AGENDA

HEALTH AND HUMAN SERVICES COMMITTEE

Monday, July 27, 2015; 10:30 a.m.
Supervisors Large Conference Room

I. Call Meeting to Order, 10:30
   A) Approve Minutes
      1) July 14, 2015

II. Veterans Agency, 10:30 – 10:35
   A) Monthly Stats & Activity Report

III. Social Services, 10:35 – 10:40
   A) Expenditure and Caseload Report – June 2015

IV. Mental Health, 10:45 – 10:55
   A) Accounts Receivable and Fiscal Reports – June 2015
   B) Resolution:
      1) Authorizing the Chairman to execute a contract modification (IMA Systems)

V. Public Health, 10:55 – 11:05
   A) Department Update
   B) Resolution:
      1) Authorizing the Chairman to enter into an agreement with New York State Department of Health for the administration of Early Intervention and modifying the 2015 County budget

VI. Other Business

VII. Preferred Agenda

Next meeting: Monday, August 24, 2015, 10:30 a.m. – Supervisors Large Conference Room.

Adjournment

HEALTH AND HUMAN SERVICES COMMITTEE

SPECIAL MEETING
Tuesday, July 14, 2015
Chambers

Committee Members Present
Alex Stepanski, Chairman, Town of Stockbridge
Lewis Carinci, Vice Chairman, City of Oneida
James Goldstein, Town of Lebanon
Joseph John Pinard, Town of Lenox
Paul Walrod, Town of Georgetown

Others Present:
Geoff Snyder, Director of Environmental Health

Call Meeting to Order
Chairman Alex Stepanski called the meeting to order at 1:32 p.m. indicating that there was a quorum for the Health and Human Services Committee.

Approve Minutes
The Health and Human Services Committee reviewed the June 22, 2015 meeting minutes. A motion to approve the minutes as written was made by Goldstein, seconded by Walrod and carried unanimously.

Resolution
The following Department of Health resolutions were presented to the Committee:

Extending contracts for pre-school children transportation
A motion was made by Goldstein to approve the resolution, seconded by Pinard and carried unanimously.

Authorizing modification of the 2015 adopted County budget
A motion was made by Walrod to approve the resolution, seconded by Carinci and carried unanimously.

Motion to Adjourn
There being no further business to discuss, a motion to adjourn the meeting was made by Walrod at 1:34 p.m., seconded by Carinci and carried.

Next meeting: Monday, July 27, 2015 at 10:30 p.m. in the Supervisors Large Conference Room.

Respectfully submitted by Christine J. Coe for Chairman Alexander R. Stepanski.

UNRECONCILED	JUNE 2015 NET EXPENDITURES	YTD NET EXPENDITURES	BUDGET EXPENSE AMOUNT	PERCENTAGE SPENT/RECEIVED
GEN ADM - SALARIES	$ 374,168.40	$ 2,444,417.80	$ 5,111,690	47.82%
GEN ADM - EQUIPMENT	$ 153.45	$ 12,653.43	$ 201,065	6.29%
GEN ADM - CONTRACTUAL	$ 113,464.68	$ 518,576.05	$ 1,598,306	32.45%
GEN ADM - FRINGE BENEFITS	$ 160,473.57	$ 1,193,739.43	$ 2,968,040	40.22%
GEN ADM - MLR	$ 15,200.00	$ 91,200.00	$ 182,400.00	50.00%
GEN ADM - A-87	$ 51,000.00	$ 306,000.00	$ 612,000.00	50.00%
REIMB SCH SERV COOR	$ -	$ (9,589.21)	$ (9,398.00)	102.03%
INTERFUND-LANDFILL WORK CREW	$ -	$ -	$ (33,572.00)	0.00%
CHILD SUPPORT PROCESSING	$ -	$ -	$ (600.00)	0.00%
INCENTIVES	$ (3,168.55)	$ (18,389.75)	$ (35,779.00)	51.40%
	$ -	$ -		
CCBG	$ 36,576.96	$ 202,665.50	$ 499,375.00	40.58%
CCBG - 75%	$ 5,460.37	$ 29,989.95	$ 97,534.00	30.75%
TITLE XX	$ 5,899.67	$ 113,252.27	$ 306,675.00	36.93%
DOMESTIC VIOLENCE	$ -	$ 72,717.90	$ 174,523.00	41.67%
FAMILY UNIFICATION	$ -	$ 137,527.90	$ 391,691.00	35.11%
STSJP	$ -	$ -	$ 13,214.00	0.00%
DCJS	$ -	$ 45,541.73	$ 118,922.00	38.30%
MMIS	$ 1,027,400.00	$ 5,305,916.00	$ 11,126,596.00	47.69%
MA	$ (52,731.24)	$ (149,260.95)	$ (170,000.00)	87.80%
FAMILY ASSISTANCE	$ 103,593.39	$ 601,422.44	$ 1,346,000.00	44.68%
FAMILY ASSISTANCE - DISREGARDS	$ (646.71)	$ 1,016.41	$ -	#DIV/0!
EAF-FOSTER CARE	$ 2,693.84	$ 137,922.56	$ 420,166.00	32.83%
EAF-SERVICES	$ 1,094.73	$ 99,678.57	$ 158,687.00	62.81%
EAF	$ 5,809.58	$ 35,579.37	$ 160,000.00	22.24%
EAF JD/PINS	$ (173.15)	$ 198,602.01	$ 371,029.00	53.53%
TANF NONSEC DET PREV	$ -	$ -	$ 2,500.00	0.00%
FOSTER CARE	$ 91,777.76	$ 896,425.66	$ 2,071,628.00	43.27%
FOSTER CARE - IND LVG	$ 90.00	$ 4,843.67	$ 16,267.00	29.78%
JD/PINS	$ (1,807.92)	$ 625,945.46	$ 1,460,872.00	42.85%
DFY-14	$ (264.21)	$ 34,587.02	$ 90,055.00	38.41%
JD - IND LVG	$ 71.17	$ 1,635.35	$ 4,539.00	36.03%
SAFETY NET	$ 95,407.81	$ 578,486.08	$ 1,166,000.00	49.61%
HEAP - PA	$ -	$ (5,887.48)	$ -	#DIV/0!
HEAP -NPA	$ (3,440.03)	$ (20,490.69)	$ -	#DIV/0!
	$ -			
HEAP - EMERGENCY	$ (164.41)	$ (1,587.71)	$ -	#DIV/0!
EAA	$ 2,304.10	$ 14,262.61	$ 35,000.00	40.75%
BURIALS	$ 13,960.99	$ 63,467.24	$ 174,000.00	36.48%
TOTAL	$ 2,044,204.25	$ 13,562,866.62	$ 30,629,425.00	44.28%

SNAP - PA	$ 66,073.00	$ 367,598.00	$ 725,004.00	50.70%
SNAP - NPA	$ 984,401.00	$ 5,901,297.00	$ 12,404,532.00	47.57%

CHILD SUPPORT - CURRENT ASSISTANCE	$ 15,986.08	$ 93,196.24	$ 203,196.00	45.87%
CHILD SUPPORT - FORMER ASSISTANCE	$ 104,604.87	$ 498,825.76	$ 887,424.00	56.21%
CHILD SUPPORT - NEVER ASSISTANCE	$ 459,671.92	$ 2,356,834.84	$ 4,648,932.00	50.70%

BUDGET	$ 30,653,511.00
MLR	$ 182,400.00
A-87	$ 612,000.00
TOTAL	$ 31,447,911.00
LESS REFUNDS	$ 818,486.00
TOTAL	$ 30,629,425.00

BUDGET TRANSFER DRIVEWAY EXPANSION & LIGHTING ($50,000) - 6/9/15

	CASELOAD JUNE 2014		CASELOAD MAY 2015		CASELOAD JUNE 2015
SUMMARY OF CASES					
MA & MPE	4,853		4,568		4,542
FAMILY HEALTH PLUS	458		0		0
SSI	1,535		1,491		1,481
TOTAL MEDICIAD CASES	6,846		6,059		6,023
FAMILY ASSISTANCE	172		180		175
EMERGENCY AID TO FAMILIES	17		17		8
SAFTEY NET	168		182		183
EMERGENCY AID TO ADULTS	1		1		1
TOTAL PUBLIC ASSISTANCE CASES	358		380		367
SNAP - PA	189		221		200
SNAP - NPA	4,230		4,199		4,157
TOTAL SNAP CASES	4,419		4,420		4,357
BURIALS	9		7		5
CHILD SUPPORT - CURRENT ASSISTANCE	413		431		435
CHILD SUPPORT - FORMER ASSISTANCE	990		983		971
CHILD SUPPORT - NEVER ASSISTANCE	1,691		1,608		1,614
CHILD SUPPORT - TOTAL	3,094		3,022		3,020
SUMMARY OF CHILDREN					
CCBG - 100%	78		109		120
CCBG - 75%	30		21		19
TOTAL	108		130		139
EAF-FOSTER CARE - FOSTER HOMES	9		6		5
EAF- FOSTER HOMES - HIGHER LEVEL	8		5		0
EAF JD/PINS - FOSTER HOMES	0		0		0
EAF JD/PINS - HIGHER LEVEL	2		3		0
FOSTER CARE - FOSTER HOMES	18		16		17
FOSTER CARE - HIGHER LEVEL	11		8		1
FOSTER CARE - JD/PINS	0		0		0
FOSTER CARE - ADOPTION	78		90		89
JD/PINS - FOSTER HOMES	0		0		0
JD/PINS - HIGHER LEVEL	6		13		0
DFY	0		1		0
CHILDREN NOT IN FOSTER CARE	388		319		322
TOTAL NUMBER OF CHILDREN SERVED	520		461		434
CPS REFERRALS	96		90		94
FAR REFERRALS	52		38		52

2015 EXPENDITURE & REFUND SUMMARY - JUNE 2015
INSTITUTION PAYMENTS NOT PAID IN JUNE 2015.

MENTAL HEALTH - ACCOUNTS RECEIVABLE - JUNE 2015						
		CLINIC		ADMIN		TOTALS
DESCRIPTION						
MEDICAID		75,355.00				**75,355.00**
PI MEDICAID		139,350.00				**139,350.00**
MEDICARE		11,386.00				**11,386.00**
INSURANCE		33,358.00				**33,358.00**
CLIENT SELF PAY		30,839.00				**30,839.00**
FEDERAL MED. SALARY				31,622.00		**31,622.00**
OPWDD				23,360.00		**23,360.00**
OASAS				6,884.50		**6,884.50**
OMH		38,430.00		11,164.00		**49,594.00**
MEDICAID PRESCRIPTION		4,524.86				**4,524.86**
GRAND TOTALS		**333,242.86**		**73,030.50**		**406,273.36**

MENTAL HEALTH DEPARTMENT FISCAL REPORT - JUNE 2015

	REVENUE	2015 Y-T-D BUDGET	2015 Y-T-D ACTUAL	2014 Y-T-D ACTUAL	2015 ANNUAL BUDGET	Y-T-D % REC'D /USED
1	MENTAL HEALTH FEES	1,455,484	1,295,020	1,423,707	2,910,967	89%
2	MEDICAID REIMB PRECRIPTIONS	18,900	42,372	9,141	37,800	224%
3	CHITTENANGO	-	-	4,645	-	N/A
4	INTERFUND REV - POLYGRAPH	4,500	5,000	3,000	9,000	111%
5	OMH	49,595	49,594	-	99,189	100%
6	OPW	23,359	23,360	22,393	46,718	100%
7	OASAS	6,885	6,885	6,885	13,769	100%
8	FEDERAL MEDICAID SALARY	77,765	31,622	55,322	155,529	41%
9	**TOTAL**	**1,636,486**	**1,453,853**	**1,525,093**	**3,272,972**	**89%**
	EXPENDITURES					
10	PERSONAL SERVICES	665,729	669,467	734,149	1,331,457	101%
11	DUES	1,412	2,824	2,756	2,824	200%
12	BOOKS & PERIODICALS	763	463	292	1,525	61%
13	EQUIPMENT	400	-	-	800	0%
14	SOFTWARE	31,250	28,695	29,200	62,500	92%
15	SOFTWARE MAINTENANCE	13,048	10,504	9,031	26,095	81%
16	BOARD EXPENSE	750	652	409	1,500	87%
17	MAINTENANCE IN LIEU OF RENT	26,550	26,550	26,550	53,100	100%
18	TRAVEL	770	647	533	1,540	84%
19	CONFERENCE	800	-	179	1,600	0%
20	TRAINING	1,350	685	489	2,700	51%
21	TRANSPORTATION	500	-	647	1,000	0%
22	ADVERTISING	625	105	264	1,250	17%
23	MISC. CONSULTING SERVICE	7,500	375	3,038	15,000	5%
24	AUDITING FEE	2,550	-	5,000	5,100	0%
25	TRANSCRIPTION	11,038	7,703	12,047	22,075	70%
26	MEDICAL & PSYCHIATRIC	462,975	308,953	256,978	925,950	67%
27	STATE CRISIS LINE	1,675	1,279	1,605	3,350	76%
28	PSYCHOLOGICAL TESTING	250	-	-	500	0%
29	GROUP THERAPY SUPPLIES	250	-	436	500	0%
30	EDUCATIONAL SUPPLIES	250	-	177	500	0%
31	PROFESSIONAL LIABILITY INSURANCE	2,921	2,921	2,921	5,842	100%
32	PRESCRIPTIONS	750	4	197	1,500	1%
33	MEDICAID REIMB PRECRIPTIONS	18,900	37,955	9,737	37,800	201%
34	EXAMINATIONS	1,750	640	1,515	3,500	37%
35	POLYGRAPH TESTING	4,500	5,000	3,000	9,000	111%
36	CLERICAL & OFFICE ASSISTANCE	1,000	-	-	2,000	0%
37	EQUIPMENT REPAIR	253	-	-	505	0%
39	PHOTO COPY USAGE/LEASE	3,136	2,961	2,584	6,272	94%
40	CENTRAL POSTAGE	2,023	1,667	1,660	4,045	82%
41	CENTRAL PRINTING	6,828	2,085	2,511	13,655	31%
42	OFFICE SUPPLY	3,890	1,152	1,697	7,780	30%
43	CENTRAL TELEPHONE	3,308	3,580	3,878	6,615	108%
44	CELL PHONES/PAGERS	750	244	185	1,500	33%
45	CENTRAL SECURITY	12,342	12,874	11,730	24,683	104%
46	SPECIAL SECURITY DETAIL	7,289	870	7,023	14,577	12%
47	STATE RETIREMENT	120,161	117,650	129,019	240,322	98%
48	SOCIAL SECURITY	50,929	48,351	56,162	101,857	95%
49	WORKERS COMPENSATION	4,157	1,500	1,644	8,314	36%
50	DISABILITY	593	538	587	1,186	91%
51	UNEMPLOYMENT	-	-	18,163	-	N/A
52	HEALTH INSURANCE	215,502	55,383	214,227	431,004	26%
53	**TOTAL**	**1,691,412**	**1,354,277**	**1,552,220**	**3,382,823**	**80%**
55	**SURPLUS/DEFICIT**	**(54,926)**	**99,576**	**(27,127)**	**(109,851)**	**-181%**
56	**COUNTY SHARE**	**54,926**		**27,127**	**109,851**	**N/A**

CLINIC
FISCAL REPORT
JUNE 2015

ACCOUNT	DESCRIPTION	ANNUAL BUDGET	Y-T-D BUDGET	Y-T-D ACTUAL	% REC'D/ USED
EXPENSES					
511000	Personal Services	1,062,469	531,235	521,340	98%
540050	Books & Periodicals	1,225	613	314	51%
540370	Maintenance in Lieu of Rent	40,869	20,435	20,435	100%
541000	Travel Expense	800	400	45	11%
541020	Travel - Conf & Seminar	1,050	525	-	0%
541030	Training	2,100	1,050	600	57%
541190	Client Transportation	1,000	500	105	21%
541300	Advertising	1,000	500	375	75%
542000	Consultant	5,000	2,500	553	22%
542010	Psychological Testing	500	250	-	0%
542260	Transcription Expense	22,075	11,038	7,703	70%
542270	Med & Psychiatric Services	925,950	462,975	308,953	67%
542730	State Crisis Line Expense	3,350	1,675	1,279	76%
542911	Group Therapy Supplies	500	250	-	0%
542970	Educational Supplies	500	250	-	0%
543010	Professional Liability Ins.	5,842	2,921	2,921	100%
545000	Prescriptions	1,500	750	4	1%
545010	Medicaid Reimb Prescriptions	37,800	18,900	37,955	201%
545070	Examinations	3,500	1,750	640	37%
546300	Polygraph testing	9,000	4,500	5,000	111%
547110	Clerical & Office Assistance	2,000	1,000	-	0%
548800	Office Equpt Repair	505	253	-	0%
548900	Photo Copy Usage	3,000	1,500	-	0%
549000	Central Postage	1,000	500	-	0%
549100	Central Printing	9,905	4,953	-	0%
549110	Office Supply	4,500	2,250	918	41%
549200	Central Telephone	4,665	2,333	-	0%
549400	Central Security	24,683	12,342	12,874	104%
549410	Special Security Detail	14,577	7,289	870	12%
549970	ADMIN ALLOCATION	216,402	108,201	104,515	97%
581100	State Retirement	191,152	95,576	93,020	97%
582100	Social Security	81,279	40,640	37,116	91%
583100	Workers Compensation	7,022	3,511	1,240	35%
585100	Disability	974	487	427	88%
586100	Employee Health Insurance	332,664	166,332	20,836	13%
	TOTAL EXPENSES	**3,020,358**	**1,510,179**	**1,180,038**	**78%**
INCOME					
416200	Mental Health Fees	2,910,967	1,455,484	1,295,020	89%
416202	Medicaid Reimb Prescriptions	37,800	18,900	42,372	224%
428048	Polygraph Testing	9,000	4,500	5,000	111%
434923	OMH	76,861	38,431	38,430	100%
444883	Federal Medicaid Salary	92,283	46,142	-	0%
	TOTAL INCOME	**3,126,911**	**1,563,456**	**1,380,822**	**88%**
	Surplus/Deficit	**106,553**	**53,277**	**200,784**	**377%**

ADMINISTRATION/LGU
FISCAL REPORT
JUNE 2015

ACCOUNT	DESCRIPTION	ANNUAL BUDGET	Y-T-D BUDGET	Y-T-D ACTUAL	% REC'D/ USED
EXPENSES					
511000	Personal Services	268,988	134,494	148,127	110%
540010	Association Dues	2,824	1,412	2,824	200%
540050	Books & Periodicals	300	150	149	99%
540101	Misc Equipt	800	400	-	0%
540102	Software	62,500	31,250	28,695	92%
540103	Software Maintenance	26,095	13,048	10,504	81%
540330	MH Board Expense	1,500	750	652	87%
540370	Maintenance in Lieu of Rent	12,231	6,116	6,116	100%
541000	Travel Expense	740	370	603	163%
541020	Travel - Conf & Seminar	550	275	-	0%
541030	Training	600	300	85	28%
541300	Advertising	250	125	-	0%
542000	Misc. Consultant	10,000	5,000	2,754	55%
542160	Mental Health Consultant	5,100	2,550	-	0%
548900	Photo Copy Usage	3,272	1,636	2,961	181%
549000	Central Postage	3,045	1,523	1,667	109%
549100	Central Printing	3,750	1,875	2,085	111%
549110	Office Supply	3,280	1,640	233	14%
549200	Central Telephone	1,950	975	3,579	367%
549210	Cell Phones	1,500	750	244	33%
549970	Allocation of Administrative	(216,402)	(108,201)	(104,515)	97%
581100	State Retirement	49,170	24,585	24,630	100%
582100	Social Security	20,578	10,289	11,235	109%
583100	Workers Compensation	1,292	646	260	40%
585100	Disability	212	106	111	105%
586100	Employee Health Insurance	98,340	49,170	34,546	70%
	TOTAL EXPENSES	**362,465**	**181,233**	**177,545**	**98%**
INCOME					
434903	OPWDD	46,718	23,359	23,360	100%
434904	OASAS	13,769	6,885	6,885	100%
434923	OMH	22,328	11,164	11,164	100%
444882	Federal Salary Sharing	63,246	31,623	31,622	100%
	TOTAL INCOME	**146,061**	**73,031**	**73,031**	**100%**
	Surplus/Deficit	**(216,404)**	**(108,202)**	**(104,514)**	**97%**

RESOLUTION NO. MH - 1

AUTHORIZING THE CHAIRMAN TO EXECUTE A CONTRACT MODIFICATION

WHEREAS, the County entered into an Agreement with Information Management Associates, Inc. for software maintenance services on January 1, 2015 (Resolution 474-14); and

WHEREAS, Information Management Associates, Inc., has incorporated in New York State and formed IMA Systems LLC, located at 32 Broadway – Suite 614, New York, New York 10004;

NOW, THEREFORE, BE IT RESOLVED that the contract be modified to recognize the name and address change in parties;

BE IT FURTHER RESOLVED, that the Chairman of the Board be hereby authorized to execute a modification agreement, a copy of which is on file with the Clerk of this Board, for the period January 1, 2015 through December 31, 2015 with IMA Systems LLC.

Dated: August 11, 2015

_____

Alexander Stepanski, Chairman
Health and Human Services Committee

ima OUR STATE OF MIND IS NEW YORK.

June 22, 2015

JUN 24 2015

Dear IMA Customer:

We are happy to be mailing out this month's invoices from our New York City offices.

It has been an exciting move and we are thrilled in our new space. In addition to the physical move our corporate entity also "re-domesticated" to NY and as part of this process, we were required to adopt a new name of "**IMA Systems LLC**" as Information Management Associates was already taken in NY. Our full contact information is now:

IMA Systems LLC
32 Broadway – Suite 614
New York, NY 10004
(212)722-6677

Please note this change on the attached invoice and update your records accordingly. Payments should now be made out to "IMA Systems LLC" instead of Information Management Associates. If your agency requires any additional documentation to effectuate this change please let us know.

The current service contracts are in full effect but we will be sending out updated contracts later this year or for the 2016 renewal.

One more thing to note is that we have moved to a new accounting and invoicing system and the format of our invoices has changed.

The IMA contact for follow-up is Mrs. Naomi Samel <naomi@imasys.com> or 212-722-6677 x106.

Sincerely

Barry Samel
President, IMA Systems LLC

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
IMA Systems LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▸ **P**
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▸

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
32 Broadway Suite 614

Requester's name and address (optional)

6 City, state, and ZIP code
New York, NY 10004

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
4 7 – 2 7 2 1 9 4 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▸ Date ▸ 7/13/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

RESOLUTION NO. PH - 1

AUTHORIZING THE CHAIRMAN TO ENTER INTO AN AGREEMENT WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR THE ADMINISTRATION OF EARLY INTERVENTION AND MODIFYING THE 2015 COUNTY BUDGET

WHEREAS, Madison County Public Health Department, through the Preventive Health Programs, has administered the Early Intervention Program, which is a program to assist families of children ages 0-2 years with developmental delays by determining appropriate services for these children; and

WHEREAS, the New York State Department of Health has devoted much time to implement this program on the local level in an effort to assure continuity of care for all children who meet the criteria; and

WHEREAS, grant funds have once again been made available with funding being provided as follows:

Awarding Agency:	U.S. Dept. of Education/U.S. Dept. of Health & Human Sv
Pass-through Agency:	New York State Department of Health
Catalog #:	84.181
Program Name:	Early Intervention Administration
Grant Extension:	October 1, 2015 – September 30, 2016
Contract #:	C-027488
Federal Funds:	100%
Grant Total:	$29,655

WHEREAS, the Health and Human Services Committee has reviewed this grant renewal and finds it to be appropriate;

NOW, THEREFORE BE IT RESOLVED, that the Chairman of the Board of Supervisors be and is hereby authorized to enter into an agreement between Madison County and the New York State Department of Health, as is on file with the Clerk of the Board; and

BE IT FURTHER RESOLVED, that the 2015 Adopted County budget be modified as follows:

Public Health Department
A2961 Early Intervention

		From	To
Expense			
541025	EI Grant Expenses	$ 182	$ 678
	Control Total		$ 496
Revenue			
444890	Federal Aid EI Grant	$ 25,131	$25,627
	Control Total		$ 496

Dated: August 11, 2015

Alexander Stepanski, Chairman
Health and Human Services Committee

John A. Reinhardt, Chairman
Finance Ways & Means Committee