

County of Albany

Harold L. Joyce
Albany County Office Building
112 State Street - Albany, NY 12207



Meeting Agenda

Wednesday, August 27, 2025

5:30 PM

**Harold L. Joyce Albany County Office Building
Cahill Room - First Floor**

Elder Care Committee

PREVIOUS BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES

CURRENT BUSINESS:

2. AUTHORIZING AN AGREEMENT WITH HORAN, MARTELLO AND MORRONE, CPAS, LLP REGARDING ONGOING ACCOUNTING AND CONSULTING SERVICES AT THE SHAKER PLACE REHABILITATION AND NURSING CENTER
3. AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM
4. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE COMMUNITY SERVICES FOR THE ELDERLY PROGRAM
5. AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY DEPARTMENT OF SOCIAL SERVICES REGARDING THE WELLNESS IN NUTRITION PROGRAM
6. AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE NY CONNECTS EXPANSION AND ENHANCEMENT PROGRAM
7. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE HEALTH INSURANCE INFORMATION, COUNSELING, AND ASSISTANCE PROGRAM
8. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE AAA STATE TRANSPORTATION PROGRAM
9. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING CONGREGATE SERVICES INITIATIVE FUNDING

10. AMENDING RESOLUTION NO. 543 FOR 2024 REGARDING THE WELLNESS IN NUTRITION PROGRAM
11. AMENDING THE 2025 DEPARTMENT FOR AGING BUDGET: ALBANY COUNTY COMMUNITY AND SENIOR CENTER

County of Albany

*Harold L. Joyce
Albany County Office Building
112 State Street - Albany, NY 12207*



Meeting Minutes

Wednesday, April 30, 2025

5:30 PM

**Harold L. Joyce Albany County Office Building
Cahill Room - First Floor**

Elder Care Committee

PREVIOUS BUSINESS:**1. APPROVING PREVIOUS MEETING MINUTES**

A motion was made that the previous meeting minutes be approved. The motion carried by a unanimous vote.

CURRENT BUSINESS:**2. AMENDING THE 2025 DEPARTMENT OF RESIDENTIAL HEALTH CARE FACILITIES BUDGET: ADMINISTRATIVE ADJUSTMENTS**

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

3. AMENDING RESOLUTION NO. 258 FOR 2023 REGARDING THE TITLE III-C-1 CONGREGATE MEALS PROGRAM

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

4. AMENDING RESOLUTION NO. 259 FOR 2023 REGARDING THE TITLE III-C-2 HOME DELIVERED MEALS PROGRAM

This Resolution was positive recommendation.

5. AMENDING RESOLUTION NO. 555 FOR 2023 REGARDING CONGREGATE MEAL SERVICES FOR SENIORS

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

6. AMENDING RESOLUTION NO. 556 FOR 2023 REGARDING TRANSPORTATION SERVICES FOR ELIGIBLE SENIORS

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

7. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE GO-GO GRANDPARENT INITIATIVE AND AMENDING THE 2025 DEPARTMENT FOR AGING BUDGET

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.



Daniel P. McCoy
County Executive

Mark S. Olsen
Executive Director

July 29th, 2025

The Honorable Joanne Cunningham
Chairwoman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Suite 710
Albany, New York 12207

Dear Chairwoman Cunningham:

Shaker Place Rehabilitation and Nursing Center (SPRNC) respectfully requests approval of a contract with Horan, Martello and Morrone, CPA's to provide consulting services. These services include Medicare and Medicaid cost report generation, monthly financial statements along with education and consultation as needed.

SPRNC issued a Request For Proposal (RFP) in 2021. Horan, Martello and Morrone, CPA's was the lowest responsible bidder and was awarded an initial three year contract with two optional one year renewals. This request is for the second (and last) of the two optional one year renewals. The term will be from November 1st, 2025 through October 31st, 2026 for a do not exceed amount of \$44,600.00.

If any additional information is required, please do not hesitate to contact me.

Sincerely,

Mark S. Olsen
Executive Director

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel





County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6757, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization with Horan, Martello and Morrone, CPA's to Provide Consulting Services at Shaker Place Rehabilitation and Nursing Center...body

Date: 07/29/2025
Department: Shaker Place Rehabilitation and Nursing Center
Attending Meeting: Mark S. Olsen
Submitted By: Shawn Thelen
Title: Deputy Executive Director
Phone: 518-447-7108

Purpose of Request: Contract Authorization Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Horan, Martello and Morrone, CPA's 527 Townline Road Suite 203 Hauppauge, New York 11788

Term: (Start/end date or duration) 11/1/2025 through 10/31/2026
Amount/Raise Schedule/Fee: \$44,600.00

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☒ No ☐
Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal:	0	County:	100
State:	0	Local:	0

County Budget Accounts:

Revenue Account and Line: Enter text.
Revenue Amount: Enter text.
Appropriation Account and Line: 44069
Appropriation Amount: \$2,250,000.00

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Reso 733b of 2024

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

Horan, Martello and Morrone, CPA's will provide financial services to Shaker Place Rehabilitation and Nursing Center that will include the submission of our Medicare and Medicaid Cost Reports, monthly financial statements, education and consultation as needed. This is the second of two optional one year contract renewals.

PROPOSAL

***Albany County Shaker Place Rehabilitation and Nursing Center
Financial Consulting Services***

RFP #2021-075

Contract Period

***Three (3) year contract term,
with optional two (2) additional years,
in two (2) consecutive one-year intervals***

June 2, 2021

PREPARED BY:

***Joseph Martello, CPA
jmartello@horanmm.com***

*Healthcare Accounting & Consulting Professionals
Proprietary * Not-for-Profit * Public Facilities
Representing 1 out of every 10 nursing home beds in New York State*

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RFP #2021-075

**Albany County Shaker
Place Rehabilitation
and Nursing Center****SECTION I – LETTER OF TRANSMITTAL**

June 2, 2021

Ms. Karen A. Storm
Albany County Purchasing Agent
112 State Street, Room 1000
Albany, New York 12207

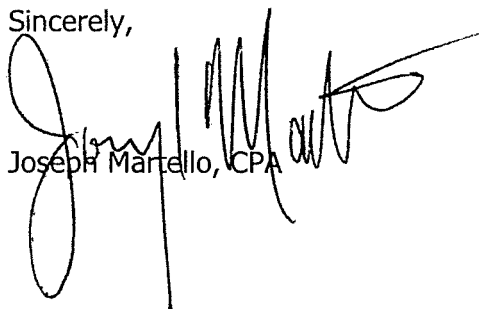
RE: Albany County Shaker Place Rehabilitation
and Nursing Center

Dear Ms. Storm:

We appreciate this opportunity to respond to Albany County Shaker Place Rehabilitation and Nursing Center's Request for Proposal to provide professional and consulting financial services to assist in the preparation, certification and electronic filing of the Medicaid and Medicare Cost Reports as well as other financial reports and documents as specified in the "Scope of Services". This is a very important selection for you and we are confident HMM, CPAs LLP (HMM) can assist in attaining the goals set forth in this request for proposal in a timely fashion. On behalf of HMM, please direct all questions regarding this proposal to the undersigned (call 631-265-6289, fax 631-265-6523) or email Joseph Martello as follows: jmartello@horanmm.com.

Your consideration of our proposal is greatly appreciated.

Sincerely,



Joseph Martello, CPA

JM/ac
Enc.

SECTION II: QUALIFICATION/EXPERIENCE**General Information/Contractor's History**

HMM, CPAs LLP (f/k/a Horan, Martello, Morrone, P.C.) was formed by the founding partners Daniel Horan (1938 – 2005), Joseph Martello and Anthony Morrone in 1980. The firm has reflected double digit growth for the past five years and currently employs twenty (20) + accountants. Joseph Martello will be the contact person for this engagement.

HMM, CPAs LLP (HMM), a limited liability partnership, is pleased to submit our proposal to Albany County Shaker Place Rehabilitation and Nursing Center to provide professional and consulting financial services as it relates to assisting in the annual preparation, certification and electronic filing of the Medicaid and Medicare Cost Reports as well as other financial reports and documents as specified in the "Scope of Services". We are confident we can provide your organization with quality and timely services for all aspects of the RFP. Our proposal addresses our understanding of Albany County Shaker Place Rehabilitation and Nursing Center's current needs, our proposed methodology, our qualifications for supporting Albany County Shaker Place Rehabilitation and Nursing Center in accomplishing their objectives, and the benefits HMM believes Albany County Shaker Place Rehabilitation and Nursing Center will obtain from our participation in this engagement.

HMM believes that Albany County Shaker Place Rehabilitation and Nursing Center requires a senior public accounting firm with a broad range of experience in healthcare accounting and consulting services. The HMM team possesses the diverse capabilities required to successfully complete this challenging engagement. We are particularly concerned with, and knowledgeable in, advising our clients through the changing healthcare landscape. With the implementation of managed care, it is very important to maximize reimbursement while understanding costs. Specifically, HMM is:

- An accounting firm committed to the health care industry with a pool of financial and operational experts that can be drawn upon to assist you in managing, analyzing and evaluating your operations during these rapidly changing times.
- A firm that possesses expertise in the current regulatory environment and can serve as proactive fiscal advisors to management in their decision-making process throughout the year.
- A firm that can develop meaningful operational and financial recommendations.
- A firm that will commit to have its senior engagement team members readily available to meet regularly with management or be available for on-going consultations regarding your operating matters.
- HMM has the ability to address the vast variety of health care issues that continue to arise in an industry that is constantly changing.

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**General Information/Contractor's History Continued:**

- Experience to serve the needs of Albany County Shaker Place Rehabilitation and Nursing Center with professional and consulting financial services as it relates to assisting in the annual preparation, certification and electronic filing of the Medicaid and Medicare Cost Reports as well as other financial reports and documents as specified in the "Scope of Services".
- A firm that will commit to have its senior engagement team members readily available to meet regularly with management or be available for on-going consultations regarding your operating matters.
- Proven track record in the timely performance of effective and efficient audits and consulting engagements.

We have substantial healthcare accounting and consulting services experience. For over the last thirty years, HMM has served clients with a high level of satisfaction throughout New York State. HMM currently serves as independent auditors and consultants for numerous Residential Health Care Facilities in the State of New York. Included among their clients are governmental, not-for-profit, and for-profit facilities. A detailed list of our health care clients is enclosed (See Exhibits).

The principals of the organization, Joseph Martello, Wayne I. Robinson, Suzanne Breit, James Budd, Brian Lee, Peter Vogel, Certified Public Accountants, are eminently qualified in the Health Care field. Through our years of dedicated service to the long-term health care industry HMM has developed significant expertise and in-depth knowledge of the current regulations in the industry. This valuable information has enabled the firm to formulate a unique understanding of the relationship between spending patterns and revenues. HMM is particularly concerned with and knowledgeable in the determination of allowable cost under a variety of complex government reimbursement formulas.

HMM has served both the local and state wide health care industry. We have allocated significant resources in the design and improvement of the reimbursement, accounting and reporting methodology used in New York State.

We appreciate this opportunity to respond to Albany County Shaker Place Rehabilitation and Nursing Center's request for professional and consulting financial services as it relates to assisting in the annual preparation, certification and electronic filing of the Medicaid and Medicare Cost Reports as well as other financial reports and documents as specified in the "Scope of Services". If you have any questions regarding this proposal, please contact Joseph Martello, 527 Townline Road, Suite 203, Hauppauge, New York 11788, (631) 265-6289 or email jmartello@horanmm.com.

SECTION II: QUALIFICATION /EXPERIENCE - CONTINUED**PROFILE OF HMM, CPAS LLP...AT A GLANCE**

- ◆ HMM currently serves as independent auditors and consultants for over 70 residential health care facilities representing one out of every ten beds in the State of New York (A detailed list of health care clients is enclosed - See Exhibits – HMM services facilities as far west as Buffalo, north as Plattsburgh, east as Hamptons and the metropolitan New York City area).
- ◆ Impeccable health-care reputation for quality services given in a timely manner. Personalized services by founding partners Joseph Martello and Anthony Morrone who blend their individual talents and attributes to create unique strategies for their clientele.
- ◆ Active members in state accounting societies and health care associations. Lecturers on matters dealing with compliance relating to State and Federal regulations and policies.
- ◆ Member of reimbursement advisory committee for New York State Health Facilities Association involved with the new reimbursement methodology for New York State Skilled Nursing Facilities.
- ◆ Was a member of the Technical Advisory Committee for the development of the Nursing Home Accounting and Reporting Manual.
- ◆ Developed manuals to systematically accumulate data for third-party reports, as a basis to optimize operating results.
- ◆ Extensive knowledge of the Medicare and Medicaid reimbursement systems.
- ◆ Our dedicated staff has been well-educated and trained in the auditing and reimbursement of health care facilities.
- ◆ An accounting firm committed to the health care industry with a pool of financial and operational experts that can be drawn upon to assist you in managing your operations during these rapidly changing times.
- ◆ A firm that possesses expertise in the current regulatory environment and can serve as proactive fiscal advisors to management in their decision-making process throughout the year.
- ◆ A firm that can develop meaningful operational and financial recommendations.
- ◆ A firm that will commit to having its senior engagement team members readily available to meet regularly with management or be available for on-going consultations regarding your operating matters.
- ◆ An AICPA, quality-reviewed, certified public accounting firm.

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**ENGAGEMENT ASSIGNMENT**

Our present staffing plan, specific to Albany County Shaker Place Rehabilitation and Nursing Center for professional and consulting financial services as it relates to the HMM assisting in the annual preparation, certification and electronic filing of the Medicaid and Medicare Cost Reports as well as other financial reports and documents as specified in the "Scope of Services" is estimated as follows as it relates to partners and senior managers. HMM's staff of accountants will meet your service needs and deadlines in a timely manner.

Staff Employee Classification	Assignment	Supervision
Partner*	1	Joseph Martello
Senior Manager	1	
Senior	1	
Staff	1	

HMM serves all its clients from their Hauppauge, New York Office. Please direct all questions regarding this proposal to Joseph Martello (telephone number 631-265-6289, fax 631-265-6523) or email Joseph Martello as follows: jmartello@horanmm.com.

*See resumes

AVERAGE STAFF EXPERIENCE

Staff Employee Classification	Total Number	# of CPA'S	Average Experience in Years
Partners	6	6	20 years & over*
Employed Associates of HMM	1	0	20 years & over*
Managers	6	3	17 years & over*
Seniors	2	0	8 years & over
Staff - Support	9	0	5 years & over
TOTAL:	24	9	

*See resumes

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**DEFINITION OF CLASSIFICATIONS****A Partner Will:**

- ◆ Motivate and assist staff in their professional development.
- ◆ Represent the firm in professional and service organizations.
- ◆ Develop the firm's reputation through conducting seminars, making speeches.
- ◆ Practice development and practice management.
- ◆ Review appropriateness of audit programs and time budgets.
- ◆ Be responsible for staff scheduling and timing of audits and accounting work.
- ◆ Review and update as necessary office policies and procedures.
- ◆ Represent clients at entrance and exit conferences.

A Senior Manager Will:

- ◆ Assume full responsibility for large audit assignments falling within his/her expertise.
- ◆ Supervise the assignment of duties to, and the training of, personnel assigned to the engagement.
- ◆ In connection with engagements, be responsible for personnel scheduling, compliance with due dates and monitoring time budgets.
- ◆ Adequately review all working papers and the completed reports to ascertain that both meet firm standards.
- ◆ Resolve all problems prior to the submission of the report for final partner review.
- ◆ Communicate firm policies and technical information to accounting and auditing personnel through individual or group meetings.
- ◆ Respond to Medicare and Medicaid audit adjustments.

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**DEFINITION OF CLASSIFICATIONS - CONTINUED****A Senior Will:**

- ♦ Assume full responsibility for small and medium-size audit engagements requiring the services of one or more staff personnel and large accounting engagements involving unaudited financial statements.
- ♦ Review and analyze internal control and prepare management letters.
- ♦ Train and supervise the staff persons assigned to the engagement.
- ♦ Recognize, in advance, the possible problem areas of an engagement.
- ♦ Review rate sheets and prepare appeals.
- ♦ Pass the CPA examination, if not already certified.
- ♦ Assume full responsibility under supervision for small accounting engagements involving unaudited financial statements.
- ♦ Work on more involved portions of large audit and accounting engagements
- ♦ Prepare financial statements.
- ♦ Prepare Medicaid and Medicare Reports.

A Staff Person Will:

- ♦ Work on portions of audit and accounting engagements.
- ♦ Become familiar with the firm policies and procedures.
- ♦ Become familiar with health care accounting and reimbursement systems.
- ♦ Know the rules, regulations, & code of conduct of the AICPA & the New York State Society of CPA's as well as be familiar with the pronouncements of the Financial Accounting Standards (SASs) and Accounting Principles Board Opinions (APBs).
- ♦ Progress professionally by working toward passing the CPA examination as soon as possible.

HMM has significant experience in successfully performing comprehensive engagements.

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**HISTORY OF STANDARD BILLING RATES**

Staff Employee Classification	Effective 10/1/2020	Effective 10/1/2019	Effective 10/1/2018
Partner	\$295 - \$475	\$275 - \$475	\$275 - \$475
Senior Manager & Senior	\$250 - \$295	\$250 - \$295	\$250 - \$295
Staff Accountant	\$225 - \$275	\$225 - \$275	\$225 - \$250

STAFF CONTINUITY

On each engagement HMM has a commitment to staff continuity as it relates to the Engagement Partner, Review Partner and Manager. The continuity benefits both our firm and the client, in that, our staff gains a rapport with the client and the client gains a level of confidence and comfort with our staff. This results in a more efficient and effective audit process.

Our hiring philosophy is to hire new graduates and train them in the field of healthcare auditing. Our staff turnover experience is very low. This is evidenced by the fact that four partners promoted after inception of the company came to the firm as new graduates and have been with us for anywhere from 5 – 25 years.

PRIOR EXPERIENCE

HMM has provided consulting services for A. Holly Patterson Geriatric Center in Nassau County, John J Foley Skilled Nursing Facility in Suffolk County and the Dutchess County Department of Health in Dutchess County. HMM is also the current auditors and consultants for The Valley View Center for Nursing Care and Rehabilitation (an Orange County RHCF) for more than fifteen (15) years.

HMM has provided auditing and consulting services for Bethel Nursing & Rehabilitation Center, Maria Regina Residence, San Simeon by the Sound, Workmen's Circle Multicare Center, The Long Island Home. HMM is also the current auditors and consultants for Bethany Village Corporations for more than five (5) years.

VENDOR RESPONSIBILITY QUESTIONNAIRE

See Attachment "C" = Vendor Responsibility Questionnaire.

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**RESIDENTIAL HEALTH CARE INDUSTRY CONSULTING QUALIFICATIONS AND EXPERIENCE**

HMM currently serve as independent auditors and consultants for numerous Residential Health Care Facilities in the State of New York. A detailed list of our health care consulting clients (See Exhibits) illustrates that our health-care practice services a variety of regions and sponsorships throughout the State of New York. Our client mix has enabled our firm to develop a unique understanding of how regulations, or changes thereto, effect patient case mix, wage scale and staffing patterns. The partners and associates employed by HMM offer a combined 225 years of professional accounting, auditing and consulting services to the long-term care industry.

SUPERVISORY & REVIEW PROCEDURES IN OUR FIRM

This engagement will be adequately planned and supervised by Joseph Martello.

HMM routinely uses a variety of sophisticated project-control software packages. These programs are necessary for properly allocating resources; monitoring task completions and costs; thereby assuring adherence to budget; identifying potential problems or delays; and reallocating resource to maintain schedules and achieve time and cost objectives. These control techniques will ensure that the engagement will be completed smoothly, on time and within budget.

In addition to our agreement to perform the above mentioned services, we will also agree to conform to Section 952 of the Omnibus Reconciliation Act of 1980. More specifically, we agree to make accessible to the Health and Human Services Secretary and U.S. Comptroller General books and records which are necessary to verify the cost of services furnished under the contract.

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED

RESUMES

A Certified Public Accounting firm is personified by the expertise and personality of its principals and staff. Visit us at our website: www.horanmm.com. The following is a synopsis of the attributes and talents of the principals, management, staff accountants and associate consultants on our team:

JOSEPH F. MARTELLO, CPA

A founding member of the firm since 1980, Joe is a Certified Public Accountant with thirty-eight years of practice in the healthcare industry, Joe has lectured extensively throughout New York State on reimbursement concepts and financial reporting. His lengthy involvement with associations and committees dealing with healthcare include the Hospital Financial Management Association and the Technical Advisory Committee for the Nursing Home Accounting and Reporting Manual. Joe was sought out by the New York State Department of Health, Office of Health Systems Management, as a member of the technical advisory group responsible for developing a new reimbursement methodology. He is a former chair of the Long-Term Care Committee for the Healthcare Finance Management Association (HFMA) and a member of the HFMA Annual Institute Committee, Hudson Valley Chapter. He also served as a director of the HFMA Hudson Valley Chapter, and has lectured for nursing home administrator courses at the C.W. Post campus of Long Island University.

Joe earned a Bachelor's Degree in Business Administration from Pace University. He is a member of the New York State Society of Certified Public Accountants, the American Institute of Certified Public Accountants, and the healthcare Finance Management Association.

President/Treasurer of HMM

Pace University, B.B.A.

CPA since 1978

Member of NYSSCPA, AICPA

38+ years in the Healthcare Industry

Responsible for running and maintaining CPA practice, consulting, accounting and auditing services.

Email: jmartello@horanmm.com

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**RESUMES – CONTINUED:****WAYNE I. ROBINSON, CPA**

Wayne joined the firm in 1988, and received his Certified Public Accountant designation in 1993. Formerly a Senior Tax Manager with the firm, Wayne was promoted to Director in November 2005 and made Partner in early 2006. He is known as the “steady and sure one”, a testament to his dedication to the firm and its clients.

With expertise in auditing, accounting and taxation, Wayne has provided services to more than fifty healthcare facilities throughout New York State. His more than twenty-seven years in the healthcare industry, has provided him with the know-how to effectively navigate the Medicare and Medicaid reimbursement systems, and an intimate familiarity with the rules and regulations relating those systems.

His expert proficiency in tax preparation and research results in the successful representation of clients in tax audits.

Wayne received a Bachelor of Science degree from Hofstra University, and is a member of the New York State Society of Certified Public Accountants (NYSSCPA), the NYSSCPA’s Suffolk Chapter General Taxation Committee, and the American Institute of Certified Public Accountants.

Partner of HMM

Hofstra University, B.S.

Member of NYSSCPA, AICPA

27+ years in the Healthcare Industry

Responsible for tax, auditing and accounting services.

Email: wrobinson@horanmm.com

SECTION II: QUALIFICATION/EXPERIENCE – CONTINUED**RESUMES – CONTINUED:****SUZANNE BREIT, CPA**

Suzanne Breit has been a certified public accountant since 1988 and has been a member of the firm since 1985. Along with celebrating her twentieth anniversary with the firm in 2005, Suzanne was promoted from Senior Tax Manager to Director in November of that year. In 2006, Suzanne made the transition from the tax department to the audit department and was promoted to Partner. She is known as the “care setter” because she sets the standard at HMM for dedication to her work and her concern for the professional needs of her clients. Her responsibilities include auditing (of both healthcare facilities and employee benefit plans), accounting and providing tax services to HMM’s clients. Along with her auditing experience of over twenty years, Suzanne has extensive experience in tax preparation, research and has successfully represented clients in tax audits. Suzanne has been involved in matters relating to more than fifty healthcare facilities throughout New York State. Her work requires an extensive practical knowledge of the Medicare and Medicaid reimbursement systems, and the rules and regulations relating those systems.

Suzanne also manages her firm’s employee benefit plan (EBP) practice, bringing value to clients by staying in front of ever changing EBP regulations. Suzanne is a member of the New York State Society of Certified Public Accountants Healthcare Committee, and the American Institute of Certified Public Accountants. She is also an active member of the NYSSCPA’s Healthcare Committee and NYSSCPA’s Suffolk Chapter Employee Benefits Committee. She also volunteers her time in in her local community.

Partner of HMM

L.I.U. – C.W. Post College, B.S.

Member of NYSSCPA, AICPA

30+ years in the Healthcare Industry

Responsible for auditing, accounting and tax services.

Email: sbreit@horanmm.com

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**RESUMES – CONTINUED:****JAMES V. BUDD, CPA**

James V. Budd joined HMM in 2004, earned his Certified Public Accounting designation in 2009 and is currently a partner at the firm. He is knowledgeable in budgets, projections and operational studies as well as preparing and auditing financial statements and third-party cost reports. He has assisted in the preparation of HEAL NY grants. He has assisted in sales and purchases of facilities including valuation and closing adjustments. He is currently involved in the development and implementation of a software program to be used by nursing homes estimate and track daily profits and losses. James has over ten years of experience in the healthcare industry and has been involved in matters relating to more than fifty healthcare facilities throughout New York State. James earned a Bachelor of Business Administration degree in Accounting from Hofstra University. He is a member of the New York State Society of Certified Public Accountants and is a member of the American Institute of Certified Public Accountants.

Partner of HMM

Hofstra University, B.S.

Member of NYSSCPA, AICPA

10+ years in the Healthcare Industry

Responsible for auditing, accounting and consulting services.

Email: jbudd@horanmm.com

SECTION II: QUALIFICATION/EXPERIENCE - CONTINUED**RESUMES – CONTINUED:****BRIAN P. LEE, CPA**

Brian P. Lee joined HMM in 2008, earned his Certified Public Accounting designation in 2011 and is currently a partner at the firm. Brian has experience working in matters relating to more than fifty healthcare facilities throughout New York State. He has experience with budgets, projections and operational studies as well as preparing and auditing financial statements, auditing employee benefit plans and preparing third-party cost report submissions. As part of the New York State's Medicaid Redesign efforts, Brian has assisted in the preparation of successful Partial Cap Managed Long Term Care (MLTCP) and Certified Home Health Agency (CHHA) Applications.

Brian has successfully leveraged technology and data to develop successful strategies and bring results for clients. He is currently involved in the development and implementation of a strategic planning platform which combines the power of HMM's operational study with a software program to be used by nursing homes to estimate and track daily profits and losses, as well as assess the financial impact of admissions decisions.

Brian earned a Bachelor of Science degree from Loyola College in Maryland (now Loyola University Maryland) and a Master of Business Administration Degree from Hofstra University. He is a member of the New York State Society of Certified Public Accountants and is a member of the American Institute of Certified Public Accountants

Partner of HMM

Loyola College in Maryland (now Loyola University Maryland), B.S.

Hofstra University, M.B.A.

Member of NYSSCPA, AICPA

7 years in the Healthcare Industry

Responsible for auditing, accounting and consulting services.

Email: blee@horanmm.com

SECTION II: QUALIFICATIONS/EXPERIENCE - CONTINUED**RESUMES – CONTINUED:****PETER C. VOGEL**

Peter C. Vogel joined HMM in 2004, earned his Certified Public Accounting designation in 2008 and is currently a partner at the firm. He is knowledgeable in tax preparation as well as preparing and auditing financial statements, auditing employee benefit plans and third-party cost reports. Peter has over ten years of experience in the healthcare industry and has been involved in matters relating to more than fifty healthcare facilities throughout New York State.

Peter earned a Bachelor of Science degree in Accounting from L.I.U. – C.W. Post. He is a member of the New York State Society of Certified Public Accountants and is a member of the American Institute of Certified Public Accountants.

Partner of HMM

L.I.U. – C.W. Post

Member of NYSSCPA, AICPA

10+ years in the Healthcare Industry

Responsible for auditing, accounting and tax services.

Email: pvogel@horanmm.com

OUR STAFF ACCOUNTANTS

Our staff has been well educated and trained in the auditing and reimbursement of health care facilities. All staff responsible for planning and performing audits complete professional education on an annual basis.

SECTION III: REFERENCES**REFERENCES – PUBLIC:**

The following clients are municipal or county government clients we presently have or previously had contracts with (within the past five years):

1. A. Holly Patterson Geriatric Center

Christine Paul
875 Jerusalem Avenue
Uniondale, NY 11553
(516) 572-1698
Services Provided: Reimbursement Consulting, Prepare Medicare Report

2. Orange County Department of Health

Anne Vradenburgh, Fiscal Manager
124 Mail Street
Goshen, NY 10924-2199
(845) 291-2348
Services Provided: Prepare and certify to Medicare/Medicaid cost reports

3. Valley View Center for Nursing Care and Rehabilitation

Laurence LaDue, Administrator
Glenmere Cove Road, Box 59
Goshen, NY 10924
(845) 291-4740
Services Provided: Audit and Reimbursement Consulting Services

SECTION III: REFERENCES - CONTINUED

REFERENCES – OTHER THAN PUBLIC HOMES:

1. The Long Island Home
400 Sunrise Highway
Amityville, NY 11701
Ms. Patricia Porter, CFO, 631-608-5107
Services Provided: Audit and Reimbursement Consulting Services
 - ◆ 320- Bed Skilled Nursing Facility
 - ◆ Adult Day Care Program and Adult Home
 - ◆ Psychiatric Center
 - ◆ Foundation

2. Maria Regina Residence
Administrative Offices
Sisters of St. Joseph
101 Executive Blvd.
Elmsford, NY 10523
Sister Janet Kenney, 631-273-1187
Services Provided: Audit and Reimbursement Consulting Services
 - ◆ 188-Bed Skilled Nursing Facility
 - ◆ 50-Slot Adult Day Care Program

3. Our Lady of Consolation
111 Beach Drive
West Islip, NY 11795
Mr. John Haight, Director of Finance
Health Services, 631-465-6442
Services Provided: Reimbursement Consulting Services
 - ◆ 450-Bed Skilled Nursing Facility

4. Workmen's Circle Multicare Center
3155 Grace Avenue
Bronx, NY 10469-3134
Mr. Arthur Cooperberg, 516-422-7882
Services Provided: Audit and Reimbursement Consulting Services
 - ◆ 524-Bed Skilled Nursing Facility

SECTION III: REFERENCES - CONTINUED

REFERENCES – OTHER THAN PUBLIC HOMES:

5. Bethel Nursing & Rehabilitation Center
67 Springvale Road
Croton-on-Hudson, NY 10520
Mr. Anastasios Markopoulos, CFO, 914-739-6700 x 227
Services Provided: Audit and Reimbursement Consulting Services (inclusive of Long Term Health Care Program)
 - ◆ Two Skilled Nursing Facilities (200-Bed and 78-Bed)
 - ◆ Two Adult Day Care Programs
 - ◆ A Long Term Home Health Care Program
 - ◆ An Independent Living Residence
 - ◆ Outpatient Therapy Program
 - ◆ Personal Emergency Response Service

6. St. Barnabas Hospital

Mary Grochowski, CFO
Third Avenue and 183rd Street
Bronx, NY 10457-2594
(718) 960-3839
Services Provided: Reimbursement Consulting Services

7. Bethany Village

Mr. Michael Kaiser, CFO
3005 Watkins Road
Horseheads, NY 14845
(607) 378-6574
Services Provided: Audit and Reimbursement Consulting Services
 - ◆ 120-Bed Skilled Nursing Facility
 - ◆ An Assisted Living Residence
 - ◆ An Independent Living Residence
 - ◆ Outpatient Rehabilitation Program
 - ◆ Walk-In Clinic
 - ◆ Adult Social Day Care Program

Other not-for-profit facilities serviced by HMM include: Good Samaritan Nursing Home, Peconic Landing at Southold, Inc., San Simeon by the Sound, St. Catherine's of Siena, Victoria Home.

SECTION IV: PLAN IMPLEMENTATION**SCOPE OF SERVICES**

HMM, CPAs LLP will provide professional and consulting services for the Albany County Shaker Place Rehabilitation and Nursing Center as it relates to the RHCF-4 Medicaid Cost Report for the Department of Health and to assist in the preparation and filing of the Medicare Cost Report and Compilation of Financial Statements. Services are expected to include, but not limited to:

HMM will be responsible for the preparation, certification and electronic filing (facility needs to get HMM access to HPN) of the required RHCF-4 Medicaid Cost Report.

HMM will assist in the preparation and filing of the Medicare Cost Report.

HMM will compile financial statements on a monthly basis. Compilations will include Statement of Net Position, Statement of Revenues, Expenses and Changes in Net Position and Notes to Financial Statements. On a quarterly basis, HMM will conference or meet with the Executive Director to discuss the financial statements (Upon approval of our proposal HMM will send a compilation engagement).

HMM will inform Albany County Shaker Place Rehabilitation and Nursing Center of any regulation, reporting and/or rate changes; and preparation and filing of an appeal if such should be appealed.

HMM will prepare Certificate of Need applications for filing with the NYS Department of Health.

HMM will provide quarterly educational training to the business office staff and other staff as necessary.

Related to Cost Reporting: Albany County Shaker Place Rehabilitation and Nursing Center will supply HMM with the following:

1. Year-end audited financial statement.
2. A trial balance in excel format.
3. Statistics and other information as requested (in the attachments to be sent at a later date).
4. Preparation of Part I of the RHCF-4 from admissions/discharges and patient days from the facility records (blank to be sent at a later date).
5. PS&R.

Related to Compiling Financial Statements: Albany County Shaker Place Rehabilitation and Nursing Center will electronically supply HMM with the following on a monthly basis, preferably 45-60 days after each months end:

1. Trial balance in Excel or similar format. Trial balance must include account numbers, account names/descriptions, debit and credit amounts and must balance.
2. Cumulative general ledger supporting the trial balance.
3. Bank reconciliations for all cash accounts. These must reconcile to the trial balance.
4. Accounts receivable ledger, detailed by resident, by payer, with totals. This must reconcile to the trial balance.

SECTION IV – PLAN IMPLEMENTATION - CONTINUED
SCOPE OF SERVICES – CONTINUED:

5. Accounts payable ledger. This must reconcile to the trial balance.
6. Detailed Sales journals (billed days, gross charges, contractual allowances, rates). Additional detail showing Medicare RUG days and rates must be provided.
7. Audited financial statement with supporting trial balance. A cross-walk from the trial balance to the financial should accompany this if available.

ADDITIONAL SERVICES NOT SPECIFIED IN RFP:

1. HMM will provide consulting services on matters not related to the cost reports on a fee-for-service basis, including but not limited to: reimbursement consulting; advice regarding regulatory process; review of regulations and legislation; and review and consultation regarding third party audits. An hourly fee will be charged separately for these types of activities. As additional consulting services arise, a Scope of Objectives shall be provided by Albany County Shaker Place Rehabilitation and Nursing Center to HMM in order for the firm to provide a Scope of Work, set of deliverables, timeline matrix and a project cost based on the hourly rates provided in the fee for services.

TERM OF CONTRACT

The contract period shall be for three (3) years from the execution of the contract.

At the end of the initial three (3) year contract term, upon mutual agreement of the County of Albany and HMM, the agreement may be renewed for two (2) additional years, in two (2) consecutive one-year intervals.

SECTION V: COST PROPOSAL SECTION**FEE FOR SERVICES****See attached "Cost Proposal Form"**

Our fee to Albany County Shaker Place Rehabilitation and Nursing Center for the aforementioned cost report services to provide professional and consulting financial services for the Albany County Shaker Place Rehabilitation and Nursing Center as it relates to the RHCF-4 Medicaid Cost Report for the Department of Health and the Medicare Cost report will be billed on an hourly basis at the rates in effect at the time the work is performed (noted below) not to exceed \$4,900 per contract year:

<u>2023 Cost Reports</u>	<u>2022 Cost Reports</u>	<u>2021 Cost Reports</u>
\$4,900	\$4,900	\$4,900 .

Optional two (2) additional years, in two (2) consecutive one-year intervals (to be billed on an hourly basis at the rates in effect at the time the work is performed) not to exceed:

<u>2024 Cost Reports</u>	<u>2025 Cost Reports</u>
\$4,900	\$4,900

Our fee to Albany County Shaker Place Rehabilitation and Nursing Center for the aforementioned compilation services will be billed in twelve equal monthly per contract year as follows:

<u>2021/2022</u>	<u>2022/2023</u>	<u>2023/2024</u>
\$2,700/month	\$2,750/month	\$2,800/month

Optional two (2) additional years, in two (2) consecutive one-year intervals will each be billed in twelve equal monthly installments per contract year as follows:

<u>2024/2025</u>	<u>2025/2026</u>
\$2,850/month	\$2,900/month

Our fee to inform Albany County Shaker Place Rehabilitation and Nursing Center of any regulation, reporting and/or rate changes; and preparation and filing an appeal if such should be appealed will be billed hourly using the current hourly rates noted below but not to exceed \$4,500 per contract year. Optional two (2) additional years, in two (2) consecutive one-year intervals will not exceed \$4,500 per contract year.

SECTION V: COST PROPOSAL SECTION - CONTINUED
Fees for Services – Continued

Our fee to Albany County Shaker Place Rehabilitation and Nursing Center for HMM to prepare Certificate of Need applications for filing with the NYS Department of Health will be billed on an hourly basis at the rates in effect at the time the work is performed not to exceed \$4,500 per contract year. Standard hourly rates are used, which vary with the staff level and experience of the personnel assigned. Current hourly rates are listed below.

Our fee for HMM to provide quarterly educational training to the business office staff and other staff as necessary will be based on actual time spent by personnel and will be billed hourly at the rates in effect at the time the work is performed. Standard hourly rates are used, which vary with the staff level and experience of the personnel assigned. Current hourly rates are listed below.

ADDITIONAL SERVICES NOT SPECIFIED IN RFP:

1. Our fee for consulting services on matters not related to the cost reports will be on a fee-for-service basis at the rates in effect at the time the work is performed, including but not limited to: reimbursement consulting; advice regarding regulatory process; review of regulations and legislation; and review and consultation regarding third party audits. As additional consulting services arise, a Scope of Objectives shall be provided by Albany County Shaker Place Rehabilitation and Nursing Center to HMM in order for the firm to provide a Scope of Work, set of deliverables, timeline matrix and a project cost based on the current hourly rates provided below in this Request for Proposal.

In addition, out-of-pocket expenses (i.e. computer software fees, bank confirmation fees, Federal Express, UPS, Postage, etc.) will be billed separately. Standard hourly rates are used, which vary with staff level and experience of the personnel assigned. HMM current hourly rates are as follows:

Partners	\$295 - \$475
Senior Managers & Senior	\$250 - \$295
Staff Accountant	\$225 - \$275
Associate Consultant	\$195 - \$325

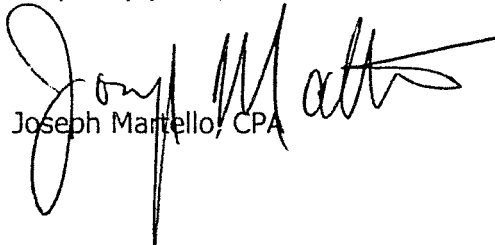
Our fee for these services will be billed progressively on a monthly basis. Payment is due within (60) days. Timely payment of our retainer does not go unnoticed and is greatly appreciated; our fee proposal is developed based upon prompt payment of our bill. Our fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. If significant additional time is necessary, we will discuss it with you.

We reserve the right to discuss these fees with you during the course of the engagement if any unforeseen and unexpected problems arise.

We appreciate this opportunity to present our proposal for your consideration. If you would like to discuss this proposal in greater detail, please contact me at (631) 265-6289. Our firm is confident that we can serve you well and are pleased to have the opportunity to do so. We look forward to discussing this proposal further with you and to serving your facility.

If you are in agreement with the above mentioned fee, please sign below and return one copy to our office.

Very truly yours,


Joseph Martello, CPA

AGREED:

Date

SECTION VI: MANDATORY DOCUMENTATION**MANDATORY DOCUMENTATION ATTACHMENTS INCLUDED:**

THE NON-COLLUSIVE BIDDING CERTIFICATE – SEE ATTACHMENT “A”

ACKNOWLEDGEMENT BY PROPOSER – SEE ATTACHMENT “B”

VENDOR RESPONSIBILITY QUESTIONNAIRE – SEE ATTACHMENT “C”

IRANIAN ENERGY DIVESTMENT CERTIFICATION – SEE ATTACHMENT “D”

ADDITIONAL ATTACHMENTS:

PROPOSAL FORM

COST PROPOSAL FORM

CERTIFICATES OF INSURANCE

- Workers Compensation
- Employer's Liability Insurance
- Automobile Liability Insurance – N/A
- General Liability Insurance
- Professional Liability Insurance

CASH DISCOUNT

HMM will offer a 2% Cash discount for prompt payment of bills. For purposes of any applicable cash discount, the payment date shall be calculated from the receipt of invoice or final acceptance of the goods, whichever is later.

EXHIBITS**EXHIBIT I – CURRENT AUDIT CLIENTS**

Adira at Riverside Rehabilitation & Nursing – Yonkers, NY

Apex Rehab and Care Center - Huntington, NY

Bellhaven Nursing Center - Brookhaven, NY

Bethany Nursing Home and Health Related Facility - Horseheads, NY

Bethel Nursing Home - Ossining, NY

Bethel Nursing and Rehab Center - Croton-on-Hudson, NY

Bridge View Nursing Home - Whitestone, NY

Bronx Park Rehabilitation & Nursing Center - Bronx, NY

Central Island Healthcare – Plainview, NY

Contractor for Kids, Inc. – Islandia, NY

Cortlandt Healthcare - Cortlandt Manor, NY

Crown Nursing and Rehabilitation Center - Brooklyn, NY

Daleview Care Center - Farmingdale, NY

Epic Healthcare Management, LLC – Croton On Hudson, NY

Excel at Woodbury Rehabilitation and Nursing, LLC - Woodbury, NY

Flushing House - Flushing, NY

Fulton Commons Care Center - East Meadow, NY

Greene Meadows Nursing and Rehabilitation – Catskill, NY 12414

Hauppauge Industrial Association - Hauppauge, NY

Highfield Gardens Care Center – Great Neck, NY

Highland Care Center - Jamaica, NY

Hillside Manor Rehab and Extended Care Ctr. - Jamaica Estates, NY

Hudson Valley Rehab and Extended Care Ctr. - Highland, NY

EXHIBIT I – CURRENT AUDIT CLIENTS – CONTINUED:

Intercounty Health Facilities Association - Manhasset, NY
 James Square Nursing and Rehabilitation Centre - Syracuse, NY
 Lakeview Rehabilitation and Care Center - Middle Island, NY
 Lynbrook Restorative Therapy & Nursing - Lynbrook, NY
 Maria Regina Residence - Brentwood, NY
 Mayfair Care Center, Inc. - Hempstead, NY
 Meadowbrook Healthcare - Plattsburgh, NY
 MDJ Realty, LLC – Woodcliff Lake, NJ
 Middletown Park Rehabilitation and Health Care Center – Middletown, NY
 Midway Nursing Home - Maspeth, NY
 Momentum at South Bay for Rehabilitation - East Islip, NY
 Niagara Rehab and Nursing Center - Niagara Falls, NY
 New York Endoscopy Center LLC - White Plains, NY
 North Westchester Restorative Therapy and Nursing Center - Mohegan Lake, NY
 Oak Hollow Nursing Center - Middle Island, NY
 Oasis Rehabilitation and Nursing, LLC, - Center Moriches, NY
 Pine Haven Home, Philmont, NY
 Port Chester Nursing & Rehab Centre - Port Chester, NY
 Riverhead Care Center - Riverhead, NY
 River Ridge Living Center - Amsterdam, NY
 River Valley Care Center - Poughkeepsie, NY
 St. James Rehabilitation and Healthcare Center - St. James, NY
 Salem Hills Health Care Center, Inc. - Purdys, NY
 San Simeon By The Sound - Greenport, NY

San Simeon By The Sound - Greenport, NY

EXHIBIT I – CURRENT AUDIT CLIENTS - CONTINUED

Sayville Nursing and Rehabilitation Center - Sayville, NY

Sea-Crest Health Care Center – Brooklyn, NY

Seafield Care Center - Westhampton Beach, NY

Shoreview Nursing Home – Brooklyn, NY

South Shore Healthcare - Freeport, NY

Sunharbor Manor Nursing Home - Roslyn Heights, NY

Sutton Park Center for Nursing and Rehabilitation - New Rochelle, NY

Terrace Healthcare Center - Bronx, NY

The Citadel Rehab and Nursing Center at Kingsbridge – Bronx, NY

Valley View Center for Nursing Care, The (Orange County) - Goshen, NY

Victoria Home - Ossining, NY

Waterview Hills Nursing Center - Purdys, NY

Westchester Center for Rehabilitation & Nursing - Mount Vernon, NY

Westhampton Care Center - Westhampton, NY

White Oaks Nursing Home - Woodbury, NY

Woodhaven Home for Adults - Port Jefferson Station, NY

Woodhaven Nursing Home - Port Jefferson Station, NY

Workmen's Circle MultiCare Center - Bronx, NY

EXHIBIT II – CURRENT CONSULTING CLIENTS

A. Holly Patterson Geriatric Center - Uniondale, NY

Adira at Riverside Rehabilitation & Nursing – Yonkers, NY

Albany County Shaker Place Rehabilitation and Nursing Center, Albany, NY

Apex Rehab and Care Center - Huntington, NY

Bainbridge Nursing & Rehab Center - Bronx, NY

Barnwell Nursing and Rehab Center - Valatie, NY

Bellhaven Nursing Center - Brookhaven, NY

Bethany Village - Horseheads, NY

Bethel Nursing Home - Ossining, NY

Bethel Nursing and Rehab Center - Croton-on-Hudson, NY

Bridge View Nursing Home - Whitestone, NY

Broadlawn Manor - Amityville, NY

Bronx Park Rehabilitation & Nursing Center - Bronx, NY

Brooklyn United Methodist Church Home - Brooklyn, NY

Carillon Nursing and Rehab Center - Huntington, NY

Central Island Healthcare – Plainview, NY

Cortlandt Healthcare - Cortlandt Manor, NY

Crown Nursing and Rehabilitation Center - Brooklyn, NY

Daleview Care Center - Farmingdale, NY

Dutchess County Dept. of Health - Poughkeepsie, NY

East Haven Nursing & Rehab Center - Bronx, NY

East Neck Nursing and Rehab Center - West Babylon, NY

Emerald North Nursing and Rehabilitation Center – Buffalo, NY

EXHIBIT II – CURRENT CONSULTING CLIENTS – CONTINUED:

Emerald South Nursing and Rehabilitation Center – Buffalo, NY

Excel at Woodbury Rehabilitation and Nursing, LLC - Woodbury, NY

Flushing House - Flushing - NY

Fulton Commons Care Center - East Meadow, NY

Glen Cove Center for Nursing and Rehabilitation - Glen Cove, NY

Greene Meadows Nursing and Rehabilitation Center – Catskill, NY

Good Samaritan Nursing Home - Sayville, NY

Grand Manor Nursing Home - Bronx, NY

Highfield Gardens Care Center – Great Neck, NY

Highland Care Center - Jamaica, NY

Hilaire Rehabilitation & Nursing - Huntington, NY

Hillside Manor Rehab and Extended Care Center - Jamaica Estates, NY

Hudson Valley Rehab and Extended Care Center - Highland, NY

Intercounty Health Facilities Association - Long Island, NY

James Square Nursing and Rehabilitation Centre - Syracuse, NY

Lakeview Rehabilitation and Care Center - Middle Island, NY

Long Island Health Facilities Association - New York, NY

Long Island Home, The (South Oaks Hospital) - Amityville, NY

Lynbrook Restorative Therapy & Nursing - Lynbrook, NY

Maria Regina Residence - Brentwood, NY

Mayfair Care Center, Inc. - Hempstead, NY

Meadowbrook Healthcare - Plattsburgh, NY

EXHIBIT II – CURRENT CONSULTING CLIENTS – CONTINUED:

Middletown Park Rehabilitation and Health Care Center – Middletown, NY
 Midway Nursing Home - Maspeth, NY
 Mills Pond Nursing & Rehabilitation Center - St. James, NY
 Momentum at South Bay for Rehabilitation - East Islip, NY
 Mosholu Parkway Nursing & Rehab Center - Bronx, NY
 Nesconset Center for Nursing and Rehabilitation - Nesconset, NY
 New York Endoscopy Center LLC - White Plains, NY
 Niagara Rehab and Nursing Center - Niagara Falls, NY
 North Shore Long Island Jewish Health System - Westbury, NY
 North Westchester Restorative Therapy and Nursing Center - Mohegan Lake, NY
 Oak Hollow Nursing Center - Middle Island, NY
 Oasis Rehabilitation and Nursing, LLC, Center Moriches - NY
 Orange County Dept. of Health - Goshen, NY
 Our Lady of Consolation - West Islip, NY
 Peconic Landing (CCRC) - Greenport, NY
 Peconic Landing at Southold - Greenport, NY
 Phoenix Medical Center, Inc. - Brooklyn, NY
 Pine Haven Home, Philmont, NY
 Port Chester Nursing & Rehab Centre - Port Chester, NY
 Port Jefferson Health Care Facility - Port Jefferson, NY
 Riverhead Care Center - Riverhead, NY
 River Ridge Living Center - Amsterdam, NY
 River Valley Care Center - Poughkeepsie, NY

EXHIBIT II – CURRENT CONSULTING CLIENTS – CONTINUED:

St. Barnabas Hospital - Bronx, NY

St. Catherine of Siena - Smithtown, NY

St. James Healthcare Center - St. James, NY

Salem Hills Health Care Center, Inc. - Purdys, NY

San Simeon By The Sound - Greenport, NY

Sayville Nursing and Rehabilitation Center - Sayville, NY

Sea-Crest Health Care Center – Brooklyn, NY

Seafeld Care Center - Westhampton, NY

Shoreview Nursing Home – Brooklyn, NY

South Shore Healthcare - Freeport, NY

Sprain Brook Manor Rehab, LLC - Scarsdale, NY

Sunharbor Manor - Roslyn Heights, NY

Sunrise Nursing Home - Oswego, NY

Sutton Park Center for Nursing and Rehabilitation - New Rochelle, NY

Terrace Healthcare Center - Bronx, NY

The Citadel Rehab and Nursing Center at Kingsbridge – Bronx, NY

Valley View Ctr. for Nursing Care, The (Orange County) - Goshen, NY

Victoria Home - Ossining, NY

Waterview Hills Nursing Center - Purdys, NY

Wayne Center for Nursing & Rehab - Bronx, NY

Westchester Center for Rehabilitation & Nursing - Mount Vernon, NY

Westhampton Care Center - Westhampton, NY

Westhampton Senior Living, Inc., Riverhead, NY

EXHIBIT II – CURRENT CONSULTING CLIENTS – CONTINUED:

White Oaks Nursing Home - Woodbury, NY

Woodbury Center For Health Care - Woodbury, NY

Woodhaven Home for Adults - Port Jefferson, NY

Woodhaven Nursing Home - Port Jefferson, NY

Workmen's Circle MultiCare Center - Bronx, NY

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

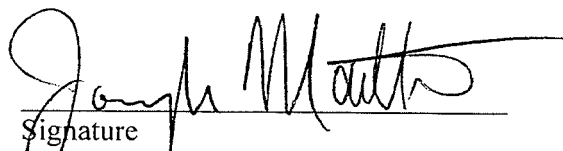
A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation

6/2/2021

Date



Signature

President

Title

HMM, CPAs LLP

Company Name

ATTACHMENT "B" **ACKNOWLEDGMENT BY PROPOSER**

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____; that he is the (give title) _____ of the (name of corporation) _____, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Partnership:

STATE OF New York)
COUNTY OF Suffolk) SS.:

On the 2nd day of June, 2021, before me personally came Joseph F. Martello, Jr. to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of HmmcPA LLP and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

McGourty
MARIA R. GARRICATO
Notary Public, State of New York
No. 4988975
Qualified in Suffolk County 2021
Commission Expires Nov 25, 19

Maria R. McGourty

Notary Public, State of New York

Qualified in Suffolk County

Commission Expires 11/25/2021

X

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: ☒ PRIME CONTRACTOR		
2. VENDOR'S LEGAL BUSINESS NAME HMM, CPAs LLP	3. IDENTIFICATION NUMBERS a) FEIN # 46-5416249 b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:	5. WEBSITE ADDRESS (if applicable) www.horanmm.com	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 527 Townline Rd. Ste 203 Hauppauge NY 11788	7. TELEPHONE NUMBER 631 265 6289	8. FAX NUMBER 631 265 6523
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>	10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Joseph Martello Title President Telephone Number 631-265-6289 Fax Number 631-265-6523 e-mail jmartello@horanmm.com		
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS. Joseph Martello, President / Partner Peter Vogel Partner		
a) NAME Wayne Robinson	TITLE Partner	b) NAME James Budd
c) NAME Suzanne Breit	TITLE Partner	d) NAME Brian Lee
TITLE Partner		
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.		
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. ☐ Yes ☒ No		
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i> ☐ Yes ☒ No b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i> ☐ Yes ☒ No		

16.	WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:	
a)	1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles; 5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; 7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract; 8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.	☐ Yes ☒ No
b)	been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?	☐ Yes ☒ No
c)	been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: 1. federal, state or local health laws, rules or regulations.	☐ Yes ☒ No
17.	IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."	☐ Yes ☒ No
18.	DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:	
a)	file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i>	☐ Yes ☒ No
b)	file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i>	☐ Yes ☒ No
c)	Property Tax <i>Indicate the years the vendor failed to file.</i>	☐ Yes ☒ No
19.	HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING? Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.	☐ Yes ☒ No
20.	IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.	☐ Yes ☒ No

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES ¹ :	☐ Yes	☒ No
	a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.			

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

ALBANY COUNTY VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN #

State of:)
) ss:
 County of:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business HMMCPALLP
 Address 527 Town Creek Rd
 City, State, Zip Hampden
NY, 11788

Sworn before me this 2nd day of June, 2021
Maria R. Carricato
 Notary Public

mcGarbo
 MARIA R. CARRICATO
 Notary Public, State of New York
 No. 4988975
 Qualified in Suffolk County
 Commission Expires Nov 25, 192021

Signature of Owner

Printed Name of Signatory

Title

Joseph F Martello Jr.
JOSEPH F MARTELLO JR
President

Printed Name

Signature

Date

Joseph F Martello Jr
Joseph F Martello Jr
6/2/2021

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

6/2/2021
Date

Joseph F. M. [Signature]
Signature
President
Title
HMM CPAS LLP
Company Name

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Financial Consulting Services

RFP Number: 2021-075

THIS PROPOSAL IS SUBMITTED TO:

Karen A. Storm, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date

Number

None

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

- (c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
- (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")
7. Communication concerning this Proposal shall be addressed to:
- Himm CPAS LLP
- 527 Townline Rd - Suite 203 - Hamppauge NY 11788
- Attn: Mr. Joseph Martello
- Phone: 631 265 6289
8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Financial Consulting Services
RFP Number: 2021-075

TOTAL COST FOR FINANCIAL CONSULTING SERVICES FOR THREE YEARS

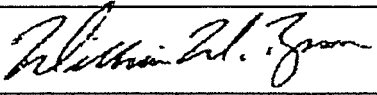
\$ 140,700

OPTIONAL YEARS:

TOTAL COST FOR YEAR FOUR (4) \$ 48,100

TOTAL COST FOR YEAR FIVE (5) \$ 48,700

COMPANY: HMM CPAs LLP
ADDRESS: 527 Townline Rd Ste 203
CITY, STATE, ZIP: Hampange NY 11788
TEL. NO.: 631 265 6289
FAX NO.: 631 265 6523
E-MAIL: jmartello@hcranmm.com
FEDERAL TAX ID NO.: 46-541 6249
REPRESENTATIVE: Joseph F Martello Jr
SIGNATURE AND TITLE: Joseph F Martello Jr
DATE: 6/2/2021

CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE					DATE: 09/22/2020	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY. CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.						
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED BELOW.						
NAMED INSURED: HMM CPAs LLP 527 Townline Rd Ste 203 Hauppauge NY 11788				CERTIFICATE HOLDER: County of Albany Albany County Nursing Home Albany Shaker Road Albany NY 11211-1086		
IF THE DESCRIBED POLICY IS CANCELLED BEFORE ITS EXPIRATION DATE CPA MUTUAL INSURANCE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON CPA MUTUAL INSURANCE, ITS AGENTS OR REPRESENTATIVES COVERAGES.						
THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
TYPE OF INSURANCE:	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	RETROACTIVE DATE	LIMIT OF LIABILITY	
ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE	APLP10386-28	6/26/2020	6/26/2021	6/26/1988	EACH CLAIM	\$2,000,000
LIABILITY					AGGREGATE	\$2,000,000
CLAIMS MADE						
DEDUCTIBLE: \$10,000 PER CLAIM THE DEDUCTIBLE SHALL BE SUBTRACTED FROM THE CLAIM EXPENSE ALLOWANCE THEN THE TOTAL LIMIT OF LIABILITY RESULTING FROM EACH CLAIM REPORTED TO THE COMPANY DURING THE POLICY PERIOD, SUBJECT TO AN ANNUAL AGGREGATE DEDUCTIBLE EQUAL TO TWICE THE DEDUCTIBLE AMOUNT LISTED IN THE DECLARATIONS.						
ENDORSEMENTS SHOWN UNDER ITEM 8 OF THE DECLARATION AT INCEPTION: Named Insured includes: Horan Martello Morrone PC. CyberProtect Endorsement, CP-01, \$250,000						
AGENCY OFFICE LOCATED:						
CPA MUTUAL INSURANCE 4923 NW 43 St. Ste C, Gainesville, FL 32606				 AUTHORIZED REPRESENTATIVE CPA MUTUAL INS COMPANY OF AMERICA, RRG		



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
09/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARK A SMITH AGENCY, INC. STATE FARM INSURANCE COMPANIES 141 CONKLIN STREET FARMINGDALE, NY 11735	CONTACT NAME: NICOLE CAIOLA PHONE (A/C No. Ext.): 516-293-8684 FAX (A/C No.): 844-548-2851 E-MAIL ADDRESS: TEAM@MARKASMITHAAGENCY.COM <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: State Farm Fire and Casualty Company	25143	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: State Farm Fire and Casualty Company	25143														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED HMM CPAS LLP 527 TOWNLINE RD STE 203 HAUPPAUGE, NY 11788-2833															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:	Y		92-B1-G444-1	07/06/2020	07/06/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 600,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Business Property \$ 109,200
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ACCOUNTING SERVICES

ADDITIONAL INSURED: HORAN, MARTELLO, MORRONE, P.C. 527 TOWNLINE RD STE 203 HAUPPAUGE, NY 11788-2833

CERTIFICATE HOLDER

COUNTY OF ALBANY
ALBANY COUNTY NURSING HOME
780 ALBANY SHAKER RD
ALBANY, NY 12211

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Nicole Caiola 9/23/2020

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9/26/2020

County of Albany
Albany County Nursing Home
Albany Shaker Road
Albany, NY 12211

RE: Insured: HMM CPAs LLP
Policy # WC 027129125
Form # C105.2

Dear Certificate Holder,

Please note the attached certificate of insurance is issued as a matter of information only and confers no rights upon you.

- This document does not amend, extend or alter the coverage terms, exclusions and conditions afforded by the referenced policies.
- This document does not specify all endorsements, coverages, terms, conditions, and exclusions of the policies shown. All limits shown are as requested, and a self insured retention may apply to the limits shown per terms and conditions of the policy.
- The policies of insurance are in effect only for the policy periods indicated, and aggregate limits shown in the certificate may have been reduced by paid claims.

Sincerely,

ADP TotalSource Certificate Center

Attachment – Certificate of NYS Workers' Compensation Insurance Coverage-C105.2



**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

1a. Legal Name & Address of Insured (use street address only) ADP TotalSource FL XVI, Inc. 10200 Sunset Drive Miami, FL 33173 L/C/F HMM CPAs LLP 527 Townline Rd Suite 203 Hauppauge, NY 11788 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 631/265-6289 1c. NYS Unemployment Insurance Employer Registration Number of Insured 4735300 2 1d. Federal Employer Identification Number of Insured or Social Security Number 465416249
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) County of Albany Albany County Nursing Home Albany Shaker Road Albany, NY 12211	3a. Name of Insurance Carrier New Hampshire Ins Co 3b. Policy Number of Entity Listed in Box "1a" WC 027129125 3c. Policy effective period 07/01/2020 to 07/01/2021 3d. The Proprietor, Partners or Executive Officers are ☒ included. (Only check box if all partners/officers included) ☐ all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

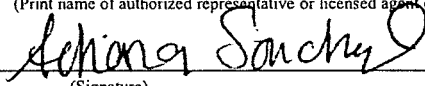
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Adriana Sanchez
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  9/26/2020
(Signature) (Date)

Title: Account Specialist II

Telephone Number of authorized representative or licensed agent of insurance carrier: 800-743-8130

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2 (9-17)

www.wcb.ny.gov

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

RESOLUTION NO. 733

AUTHORIZING AN AGREEMENT WITH HORAN, MARTELLO AND MORRONE, CPAS, LLP REGARDING ONGOING ACCOUNTING AND CONSULTING SERVICES AT THE SHAKER PLACE REHABILITATION AND NURSING CENTER

Introduced: 11/12/24

By Elder Care Committee:

WHEREAS, By Resolution No. 260 for 2021, this Honorable Body authorized an agreement with Horan, Martello and Morrone, CPAs, LLP, for accounting and consulting services at the Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$131,700 for a term commencing November 1, 2021 and ending October 31, 2024, with two one-year options to renew, and

WHEREAS, The Executive Director of the Department of Residential Health Care Facilities has requested authorization to enter into an agreement with Horan, Martello and Morrone, CPAs, LLP for accounting and consulting services at the Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$44,200 for a term commencing November 1, 2024 and ending October 31, 2025, the first of two one-year options to renew, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Horan, Martello and Morrone, CPAs, LLP, Hauppauge, NY 11788 for accounting and consulting services at the Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$44,200 commencing November 1, 2024 and ending October 31, 2025, and, be it further

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

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

AGREEMENT BETWEEN
THE COUNTY OF ALBANY
AND HORAN, MARTELLO AND MORRONE, CPAS, LLP
FOR
ACCOUNTING AND CONSULTING SERVICES

Pursuant to Res. 733 of 2024; adopted 11/12/2024
(Contract No. 2024-2274)

This Agreement is made by and between the County of Albany, a municipal corporation, acting by and through its County Executive, with its principal place of business located at the Albany County Office Building, 112 State Street, Albany, New York 12207-2021 (hereinafter, the "County") and Horan, Martello and Morrone, CPAs, LLP, a New York corporation with a principal place of business located at 527 Townline Road, Suite 203, Happague, New York 11788 (hereinafter, the "Consultant" and with the County, may be referred to herein individually as a "[P]arty," or together as the "[P]arties").

WITNESSETH:

WHEREAS, the Albany County Shaker Place Rehabilitation and Nursing Center (hereinafter, the "Shaker Place") has a need for a Consultant to provide financial accounting and consulting services; and

WHEREAS, Shaker Place issued a request for proposals for such financial accounting and consulting services, said request having been denominated as RFP #2021-075, and having been issued by through the Albany County Purchasing Division on May 14, 2021 and published on May 21, 2021 (hereinafter, the "RFP"); and

WHEREAS, in response thereto, Consultant submitted a proposal on June 3, 2021 to provide the requested financial accounting and consulting services for Shaker Place (hereinafter, the "Proposal"); and

WHEREAS, the Albany County Legislature accepted the Proposal to provide the aforesaid financial accounting and consulting services by Resolution 260 of 2021, adopted August 9, 2021 and entered into an agreement (Contract No. 6514-2021, incorporated herein by reference.); and

WHEREAS, the County wishes to enter into its first of two one-year (1) optional contract renewal terms with the Consultant; and

WHEREAS, the Albany County Legislature has authorized the County Executive to enter into a one-year (1) renewal agreement with the Consultant pursuant to Resolution No. 733 of 2024, adopted November 12, 2024 regarding the aforesaid financial accounting and consulting services; and

WHEREAS, this Agreement sets forth the understanding reached by the parties herein;

NOW, THEREFORE, THE PARTIES HERETO DO MUTUALLY COVENANT AND AGREE AS FOLLOWS:

ARTICLE 1. THE CONTRACT DOCUMENTS; INTERPRETATION

1.1 The Contract Documents consist of the following: this Agreement; the RFP, which is incorporated by reference and made a part hereof; Contract No. 6514-2021, which is incorporated by reference and made a part hereof; and the Proposal, which is incorporated by reference and made a part hereof (collectively, may be referred to herein as “the Agreement”).

1.2 In the event of any discrepancy, disagreement, or ambiguity among the Contract Documents, the documents shall be given preference in the following order to interpret and resolve such discrepancy, disagreement or ambiguity: 1) this Agreement; 2) Contract No. 6514-2021; 3) the RFP; 4) the Proposal.

ARTICLE 2. SCOPE OF SERVICES

2.1 The Consultant shall provide financial accounting and consulting services as described in Article 2, Contract No. 6514-2021 (hereinafter, the “Scope of Services”). The Consultant shall comply with all of the requirements, provisions, terms and conditions, etc. contained in the RFP.

2.2 In addition to the Scope of Services described in Paragraph 2.1, the Consultant shall provide the services described in the Proposal, in a manner consistent with the requirements, provisions, terms and conditions, etc. contained in the RFP and Addendum 1.

2.3 The Consultant shall not perform any services beyond those described in this Agreement (hereinafter, the “extra service(s)”) unless it has obtained prior written approval from the County.

2.4 The Consultant shall render all services in a professional manner.

ARTICLE 3. COMPENSATION

3.1 In consideration of the terms and obligations of this Agreement, the County agrees to pay, and the Consultant agrees to accept, an amount not to exceed FORTY FOUR THOUSAND TWO HUNDRED AND 00/100 (\$44,200.00) as full compensation for all services rendered under this Agreement.

3.2 The parties agree that the dollar amount identified in Paragraph 3.1 of this Agreement includes all expenses incurred providing the services and all travel costs, parking fees, overhead costs, profit and any other ancillary fees and costs including, but not limited to, permits, licenses and insurance.

ARTICLE 4. PAYMENT

Payment shall be made to the Consultant by the County on a quarterly basis upon the Consultant’s submission of a properly executed Albany County Claim Form, plus all supporting documentation, to Shaker Place. Upon review and approval of the claim form, payment shall be rendered promptly.

ARTICLE 5. TERM OF THE AGREEMENT

The term of the Agreement shall commence on November 1, 2024 and shall continue in effect through October 31, 2025. The Agreement may be renewed for (1) additional one-year term, said term to run consecutively to the current term.

ARTICLE 6. TERMINATION OF AGREEMENT; REMEDY FOR BREACH

6.1 This Agreement may be terminated by the County or the Consultant as follows:

6.1.1 The County may terminate the Agreement if the Consultant if the Consultant is substantially in breach of any of its provisions. Additionally, the County may, without cause, order the Consultant in writing, to suspend, delay or interrupt the services in whole or in part for such period of time as the County may determine.

6.1.2 The Consultant may terminate this Agreement if the County is substantially in breach of it.

6.2 In the event of a breach by the Consultant, the Consultant shall pay to the County all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the County to procure a substitute consultant to satisfactorily complete the work, together with the County's own costs incurred in procuring a substitute consultant.

ARTICLE 7. ASSIGNMENT

7.1 The Consultant specifically agrees as required by Section 109 of the N.Y. GENERAL MUNICIPAL LAW that the Consultant is prohibited from assigning, transferring, conveying, subcontracting or otherwise disposing of this Agreement, or of the Consultant's right, title, or interest therein, without the prior written consent of the County.

7.2 The Consultant shall not subcontract for any portion of the services required under this Agreement without the prior written approval of the County. Any such sub consultant shall be subject to the terms and conditions of this Agreement and any additional terms and conditions the County may deem necessary or appropriate.

ARTICLE 8. AVAILABLE DATA

All technical or other data relative to this Agreement in the possession of the County or in the possession of the Consultant shall be made available to the other party to this Agreement without expense to the other party.

ARTICLE 9. COOPERATION

The Consultant shall cooperate with representatives, agents, and employees of the County and the County shall cooperate with representatives, agents, and employees of the Consultant to the end that work may proceed expeditiously and economically.

ARTICLE 10. NON-DISCRIMINATION

In accordance with Article 15 of N.Y. Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Consultant agrees that neither it nor any of its County-approved sub consultants shall, by reason of age, race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, or status as a victim of domestic violence, refuse to hire or employ or to bar or to discharge from employment such individual or to discriminate against such individual in compensation or in terms, conditions or privileges of employment.

ARTICLE 11. RELATIONSHIP

The Consultant is, and shall function as, an independent consultant under the terms of this Agreement and shall not be considered an agent or employee of the County for any purpose. The employees and agents of the Consultant shall not in any manner be, or be held out to be, agents or employees of the County.

ARTICLE 12. INDEMNIFICATION

The Consultant shall defend, indemnify, and save harmless the County, its employees and agents, from and against all claims, damages, losses and expenses (including, without limitation, reasonable attorney's fees) arising out of, or in consequence of, any negligent or intentional act or omission of the Consultant, its employees or agents, to the extent of its responsibility for such claims, damages, losses and expenses.

ARTICLE 13. NON-APPROPRIATIONS

Notwithstanding anything contained herein to the contrary, no default shall be deemed to occur in the event no funds or insufficient funds are appropriated and budgeted by or are otherwise unavailable to the County for payment under this Agreement. The County will immediately notify the Consultant of such occurrence and this Agreement shall terminate on the last day of the fiscal period for which appropriations were received without penalty or expense to the County of any kind whatsoever, except as to those portions herein agreed upon for which funds shall have been appropriated and budgeted.

ARTICLE 14. APPLICABLE LAW

The laws of the State of New York shall govern this Agreement. The designated venue is Albany, New York.

ARTICLE 15. RECORDS

Proper and full accounting records shall be maintained by the Consultant which records shall clearly identify the costs of the services/work performed. The records shall be subject to periodic

and final audit by the County upon request. Such records shall be accessible to the County for a period of six (6) years following the date of final payment.

ARTICLE 16. INSURANCE

16.1 The Consultant shall procure and maintain for the entire term of this Agreement, without additional expense to the County, insurance policies of the kinds and in the amounts provided in the Schedule A attached hereto and made a part hereof. The insurance policies shall name the "County of Albany" as certificate holder and primary/non-contributory additional insured. Such policies may only be changed upon thirty (30) days prior written approval by the County.

16.2 The Consultant shall, prior to commencing any of the services outlined herein, furnish the County with Certificates of Insurance showing that the requirements of this article have been met. The Consultant shall also provide the County with updated Certificates of Insurance prior to the expiration of any previously-issued certificate. No work shall be commenced under this Agreement until the Consultant has delivered the Certificates of Insurance to the County. Upon failure of the Consultant to furnish, deliver, and maintain such insurance certificates as provided above, the County may declare this Agreement suspended, discontinued, or terminated.

16.3 As required by Section 108 of the N.Y. GENERAL MUNICIPAL LAW, this Agreement shall be of no force and effect unless the Consultant shall secure compensation for the benefit of, and keep insured during the life of this Agreement, all employees engaged thereon in compliance with the provisions of the N.Y. WORKERS' COMPENSATION LAW. The Consultant shall require any sub consultant authorized by the County to do likewise for all of their employees engaged thereon, all in compliance with the provisions of the N.Y. WORKERS' COMPENSATION LAW and of Schedule A of this Agreement.

ARTICLE 17. NO WAIVER OF PERFORMANCE

Failure of the County to insist upon strict and prompt performance of the provisions of this Agreement, or any of them, and the acceptance of such performance thereafter shall not constitute or be construed as a waiver or relinquishment of the County's right thereafter to enforce the same strictly according to the tenor thereof in the event of a continuous or subsequent default on the part of the Consultant.

ARTICLE 18. MODIFICATION

This Agreement may only be modified by a formal written amendment executed by the parties.

ARTICLE 19. EXECUTION OF DOCUMENTS

This Agreement may be executed in one or more counterparts, each of which shall constitute an original Agreement, but all of which together shall constitute one and the same instrument.

ARTICLE 20. HEADINGS – CONSTRUCTION

The headings appearing in this Agreement are for the purpose of easy reference only and shall not be considered a part of this Agreement or in any way to modify, amend, or affect the provisions hereof.

ARTICLE 21. ENTIRE AGREEMENT

This Agreement constitutes the entire Agreement between the parties and no representations or promises have been made except as herein expressly set forth.

ARTICLE 22. COMPLIANCE WITH MacBRIDE PRINCIPLES

The Consultant hereby represents that it is in compliance with the MacBride Principles of Fair Employment as set forth in Albany County Local Law No. 3 for 1993, in that the Consultant either (a) has no business operations in Northern Ireland or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Principles, and shall permit independent monitoring of its compliance with such principles. In the event of a violation of this stipulation, the County reserves all rights to take remedial measures as authorized under section 4 of Local Law No. 3 in 1993, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the Consultant in default and/or seeking debarment or suspension of the Consultant.

ARTICLE 23. EXTRA SERVICES/WORK

If the Consultant is of the opinion that any services/work it has been directed to perform is beyond the scope of this Agreement and constitutes extra services/work, the Consultant shall promptly notify the County of that opinion. The County shall be the sole judge as to whether or not such services/work is in fact beyond the scope of this Agreement and whether or not it constitutes extra services/work. In the event the County determines such work does constitute extra services/work, it shall provide extra compensation to the Consultant on a negotiated basis.

ARTICLE 24. IRANIAN ENERGY SECTOR DIVESTMENT

The Consultant hereby represents that the Consultant is in compliance with N.Y. GENERAL MUNICIPAL LAW § 103-g entitled "Iranian Energy Sector Divestment," in that Consultant has not:

- a. Provided goods or services of \$20 Million or more in the energy sector of Iran including, but not limited to, the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
- b. Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five days or more, if that person's intent was to use the credit to provide goods or services in the energy sector in Iran.

ARTICLE 25. MISCELLANEOUS PROVISIONS

25.1 In addition to the Iranian Energy Sector Divestment (per N.Y. GEN. MUN. LAW § 103-9) described above, the Consultant also acknowledges that it shall follow any and all of the other policies and procedures contained in the RFP.

25.2 During the term of this Agreement, the Consultant agrees that, in the event of its reorganization or dissolution as a business entity or change in business, the Consultant shall give the County thirty (30) days written notice in advance of such event.

25.3 The Consultant shall at all times obtain and maintain all licenses required by New York State, or other relevant regulating body, to perform the services required under this Agreement.

25.4 If any term, part, provision, section, subdivision, or paragraph of this Agreement shall be held to be unconstitutional, invalid or ineffective, in whole or in part, such determination shall not be deemed to invalidate the remaining terms, parts, provisions, sections, subdivisions or paragraphs.

25.5 The County shall bear no responsibility other than that set forth in this Agreement.

ARTICLE 26. HIPAA COMPLIANCE

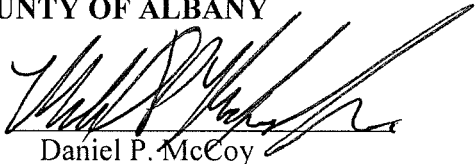
The parties agree to comply with the HIPAA Compliance provisions, attached hereto as Schedule B and made a part hereof.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed the day and year first indicated below.

COUNTY OF ALBANY

Dated: 12/17/24

By:


Daniel P. McCoy

County Executive

or

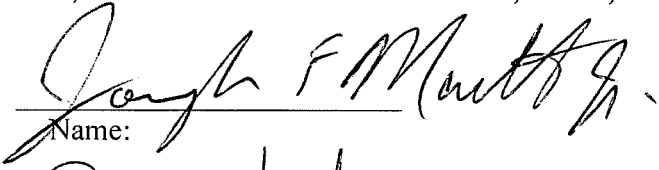
Michael P. McLaughlin

Deputy County Executive

HORAN, MARTELLO AND MORRONE, CPAS, LLP

Dated: Dec 3, 2024

By:


Name:

President

Title:

STATE OF NEW YORK)
COUNTY OF ALBANY) SS.:

On the ____ day of _____, 2024, before me, the undersigned, personally appeared Daniel P. McCoy personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

STATE OF NEW YORK)
COUNTY OF ALBANY) SS.:

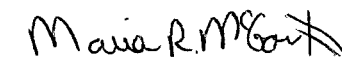
On the 17th day of December, 2024, before me, the undersigned, personally appeared Michael P. McLaughlin, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.


EUGENIA K. CONDON
Notary Public, State of New York
Registration No. 02CO4969817
Qualified in Albany County
Commission Expires July 23, 2025

STATE OF New York)
COUNTY OF Suffolk) SS.:

On the 3rd day of December, 2024, before me, the undersigned, personally appeared Joseph F. Marletto Jr personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

MARIA R. MCGOURTY
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MC4988975
Qualified in Suffolk County
Commission Expires NOVEMBER 25, 2025


NOTARY PUBLIC

SCHEDULE A
INSURANCE COVERAGE

The kinds and amounts of insurance to be provided are as follows:

1. Workers' Compensation and Employers Liability Insurance: A policy or policies providing protection for employees in the event of job related injuries or a waiver of the requirements of this insurance with such waiver to be issued by New York State.
2. Automobile Liability Insurance: A policy or policies with the limits of not less than \$500,000 for each accident because of bodily injury, sickness or disease, including death at any time, resulting therefrom, sustained by any person caused by accident, and arising out of the ownership, maintenance or use of any automobiles; and with the limits of \$500,000 for damage because of injury to or destruction of property, including the loss of the use thereof, caused by accident and arising out of the ownership, maintenance or use of any automobiles.
3. General Liability Insurance: A policy or policies of comprehensive all-risk insurance including coverage for demolition of structures with limits of not less than:

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

4. Professional Liability Insurance: A policy or policies of professional liability insurance with limits not less than \$1,00,000 per occurrence.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Marc Beckman		
RSC Insurance Brokerage, Inc.	PHONE (A/C, No, Ext):	FAX (A/C, No):	
333 Earle Ovington Blvd.	E-MAIL ADDRESS: mbeckman@risk-strategies.com		
Suite 510	INSURER(S) AFFORDING COVERAGE		NAIC #
Uniondale NY 11553	INSURER A: Continental Casualty Company (CNA)		
INSURED	INSURER B:		
HMM, CPAs LLP	INSURER C:		
527 Townline Road, Suite 203	INSURER D:		
Hauppauge NY 11788	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: CL2462664451

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE ☐ OCCUR ☐						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY ☐ PROJECT ☐ LOC ☐						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						BODILY INJURY (Per person) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED ☐ RETENTION \$ ☐						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Accountants Professional Liability			APL-713721616	06/26/2024	06/26/2025	Per Claim / Aggregate \$2,000,000 / \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

County of Albany Albany County Nursing Home Albany Shaker Road Albany NY 12211	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Mark Smith 141 Conklin Street Farmingdale NY 117352505	CONTACT NAME: Mark Smith PHONE (A/C, No, Ext): 516-293-8684 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED HMM CPAS LLP 527 TOWNLINE RD STE 203 HAUPPAUGE NY 11788-2833	NAIC # 25143

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:			92-AP-4113-9	07/06/2024	07/06/2025	EACH OCCURRENCE \$ 2000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 2000000 GENERAL AGGREGATE \$ 4000000 PRODUCTS - COMP/OP AGG \$ 4000000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE ☐ OTH-ER ☐ \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

County of Albany/Albany County Nursing Home Albany Shaker Road Albany NY 12211	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE This form was system-generated on 12/3/2024
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2024

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PRODUCER OneGroup NY, Inc. 706 N. Clinton St. Syracuse NY 13204	CONTACT NAME: Craig Duncan PHONE (A/C, No, Ext): 315-457-1830 FAX (A/C, No): 315-457-7902 E-MAIL ADDRESS: cduncan@onegroup.com
INSURED HMM & CO., LLP 527 Townline Road Suite 203 Hauppauge NY 11788	License#: BR-925601 HMMCPAS-01
INSURER(S) AFFORDING COVERAGE	
INSURER A: Hartford Accident and Ind Co	NAIC # 22357
INSURER B: HANOVER INSURANCE Co.	22292
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1392988492**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	☐ CLAIMS-MADE ☐ OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	☐ POLICY ☐ PROJECT ☐ LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						
	☐ ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	☐ HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☐ SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	☐ NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	☐ EXCESS LIAB						AGGREGATE \$
	☐ OCCUR						\$
	☐ CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01WECBG0EYZ	6/1/2024	6/1/2025	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☐ N	N/A				PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	employment Practices Liability			LHY-J735845-01	6/1/2024	6/1/2025	25k Retention 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

County of Albany
Albany County Nursing Home
Albany Shaker Road
Albany NY 12211

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

December 3, 2024

County of Albany
Albany County Nursing Home
Albany Shaker Road
ALBANY NY 12211

Account Information:

Policy Holder Details :	HMM CPA's LLP
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Contact Us

Need Help?

Chat online or call us at

(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name and address of Insured (use street address only) HMM CPAS LLP 527 TOWNLINE RD STE 203 HAUPPAUGE NY 11788-2833 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)	1b. Business Telephone Number of Insured (631) 265-6289 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 46-5416249
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) County of Albany Albany County Nursing Home Albany Shaker Road ALBANY NY 12211	3a. Name of Insurance Carrier Hartford Accident and Indemnity Company 22357 3b. Policy Number of Entity Listed in Box "1a": 01 WEC BG0EYZ 3c. Policy effective period: 06/01/2024 to 06/01/2025 3d. The Proprietor, Partners or Executive Officers are ☒ Included. (Only check box if all partners/officers included) ☐ all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Worker's Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Sara Seier
(print name of authorized representative or licensed agent of insurance carrier)

Approved by: Sara Seier 12/03/2024
(Signature) (Date)

Title: Operations Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: 315-457-1830

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
112 STATE STREET
ALBANY, NEW YORK 12207
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairwoman Cunningham:

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

The Albany County Department for Aging is seeking authorization to accept grant funding and enter into an MOU with the Department of Social Services for EISEP services. EISEP home care services are provided to eligible persons to allow them to remain in their own home, thus precluding or delaying more costly nursing home care.

The purpose of the EISEP program is to provide eligible seniors with assistance with activities of daily living so that they are able to stay at home and be independent as long as they desire to do so. EISEP services are non-medical in-home services meant to address the needs of seniors who are not eligible to receive support from Medicaid or other programs. For many, EISEP services supplement informal family caregiver efforts by providing needed supportive services that allow seniors to continue to live in the comfort of familiar surroundings in their own community. The non-medical in-home services include non-hands on care such as Light Housekeeping; Laundry; Meal Preparation; Escort Assistance; Errands and Shopping, and hands on personal care including Bathing; Grooming; Dressing; Toileting; Transferring and Ambulation; Feeding; Self-Administration of Medication.

Grant funding shall be spent on direct care for seniors: in-home supportive non-medical services will be provided to Albany County residents.

The Albany County Department for Aging will work in coordination with the Department of Social Services to provide:

- An initial screening of individuals eligible for the EISEP program
- An in-home assessment
- Case management
- Individualized care plan development
- The arrangement and coordination of in-home services

- Ongoing client monitoring and follow up

Case management services and assessments will be provided by Department of Social Services staff.

Grant Award Amount – \$947,694.00

Grant Term – 4/1/2025 – 3/31/2026

Funding Source – 75% - State, 25% - County

Budget Amendment – No Mandate – No

Prior Resolution – No. 544

Revenue Account – Aging -AA6772.03781

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6733, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding from New York State Office for Aging and enter into a Memorandum of Understanding with Department of Social Services to provide Expanded In Home Services for Elderly Program (EISEP) Services

Date: 7/28/2025

Department: Aging

Attending Meeting: Deborah C. Riitano, Commissioner

Submitted By: Patrick Dillon

Title: Contract Administrator

Phone: 518 447 7733

Purpose of Request: Contract Authorization Grant Acceptance

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

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

Term: (Start/end date or duration) 4/1/2025 - 3/31/2026

Amount/Raise Schedule/Fee: 1263592.00

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☒ No ☐

Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 0 County: 25%

State: 75% Local: 0

County Budget Accounts:

Revenue Account and Line: A36772 0382

Revenue Amount: 947694.00

Appropriation Account and Line: A96772 44046

Appropriation Amount: 1263592.00

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority:	Enter text.
Request for Bids / Proposals:	
Competitive Bidding Exempt:	Yes ☐ No ☒
# of Response(s):	Enter text.
# of MWBE:	Enter text.
# of Veteran Business:	Enter text.
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: No. 544, 9/9/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Albany County Department for Aging is seeking authorization to accept grant funding and enter into an MOU with the Department of Social Services for EISEP services. EISEP home care services are provided to eligible persons to allow them to remain in their own home, thus precluding or delaying more costly nursing home care.

The purpose of the EISEP program is to provide eligible seniors with assistance with activities of daily living so that they are able to stay at home and be independent as long as they desire to do so. EISEP services are non-medical in-home services meant to address the needs of seniors who are not eligible to receive support from Medicaid or other programs. For many, EISEP services supplement informal family caregiver efforts by providing needed supportive services that allow seniors to continue to live in the comfort of familiar surroundings in their own community. The non-medical in-home services include non-hands on care such as Light Housekeeping; Laundry; Meal Preparation; Escort Assistance; Errands and Shopping, and hands on personal care including Bathing; Grooming; Dressing; Toileting; Transferring and Ambulation; Feeding; Self-Administration of Medication.

Grant funding shall be spent on direct care for seniors: in-home supportive non-medical services will be provided to Albany County residents.

The Albany County Department for Aging will work in coordination with the Department of Social Services to provide:

- An initial screening of individuals eligible for the EISEP program
- An in-home assessment
- Case management
- Individualized care plan development
- The arrangement and coordination of in-home services
- Ongoing client monitoring and follow up

Case management services and assessments will be provided by Department of Social Services staff.

New York State Office For The Aging
EISEP Program
State Fiscal Year 4/1/25-3/31/26
Final Allocation Schedule

<u>Area Agency on Aging</u>	<u>Population 60+</u>	<u>Administration</u>	<u>Services</u>	<u>COLA</u>	<u>Supplement</u>	<u>Total Allocation</u>	<u>Local Match- 25%</u>
Albany	74,030	\$74,030	\$765,477	\$21,425	\$86,762	\$947,694	\$255,159
Allegany	12,340	\$20,000	\$155,281	\$4,346	\$15,027	\$194,654	\$51,761
Broome	51,850	\$51,850	\$536,134	\$15,006	\$64,118	\$667,108	\$178,712
Cattaraugus	20,975	\$20,975	\$216,883	\$6,070	\$22,943	\$266,871	\$72,295
Cayuga	20,920	\$20,920	\$216,315	\$6,054	\$24,592	\$267,881	\$72,105
Chautauqua	35,930	\$35,930	\$371,520	\$10,398	\$44,055	\$461,903	\$123,840
Chemung	21,720	\$21,720	\$224,587	\$6,286	\$27,874	\$280,467	\$74,863
Chenango	13,815	\$20,000	\$155,281	\$4,346	\$17,004	\$196,631	\$51,761
Clinton	19,505	\$20,000	\$201,684	\$5,645	\$22,416	\$249,745	\$67,228
Columbia	19,930	\$20,000	\$206,078	\$5,768	\$23,377	\$255,223	\$68,693
Cortland	10,750	\$20,000	\$155,281	\$4,346	\$13,327	\$192,954	\$51,761
Delaware	14,900	\$20,000	\$155,281	\$4,346	\$18,661	\$198,288	\$51,761
Dutchess	75,050	\$75,000	\$776,024	\$21,720	\$82,246	\$954,990	\$258,675
Erie	237,175	\$75,000	\$2,452,412	\$68,640	\$284,300	\$2,880,352	\$817,471
Essex	11,935	\$20,000	\$155,281	\$4,346	\$14,176	\$193,803	\$51,761
Franklin	10,750	\$20,000	\$155,281	\$4,346	\$13,488	\$193,115	\$51,761
Fulton	14,850	\$20,000	\$155,281	\$4,346	\$18,000	\$197,627	\$51,761
Genesee	15,570	\$20,000	\$160,995	\$4,506	\$18,605	\$204,106	\$53,665
Greene	14,965	\$20,000	\$155,281	\$4,346	\$17,254	\$196,881	\$51,761
Herkimer	17,255	\$20,000	\$178,418	\$4,994	\$21,652	\$225,064	\$59,473
Jefferson	22,445	\$22,445	\$232,083	\$6,496	\$26,532	\$287,556	\$77,361
Lewis	7,345	\$20,000	\$155,281	\$4,346	\$8,010	\$187,637	\$51,761
Livingston	15,925	\$20,000	\$164,666	\$4,609	\$18,507	\$207,782	\$54,889
Madison	18,320	\$20,000	\$189,431	\$5,302	\$20,793	\$235,526	\$63,144
Monroe	183,715	\$75,000	\$1,899,630	\$53,168	\$209,918	\$2,237,716	\$633,210
Montgomery	12,830	\$20,000	\$155,281	\$4,346	\$16,423	\$196,050	\$51,761
Nassau	344,485	\$75,000	\$3,562,007	\$99,696	\$408,781	\$4,145,484	\$1,187,336
Niagara	57,455	\$57,455	\$594,090	\$16,628	\$68,667	\$736,840	\$198,030
Oneida	59,555	\$59,555	\$615,804	\$17,236	\$75,357	\$767,952	\$205,268
Onondaga	116,700	\$75,000	\$1,206,689	\$33,774	\$131,402	\$1,446,865	\$402,230
Ontario	31,390	\$31,390	\$324,576	\$9,084	\$34,308	\$399,358	\$108,192
Orange	79,965	\$75,000	\$826,846	\$23,142	\$86,384	\$1,011,372	\$275,616
Orleans	10,265	\$20,000	\$155,281	\$4,346	\$12,537	\$192,164	\$51,761
Oswego	27,615	\$27,615	\$285,542	\$7,992	\$32,141	\$353,290	\$95,181
Otsego	16,785	\$20,000	\$173,558	\$4,858	\$20,644	\$219,060	\$57,853
Putnam	25,115	\$25,115	\$259,691	\$7,268	\$26,563	\$318,637	\$86,564
Rensselaer	39,420	\$39,420	\$407,606	\$11,408	\$44,905	\$503,339	\$135,869
Rockland	71,375	\$71,375	\$738,024	\$20,656	\$85,260	\$915,315	\$246,008
St. Lawrence	26,415	\$26,415	\$273,134	\$7,645	\$31,576	\$338,770	\$91,045
Saratoga	59,740	\$59,740	\$617,717	\$17,289	\$63,337	\$758,083	\$205,906
Schenectady	38,295	\$38,295	\$395,974	\$11,083	\$45,774	\$491,126	\$131,992
Schoharie	8,940	\$20,000	\$155,281	\$4,346	\$10,897	\$190,524	\$51,761
Schuyler	5,405	\$20,000	\$155,281	\$4,346	\$6,322	\$185,949	\$51,761
Seneca	9,030	\$20,000	\$155,281	\$4,346	\$11,123	\$190,750	\$51,761
Steuben	25,320	\$25,320	\$261,811	\$7,328	\$31,587	\$326,046	\$87,271
Suffolk	365,855	\$75,000	\$3,782,975	\$105,880	\$410,886	\$4,374,741	\$1,260,992
Sullivan	20,685	\$20,685	\$213,885	\$5,986	\$24,021	\$264,577	\$71,295
Tioga	13,690	\$20,000	\$155,281	\$4,346	\$16,173	\$195,800	\$51,761
Tompkins	21,540	\$21,540	\$222,726	\$6,234	\$23,122	\$273,622	\$74,242
Ulster	50,120	\$50,120	\$518,245	\$14,505	\$56,290	\$639,160	\$172,749
Warren/Hamilton	22,635	\$40,598	\$368,266	\$10,307	\$25,196	\$444,367	\$122,756
Washington	16,430	\$20,000	\$169,888	\$4,755	\$19,650	\$214,293	\$56,630
Wayne	24,280	\$24,280	\$251,057	\$7,027	\$27,858	\$310,222	\$83,686
Westchester	237,080	\$75,000	\$2,451,429	\$68,612	\$277,184	\$2,872,225	\$817,143
Wyoming	10,525	\$20,000	\$155,281	\$4,346	\$11,835	\$191,462	\$51,761
Yates	6,965	\$20,000	\$155,281	\$4,346	\$8,523	\$188,150	\$51,761
New York City	1,822,605	\$375,000	\$18,845,903	\$527,475	\$2,028,889	\$21,777,267	\$6,281,969
Seneca Nation	375	\$20,000	\$155,281	\$4,346	\$2,318	\$181,945	\$51,761
St. Regis Mohawk	960	\$20,000	\$155,281	\$4,346	\$644	\$180,271	\$51,761
Total	4,641,810	\$2,381,788	\$49,110,119	\$1,374,529	\$5,310,214	\$58,176,650	\$16,370,065

RESOLUTION NO. 544

**AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE
FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL
SERVICES REGARDING THE EXPANDED IN-HOME SERVICES FOR THE
ELDERLY PROGRAM**

Introduced: 9/9/24

By Elder Care Committee:

WHEREAS, The Commissioner of the Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Expanded In-Home Services for the Elderly Program (EISEP) in the amount of \$845,907 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has also requested authorization to enter into an interdepartmental agreement with the Department of Social Services to provide EISEP case management services and assessments, and

WHEREAS, The Commissioner has indicated that the funding, which requires a 25% County match, will be used by the Department for Aging in conjunction with the Department of Social Services to provide assessments, case management, and non-medical home care services for older adults in Albany County who are eligible for EISEP services, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding EISEP in the amount of \$845,907 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

RESOLVED, That the County Executive is also authorized to enter into an interdepartmental agreement with the Department of Social Services to provide EISEP case management services and assessments, and, be it further

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

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

Adopted by unanimous vote – 9/9/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of September, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 11th day of September, 2024.

A handwritten signature in cursive script, reading "Neale Chambers", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
112 STATE STREET
ALBANY, NEW YORK 12207
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairwoman Cunningham:

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

To accept the Community Services for the Elderly (CSE) grant from New York State Office for Aging. This grant funding is used to support programs and services within Albany County that provide transportation for seniors and support social adult daycare programs. In the past contract year adults 60 years and older residing in Albany County received transportation services to and from medical appointments, pharmacies, congregate meal sites, and trips to the grocery store. This grant funding is also used to support the Home Delivered Meal Program.

Grant Award Amount – \$886,381.33
Grant Term – 4/1/2025 – 3/31/2026
Funding Source – 75% - State, 25% - County
Budget Amendment – No Mandate – No
Prior Resolution – No. 263
Revenue Account – Aging -AA6772.03782

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6734, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding from New York State Office for Aging for the Community Services for the Elderly Program (CSE)

Date: 7/28/2025

Department: Aging

Attending Meeting: Deborah C. Riitano, Commissioner

Submitted By: Patrick Dillon

Title: Contract Administrator

Phone: 518 447 7733

Purpose of Request: Contract Authorization Grant Acceptance

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

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

Term: (Start/end date or duration) 4/1/2025 - 3/31/2026

Amount/Raise Schedule/Fee: 927570.67

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☒ No ☐

Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 0 County: 25%

State: 75% Local: 0

County Budget Accounts:

Revenue Account and Line: A6772.03782

Revenue Amount: 695678.00

Appropriation Account and Line: 44046, 44453

Appropriation Amount: 927570.67

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: No. 542, 9/9/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

To accept the Community Services for the Elderly (CSE) grant from New York State Office for Aging. This grant funding is used to support programs and services within Albany County that provide transportation for seniors and support social adult daycare programs. In the past contract year adults 60 years and older residing in Albany County received transportation services to and from medical appointments, pharmacies, congregate meal sites, and trips to the grocery store. This grant funding is also used to support the Home Delivered Meal Program.

New York State Office For The Aging
Community Services For The Elderly Program
State Fiscal Year- 4/1/25-3/31/26
Final Allocation Schedule

<u>Area Agency on Aging</u>	<u>Population</u> 60+	<u>Administration</u>	<u>Matched</u> <u>Services</u>	<u>Unmatched</u> <u>Services</u>	<u>COLA</u>	<u>Allocation</u>	<u>Local Match-</u> <u>25%</u>
Albany	74,030	\$74,030	\$549,116	\$55,389	\$17,143	\$695,678	\$183,039
Allegany	12,340	\$20,000	\$91,532	\$9,233	\$2,858	\$123,623	\$30,511
Broome	51,850	\$51,850	\$384,596	\$38,794	\$12,007	\$487,247	\$128,199
Cattaraugus	20,975	\$20,975	\$155,582	\$15,693	\$4,857	\$197,107	\$51,861
Cayuga	20,920	\$20,920	\$155,174	\$15,652	\$4,844	\$196,590	\$51,725
Chautauqua	35,930	\$35,930	\$266,510	\$26,883	\$8,320	\$337,643	\$88,837
Chemung	21,720	\$21,720	\$161,108	\$16,251	\$5,030	\$204,109	\$53,703
Chenango	13,815	\$20,000	\$102,473	\$10,336	\$3,199	\$136,008	\$34,158
Clinton	19,505	\$20,000	\$144,678	\$14,594	\$4,517	\$183,789	\$48,226
Columbia	19,930	\$20,000	\$147,830	\$14,912	\$4,615	\$187,357	\$49,277
Cortland	10,750	\$20,000	\$79,738	\$8,043	\$2,489	\$110,270	\$26,580
Delaware	14,900	\$20,000	\$110,520	\$11,148	\$3,450	\$145,118	\$36,840
Dutchess	75,050	\$75,000	\$556,682	\$56,152	\$17,379	\$705,213	\$185,561
Erie	237,175	\$75,000	\$1,759,241	\$177,454	\$54,922	\$2,066,617	\$586,414
Essex	11,935	\$20,000	\$88,528	\$8,930	\$2,764	\$120,222	\$29,510
Franklin	10,750	\$20,000	\$79,738	\$8,043	\$2,489	\$110,270	\$26,580
Fulton	14,850	\$20,000	\$110,150	\$11,111	\$3,439	\$144,700	\$36,717
Genesee	15,570	\$20,000	\$115,490	\$11,649	\$3,605	\$150,744	\$38,497
Greene	14,965	\$20,000	\$111,003	\$11,197	\$3,465	\$145,665	\$37,001
Herkimer	17,255	\$20,000	\$127,989	\$12,910	\$3,996	\$164,895	\$42,663
Jefferson	22,445	\$22,445	\$166,485	\$16,793	\$5,198	\$210,921	\$55,495
Lewis	7,345	\$20,000	\$71,526	\$7,215	\$2,233	\$100,974	\$23,842
Livingston	15,925	\$20,000	\$118,123	\$11,915	\$3,688	\$153,726	\$39,375
Madison	18,320	\$20,000	\$135,888	\$13,707	\$4,242	\$173,837	\$45,296
Monroe	183,715	\$75,000	\$1,362,703	\$137,455	\$42,542	\$1,617,700	\$454,235
Montgomery	12,830	\$20,000	\$95,166	\$9,599	\$2,971	\$127,736	\$31,722
Nassau	344,485	\$75,000	\$2,555,211	\$257,744	\$79,771	\$2,967,726	\$851,737
Niagara	57,455	\$57,455	\$426,171	\$42,988	\$13,305	\$539,919	\$142,057
Oneida	59,555	\$59,555	\$441,748	\$44,559	\$13,791	\$559,653	\$147,250
Onondaga	116,700	\$75,000	\$865,620	\$87,315	\$27,024	\$1,054,959	\$288,540
Ontario	31,390	\$31,390	\$232,835	\$23,486	\$7,269	\$294,980	\$77,612
Orange	79,965	\$75,000	\$593,139	\$59,830	\$18,517	\$746,486	\$197,713
Orleans	10,265	\$20,000	\$76,140	\$7,680	\$2,377	\$106,197	\$25,380
Oswego	27,615	\$27,615	\$204,834	\$20,662	\$6,395	\$259,506	\$68,278
Otsego	16,785	\$20,000	\$124,502	\$12,559	\$3,887	\$160,948	\$41,501
Putnam	25,115	\$25,115	\$186,290	\$18,791	\$5,816	\$236,012	\$62,097
Rensselaer	39,420	\$39,420	\$292,397	\$29,494	\$9,128	\$370,439	\$97,466
Rockland	71,375	\$71,375	\$529,423	\$53,403	\$16,528	\$670,729	\$176,475
St. Lawrence	26,415	\$26,415	\$195,933	\$19,764	\$6,117	\$248,229	\$65,311
Saratoga	59,740	\$59,740	\$443,120	\$44,697	\$13,834	\$561,391	\$147,707
Schenectady	38,295	\$38,295	\$284,052	\$28,652	\$8,868	\$359,867	\$94,684
Schoharie	8,940	\$20,000	\$71,526	\$7,215	\$2,233	\$100,974	\$23,842
Schuyler	5,405	\$20,000	\$71,526	\$7,215	\$2,233	\$100,974	\$23,842
Seneca	9,030	\$20,000	\$71,526	\$7,215	\$2,233	\$100,974	\$23,842
Steuben	25,320	\$25,320	\$187,811	\$18,944	\$5,863	\$237,938	\$62,604
Suffolk	365,855	\$75,000	\$2,713,723	\$273,733	\$84,720	\$3,147,176	\$904,575
Sullivan	20,685	\$20,685	\$153,431	\$15,477	\$4,790	\$194,383	\$51,144
Tioga	13,690	\$20,000	\$101,545	\$10,243	\$3,170	\$134,958	\$33,849
Tompkins	21,540	\$21,540	\$159,773	\$16,116	\$4,988	\$202,417	\$53,258
Ulster	50,120	\$50,120	\$371,764	\$37,500	\$11,606	\$470,990	\$123,922
Warren/Hamilton	22,635	\$40,598	\$224,312	\$22,626	\$7,003	\$294,539	\$74,771
Washington	16,430	\$20,000	\$121,869	\$12,293	\$3,805	\$157,967	\$40,623
Wayne	24,280	\$24,280	\$180,096	\$18,166	\$5,622	\$228,164	\$60,032
Westchester	237,080	\$75,000	\$1,758,537	\$177,383	\$54,900	\$2,065,820	\$586,179
Wyoming	10,525	\$20,000	\$78,069	\$7,875	\$2,437	\$108,381	\$26,023
Yates	6,965	\$20,000	\$71,526	\$7,215	\$2,233	\$100,974	\$23,842
New York City	1,822,605	\$375,000	\$13,519,141	\$1,363,672	\$422,054	\$15,679,867	\$4,506,381
Seneca Nation	375	\$20,000	\$71,526	\$7,215	\$2,233	\$100,974	\$23,842
St. Regis Mohawk	960	\$20,000	\$71,526	\$7,215	\$2,233	\$100,974	\$23,842
Total	4,641,810	\$2,381,788	\$34,698,211	\$3,500,000	\$1,083,245	\$41,663,244	\$11,566,085

RESOLUTION NO. 542

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING THE COMMUNITY SERVICES FOR THE
ELDERLY PROGRAM

Introduced: 9/9/24

By Elder Care Committee:

WHEREAS, The Commissioner of the Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Community Services for the Elderly Program in the amount of \$664,786 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has indicated that the funding, which requires a 25% County match, will be used to support transportation services, social adult daycare programs, and the home-delivered meals program for adults 60 years and older who reside in Albany County, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Community Services for the Elderly Program in the amount of \$664,786 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

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

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

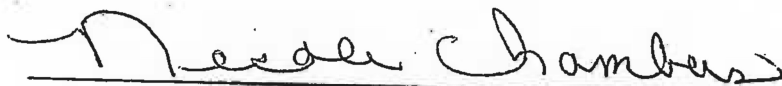
Adopted by unanimous vote – 9/9/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of September, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 11th day of September, 2024.



Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
112 STATE STREET
ALBANY, NEW YORK 12207
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairwoman Cunningham:

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

To accept the Wellness in Nutrition (WIN), grant from New York State Office for Aging. This grant funding previously known as Supplemental Nutrition Assistance Program, (SNAP) funds the home delivered meal program to eligible older adults residing in Albany County. The Home Delivered Meal Program requires qualified professionals to assess program eligibility and perform a Minimum Data Set (MDS) Assessment. This service shall be provided through a Memorandum of Understanding with Albany County Department of Social Services.

Grant Award Amount – \$706533.00
Grant Term – 4/1/2025 – 3/31/2026
Funding Source – 100% - State
Budget Amendment – No Mandate – No
Prior Resolution – No. 543
Revenue Account – Aging -AA6772.03783

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6735, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant money from New York State Office for Aging for the Wellness In Nutrition (WIN) and approve a Memorandum of Understanding between the Department for Aging and Department of Social Services to provide Central Assessment Services

Date: 7/28/2025

Department: Aging

Attending Meeting: Deborah C. Riitano, Commissioner

Submitted By: Patrick Dillon

Title: Contract Administrator

Phone: 518 447 7733

Purpose of Request: Contract Authorization Grant Acceptance

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

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

Term: (Start/end date or duration) 4/1/2025 - 3/31/2026

Amount/Raise Schedule/Fee: 706533.00

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☒ No ☐

Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 0 County: 0

State: 100% Local: 0

County Budget Accounts:

Revenue Account and Line: 706533.00

Revenue Amount: A6772.03783

Appropriation Account and Line: 706533.00

Appropriation Amount: 44046, 44453

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority:	Enter text.
Request for Bids / Proposals:	
Competitive Bidding Exempt:	Yes ☐ No ☒
# of Response(s):	Enter text.
# of MWBE:	Enter text.
# of Veteran Business:	Enter text.
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: No. 543, 9/9/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

To accept the Wellness in Nutrition (WIN), grant from New York State Office for Aging. This grant funding previously known as Supplemental Nutrition Assistance Program, (SNAP) funds the home delivered meal program to eligible older adults residing in Albany County. The Home Delivered Meal Program requires qualified professionals to assess program eligibility and perform a Minimum Data Set (MDS) Assessment. This service shall be provided through a Memorandum of Understanding with Albany County Department of Social Services.

New York State Office For The Aging
Wellness In Nutrition program
State Fiscal Year- 4/1/25-3/31/26
Final Allocation Schedule

<u>Area Agency on Aging</u>	<u>Population 60+</u>	<u>Base Allocation</u>	<u>COLA</u>	<u>Final Allocation</u>
Albany	74,030	\$688,163	\$18,370	\$706,533
Allegany	12,340	293,353	7,831	301,184
Broome	51,850	381,613	10,187	391,800
Cattaraugus	20,975	307,689	8,213	315,902
Cayuga	20,920	303,651	8,106	311,757
Chautauqua	35,930	369,023	9,851	378,874
Chemung	21,720	311,032	8,303	319,335
Chenango	13,815	293,415	7,832	301,247
Clinton	19,505	297,700	7,947	305,647
Columbia	19,930	299,683	8,000	307,683
Cortland	10,750	291,482	7,781	299,263
Delaware	14,900	295,689	7,893	303,582
Dutchess	75,050	382,493	10,210	392,703
Erie	237,175	1,587,448	42,375	1,629,823
Essex	11,935	291,657	7,785	299,442
Franklin	10,750	296,463	7,914	304,377
Fulton	14,850	299,254	7,988	307,242
Genesee	15,570	294,803	7,869	302,672
Greene	14,965	293,937	7,846	301,783
Herkimer	17,255	304,429	8,126	312,555
Jefferson	22,445	308,056	8,223	316,279
Lewis	7,345	203,084	5,421	208,505
Livingston	15,925	208,287	5,560	213,847
Madison	18,320	294,931	7,873	302,804
Monroe	183,715	854,267	22,804	877,071
Montgomery	12,830	300,963	8,034	308,997
Nassau	344,485	1,519,501	40,562	1,560,063
Niagara	57,455	387,413	10,342	397,755
Oneida	59,555	681,510	18,192	699,702
Onondaga	116,700	723,560	19,315	742,875
Ontario	31,390	300,967	8,034	309,001
Orange	79,965	671,914	17,936	689,850
Orleans	10,265	288,868	7,711	296,579
Oswego	27,615	309,002	8,249	317,251
Otsego	16,785	298,321	7,963	306,284
Putnam	25,115	208,013	5,553	213,566
Rensselaer	39,420	362,499	9,677	372,176
Rockland	71,375	374,469	9,996	384,465
St. Lawrence	26,415	314,778	8,403	323,181
Saratoga	59,740	312,254	8,335	320,589
Schenectady	38,295	363,891	9,714	373,605
Schoharie	8,940	204,379	5,456	209,835
Schuyler	5,405	199,495	5,325	204,820
Seneca	9,030	204,224	5,452	209,676
Steuben	25,320	311,748	8,322	320,070
Suffolk	365,855	1,410,205	37,644	1,447,849
Sullivan	20,685	303,832	8,110	311,942
Tioga	13,690	206,024	5,500	211,524
Tompkins	21,540	294,790	7,869	302,659
Ulster	50,120	368,264	9,830	378,094
Warren/Hamilton	22,635	297,773	7,949	305,722
Washington	16,430	295,347	7,884	303,231
Wayne	24,280	301,161	8,039	309,200
Westchester	237,080	1,505,401	40,185	1,545,586
Wyoming	10,525	205,646	5,490	211,136
Yates	6,965	202,741	5,412	208,153
New York City	1,822,605	15,564,918	415,490	15,980,406
Seneca Nation	375	99,407	2,654	102,061
St. Regis Mohawk	960	99,452	2,655	102,107
Total	4,641,810	39,244,332	1,047,590	\$40,291,920

RESOLUTION NO. 543

AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE
FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL
SERVICES REGARDING THE WELLNESS IN NUTRITION PROGRAM

Introduced: 9/9/24

By Elder Care Committee:

WHEREAS, The Commissioner of the Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Wellness in Nutrition Program in the amount of \$665,533 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has also requested authorization to enter into an interdepartmental agreement with the Department of Social Services to provide assessment services in the amount of \$52,500 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has indicated that the funding will be used by the Department for Aging in conjunction with the Department of Social Services to provide home-delivered meal services to eligible seniors in Albany County, as well as the assessments required for the provision of those meals, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Wellness in Nutrition Program in the amount of \$665,533 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

RESOLVED, That the County Executive is also authorized to enter into an interdepartmental agreement with the Department of Social Services to provide assessment services in the amount of \$52,500 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

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

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

Adopted by unanimous vote - 9/9/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of September, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 11th day of September, 2024.

A handwritten signature in cursive script, reading "Nicole Chamberlain", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
112 STATE STREET
ALBANY, NEW YORK 12207
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairwoman Cunningham:

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

To accept grant funding and for Albany County Department for Aging to enter into a Memorandum of Understanding with the Albany County Department of Social Services for the NY Connects Expansion and Enhancement Program. NY Connects is an essential component of the State's efforts to rebalance the long-term services and support systems so that people can live independently and remain at home and in their communities.

NY Connect services are available to older adults and their caregivers. The core functions of NY Connects include; the provision of the NY Connects No Wrong Door Screening Process, information and assistance, application and enrollment assistance for public benefit programs, coordination with other agencies to guide individuals through the eligibility processes, counseling options, care transitions, and data collection and reporting.

Grant Award Amount – \$400,821.00
Grant Term – 4/1/2025 – 3/31/2026
Budget Amendment – No Mandate – No

Funding Source – 100% - State
Revenue Account – Aging -AA6772, 03789
Prior Resolution – No. 548

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6736, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding from New York State Office for Aging and enter into a Memorandum of Understanding with Albany County Department of Social Services for the NY Connects Expansion and Enhancement Program

Date: 7/28/2025

Department: Aging

Attending Meeting: Deborah C. Riitano, Commissioner

Submitted By: Patrick Dillon

Title: Contract Administrator

Phone: 518 447 7733

Purpose of Request: Contract Authorization Grant Acceptance

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

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

Term: (Start/end date or duration) 4/1/2025 - 3/31/2026

Amount/Raise Schedule/Fee: 400821.00

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☒ No ☐

Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 0 County: 0

State: 100% Local: 0

County Budget Accounts:

Revenue Account and Line: A6772.03789

Revenue Amount: 400821.00

Appropriation Account and Line: 44046

Appropriation Amount: 400821.00

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority:	Enter text.
Request for Bids / Proposals:	
Competitive Bidding Exempt:	Yes ☐ No ☒
# of Response(s):	Enter text.
# of MWBE:	Enter text.
# of Veteran Business:	Enter text.
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: No. 548, 9/9/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

Enter text.To accept grant funding and for Albany County Department for Aging to enter into a Memorandum of Understanding with the Albany County Department of Social Services for the NY Connects Expansion and Enhancement Program. NY Connects is an essential component of the State’s efforts to rebalance the long-term services and support systems so that people can live independently and remain at home and in their communities.

NY Connect services are available to older adults and their caregivers. The core functions of NY Connects include: the provision of the NY Connects No Wrong Door Screening Process, information and assistance, application and enrollment assistance for public benefit programs, coordination with other agencies to guide individuals through the eligibility processes, counseling options, care transitions, and data collection and reporting.

New York State Office for the Aging
New York Connects Expansion and Enhancement Program
Final Allocation Schedule
Program Period - 4/1/25-3/31/26

<u>Area Agency on Aging</u>	<u>Total Allocation</u>
Albany	\$400,821
Allegany	255,522
Broome	446,202
Cattaraugus	303,619
Cayuga	239,769
Chautauqua	448,594
Chemung	306,812
Chenango	241,982
Clinton	307,611
Columbia	163,196
Cortland	255,522
Delaware	196,202
Dutchess	502,514
Erie	665,595
Essex	255,522
Franklin	246,752
Fulton	254,724
Genesee	254,724
Greene	254,724
Herkimer	308,407
Jefferson	201,117
Lewis	256,318
Livingston	224,517
Madison	199,221
Monroe	727,943
Montgomery	219,326
Nassau	505,514
Niagara	308,534
Oneida	501,715
Onondaga	737,510
Ontario	307,611
Orange	498,524
Orleans	217,766
Oswego	286,346
Otsego	195,256
Putnam	272,402
Rensselaer	325,202
Rockland	501,715
St. Lawrence	261,485
Saratoga	447,794
Schenectady	448,594
Schoharie	255,522
Schuyler	159,095
Seneca	257,822
Steuben	239,846
Suffolk	707,204
Sullivan	307,611
Tioga	159,095
Tompkins	308,407
Ulster	283,888
Warren/Hamilton	224,678
Washington	254,724
Wayne	307,611
Westchester	721,562
Wyoming	194,167
Yates	201,664
New York City	4,140,423
Seneca Nation	134,779
St. Regis	69,678

Total Allocation \$22,881,000

RESOLUTION NO. 548

AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE
FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL
SERVICES REGARDING THE NY CONNECTS EXPANSION AND
ENHANCEMENT PROGRAM

Introduced: 9/9/24

By Elder Care Committee:

WHEREAS, The Commissioner of the Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging (NYSOFA) regarding the NY Connects Expansion and Enhancement Program in the amount of \$400,821 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has also requested authorization to enter into an interdepartmental agreement with the Department of Social Services in the amount of \$360,821 for administration of the NY Connects Program, and

WHEREAS, The Commissioner has indicated that the funding from NYSOFA, \$39,460 of which will be retained by the Department for Aging for department administration, will be used by the Department for Aging in conjunction with the Department of Social Services to support the delivery of NY Connects services to older adults and individuals of any age with disabilities who are in need of long-term services, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the NY Connects Expansion and Enhancement Program in the amount of \$400,821 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

RESOLVED, That the County Executive is also authorized to enter into an interdepartmental agreement with the Department of Social Services in the amount of \$360,821 for administration of the NY Connects Program, and, be it further

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

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

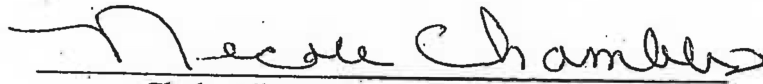
Adopted by unanimous vote – 9/9/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of September, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 11th day of September, 2024.


Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
112 STATE STREET
ALBANY, NEW YORK 12207
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairwoman Cunningham:

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

To accept the Health Insurance Information Counseling and Assistance Program (HIICAP) grant from the New York State Office for Aging. This grant funding provides assistance and guidance in understanding the benefits available under Health Insurance Plans for older adults 60 years and older and their caregivers residing in Albany County. HIICAP services also include health insurance counseling and information on individual needs on Medicare, EPIC plans, Medicare Supplement coverage and Long Term Care insurance and planning.

Grant Award Amount – \$34,043.00
Grant Term – 4/1/2025 to 3/31/2026
Funding Source – Federal - 100%
Budget Amendment – No Mandate – No
Prior Resolution – No. 545
Revenue Account – A6772.03411

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6737, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding from New York State Office for Aging for the Health Insurance Information Counseling and Assistance Program (HIICAP)

Date: 7/28/2025

Department: Aging

Attending Meeting: Deborah C. Riitano, Commissioner

Submitted By: Patrick Dillon

Title: Contract Administrator

Phone: 518 447 7733

Purpose of Request: Contract Authorization Grant Acceptance

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

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

Term: (Start/end date or duration) 4/1/2025 - 3/31/2026

Amount/Raise Schedule/Fee: 34043.00

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☒ No ☐

Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 0 County: 0

State: 100% Local: 0

County Budget Accounts:

Revenue Account and Line: A6772.03411

Revenue Amount: 34043.00

Appropriation Account and Line: 44046

Appropriation Amount: 34043.00

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: No. 545, 9/9/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

To accept the Health Insurance Information Counseling and Assistance Program (HIICAP) grant from the New York State Office for Aging. This grant funding provides assistance and guidance in understanding the benefits available under Health Insurance Plans for older adults 60 years and older and their caregivers residing in Albany County. HIICAP services also include health insurance counseling and information on individual needs on Medicare, EPIC plans, Medicare Supplement coverage and Long Term Care insurance and planning.

New York State Office for the Aging
Health Insurance Information, Counseling and Assistance Program
State Fiscal Year 4/1/25-3/31/26
Final Allocation Schedule

Area Agency on Aging	State Allocation	Federal Allocation	Total
Albany	\$14,697	\$19,346	\$34,043
Allegany	\$14,697	\$19,346	\$34,043
Broome	\$14,697	\$19,346	\$34,043
Cattaraugus	\$14,697	\$19,346	\$34,043
Cayuga	\$14,697	\$19,346	\$34,043
Chautauqua	\$14,697	\$19,346	\$34,043
Chemung	\$14,697	\$19,346	\$34,043
Chenango	\$14,697	\$19,346	\$34,043
Clinton	\$14,697	\$19,346	\$34,043
Columbia	\$14,697	\$19,346	\$34,043
Cortland	\$14,697	\$19,346	\$34,043
Delaware	\$14,697	\$19,346	\$34,043
Dutchess	\$14,697	\$19,346	\$34,043
Erie	\$14,697	\$46,335	\$61,032
Essex	\$14,697	\$19,346	\$34,043
Franklin	\$14,697	\$19,346	\$34,043
Fulton	\$14,697	\$19,346	\$34,043
Genesee	\$14,697	\$19,346	\$34,043
Greene	\$14,697	\$19,346	\$34,043
Herkimer	\$14,697	\$19,346	\$34,043
Jefferson	\$14,697	\$19,346	\$34,043
Lewis	\$14,697	\$19,346	\$34,043
Livingston	\$14,697	\$19,346	\$34,043
Madison	\$14,697	\$19,346	\$34,043
Monroe	\$14,697	\$35,260	\$49,957
Montgomery	\$14,697	\$19,346	\$34,043
Nassau	\$17,031	\$57,032	\$74,063
Niagara	\$14,697	\$19,346	\$34,043
Oneida	\$14,697	\$19,346	\$34,043
Onondaga	\$14,697	\$22,527	\$37,224
Ontario	\$14,697	\$19,346	\$34,043
Orange	\$14,697	\$19,346	\$34,043
Orleans	\$14,697	\$19,346	\$34,043
Oswego	\$14,697	\$19,346	\$34,043
Otsego	\$14,697	\$19,346	\$34,043
Putnam	\$14,697	\$19,346	\$34,043
Rensselaer	\$14,697	\$19,346	\$34,043
Rockland	\$14,697	\$19,346	\$34,043
St. Lawrence	\$14,697	\$19,346	\$34,043
Saratoga	\$14,697	\$19,346	\$34,043
Schenectady	\$14,697	\$19,346	\$34,043
Schoharie	\$14,697	\$19,346	\$34,043
Schuyler	\$14,697	\$19,346	\$34,043
Seneca	\$14,697	\$19,346	\$34,043
Steuben	\$14,697	\$19,346	\$34,043
Suffolk	\$18,467	\$61,839	\$80,306
Sullivan	\$14,697	\$19,346	\$34,043
Tioga	\$14,697	\$19,346	\$34,043
Tompkins	\$14,697	\$19,346	\$34,043
Ulster	\$14,697	\$19,346	\$34,043
Warren/Hamilton	\$29,394	\$38,692	\$68,086
Washington	\$14,697	\$19,346	\$34,043
Wayne	\$14,697	\$19,346	\$34,043
Westchester	\$14,697	\$44,477	\$59,174
Wyoming	\$14,697	\$19,346	\$34,043
Yates	\$14,697	\$19,346	\$34,043
New York City	\$141,471	\$473,751	\$615,222
Seneca Nation	\$7,348	\$9,673	\$17,021
St. Regis	\$7,348	\$9,673	\$17,021
Total	\$1,000,000	\$1,747,213	\$2,747,213

RESOLUTION NO. 545

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING THE HEALTH INSURANCE
INFORMATION, COUNSELING, AND ASSISTANCE PROGRAM

Introduced: 9/9/24

By Elder Care Committee:

WHEREAS, The Commissioner of the Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Health Insurance Information, Counseling, and Assistance Program in the amount of \$34,160 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has indicated that the funding will be used to help Albany County seniors and their caregivers understand the benefits available to them under health insurance plans for adults aged 60 years and older, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Health Insurance Information, Counseling, and Assistance Program in the amount of \$34,160 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

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

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

Adopted by unanimous vote - 9/9/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of September, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 11th day of September, 2024.


Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
112 STATE STREET
ALBANY, NEW YORK 12207
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairwoman Cunningham:

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

Accept the AAA State Transportation grant from New York State Office for Aging. This grant funding provides vital transportation services for older adults residing in Albany County. This will allow transportation services for non-emergency medical transportation and prioritized transportation to vital services for program eligible older adults residing in Albany County. Transportation to vital services includes; medical appointments, pharmacy, grocery shopping and/or food pantry, adult day care, and congregate meal sites. Through this state funded grant, this supplements the transportation services that are primarily funded through the Community Services for the Elderly Program (CSE) grant.

Grant Award Amount – 16455.00

Grant Term – 4/1/2025 – 3/31/2026

Funding Source – 100% - State

Budget Amendment – No Mandate – No

Prior Resolution – No. 541

Revenue Account – Aging -AA6772.03787

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6738, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding from New York State Office for Aging for AAA Transportation Program

Date: 7/28/2025

Department: Aging

Attending Meeting: Deborah c. Riitano, Commissioner

Submitted By: Patrick Dillon

Title: Contract Administrator

Phone: 518 447 7733

Purpose of Request: Contract Authorization Grant Acceptance

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

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

Term: (Start/end date or duration) 4/1/2025 - 3/31/2026

Amount/Raise Schedule/Fee: 16455.00

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☒ No ☐

Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 0 County: 0

State: 100% Local: 0

County Budget Accounts:

Revenue Account and Line: A6772.03787

Revenue Amount: 16455.00

Appropriation Account and Line: 44046

Appropriation Amount: 16455.00

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒**Previous requests for Identical or Similar Action:**

Resolution/Law Number and Date: No. 541, 9/9/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

Accept the AAA State Transportation grant from New York State Office for Aging. This grant funding provides vital transportation services for older adults residing in Albany County. This will allow transportation services for non-emergency medical transportation and prioritized transportation to vital services for program eligible older adults residing in Albany County. Transportation to vital services includes; medical appointments, pharmacy, grocery shopping and/or food pantry, adult day care, and congregate meal sites. Through this state funded grant, this supplements the transportation services that are primarily funded through the Community Services for the Elderly Program (CSE) grant.

New York State Office For The Aging
State Transportation Program
State Fiscal Year 4/1/25 - 3/31/26
Final Allocation Schedule

<u>Area Agency on Aging</u>	<u>Population 60+</u>	<u>Final Allocation</u>
Albany	74,030	\$16,455
Allegany	12,340	\$5,600
Broome	51,850	\$11,525
Cattaraugus	20,975	\$5,600
Cayuga	20,920	\$5,600
Chautauqua	35,930	\$7,986
Chemung	21,720	\$5,600
Chenango	13,815	\$5,600
Clinton	19,505	\$5,600
Columbia	19,930	\$5,600
Cortland	10,750	\$5,600
Delaware	14,900	\$5,600
Dutchess	75,050	\$16,682
Erie	237,175	\$52,718
Essex	11,935	\$5,600
Franklin	10,750	\$5,600
Fulton	14,850	\$5,600
Genesee	15,570	\$5,600
Greene	14,965	\$5,600
Herkimer	17,255	\$5,600
Jefferson	22,445	\$5,600
Lewis	7,345	\$5,600
Livingston	15,925	\$5,600
Madison	18,320	\$5,600
Monroe	183,715	\$40,835
Montgomery	12,830	\$5,600
Nassau	344,485	\$76,570
Niagara	57,455	\$12,771
Oneida	59,555	\$13,238
Onondaga	116,700	\$25,939
Ontario	31,390	\$6,977
Orange	79,965	\$17,774
Orleans	10,265	\$5,600
Oswego	27,615	\$6,138
Otsego	16,785	\$5,600
Putnam	25,115	\$5,600
Rensselaer	39,420	\$8,762
Rockland	71,375	\$15,865
St. Lawrence	26,415	\$5,871
Saratoga	59,740	\$13,279
Schenectady	38,295	\$8,512
Schoharie	8,940	\$5,600
Schuyler	5,405	\$5,600
Seneca	9,030	\$5,600
Steuben	25,320	\$5,628
Suffolk	365,855	\$81,320
Sullivan	20,685	\$5,600
Tioga	13,690	\$5,600
Tompkins	21,540	\$5,600
Ulster	50,120	\$11,140
Warren/Hamilton	22,635	\$11,200
Washington	16,430	\$5,600
Wayne	24,280	\$5,600
Westchester	237,080	\$52,697
Wyoming	10,525	\$5,600
Yates	6,965	\$5,600
New York City	1,822,605	\$405,118
Seneca Indian Res.	375	\$5,600
St. Regis Mohawk	960	\$5,600
Total	4,641,810	1,121,000

RESOLUTION NO. 541

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING THE AAA STATE TRANSPORTATION
PROGRAM

Introduced: 9/9/24

By Elder Care Committee:

WHEREAS, The Commissioner of the Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the AAA State Transportation Program in the amount of \$16,926 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has indicated that the funding will be used to support vital transportation services for adults 60 years and older residing in Albany County, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the AAA State Transportation Program in the amount of \$16,926 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

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

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

Adopted by unanimous vote – 9/9/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of September, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 11th day of September, 2024.

A handwritten signature in cursive script, reading "Nicole Chambers", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
112 STATE STREET
ALBANY, NEW YORK 12207
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
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DEBORAH C. RIITANO
COMMISSIONER

July 28, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairwoman Cunningham:

The Department for Aging is requesting the Legislature's approval for the following:
To accept the Congregate Services Initiative (CSI) grant from the New York State Office for Aging. This grant funding allows the ACDFA to provide beneficial congregate services initiatives for our older adults attending congregate meal sites in Albany County. The services provided respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the community and which seek to prevent the well elderly from requiring more intensive services such as those provided under expanded non-medical in-home services and non-institutional respite service.

Grant funding is used to support a range of services supported by the CSI grant which include but are not limited to; information and assistance, transportation, socialization, education, and health and wellness activities as well as caregiver support for families. These service initiatives promote wellness and ensure that older adults do not face unnecessary isolation and deterioration.

Grant Award Amount – \$6,350.00	Funding Source – 75% - State, 25% - County
Grant Term – 4/1/2025 – 3/31/2026	Revenue Account – Aging -AA6772.03785
Budget Amendment – No	Mandate – No
Prior Resolution – No. 546	

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6740, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding from New York State Office for Aging for Congregate Services Initiative (CSI)

Date: 7/28/2025

Department: Aging

Attending Meeting: Deborah C. Riitano, Commissioner

Submitted By: Patrick Dillon

Title: Contract Administrator

Phone: 518 447 7733

Purpose of Request: Contract Authorization Grant Acceptance

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
Enter text.

Term: (Start/end date or duration) 4/1/2025 - 3/31/2026
Amount/Raise Schedule/Fee: 8466.67

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☒ No ☐
Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 0 County: 25%
State: 75% Local: 0

County Budget Accounts:

Revenue Account and Line: A6772.03785
Revenue Amount: 6350.00
Appropriation Account and Line: 44046
Appropriation Amount: 8466.67

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒**Previous requests for Identical or Similar Action:**

Resolution/Law Number and Date: No. 546, 9/9/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department for Aging is requesting the Legislature's approval for the following; To accept the Congregate Services Initiative (CSI) grant from the New York State Office for Aging. This grant funding allows the ACDFA to provide beneficial congregate services initiatives for our older adults attending congregate meal sites in Albany County. The services provided respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the community and which seek to prevent the well elderly from requiring more intensive services such as those provided under expanded non-medical in-home services and non-institutional respite service.

Grant funding is used to support a range of services supported by the CSI grant which include but are not limited to; information and assistance, transportation, socialization, education, and health and wellness activities as well as caregiver support for families. These service initiatives promote wellness and ensure that older adults do not face unnecessary isolation and deterioration.

New York State Office For The Aging
Congregate Services Initiative Program
State Fiscal Year 4/1/25-3/31/26
Final Allocation Schedule

<u>Area Agency on Aging</u>	<u>Population 60+</u>	<u>Allocation</u>	<u>Local Match- 2.5%</u>
Albany	74,030	\$6,350	\$2,118
Allegany	12,340	\$1,058	\$354
Broome	51,850	\$4,447	\$1,483
Cattaraugus	20,975	\$1,799	\$601
Cayuga	20,920	\$1,794	\$599
Chautauqua	35,930	\$3,082	\$1,028
Chemung	21,720	\$1,863	\$622
Chenango	13,815	\$1,185	\$396
Clinton	19,505	\$1,673	\$559
Columbia	19,930	\$1,709	\$571
Cortland	10,750	\$1,000	\$334
Delaware	14,900	\$1,278	\$427
Dutchess	75,050	\$6,437	\$2,147
Erie	237,175	\$20,344	\$6,782
Essex	11,935	\$1,024	\$342
Franklin	10,750	\$1,000	\$334
Fulton	14,850	\$1,274	\$426
Genesee	15,570	\$1,336	\$446
Greene	14,965	\$1,284	\$429
Herkimer	17,255	\$1,480	\$494
Jefferson	22,445	\$1,925	\$643
Lewis	7,345	\$1,000	\$334
Livingston	15,925	\$1,366	\$456
Madison	18,320	\$1,571	\$525
Monroe	183,715	\$15,758	\$5,254
Montgomery	12,830	\$1,100	\$368
Nassau	344,485	\$29,548	\$9,850
Niagara	57,455	\$4,928	\$1,644
Oneida	59,555	\$5,108	\$1,704
Onondaga	116,700	\$10,010	\$3,338
Ontario	31,390	\$2,692	\$898
Orange	79,965	\$6,859	\$2,287
Orleans	10,265	\$1,000	\$334
Oswego	27,615	\$2,369	\$791
Otsego	16,785	\$1,440	\$481
Putnam	25,115	\$2,154	\$719
Rensselaer	39,420	\$3,381	\$1,128
Rockland	71,375	\$6,122	\$2,042
St. Lawrence	26,415	\$2,266	\$756
Saratoga	59,740	\$5,124	\$1,709
Schenectady	38,295	\$3,285	\$1,096
Schoharie	8,940	\$1,000	\$334
Schuyler	5,405	\$1,000	\$334
Seneca	9,030	\$1,000	\$334
Steuben	25,320	\$2,172	\$725
Suffolk	365,855	\$31,381	\$10,461
Sullivan	20,685	\$1,774	\$592
Tioga	13,690	\$1,174	\$392
Tompkins	21,540	\$1,848	\$617
Ulster	50,120	\$4,299	\$1,434
Warren/Hamilton	22,635	\$2,767	\$924
Washington	16,430	\$1,409	\$471
Wayne	24,280	\$2,083	\$695
Westchester	237,080	\$20,335	\$6,779
Wyoming	10,525	\$1,000	\$334
Yates	6,965	\$1,000	\$334
New York City	1,822,605	\$156,335	\$52,113
Seneca Nation	375	\$1,000	\$334
St. Regis Mohawk	960	\$1,000	\$334
Total	4,641,810	\$403,000	\$134,390

RESOLUTION NO. 546

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING CONGREGATE SERVICES INITIATIVE
FUNDING

Introduced: 9/9/24

By Elder Care Committee:

WHEREAS, The Commissioner of the Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding Congregate Services Initiative funding in the amount of \$6,512 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has indicated that the funding, which requires a 25% County match, will be used to support a range of services including, but not limited to, information and assistance, transportation, socialization, education, and health and wellness activities for older adults in Albany County as well as caregiver support for families, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding Congregate Services Initiative funding in the amount of \$6,512 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

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

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

Adopted by unanimous vote – 9/9/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of September, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 11th day of September, 2024.

A handwritten signature in cursive script, reading "Nicole Chambers", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
112 STATE STREET
ALBANY, NEW YORK 12207
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Chairwoman Cunningham:

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

To amend the Memorandum of Understanding with Albany County Department of Social Services (DSS) which is funded through the Wellness in Nutrition (WIN), grant from New York State Office for Aging. This grant funding funds the home delivered meal program to eligible older adults residing in Albany County. The Home Delivered Meal Program requires qualified professionals to assess program eligibility and perform a Minimum Data Set (MDS) Assessment. DSS has advised that there has been a steady increase in the amount of assessments/reassessments in the program.

Grant Award Amount – \$50,001.00
Grant Term – 4/1/2024 – 3/31/2025
Funding Source – 100% - State
Budget Amendment – No Mandate – No
Prior Resolution – No. 543
Revenue Account – Aging -AA6772.03783

Respectfully Submitted,

Deborah C. Riitano
Commissioner

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6742, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to Amend Department of Social Services Central Assessment Memorandum of Understanding for the provision of additional case management units

Date: 7/28/2025

Department: Aging

Attending Meeting: Deborah C. Riitano, Commissioner

Submitted By: Patrick Dillon

Title: Contract Administrator

Phone: 518 447 7733

Purpose of Request: Contract Authorization Amendment

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Department of Social Services, 162 Washington Avenue, Albany, New York 12210

Term: (Start/end date or duration) 4/1/2024 - 3/31/2025

Amount/Raise Schedule/Fee: 50001.00

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☒ No ☐

Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 100% **County:** 0

State: 0 **Local:** 0

County Budget Accounts:

Revenue Account and Line: A36772.03783

Revenue Amount: 50001.00

Appropriation Account and Line: 44453

Appropriation Amount: 50001.00

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: No. 543

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

To amend the Memorandum of Understanding with Albany County Department of Social Services (DSS) which is funded through the Wellness in Nutrition (WIN), grant from New York State Office for Aging. This grant funding funds the home delivered meal program to eligible older adults residing in Albany County. The Home Delivered Meal Program requires qualified professionals to assess program eligibility and perform a Minimum Data Set (MDS) Assessment. DSS has advised that there has been a steady increase in the amount of assessments/reassessments in the program.

New York State Office For The Aging
Wellness In Nutrition program
State Fiscal Year- 4/1/25-3/31/26
Final Allocation Schedule

<u>Area Agency on Aging</u>	<u>Population 60+</u>	<u>Base Allocation</u>	<u>COLA</u>	<u>Final Allocation</u>
Albany	74,030	\$688,163	\$18,370	\$706,533
Allegany	12,340	293,353	7,831	301,184
Broome	51,850	381,613	10,187	391,800
Cattaraugus	20,975	307,689	8,213	315,902
Cayuga	20,920	303,651	8,106	311,757
Chautauqua	35,930	369,023	9,851	378,874
Chemung	21,720	311,032	8,303	319,335
Chenango	13,815	293,415	7,832	301,247
Clinton	19,505	297,700	7,947	305,647
Columbia	19,930	299,683	8,000	307,683
Cortland	10,750	291,482	7,781	299,263
Delaware	14,900	295,689	7,893	303,582
Dutchess	75,050	382,493	10,210	392,703
Erie	237,175	1,587,448	42,375	1,629,823
Essex	11,935	291,657	7,785	299,442
Franklin	10,750	296,463	7,914	304,377
Fulton	14,850	299,254	7,988	307,242
Genesee	15,570	294,803	7,869	302,672
Greene	14,965	293,937	7,846	301,783
Herkimer	17,255	304,429	8,126	312,555
Jefferson	22,445	308,056	8,223	316,279
Lewis	7,345	203,084	5,421	208,505
Livingston	15,925	208,287	5,560	213,847
Madison	18,320	294,931	7,873	302,804
Monroe	183,715	854,267	22,804	877,071
Montgomery	12,830	300,963	8,034	308,997
Nassau	344,485	1,519,501	40,562	1,560,063
Niagara	57,455	387,413	10,342	397,755
Oneida	59,555	681,510	18,192	699,702
Onondaga	116,700	723,560	19,315	742,875
Ontario	31,390	300,967	8,034	309,001
Orange	79,965	671,914	17,936	689,850
Orleans	10,265	288,868	7,711	296,579
Oswego	27,615	309,002	8,249	317,251
Otsego	16,785	298,321	7,963	306,284
Putnam	25,115	208,013	5,553	213,566
Rensselaer	39,420	362,499	9,677	372,176
Rockland	71,375	374,469	9,996	384,465
St. Lawrence	26,415	314,778	8,403	323,181
Saratoga	59,740	312,254	8,335	320,589
Schenectady	38,295	363,891	9,714	373,605
Schoharie	8,940	204,379	5,456	209,835
Schuyler	5,405	199,495	5,325	204,820
Seneca	9,030	204,224	5,452	209,676
Steuben	25,320	311,748	8,322	320,070
Suffolk	365,855	1,410,205	37,644	1,447,849
Sullivan	20,685	303,832	8,110	311,942
Tioga	13,690	206,024	5,500	211,524
Tompkins	21,540	294,790	7,869	302,659
Ulster	50,120	368,264	9,830	378,094
Warren/Hamilton	22,635	297,773	7,949	305,722
Washington	16,430	295,347	7,884	303,231
Wayne	24,280	301,161	8,039	309,200
Westchester	237,080	1,505,401	40,185	1,545,586
Wyoming	10,525	205,646	5,490	211,136
Yates	6,965	202,741	5,412	208,153
New York City	1,822,605	15,564,918	415,490	15,980,406
Seneca Nation	375	99,407	2,654	102,061
St. Regis Mohawk	960	99,452	2,655	102,107
Total	4,641,810	39,244,332	1,047,590	\$40,291,920

RESOLUTION NO. 543

AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE
FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL
SERVICES REGARDING THE WELLNESS IN NUTRITION PROGRAM

Introduced: 9/9/24

By Elder Care Committee:

WHEREAS, The Commissioner of the Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Wellness in Nutrition Program in the amount of \$665,533 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has also requested authorization to enter into an interdepartmental agreement with the Department of Social Services to provide assessment services in the amount of \$52,500 for the term commencing April 1, 2024 and ending March 31, 2025, and

WHEREAS, The Commissioner has indicated that the funding will be used by the Department for Aging in conjunction with the Department of Social Services to provide home-delivered meal services to eligible seniors in Albany County, as well as the assessments required for the provision of those meals, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Wellness in Nutrition Program in the amount of \$665,533 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

RESOLVED, That the County Executive is also authorized to enter into an interdepartmental agreement with the Department of Social Services to provide assessment services in the amount of \$52,500 for the term commencing April 1, 2024 and ending March 31, 2025, and, be it further

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

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

Adopted by unanimous vote - 9/9/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of September, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 11th day of September, 2024.

A handwritten signature in cursive script, reading "Nicole Chamberlain", written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

MICHAEL P. McLAUGHLIN, JR.
DEPUTY COUNTY EXECUTIVE

August 5, 2025

Hon. Joanne Cunningham,
Chairwoman Albany County Legislature
112 State Street.,
Rm 710 Albany, NY 12207

Chairwoman Cunningham,

I am respectfully requesting to amend the budget of the Department of Aging to create the necessary lines for the Albany County Community and Senior Center.

Amendment as follows:

Increase A6772.1.1029.001	\$22,500
Increase A6772.1.9970	\$20,000
Increase A6772.2.2999	\$15,000
Increase A6772.4.4046	\$20,000
Decrease A6772.1.9900	\$8,000
Decrease A6772.1.2180.001	\$20,000
Decrease A6772.4.4425	\$39,500

This amendment will afford the County the personnel and resources to adequately create and maintain a center that will contribute to the community.

Please do not hesitate to reach out with any questions.

Sincerely,

Daniel P. McCoy Albany County Executive

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-6765, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Budget Amendment to create positions and additional lines within Aging Dept. for the Albany County Community and Senior Center

Date: 08/05/2025
Department: County Executive
Attending Meeting: Jack Rosenzweig
Submitted By: Jack Rosenzweig
Title: Policy Analyst
Phone: 518-447-7043

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
Enter text.

Term: (Start/end date or duration) Enter text.
Amount/Raise Schedule/Fee: Enter text.

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: Enter text. County: 100
State: Enter text. Local: Enter text.

County Budget Accounts:

Revenue Account and Line: A6772 02770
Revenue Amount: 10,000
Appropriation Account and Line: Multiple Lines
Appropriation Amount: 77,500

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☒ No ☐

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

This budget amendment is to create positions and additional lines within the County Department for Aging for the Albany County Community and Senior Center. This center will be on the former St. Rose campus, repurposing the college's library.

APPROPRIATIONS												
BUDGET LINE				DESCRIPTION		INCREASE		DECREASE		UNIT COST		DEPARTMENT NAME
FUND	ORG	OBJ	PROJ	FOR POSITIONS ONLY								
				STATE POS. CODE	POSITION CONTROL							
A	6772	11029	SRCTR	001	520128	Executive Director	\$22,500			\$90,000.00		Aging
A	6772	19970	SRCTR			Temp Help	\$20,000			\$20,000.00		Aging
A	6772	22999	SRCTR			Miscellaneous Equipment	\$15,000			\$15,000.00		Aging
A	6772	44046	SRCTR			Fees for Services	\$20,000			\$20,000.00		Aging
A	6772	19900				Overtime		\$8,000		\$3,589.00		
A	6772	12180		001	500019	Registered Dietician in Aging		\$20,000		\$71,891.00		
A	6772	44425				EISEP		\$39,500		\$1,272,896.00		
TOTAL APPROPRIATIONS							\$77,500		\$67,500			

ESTIMATED REVENUES												
BUDGET LINE				DESCRIPTION		DECREASE		INCREASE		UNIT COST		DEPARTMENT NAME
FUND	ORG	OBJ	FOR POSITIONS ONLY									
			STATE POS. CODE	POSITION CONTROL								
A	6772	02770	SRCTR		Other Unclassified Revenue				\$10,000		\$10,000.00	Aging
					TOTAL REVENUES				\$0		\$10,000	
					GRAND TOTAL				\$77,500		\$77,500	