



# Health Services Committee

411 Main Street  
Catskill, N.Y. 12414

Committee Meeting  
<http://greenegovernment.com/>

## ~ Agenda ~

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Wednesday, May 6, 2015

Caucus Room 468

Health Committee Members: Chairperson Handel; Legislators Overbaugh, Hatton, K. Lennon and Kozloski

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Call to Order

Proposed Agenda Items:

1. Amending Resolution No. 308-13: Greene County Public Health Department / New York State Department Of Health Immunization Action Plan Contract #C-028294
2. Authorizing Agreement- Greene County Public Health/ State University Of New York - University Of Buffalo School Of Nursing

Adjournment



## Resolution No.

### **Amending Resolution No. 308-13: Greene County Public Health Department / New York State Department Of Health Immunization Action Plan Contract #C-028294**

WHEREAS, at the October 16, 2013 meeting of the Greene County Legislature, Resolution No. 308-13 was adopted between Greene County Public Health Department and the New York State Department of Health Immunization Action Plan #C-028294 to provide immunization services to Greene County children with a contract term starting April 1, 2013 and ending March 31, 2014; and

WHEREAS, the actual contract term is a five-year term starting April 1, 2013 and ending March 31, 2018; and

WHEREAS, Greene County would like to amend Resolution No. 308-13;

NOW, THEREFORE, BE IT RESOLVED, that Resolution No. 308-13 be and hereby is amended to a contract term starting April 1, 2013 and ending March 31, 2018.

#### **ATTACHMENTS:**

- IAP Contract-Face Page & Signature Page (PDF)

#### **Meeting History**

#### **Current Meeting**

05/06/15 Health Services Committee

## STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<b>STATE AGENCY (Name &amp; Address):</b>  New York State Department of Health Bureau of Immunization ESP – Corning Tower – RM 649 Albany, NY 12237	<b>BUSINESS UNIT/DEPT. ID:</b> DOH01/3450255  <b>CONTRACT NUMBER:</b> C-028294  <b>CONTRACT TYPE:</b> <input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement
<b>CONTRACTOR SFS PAYEE NAME:</b>  Greene County Department of Health	<b>TRANSACTION TYPE:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
<b>CONTRACTOR DOS INCORPORATED NAME:</b>	<b>PROJECT NAME:</b>  Immunization Action Plan
<b>CONTRACTOR IDENTIFICATION NUMBERS:</b>  NYS Vendor ID Number: 100002444 Federal Tax ID Number: 146002784 DUNS Number (If applicable): 020661526	<b>AGENCY IDENTIFIER:</b>  <b>CFDA Number (Federally Funded Grants Only):</b>  93.268
<b>CONTRACTOR PRIMARY MAILING ADDRESS:</b>  Greene County Department of Health 411 Main Street, 3rd Floor, Suite 300 Catskill, New York 12414  <b>CONTRACTOR PAYMENT ADDRESS:</b> <input type="checkbox"/> Check if same as primary mailing address  PO Box 191 Catskill, New York 12414  <b>CONTRACT MAILING ADDRESS:</b> <input checked="" type="checkbox"/> Check if same as primary mailing address	<b>CONTRACTOR STATUS:</b> <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality, Code 190100000000 <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-For-Profit  <b>Charities Registration Number:</b>  <b>Exemption Status/Code:</b>  <input type="checkbox"/> Sectarian Entity

Contract Number:     C-028294      
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Master Grant Contract, Face Page

RECEIVED

JAN - 9 2014

Greene County  
Public Health Director

Packet Pg. 3
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Attachment: IAP Contract-Face Page &amp; Signature Page (1656 : Amending Resolution #308-13: NYSDOH Immunization Action Plan #C-028294)

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p><b>CURRENT CONTRACT TERM:</b> From: 04/01/2013      To: 03/31/2018</p> <p><b>CURRENT CONTRACT PERIOD:</b> From: 04/01/2013      To: 03/31/2018</p> <p><b>AMENDED TERM:</b> From:                      To:</p> <p><b>AMENDED PERIOD:</b> From:                      To:</p>	<p><b>CONTRACT FUNDING AMOUNT</b> (Multi-year – enter total projected amount of the contract; Fixed Term/Simplified Renewal – enter current period amount):</p> <p><b>CURRENT:</b> 150,000</p> <p><b>AMENDED:</b></p> <p><b>FUNDING SOURCE(S)</b></p> <p><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other</p>
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**FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT:**

(Out years represent projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMMENDED PERIOD	AMMENDED AMOUNT
1	4/1/13 – 3/31/14	\$30,000		
2	4/1/14 – 3/31/15	\$30,000		
3	4/1/15 – 3/31/16	\$30,000		
4	4/1/16 – 3/31/17	\$30,000		
5	4/1/17 – 3/31/18	\$30,000		

**ATTACHMENT PART OF THIS AGREEMENT:**

- Attachment A:
  - A-1 Program Specific Terms and Conditions
  - A-2 Federally Funded Grants
  
- Attachment B:
  - B-1 Expenditure Based Budget
  - B-2 Performance Based Budget
  - B-3 Capital Budget
  - B-1 (A) Expenditure Based Budget (Amendment)
  - B-2 (A) Performance Based Budget (Amendment)
  - B-3 (A) Capital Budget (Amendment)
  
- Attachment C: Work Plan
- Attachment D: Payment and Reporting Schedule
- Other

Contract Number:     C-028294    

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Master Grant Contract, Face Page

Attachment: IAP Contract-Face Page & Signature Page (1656 : Amending Resolution #308-13: NYSDOH Immunization Action Plan #C-028294)

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

CONTRACTOR:

Greene County Department of Health  
411 Main Street, 3rd Floor, Suite 300  
Catskill, New York 12414

By: [Signature]

Wayne Speenburgh  
Printed Name

Title: Chairman, Greene County Legislature

Date: 10-16-13 **AUG 28 2013**

STATE AGENCY:

New York State Department of Health  
Bureau of Immunization  
ESP - Corning Tower - RM 649  
Albany, NY 12237

By: [Signature]

Bradely J. Hutton  
Printed Name

Title: Director, CCH

Date: 10/28/13

CAROL D. STEVENS  
GREENE COUNTY ATTORNEY

STATE OF NEW YORK

County of Greene

On the 16<sup>th</sup> day of October, 2013 before me personally appeared Wayne C. Speenburgh, to me known, who being by me duly sworn, did depose and say that he/she resides at Catskill, Greene, that he/she is the Chairman of the Greene County Legislature, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Master Contract.

(Notary) [Signature]

TRACY C. SPITZ  
Notary Public, State Of New York  
No. 01SP6056797  
Qualified In Greene County  
Commission Expires 04/02/20

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

APPROVED AS TO FORM  
NYS ATTORNEY GENERAL  
NOV 21 2013  
Benjamin L. Maggi  
BENJAMIN L. MAGGI  
ASSISTANT ATTORNEY GENERAL

Printed Name

Title:

Date:

APPROVED  
DEPT. OF AUDIT & CONTROL  
DEC 31 2013  
[Signature]  
FOR THE STATE COMPTROLLER

Title:

Date:

Attachment: IAP Contract-Face Page & Signature Page (1656 : Amending Resolution #308-13: NYSDOH Immunization Action Plan #C-028294)



## Resolution No.

# Authorizing Agreement- Greene County Public Health/ State University Of New York - University Of Buffalo School Of Nursing

BE IT RESOLVED, that the Chairman of the Greene County Legislature be authorized to execute an agreement, subject to approval as to form by the County Attorney, between Greene County Public Health, inclusive of Greene County Family Planning, and the State University of New York, University at Buffalo School of Nursing. This will be an ongoing agreement for University of Buffalo students to receive educational experience at the Agency, including clinical and individualized activities.

#### ATTACHMENTS:

- Summary Sheet-University at Buffalo (DOC)

#### Meeting History

#### Current Meeting

05/06/15 Health Services Committee

### Summary Sheet of Proposed Contract/Agreement

County of Greene /  
Greene County Public Health Department

1. Contractor Name:	State University of New York University at Buffalo School of Nursing	
2. Contract Term:	Start date: 5/20/15, Ongoing	
3. Cost to County:	No cost to county	
4. Type of Agreement?	New: <input checked="" type="checkbox"/>	Renewal: <input type="checkbox"/>
5. Description of Service Provided:  This is an agreement for University at Buffalo – School of Nursing student Interns to receive educational experience at Greene County Public Health and Family Planning, including clinical and individualized activities.		
Department Head Signature:		Date: April 27, 2015

Attachment: Summary Sheet-University at Buffalo (1685 : Auth Agreement-Public Health And SUNY Buffalo School Of Nursing)