowment for the Humanities, and the Institute for Museum and

Library Services. The objects from 10 small and mid-size museums include 35 items of historical significance and a wide range of materials, which, after a preliminary assessment, were selected as those items most in need of treatment. A panel of conservators will work on the objects over the course of 8-10 months and will also participate in a Community Engagement Conservation Workshop at each museum for staff and visitors to highlight unique challenges and new discoveries during the process of conserving these unique stories from New York State. The conservation of these 35 projects will take place from the Fall of 2024 through the Summer of 2027. The project will be matched with \$269,359 in non-federal share for a total project cost of \$538,398.

We are again looking to partner with 10 organizations from across the state for a conservation opportunity through the 2024 Save America's Treasures - Collections Grant. In our proposed grant, GHHN would apply on behalf of these 10 organizations for the conservation of specific object(s) and would facilitate staff/volunteer training on the care of the object post-conservation at your site.

All are welcome to participate, however, priority will be given to partners who have:

- operating budget of \$350,000 or less
- objects with demonstrable damage that require conservation treatment
- objects that can be considered 'nationally significant'. This is not as limiting as it sounds; in fact, it is quite broad! Objects that meet any of the criteria below can be supported:
 - Are associated with events that have made a significant contribution to, and are identified with, or that outstandingly represent the broad patterns of United States history and culture and from which an understanding and appreciation of those patterns may be gained; or,
 - Are associated importantly with the lives of persons nationally significant in United States history or culture; or,
 - Represent great historic, cultural, artistic, or scholarly ideas or ideals of the American people; or,
 - Embody the distinguishing characteristics of a resource type that:
 - Is exceptionally valuable for the study of a period or theme of United States history or culture; or
 - Represents a significant, distinctive and exceptional entity whose components may lack individual distinction but that collectively form an entity of exceptional historical, artistic or cultural significance (e.g., an historic district with national significance or a collection that as whole describes a significant aspect of America's development), or
 - Outstandingly commemorates or illustrates a way of life or culture; or,

- Have yielded or may yield information of major importance by revealing or by shedding light upon periods or themes of United States history or culture.

IMPORTANT: the object that you select for conservation may not have previously received conservation from a prior Save America's Treasures grant. Objects owned by state or federal agencies are ineligible.

For this grant proposal, all objects may be considered, which include but not limited to: paintings, works on paper (including individual drawings, watercolors, prints or photographs), textiles (including costumes, domestic textiles and upholstery), furniture, frames, sculpture, historical, ethnographic and decorative objects, as well as archival objects (books, ledgers, log books, letters, scrapbooks, newspapers, ephemera, maps) are eligible!

To see what kind of objects are being conserved through the current Save America's Treasures grant, please visit:

www.greaterhudson.org/save-americas-treasures

If you are interested in partnering with GHHN on this grant proposal, please click the button below to tell us more about the object(s) you have in need of conservation. We are looking to work with one organizational partner from each REDC region.

We have a very fast turnaround on this grant proposal - please fill out the interest form by **5PM on Monday, November 18th**. If you have any questions, please give us a call! Priscilla at 914-592-6726 or Kerry at 914-582-3353.

I'm interested in partnering!

Thank you!



Priscilla

Priscilla Brendler
Executive Director, GHHN



Kerry

Kerry Sciafani
Program Director, GHHN

**GREATER HUDSON
HERITAGE NETWORK**

Proudly Serving Heritage Keepers for 40 Years



#theghhn

Greater Hudson Heritage Network | 2199 Saw Mill River Road | Elmsford, NY 10523 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)



Try email marketing for free today!

COUNTY OF PUTNAM

cc-all
Health
A+A

Reso
#5

FUND TRANSFER REQUEST # 1520

TO: Commissioner of Finance
FROM: William A. Orr, Jr., Senior Fiscal Manager
DEPT: Health
DATE: October 30, 2024

I hereby request approval for the following transfer of funds:

FROM ACCOUNT # / NAME	TO ACCOUNT # / NAME	AMOUNT
104059000-54414 Early Int.-Care at Private Inst.	10296000-54414 Preschool.-Care at Private Inst.	\$55,000.00
104059000-54678 Early Int.-Leased Transportation	10296000-54414 Preschool.-Care at Private Inst.	\$45,000.00
10296000-54678 Preschool-Leased Transportation	10296000-54414 Preschool.-Care at Private Inst.	<u>\$90,000.00</u>
	TOTAL	\$190,000.00

LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

2024 NOV - 1 PM 12:33

PURPOSE

1. Center-Based Rate Changes

Rate increases effective 7/1/24, resulting in an additional \$1,800 - \$5,800 cost per child, depending on the number of services each child receives.

2. Summer Program

State increases 7/1/24: Summer program is expected to cost an additional \$349,000.00 than originally budgeted. Original budgeted: \$375,000 + \$349,000.00 = Actual projected to spend \$724,000.00.

2024 Fiscal Impact \$ 0.00

2025 Fiscal Impact \$ 0.00

Department Head Signature/Designee Date

AUTHORIZATION: (Electronic signatures)

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

24T387

cc-all
Health
AFA

Room
#6

COUNTY OF PUTNAM

FUND TRANSFER REQUEST # 1534

TO: Commissioner of Finance
FROM: William A. Orr, Jr., Senior Fiscal Manager
DEPT: Health
DATE: October 30, 2024

2024 NOV - 1 PM 12:33
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

I hereby request approval for the following transfer of funds:

FROM ACCOUNT # / NAME	TO ACCOUNT # / NAME	AMOUNT
11401000-51094 Nursing-Temp	11401000-51093 Nursing-Overtime	\$2,000.00
11401000-51000 Nursing-Vacant Public Health Nurse Position #401011120	11401000-51093 Nursing-Overtime	<u>\$12,000.00</u>
	TOTAL	\$14,000.00

PURPOSE

To fund the Nursing Overtime line for the rest of 2024. Currently down three full-time positions in Nursing.

2024 Fiscal Impact \$ 0.00

2025 Fiscal Impact \$ 0.00

Department Head Signature/Designee Date

AUTHORIZATION: (Electronic signatures)

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

24T391

MICHAEL LEWIS
Commissioner Of Finance



cc: all
Health
A+A

#7 Res 0

SHEILA BARRETT
First Deputy Commissioner of Finance

ALEXANDRA GORDON
Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

November 4, 2024

Ms. Diane Schonfeld, Clerk
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

Dear Ms. Schonfeld

2024 NOV - 5 AM 11:14
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

Pursuant to Code Section 5-1, A dated February 14, 2010, I am advising you of the following request to amend the 2024 Health Department budget:

Increase Revenues:

10296000	Health – Preschool 3 to 5 Program	
444516	Preschool – Medicaid 3 to 5	<u>\$ 70,000.</u>

Increase Expenses:

10296000	Health – Preschool 3 to 5 Program	
54414	Care at Private Institution	<u>\$ 70,000.</u>

2024 Fiscal Impact - 0
2025 Fiscal Impact - 0

This resolution is required to meet the increased cost of providing services for children enrolled in the Health Department’s Preschool 3 to 5 Program. A detailed explanation of the increases is attached.

AUTHORIZATION:

Date Commissioner of Finance/Designee: Initiation 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 **24A112**

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



MEMORANDUM

TO: Michael Lewis, Commissioner of Finance

FROM: William A. Orr, Jr., Senior Fiscal Manager *WAO*

DATE: October 30, 2024

RE: Budgetary Amendment

Please review and approve the Budgetary Amendment for the following Health Department accounts, and upon approval, please forward it to the Legislative Committee.

Increase Revenue Line: 10296000-444516 \$70,000.00
Preschool – Medicaid 3 to 5

Total Revenue Increase: \$70,000.00

Increase Expense Line: 10296000-54414 \$70,000.00
Preschool – Care at Private Institution

Total Expense Increase: \$70,000.00

Fiscal Impact \$ 0.00

*Budget Line 10296000-54414 includes SEIT and Center-Based services.

SEIT:

Rates for SEIT services increased \$10.00 pr hour effective 7/1/24 per NY state, resulting in a \$2,000.00 additional cost per child per school year. Anticipated increase in children coupled with the increased cost of SEIT will result in a \$20,000.00 per month/ \$240,000.00 per year increase.

Center-Based Rate Changes:

Rate increases effective 7/1/24, resulting in an additional \$1,800-\$5,800 cost per child, depending on the number of services each child receives.

Summer Program:

State increases effective 7/1/24: Summer program is expected to cost an additional \$349,000.00 than originally budgeted. Original budgeted: \$375,000.00 + \$349,000.00 = Actual projected to spend \$724,000.00.

Medicaid Revenues:

Medicaid Revenues are expected to increase accordingly.

WAO: mb

MICHAEL LEWIS
Commissioner Of Finance



cc: all Health A+A

#8

Resol

SHEILA BARRETT
First Deputy Commissioner of Finance

ALEXANDRA GORDON
Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

November 13, 2024

Ms. Diane Schonfeld, Clerk
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

Dear Ms. Schonfeld

2024 NOV 14 PM 1:29
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

Pursuant to Code Section 5-1, A dated February 14, 2010, I am advising you of the following request to amend the 2024 Health Department budget:

Increase Revenues:

10401000 10118	Health Admin – State Aid Other	
434890	Performance Initiative	\$ 20,099

Increase Expenses:

10401000 10118	Health Admin -	
52110	Furniture & Furnishings	\$ 6,100
54310	Office Supplies	150
54311	Printing & Forms	149
12401000 10118	Environmental Health Services	
52110	Furniture & Furnishings	1,200
54210	Vehicle Leasing/Rental	8,000
54370	Automotive	4,500
		<u>\$ 20,099</u> ✓

2024 Fiscal Impact -0-

2025 Fiscal Impact -0-

The Putnam County Health department has been awarded \$20,099 through the NYS Department of Health’s Local Health Department (LHD) Performance Incentive Program for 2024.

This resolution is required to fund the lines.

24A115

AUTHORIZATION:

Date _____ Commissioner of Finance/Designee: Initiation 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

MICHAEL J. NESHEIWAT, MD
INTERIM COMMISSIONER OF HEALTH



KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

TO: Michael Lewis, Commissioner of Finance

FROM: William A. Orr, Jr., Senior Fiscal Manager

WAO

DATE: November 12th 2024

RE: Budgetary Amendment

Please process this Budgetary Amendment for the following Health Department accounts:

Increase Revenue: Performance Incentive Initiative \$20,099.00
10401000-434890-10118

(See attachment A -Award letter)

TOTAL Revenue \$20,099.00

Increase Expense: 10401000-52110 *10118* \$ 6,100.00
Administration-Furniture

Increase Expense: 10401000-54310 *10118* \$ 150.00
Administration-Office Supplies

Increase Expense: 10401000-54311 *10118* \$ 149.00
Administration: Printing

Increase Expense: 12401000-52110 *10118* \$ 1,200.00
EHS Furniture

Increase Expense: 12401000-54210 *10118* \$ 8,000.00
EHS-Automotive Lease

Increase Expense: 12401000-54370 *10118* \$ 4,500.00
EHS-Automotive

TOTAL Expense \$20,099.00

2024 TOTAL Fiscal Impact \$-0-

Justification:

Administration Furniture: Replace conference room chairs, (assessment was done on 11/6/24 by Rebecca from Metrobiz to determine best chair). **See attachment B** quote for conference room chairs (will not be taking inside delivery). Purchase desk and chair for new Fiscal Office Assistant, purchase three small stools to use with existing small round conference table to enable Fiscal support staff to have a meeting area and group work area.

Administration: Office Supplies: basic office supplies and desk accessories for New Fiscal Office Assistant.

Administration: Printing- purchase payroll/temp vouchers and Time Off Requests.

EHS Furniture: Purchase two chairs for EHS Support staff and one four-drawer filing cabinet. (PCDOH has checked with Highway, there are no similar cabinets available in storage).

EHS Automotive Lease: to replace vehicle that was in an accident and has been deemed "Totaled". **See Attachment C- Email thread regarding Junking vehicle (EHS Engineering)**

EHS automotive: Repairs to Leased vehicle involved in minor accident
See Attachment D – Estimate for repair (EHS Sanitarian).

Attachment "A"

1 page



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

Dear Michael Nesheiwat, MD,

Thank you for your participation in the New York State Department of Health's ongoing Local Health Department (LHD) Performance Incentive Program. In year eleven (2023) of the program, which began in December 2022 and concluded in August 2023, the Department focused on promoting wastewater surveillance.

The Department is pleased to announce that once again county participation in the program was strong. This year, 57 LHDs receive an award.

Putnam County participated, receiving a composite score of 93.6 and has been awarded a total of \$20,099. Congratulations.

As with prior Performance Incentive program years, awards must be used to support costs associated with Article 6 eligible services. While costs associated with any eligible activity are acceptable, LHDs are encouraged to consider utilizing the award funds to support environmental health related work.

The Article 6 Team is requesting that each LHD submit a separate voucher for the Performance Incentive award specified in this letter. However, LHDs are not required to voucher the full award amount in a single voucher and may claim award funds throughout the 2024 program (calendar) year, allowing each LHD to determine the timing of the Performance Incentive award payment(s). The Performance Incentive award amount must be reflected on the Performance Incentive line in the 2024 Quarterly Expenditure Report (QER) and may be submitted with any 2024 QER(s) no later than March 31, 2025. Please submit the Performance Incentive award voucher electronically to a6fis@health.ny.gov.

Thank you again for your participation. We look forward to continuing to work with you and your staff to improve the delivery of public health services. Please send any questions regarding the award program to a6PI@health.ny.gov.

Sincerely,

Bryan Tarr
GPHW Manager

Christopher F. Davis
Performance Incentive Coordinator



Attachment "B"

1 page

DATE: 11/08/24

QUOTE #: 15212BP

TO:

Putnam County Department of Health
 Shanna Siegel, RN, BSN
 PHONE | 845.808.1390 ext 43258
 FAX | 845.278.7921

QTY	Model #	Description	LIST PRICE	TOTAL LIST PRICE	STATE PRICE	TOTAL STATE PRICE
12	HIWMM.YO.F.H.IM.COMP10.NL.SB.T -		\$ 795.00	\$ 9,540.00	\$ 310.45	\$ 3,725.40
		• IGNITION MID BACK TASK CHAIR WITH:				
		• PNEUMATIC LIFT				
		• SWIVEL				
		• SYNCHR-TILT				
		• TILT LOCK				
		• TILT TENSION				
		• BLACK MESH BACK				
		• FIXED ARMS				
		• 300 LBS WEIGHT LIMIT				
		• GRADE 1 FABRIC- COMP10 - INK				
	NOTES:	HON QUOTE ID SQCRU000415-1				
		STANDARD LEAD TIME 6-7 WEEKS				
Please Issue Order As Follows:						
Ordering Address:		The HON Company				
		c/o Langit & Associates, Inc.				
		200 Oak Street				
		Muscatine, IA 52761				
NYS Contract No.:		PC70286				
Contract Period:		12/01/28				
Contract Delivery:		60 Days ARO or Sooner				



TOTAL LIST PRICE:	\$ 9,540.00	
SUBTOTAL:		\$ 3,725.40
INSIDE DELIVERY: (optional)		\$ 745.08
TOTAL STATE PRICE:		\$ 4,470.48

Attachment "C"

7 pages

This vehicle was

jointed -

Please

review email

(Assigned
Engineering Dept)

From: Christopher Vitiello
Sent: Tuesday, October 8, 2024 6:56 AM
To: Margaret Purcigliotti
Cc: Dawn Alterman; Michele Pinto
Subject: RE: PCDOH County Car Accident Paperwork

Good Morning,

Please drop the car off at the DPW garage and I will surrender the plates and handle the vehicles disposal.

Thank you,
Chris

From: Margaret Purcigliotti <Margaret.Canning@putnamcountyny.gov>
Sent: Monday, October 7, 2024 2:09 PM
To: Dawn Alterman <dawn.alterman@putnamcountyny.gov>
Cc: William Orr <William.Orr@putnamcountyny.gov>; Mat Bruno <Mat.Bruno@putnamcountyny.gov>; Christopher Vitiello <christopher.vitiello@putnamcountyny.gov>
Subject: RE: PCDOH County Car Accident Paperwork

Hi Dawn,

Do I need to contact the body shop and surrender the car to them (and get everything you mentioned below)?

Margaret

From: Dawn Alterman <dawn.alterman@putnamcountyny.gov>
Sent: Friday, October 4, 2024 9:36 AM
To: Margaret Purcigliotti <Margaret.Canning@putnamcountyny.gov>
Cc: William Orr <William.Orr@putnamcountyny.gov>; Mat Bruno <Mat.Bruno@putnamcountyny.gov>; Christopher Vitiello <christopher.vitiello@putnamcountyny.gov>
Subject: RE: PCDOH County Car Accident Paperwork

Hi Margaret,

When you surrender the car, please provide the FS-6T from DMV so we can remove the car from our vehicle policy. In addition, when you lease the new car and take delivery, we will need all the information on the vehicle to add it to our policy. Most leased vehicles will have comp and collision. Once added to the policy, we will send you an insurance card to keep in the vehicle.

Thank you,



Dawn Alterman

Office Manager , Putnam County Risk Department
PHONE | 845.808.1150 ext. 49412 FAX | 845.808.1903
WEBSITE | PUTNAMCOUNTYNY.COM
PUTNAM COUNTY GOVERNMENT NEW YORK
"Empowering Putnam County through dedicated service."

From: Margaret Purcigliotti <Margaret.Canning@putnamcountyny.gov>
Sent: Friday, October 4, 2024 9:00 AM
To: Mat Bruno <Mat.Bruno@putnamcountyny.gov>; Dawn Alterman <dawn.alterman@putnamcountyny.gov>
Cc: William Orr <William.Orr@putnamcountyny.gov>
Subject: RE: PCDOH County Car Accident Paperwork

Good morning Mat and Dawn!

Bill Orr and John Tully discussed this and decided the car should be junked. We are going to look into leasing a new vehicle. Please advise on next steps for us, thanks!

Margaret

From: Mat Bruno <Mat.Bruno@putnamcountyny.gov>
Sent: Wednesday, September 25, 2024 2:28 PM
To: Margaret Purcigliotti <Margaret.Canning@putnamcountyny.gov>; Dawn Alterman <dawn.alterman@putnamcountyny.gov>
Subject: RE: PCDOH County Car Accident Paperwork

They don't make them like they used to, that's for sure LOL

Ok let me know. I'm good either way you guys wanna handle it.



Mat C. Bruno Sr.

Risk Manager • Putnam County Risk Department
PHONE | 845.808.1150 • FAX/ALT | 845.808.1906 • WEBSITE | PUTNAMCOUNTYNY.COM
PUTNAM COUNTY GOVERNMENT NEW YORK
"Empowering Putnam County through dedicated service."

Information may be protected by attorney/client privilege, work product immunity or other legal rules. If the reader of this message and any attachments thereto is not the intended recipient, you are notified that retention, dissemination, distribution or copying of this e-mail message or any attachments is strictly prohibited. Although this e-mail message (and any attachments) is believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, the intended recipient is responsible to ensure that it is virus free.

Preliminary Estimate

Customer: PUTNAM COUNTY HEALTH DEPARTMENT

2020 JEEP Compass Sport 4WD 4D UTV 4-2.4L Gasoline Sequential MPI WHITE

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			2,726.65
Parts Discount	\$ 2,726.65	-7.0 %	-190.87
Body Labor	11.8 hrs @	\$ 46.00 /hr	542.80
Paint Labor	11.5 hrs @	\$ 46.00 /hr	529.00
Paint Supplies	11.5 hrs @	\$ 27.00 /hr	310.50
Miscellaneous			42.00
Subtotal			3,960.08
Grand Total			3,960.08

estimate only

THE ABOVE IS AND ESTIMATE BASED ON OUR INSPECTION AND DOES NOT INCLUDE ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE FOUND AFTER WORK HAS BEEN STARTED.OCCASIONALLY WORN OR DAMAGED PARTS MAY BE DISCOVERED WHICH WERE NOT EVIDENT ON FIRST INSPECTION.PARTS PRICES ARE CURRENT AND SUBJECT TO CHANGE.

ALL REPAIRS GUARANTEED FROM DATE OF REPAIRS FOR DURATION OF ORIGINAL OWNERSHIP.

I HEREBY AUTHORIZE AUTO CRAFT AUTO BODY INC. TO MAKE ABOVE REPAIRS TO MY VEHICLE. I ALSO AGREE THAT YOU ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE,THEFT OR ANY OTHER CAUSE BEYOND YOUR CONTROL.I HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED ON STREETS,HIGHWAYS OR ELSEWARE FOR THE PURPOSE OF TESTING AND/OR INSPECTION.

X _____ DATE _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

You are entitled to the return of all replaced parts, except warranty and exchange parts, but you must ask for them in writing before any work is done. If you authorize work by phone, the shop must keep any replaced parts, and make them available when you pick up the vehicle.

AUTO CRAFT BODY & COLLISION

auto@autocraftbody.com
146 Hill and Dale Rd, CARMEL, NY 10512
Phone: (845) 225-4565
FAX: (845) 225-4856

Workfile ID: d5b6cfd6
PartsShare: 8345FW
Federal ID: 272558295
License Number: 7110711

Preliminary Estimate

*estimate for
Repair to
Vehicle
(EHS
assigned)*

Customer: PUTNAM COUNTY HEALTH DEPARTMENT

Written By: Anibal Cuba

Insured: PUTNAM COUNTY HEALTH DEPARTMENT

Policy #:

Claim #:

Type of Loss: Comprehensive

Date of Loss:

Days to Repair: 0

Point of Impact: 12 Front

Owner:

PUTNAM COUNTY HEALTH DEPARTMENT
(845) 808-1390 x43118 Business

Inspection Location:

AUTO CRAFT BODY & COLLISION
146 Hill and Dale Rd
CARMEL, NY 10512
Repair Facility
(845) 225-4565 Day
Date Inspected: 7/10/2024

Insurance Company:

Attachment "D"

7 pages

VEHICLE

2020 JEEP Compass Sport 4WD 4D UTV 4-2.4L Gasoline Sequential MPI WHITE

VIN: 3C4NJDAB5LT212250
License: DB3018
State: NY

Interior Color:
Exterior Color: WHITE
Production Date:

Mileage In: 13,314
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

6 Speed Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors

DECOR

Dual Mirrors
Tinted Glass
Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Backup Camera

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Rear Spoiler
California Emissions

Preliminary Estimate

Customer: PUTNAM COUNTY HEALTH DEPARTMENT

2020 JEEP Compass Sport 4WD 4D UTV 4-2.4L Gasoline Sequential MPI WHITE

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2		O/H front bumper				3.0	
3	Repl	Bumper cover w/o ft prk aid	68499103AA	1	519.00	Incl.	3.0
4		Add for Clear Coat					1.2
5	R&I	R&I grille assy				Incl.	
6	Repl	RT Side retainer	68244508AB	1	15.65	Incl.	
7		FRONT LAMPS					
8	Repl	RT Headlamp assy	55112706AF	1	675.00	0.3	
9		Alm headlamps				0.5	
10	R&I	LT Headlamp assy				0.3	
11	R&I	RT Signal lamp				Incl.	
12	R&I	LT Signal lamp				Incl.	
13		HOOD					
14	Repl	Hood (ALU)	68524063AA	1	1,130.00	1.6	2.4
15		Add for Clear Coat					1.0
16		Add for Underside(Complete)					1.2
17		Add for Clear Coat					0.2
18	Repl	Nameplate "Jeep" chrome	68243730AA	1	132.00	0.2	
19		FENDER					
20	*	Blnd RT Fender (HSS)					1.0
21	*	Blnd LT Fender (HSS)					1.0
22	R&I	RT Wheel opng mldg				0.3	
23	R&I	LT Wheel opng mldg				0.3	
24		VEHICLE DIAGNOSTICS					
25	*	Pre-repair scan		1	125.00 m		
26	*	Post-repair scan		1	125.00 m		
27		MISCELLANEOUS OPERATIONS					
28	* Repl	Cover car/bag		1	5.00	0.2	
29	#	Test Fit New Parts		1		1.0	
30	#	CLEAN FOR DELIVERY		1	10.00 T	1.0	
31	#	DENIB & POLISH TO MATCH FACTORY CLEARCOAT		1	T	1.0	
32	#	FLEX ADDITIVE		1	15.00 T		
33	#	EPOXY PRIMERS/ANTI-CORROSIVE		1	12.00 T		
34	#	TINT COLOR/SPRAY CARDS		1		0.5	0.5
35	#	HAZARDOUS WASTE DISPOSAL		1	5.00 T		
36	#	d&r Battery		1		0.3	
37	#	Reset Electrical Components		1		0.3	
38	#	Support & Maintain Battery Voltage		1		0.5	
39	#	Protect open electrical connectors		1		0.5	
SUBTOTALS					2,768.65	11.8	11.5

**COUNTY OF PUTNAM
FUND TRANSFER REQUEST
2024**

*cc: all Health-FY1 sign
A+A sign. #9*

TO: Commissioner of Finance
FROM: Kristan Wunner
DEPT: Department of Mental Health & Social Services
DATE: October 24, 2024

I hereby request approval for the following transfer of funds:

FROM ACCOUNT #/NAME	TO ACCOUNT #/NAME	AMOUNT	PURPOSE
10116000.51094 SS-WMS - Temp	10198900.54670 Office For Disabled Non-Employee Travel	\$500.00	Reappropriate funds for authorized client transport

TOTAL: \$500.00

2024 OCT 31 PM 3:43
 LEGISLATURE
 PUTNAM COUNTY
 CARNEL, NY

SIGNATURES NOT NEEDED - THEY WILL BE AUTHORIZED VIA COMPUTER SYSTEM

2024 Fiscal Impact \$ 0
 2025 Fiscal Impact \$ 0

Kristan Wunner

 Department Head Signature/Designee Date: 10/25/24

AUTHORIZATION:

Date _____ Commissioner of Finance/Designee: Initiation and \$0-\$5,000.00

Date _____ County Executive/Designee: \$5,000.01 - \$10,000.00

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

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

24TT373

Outlook

Service request authorization L.DeVito

From Dana Touponse <Dana.Touponse@putnamcountyny.gov>

Date: Mon 9/16/2024 1:39 PM

To: Info@carmeltaxi.net <Info@carmeltaxi.net>; carmeltaxi@yahoo.com <carmeltaxi@yanoo.com>

Good afternoon,

I am writing to authorize transportation for Louis DeVito (phone- 845-200-7463) on behalf of Putnam County MH:

Pick up address: Private residence- 1736 Route 6, Carmel, NY 10512

Destination: Mahopac Justice Court- 60 McAlpin Avenue, Mahopac, NY 10512

Pick up time: 4:30 pm

Return time: Will call

Please let me know if any additional information is needed.

Thank you,
Dana Touponse



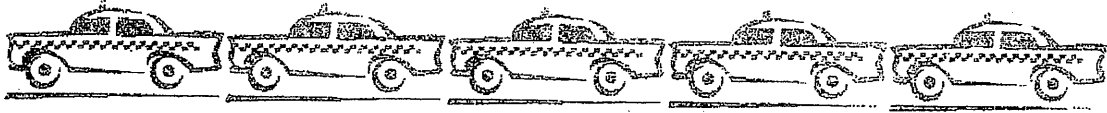
Dana Touponse

Coordinator - Office for individuals with Disabilities - Putnam County Mental Health

PHONE | 845.808.1641 ext. 43019 • WEBSITE | PUTNAMCOUNTYNY.COM

PUTNAM COUNTY GOVERNMENT NEW YORK

"Empowering Putnam County through dedicated service."



PUTNAM COUNTY DEPARTMENT OF SOCIAL SERVICES
SERVICES REQUEST FOR TRANSPORTATION

(This form is to be used only for trip(s) requested within one calendar week. A separate form must be completed for each week in which trip(s) are requested.)

DATE(S) OF TRIP: 8/20/2024

PICK UP TIME(S): 4:00 PM

PICK UP ADDRESS: 1736 Rt 6, Apt 3C Carmel NY 10512

DESTINATION(S): Town of Carmel Justice Court
60 McAipin Ave, Mahopac, NY 10541

RETURN TIME(S): will call for return trip

TAXI COMPANY: Carmel Taxi

F: 845-592-0611

ROUND TRIP

OR

ONE WAY

CLIENT'S NAME: Louis Divito

CIN: APS

CLIENT'S PHONE #: 845-200-7483

CLIENT'S CASE NUMBER:

COMMENTS: APS

CASEWORKER'S SIGNATURE: P. Falzett



EMPLOYEE TRANSPORTATION PROVIDED TO:
 PUTNAM COUNTY D.S.S.
 110 OLD RTE 6
 SUITE#2
 CARMEL, NY 10512
CONTACT: Tome Diana (DFA)
 DIANA.TOME@DFA.STATE.NY.US
Date: 10/15/24

INVOICE: 10-13-2024 **BY:**
 MANNY'S TAXI & LIMOUSINE CO-24HRS LLC
 167B Main Street
 BREWSTER, NY 10509
CONTACT: Byron Illescas (OWNER)
Phone: (845) 279-1398
Cell: (845) 803-5523
 MANNYSTLC@GMAIL.COM

Date	From	To	Fare
10/13/24	^{ACME} 3071 E Main Street Mohegan Lake NY 10547	54 Reichert Street Lake Peekskill, NY 10537	\$ 120.00
10/14/24	54 Reichert Street Lake Peekskill, NY 10537	^{Kohl's} 3008 E Main Street Mohegan Lake NY 10547	\$ 120.00
	^{ACME} 3071 E Main Street Mohegan Lake NY 10547	54 Reichert Street Lake Peekskill, NY 10537	\$ 120.00
TOTAL			\$ 360.00

Please make checks payable to: Manny's Taxi
 167-B Main St.
 Brewster NY 10509

PAYMENT DUE UPON RECEIPT.



PUTNAM COUNTY DEPARTMENT OF SOCIAL SERVICES
SERVICES REQUEST FOR TRANSPORTATION

(This form is to be used only for trip(s) requested within one calendar week. A separate form must be completed for each week in which trip(s) are requested.)

DATE(S) OF TRIP: 10/12/24, 10/13/24 and 10/14/24

PICK UP TIME(S): 10/12- 5:30 pm
10/13- 5:30 pm
10/14- 8:15 am and 5:30 pm

PICK UP ADDRESS: 10/12- Acme- (Bus stop) 3071 E. Main St., Mohegan Lake to (home) 54 Reichert St. Lake Peekskill
10/13- Acme- (Bus stop) 3071 E. Main St., Mohegan Lake to (home) 54 Reichert St. Lake Peekskill
10/14- 8:15 am pickup at 54 Reichert St. Lake Peekskill (home) to Kohl's (bus stop) 3008 E. Main St., Cortlandt Manor
5:30 pm pick-up (Bus stop) 3071 E. Main St., Mohegan Lake to (home) 54 Reichert St. Lake Peekskill

DESTINATION(S): 10/12- Acme bus stop to home
10/13- Acme bus stop to home
10/14- Home to Kohl's bus stop to home, Acme bus stop to home

RETURN TIME(S): see above

TAXI COMPANY: Manny's Taxi
(845) 279-1398

ROUND TRIP
OR
ONE WAY

Client: Nary Lopuzzo

CLIENT'S PHONE
845-661-0663

CLIENT'S CASE NUMBER:

COMMENTS: Transportation assistance from work on 10/12 and 10/13/24. Transportation to and from work on 10/14/24

CASEWORKER'S SIGNATURE:

*Office for individuals
with disabilities*

Thank you!

Ascone, Diana M (DFA)

From: Tome, Diana (DFA)
Sent: Tuesday, October 15, 2024 11:54 AM
To: Ascone, Diana M (DFA)
Subject: FW: Invoice#1013
Attachments: 77nlu-9yey1.pdf

Hi Diana,

I just got this invoice from Manny's Taxi. I did not approve or schedule any taxis for any of these days. I emailed him back and asked for clarification.



Diana Tomé

Senior CPS Caseworker • Child Protective Services Unit
PHONE | 845.808.1500 ext. 45274 • FAX | 845.808.1927 • WEBSITE |
PUTNAMCOUNTYNY.COM
PUTNAM COUNTY GOVERNMENT NEW YORK

From: Manny's Taxi <mannystlc@gmail.com>
Sent: Tuesday, October 15, 2024 11:39 AM
To: Tome, Diana (DFA) <Diana.Tome@dfa.state.ny.us>
Subject: Invoice#1013

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Good morning Diana,

Here is last week's invoice.

Thank you,

Byron
Manny's Taxi & Limousine Co-24hrs Llc



Jennifer Siclari

Case Supervisor, Child Welfare • Putnam County Department of Social Services

PHONE | 845.808.1500, ext. 45273 • FAX/ALT | 845.214-1315 • WEBSITE |

PUTNAMCOUNTYNY.COM

PUTNAM COUNTY GOVERNMENT NEW YORK

"Be Still and Know That I am God"

**COUNTY OF PUTNAM
FUND TRANSFER REQUEST
2024**

*cc: all
Health-TYI sign
A-A-sign #10*

TO: Commissioner of Finance
FROM: Kristen Wunner
DEPT: Department of Mental Health & Social Services
DATE: October 24, 2024

I hereby request approval for the following transfer of funds:

FROM	TO		
<u>ACCOUNT#/NAME</u>	<u>ACCOUNT #/NAME</u>	<u>AMOUNT</u>	<u>PURPOSE</u>
10106000.51094 SS Ed & Trning - Temp	10102000.54329 Promotions	\$2,000.00	Reallocate funds to purchase Foster Care Recruitment Give-a-ways

TOTAL: \$2,000.00

2024 OCT 31 PM 3:42
 LEGISLATURE
 PUTNAM COUNTY
 CARMEL, NY

SIGNATURES NOT NEEDED – THEY WILL BE AUTHORIZED VIA COMPUTER SYSTEM

2024 Fiscal Impact \$ 0
 2025 Fiscal Impact \$ 0

K. Wunner

 Department Head Signature/Designee Date 10/25/24

AUTHORIZATION:

- _____
Date Commissioner of Finance/Designee: Initiation and \$0-\$5,000.00
- _____
Date County Executive/Designee: \$5,000.01 - \$10,000.00
- _____
Date Chairperson Audit/Designee: \$0-\$10,000.00
- _____
Date Audit & Administration Committee: \$10,000.01 - \$25,000.00

247374

POSITIVE PROMOTIONS, INC.

15 GILPIN AVENUE • HAUPPAUGE, NY 11788 • 1-877-258-1225 • FAX: 1-877-258-1226

9/16/24

Quotation

Quote #:00362832

Customer #:00376392-04 Key Code: In-Hand Date:10/03/24

Bill to:

Ship to:

PUTNAM COUNTY DEPARTMENT OF SO
110 OLD ROUTE 6 STE 2
CARMEL NY 10512-2119
DEVON.SUDLOW@DFA.STATE.NY.US

PUTNAM COUNTY DEPARTMENT OF SO
110 OLD ROUTE 6 STE 2
CARMEL NY 10512-2119
Attn: DEVON SUDLOW

--Summary--

Ordered By Purchase Order Number Phone Number Fax Number
DEVON SUDLOW GINNYA 845-808-1500

Item Number	Description	Quantity Sold	Qty Free	Unit Price	Total Price
OSV8516	POP STRESS RELIEVER KEYCHAIN	150		2.1900	328.50
SU	SET-UP CHARGE	1		50.0000	50.00
OSB1843	RUBBER TAPE MEASURE KEYCHAIN	250		1.8400	460.00
SU	SET-UP CHARGE	1		55.0000	55.00
OSB2503	NON-WOVEN REUSABLE GUSSET BAG	200		1.7200	344.00
SU	SET-UP CHARGE	1		60.0000	60.00
OSV4416	SLEEK WRITE HIGHLIGHTER PEN	250		.7000	175.00
SU	SET-UP CHARGE	1		50.0000	50.00

Due to price increases in global supply chain, quotes are subject to change

Shipping & Handling: 150.36
Total Amount: \$1,672.86

Ginny Azzato

Fax.:877-258-1226 Phone.:877-258-1225 x4052

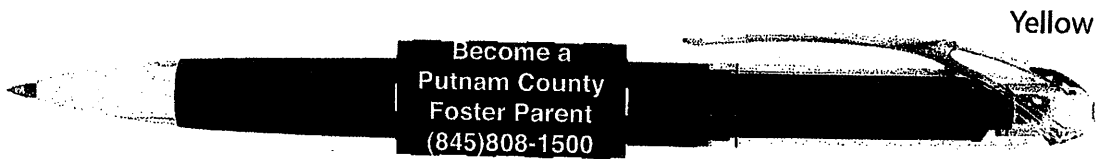
gazzato@positivepromotions.com

Original Will Not Print

The small thin line details & text in the logo
will not print clearly and will fill in



Suggested



Imprint Size: 1.25" X 0.625"

Artist Name: SB

Adjusted Art: _____

IMPORTANT:

Please read everything carefully. Be sure to verify for any spelling or graphical errors etc. Your signature indicates that you have checked and approved the art **AS IS**. By signing you release Positive from any liability.

Positive Artwork

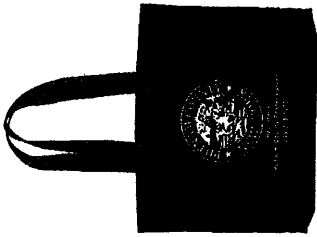
Order # Req73134
Item # OSV4416
Imprint Color WHITE

Virtual Prototypes are meant to give you a visual reference only. They may not represent exact color, size, or layout of final product.

NOTE: Curved images may appear "jagged".
For an accurate representation, please zoom in or print out the attached artwork. The characters "L", "I" and "1" may appear BOLDED when viewed on a computer screen.

**Original
Will Not Print**

The small thin line details & text in the logo
will not print clearly and will fill in



Suggested



Item Color: Black
Imprint Size: 12" X 8"



Become a
Putnam County Foster Parent
(845)808-1500



Become a
Putnam County Foster Parent
(845)808-1500

Artist Name:

SB

Adjusted Art:

This proof prints
smaller than
final imprint size!

IMPORTANT:

Please read everything carefully. Be sure to verify for any spelling or graphical errors etc. Your signature indicates that you have checked and approved the art AS IS. By signing you release Positive from any liability.

Positive Artwork	Req73134
Order #	OSB2503
Item #	WHITE
Imprint Color	

Virtual Prototypes are meant to give you a visual reference only. They may not represent exact color, size, or layout of final product.

NOTE: Curved images may appear jagged.
For an accurate representation, please zoom in or print out the attached artwork. The characters "L", "I" and "1" may appear BOLDED when viewed on a computer screen.

FULL COLOR



Item Color: Blue/ Black

Original Will Not Print

The small thin line details & text in the logo will not print clearly and will fill in



Suggested



Red line represents bleed line
Dotted line represents the label / cut line
Blue line represents print area

Imprint Size: 0.6875" in Dia.

Artist Name: SB

Adjusted Art: _____

IMPORTANT:

Please read everything carefully. Be sure to verify for any spelling or graphical errors etc. Your signature indicates that you have checked and approved the art **AS IS**. By signing you release Positive from any liability.

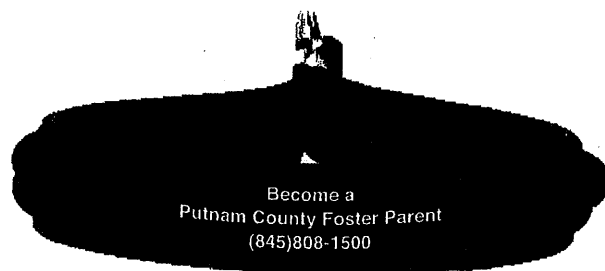
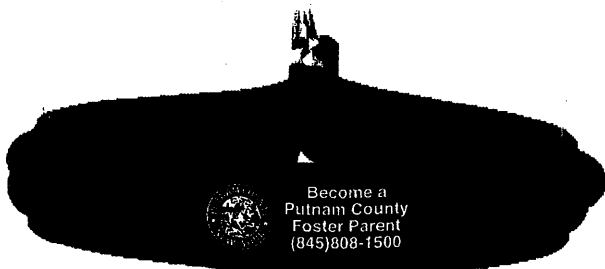
Positive Artwork

Order #	Req73134
Item #	OSB1843
Imprint Color	Full Color

Virtual Prototypes are meant to give you a visual reference only. They may not represent exact color, size, or layout of final product.

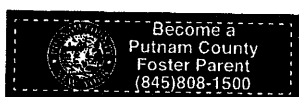
NOTE: Curved images may appear "jagged".
For an accurate representation, please zoom in or print out the attached artwork. The characters "L", "I" and "1" may appear **BOLDED** when viewed on a computer screen.

Item Color: Black

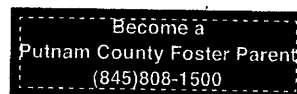


Original Will Not Print

The small thin line details & text in the logo
will not print clearly and will fill in



Suggested



Imprint Size: 1.5" X 0.375"

Artist Name: SB

Adjusted Art: _____

IMPORTANT:

Please read everything carefully. Be sure to verify for any spelling or graphical errors etc. Your signature indicates that you have checked and approved the art **AS IS**. By signing you release Positive from any liability.

Positive Artwork

Order # Req73134
Item # OSV8516
Imprint Color WHITE

Virtual Prototypes are meant to give you a visual reference only. They may not represent exact color, size, or layout of final product.

NOTE: Curved images may appear "jagged".
For an accurate representation, please zoom in or print out the attached artwork. The characters "L", "I" and "1" may appear **BOLDED** when viewed on a computer screen.

COUNTY OF PUTNAM

CC: all Health- FY1
AVA - sign
3190
#11

FUND TRANSFER REQUEST # 1575

TO: Commissioner of Finance
FROM: William A. Orr, Jr., Senior Fiscal Manager
DEPT: Health
DATE: October 31, 2024

2024 NOV - 1 PM 4:27
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

I hereby request approval for the following transfer of funds:

FROM ACCOUNT # / NAME	TO ACCOUNT # / NAME	AMOUNT
12401000-51094 EHS-Temporary	12401000-51093 EHS-Overtime	\$5,600.00
12401000-54445 EHS-Lab Analysis	12401000-51093 EHS-Overtime	\$7,000.00
12401000-54445 EHS-Lab Analysis	12401000-58002 EHS-FICA	<u>\$540.00</u>
	TOTAL	\$13,140.00

PURPOSE
To fund Environmental Health Services Overtime through end of year for 2024.

2024 Fiscal Impact \$ 0.00

2025 Fiscal Impact \$ 0.00

AUTHORIZATION: (Electronic signatures) _____ Department Head Signature/Designee Date

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

24T396

2024

COUNTY OF PUTNAM

FUND TRANSFER REQUEST

cc: all Health-FY1
ATA - sign
sign
#12

TO: Commissioner of Finance

FROM: Kristen Wunner

DEPT: Dept of Social Services

DATE: 10/31/2024

2024 NOV - 1 PM 4: 28
LEGISLATURE
PUTNAM COUNTY
CARROLL, NY

I hereby request approval for the following transfer of funds:

FROM ACCOUNT# /NAME	TO ACCOUNT# /NAME	AMOUNT	PURPOSE
10106000 51094 (Temporary)	10102000 51093 (Over Time)	\$6,000.00	to cover the expense specifically related to Foster Home recruitment activities
10116000-51094 (Temporary)	10102000-51093 (Over Time)	\$6,000.00	

TOTAL: \$12,000.00

2024_ Fiscal Impact \$ 0 0
2025_ Fiscal Impact \$ 0 0

Kristen Wunner 10/31/24
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

24T398

Bowen, Andy (DFA)

From: Wunner, Kristen (DFA)
Sent: Thursday, October 31, 2024 12:35 PM
To: Bowen, Andy (DFA)
Cc: Servadio, Sara (DFA); McGuire, Nicolle (DFA)
Subject: Services OT Budgetary Transfer

Hi Andy,

Can you please put together a budgetary transfer for \$12,000 into 10102000-51093 for the use of overtime specifically related to Foster Care recruitment and events? Encompassed within the \$16,000 originally budgeted in 2024 is services overtime in its entirety which is mainly unpredictable. Recently, there has been a need and push for recruitment of foster parents and have exceeded our overtime budget. After speaking with the Commissioner, Deputy Commissioner, and Director of Children & Family Services, this amount will suffice in coverage of these types of events in addition to emergencies and ad hoc events as they tend to increase during the holiday season.

Additional Foster Care events that have / are occurring this Fall are as follows:

- 10/18 Trunk or Treat
- 10/27 Harvest Festival at Sycamore Park
- 11/23 Movie Screening for adoption month awareness
- 11/30 Holiday in the Park
- December event TBD
- 7 MAP nightly classes for foster parents
- 2 support groups (October & December)

We would like to fund this as follows
10106000-51094 \$6,000
10116000-51094 \$6,000

Please let me know if you need any additional information.

Thank you,
Kristen



Kristen Wunner

FISCAL MANAGER • Mental Health, Social Services & Youth Bureau –
PHONE | 845.808.1500, ext 45210 • WEBSITE | PUTNAMCOUNTYNY.COM
PUTNAM COUNTY GOVERNMENT NEW YORK

24T398

COUNTY OF PUTNAM

cc: all Health ADA-Sign
sign
#13

FUND TRANSFER REQUEST # 1663

TO: Commissioner of Finance
FROM: William A. Orr, Jr., Senior Fiscal Manager
DEPT: Health
DATE: November 1, 2024

2024 NOV 12 AM 10:40
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

I hereby request approval for the following transfer of funds:

FROM ACCOUNT # / NAME	TO ACCOUNT # / NAME	AMOUNT
11024000-54147 Rabies-Vet Services	11024000-54330 Rabies-Medical Supplies	\$2,000.00
11024000-54488 Rabies-Rabies (Co-Pay)	11024000-54330 Rabies-Medical Supplies	<u>\$1,700.00</u>
	TOTAL	\$3,700.00

PURPOSE

To purchase additional Rabies vaccines for pre- and post-exposure patients.

2024 Fiscal Impact \$ 0.00

2025 Fiscal Impact \$ 0.00

Department Head Signature/Designee Date

AUTHORIZATION: (Electronic signatures)

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

247399

2024

COUNTY OF PUTNAM

FUND TRANSFER REQUEST

cc: all Health - FY1
ATA - sign

sign
#14

TO: Commissioner of Finance

FROM: Kristen Wunner

DEPT: Dept of Social Services

DATE: 11/12/2024

I hereby request approval for the following transfer of funds:

FROM ACCOUNT# /NAME	TO ACCOUNT# /NAME	AMOUNT	PURPOSE
10102000 54646 10169 (Contracts) <i>Adult Protective Services</i>	10102000 54989 10169 (Miscellaneous) <i>Adult Protective Services</i>	\$15,730.00	to reallocate funds within ACL-ARPA Grant 22 OCFS- LCM-25 (full grant funded)

TOTAL: \$15,730.00

2024_ Fiscal Impact \$ 0 0
2025_ Fiscal Impact \$ 0 0

2024 NOV 13 PM 4:32
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

Kristen Wunner 11/12/24
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

24T422