



# Sullivan County County Legislature

100 North Street  
Monticello, NY 12701

## Meeting Agenda - Final - Revised

Chair Nadia Rajsz  
Vice Chair Luis Alvarez  
Legislator Matt McPhillips  
Legislator Brian McPhillips  
Legislator Nicholas Salomone Jr.  
Legislator Catherine Scott  
Legislator Joseph Perrello  
Legislator Amanda Ward  
Legislator Terry Blosser-Bernardo

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Thursday, February 19, 2026

10:30 AM

Government Center

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### Regular Meeting

**Call to Order and Pledge of Allegiance**

**Roll Call of Legislators**

**Presentations**

**Communications**

**Public Comment**

**Resolutions**

1. Urge The New York State Legislature to adopt Assembly Bills A6722 and A9150 [ID-8039](#)  
**Attachments:** [Assembly 9150 and Senate Bill 8581](#)  
[Assembly Bill A6722](#)
2. Resolution introduced by Public Works Committee to authorize the County Manager to execute an agreement for the 2026 lawn mowing services in accordance with Bid B-25-56; 2026. [ID-8066](#)
3. To enter into agreement an annual increase for the Sullivan County Child Care Council, Inc. [ID-8086](#)
4. Authorize a Memorandum of Understanding with Garnet Health Medical Center for morgue services [ID-8087](#)

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5. To authorize the execution of the 2026 annual contract between the County of Sullivan and Cornell Cooperative Extension [ID-8091](#)
  6. To appoint one and reappoint two members to the Community Services Board. [ID-8094](#)
  7. Authorize the Sullivan County Parks, Recreation and Beautification Fee Schedule. [ID-8095](#)  
**Attachments:** [Sullivan County Parks and Recreation Fees - Proposed 2026 Clean](#)
  8. Authorize the execution of documents for the development of hiking trails at Lake Superior State Park. [ID-8096](#)
  9. Authorize the coordination and funding of a countywide Litter Pluck Event. [ID-8097](#)
  10. To update terms of an expired inter-departmental agreement that enables DSS to utilize nursing services from the Certified Home Health Agency (CHHA) [ID-8098](#)
  11. To authorize an agreement between DSS and Together for Youth to modify Resolution 484-25 [ID-8099](#)
  12. Resolution to execute a modification agreement with TAM Enterprises, Inc., to increase the total amount not to exceed to \$100,000 for the 2025 contract period to cover remaining costs for 2025, and to increase the total not to exceed to \$75,000 for the 2026 contract [ID-8107](#)
  13. Resolution to authorize a Memorandum of Agreement (MOA) with the Village of Monticello to accept leachate from the Sullivan County Division of Solid Waste in exchange for the payment for the disposal of sludge from the Village Publicly Owned Treatment Works (POTW). [ID-8108](#)
  14. Resolution to authorize the County to submit a grant to the NYS DEC for 50% Reimbursement of 2025 Household Hazardous Waste (HHW) Collection Event(s) held on 6/8/25 and 9/28/25. Approximate total Invoice amount will be \$60,766.52 (amount pending), in which the County would be seeking a 50% reimbursement amount of up to \$30,383.26. [ID-8109](#)
  15. Resolution to enter into a MOA to provide free pickup services and recycling for standard E-waste scrap at no charge to the County for the six County operated transfer stations [ID-8110](#)
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16. Every year Sullivan County provides zero cost tonnages at the Sullivan County Division of Solid Waste to the Towns and Villages for their Spring and Fall town cleanups up to the allocated amounts. The cleanups must be held from April 15th through May 15th or from September 15th through October 15th. [ID-8111](#)
- Attachments:** [ID 8111 2026 Tonnage Allocation](#)
17. TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #4.-1-41.3 [ID-8112](#)
18. To accept additional SAEF funding extending the program through September 30, 2026 [ID-8115](#)
- Attachments:** [2026-02 SAEF 26-LCM-01](#)  
[2026-02 SAEF Allocations Attachment](#)
19. RESOLUTION INTRODUCED BY THE PUBLIC SAFETY AND LAW ENFORCEMENT COMMITTEE AUTHORIZING AN AGREEMENT WITH DUTCHESS COUNTY COMMUNITY COLLEGE TO PROVIDE AN ADVANCED EMERGENCY MEDICAL TECHNICIAN (“A-EMT”) TRAINING COURSE FOR FIRST RESPONDERS [ID-8116](#)
20. TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF THOMPSON FOR TAX MAP #29.-1-17.1 [ID-8118](#)
21. To Modify Resolution No. 326-19 [ID-8125](#)
- Attachments:** [Sullivan26through28](#)
22. To abolish a position in Social Services [ID-8129](#)
23. Adopt a Respiratory Protection Policy [ID-8135](#)
- Attachments:** [Respiratory Protection Program 1.2026](#)
24. To Modify the 2026 Budget [ID-8136](#)
- Attachments:** [January 31 2026 #2 Resolution Needed](#)
25. Allocate funds from the 2025 operating budget to assigned fund balance for a multi-year planning project and for a community grant program (Removal of Unsafe Structures - RUS<sub>t</sub>) [ID-8137](#)
26. To Modify the 2025 Budget [ID-8138](#)
- Attachments:** [Year End #1 Resolution Needed](#)
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27. TO AUTHORIZE AN AMENDMENT TO AN EXISTING AGREEMENT WITH CATALIS COURTS & LAND RECORDS, LLC FOR THEIR Ce ANALYTICS ADD-ON TO THEIR CASELOAD EXPLORER SOFTWARE SOLUTION [ID-8141](#)
  28. RESOLUTION INTRODUCED BY MANAGEMENT AND BUDGET COMMITTEE TO CLOSE CAPITAL PROJECT ACCOUNTS [ID-8142](#)
  29. TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF LIBERTY FOR TAX MAP # 26.-1-3 [ID-8143](#)
  30. TO DENY A REQUEST TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF FREMONT FOR TAX MAP #33.-1-28 [ID-8144](#)
  31. TO DENY A REQUEST TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #6.-1-52.10 [ID-8145](#)
  32. TO CORRECT THE 2025 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #6.-1-52.10 [ID-8146](#)
  33. To direct the development of a Coordinated Early Voting and Security Plan for the Ground Floor of the Government Center [ID-8169](#)
  34. Apply and Accept and enter into an agreement or contract with NYS Office of Victims Services [ID-8128](#)
  35. Adopt the list of Public Officials and Employees of the County of Sullivan who are required to file a Financial Disclosure Statement [ID-8133](#)
  36. Authorize contract with Soil & Water Conservation for the period January 1, 2026 through December 31, 2026: [ID-8148](#)
  37. Authorize contract with Soil & Water for Stream Maintenance and Remediation Programs for the term of January 1, 2026 through December 31, 2026. [ID-8149](#)
  38. RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO CREATE (1) PART TIME COUNTY CLERK III POSITION IN THE SULLIVAN COUNTY CLERK'S DMV OFFICE [ID-8151](#)
  39. The Legislative Discretionary Funding program is designed to assist Sullivan County and County-oriented entities with achieving such goals as public safety, public health, youth services, community development, and economic development [ID-8153](#)
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| 40. Execute a lease of restaurant space at the Sullivan County International Airport   | <a href="#"><u>ID-8154</u></a> |
| 41. To appoint a member of the Sullivan County Land Bank Corporation Board   | <a href="#"><u>ID-8155</u></a> |
| 42. To amend Resolution #30-26 to correct the amount of the grant<br><b><u>Attachments:</u></b> <a href="#"><u>Resolution 30 of 2026</u></a>                 | <a href="#"><u>ID-8156</u></a> |
| 43. Authorize the application for renewal and Acceptance of New York State Retired Senior Volunteer program Grant Funding for 2025-2026                      | <a href="#"><u>ID-8157</u></a> |
| 44. To authorize contract with Novara Software LLC for safety training and programs  | <a href="#"><u>ID-8158</u></a> |
| 45. To Modify the 2025 Budget<br><b><u>Attachments:</u></b> <a href="#"><u>Year End #3 Resolution Needed</u></a>   | <a href="#"><u>ID-8160</u></a> |
| 46. To Modify the 2025 Budget<br><b><u>Attachments:</u></b> <a href="#"><u>Year End Budget Mod #5 RESO NEEDED</u></a>  | <a href="#"><u>ID-8161</u></a> |
| 47. Authorize an agreement with Simitree Acquisition, LLC for their Medical Coding and OASIS Review Services   | <a href="#"><u>ID-8162</u></a> |
| 48. Authorize a Master Services Agreement with Home Care Home Base (HCHB) for their Electric Medical Records solution  | <a href="#"><u>ID-8163</u></a> |
| 49. Accept and authorize an award with NYS Department of Labor for the New York Systems Change and Inclusive Opportunities Network (NYSCION)                 | <a href="#"><u>ID-8164</u></a> |
| 50. Authorize the transfer of funds within the existing contract with Rolling V Bus Corporation for the provision of “Move Sullivan” public transit services | <a href="#"><u>ID-8165</u></a> |
| 51. Authorize contract modification agreement with Rolling V Bus Corporation for 2026  | <a href="#"><u>ID-8166</u></a> |
| 52. Authorize an annual contract with Sullivan County Visitor’s Association for Fiscal Year 2026   | <b>ID-8172</b>                 |
| 53. Create one (1) Ninety (90) Day Temporary position in the Sheriff’s Office  | <b>ID-8173</b>                 |

**Recognition of Legislators****Announcements from Chair****Adjournment or Close**



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8039

**Agenda Date:** 2/19/2026

**Agenda #:** 1.

**Narrative of Resolution:**

Urge The New York State Legislature to adopt Assembly Bills A6722 and A9150

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$0

**Are funds already budgeted?** Choose an item.

If 'Yes,' specify appropriation code(s): N/A

If 'No,' specify proposed source of funds: N/A

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO URGE THE NEW YORK STATE LEGISLATURE TO ADOPT ASSEMBLY BILLS A6722 AN ACT TO AMEND THE CRIMINAL PROCEDURE LAW, IN RELATION TO AUTHORIZING BAIL FOR PRINCIPALS CHARGED WITH AGGRAVATED CRUELTY TO ANIMALS AND A9410 AND S8581 AN ACT TO AMEND THE PENAL LAW, THE AGRICULTURE AND MARKETS LAW, THE EDUCATION LAW AND THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK, IN RELATION TO THE CRIME OF AGGRAVATE CRUELTY TO ANIMALS; AND TO REPEAL SECTION 353-A OF THE AGRICULTURE AND MARKETS LAW RELATING THERETO**

**WHEREAS,** the New York State Assembly is sponsoring two Bills A6722 and A9150 and S8185 and the New York Senate S8581 in relation to aggravated cruelty to animals, and

**WHEREAS,** A9150 and S8581 would strengthen protections for companion animals by relocating the aggravated cruelty to animals statute in the Agriculture and Markets law to the Penal law, making aggravated cruelty a class E violent felony offense under the Penal law,

**WHEREAS,** A6722 would authorize bail for principals charged with aggravated cruelty to animals.

**NOW THEREFORE BE IT RESOLVED,** the Sullivan County Legislature supports Assembly Bill A9150 and Senate Bill 8581 , and Assembly Bill 6722 and urges the New York State Governor to sign these bills and make them into law.

**BE IT FURTHER RESOLVED,** the Clerk of the legislative body be hereby directed to transmit copies of this resolution to Governor Kathy Hochul, State Assemblywoman Paula Kay, Assemblyman Brian Maher and State Senator Peter Oberacker.



**NEW YORK STATE ASSEMBLY**  
**MEMORANDUM IN SUPPORT OF LEGISLATION**  
**submitted in accordance with Assembly Rule III, Sec 1(f)**

**BILL NUMBER:** A9150

**SPONSOR:** Berger

**TITLE OF BILL:**

An act to amend the penal law, the agriculture and markets law, the education law and the administrative code of the city of New York, in relation to the crime of aggravated cruelty to animals; and to repeal section 353-a of the agriculture and markets law relating thereto

**PURPOSE OR GENERAL IDEA OF BILL:**

To strengthen protections for companion animals by relocating the aggravated cruelty to animals statute in the Agriculture and Markets law to the Penal law, making aggravated cruelty a class E violent felony offense under the Penal law.

**SUMMARY OF PROVISIONS:**

Section 1 of the bill repeals Agriculture and Markets Law § 353-a.

Section 2 of the bill creates a new Penal Law Article 243, "Offenses Against Animals," which does the following: defines "aggravated cruelty," "companion animal," and "farm animal," and establishes the crime of aggravated cruelty to animals, making it a class E felony when a person intentionally kills or causes serious physical injury to a companion animal with aggravated cruelty and without justifiable purpose.

Section 3 of the bill adds aggravated cruelty to animals to the list of class E violent felony offenses under Penal Law § 70.02.

Sections 4-6 of the bill make conforming amendments to Agriculture and Markets Law § 374, Education Law § 6714, and the NYC Administrative Code to update references.

Section 7 of the bill provides the effective date.

**JUSTIFICATION:**

New York first criminalized aggravated cruelty to animals in 1999. However, the statute has remained within the Agriculture and Markets Law rather than the Penal Law, limiting its recognition and enforcement. This bill modernizes and strengthens New York's commitment to animal welfare by (1) relocating aggravated cruelty to the Penal Law, signaling its seriousness alongside other violent crimes; (2) classifying aggravated cruelty to animals as a violent felony offense, ensuring stronger sentencing, predicate felony treatment, and broader prosecutorial tools; (3) clarifying statutory definitions and preserving exemptions for lawful hunting, fishing, farming, public health, and scientific research

activities.

Addressing aggravated cruelty to animals is not only a matter of protecting animal welfare; research and experience in law enforcement demonstrate a strong connection between cruelty to animals and violence toward people. A 2021 article in the FBI's Law Enforcement Bulletin emphasized that animal abuse is often a predictive or co-occurring crime with violence against humans and is associated with other violent offenses. The National Sheriffs' Association has likewise reported high overlap between households experiencing child abuse and incidents of animal cruelty. By updating this law, New York affirms that intentional acts of extreme cruelty against animals are violent crimes that endanger both animals and communities.

**PRIOR LEGISLATIVE HISTORY:**

New Bill.

**FISCAL IMPLICATIONS FOR STATE AND LOCAL GOVERNMENTS:**

None.

**EFFECTIVE DATE:**

This act shall take effect immediately.

## STATE OF NEW YORK

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9150

2025-2026 Regular Sessions

### IN ASSEMBLY

October 17, 2025

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Introduced by M. of A. BERGER -- read once and referred to the Committee on Agriculture

AN ACT to amend the penal law, the agriculture and markets law, the education law and the administrative code of the city of New York, in relation to the crime of aggravated cruelty to animals; and to repeal section 353-a of the agriculture and markets law relating thereto

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 353-a of the agriculture and markets law is  
2 REPEALED.

3 § 2. The penal law is amended by adding a new article 243 to read as  
4 follows:

ARTICLE 243

OFFENSES AGAINST ANIMALS

7 Section 243.00 Definitions.

8 243.05 Aggravated cruelty to animals.

9 § 243.00 Definitions.

10 For purposes of this article,

11 1. "Aggravated cruelty" shall mean conduct which: (a) is intended to  
12 cause extreme physical pain; or (b) is done or carried out in an espe-  
13 cially depraved or sadistic manner.

14 2. "Companion animal" shall mean any dog or cat, and shall also mean  
15 any other domesticated animal normally maintained in or near the house-  
16 hold of the owner or person who cares for such other domesticated  
17 animal. "Companion animal" shall not include a "farm animal" as defined  
18 in this section.

19 3. "Farm animal" shall mean any ungulate, poultry, species of cattle,  
20 sheep, swine, goats, llamas, horses or fur-bearing animals, as defined  
21 in section 11-1907 of the environmental conservation law, which are  
22 raised for commercial or subsistence purposes. Fur-bearing animal shall  
23 not include dogs or cats.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD13824-02-5

A. 9150

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1 § 243.05 Aggravated cruelty to animals.

2 1. A person is guilty of aggravated cruelty to animals when, with no  
3 justifiable purpose, such person intentionally kills or intentionally  
4 causes serious physical injury to a companion animal with aggravated  
5 cruelty.

6 2. Nothing contained in this section shall be construed to prohibit or  
7 interfere in any way with anyone lawfully engaged in hunting, trapping,  
8 or fishing, as provided in article eleven of the environmental conserva-  
9 tion law, the dispatch of rabid or diseased animals, as provided in  
10 article twenty-one of the public health law, or the dispatch of animals  
11 posing a threat to human safety or other animals, where such action is  
12 otherwise legally authorized, or any properly conducted scientific  
13 tests, experiments, or investigations involving the use of living  
14 animals, performed or conducted in laboratories or institutions approved  
15 for such purposes by the commissioner of health pursuant to section  
16 three hundred fifty-three of the agriculture and markets law.

17 3. Aggravated cruelty to animals is a class E felony.

18 § 3. Paragraph (d) of subdivision 1 of section 70.02 of the penal law,  
19 as amended by chapter 7 of the laws of 2007, is amended to read as  
20 follows:

21 (d) Class E violent felony offenses: an attempt to commit any of the  
22 felonies of criminal possession of a weapon in the third degree as  
23 defined in subdivision five, six, seven or eight of section 265.02 as a  
24 lesser included offense of that section as defined in section 220.20 of  
25 the criminal procedure law, persistent sexual abuse as defined in  
26 section 130.53, aggravated sexual abuse in the fourth degree as defined  
27 in section 130.65-a, falsely reporting an incident in the second degree  
28 as defined in section 240.55 [~~and~~], placing a false bomb or hazardous  
29 substance in the second degree as defined in section 240.61, and aggra-  
30 ated cruelty to animals as defined in section 243.05.

31 § 4. Paragraph a of subdivision 8 of section 374 of the agriculture  
32 and markets law, as amended by chapter 594 of the laws of 2003 and as  
33 renumbered by chapter 479 of the laws of 2009, is amended to read as  
34 follows:

35 a. In addition to any other penalty provided by law, upon conviction  
36 for any violation of section three hundred fifty-one, three hundred  
37 fifty-three, [~~three hundred fifty-three-a,~~] three hundred fifty-three-b,  
38 three hundred fifty-five, three hundred fifty-six, three hundred fifty-  
39 nine, three hundred sixty, three hundred sixty-one, three hundred  
40 sixty-five or three hundred sixty-eight of this article or section  
41 243.05 of the penal law, the convicted person may, after a duly held  
42 hearing pursuant to paragraph f of this subdivision, be ordered by the  
43 court to forfeit, to a duly incorporated society for the prevention of  
44 cruelty to animals or a duly incorporated humane society or authorized  
45 agents thereof, the animal or animals which are the basis of the  
46 conviction. Upon such an order of forfeiture, the convicted person shall  
47 be deemed to have relinquished all rights to the animals which are the  
48 basis of the conviction, except those granted in paragraph d of this  
49 subdivision.

50 § 5. Paragraph (a) of subdivision 2 of section 6714 of the education  
51 law, as amended by chapter 546 of the laws of 2021, is amended to read  
52 as follows:

53 (a) When a veterinarian reasonably and in good faith suspects that a  
54 companion animal's injury, illness or condition is the result of animal  
55 cruelty in violation of section three hundred fifty-one[~~,~~] or three  
56 hundred fifty-three [~~or three hundred fifty-three-a~~] of the agriculture

A. 9150

3

1 and markets law or section 243.05 of the penal law, the veterinarian  
2 shall report the incident and disclose records concerning the companion  
3 animal's condition and treatment to any officer or agent authorized  
4 pursuant to sections three hundred seventy-one and three hundred seven-  
5 ty-three of the agriculture and markets law to respond to and investi-  
6 gate complaints of animal cruelty. The identity of such veterinarian  
7 making a report pursuant to this paragraph shall only be made available  
8 to an officer or agent authorized pursuant to section three hundred  
9 seventy-one or three hundred seventy-three of the agriculture and  
10 markets law.

11 § 6. Paragraph 3 of subdivision a of section 17-1601 of the adminis-  
12 trative code of the city of New York, as amended by local law number 4  
13 of the city of New York for the year 2014, is amended to read as  
14 follows:

15 3. aggravated cruelty to animals, as defined in section [~~three hundred~~  
16 ~~fifty-three-a~~] 243.05 of the [~~agriculture and markets~~] penal law;

17 § 7. This act shall take effect immediately.

**A 9150** Berger Same as S 8581 COMRIE

Penal Law

TITLE....Makes aggravated cruelty to animals a class E felony; repealer

10/17/25 referred to agriculture

**S8581** COMRIE Same as A 9150 Berger

ON FILE: 11/14/25 Penal Law

TITLE....Makes aggravated cruelty to animals a class E felony; repealer

11/14/25 REFERRED TO RULES

**BERGER, MCDONALD, KAY, PAULIN, CONRAD**

Rpld §353-a, amd §374, Ag & Mkts L; add Art 243 §§243.00 - 243.05, amd §70.02, Pen L; amd §6714, Ed L; amd §17-1601, NYC Ad Cd

Makes aggravated cruelty to animals a class E violent felony offense; defines terms; makes technical changes.

**CRIMINAL SANCTION IMPACT.**

**NEW YORK STATE ASSEMBLY**  
**MEMORANDUM IN SUPPORT OF LEGISLATION**  
**submitted in accordance with Assembly Rule III, Sec 1(f)**

**BILL NUMBER:** A6722

**SPONSOR:** Kay

**TITLE OF BILL:**

An act to amend the criminal procedure law, in relation to authorizing bail for principals charged with aggravated cruelty to animals

**PURPOSE OR GENERAL IDEA OF BILL:**

Authorizes bail for principals charged with aggravated cruelty to animals

**SUMMARY OF PROVISIONS:**

Section 1 amends paragraph (u) of subdivision 4 of section 510.10 of the criminal procedure law, as added by section 2 of subpart B of part UU of chapter 56 of the laws of 2022 and adds new paragraph (v)

Section 2 amends subparagraph (xxi) of paragraph (b) of subdivision 1 of section 530.20 of the criminal procedure law, as added by section 4 of subpart c of part UU of chapter 56 of the laws of 2022 and adds new subparagraph (xxii).

Section 3 amends paragraph (u) of subdivision 4 of section 530.40 of the criminal procedure law, as added by section 4 of subpart B of part UU of chapter 56 of the laws of 2022 and adds new paragraph (v).

Section 4 establishes the effective date.

**JUSTIFICATION:**

Aggravated cruelty to animals, commonly known as animal cruelty is a heinous crime against an innocent creature that is unlikely or unable to defend itself. As such, those who commit this crime are especially evil and liable to commit this crime or another serious crime again before their trial since there are no safeguards to prevent someone charged with this crime from purchasing or finding another animal to abuse the day they are released pending their trial.

According to the FBI, 75% of abused women with pets reported a history of their pet being threatened or intentionally harmed by their abuser, with children being present and witnessing that violence over 90% of the time. Additionally, animal cruelty is a strong predictor of current and future violence, including assault, rape, murder, arson, domestic violence, and sexual abuse of children. In some cases, such as sexual abuse, it is a better predictor than homicide.

Currently, aggravated cruelty to animals is not bail eligible. This

legislation intends to restore judicial discretion in cases of suspected animal cruelty.

**PRIOR LEGISLATIVE HISTORY:**

2023-24: A.5820

**FISCAL IMPLICATIONS FOR STATE AND LOCAL GOVERNMENTS:**

Nominal

**EFFECTIVE DATE:**

Immediately

## STATE OF NEW YORK

6722

2025-2026 Regular Sessions

## IN ASSEMBLY

March 11, 2025

Introduced by M. of A. KAY, SLATER -- read once and referred to the  
Committee on Codes

AN ACT to amend the criminal procedure law, in relation to authorizing  
bail for principals charged with aggravated cruelty to animals

The People of the State of New York, represented in Senate and Assem-  
bly, do enact as follows:

1 Section 1. Paragraph (u) of subdivision 4 of section 510.10 of the  
2 criminal procedure law, as added by section 2 of subpart B of part UU of  
3 chapter 56 of the laws of 2022, is amended and a new paragraph (v) is  
4 added to read as follows:

5 (u) criminal possession of a weapon in the third degree as defined in  
6 subdivision three of section 265.02 of the penal law or criminal sale of  
7 a firearm to a minor as defined in section 265.16 of the penal law[-];  
8 or  
9 (v) aggravated cruelty to animals as defined in section three hundred  
10 fifty-three-a of the agriculture and markets law.

11 § 2. Subparagraph (xxi) of paragraph (b) of subdivision 1 of section  
12 530.20 of the criminal procedure law, as added by section 4 of subpart C  
13 of part UU of chapter 56 of the laws of 2022, is amended and a new  
14 subparagraph (xxii) is added to read as follows:

15 (xxi) criminal possession of a weapon in the third degree as defined  
16 in subdivision three of section 265.02 of the penal law or criminal sale  
17 of a firearm to a minor as defined in section 265.16 of the penal  
18 law[-]; or

19 (xxii) aggravated cruelty to animals as defined in section three  
20 hundred fifty-three-a of the agriculture and markets law.

21 § 3. Paragraph (u) of subdivision 4 of section 530.40 of the criminal  
22 procedure law, as added by section 4 of subpart B of part UU of chapter  
23 56 of the laws of 2022, is amended and a new paragraph (v) is added to  
24 read as follows:

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD03829-01-5

A. 6722

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1 (u) criminal possession of a weapon in the third degree as defined in  
2 subdivision three of section 265.02 of the penal law or criminal sale of  
3 a firearm to a minor as defined in section 265.16 of the penal law[-];  
4 or  
5 (v) aggravated cruelty to animals as defined in section three hundred  
6 fifty-three-a of the agriculture and markets law.  
7 § 4. This act shall take effect immediately.

**A6722** Kay No Same as

Criminal Procedure Law

TITLE.....Authorizes bail for principals charged with aggravated cruelty to animals

03/11/25 referred to codes

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**KAY, SLATER, DE LOS SANTOS**

Amd §§510.10, 530.20 & 530.40, CP L

Authorizes bail for principals charged with aggravated cruelty to animals.

**CRIMINAL SANCTION IMPACT.**

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Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8066

**Agenda Date:** 2/19/2026

**Agenda #:** 2.

**Narrative of Resolution:**

Resolution introduced by Public Works Committee to authorize the County Manager to execute an agreement for the 2026 lawn mowing services in accordance with Bid B-25-56; 2026.

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$198,000.00

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** Various 40-4015

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

B-25-56

**RESOLUTION INTRODUCED BY PUBLIC WORKS COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO AWARD AND EXECUTE AGREEMENTS FOR THE 2026 LAWN MOWING SERVICES**

**WHEREAS,** bids were received for B-25-56; 2026 Lawn Mowing Services; and

**WHEREAS,** the following vendors are the lowest responsible bidders for various sites; and

**WHEREAS,** the Sullivan County Division of Public Works has approved said bids and recommends that agreements be executed as follows:

**Mowtivation Lawn Care, LLC, Neversink, New York**

Rockland Transfer Station

\$625.00/cut

Solar Field-Liberty Complex \$6,800.00/cut

Maplewood Facility -front weekly \$400.00/cut

Maplewood Facility-interior/rear hill & Pond - biweekly \$175.00/cut

Livingston Manor Shop \$625.00/cut

**KMJ Lawn Services, Monticello, New York**

Government Center (power edging included) \$600.00/cut

Sullivan County Courthouse Complex \$365.00/cut

New Jail Complex (power edging included) \$675.00/cut

A. Outside of road area - to be done twice per month \$500.00/cut

Fort Delaware Museum \$1,200/cut

Veteran's Cemetery \$1,000.00/cut

Liberty Complex \$1,550.00/cut

Transportation Building \$250.00/cut

Ferndale Transfer Station \$170.00/cut

Highland Transfer Station	\$200.00/cut
Mamakating Transfer Station	\$150.00/cut
Interm Western Sullivan Transfer Station	\$160.00/cut
Emergency Services Training Facility	\$380.00/cut
A. Mow & Trim rear hill - biweekly	\$175.00/cut
Barryville Shop	\$250.00/cut
Callicoon Shop	\$200.00/cut

**NOW, THEREFORE, BE IT RESOLVED,** that the County Manager be and hereby is authorized to execute agreements with the above vendors, in accordance with Bid No. B-25-56 for the above costs, and shall be in such form as the County Attorney shall approve.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8086

**Agenda Date:** 2/19/2026

**Agenda #:** 3.

**Narrative of Resolution:**

To enter into agreement an annual increase for the Sullivan County Child Care Council, Inc.

**Amount to be authorized by Resolution:** \$3,531.16

**Are funds already budgeted?** No

If ‘Yes,’ specify appropriation code(s): Click or tap here to enter text.

If ‘No,’ specify proposed source of funds: A-6055-46-4615

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO AUTHORIZE COUNTY MANAGER TO ENTER INTO AGREEMENT AN ANNUAL INCREASE FOR THE SULLIVAN COUNTY CHILD CARE COUNCIL, INC. FOR THE PROVISION OF INFORMAL CHILD DAY CARE RELATED SERVICES FOR THE TERM OF JANUARY 1, 2025 THROUGH OCTOBER 15, 2025**

**WHEREAS**, the County of Sullivan, through the Department of Social Services is required to arrange for the provision of Informal Child Day Care related services including the provision of Child Care Time and Attendance (CCTA) services; and

**WHEREAS**, the County of Sullivan, through the Department of Social Services contracts with the Sullivan County Child Care Council, Inc for those services; and

**WHEREAS**, major changes to the New York State Childcare Assistance Program forced a change in business practices at the Department of Social Services which drove a decision to end the contract; and

**WHEREAS**, the termination of the contract drove a slight increase in final expenses over the anticipated annual contract requirement; and

**WHEREAS**, this resolution is to modify the previous resolution to increase the annual not to exceed amount for the Sullivan County Child Care Council, Inc of \$120,800 to \$124,331.16 during the period from January 1, 2025 through October 15, 2025.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute an agreement with the Sullivan County Child Care Council, Inc for Informal Child Day Care related and CCTA services during the period January 1, 2025 through October 15, 2025; and

**BE IT FURTHER RESOLVED**, the contracts are at the County’s discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of the contracts not to exceed the Department of Social

Services budgeted amount for informal child day care related services; and

**BE IT FURTHER RESOLVED**, that the form of said agreement will be approved by the Sullivan County Attorney's Office.



Sullivan County
Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-8087

Agenda Date: 2/19/2026

Agenda #: 4.

Narrative of Resolution:

Authorize a Memorandum of Understanding with Garnet Health Medical Center for morgue services

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$74,787.33

Are funds already budgeted? Yes

If 'Yes,' specify appropriation code(s): 1185-47-4719 - \$39,788 - 2026 Budget

If 'No,' specify proposed source of funds: \$35,000 from contingent

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY PUBLIC SAFETY AND LAW ENFORCEMENT COMMITTEE TO MODIFY RESOLUTION NO. 243-24 WITH GARNET HEALTH MEDICAL CENTER FOR MORGUE SERVICES

WHEREAS, Resolution No. 243-24 authorized the County Manager to execute a MOU with Garnet Health Medical Center, 68 Harris-Bushville Road, Harris, NY 12742, for accessing the morgue facility and to provide related histopathology and radiology services for the contract period January 1, 2024 through December 31, 2024, with the option to extend on a yearly basis; and

WHEREAS, the funding amount referenced for the 2026 year in the original resolution needs to be amended; and

WHEREAS, the correct funding amount for the 2026 year should read \$74,787.32; and

NOW, THEREFORE BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the County Manager to execute a modification agreement with Garnet Health Medical Center as follows:

- 1. The term of the modification shall be for one year, January 1, 2026 to December 31, 2026, with the option to extend on a yearly basis.
2. The County shall pay Garnet Health Medical Center an all-inclusive fee of (\$74,787.32) for the 2026 year for access to and use of its morgue and for provision of histopathology and radiology services; and
3. Effective January 1, 2027, all contract extensions shall revert back to the 2% increase of the prior year's annual fee of \$39,787.32.

BE IT FURTHER RESOLVED, that the 2026 Operating Budget be modified as follows for the purpose of funding the remaining unbudgeted balance associated with this agreement:

Table with 2 columns: Description and Amount. Row 1: Increase A-1185-47-4719 \$35,000.00. Row 2: Decrease A-1989-99-47-4736 \$35,000.00.

BE IT FURTHER RESOLVED, Resolution #243-24 is hereby modified as per the above and other provisions

of resolution #243-24 shall remain unchanged and said modification agreement be in such form approved by the County Attorney's Office.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8091

**Agenda Date:** 2/19/2026

**Agenda #:** 5.

**Narrative of Resolution:**

To authorize the execution of the 2026 annual contract between the County of Sullivan and Cornell Cooperative Extension

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$906,546

**Are funds already budgeted?** Yes

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE TO AUTHORIZE THE EXECUTION OF THE 2026 ANNUAL CONTRACT BETWEEN THE COUNTY OF SULLIVAN AND CORNELL COOPERATIVE EXTENSION**

**WHEREAS,** the County of Sullivan contracts with various agencies for services; and

**WHEREAS,** the annual contract, which will include services such in the areas of Ag & Food systems, environmental & natural resources, community & economic vitality, nutrition & healthy families, family development, and youth development agricultural related services, needs to be renewed for 2026 to assure continued delivery of service and payments; and

**NOW, THEREFORE, BE IT RESOLVED,** that the County Manager is hereby authorized to execute the 2026 annual contract in the amount of \$906,546 with Cornell Cooperative Extension for the period January 1, 2026 through December 31, 2026:

**BE IT FURTHER RESOLVED,** that the form of such annual contract be approved by the County Attorney.



Sullivan County
Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-8094

Agenda Date: 2/19/2026

Agenda #: 6.

Narrative of Resolution: To appoint one (1) and reappoint two (2) members to the Community Services Board.

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: None

Are funds already budgeted? No

If 'Yes,' specify appropriation code(s):

If 'No,' specify proposed source of funds: No funds are needed.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY THE HEALTH & HUMAN SERVICES COMMITTEE TO APPOINT/REAPPOINT MEMBERS TO THE COMMUNITY SERVICES BOARD.

WHEREAS, there are several vacancies on the Community Services Board; and

WHEREAS, there is a need to appoint one (1) person to fill a vacancy on the Community Services Board, which shall commence on January 1, 2026; and

APPOINTMENT TO THE CSB

Lisa Stivers

(to fill vacancy which was vacated by Edith "Edie" Mustavs since 09/30/2023.)

TERM

01/01/2026 to 12/31/2029

WHEREAS, there is a need to reappoint two (2) members to the Community Services Board; and

REAPPOINTING TO THE CSB

Deborah Worden

Janine Lewis

TERM

01/01/2026 to 12/31/2029

01/01/2026 to 12/31/2029

NOW, THEREFORE, BE IT RESOLVED, to appoint Lisa Stivers to fill a vacancy on the Sullivan County Community Services Board to reflect the dates set opposite of her name;

NOW, THEREFORE, BE IT RESOLVED, to reappoint two (2) members to the Sullivan County Community Services Board to reflect the dates set opposite of their names.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8095

**Agenda Date:** 2/19/2026

**Agenda #:** 7.

**Narrative of Resolution:**

Authorize the Sullivan County Parks, Recreation and Beautification Fee Schedule.

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**INTRODUCED BY THE PLANNING AND COMMUNITY RESOURCES COMMITTEE TO AUTHORIZE A FEE SCHEDULE FOR VARIOUS SULLIVAN COUNTY PARKS AND RECREATIONAL FACILITIES**

**WHEREAS,** the Sullivan County Parks, Recreation and Beautification Department (the "Department") charges various fees for use of its parks and facilities ("user fees"); and

**WHEREAS,** the user fees have not been adjusted since 2018; and

**WHEREAS,** through the development of the Park Master Plan, the Department has reviewed the current schedule of user fees; and

**WHEREAS,** after careful analysis and in an effort to keep pace with operational costs, the department wishes to adjust the fees as proposed on the attached Fee Schedule.

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature approves the attached Fee Schedule for various Sullivan County parks and recreational facilities.

## Sullivan County Parks, Recreation & Beautification Fee Schedule

### Lake Superior State Park Fees – During Beach Operating Hours

	Fee
<b>Day User Fee</b>	<b>\$ 5.00 per person</b>
<b>Group Picnic Permit Entry Fee</b>	<b>\$ 3.00 per person (with prior permit)</b>
<b>Free Entry</b>	<ul style="list-style-type: none"> <li>- Children under 3 years old</li> <li>- Season Pass Holder</li> <li>- NYS Seniors 62 and older (Weekdays Only)</li> <li>- Veterans possessing the Sullivan County F.A.V.O.R. card</li> </ul>
<b>Season Pass</b>	<p><b><u>Sullivan County Resident</u></b>  <b>\$ 15.00 Sullivan County Seniors age 62 +</b>  <b>\$ 20.00 per person 3 years old – 61 years old</b></p> <p><b><u>Non- Resident</u></b>  <b>\$ 40.00 per person age 3 +</b></p>
<b>Boat Rental</b>	<p><b>\$ 10.00 for one-hour</b>  <b>\$ 5.00 per additional 15 minutes</b>  <b>\$ 20.00 Security Deposit</b></p>

### Group Picnic Permits

Group Size	Permit Fee	Refundable Security Deposit
<b>25 to 100 ppl</b>	<b>\$ 50</b>	<b>\$ 100</b>
<b>101 to 200 ppl</b>	<b>\$ 100</b>	<b>\$ 200</b>

### Sullivan County Museum

Facility Use Permit Fees	Permit Fee
General Use Fee	<b>\$ 20.00 / Hour</b>
Museum Attendant Fee (After Hours)	<b>\$ 20.00 / Hour</b>
Museum Attendant Fee (After Hours on Holiday)	<b>\$ 30.00 / Hour</b>
Kitchen Use Fee	<b>\$ 25.00 / Event</b>
Refundable Security Deposit	<b>\$ 150.00 / Event</b>



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8096

**Agenda Date:** 2/19/2026

**Agenda #:** 8.

**Narrative of Resolution:**

Authorize the execution of documents for the development of hiking trails at Lake Superior State Park.

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY THE PLANNING AND COMMUNITY RESOURCES COMMITTEE TO AUTHORIZE THE EXECUTION OF DOCUMENTS FOR THE DEVELOPMENT OF HIKING TRAILS AT LAKE SUPERIOR STATE PARK**

**WHEREAS**, the County currently has a 25-year cooperative agreement with the Palisades Interstate Park Commission for the operation and maintenance of Lake Superior State Park; and

**WHEREAS**, pursuant to Resolution No. 249-23, the County authorized funding for Fisher Associates, P.E., L.S., L.A., D.P.C. in an amount not to exceed \$65,000 for design and engineering services for hiking trail development at Lake Superior State Park; and

**WHEREAS**, the Palisades Interstate Park Commission requires a project permit for the construction of the designed trail system.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature hereby authorizes the County Manager, Chairperson of the County Legislature, and/or their authorized representative (as required by the source) to execute the project permit and any other necessary documents pertaining to the construction of the trails, in a form approved by the County Attorney.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

File #: ID-8097

Agenda Date: 2/19/2026

Agenda #: 9.

**Narrative of Resolution:**

Authorize the coordination and funding of a countywide Litter Pluck Event.

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** Click or tap here to enter text.

**Are funds already budgeted? Yes**

**If 'Yes,' specify appropriation code(s):** CL-8160-40-4013: \$3.00 tipping fee per litter filled bag and items; A-7110-39-47-4766: \$1000 disposal coupons, mailings, advertising, insurance.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**INTRODUCED BY THE PLANNING AND COMMUNITY RESOURCES COMMITTEE TO AUTHORIZE THE COORDINATION AND FUNDING OF A COUNTYWIDE LITTER PLUCK EVENT**

**WHEREAS,** Sullivan County wishes to present itself as a clean destination, showcasing its natural beauty throughout its roadways, trails and waterbodies; and

**WHEREAS,** outdoor recreation such as hiking, bicycling and fishing, are an important driver of Sullivan's tourism-based economic sector; and

**WHEREAS,** the County has sponsored these annual events in the past during the spring, summer and fall, funding disposal coupons and tipping fees for plucked litter; and

**WHEREAS,** Sullivan County intends to host a countywide Roadside, Trail and Waterbody Litter Pluck event April 1, 2026 through October 31, 2026 to help generate increased awareness and enthusiasm to address litter issues throughout the county; and

**WHEREAS,** the County encourages public participation and cooperation during the event; and

**WHEREAS,** the County will supply disposal coupons and waive tipping fees for plucked litter from Sullivan County roadsides, public trails and waterbodies during the event.

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature approves the coordination and funding of the countywide Litter Pluck event for the months of April through October during 2026.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8098

**Agenda Date:** 2/19/2026

**Agenda #:** 10.

**Narrative of Resolution:**

To update terms of an expired inter-departmental agreement that enables DSS to utilize nursing services from the Certified Home Health Agency (CHHA)

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** No

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: N/A

**Specify Compliance with Procurement Procedures:** N/A

**RESOLUTION INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO AUTHORIZE COUNTY MANAGER TO EXECUTE AGREEMENT BETWEEN DEPARTMENT OF SOCIAL SERVICES (DSS) AND DEPARTMENT OF PUBLIC HEALTH (DPH) FOR PERSONAL CARE SERVICES (PCS) - PROGRAM RELATED SERVICES**

**WHEREAS,** the County of Sullivan, through the Department of Social Services, contracts for the provision of certain medical services; and

**WHEREAS,** the County of Sullivan, through the Department of Social Services, seeks to enter into a Memorandum of Understanding (MOU) with the Department of Public Health for the provision of Personal Care Services (PCS) - program related services; and

**WHEREAS,** the Sullivan County Department of Public Health is capable and willing to provide such services, with funding available through Medicaid.

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature hereby authorizes the County Manager to execute a Memorandum of Understanding between the Sullivan County Department of Social Services and the Sullivan County Department of Public Health for the period of January 1, 2026 through December 31, 2026; and

**BE IT FURTHER RESOLVED,** that the form of said agreements will be approved by the Sullivan County Attorney Office.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8099

**Agenda Date:** 2/19/2026

**Agenda #:** 11.

**Narrative of Resolution:**

To authorize an agreement between DSS and Together for Youth to modify Resolution 484-25

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$850.00 per diem rate

**Are funds already budgeted?** Yes

If 'Yes,' specify appropriation code(s): A-6070-46-4615

If 'No,' specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:** N/A

**RESOLUTION INTRODUCED BY THE HEALTH AND HUMAN SERVICES COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO ENTER INTO AN AGREEMENT BETWEEN THE DSS (DEPARTMENT OF SOCIAL SERVICES) AND TOGETHER FOR YOUTH TO MODIFY RESOLUTION 484-25 TO INCREASE THE RATE FOR NON-SECURE DETENTION SERVICES FROM JANUARY 1, 2026 THROUGH DECEMBER 31, 2026**

**WHEREAS**, the County of Sullivan, through its Department of Social Services, is required to arrange for the provision of non-secure detention services for youth and families within the County; and

**WHEREAS**, the Department currently contracts with Together for Youth to provide such services at annually adjusted per diem rates; and

**WHEREAS**, Resolution 484-25, enacted by the County Legislature on December 18, 2025, established a per diem rate of \$740.00, which now requires modification to increase the rate to \$850.00 for the period of January 1, 2026 through December 31, 2026.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager to execute an agreement, as outlined above, with Together for Youth for the provision of non-secure detention services from January 1, 2026 through December 31, 2026; and

**BE IT FURTHER RESOLVED**, that the maximum amount of this agreement shall not exceed the budgeted per diem rate of \$850.00 for said services; and

**BE IT FURTHER RESOLVED**, that the form of said contract shall be subject to the approval of the County Attorney's Office.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8107

**Agenda Date:** 2/19/2026

**Agenda #:** 12.

**Narrative of Resolution:**

Resolution to execute a modification agreement with TAM Enterprises, Inc., to increase the total amount not to exceed to \$100,000 for the 2025 contract period to cover remaining costs for 2025, and to increase the total not to exceed to \$75,000 for the 2026 contract

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$55,000 for 2025 / \$30,000 for 2026

**Are funds already budgeted? Yes**

**If 'Yes,' specify appropriation code(s):** DM-5130-48-47-4717 / DM 5130-49-47-4717

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

B-24-46

**RESOLUTION INTRODUCED BY PUBLIC WORKS COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO EXECUTE A MODIFICATION AGREEMENT WITH TAM ENTERPRISES, INC. FOR RINSE RACK AND WASH BAY SYSTEM EMPTYING, CLEANING AND WASTE WATER/SEDIMENT DISPOSAL**

**WHEREAS**, bids were received in response to B-24-46 for Rinse Rack and Wash Bay System Emptying, Cleaning and Waste Water/Sediment Disposal for Sullivan County; and

**WHEREAS**, a contract was awarded to TAM Enterprises, Inc., 114 Hartley Road, Goshen, New York 10924, as the lowest responsible bidder for this service; and

**WHEREAS**, TAM Enterprises, Inc. performed rinse rack cleaning services at the Division of Public Works Maplewood Shop in 2025 and the amount of materials removed and disposed of exceeded the original estimates; and

**WHEREAS**, the Sullivan County Division of Public Works has reviewed the amounts and recommends the contract be modified to allow for full payment; and

**WHEREAS**, the original Contract was for one year and allowed for up to four yearly renewals; and

**WHEREAS**, recently executed Modification #1 renewed the contract with TAM Enterprises, Inc. for the year of 2026, in which the Division of Public Works anticipates the disposal amount to again be greater than the original proposal estimates due to the Barryville Shop rinse rack being brought back into use, therefore the total cost not to exceed in 2026 shall be increased by \$30,000 for a total of \$75,000.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute a modification agreement with TAM Enterprises, Inc., to increase the total amount not to exceed to \$100,000 for the 2025 contract period to cover remaining costs for 2025, and to increase the total not to exceed to \$75,000 for the 2026 contract period, in such form as the County Attorney approves.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8108

**Agenda Date:** 2/19/2026

**Agenda #:** 13.

**Narrative of Resolution:**

Resolution to authorize a Memorandum of Agreement (MOA) with the Village of Monticello to accept leachate from the Sullivan County Division of Solid Waste in exchange for the payment for the disposal of sludge from the Village Publicly Owned Treatment Works (POTW).

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$250,000.00 per year

**Are funds already budgeted? Yes**

**If 'Yes,' specify appropriation code(s):** CL8160-46-4609

**If 'No,' specify proposed source of funds: \$110,000 is budgeted, the balance will come from a budget modification by taking the funds from elsewhere in the budget**

**Specify Compliance with Procurement Procedures:**

N/A

**RESOLUTION INTRODUCED BY PUBLIC WORKS COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO ENTER INTO A MEMORANDUM OF AGREEMENT (MOA) WITH THE VILLAGE OF MONTICELLO TO ACCEPT LEACHATE FROM THE SULLIVAN COUNTY SANITARY LANDFILL (SCSL) IN EXCHANGE FOR SLUDGE DISPOSAL FROM THE VILLAGE WASTE TREATMENT PLANT**

**WHEREAS,** there has been a long-standing agreement for the Sullivan County Landfill to dispose of sludge at no charge from the Village of Monticello Publicly Owned Treatment Works (POTW) in an even exchange for the Village of Monticello POTW to take processed leachate from the Sullivan County Pretreatment Plant for further processing; and

**WHEREAS,** since the Sullivan County Landfill has closed, the Village of Monticello is required to put out to competitive bid the disposal of sludge; and

**WHEREAS,** in order to maintain the original long-standing agreement, the County has deducted the cost of the sludge invoices from the Village of Monticello's Solid Waste Account; and

**WHEREAS,** The Sullivan County Division of Public Works would prefer that the Village of Monticello

be reimbursed directly for the Sludge Disposal rather than it being deducted from the balance of the Solid Waste Account.

**NOW, THEREFORE, BE IT RESOLVED**, that the Village of Monticello will continue to accept leachate from the Sullivan County Pretreatment Plant in exchange for the County paying for the cost invoiced by the successful bidder to remove sludge created at Village of Monticello's POTW located at 38 Plant Drive in Monticello, NY; and

**BE IT FURTHER RESOLVED**, that the County Manager be hereby authorized to execute a MOA in such form as approved by the County Attorney with the Village of Monticello for the expenses of the sludge the calendar year of 2026 with four (4) possible one-year extensions



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8109

**Agenda Date:** 2/19/2026

**Agenda #:** 14.

**Narrative of Resolution:**

Resolution to authorize the County to submit a grant to the NYS DEC for 50% Reimbursement of 2025 Household Hazardous Waste (HHW) Collection Event(s) held on 6/8/25 and 9/28/25. Approximate total Invoice amount will be \$60,766.52 (amount pending), in which the County would be seeking a 50% reimbursement amount of up to \$30,383.26.

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution: 50% Reimbursement of \$60,766.52 HHW Cost**

**Are funds already budgeted? Yes**

**If 'Yes,' specify appropriation code(s):** CL8160-40-4013

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

B-21-27 HHW Vendor Contract

**RESOLUTION INTRODUCED BY THE PUBLIC WORKS COMMITTEE AUTHORIZING THE FILING OF AN APPLICATION FOR A STATE GRANT IN-AID FOR A HOUSEHOLD HAZARDOUS WASTE (HHW) STATE ASSISTANCE PROGRAM AND SIGNING OF THE ASSOCIATED STATE CONTRACT UNDER THE APPROPRIATE LAWS OF NEW YORK STATE.**

**WHEREAS,** the State of New York provides financial aid for household hazardous waste programs; and

**WHEREAS,** the County of Sullivan herein called the MUNICIPALITY, has examined and duly considered the applicable laws of the State of New York and the MUNICIPALITY deems it to be in the public interest and benefit to file an application under these laws; and

**WHEREAS,** it is necessary that a Contract by and between THE PEOPLE OF THE STATE OF NEW YORK, herein called the STATE, and the MUNICIPALITY be executed for such STATE Aid; and

**WHEREAS,** the Sullivan County Legislature hereby authorizes the County Manager and / or the Chairman of the County Legislature to execute any and all necessary documents to accept the award, should one be granted, and enter into an award agreement or contract in order to administer the funding secured, in such form as the County Attorney shall approve.

**NOW, THEREFORE, BE IT RESOLVED BY** the County of Sullivan Legislature

1. That the filing of an application in the form required by the State of New York in conformity with the applicable laws of the State of New York including all understanding and assurances contained in said application is hereby authorized.
2. That County Manager, or his/her designee is directed and authorized as the official representative of the MUNICIPALITY to act in connection with the application and to provide such additional information as may be required and to sign the resulting contract if said application is approved by the STATE;
3. That the MUNICIPALITY agrees that it will fund the entire cost of said household hazardous waste program and will be reimbursed by the State for the State share of such costs.
4. That this resolution shall take effect immediately.

**BE IT FURTHER RESOLVED**, that should the NYS Department of Environmental Conservations' Household Hazardous Waste Program funding be terminated, the County shall not be obligated to continue any action undertaken by the use of this funding.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8110

**Agenda Date:** 2/19/2026

**Agenda #:** 15.

**Narrative of Resolution:**

Resolution to enter into a MOA to provide free pickup services and recycling for standard E-waste scrap at no charge to the County for the six County operated transfer stations

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

N/A

**RESOLUTION INTRODUCED BY PUBLIC WORKS COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO ENTER INTO A MEMORANDUM OF AGREEMENT (MOA) WITH NEWTECH RECYCLING INC OF 245 BELMONT DRIVE, SOMERSET, NJ 08873 TO PROVIDE STANDARD EWASTE, BULB AND BALLASTS SERVICES PER THE QUOTATION DATED 1/21/26 AT NO CHARGE**

**WHEREAS,** the Division of Solid Waste collects electronic items as defined by the Solid Waste Rules at no cost to the public at each of the six County run transfer stations; and

**WHEREAS,** the electronics scrap is able to be recycled by an outside contractor and the contract with the current vendor E-lot has expired on 12/31/25; and

**WHEREAS,** the last contract was awarded based on bid B-21-55 and the State laws have helped lower the Counties electronics recycling costs so that E-scrap vendors may be awarded based on a quote; and

**WHEREAS,** the Division of Solid Waste has solicited quotes and have received three quotes to

recycle electronics collected at the transfer stations and Newtech Recycling has offered the required service at no cost to the County making them lowest cost vendor.

**NOW, THEREFORE, BE IT RESOLVED**, that Sullivan County enter into a MOA with Newtech Recycling Inc. for the collection and recycling of standard ewaste, bulb and ballasts services at no cost to the County: and

**BE IT FURTHER RESOLVED**, that the County Manager be hereby authorized to execute a MOA in such form as approved by the County Attorney with Newtech Recycling Inc. of 245 Belmont Drive, Somerset, NJ 08873 for the collection and recycling of standard ewaste, bulb and ballast services as per the quote dated 1/21/26 for the calendar year of 2026 with four (4) possible one-year extensions



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8111

**Agenda Date:** 2/19/2026

**Agenda #:** 16.

**Narrative of Resolution:**

Every year Sullivan County provides zero cost tonnages at the Sullivan County Division of Solid Waste to the Towns and Villages for their Spring and Fall town cleanups up to the allocated amounts. The cleanups must be held from April 15<sup>th</sup> through May 15<sup>th</sup> or from September 15<sup>th</sup> through October 15<sup>th</sup>.

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$105,000.00

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** CL8160-40-4013

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

N/A

**RESOLUTION INTRODUCED BY PUBLIC WORKS COMMITTEE TO PROVIDE NO CHARGE TONNAGE ALLOCATIONS TO THE SULLIVAN COUNTY TOWNS AND VILLAGES FOR A MUNICIPAL CLEANUP TO BE USED AT THE SULLIVAN COUNTY DIVISION OF SOLID WASTE.**

**WHEREAS,** every Spring and Fall the Sullivan County Towns and Villages provide a no charge municipal cleanup for their residents; and

**WHEREAS,** it is the desire and benefit of the County to maintain clutter free residences and the County Legislature would like to promote the Municipal Cleanups along with the Town and Villages; and

**WHEREAS,** a previously utilized Municipal Cleanup Agreement, which was reviewed by the County Attorney lays out the terms of the cleanup as well as a tonnage allocation as attached and titled "Sullivan County Municipal Cleanup 2026 Tonnage Allocation".

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature provide a means for the Town and Villages to bring the tonnages outlined in the attachment titled "Sullivan County Municipal Cleanup 2026 Tonnage Allocation" during the approximate timeframe of April 15<sup>th</sup> through May 15<sup>th</sup> and September 15<sup>th</sup> through October 15<sup>th</sup> or at any other time during the year when it doesn't hinder the Division of Solid Waste Operations as determined by the Commissioner of Public Works.



**COUNTY OF SULLIVAN**  
**DEPARTMENT OF SOLID WASTE AND RECYCLING**  
 100 NORTH STREET, P.O. Box 5012  
 MONTICELLO, NY 12701

**SULLIVAN COUNTY MUNICIPAL CLEANUP**  
**2026 TONNAGE ALLOCATION**

<u>TOWN</u>	<u>2025 ALLOCATION</u>
BETHEL	101
CALLICOON	84
COCHECTON	16
DELAWARE	61
FALLSBURG	115
FORESTBURGH	12
FREMONT	7
HIGHLAND	24
LIBERTY	70
LUMBERLAND	19
MAMAKATING	64
NEVERSINK	93
ROCKLAND	42
THOMPSON	96
TUSTEN	25
<b><u>VILLAGE</u></b>	
ATERAS	3
BLOOMINGBURG	6
JEFFERSONVILLE	3
LIBERTY	42
MONTICELLO	79
WOODRIDGE	10
WURTSBORO	31
<b><u>TOTAL:</u></b>	<b><u>1003 tons</u></b>



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

File #: ID-8112

Agenda Date: 2/19/2026

Agenda #: 17.

**Narrative of Resolution:**

TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #4.-1-41.3

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$542.03

**Are funds already budgeted?** No

**If 'Yes,' specify appropriation code(s):**

**If 'No,' specify proposed source of funds:**

**Specify Compliance with Procurement Procedures:** RPTL §554

**RESOLUTION INTRODUCED BY THE MANAGEMENT AND BUDGET COMMITTEE TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #4.-1-41.3**

**WHEREAS**, an application dated January 16, 2026 having been filed by Michael Kolbe pursuant to Section 554 of the Real Property Tax Law with respect to property assessed to said applicant on the 2026 tax roll of the Town of Delaware bearing Tax Map #4.-1-41.3 to correct a clerical error, due to an incorrect entry of assessed valuation on an assessment roll or on a tax roll which, because of a mistake in transcription, does not conform to the entry for the same parcel which appears on the property record card, field book or other final work product of the assessor, or the final verified statement of the board of assessment review [BAR]; and

**WHEREAS**, the Director of Real Property Tax Services has duly investigated the application and filed his report dated January 16, 2026 recommending this Board approve said application; and

**WHEREAS**, this Board has duly examined the application and report and does find as follows:

(a) That the application be approved because of a clerical error

**NOW, THEREFORE, BE IT RESOLVED**, that the application be approved upon the grounds herein set forth; and

**BE IT FURTHER RESOLVED**, that the Chair of the County Legislature be and she hereby is directed to note the decision of this Board on the application, execute an order to such effect to the officer having custody of the tax roll, send notice of approval to the applicant and file a copy of the records of this proceeding with the Clerk of the County Legislature; and

**BE IT FURTHER RESOLVED**, that the amount of any tax corrected pursuant to this Resolution shall be a charge upon the said municipal corporation or special district to the extent of any such municipal corporation or special district taxes that were so levied and that the amount so charged to any such municipal corporation or special district shall be included in the next ensuing tax levy and to the extent that the levy made pursuant to this resolution includes a relieved school tax, the Treasurer shall charge back such amount in

accordance with law.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8115

**Agenda Date:** 2/19/2026

**Agenda #:** 18.

**Narrative of Resolution:**

To accept additional SAEF funding extending the program through September 30, 2026

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$192,000

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** A-6010-38-47-4752

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:** N/A

**INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO ACCEPT ADDITIONAL SHELTER ARREARS EVICTION FORESTALLMENT (SAEF) PROGRAM FUNDING AND EXTEND THE PROGRAM**

**WHEREAS**, the New York State Office of Temporary and Disability Assistance (OTDA) recently allocated the Department of Social Services (DSS) funding to extend the Shelter Arrears Eviction Forestallment (SAEF) program, until September 30, 2026; and

**WHEREAS**, eligibility for assistance through this \$192,000, which includes the additional funding allocation of \$96,933 is for the period from October 1, 2024, through September 30, 2026; and

**WHEREAS**, funding assistance is limited to households who have shelter arrears and require assistance to retain permanent housing; and

**WHEREAS**, the funds will be prioritized to fund certain households such as those with children under the age of six, single individuals with a history of housing instability, veterans, individuals and families experiencing domestic violence (DV), and other victims of violence; and

**WHEREAS**, funds will be used to pay no more than six months of arrears per household, if eligible; and

**WHEREAS**, the DSS will draw down funds from the SAEF Program in lieu of using County funds for the purpose of supporting this program.

**NOW, THEREFORE, BE IT RESOLVED**, that the County of Sullivan accepts this funding pursuant to the OTDA Local Commissioner’s Memo 26-LCM-01 to utilize said funds to pay shelter arrears to forestall evictions and retain permanent housing; and

**BE IT FURTHER RESOLVED**, that the above-mentioned allocation will be contingent upon the County's receiving continued State aid at anticipated funding levels.



Local Commissioners Memorandum

Section 1

Table with 2 columns: Field Name and Value. Fields include Transmittal, To, Issuing Division/Office, Date, Subject, Contact Person(s), and Attachments.

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to inform social services districts (districts) outside of New York City of an extension to the New York State Shelter Arrears Eviction Foreclosure (SAEF) program through September 30, 2026, and to notify districts of their two-year 2024-2026 SAEF program allocations (Attachment 1).

Districts must complete and return the 2024-2026 NYS SAEF Program District Participation Form (Attachment 2) to the Office of Temporary and Disability Assistance (OTDA) no later than January 20, 2026, to indicate whether they choose to operate a SAEF program at the funding level indicated in Attachment 1, operate at a lesser funding level, or decline all funds and elect not to participate in the SAEF program.

## II. Background

In September 2024, OTDA released [24-LCM-12](#) announcing that the FY 2025 Budget appropriated \$10 million to provide for services and expenses related to the payment of shelter arrears (including rent and mortgage arrears) necessary to retain housing for certain households that are in receipt of or who would be eligible for ongoing or emergency Public Assistance (PA) pursuant to Social Services Law (SSL) §131-a. To distribute these funds, OTDA created the SAEF program to provide vital shelter arrears assistance to help eligible households retain permanent housing. In December 2024, OTDA released [24-LCM-19](#) to provide districts with supplemental SAEF program guidance.

The FY 2026 Budget appropriated an additional \$10 million to support the SAEF program. Districts may choose to retain their allocation and use district mechanisms (e.g., direct administration or transfer of funds to county agencies) to operate this program, or may delegate the administration of this program, in full or in part, to another public agency, contractor or non-profit organization.

## III. Program Implications

### A. Program Activities and Services

Effective October 1, 2024, districts were authorized to begin making eligibility determinations for the SAEF program. Due to the availability of additional funds and extension to the program included in the FY 2026 NYS Budget, districts may continue to make eligibility determinations for shelter arrears payments provided between October 1, 2024, and September 30, 2026. Arrears payments for eligible households may be retroactive, covering an arrears period between October 1, 2023, through September 30, 2026. Districts are reminded that SAEF program eligibility is based on circumstances at the time when eligibility is being evaluated, not during the time when arrears were accrued.

Shelter arrears payments provided through the 2024-2026 SAEF program must not exceed a total of six months of arrears per household. Arrears payments do not have to be consecutive or paid all at once; payments may be issued partially (less than six months of arrears assistance needed) or in full (all six months paid at once). There is no cap on the dollar amount that can be paid in shelter arrears under the SAEF program, as long as the arrears paid does not exceed a total of six months per household. Districts may establish local criteria that limits the amount that can be paid.

In accordance with 24-LCM-19 ([Attachment 4](#), Q&A 12), SAEF program payments may also be issued to cover mortgage arrears, homeowners' association fees, legal and/or late fees in circumstances where households can establish that those expenses are necessary to retain their housing and they meet all SAEF program eligibility requirements.

Prior receipt of shelter arrears payments through ongoing PA, the Emergency Assistance to Families (EAF) or Emergency Safety Net Assistance (ESNA) programs does not impact SAEF program eligibility. Households who previously received six months or more of shelter arrears assistance through ongoing PA, EAF or ESNA may receive additional payments via the SAEF program, not to exceed six months, if otherwise eligible for the

SAEF program.

SAEF program payments may be issued to an eligible household in tandem with a different funding source, to cover a separate period of shelter arrears that the SAEF program payment does not cover. The eligibility parameters for each funding source must be evaluated separately and met prior to issuing payments under the respective programs. Arrears payments from different funding sources must never be for the same time period. For further information, please see 24-LCM-19 ([Attachment 4](#), Q&A 17).

SAEF program payments will not be limited by the shelter allowance amount set forth in SSL §131-a and will not be part of the standard of need pursuant to SSL §131-a, and therefore, would not be considered by the Automated Budgeting and Eligibility Logic (ABEL) when computing financial eligibility for PA. SAEF program payments are not countable as income or as a resource for PA, Home Energy Assistance Program (HEAP) or Supplemental Nutrition Assistance Program (SNAP) eligibility or budgeting purposes. Additionally, SAEF program payments will not be subject to recoupment or repayment unless the application submitted was fraudulent or otherwise identified as ineligible.

## B. Participant Eligibility

Districts must establish and maintain local policy governing eligibility for SAEF program payments. While districts have flexibility regarding SAEF program eligibility requirements, the governing statute outlines some minimum requirements for eligibility as follows:

- Eligible households are individuals and/or families, with or without children, who have shelter arrears (rent or mortgage arrears) and require assistance to retain permanent housing;
- Ongoing PA recipient households must first apply for shelter arrears assistance under PA and if found ineligible they must receive a denial notice, which must be documented in the case record. The household should then be assessed for SAEF program eligibility;
- Non-PA recipient households must first apply for shelter arrears assistance under EAF or ESNA and if they are found ineligible through both programs they must receive a denial notice, which must be documented in the case record. The household should then be assessed for SAEF program eligibility. Districts are reminded that a Supplemental Security Income (SSI) household may be found ineligible for Emergency Assistance for Adults (EAA), then evaluated under EAF and/or ESNA and still found ineligible. Such households may be considered for the SAEF program;
- One or more household members must meet the PA (Family Assistance (FA), Safety Net Assistance (SNA), EAF, ESNA) citizenship/non-citizen status eligibility requirements;
- Non-PA recipient households must meet the EAF or ESNA income eligibility requirements. Districts are reminded that the income of all the individuals that reside in the household, including those that may not have a non-citizen category/status that is satisfactory for PA benefit eligibility, must be counted in accordance with the EAF or ESNA income eligibility standards. OTDA issues guidance annually regarding updates to the EAF and ESNA federal poverty guidelines and the current charts are included below.

## 2025-2026 Income Guidelines for EAF and ESNA

Financial eligibility for EAF is determined by the gross (total) income immediately available to the household on the date of application. The household is financially eligible for EAF if the available income is at or below 200% of the Federal Poverty Level Guidelines for the household size. The below guidelines for EAF are effective April 1, 2025, through March 31, 2026.

**200% of Federal Poverty Level Guidelines  
EAF Gross Available Test  
By Family Size (Adjusted Annually)**

Household Size	Annual	Monthly
1	\$31,300	\$2,608
2	\$42,300	\$3,525
3	\$53,300	\$4,442
4	\$64,300	\$5,358
5	\$75,300	\$6,275
6	\$86,300	\$7,192
7	\$97,300	\$8,108
8	\$108,300	\$9,025
Each Additional Member	\$11,000	\$917

Financial eligibility for ESNA is determined by the gross income of the applying household. The household’s gross income at the time of application must not exceed 125% of the Federal Poverty Level Guidelines for the household size. The below income guidelines for ESNA are effective April 1, 2025, through March 31, 2026.

**ESNA 125% of Federal Income Poverty Level  
Guidelines (Adjusted Annually)**

Household Size	Annual	Monthly
1	\$19,562	\$1,630
2	\$26,437	\$2,203
3	\$33,312	\$2,776
4	\$40,187	\$3,349
5	\$47,062	\$3,922
6	\$53,937	\$4,495
7	\$60,812	\$5,068
8	\$67,687	\$5,641
Each Additional Member	\$6,875	\$573

Households that are determined income eligible for the SAEF program as described above are not required to meet certain other PA eligibility requirements for shelter arrears payments. Unlike traditional PA shelter arrears requirements, households eligible for the SAEF program:

- May have foreseen the occurrence or situation giving rise to the need for shelter arrears assistance;

- May be unable to reasonably demonstrate an ability to pay future shelter expenses, including any amounts in excess of the appropriate agency maximum monthly shelter allowance;
- May have already received a shelter arrears payment within the prior five years; and/or
- May not be current on a shelter repayment agreement from a prior shelter arrears payment.

Households that qualify for the SAEF program under the ESNA income eligibility requirement are not subject to a repayment agreement. In addition, while PA recipient households may be eligible for assistance under the SAEF program, receipt of PA is not a requirement for determining eligibility for the SAEF program.

Districts must make sure they have policies and procedures in place to:

- Establish that the SAEF program recipient is the primary tenant/homeowner (e.g., require a lease or other documentation);
- Establish the shelter arrears amount due for the SAEF program household;
- Ensure that the SAEF program payment will be accepted to prevent eviction for a specified timeframe (in accordance with 24-LCM-19 [Attachment 4](#), Q&A 11; this is an area of local discretion and districts should work with landlords to determine a reasonable timeframe);
- Take reasonable steps to prevent the duplication of benefits;
- Issue a determination letter stating the amount approved or the reason for denial;
- Establish a process for handling fraudulent applications, including a procedure for recovering funds, if necessary; and
- Establish a process for reviewing and considering appeals of applications that are denied.

As a reminder, a formal eviction threat is not a requirement of the SAEF program but may be a requirement if the district's plan defines it as such. If households present documentation of a formal eviction, districts must evaluate and document it when making a SAEF program eligibility determination. Please see 24-LCM-19 ([Attachment 4](#) Q&A 10) for further information.

Per [24-LCM-19](#), districts are reminded that a separate SAEF program application is not a requirement for SAEF program eligibility determinations. Although not considered SAEF program applications, districts may utilize information included on completed [LDSS-2921](#) or [LDSS-3815](#) forms when evaluating eligible households for SAEF program eligibility. Districts may evaluate eligibility under the SAEF program on a first-come, first-serve basis according to the eligibility parameters above and set forth at the local level, or they may choose to prioritize households in specific circumstances within the parameters of their SAEF program plans.

While districts have flexibility in determining the overall design of their local SAEF program, they are encouraged to make extra efforts to ensure prioritization of certain households, such as those with children, households with a history of housing instability, veterans, individuals and families experiencing domestic violence (DV) and/or other forms of violence, and individuals and families in receipt of SSI and/or Social Security Disability Income (SSDI). It is each district's responsibility to ensure households are aware of the SAEF program and evaluated for assistance, as appropriate. Districts are also encouraged to refer

SAEF program applicants to apply for applicable benefit programs, such as PA, HEAP, SNAP, SSI and/or SSDI.

SAEF program payments must not be issued through the Welfare Management System (WMS), as the funding source for the SAEF program is not PA funds. SAEF program payments must be made directly to the landlord, property owner, and/or property manager on behalf of the tenant. Tenants, landlords, property owners, and/or property managers must be notified of SAEF program assistance provided on behalf of any SAEF program recipient.

Households must be notified of their SAEF program eligibility determination via a manual notice. The notice must include language advising households of their right to appeal the decision. As noted above, districts must establish their own appeals process for SAEF program funds. SAEF program households do not have fair hearing rights on SAEF program eligibility. However, a potential SAEF program household may seek a fair hearing for their shelter arrears assistance denial that they received as an ongoing PA recipient household, or under EAF or ESNA.

Districts must document all information pertaining to SAEF program eligibility determinations in the case record. All information, including notifications regarding eligibility determinations (e.g., approvals and denials) must be maintained in the case record for a minimum of six years following submission of the program summation report. Further information on the report can be found under section D, below.

SAEF program files may be stored with the PA case record in the Imaging and Enterprise Document Repository (I/EDR), or another local imaging system utilized by the district. This applies only to those districts who handle their own SAEF programs. For districts who contract out their program, SAEF program files must be kept separate from the PA case record.

[24-LCM-19](#) included a SAEF Program Application Template and a SAEF Program Notice of Determination Template. Minor updates have been made to those templates, and they are attached to this directive as Attachments 3 and 4. Districts are reminded that these templates may be used to guide implementation of the program and alleviate administrative concerns. These templates are optional, and districts may alter them to fit their program design. Districts that have been using these two templates that were initially provided under 24-LCM-19 should review the revised Attachments 3 and 4 to determine whether any changes are needed to the forms they are currently using.

### C. Allocations

A total of \$20 million is available to support the SAEF program for a two-year period from October 1, 2024, through September 30, 2026. Updated 2024-2026 SAEF program allocations are listed in Attachment 1 and have been determined based on rest of state (ROS) 2023 eviction rates as reported by the New York State Unified Court System, and claims submitted for the 2024-2025 program. Some districts are receiving increases to continue operations through September 30, 2026, while other districts have the option to continue their SAEF programs at their current allocation levels, operate at a lesser funding level or opt out of SAEF program participation.

Districts are responsible for ensuring that allocations are not exceeded. Districts that overclaimed for the period of October 1, 2024, through September 30, 2025, will receive reimbursement for the claims in excess of their initial allocations (included in [24-LCM-12](#)), up to the 2024-2026 SAEF program allocation amount. However, reimbursement of any overclaims will reduce the total remaining allocation available. For example, if the district had an initial allocation of \$100,000 and they overclaimed by \$1,000, the \$1,000 will be reimbursed against the district's total 2024-2026 allocation.

For any districts that exhaust their allocation, OTDA requests that those districts track and report the number of households that may have qualified for assistance under the SAEF program to OTDA using Attachment 5. Further guidance regarding Attachment 5 is included under section D below.

#### D. Reporting Requirements

As part of their participation in the SAEF program, districts must keep data about each household that participates in the program. Household-payment records, to be made available on audit, must include at a minimum:

- Landlord Employer Identification Number (EIN) or other identifying information
- Landlord name or business name
- Landlord address
- Primary tenant name
- Primary tenant date of birth (DOB)
- Primary tenant race/ethnicity
- Tenant address
- Date of SAEF program payment
- Months with arrears covered by SAEF program payment
- Total SAEF program payment
- Primary tenant has open PA case at time of payment yes/no
- Number of children in household at time of payment (0-N)
- Number of adults in household at time of payment (1-N)

Households whose landlords receive multiple payments on their behalf covering more than one period will have multiple records, one for each household/payment.

Initial SAEF program reports covering the period from October 1, 2024, through September 30, 2025, were due by October 31, 2025, using the template provided in [24-LCM-19](#). A final SAEF program summation report (Attachment 5) for the period from October 1, 2025 through September 30, 2026, must be transmitted to the OTDA Public Assistance (PA) Bureau by November 30, 2026, via email at: [tabureau@otda.ny.gov](mailto:tabureau@otda.ny.gov).

Districts are encouraged to track and report the optional characteristics of landlords and tenants using Attachment 5.

The goal of reporting is to ensure that the terms of the SAEF program are met in accordance with state legislation and to assess districts' emergency shelter arrears needs moving forward. It is the responsibility of the district to monitor any subcontracts. Districts must ensure the confidentiality of records concerning all SAEF program participants.

## E. Claiming Instructions

Expenditures for the SAEF program should be claimed through the RF-17 claim package for special project claiming for the month(s) that the expenditures were made. These costs are first identified on the RF-2A claim package as F17 functional costs and reported in the F17 column on the [LDSS-923](#) “Cost Allocation Schedule of Payments Administrative Expenses Other Than Salaries” and the [LDSS-2347](#) “Schedule D DSS Administrative Expenses Allocation and Distribution by Function and Program.” After final accepting the RF-2A, the individual project costs are then reported under the project label “SAEF Program SFY2025” on the RF-17.

Salaries, fringe benefits, staff counts, and central services costs are directly entered on the [LDSS-4975A](#) “RF-17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs” while overhead costs are automatically brought over from the RF-2A, [Schedule D](#) and distributed based upon the proportion of the number of staff assigned to this project. Employees not working all their time for the SAEF program must maintain time studies to support the salary and fringe benefit costs allocated to the program.

Non-salary administrative costs are reported with the appropriate object of expense code(s) on page 1 of the [LDSS-923B](#) “Summary - Administrative Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs.”

Program costs should be reported as object of expense code 37 – Special Project Program Expense on page 2 of the [LDSS-923B](#) “Summary - Program Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs.”

Total project costs should be reported on the [LDSS-4975](#) “Monthly Statement of Special Project Claims Federal and State Aid (RF-17)” as 100% state share excluding central services costs which are local share. Actual reimbursement will be based upon each district’s allocation.

SAEF program service period is from October 1, 2024, through September 30, 2026. Shelter arrears payments must be made by November 30, 2026, and cannot be made for services provided beyond September 30, 2026.

To receive reimbursement, claims for the period of October 1, 2024, through November 30, 2026, must be final accepted in the Automated Claiming System (ACS) by December 31, 2026. Districts must submit claims to OTDA in a timely manner.

Further instructions for completing time studies; the [LDSS-923](#), [LDSS-923B](#) and [Schedule D](#); and the RF-17 claim package are found in Chapters 4, 7, and 18, respectively, of the Fiscal Reference Manual (FRM) Volume 3. The FRMs are available online at: [Fiscal Reference Manuals | OTDA](#).

Any claiming questions should be directed to: Justin Gross at 518-474-7549 or [otda.sm.field\\_ops.i-iv@otda.ny.gov](mailto:otda.sm.field_ops.i-iv@otda.ny.gov).

## IV. Reimbursement Structure and Allowable Costs

District allocations will be paid as claims are submitted to substantiate payment.

SAEF program funding is made available for districts to provide vital shelter arrears assistance to eligible households and as such, it is expected that a minimum of 85% of the funds will be used toward shelter arrears assistance in accordance with the guidelines outlined herein.

OTDA has set a 15% spending limitation on administrative costs, which includes any additional staffing needs related to determining SAEF program eligibility and issuing arrears payments. Districts should limit the amount of administrative costs necessary to operate the SAEF program to maximize both the amount of funds available to pay shelter arrears and the number of households enrolled. The use of SAEF program funds for administrative purposes must be directly related to the provision of shelter arrears to eligible households. For districts opting to assign all or a portion of their SAEF program allocation to another public agency, contractor or local nonprofit organization, districts will be held liable for assigned funds not used in a manner consistent with the purpose of the SAEF program allocation.

Districts are required to submit all claims for reimbursement through the ACS regardless of whether they elect to operate the program in-house or transfer the administration to another entity. SAEF program claims must be for shelter arrears and associated administrative costs for the period beginning October 1, 2024, through September 30, 2026, and must be claimed by December 31, 2026, per the instructions above.

## V. Necessary Action

Each ROS district must complete the 2024-2026 NYS SAEF Program District Participation Form (Attachment 2) to either accept their 2024-2026 allocation, accept a lower allocation amount than the one provided, or decline their allocation. The SAEF Program Participation Form must be submitted by January 20, 2026, via email to the PA Bureau at: [tabureau@otda.ny.gov](mailto:tabureau@otda.ny.gov).

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### Issued By:

**Name:** Valerie T. Figueroa

**Title:** Deputy Commissioner

**Division/Office:** Employment and Income Support Programs/Office of Temporary and Disability Assistance

District	2024-2026 Shelter Arrears Eviction Foreclosure Program Allocations
Albany	\$1,109,823
Allegany	\$30,000
Broome	\$495,008
Cattaraugus	\$95,224
Cayuga	\$140,249
Chautauqua	\$175,180
Chemung	\$195,365
Chenango	\$20,628
Clinton	\$105,316
Columbia	\$60,809
Cortland	\$88,496
Delaware	\$35,192
Dutchess	\$535,374
Erie	\$3,112,079
Essex	\$30,000
Franklin	\$30,000
Fulton	\$115,666
Genesee	\$66,761
Greene	\$50,717
Hamilton	\$30,000
Herkimer	\$61,585
Jefferson	\$190,188
Lewis	\$30,000
Livingston	\$55,374
Madison	\$47,613
Monroe	\$2,151,848
Montgomery	\$88,238
Nassau	\$1,182,275
Niagara	\$455,677
Oneida	\$517,262
Onondaga	\$1,196,765
Ontario	\$161,209
Orange	\$603,429
Orleans	\$29,596
Oswego	\$183,719
Otsego	\$38,297
Putnam	\$30,000
Rensselaer	\$244,331
Rockland	\$267,299
Saratoga	\$345,703
Schenectady	\$505,875
Schoharie	\$30,000
Schuyler	\$30,000
Seneca	\$37,521
St. Lawrence	\$92,119
Steuben	\$94,707
Suffolk	\$1,786,479
Sullivan	\$192,000
Tioga	\$33,898
Tompkins	\$104,799
Ulster	\$235,214
Warren	\$93,931
Washington	\$67,537
Wayne	\$109,456
Westchester	\$2,139,169
Wyoming	\$15,000
Yates	\$30,000



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8116

**Agenda Date:** 2/19/2026

**Agenda #:** 19.

**Narrative of Resolution:**

**RESOLUTION INTRODUCED BY THE PUBLIC SAFETY AND LAW ENFORCEMENT COMMITTEE AUTHORIZING AN AGREEMENT WITH DUTCHESS COUNTY COMMUNITY COLLEGE TO PROVIDE AN ADVANCED EMERGENCY MEDICAL TECHNICIAN (“A-EMT”) TRAINING COURSE FOR FIRST RESPONDERS**

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$50,000.00

**Are funds already budgeted?** No

**If ‘Yes,’ specify appropriation code(s):** Click or tap here to enter text.

**If ‘No,’ specify proposed source of funds:** NYSDOH Grant

**Specify Compliance with Procurement Procedures:** Per DOH workplan sole source

**RESOLUTION INTRODUCED BY THE PUBLIC SAFETY AND LAW ENFORCEMENT COMMITTEE AUTHORIZING AN AGREEMENT WITH DUTCHESS COUNTY COMMUNITY COLLEGE TO PROVIDE AN ADVANCED EMERGENCY MEDICAL TECHNICIAN (“A-EMT”) TRAINING COURSE FOR FIRST RESPONDERS**

WHEREAS, the Sullivan County Legislature recognizing the critical need for well-trained Emergency Medical Technicians and Advanced Emergency Medical Technicians (A-EMTs) within Sullivan County to maintain a high level of emergency care for our residents; and

WHEREAS, Dutchess County Community College offers an A-EMT training program that serves as a valuable pipeline for producing qualified and well-trained emergency responders; and

WHEREAS, the County desires to enter into an agreement with Dutchess County Community College to provide an A-EMT course in conjunction with SUNY Sullivan located here in Sullivan County; and

WHEREAS, Sullivan County is the recipient of a New York State Department of Health Emergency Medical Services (NYS DOH EMS) sustainability grant award which will fund a large portion of this AEMT program; and

WHEREAS, this initiative is expected to increase local interest and participation in emergency medical services, thereby strengthening the public health and emergency response capabilities within the county;

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the County Manager to enter into an agreement with Dutchess County Community College to provide AEMT training with a total cost to the County not to exceed \$50,000, which may cover personnel costs, tuition, books and equipment, subject to form approved by the County Attorney’s Office; and

BE IT FURTHER RESOLVED, that this A-EMT funding program will be administered by the Sullivan County Bureau of EMS/Division of Public Safety subject to the terms of the NYS DOH EMS sustainability grant program.

BE IT FURTHER RESOLVED that should the NYS DOH EMS sustainability grant funding be terminated the County of

Sullivan shall not be obligated to continue any action undertaken by the use of this funding



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8118

**Agenda Date:** 2/19/2026

**Agenda #:** 20.

**Narrative of Resolution:**

**TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF THOMPSON FOR TAX MAP #29.-1-17.1**

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$756.05

**Are funds already budgeted?** No

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures: RPTL §554**

**RESOLUTION INTRODUCED BY THE MANAGEMENT AND BUDGET COMMITTEE TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF THOMPSON FOR TAX MAP #29.-1-17.1**

**WHEREAS**, an application dated January 28, 2026 having been filed by the Town of Thompson pursuant to Section 554 of the Real Property Tax Law with respect to property assessed to said applicant on the 2026 tax roll of the Town of Thompson bearing Tax Map #29.-1-17.1 to correct an unlawful entry on the taxable portion of the assessment roll or the tax roll, or both, of the assessed valuation of real property which, except for the provisions of RPTL, §490, is wholly exempt from taxation; and

**WHEREAS**, the Director of Real Property Tax Services has duly investigated the application and filed his report dated January 30, 2026 recommending this Board approve said application; and

**WHEREAS**, this Board has duly examined the application and report and does find as follows:

- (a) That the application be approved because of an unlawful entry

**NOW, THEREFORE, BE IT RESOLVED**, that the application be approved upon the grounds herein set forth; and

**BE IT FURTHER RESOLVED**, that the Chair of the County Legislature be and she hereby is directed to note the decision of this Board on the application, execute an order to such effect to the officer having custody of the tax roll, send notice of approval to the applicant and file a copy of the records of this proceeding with the Clerk of the County Legislature; and

**BE IT FURTHER RESOLVED**, that the amount of any tax corrected pursuant to this Resolution shall be a charge upon the said municipal corporation or special district to the extent of any such municipal

corporation or special district taxes that were so levied and that the amount so charged to any such municipal corporation or special district shall be included in the next ensuing tax levy and to the extent that the levy made pursuant to this resolution includes a relevised school tax, the Treasurer shall charge back such amount in accordance with law.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8125

**Agenda Date:** 2/19/2026

**Agenda #:** 21.

**Narrative of Resolution:**

To Modify Resolution No. 326-19

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** See attached schedule

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** M-1710-46-4611

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION NO. INTRODUCED BY THE HUMAN RESOURCES COMMITTEE TO MODIFY RESOLUTION NUMBER 326-19 FOR RISK MANAGEMENT, PUBLIC WORKS AND PUBLIC HEALTH DEPARTMENTS**

**WHERE AS,** Resolution #326-19 was approved by the Sullivan County Legislature on 8/15/2019 authorizing execution of an agreement with Partners in Safety, with an office at 800 Route 17M Middletown, NY 10940, to perform Pre-Employment Drug Testing Medical Exams, Pre- Employment Physicals, Pre-Employment Hearing Tests, Pre-Employment Vision Tests, Various types of Drug and Alcohol testing and various types of physicals on municipal employees for the period of January 1, 2020 through December 31,2025 with the option to extend on a yearly basis for three (3) additional years; and; and

**WHEREAS,** the agreement shall continue in effect for successive three (3) year period in accordance with the attached schedule.

**NOW, THEREFORE, BE IT RESOLVED** that Resolution #326-19 is hereby amended to include that the agreement shall continue in effect for successive continual three (3) year period in line with attached fee schedule.

**BE IT FURTHER RESOLVED** that the County Manager be and hereby is authorized to execute a modification agreement with Partners in Safety and approved to form by Sullivan County Attorney’s Office; and

**BE IT FURTHER RESOLVED,** Resolution No. 326-19 is hereby modified as per the above and all other provisions of Resolution No. 326-19 shall remain unchanged.

**Services provided for Sullivan County DPW / Risk Management / Public Health**

<b>Services as Required</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
Pre-Employment Physical Including UA, PPD, Audiometry	\$110	\$110	112.2
Pre Emp. Police Physical	\$73	\$73	74.46
Pre Emp. Police Hearing	\$26	\$26	26.52
Pre Emp. Police Vision	\$18	\$18	18.36
All Other Pre Employment	\$66	\$66	67.32
Serology (VDRL)	\$33	\$33	33.66
EKG	\$43	\$43	43.86
Chest X-Ray	\$93	\$93	94.86
Pulmonary Function Test (PFT)	\$36	\$36	36.72
CBC/SMAC	\$56	\$56	57.12
<b>Hazmat</b>			
Hazmat PPD	\$25	\$25	25.5
Hazmat Audiometry	\$26	\$26	26.52
Hazmat Physical	\$73	\$73	74.46
Hazmat EKG	\$43	\$43	43.86
Hazmat Chest X-Ray	\$93	\$93	94.86
Hazmat PFT	\$36	\$36	36.72
Hazmat CBC/SMAC	\$56	\$56	57.12

<b>Services as Required</b>			
DOT Random Drug Testing Program	\$45	\$45	45.9
Blood Test - Metabolic Steroids	\$108	\$108	110.16
Sheriff's Drug Testing	\$54	\$54	55.08
Drug Test (Lab)	\$54	\$54	55.08
Drug Test (Other Facility)	\$78	\$78	79.56
Breath Alcohol	\$42	\$42	42.84
Breath Alcohol (Other Facility)	\$48	\$48	48.96
19A / DOT Physicals	\$66	\$66	67.32
Emergency Service	\$178	\$178	181.56
Split Specimen Testing	\$280	\$280	285.6
<b>DPW Group Testing</b>			
EKG	\$43	\$43	43.86
Audiogram	\$28	\$28	28.56
Lead/ZPP	\$56	\$56	57.12
CBC/Lab Screen/Urine	\$56	\$56	57.12
Review Respiratory Questionnaires & Vitals	\$22	\$22	22.44
Fit Test & Respiratory Clearances	\$47	\$47	47.94
Physicals**	\$66	\$66	67.32
PFT	\$36	\$36	36.72
Audiogram Program Fee	Included	Included	Included

\*\*REDUCED PRICE FOR EARLY COMPLETION



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8129

**Agenda Date:** 2/19/2026

**Agenda #:** 22.

**Narrative of Resolution:**

To abolish a position in Social Services

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** No

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** N/A

**Specify Compliance with Procurement Procedures:** N/A

**RESOLUTION INTRODUCED BY HUMAN RESOURCES COMMITTEE TO ABOLISH AN ASSISTANT SOCIAL WORKER I POSITION WITHIN THE DEPARTMENT OF SOCIAL SERVICES**

**WHEREAS,** the Department of Social Services (DSS) receives an allocation from the State to provide services to mothers with substance use disorders; and

**WHEREAS,** an Assistant Social Worker I position was considered in the 2026 budget to provide these services; and

**WHEREAS,** while planning the 2026 budget it was determined that a more effective use of CAPTA/CARA funds would be to allow Public Health nurses to bill for services provided to pregnant and post-partum mothers who require our services but would otherwise not fit the criteria to be billable as CHHA clients; and

**WHEREAS,** it was determined that the Assistant Social Worker I position was not needed in the 2026 budget but was inadvertently created.

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature hereby abolishes Assistant Social Worker I, Budget Position #3765.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8135

**Agenda Date:** 2/19/2026

**Agenda #:** 23.

**Narrative of Resolution:**

Adopt a Respiratory Protection Policy

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY THE HUMAN RESOURCES COMMITTEE TO ADOPT A RESPIRATORY PROTECTION PROGRAM POLICY**

**WHEREAS,** Public Employee Safety and Health (PESH) respiratory program requirements, which are based on OSHA's Respiratory Protection Standard (29 CFR 1910.134), mandate that public employers in New York State protect employees from occupational diseases caused by breathing contaminated air; and

**WHEREAS,** in conjunction with the applicable departments and PERMA, the Commissioner of Human Resources has drafted the attached policy for your review and consideration;

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature hereby adopts the attached Respiratory Protection Program Policy.



# COUNTY OF SULLIVAN

## Respiratory Protection Program

DRAFT

## Respiratory Protection

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# Respiratory Protection Program

## I. Objective

This Respiratory Protection Program (RPP) establishes the County of Sullivan's policies and procedures to protect employees from airborne hazards and to comply with OSHA 29 CFR 1910.134 and, when applicable, 29 CFR 1926.103. The program covers respirator selection, medical evaluation, fit testing, use, maintenance, training, recordkeeping, and program evaluation. Engineering controls remain the primary means of exposure reduction; respirators are used when controls are infeasible, while being implemented, or for non-routine/emergency conditions.

## II. Assignment of Responsibility

### A. Employer

The County of Sullivan ("the County") is responsible for supplying appropriate respirators to employees whenever they are required for health protection. The County ensures that respirators provided are suitable for the specific application, and employees will not be charged for any respiratory protection equipment, related training, or medical evaluations.

### B. Program Administrator

The designated Program Administrator for the County of Sullivan is JOHN HAUSCHILD. The Program Administrator oversees the implementation and management of the respiratory protection program, including the following duties:

- Identifying work areas, processes, or tasks that necessitate respirator use
- Evaluating respiratory hazards present in the workplace
- Selecting appropriate respiratory protection options
- Monitoring respirator usage to confirm compliance with specifications
- Arranging for and/or conducting training sessions
- Ensuring proper storage and maintenance of respiratory equipment
- Conducting quantitative or qualitative fit testing with Bitrex
- Administering the medical surveillance program
- Maintaining all records required by the program
- Evaluating and updating the written program as necessary

### C. Supervisors

Supervisors are tasked with ensuring that the respiratory protection program is correctly implemented within their respective areas. Along with understanding the program requirements for their own protection, supervisors must guarantee that all employees under their supervision comply with the program. Supervisor responsibilities include:

- Ensuring all employees (including new hires) receive appropriate training, fit testing, and annual medical evaluations
- Making suitable respirators and accessories available
- Being aware of tasks that require respiratory protection
- Enforcing proper respirator use when required
- Ensuring respirators are correctly cleaned, maintained, and stored according to program procedures
- Verifying that respirators fit properly and do not cause discomfort
- Continuously monitoring work areas and operations for respiratory hazards
- Coordinating with the Program Administrator regarding respiratory hazards or other program concerns

#### D. Employees

Employees are responsible for wearing the assigned respirator whenever and wherever required, following the training provided. Employees must also:

- Maintain and care for their respirators as instructed, protect them from damage, and store them in a clean, sanitary location
- Inform their supervisor if the respirator no longer fits properly and request a replacement that fits correctly
- Notify their supervisor or the Program Administrator if they identify any unaddressed respiratory hazards or have other concerns about the program
- Use respiratory protection as instructed by the manufacturer and in accordance with received training

### III. Applicability

This RPP applies to all employees required to wear respirators during normal, non-routine, or emergency operations. Departments covered include DPW, and the Division of Public Safety (Fire/EMS/Public Safety).

Voluntary Use:

- Filtering facepieces (dust masks): Employees may voluntarily use dust masks. The County will provide OSHA 1910.134 Appendix D information. No medical evaluation is required for voluntary dust mask use.
- Voluntary tight-fitting half-mask APR: Permitted case-by-case. Requires medical evaluation and adherence to use, cleaning, maintenance, and storage provisions of this RPP.

### IV. Program

#### A. Hazard Assessment & Respirator Selection

The Program Administrator conducts hazard evaluations for operations, processes, or areas where airborne contaminants may be present (routine or emergency). Evaluations include workplace observation, process review, employee/supervisor interviews, and exposure monitoring per OSHA/NIOSH methods. A list of employees and appropriate respiratory protection will be maintained by the Program Administrator. Assessments are updated when conditions change. If an employee feels that respiratory protection is needed during a particular activity, they are to contact their supervisor or the Program Administrator. The Program Administrator will evaluate the potential hazard and arrange for outside assistance as necessary. The Program Administrator will then communicate the results of that assessment to the employees. If it is determined that respiratory protection is necessary, all other elements of the respiratory protection program will be in effect for those tasks, and the respiratory program will be updated accordingly.

**Respirator Selection:** Only NIOSH-approved respirators will be used. Selection considers contaminant type/concentration, PELs/IDLH conditions, task duration, workload, environmental factors, and protection factors. If oxygen-deficient, IDLH, or above maximum use concentrations, use supplied-air respirators with escape capability or SCBA as applicable.

#### B. Medical Evaluation

Employees who are required to wear respirators, and employees who voluntarily choose a tight-fitting APR, must receive a medical evaluation consistent with OSHA 1910.134 Appendix C prior to fit testing or use. Evaluations are performed by a licensed physician or other licensed health care professional (PLHCP) at *Partners in Safety*,

where all company medical services are provided, will provide the medical eval. Employees may complete the questionnaire on County time and may consult the PLHCP as requested. Re-evaluations occur when symptoms arise, the PLHCP or supervisor requests, program observations indicate a need, or work conditions change.

The County retains only the PLHCP written medical opinion and follows confidentiality requirements for medical questionnaires.

Medical evaluation procedure is as follows:

1. The medical evaluation will be conducted using the questionnaire provided in Appendix C of the OSHA Respiratory Protection Standard. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
2. To the extent feasible, the company will aid employees who are unable to read the questionnaire. When this is not possible, the employee will be sent directly to the physician for medical evaluation.
3. All affected employees will be given a copy of the medical questionnaire to complete, along with a stamped and addressed envelope for mailing the questionnaire to the company physician. Employees will be permitted to complete the questionnaire on company time.
4. Follow-up medical exams will be granted to employees as required by the Standard, and/or as deemed necessary by the evaluating physician.
5. All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
6. The Program Administrator shall provide the evaluating physician with a copy of this Program, a copy of the OSHA Respiratory Protection Standard, the list of hazardous substances by work area, and the following information about each employee requiring evaluation:
  - a. Their work area or job title;
  - b. Proposed respirator type and weight;
  - c. Length of time required to wear respirator;
  - d. Expected physical workload (light, moderate or heavy);
  - e. Potential temperature and humidity extremes; and
  - f. Any additional protective clothing required.
7. Positive pressure air purifying respirators will be provided to employees as required by medical necessity.
8. After an employee has received clearance to wear their respirator, additional medical evaluations will be provided under the following circumstances:
  - A. The employee reports signs and/or symptoms related to their ability to use the respirator, such as shortness of breath, dizziness, chest pains or wheezing.
  - B. The evaluating physician or supervisor informs the Program Administrator that the employee needs to be reevaluated.
  - C. Information found during the implementation of this program, including observations made during the fit testing and program evaluation, indicates a need for reevaluation.
  - D. A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

A list of County of Sullivan titles currently included in medical surveillance is provided in Attachment D of this program.

All examinations and questionnaires are to remain confidential between the employee and the physician. The Program Administrator will only retain the physician's written recommendations regarding each employee's ability to wear a respirator.

### **C. Training**

The Program Administrator will provide training to respirator users and their supervisors on the contents of the County of Sullivan Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard. All affected employees and their supervisors will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to supervising employees that must wear respirators.

The training course will cover the following topics:

1. The County of Sullivan Respiratory Protection Program;
2. The OSHA Respiratory Protection Standard (29 CFR 1910.134);
3. Respiratory hazards encountered at the County of Sullivan and their health affects;
4. Proper selection and use of respirators;
5. Limitations of respirators;
6. Respirator donning and user seal (fit) checks;
7. Fit testing;
8. Emergency use procedures;
9. Maintenance and storage; and
10. Medical signs and symptoms limiting the effective use of respirators.

Employees will be initially trained and retrained annually or as needed (e.g., if they change departments or work processes and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training will be documented by the Program Administrator, and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested. Employees who voluntarily use dust masks do not have to participate in respiratory protection training.

#### **D. Fit Testing**

Fit testing is required for tight-fitting facepieces prior to initial use, annually, whenever a different facepiece (make/model/size) is used, or when physical changes could affect fit. Employees will be fit tested with the make, model, and size of respirator so they may find the optimal fit. PF 10 devices may use QLFT or QNFT; PF > 10 requires QNFT. Tight-fitting SAR facepieces and tight-fitting PAPRs are fit tested in the negative-pressure mode per manufacturer adapters; restore facepieces to NIOSH-approved configuration before workplace use.

The Program Administrator will ensure fit tests are completed in accordance with the OSHA respiratory protection standard.

#### **E. General Respirator Use Procedures**

1. Employees will use their respirators under conditions specified in this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
2. All employees shall conduct user seal checks each time they wear their respirators. Employees shall use either the positive or negative pressure check (depending on which test works best for them) as specified in the OSHA Respiratory Protection Standard.
  - A. Positive Pressure Test: This test is performed by closing off the exhalation valve with your hand. Breathe air into the mask. The face fit is satisfactory if some pressure can be built up inside the mask without any air leaking out between the mask and the face of the wearer.
  - B. Negative Pressure Test: This test is performed by closing the inlet openings of the cartridge with the palm of your hand. Some masks may require that the filter holder be removed to seal off the intake valve.

Inhale gently so that a vacuum occurs within the face piece. Hold your breath for ten (10) seconds. If the vacuum remains, and no inward leakage is detected, the respirator fits properly.

3. All employees shall be permitted to leave the work area to go to the locker room to maintain their respirator for the following reasons:
  - A. To clean their respirator if it is impeding their ability to work;
  - B. To change filters or cartridges;
  - C. To replace parts; or
  - D. To inspect respirator if it stops functioning as intended.

**Employees should notify their supervisor before leaving the area.**

4. Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures that would prevent a proper seal. Employees are not permitted to wear headphones, jewelry, or other items that may interfere with the seal between the face and the face piece.
5. Before and after each use of a respirator, an employee or immediate supervisor must conduct an inspection of tightness or connections and the condition of the face piece, headbands, valves, filter holders and filters. Questionable items must be addressed immediately by the supervisor and/or Program Administrator.

#### **F. Cartridge & Filter Change Schedules**

Particulate (e.g., P100) filters: Change when breathing resistance increases, when filters become soiled/damaged, or per manufacturer guidance.

Gas/Vapor cartridges (e.g., OV/AG): Change schedule per OSHA 1910.134(d)(3)(iii)(B) using manufacturer service-life recommendations.

#### **G. Cleaning, Maintenance, and Storage**

Users clean and disinfect respirators after each use; inspect before use and during cleaning; report and remove defective units; only manufacturer-approved parts used for repairs.

The following procedure is to be used when cleaning and disinfecting reusable respirators:

1. Disassemble respirator, removing any filters, canisters, or cartridges.
2. Wash the face piece and all associated parts (except cartridges and elastic headbands) in an approved cleaner-disinfectant solution in warm water (about 120 degrees Fahrenheit). Do not use organic solvents. Use a hand brush to remove dirt.
3. Rinse completely in clean, warm water.
4. Disinfect all facial contact areas by spraying the respirator with an approved disinfectant.
5. Air dry in a clean area.
6. Reassemble the respirator and replace any defective parts. Insert new filters or cartridges and make sure the seal is tight.
7. Place respirator in a clean, dry plastic bag or other airtight container.

The Program Administrator will ensure an adequate supply of appropriate cleaning and disinfection materials at the cleaning station. If supplies are low, employees should notify their supervisor, who will inform the Program Administrator.

Respirators are to be properly maintained at all times in order to ensure that they function properly and protect employees adequately. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators or alarms of atmosphere-supplying respirators will be conducted by the manufacturer.

1. All respirators shall be inspected routinely before and after each use.

2. Respirators kept for emergency use shall be inspected after each use, and at least monthly by the Program Administrator to assure that they are in satisfactory working order
3. The Respirator Inspection Checklist (Attachment E) will be used when inspecting respirators.
4. A record shall be kept of inspection dates and findings for respirators maintained for emergency use.
5. Employees are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Situations when this is permitted include:
  - a. Washing face and respirator face piece to prevent any eye or skin irritation;
  - b. Replacing the filter, cartridge or canister;
  - c. Detection of vapor or gas breakthrough or leakage in the face piece; or
  - d. Detection of any other damage to the respirator or its components.

After inspection, cleaning, and necessary repairs, respirators shall be stored appropriately to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.

1. Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program and will store their respirator in a plastic bag in the designated area. Each employee will have his/her name on the bag and that bag will only be used to store that employee's respirator.
2. Respirators shall be packed or stored so that the face piece and exhalation valve will rest in a near normal position.
3. Respirators shall not be placed in places such as lockers or toolboxes unless they are in carrying cartons.
4. Respirators maintained at stations and work areas for emergency use shall be stored in compartments built specifically for that purpose, be quickly accessible at all times, and be clearly marked.
5. The Program Administrator will store County of Sullivan supply of respirators and respirator components in their original manufacturer's packaging in the designated locations per division breakdown in letter L.

## **H. Respirator Malfunctions and Defects**

1. For any malfunction of an ASR (atmosphere-supplying respirator), such as breakthrough, face piece leakage, or improperly working valve, the respirator wearer should inform his/her supervisor that the respirator no longer functions as intended, and go to the designated safe area to maintain the respirator. The supervisor must ensure that the employee either receives the needed parts to repair the respirator or is provided with a new respirator. All workers wearing atmosphere-supplying respirators will work with a buddy. The Program Administrator shall develop and inform employees of the procedures to be used when a buddy is required to assist a coworker who experiences an ASR malfunction.
2. Respirators that are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his/her supervisor. Supervisors will give all defective respirators to the Program Administrator. The Program Administrator will decide whether to:
  - B. temporarily take the respirator out of service until it can be repaired;
  - C. perform a simple fix on the spot, such as replacing a head strap; or
  - D. dispose of the respirator due to an irreparable problem or defect.

When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of a similar make, model, and size. All tagged out respirators will be kept in the Maplewood location.

## **I. Supplied-Air Respirators (SAR) & Breathing Air**

- a. All employees required to use supplied-air respirators (SAR) will be provided with breathing air-quality air.
- b. Compressed breathing air must meet at least the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G7.1-1989, to include:
  - Oxygen content (v/v) of 19.5-23.5%.
  - Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less.
  - Carbon monoxide (CO) content of 10 ppm or less.
  - Carbon dioxide content of 1,000 ppm or less.
  - Lack of noticeable odor.
- c. Compressors used to supply breathing air to respirators must be constructed and situated to:
  - Prevent entry of contaminated air into the air-supply system.
  - Minimize moisture content so that the dew point at 1 atmosphere pressure is 10 degrees F (5.56 deg C) below the ambient temperature.
  - Have suitable in-line air-purifying sorbent beds and filters to further ensure breathing air quality. Sorbent beds and filters shall be maintained and replaced or refurbished periodically following the manufacturer's instructions.
  - Have a tag containing the most recent change date and the signature of the person authorized by the employer to perform the change. The tag shall be maintained at the compressor.
  - For compressors that are not oil-lubricated, the employer shall ensure that carbon monoxide levels in the breathing air do not exceed 10 ppm.
  - For oil-lubricated compressors, the employer shall use a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels. If only high temperature alarms are used, the air supply shall be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm.
- d. Breathing air couplings must be incompatible with outlets for nonrepairable work site air or other gas systems.
- e. Breathing airlines must meet the NIOSH respirator certification for the respirator used.

## **J. Emergency Procedures**

In emergency situations where an atmosphere exists in which the wearer of the respirator could be overcome by a toxic or oxygen-deficient atmosphere, the following procedure should be followed.

1. When the alarm sounds, employees in the affected area must immediately don their emergency escape respirator, shut down their process equipment, and exit the work area.
2. All other employees must immediately evacuate the building. County of Sullivan Emergency Action Plan describes these procedures (including proper evacuation routes and rally points) in greater detail.
3. Employees must never enter a dangerous atmosphere without at least one additional person present. The additional person must remain in the safe atmosphere.
  - Communications (voice, visual or signal line) must be maintained between both individuals and all present.
  - Respiratory protection in these instances is for escape purposes only. County of Sullivan employees are not trained as emergency responders and are not authorized to act in such a manner.

## **K. Recordkeeping**

The Program Administrator maintains medical clearance opinions, fit test records, training records, equipment inspection logs, and the written program. Retention: medical opinions for duration of employment + 30 years (29 CFR 1910.1020); fit test records at least until the next fit test; training records per recommended 5 years, emergency

equipment inspection logs for duration of equipment service + 1 year. Completed medical questionnaires remain confidential with the PLHCP; the County retains only the written medical opinion.

**L. Program Evaluation**

The Program Administrator will conduct periodic evaluations annually of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring and a review of records. Items to be considered will include:

1. comfort;
2. ability to breathe without objectionable effort;
3. adequate visibility under all conditions
4. provisions for wearing prescription glasses;
5. ability to perform all tasks without undue interference; and
6. confidence in the face piece fit.

\*Employees who are required to wear tight-fitting respirators must remain clean-shaven in areas where facial hair could interfere with the respirator seal or valve function, in accordance with OSHA 29 CFR 1910.134(g)(1)(i). Employees who report to work not in compliance with this requirement will not be permitted to perform tasks requiring respirator use until compliance is achieved. Failure to comply with this policy may result in corrective action consistent with established policy, disciplinary procedures and applicable collective bargaining agreements.

Identified problems will be noted in an inspection log and addressed by the Program Administrator. These findings will be reported to County management, and the report will list plans to correct deficiencies in the respirator program and target dates for the implementation of those corrections. The program shall be always made available to all employees. This program can be obtained from the Program Administrator, employee practices handbook, or designee/supervisor at the following locations:

DPW, Program Administrator: Ryan Brown (845)866-8397	Printed copy at each location with SDS Sheets	Maplewood, Govt Center, Jail, Landfill, Barryville, Callicoon, Livingston Manor, Liberty
Public Safety, Program Administrator: John Hauschild (845)807-0133	Printed copy available with SDS Sheets	Richard A. Martinovic Public Safety Training Center

## Appendix A to § 1910.134 - Fit Testing Procedures (Mandatory)

### **Fit Testing Procedures - General Requirements**

The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.
2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.
3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.
4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.
5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item A.6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.
6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:
  - (a) Position of the mask on the nose
  - (b) Room for eye protection
  - (c) Room to talk
  - (d) Position of mask on face and cheeks
7. The following criteria shall be used to help determine the adequacy of the respirator fit:
  - (a) Chin properly placed;
  - (b) Adequate strap tension, not overly tightened;
  - (c) Fit across nose bridge;
  - (d) Respirator of proper size to span distance from nose to chin;
  - (e) Tendency of respirator to slip;
  - (f) Self-observation in mirror to evaluate fit and respirator position.
8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks described in appendix B-1 of this section or those recommended by the respirator manufacturer which provide equivalent protection to the procedures in appendix B-1. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.
9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.
10. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.
11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.
12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.
13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which could interfere with respirator fit.
14. Test Exercises.
  - (a) Employers must perform the following test exercises for all fit testing methods prescribed in this appendix, except for the two modified ambient aerosol CNC quantitative fit testing protocols, the CNP quantitative fit testing protocol, and the CNP REDON quantitative fit testing protocol. For the modified ambient aerosol CNC quantitative fit testing protocols, employers shall ensure that the test subjects (*i.e.*, employees) perform the exercise procedure specified in Part I.C.4(b) of this appendix for

full-facepiece and half-mask elastomeric respirators, or the exercise procedure specified in Part I.C.5(b) for filtering facepiece respirators. Employers shall ensure that the test subjects (i.e., employees) perform the exercise procedure specified in Part I.C.6(b) of this appendix for the CNP quantitative fit testing protocol, or the exercise procedure described in Part I.C.7(b) of this appendix for the CNP REDON quantitative fit testing protocol. For the remaining fit testing methods, employers shall ensure that the test exercises are performed in the appropriate test environment in the following manner:

- (1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.
- (2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.
- (3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.
- (4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
- (5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

### **Rainbow Passage**

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

- (6) Grimace. The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)
- (7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.
- (8) Normal breathing. Same as exercise (1).
- (b) Each test exercise shall be performed for one minute except for the grimace exercise which shall be performed for 15 seconds. The test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.

### **Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol**

The Bitrex™ (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

#### **(a) Taste Threshold Screening.**

The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

- (1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.
- (2) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.
- (3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste.
- (4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.
- (5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.
- (6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.

- (7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.
- (8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.
- (9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.
- (10) The test conductor will take note of the number of squeezes required to solicit a taste response.
- (11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.
- (12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.
- (13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.
- (14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.
- (b) Bitrex Solution Aerosol Fit Test Procedure.
- (1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.
- (2) The fit test uses the same enclosure as that described in 4. (a) above.
- (3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).
- (4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.
- (5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.
- (6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if he/she tastes the bitter taste of Bitrex.
- (7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.
- (8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.
- (9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).
- (10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.
- (11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

## **Appendix B-1 to § 1910.134: User Seal Check Procedures (Mandatory)**

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

### **I. Facepiece Positive and/or Negative Pressure Checks**

A. *Positive pressure check.* Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. *Negative pressure check.* Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

### **II. Manufacturer's Recommended User Seal Check Procedures**

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

[63 FR 1152, Jan. 8, 1998]

## **Appendix B-2 to § 1910.134: Respirator Cleaning Procedures (Mandatory)**

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

### **I. Procedures for Cleaning Respirators**

A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

B. Wash components in warm (43 °C [110 °F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

C. Rinse components thoroughly in clean, warm (43 °C [110 °F] maximum), preferably running water. Drain.

D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 °C (110 °F); or,
2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 °C (110 °F); or,
3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

E. Rinse components thoroughly in clean, warm (43 °C [110 °F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

F. Components should be hand-dried with a clean lint-free cloth or air-dried.

G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.

H. Test the respirator to ensure that all components work properly.

[63 FR 1152, Jan. 8, 1998]

**Appendix C to § 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

**Employer:** Answers to questions in Section 1, and to question 9 in Section 2 of part A, do not require a medical examination.

**To the employee:** Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:	2. Your job title:
3. Your name:	4. Your age (to nearest year):
5. Sex (check one): <input type="checkbox"/> Male: <input type="checkbox"/> Female	6. Your height:
6. Your weight:            lbs.	7. Phone number:
8. The best time you can be reached by the health care professional who reviews this questionnaire:	
9. Has your employer told you how to contact the health care professional who will review this questionnaire (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Check the type of respirator you will use (you can check more than one category): <input type="checkbox"/> N, R, or P disposable respirator (filter-mask, non-cartridge type only). <input type="checkbox"/> Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).	
11. Have you worn a respirator? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what type(s):	
<b>Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
1. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you <i>ever had</i> any of the following conditions? <b>Seizures:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Diabetes</b> (sugar disease): <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Allergic reactions that interfere with your breathing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Claustrophobia (fear of closed-in places):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Trouble smelling odors:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you <i>ever had</i> any of the following pulmonary or lung problems? <b>Asbestosis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Asthma:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Chronic bronchitis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Emphysema:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pneumonia:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Tuberculosis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Silicosis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pneumothorax</b> (collapsed lung): <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Lung cancer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Broken ribs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Any chest injuries or surgeries:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Any other lung problem that you've been told about:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness? <b>Shortness of breath:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Wheezing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Wheezing that interferes with your job: <input type="checkbox"/> Yes <input type="checkbox"/> No Shortness of breath when walking fast on level ground or walking up a slight hill or incline: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Shortness of breath when walking with other people at an ordinary pace on level ground: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have to stop for breath when walking at your own pace on level ground: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath when washing or dressing yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath that interferes with your job: <input type="checkbox"/> Yes <input type="checkbox"/> No
Coughing that produces phlegm (thick sputum): <input type="checkbox"/> Yes <input type="checkbox"/> No
Coughing that wakes you early in the morning: <input type="checkbox"/> Yes <input type="checkbox"/> No
Coughing that occurs mostly when you are lying down: <input type="checkbox"/> Yes <input type="checkbox"/> No
Coughing up blood in the last month: <input type="checkbox"/> Yes <input type="checkbox"/> No
Chest pain when you breathe deeply: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other symptoms that you think may be related to lung problems: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Have you <i>ever had</i> any of the following cardiovascular or heart problems?</b>
<b>Heart attack:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Stroke:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Angina:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heart failure:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Swelling in your legs or feet (not caused by walking):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heart arrhythmia (heart beating irregularly):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>High blood pressure:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any other heart problem that you've been told about:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Have you <i>ever had</i> any of the following cardiovascular or heart symptoms?</b>
Frequent pain or tightness in your chest: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pain or tightness in your chest during physical activity: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pain or tightness in your chest that interferes with your job: <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past two years, have you noticed your heart skipping or missing a beat: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heartburn or indigestion that is not related to eating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other symptoms you think may be related to heart or circulation problems: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Do you <i>currently</i> take medication for any of the following problems?</b>
<b>Breathing or lung problems:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Heart trouble:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Blood pressure:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Seizures:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. If you've used a respirator, have you <i>ever had</i> any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)</b>
<b>Eye irritation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Skin allergies or rashes:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Anxiety:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>General weakness or fatigue:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any other problem that interferes with your use of a respirator:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.</b>
<b>10. Have you <i>ever lost</i> vision in either eye (temporarily or permanently):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. Do you <i>currently</i> have any of the following vision problems?</b>
<b>Wear contact lenses:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Wear glasses:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Color blind:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Any other eye or vision problem:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. Have you <i>ever had</i> an injury to your ears, including a broken ear drum:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. Do you <i>currently</i> have any of the following hearing problems?</b>
<b>Difficulty hearing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Wear a hearing aid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other hearing or ear problem: <input type="checkbox"/> Yes <input type="checkbox"/> No

14. Have you <i>ever had</i> a back injury: <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you <i>currently</i> have any of the following musculoskeletal problems? <b>Weakness in any of your arms, hands, legs, or feet:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Back pain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Difficulty fully moving your arms and legs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pain or stiffness when you lean forward or backward at the waist:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Difficulty fully moving your head up or down:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Difficulty fully moving your head side to side:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Difficulty bending at your knees:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Difficulty squatting to the ground:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Climbing a flight of stairs or a ladder carrying more than 25 lbs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Any other muscle or skeletal problem that interferes with using a respirator:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part B</b> Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.
1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: <input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: <input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," name the chemicals if you know them: _____
3. Have you ever worked with any of the materials, or under any of the conditions, listed below: <b>Asbestos:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Dusty environments:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Aluminum:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Iron:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Beryllium:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Tin:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Coal</b> (for example, mining): <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Silica (e.g., in sandblasting):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Any other hazardous exposures:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Tungsten/cobalt (e.g., grinding or welding this material):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe these exposures: _____
4. List any second jobs or side businesses you have:
5. List your previous occupations:
6. List your current and previous hobbies:
7. Have you been in the military services? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," were you exposed to biological or chemical agents (either in training or combat): <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever worked on a HAZMAT team? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," name the medications if you know them: _____
10. Will you be using any of the following items with your respirator(s)? <b>HEPA Filters:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Canisters</b> (for example, gas masks): <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cartridges:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

11. How often are you expected to use the respirator(s) (Check "yes" or "no" for all answers that apply?):	
<b>Escape only (no rescue):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Emergency rescue only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Less than 5 hours per week:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Less than 2 hours per day:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2 to 4 hours per day:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Over 4 hours per day:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
12. During the period you are using the respirator(s), is your work effort:	
<b>Light</b> (less than 200 kcal per hour): <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes," how long does this period last during the average shift: ___ hrs. ___ mins.	
Examples of a <b>light work</b> effort are <i>sitting</i> while writing, typing, drafting, or performing light assembly work; or <i>standing</i> while operating a drill press (1-3 lbs.) or controlling machines.	
<b>Moderate</b> (200 to 350 kcal per hour): <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes," how long does this period last during the average shift: ___ hrs. ___ mins.	
Examples of <b>moderate work</b> effort are <i>sitting</i> while nailing or filing; <i>driving</i> a truck or bus in urban traffic; <i>standing</i> while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; <i>walking</i> on a level surface about 2 mph or down a 5-degree grade about 3 mph; or <i>pushing</i> a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.	
<b>Heavy</b> (above 350 kcal per hour): <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes," how long does this period last during the average shift: ___ hrs. ___ mins.	
Examples of <b>heavy work</b> are <i>lifting</i> a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; <i>shoveling</i> ; <i>standing</i> while bricklaying or chipping castings; <i>walking</i> up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).	
13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes," describe this protective clothing and/or equipment:	
14. Will you be working under hot conditions (temperature exceeding 77 °F): <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Will you be working under humid conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Describe the work you'll be doing while you're using your respirator(s):	
17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):	
18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):	
Name of the first toxic substance:	
Estimated maximum exposure level per shift:	
Duration of exposure per shift:	
Name of the second toxic substance:	
Estimated maximum exposure level per shift:	
Duration of exposure per shift:	
Name of the third toxic substance:	
Estimated maximum exposure level per shift:	
Duration of exposure per shift:	
The name of any other toxic substances that you'll be exposed to while using your respirator:	
19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):	

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012]

**Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard**

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: I
- Subpart Title: Personal Protective Equipment
- Standard Number: 1910.134 App D

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT A**

**COUNTY OF SULLIVAN DPW  
RESPIRATORY USAGE CHART**

Respiratory protection is required for and has been issued to the following personnel:

<b>Job Title/Description/ Work Procedure</b>	<b>Location</b>	<b>Type of Respirator</b>	<b>Hazard (chart pg 21)</b>
<b><u>Airport Attendant</u></b> – Miscellaneous building maintenance including but not limited to; brazing, torching, grinding, painting, and Crash-Fire-Rescue (ARFF Team).	Cty Rt 183A, White Lake NY	MSA Comfo Classic	1,2,3,4,5
<b><u>Assistant Sign Installer</u></b> – Assists in painting bridges, buildings, installing guiderail, cutting, torching.	450 St Rte 55 Barryville, NY	MSA Comfo Classic	1,2,3,4,5
<b><u>Automotive Body Repairer</u></b> – Applying rust inhibitor and undercoating, welding; painting vehicles and sand blasting.	450 St Rte 55 Barryville	3M	1,2,3,4,5
<b><u>Automotive Mechanic</u></b> - May operate electric or acetylene welding and cutting equipment	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b><u>Bridge Carpenter</u></b> – Cutting concrete or blacktop with demo saw, painting, hand mixing concrete and grout, cutting with grinder or using acetylene torch.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b><u>Bridge Maintainer I</u></b> - Preparing surfaces for paint by use of sandblasting equipment, chiseling and chipping hammers, mixing and applying appropriate paint to bridge surfaces with blacktop brushes or spray gun, cutting concrete or with demo saw, hand mixing concrete or grout, cutting with grinder or acetylene torch.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b><u>Bridge Maintainer II</u></b> - Prepares surfaces for paint by use of sandblasting equipment, chisels and chipping hammers, mixes and applies appropriate paint to bridge surfaces with brushes or spray gun, cutting concrete or blacktop with demo saw; painting, hand mixing concrete or grout and cutting with grinder or acetylene torch.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b><u>Building Maintenance Mechanic</u></b> – Torching, braising, grinder, painting, operating chisel hammer, hammer drill, jackhammer, cutting pressure treated wood.	20 Community Ln, Liberty NY 745 St Rte 17B Monticello, NY 91 Landfill Dr, Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b><u>Carpenter</u></b> - Operates all woodworking machineries such as planers, sanders, mortises, routers, and all types of power saws, painting,			1,2,3,4,5,6

plumbing, masonry or electrical repairs, cutting concrete or blacktop with demo saw; painting, hand mixing concrete or grout, cutting with grinder or acetylene torch.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	
<b>Construction Equipment Operator I</b> - Building and maintaining bridges, installing pipe and guiderails, operates brush chippers, compressors and other power equipment, cutting concrete or blacktop with demo saw.	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY 8764 Rt 97, Callicoon, NY 143 Main St, Liv Manor, NY	MSA Comfo Classic	1,2,3,4,5,6
<b>Construction Equipment Op II</b> - Building and maintaining bridges, installing pipe and guiderails, operates brush chippers, compressors and other power equipment, cutting concrete or blacktop with demo saw, painting, hand mixing concrete or grout, cutting with grinder or acetylene torch.	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY 8764 Rt 97, Callicoon, NY 143 Main St, Liv Manor, NY	MSA Comfo Classic	1,2,3,4,5,6
<b>Construction Equipment Operator III</b> - Building and maintaining bridges, installing pipe and guiderails, operates brush chippers, compressors and other power equipment, operate electric or acetylene welding and cutting equipment.	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY 8764 Rt 97, Callicoon, NY 143 Main St, Liv Manor, NY	MSA Comfo Classic	1,2,3,4,5,6
<b>Electrician</b> - Installs, repairs and maintains electrical lighting, ventilation and heating system; operate electric or acetylene welding and cutting equipment; torching, braising, grinder, painting, operating chisel hammer, hammer drill, jackhammer, cutting pressure treated wood.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b>Equipment Painter</b> - Spray paints highway motor vehicles and equipment, prepares surfaces for painting by applying paint remover, washing, sandblasting, sanding, scraping, taping, undercoats and applies rust prohibitor.	450 St Rte 55 Barryville	3MP 100	1,2,3,4,5,6
<b>Grounds Maintenance Worker I</b> - Works with paints, stains and various cleaning chemicals. Applies herbicides, pesticides, fertilizer and lime.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b>Hydraulic Excavation Equip Operator</b> - Assists in such tasks as building and maintaining bridges, installing pipe and guiderails, operates brush chippers, compressors and other power equipment; operates electric or acetylene welding and cutting equipment.	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY 8764 Rt 97, Callicoon, NY 143 Main St, Liv Manor, NY	MSA Comfo Classic	1,2,3,4,5,6
<b>Grounds Maintenance Worker II</b> - Works with paints, stains and various cleaning chemicals. Applies herbicides, pesticides, fertilizer and lime.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b>Laborer I</b> - Assists in the installation and maintenance of traffic signs and markings, and in			1,2,3,4,5,6

bridge construction maintenance; painting signs, bridges or other structures and facilities, cutting concrete or blacktop with demo saw; hand mixing concrete or grout, cutting with grinder or acetylene torch	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY 8764 Rt 97, Callicoon, NY 143 Main St, Liv Manor, NY 91 Landfill Dr, Monticello, NY	MSA Comfo Classic	
<b><u>Laborer II</u></b> - Cuts out bad spots in roads and fills with hot or cold patch, installs and repairs guide rails, assists in construction, maintenance and repair of buildings and bridges; cuts concrete or blacktop with demo saw, hand mixing concrete or grout; cuts with grinder or acetylene torch	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY 8764 Rt 97, Callicoon, NY 143 Main St, Liv Manor, NY 91 Landfill Dr, Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b><u>Maintenance Assistant</u></b> - Assists in cleaning and repairing boilers; Assists in the installation and repair of general plumbing equipment; – Torching, braising, grinder, painting, operating chisel hammer, hammer drill, jackhammer, cutting pressure treated wood, cutting concrete or blacktop with demo saw; hand mixing concrete or grout; cutting with grinder or acetylene torch.	450 St Rte 55 Barryville 20 Community Ln, Liberty NY 745 St Rte 17B Monticello, NY 91 Landfill Dr, Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b><u>Master Mechanic</u></b> - Operates acetylene cutting and welding equipment, welds chains, belt links and structural steel.	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5
<b><u>Motor Equipment Operator</u></b> - May operate an air compressor in the breaking of pavement (Jack hammering), crack sealers, paver, cutting concrete or blacktop with demo saw; paint; hand mixing concrete or grout, cutting with grinder and/or acetylene torch	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY 8764 Rt 97, Callicoon, NY 143 Main St, Liv Manor, NY	MSA Comfo Classic	1,2,3,4,5,6
<b><u>Senior Master Mechanic</u></b> - Welds electrically and with acetylene equipment; grinds valves; operates lathe, drill press, planer, shaper, and other machine shop equipment.	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5
<b><u>Sign Fabricator</u></b> - Mixes and uses sign paint for hand painted signs; painting of county bridges when needed, operates electric or acetylene welding and cutting equipment.	450 St Rte 55 Barryville 745 St Rte 17B Monticello, NY	3MP 100	1,2,3,4,5
<b><u>Sign Installer</u></b> - Installs guard rails and barricades, paints signs and buildings, operates electric or acetylene welding and cutting equipment.	450 St Rte 55 Barryville	3MP 100	1,2,3,4,5
<b><u>Weather Observer</u></b> – Conducts miscellaneous building maintenance (including but not limited to brazing, torching, grinding, painting, etc.) and Crash-Fire-Rescue (ARFF Team).	Cty Rt 183A, White Lake NY	Scott SCBA	1,2,3,4,5,6
<b><u>Welder I</u></b> - Welds and repairs automotive frames, body parts, sheet metal, broken castings, ice and			1,2,3,4,5,6

snow removal equipment, construction, road maintenance and solid waste equipment; facilities structures and equipment work platforms, fuel tanks, performs sandblasting, welds and repairs railings and bridges.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	
<b>Welder II</b> - Welds and repairs automotive frames, body parts, sheet metal, broken castings, ice and snow removal equipment, construction, road maintenance and solid waste equipment; facilities structures and equipment work platforms, fuel tanks, performs sandblasting, welds and repairs railings and bridges.	745 St Rte 17B Monticello, NY	MSA Comfo Classic	1,2,3,4,5,6
<b>COUNTY OF SULLIVAN PUBLIC SAFETY RESPIRATORY USAGE CHART</b>			
Respiratory protection is required for and has been issued to the following personnel:			
<b>Job Title/Description/ Work Procedure</b>	<b>Location</b>	<b>Type of Respirator</b>	<b>Hazard</b>
<b>Commissioner of Public Safety</b> -responds to releases or potential release regarding infectious control, hazardous material or fire/explosion for the purpose of stopping the release.	Varies by situation; Sullivan and surrounding Counties	Scott 4.5 3M 1/2 Mask 7500	1,2,3,4,5,6
<b>Deputy Commissioner of Public Safety</b> responds to releases or potential release regarding infectious control, hazardous material or fire/explosion for the purpose of stopping the release.	Varies by situation; Sullivan and surrounding Counties	Scott 4.5 3M 1/2 Mask 7500	1,2,3,4,5,6
<b>Deputy Commissioner of Public Safety/Emergency Management</b>	Varies by situation; Sullivan and surrounding Counties	Scott 4.5 3M 1/2 Mask 7500	1,2,3,4,5,6
<b>Deputy Fire Coordinator –(Hazardous)</b> respond to releases or potential releases of hazardous materials for the purpose of stopping the release.	Varies by situation; Sullivan and surrounding Counties	Scott 4.5 3M 1/2 Mask 7500	1,2,3,4,5,6
<b>Emergency Services Training Center Coordinator</b> - responds to releases or potential release regarding infectious control, hazardous material or fire/explosion for the purpose of stopping the release.	Varies by situation; Sullivan and surrounding Counties	Scott 4.5 3M 1/2 Mask 7500	1,2,3,4,5,6
<b>Fire Investigators</b> -analyze and investigate the fire scene with the goal of determining the origin and cause of the fire/explosion, taking proper care to avoid any spoliation of potential evidence.	Varies by situation; Sullivan and surrounding Counties	Scott 4.5 3M 1/2 Mask 7500	1,2,3,4,5,6
<b>Fire Instructors</b> - assist in training firefighters with live fire evolutions both structural and vehicle.	Varies by situation; Sullivan and surrounding Counties	Scott 4.5 3M 1/2 Mask 7500	1,2,3,4,5,6

### **HAZARD REFERENCE CHART**

- 1. Dust: Silica Dust (from cutting concrete/stone), wood dust, grain dust, asbestos and cement dust.**
- 2. Fumes: Metal fumes from welding, smelting, soldering and rubber.**
- 3. Vapors & Gases: Solvent vapors from paints/ strippers, carbon monoxide, chlorine, anhydrous ammonia and pesticides.**
- 4. Mists & Spray: Cleaning products, oils and agricultural sprays.**
- 5. Biological Agents: Mold spores, bacteria and fungi. Oxygen Deficiency: Confined space with low oxygen levels.**
- 6. Oxygen Deficiency: Confined space with low oxygen levels.**

DRAFT

**RESPIRATOR SELECTION JUSTIFICATION TABLE**

**DEPARTMENT OF TRANSPORTATION – HIGHWAY & CONSTRUCTION OPERATIONS 29 CFR 1910.134(D)(1)(III)**

Area / Project	Task / Operation	Contaminant(s)	Exposure Level (Measured or Estimated)	Data Source	OSHA PEL / OEL	Selected Respirator Type	Filter / Cartridge	APF (Appendix A)	Selection Justification
Highway Construction	Asphalt paving, milling	Asphalt fumes, respirable dust	Estimated at or near PEL during active operations	Industry studies, historical DOT sampling	OSHA PELs	Half-mask APR	P100	10	Objective data indicates potential exposure to asphalt fumes and respirable dust during paving and milling. Based on anticipated exposure levels and an APF of 10, the selected respirator provides adequate protection below applicable limits.
Highway Construction	Concrete cutting, saw cutting	Respirable crystalline silica	Potentially above OSHA PEL without controls	Industry studies, OSHA silica data	50 µg/m <sup>3</sup>	Half-mask APR	P100	10	Industry and historical data show silica exposure during concrete cutting. Based on estimated exposure and an APF of 10, the selected respirator reduces exposure below the OSHA PEL when used with engineering controls.
Bridge Maintenance	Surface prep, grinding	Respirable dust, lead (where applicable)	Potentially above action level	Historical sampling, SDS	OSHA PELs	Full-face APR	P100	50	Historical sampling indicates elevated dust and possible lead exposure during surface preparation. A full-face respirator with APF 50 was selected to maintain exposure below OSHA limits.
Bridge Construction	Welding and cutting	Welding fumes (iron oxide, manganese)	Intermittent exposures near PEL	Industry data, manufacturer data	OSHA PELs	Half-mask APR	P100	10	Objective data indicates welding fume generation during bridge work. Based on anticipated exposure and an

Area / Project	Task / Operation	Contaminant(s)	Exposure Level (Measured or Estimated)	Data Source	OSHA PEL / OEL	Selected Respirator Type	Filter / Cartridge	APF (Appendix A)	Selection Justification
Roadway Maintenance	Striping, painting	Organic vapors	Short-term exposure during application	Manufacturer SDS, industry data	OSHA PELs	Half-mask APR	OV cartridges	10	APF of 10, the selected respirator provides adequate protection.  SDS data identifies organic vapor exposure during striping operations. Based on estimated exposure and APF of 10, the selected respirator adequately controls exposure.
Equipment Operations	Diesel-powered equipment	Diesel particulate matter	Low to moderate intermittent exposure	Industry studies	OSHA guidance	Disposable N95 or Half-mask APR	N95 or P100	10	Objective data indicates diesel particulate exposure during equipment operation. A respirator with APF 10 was selected to reduce exposure below applicable limits.
General Maintenance	Sweeping, debris removal	Nuisance dust	Below PEL but visible dust present	Observational data	OSHA PNOR	Disposable N95	N95	10	Visible airborne dust is present during cleanup activities. An N95 respirator with APF 10 was selected as a precautionary measure.

## **EXPOSURE MONITORING SUMMARIES, ASSIGNED PROTECTION FACTORS AND SELECTION LOGIC. (PUBLIC SAFETY)**

### **Fire Response / Firefighting Activities**

**Area / Activity:** Fire Response (Interior and Exterior)

#### **Contaminants Identified:**

- Products of combustion including carbon monoxide (CO), hydrogen cyanide (HCN), particulate matter, aldehydes, and other unidentified combustion byproducts

#### **Exposure Level Determination:**

- Air monitoring is not feasible due to immediately dangerous to life or health (IDLH) conditions and rapidly changing fire environments.
- Exposure levels are assumed to exceed OSHA PELs based on recognized fireground hazards and industry data (NFPA, NIOSH).

#### **Exposure Classification:**

- IDLH atmosphere

#### **Selected Respirator:**

- Self-Contained Breathing Apparatus (SCBA), pressure-demand mode

#### **Assigned Protection Factor (APF):**

- APF 10,000 (per 29 CFR 1910.134 Appendix A – Table 1)

#### **Selection Logic / Justification:**

Firefighting environments contain unknown and potentially IDLH concentrations of toxic combustion products. Due to the inability to quantify airborne contaminant concentrations and the potential for oxygen-deficient atmospheres, a pressure-demand SCBA with an APF of 10,000 was selected to ensure maximum respiratory protection in accordance with 29 CFR 1910.134.

### **Hazardous Materials (HazMat) Response**

**Area / Activity:** Hazardous Materials Response and Spill Control

#### **Contaminants Identified:**

- Chemical vapors, gases, aerosols, and particulates dependent on incident material (e.g., chlorine, ammonia, solvents, corrosives)

#### **Exposure Level Determination:**

- Exposure levels vary by incident and are assumed to be unknown or potentially IDLH until monitoring confirms otherwise.
- Objective data including SDS information, manufacturer data, and emergency response guides (e.g., ERG) are used to estimate potential exposure.

#### **Exposure Classification:**

- Unknown or potentially IDLH atmosphere

#### **Selected Respirator:**

- Self-Contained Breathing Apparatus (SCBA), pressure-demand mode  
*or*
- Supplied-Air Respirator (SAR) with escape bottle where appropriate

#### **Assigned Protection Factor (APF):**

- SCBA (pressure demand): APF 10,000
- SAR (pressure demand): APF 1,000  
(per 29 CFR 1910.134 Appendix A – Table 1)

#### **Selection Logic / Justification:**

During hazardous materials incidents, airborne contaminant concentrations are unknown and may exceed occupational exposure limits or be immediately dangerous to life or health. Based on SDS information and industry guidance, a pressure-demand SCBA (or SAR with escape capability) was selected to provide adequate protection until air monitoring confirms safe condition

### **Fire-Related Exposure (Overhaul, Investigation, Training)**

**Area / Activity:** Overhaul, Fire Investigation, Post-Fire Cleanup, Live-Fire Training

**Contaminants Identified:**

- Residual combustion products including soot, ash, carbon monoxide, polycyclic aromatic hydrocar (PAHs), and particulate matter

**Exposure Level Determination:**

- Limited real-time monitoring may be conducted; however, exposures are estimated using historical fireground sampling data and NIOSH studies indicating post-fire contaminant persistence.

**Estimated Exposure:**

- Contaminant concentrations may exceed OSHA PELs during overhaul and disturbance of debris.

**Selected Respirator:**

- Full-face air-purifying respirator with P100 filters  
(or combination cartridges where gases/vapors may be present)

**Assigned Protection Factor (APF):**

- Full-face APR: APF 50  
(per 29 CFR 1910.134 Appendix A – Table 1)

**Selection Logic / Justification:**

Objective data and industry studies indicate that post-fire environments may contain airborne particulate and toxic combustion byproducts above permissible exposure limits. A full-face air-purifying respirator with an APF of 50 was selected to reduce exposure below applicable occupational exposure limits during overhaul and post-fire activities.

**Respirator Selection Matrix OSHA 29 CFR 1910.134(d)(1)(iii)**

Area / Activity	Contaminants	Exposure Determination	Atmosphere Classification	Selected Respirator	APF	Selection Logic / Justification
Fire Response / Firefighting (Interior & Exterior)	Products of combustion (CO, HCN, particulates, aldehydes, unknown byproducts)	Air monitoring not feasible due to rapidly changing conditions; exposure assumed based on industry data (NFPA/NIOSH)	IDLH / Oxygen-deficient	SCBA, pressure-demand	10,000	Fire environments contain unknown and potentially IDLH concentrations of toxic gases and particulates. A pressure-demand SCBA was selected to provide maximum respiratory protection in accordance with 29 CFR 1910.134.
Hazardous Materials Response	Chemical vapors, gases, aerosols, particulates (incident-specific)	Exposure estimated using SDS, manufacturer data, ERG, and objective data; monitoring may not be immediately available	Unknown / Potentially IDLH	SCBA (pressure-demand) or SAR with escape	10,000 (SCBA) / 1,000 (SAR)	Contaminant concentrations are unknown and may exceed exposure limits. Pressure-demand supplied-air respirators were selected to ensure protection until air monitoring confirms safe conditions.
Fire Overhaul / Investigation	Residual combustion products (soot,	Limited monitoring and historical fireground	Non-IDLH (with potential	Full-face APR with P100 or	50	Objective data indicates post-fire contaminants may

<b>Area / Activity</b>	<b>Contaminants</b>	<b>Exposure Determination</b>	<b>Atmosphere Classification</b>	<b>Selected Respirator</b>	<b>APF</b>	<b>Selection Logic / Justification</b>
/ Post-Fire Cleanup	ash, CO, PAHs, particulates)	sampling data used to estimate exposure	exceedance of PELs)	combination cartridges		exceed OSHA PELs. A full-face APR with an APF of 50 was selected to reduce exposure below applicable limits. Live-fire training environments create IDLH conditions. SCBA use ensures respiratory protection throughout the evolution.
Live-Fire Training	Products of combustion, particulates, CO	Exposure assumed based on training evolution and industry studies	IDLH during active burn	SCBA, pressure-demand	10,000	Tasks occur outside IDLH zones but may involve particulate exposure. APR selected to maintain exposure below OSHA limits.
Fire-Related Support Activities (outside hot zone)	Intermittent smoke, nuisance particulates	Exposure based on task duration and proximity; objective data	Below IDLH	Half-mask APR with P100	10	

DRAFT

**ATTACHMENT B**

**Sample Record of Respirator Use**

<b>Required and <u>Voluntary</u> Respirator Use at County of Sullivan</b>	
<b>Type of Respirator</b>	<b>Department/Process</b>
Filtering face piece (dust mask)	Voluntary use for Maintenance workers

DRAFT

DRAFT



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8136

**Agenda Date:** 2/19/2026

**Agenda #:** 24.

**Narrative of Resolution:**  
To Modify the 2026 Budget

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** Please see attached Budget Mods.

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY MANAGEMENT & BUDGET COMMITTEE TO MODIFY THE 2026 BUDGET**

**WHEREAS,** the County of Sullivan Budget requires modification,

**NOW, THEREFORE, BE IT RESOLVED,** that the attached budgetary transfers for 2026 be authorized.

**January 31, 2026 #2 Resolution Needed  
Sullivan County Budget Modifications 2026**

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-1165-47-4792 - DEPT FORFEITURE PROCEEDS - COUNTY (*)			76,255	
A-3140-18-45-4506 - SPEC DEPT SUPPLY PUBLIC SAFETY (**)			6,277	
A-3140-18-45-4506 - SPEC DEPT SUPPLY PUBLIC SAFETY (**)			1,044	
A-4220-43-4303 - COMPUTER SOFTWARE PURCHASE/LEASE (***)			1,960	
A-4220-45-4507 - SPEC DEPT SUPPLY MEDICAL/CLINICAL (***)			899	
<b>A Fund Total</b>	-	-	<b>86,435</b>	-

- (\*) To be funded from the DA County Drug Forfeiture Assigned Fund Balance
- (\*\*) To be funded from the Probation PTR Assigned Fund Balance
- (\*\*\*) To be funded from the CS Opioid Abatement Assigned Fund Balance



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8137

**Agenda Date:** 2/19/2026

**Agenda #:** 25.

**Narrative of Resolution:**

Allocate funds from the 2025 operating budget to assigned fund balance for a multi-year planning project and for a community grant program (Removal of Unsafe Structures - RUSSt)

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$111,769.00

**Are funds already budgeted? Yes**

**If 'Yes,' specify appropriation code(s):** Budgeted in 2025 in A-8020-90-47-4752 and A-7110-83-40-4006

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY MANAGEMENT AND BUDGET COMMITTEE TO ALLOCATE FUNDS FROM THE 2025 OPERATING BUDGET TO ASSIGNED FUND BALANCE**

**WHEREAS**, the Sullivan County Division of Planning, Community Development and Environmental Management (“Planning”) has several projects for which funding was allocated in the 2025 Operating Budget that will continue beyond December 31, 2025; and

**WHEREAS**, it is the desire of the Sullivan County Legislature to minimize the impact on the 2026 operating budget and allocate funding from the 2025 Operating Budget to the Assigned Fund Balance - Planning.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature authorizes funds remaining at the conclusion of FY2025, up to \$111,769.00, to be transferred to the Assigned Fund Balance - Planning for the purposes as described below:

A-8020-90-447-4752 \$35,000 Removal of Unsafe Structures Grants

A-7110-83-40-4006 \$76,769 D&H Canal Linear Park Master Plan

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature authorizes the County Treasurer in conjunction with the County Manager to make the necessary changes to these fund balances going forward.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8138

**Agenda Date:** 2/19/2026

**Agenda #:** 26.

**Narrative of Resolution:**  
To Modify the 2025 Budget

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** Please see attached Budget Mods.

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY MANAGEMENT & BUDGET COMMITTEE TO MODIFY THE 2025 BUDGET**

**WHEREAS,** the County of Sullivan Budget requires modification,

**NOW, THEREFORE, BE IT RESOLVED,** that the attached budgetary transfers for 2025 be authorized.

**Year End #1 Resolution Needed  
Sullivan County Budget Modifications 2025**

G/L Account	Revenue Increase	Revenue Decrease	Appropriation Increase	Appropriation Decrease
A-1165-43-4303 - COMPUTER SOFTWARE PURCHASE/LEASE (*)			60,330	
A-1490-47-4701 - DEPT RENTALS				25,000
A-1490-47-4701 - DEPT RENTALS				3,293
A-1490-R1710-R247 - PUBLIC WORKS CHARGE MISC FEE/REIMBURSMNT	63,701			
A-1490-R2210-R134 - GEN SERV OTHR GOV CHARGBK - INTERDEPARTMNTL		3,293		
A-1620-19-44-4402 - UTILITY FUEL OIL			375	
A-1620-197-45-4541 - SPEC DEPT SUPPLY SM EQUIP TOOLS APPLNCS, SM ELECT				375
A-1620-20-44-4401 - UTILITY ELECTRIC			25,000	
A-1620-20-47-4717 - DEPT BLDG/PROP/EQUIP REPAIRS&MAINTNCE			1,000	
A-1620-21-40-4015 - CONTRACT PROPERTY MAINTENANCE				1,000
A-1620-21-44-4401 - UTILITY ELECTRIC			63,701	
A-1620-21-44-4401 - UTILITY ELECTRIC			5,000	
A-1620-21-44-4407 - UTILITY UTILITY OTHER				5,000
A-3010-41-4108 - AUTO/TRAVEL AUTO TRAVEL OTHER			602	
A-3010-41-4108 - AUTO/TRAVEL AUTO TRAVEL OTHER				958
A-3010-R3389-R338 - ST AID PUBLIC SAFETY OTHER		958		
A-3010-R3389-R338 - ST AID PUBLIC SAFETY OTHER	602			
A-3110-29-21-2103 - FIXED MACHINERY/EQUIPMENT			2,750	
A-3110-29-21-2103 - FIXED MACHINERY/EQUIPMENT				125,000
A-3110-29-41-4101 - AUTO/TRAVEL GASOLINE EXPENSE				1,000
A-3110-29-41-4105 - AUTO/TRAVEL REGISTRATION FEES				750
A-3110-29-41-4106 - AUTO/TRAVEL REPAIRS/MAINTENANCE				5,000
A-3110-29-41-4108 - AUTO/TRAVEL AUTO TRAVEL OTHER				2,500
A-3110-29-42-4201 - OFFICE ADVERTISING				1,000
A-3110-29-42-4203 - OFFICE OFFICE SUPPLIES				2,000
A-3110-29-42-4206 - OFFICE PUBLICATIONS				1,500
A-3110-29-43-4302 - COMPUTER HARDWARE PURCHASES/LEASES				1,000
A-3110-29-43-4304 - COMPUTER MAINTENANCE/SERVICE FEES				14,000
A-3110-29-43-4304 - COMPUTER MAINTENANCE/SERVICE FEES (*)			27,461	
A-3110-29-44-4406 - UTILITY WIRELESS COMMUNICATIONS (*)			8,250	
A-3110-29-44-4406 - UTILITY WIRELESS COMMUNICATIONS				10,000
A-3110-29-45-4506 - SPEC DEPT SUPPLY PUBLIC SAFETY				15,000
A-3110-29-45-4507 - SPEC DEPT SUPPLY MEDICAL/CLINICAL				4,000

A-3110-29-45-4549 - SPEC DEPT SUPPLY SAFETY		2,000
A-3110-29-46-4603 - MISC SERV/EXP EMPL UNIFORM ALLOWANCE		20,000
A-3110-29-46-4608 - MISC SERV/EXP EMPL TUITION REFUNDS		500
A-3110-29-46-4612 - MISC SERV/EXP EMPL TRAINING		20,000
A-3110-29-47-4701 - DEPT RENTALS		3,000
A-3110-29-47-4706 - DEPT SPECL INVESTIGATIONS		2,000
A-3110-29-47-4710 - DEPT DEPT MISC/OTHER		2,000
A-3110-29-47-4717 - DEPT BLDG/PROP/EQUIP REPAIRS&MAINTNCE		10,000
A-3110-29-47-4717 - DEPT BLDG/PROP/EQUIP REPAIRS&MAINTNCE (*)	184	
A-3110-30-40-4001 - CONTRACT AGENCIES		10,000
A-3110-30-40-4001 - CONTRACT AGENCIES		40,000
A-3110-30-41-4102 - AUTO/TRAVEL LODGING		3,000
A-3110-30-41-4103 - AUTO/TRAVEL MEALS		1,000
A-3110-30-41-4105 - AUTO/TRAVEL REGISTRATION FEES		2,000
A-3110-30-41-4106 - AUTO/TRAVEL REPAIRS/MAINTENANCE		3,000
A-3110-30-42-4206 - OFFICE PUBLICATIONS		750
A-3110-30-43-4301 - COMPUTER SUPPLIES		1,000
A-3110-30-45-4506 - SPEC DEPT SUPPLY PUBLIC SAFETY		2,500
A-3110-30-45-4541 - SPEC DEPT SUPPLY SM EQUIP TOOLS APPLNCS, SM ELECT		1,500
A-3110-30-47-4701 - DEPT RENTALS		4,000
A-3110-30-47-4710 - DEPT DEPT MISC/OTHER		2,000
A-3110-31-46-4603 - MISC SERV/EXP EMPL UNIFORM ALLOWANCE		5,000
A-3110-31-46-4611 - MISC SERV/EXP EMPL SAFETY/PHYSICAL EXAMS		1,000
A-3140-18-10-1012 - PERSONAL SERV OVERTIME PAY (**)	542	
A-3140-18-47-4750 - DEPT CLIENT ELECTONIC MONITORING (**)	830	
A-3150-40-4005 - CONTRACT DIETICIAN/NUTRITIONIST SERVICES		750
A-3150-40-4013 - CONTRACT CONTRACT OTHER		7,000
A-3150-40-4017 - CONTRACT MEDICAL	350,000	
A-3150-41-4102 - AUTO/TRAVEL LODGING		1,000
A-3150-41-4103 - AUTO/TRAVEL MEALS		1,000
A-3150-41-4105 - AUTO/TRAVEL REGISTRATION FEES		1,000
A-3150-42-4201 - OFFICE ADVERTISING		1,000
A-3150-42-4205 - OFFICE PRINTING		3,000
A-3150-45-4506 - SPEC DEPT SUPPLY PUBLIC SAFETY		5,000
A-3150-45-4543 - SPEC DEPT SUPPLY FOOD	10,000	
A-3150-46-4603 - MISC SERV/EXP EMPL UNIFORM ALLOWANCE		10,000
A-3150-46-4612 - MISC SERV/EXP EMPL TRAINING		6,500
A-3150-47-4710 - DEPT DEPT MISC/OTHER		2,500

A-3150-47-4738 - DEPT LAUNDRY/LINENS				3,000
A-3150-47-4745 - DEPT ALCOHOL/DRUG TESTING				2,000
A-5610-44-4410 - UTILITY AV GAS			9,973	
A-5610-R2655-R428 - SALES FUEL SALES	9,973			
A-6010-38-40-4001 - CONTRACT AGENCIES (*)			15,048	
A-6010-38-40-4013 - CONTRACT CONTRACT OTHER (*)			6,404	
A-7110-230-40-4006 - CONTRACT ENGINEER/ARCHITECT/DESIGN SERV (***)			1,896	
A-7110-39-40-4049 - CONTRACT CONSULTING (***)			1,245	
A-8020-90-40-4001 - CONTRACT AGENCIES (***)			9,920	
A-8020-90-40-4001 - CONTRACT AGENCIES			9,920	
A-8020-90-40-4001 - CONTRACT AGENCIES			241,738	
A-8020-90-40-4001 - CONTRACT AGENCIES (****)			60,435	
A-8020-90-40-4001 - CONTRACT AGENCIES (****)			4,200	
A-8020-90-40-4006 - CONTRACT ENGINEER/ARCHITECT/DESIGN SERV (***)			35,498	
A-8020-90-40-4013 - CONTRACT CONTRACT OTHER			55,908	
A-8020-90-40-4013 - CONTRACT CONTRACT OTHER			13,869	
A-8020-90-R2189-R248 - HOME/COMMNTY ASSIST LOCAL GRANT	100,000			
A-8020-90-R3989-R167 - ST AID HOME/COMM ASSIST DEPARTMENTAL AID		100,000		
A-8020-90-R3989-R167 - ST AID HOME/COMM ASSIST DEPARTMENTAL AID	9,920			
A-8020-90-R4089-R167 - FED AID OTHR DEPARTMENTAL AID	55,908			
A-8020-90-R4089-R167 - FED AID OTHR DEPARTMENTAL AID	241,738			
A-8020-90-R4089-R167 - FED AID OTHR DEPARTMENTAL AID	13,869			
<b>A Fund Total</b>	<b>495,711</b>	<b>104,251</b>	<b>1,022,079</b>	<b>398,376</b>

D-3310-45-4513 - SPEC DEPT SUPPLY SIGN MATERIAL				3,000
D-3310-45-4526 - SPEC DEPT SUPPLY PAINT				3,403
D-5020-41-4109 - AUTO/TRAVEL CO FLEET CHARGEBACK			3,000	
D-5110-45-45-4518 - SPEC DEPT SUPPLY ROAD SURFACE TREATMENT				29,946
D-5110-45-45-4527 - SPEC DEPT SUPPLY MISC STONE				9,028
D-5110-45-45-4532 - SPEC DEPT SUPPLY SEED/MULCH ETC				991
D-5110-45-45-4541 - SPEC DEPT SUPPLY SM EQUIP TOOLS APPLNCS, SM ELECT				2,159
D-5110-45-46-4603 - MISC SERV/EXP EMPL UNIFORM ALLOWANCE				13,292
D-5110-45-47-4701 - DEPT RENTALS				8,917
D-5110-46-40-4038 - CONTRACT CONSTRUCTION				80,000
D-5110-46-40-4038 - CONTRACT CONSTRUCTION				25,010
D-5110-46-45-4525 - SPEC DEPT SUPPLY BRIDGE MATERIAL & SUPPLIES				22,286
D-5110-46-45-4527 - SPEC DEPT SUPPLY MISC STONE				1,846

D-5110-46-47-4701 - DEPT RENTALS				3,972
D-5110-46-47-4717 - DEPT BLDG/PROP/EQUIP REPAIRS&MAINTNCE				2,928
D-5110-46-47-4720 - DEPT LABORATORY/XRAY EXPENSE				3,133
D-5142-45-4546 - SPEC DEPT SUPPLY BULK ROAD AND BAG SALT			59,175	
D-5142-45-4546 - SPEC DEPT SUPPLY BULK ROAD AND BAG SALT			109,946	
D-5142-45-4546 - SPEC DEPT SUPPLY BULK ROAD AND BAG SALT			34,640	
D-5142-46-4602 - MISC SERV/EXP EMPL MEAL ALLOWANCE			3,150	
<b>D Fund Total</b>	<b>-</b>	<b>-</b>	<b>209,911</b>	<b>209,911</b>

DM-5130-48-45-4537 - SPEC DEPT SUPPLY DIESEL FUEL			1,771	
DM-5130-48-45-4541 - SPEC DEPT SUPPLY SM EQUIP TOOLS APPLNCS, SM ELECT				1,771
DM-5130-48-47-4717 - DEPT BLDG/PROP/EQUIP REPAIRS&MAINTNCE			56,000	
DM-9997-R2665-R338 - SALE OF EQUIPMNT OTHER	56,000			
<b>DM Fund Total</b>	<b>56,000</b>	<b>-</b>	<b>57,771</b>	<b>1,771</b>

EI-4989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			96,000	
EI-4989-98-80-8008 - EMPL BENFTS UNEMPLOYMENT			454	
EI-6020-62-10-1014 - PERSONAL SERV SHIFT DIFFERENTIAL PAY			11,209	
EI-6020-62-10-1015 - PERSONAL SERV OTHER PAY			37,469	
EI-6020-62-40-4001 - CONTRACT AGENCIES			2,999,360	
EI-6020-62-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			6,000	
EI-6020-64-10-1014 - PERSONAL SERV SHIFT DIFFERENTIAL PAY			5	
EI-6020-65-10-1012 - PERSONAL SERV OVERTIME PAY			2,345	
EI-6020-65-10-1014 - PERSONAL SERV SHIFT DIFFERENTIAL PAY			545	
EI-6020-74-10-1012 - PERSONAL SERV OVERTIME PAY			2,406	
EI-6020-74-10-1014 - PERSONAL SERV SHIFT DIFFERENTIAL PAY			864	
EI-6020-74-10-1015 - PERSONAL SERV OTHER PAY			400	
EI-6020-74-46-4603 - MISC SERV/EXP EMPL UNIFORM ALLOWANCE			425	
EI-6020-75-10-1012 - PERSONAL SERV OVERTIME PAY			48,663	
EI-6020-75-10-1013 - PERSONAL SERV LONGEVITY			50	
EI-6020-75-10-1014 - PERSONAL SERV SHIFT DIFFERENTIAL PAY			16,744	
EI-6020-75-10-1015 - PERSONAL SERV OTHER PAY			5,200	
EI-6020-75-46-4603 - MISC SERV/EXP EMPL UNIFORM ALLOWANCE			735	
EI-6020-75-47-4702 - DEPT EQUIP SERVICE/REPAIRS			2,015	
EI-6020-77-10-1012 - PERSONAL SERV OVERTIME PAY			19,265	
EI-6020-77-10-1013 - PERSONAL SERV LONGEVITY			3,200	

EI-6020-77-10-1014 - PERSONAL SERV SHIFT DIFFERENTIAL PAY				1,884	
EI-6020-77-46-4603 - MISC SERV/EXP EMPL UNIFORM ALLOWANCE				1,040	
EI-6020-77-47-4707 - DEPT MAINTENANCE IN LIEU OF RENT				103,611	
EI-6020-78-10-1012 - PERSONAL SERV OVERTIME PAY				2,696	
EI-6020-78-10-1013 - PERSONAL SERV LONGEVITY				600	
EI-6020-78-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				3,305	
EI-6020-80-10-1012 - PERSONAL SERV OVERTIME PAY				29	
EI-6020-80-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				3,272	
EI-6020-81-10-1012 - PERSONAL SERV OVERTIME PAY				2,072	
EI-6020-81-10-1013 - PERSONAL SERV LONGEVITY				2,100	
EI-6020-81-41-4102 - AUTO/TRAVEL LODGING				388	
EI-6020-81-41-4109 - AUTO/TRAVEL CO FLEET CHARGEBACK				44	
EI-6020-81-42-4203 - OFFICE OFFICE SUPPLIES				412	
EI-6020-81-42-4204 - OFFICE POSTAGE				1,414	
EI-6020-81-44-4405 - UTILITY PHONE LAND LINES				43	
EI-6020-81-45-4503 - SPEC DEPT SUPPLY RECREATION				606	
EI-6020-81-R2772-R239 - INTERGOVRNMTL TRANSFR MAIN				3,376,870	
	<b>EI Fund Total</b>			<b>3,376,870</b>	<b>-</b>
				<b>3,376,870</b>	<b>-</b>

- (\*) To be funded from the Opioid Assigned Fund Balance
- (\*\*) To be funded from the Probation PTR Assigned Fund Balance
- (\*\*\*) To be funded from the Planning Programs Assigned Fund Balance
- (\*\*\*\*) To be funded from the O&W Assigned Fund Balance



Sullivan County
Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-8141

Agenda Date: 2/19/2026

Agenda #: 27.

Narrative of Resolution:

TO AUTHORIZE AN AMENDMENT TO AN EXISTING AGREEMENT WITH CATALIS COURTS & LAND RECORDS, LLC FOR THEIR Ce ANALYTICS ADD-ON TO THEIR CASELOAD EXPLORER SOFTWARE SOLUTION

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$1,000.00

Are funds already budgeted? Yes

If 'Yes,' specify appropriation code(s): A-1680-43-4304

If 'No,' specify proposed source of funds: N/A

Specify Compliance with Procurement Procedures: Amendment received from vendor for a long-used software solution.

RESOLUTION INTRODUCED BY THE MANAGEMENT & BUDGET COMMITTEE TO AUTHORIZE AN AMENDMENT TO AN EXISTING AGREEMENT WITH CATALIS COURTS & LAND RECORDS, LLC FOR THEIR Ce ANALYTICS ADD-ON TO THEIR CASELOAD EXPLORER SOFTWARE SOLUTION

WHEREAS, Resolution #278-24, adopted by the Sullivan County Legislature on May 16, 2024, authorized a 3-year agreement with Catalis Courts & Land Records, LLC (Catalis) for continued use of their Caseload Explorer software solution to the Sullivan County Probation Department (Probation) for probationer case, pretrial, and specialty court management; and

WHEREAS, Catalis has offered an add-on service, "Ce Analytics" to its Caseload Explorer solution at no cost to the County; and

WHEREAS, Probation has identified that access to Ce Analytics enhances the Catalis Caseload Explorer solution by providing advanced reporting tools, real-time dashboards, and in-depth data analysis to monitor trends, evaluate program effectiveness, and improve decision-making, transforming data into actionable insights allowing supervisors to monitor workloads and client compliance, while enabling data-driven supervision; and

WHEREAS, although this amendment for Ce Analytics comes at no cost, per the amendment there is a possible \$500 maintenance surcharge that will be added to the annual support and maintenance agreement for each custom dashboard developed and/or implemented at the request of Probation and this resolution accommodates a maximum of (2) custom dashboards if Probation leadership deems it appropriate to their functional needs.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is hereby authorized to execute an amendment with Catalis Courts & Land Records, LLC for their Ce Analytics add-on to Caseload Explorer with (2) custom dashboards if needed during the remaining term of this agreement in an amount not to exceed \$1,000.00 (\$500.00 each); and

**BE IT FURTHER RESOLVED**, that said agreement to be in such form as the County Attorney shall approve.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8142

**Agenda Date:** 2/19/2026

**Agenda #:** 28.

**Narrative of Resolution:**

**RESOLUTION INTRODUCED BY MANAGEMENT AND BUDGET COMMITTEE TO  
CLOSE CAPITAL PROJECT ACCOUNTS**

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY MANAGEMENT AND BUDGET COMMITTEE TO  
CLOSE CAPITAL PROJECT ACCOUNTS**

**WHEREAS,** the County Manager, and the Commissioner of Management and Budget, and the Commissioner of Public Works have advised that the following projects previously funded through Bond Issue have been completed, and

**WHEREAS,** remaining balances exist in the capital accounts.

**NOW, THEREFORE, BE IT RESOLVED,** that the following projects be closed as of December 31, 2025 and the remaining balances be transferred to the appropriate fund for payment of debt service:

- H60-7997 Hurleyville Museum
- H69-1997 Jail
- H70-5197 Road/Bridge Recon
- H72-5197 Building Recon



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

File #: ID-8143

Agenda Date: 2/19/2026

Agenda #: 29.

Narrative of Resolution:

**TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF LIBERTY FOR TAX MAP #26.-1-3**

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$205.30

Are funds already budgeted? No

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures: RPTL § 554

**RESOLUTION INTRODUCED BY THE MANAGEMENT AND BUDGET COMMITTEE TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF LIBERTY FOR TAX MAP #26.-1-3**

WHEREAS, an application dated January 29, 2026 having been filed by The Estate of Karen Ann Jones pursuant to Section 554 of the Real Property Tax Law with respect to property assessed to said applicant on the 2026 tax roll of the Town of Liberty bearing Tax Map #26.-1-3 to correct a clerical error, due to an incorrect entry of penalties on a tax roll with respect to a relieved school tax which was paid to the school district in a timely manner as the payment was postmarked prior to the end of the warrant period; and

WHEREAS, the Director of Real Property Tax Services has duly investigated the application and filed his report dated February 3, 2026 recommending this Board approve said application; and

WHEREAS, this Board has duly examined the application and report and does find as follows:

(a) That the application be approved because of a clerical error

NOW, THEREFORE, BE IT RESOLVED, that the application be approved upon the grounds herein set forth; and

BE IT FURTHER RESOLVED, that the Chairperson of the County Legislature be and hereby is directed to note the decision of this Board on the application, execute an order to such effect to the officer having custody of the tax roll, send notice of approval to the applicant and file a copy of the records of this proceeding with the Clerk of the County Legislature; and

BE IT FURTHER RESOLVED, that the amount of any tax corrected pursuant to this Resolution shall be a charge upon the said municipal corporation or special district to the extent of any such municipal

corporation or special district taxes that were so levied and that the amount so charged to any such municipal corporation or special district shall be included in the next ensuing tax levy and to the extent that the levy made pursuant to this resolution includes a relevied school tax, the Treasurer shall charge back such amount in accordance with law.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

File #: ID-8144

Agenda Date: 2/19/2026

Agenda #: 30.

**Narrative of Resolution:**

**TO DENY A REQUEST TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF FREMONT FOR TAX MAP #33.-1-28**

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$0

**Are funds already budgeted?** Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures: RPTL § 556**

**RESOLUTION INTRODUCED BY THE MANAGEMENT AND BUDGET COMMITTEE TO DENY A REQUEST TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF FREMONT FOR TAX MAP #33.-1-28**

**WHEREAS**, an application dated January 24, 2026 having been filed by Ilene Baden with respect to property assessed to said applicant on the 2026 tax roll of the Town of Fremont bearing Tax Map #33.-1-28 pursuant to Section 556 of the Real Property Tax Law, to correct an erroneous entry of land size effectuating a claimed over assessment of the applicant's property.

**WHEREAS**, the Director of Real Property Tax Services has duly investigated the application and filed his report dated February 3, 2026 recommending this Board deny said application; and

**WHEREAS**, this Board has duly examined the application and report and does find as follows:

(a) That the application be denied because the reason for the correction of error (COE) does not meet the requirements for a COE ie. There had been no change in valuation of the property in question despite an erroneous entry of land size.

**NOW, THEREFORE, BE IT RESOLVED**, that the application be denied upon the grounds herein set forth; and

**BE IT FURTHER RESOLVED**, that the Chairperson of the County Legislature be and they hereby are directed to note the decision of this Board on the application, send notice of approval to the applicant and file a copy of the records of this proceeding with the Clerk of the County Legislature; and

**BE IT FURTHER RESOLVED**, that the amount of any tax corrected pursuant to this Resolution shall be a charge upon the said municipal corporation or special district to the extent of any such municipal corporation or special district taxes that were so levied and that the amount so charged to any such municipal

corporation or special district shall be included in the next ensuing tax levy and to the extent that the levy made pursuant to this resolution includes a relieved school tax, the Treasurer shall charge back such amount in accordance with law.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

File #: ID-8145

Agenda Date: 2/19/2026

Agenda #: 31.

**Narrative of Resolution:**

**TO DENY A REQUEST TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #6.-1-52.10**

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$0

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures: RPTL § 554**

**RESOLUTION INTRODUCED BY THE MANAGEMENT AND BUDGET COMMITTEE TO DENY A REQUEST TO CORRECT THE 2026 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #6.-1-52.10**

**WHEREAS**, an application dated January 23, 2026 having been filed by Jacob Murphy with respect to property assessed to said applicant on the 2026 tax roll of the Town of Delaware bearing Tax Map #6.-1-52.10 pursuant to Section 556 of the Real Property Tax Law, to remove the applicant's property from the sewer district and refund capital and maintenance charges incurred.

**WHEREAS**, the Director of Real Property Tax Services has duly investigated the application and filed his report dated February 2, 2026 recommending this Board deny said application; and

**WHEREAS**, this Board has duly examined the application and report and does find as follows:

(a) That the application be denied because the reason for the correction of error (COE) does not meet the requirements for a COE ie. The parcel in question is in fact within the Kohlertown sewer district and was charged the appropriate number of units for operations and maintenance.

**NOW, THEREFORE, BE IT RESOLVED**, that the application be denied upon the grounds herein set forth; and

**BE IT FURTHER RESOLVED**, that the Chairperson of the County Legislature be and are hereby directed to note the decision of this Board on the application, send notice of approval to the applicant and file a copy of the records of this proceeding with the Clerk of the County Legislature; and

**BE IT FURTHER RESOLVED**, that the amount of any tax corrected pursuant to this Resolution shall

be a charge upon the said municipal corporation or special district to the extent of any such municipal corporation or special district taxes that were so levied and that the amount so charged to any such municipal corporation or special district shall be included in the next ensuing tax levy and to the extent that the levy made pursuant to this resolution includes a relieved school tax, the Treasurer shall charge back such amount in accordance with law.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

File #: ID-8146

Agenda Date: 2/19/2026

Agenda #: 32.

**Narrative of Resolution:**

**TO CORRECT THE 2025 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #6.-1-52.10**

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$461.04

**Are funds already budgeted?** No

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures: RPTL §556**

**RESOLUTION INTRODUCED BY THE MANAGEMENT AND BUDGET COMMITTEE TO CORRECT THE 2025 TAX ROLL OF THE TOWN OF DELAWARE FOR TAX MAP #6.-1-52.10**

**WHEREAS**, an application dated February 2, 2026 having been filed by Jacob C. Murphy and Camille Peters pursuant to Section 556 of the Real Property Tax Law with respect to property assessed to said applicant on the 2025 tax roll of the Town of Delaware bearing Tax Map #6.-1-52.10 to correct a clerical error, due to an entry on a tax roll which is incorrect by reason of a mistake in the determination or transcription of a special assessment or other charge based on units of service provided by a special district; and

**WHEREAS**, the Director of Real Property Tax Services has duly investigated the application and filed his report dated February 4, 2026 recommending this Board approve said application; and

**WHEREAS**, this Board has duly examined the application and report and does find as follows:

- (a) That the application be approved because of a clerical error

**NOW, THEREFORE, BE IT RESOLVED**, that the application be approved upon the grounds herein set forth; and

**BE IT FURTHER RESOLVED**, that the Chair of the County Legislature be and she hereby is directed to note the decision of this Board on the application, execute an order to such effect to the officer having custody of the tax roll, send notice of approval to the applicant and file a copy of the records of this proceeding with the Clerk of the County Legislature; and

**BE IT FURTHER RESOLVED**, that the amount of any tax corrected pursuant to this Resolution shall be a charge upon the said municipal corporation or special district to the extent of any such municipal corporation or special district taxes that were so levied and that the amount so charged to any such municipal

corporation or special district shall be included in the next ensuing tax levy and to the extent that the levy made pursuant to this resolution includes a relieved school tax, the Treasurer shall charge back such amount in accordance with law.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8169

**Agenda Date:** 2/19/2026

**Agenda #:** 33.

**Narrative of Resolution:**

To direct the development of a Coordinated Early Voting and Security Plan for the Ground Floor of the Government Center

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**Resolution Introduced by Terry Blosser-Bernardo, Vice Chair of the Government Services Committee and Nicholas Salomone Chair of the Government Services Committee Directing the Development of a Coordinated Early Voting and Security Plan for the Ground Floor of the Government Center**

**WHEREAS**, pursuant to New York State Election Law, the Sullivan County Board of Elections must designate and notify the New York State Board of Elections of its poll sites no later than **March 15, 2026**; and

**WHEREAS**, the most accessible, visible, and voter-friendly location for early voting remains the **ground floor lobby of the Sullivan County Government Center**, which has successfully served in this capacity in prior years; and

**WHEREAS**, the recent installation of centralized security scanning equipment in the lobby has introduced new logistical considerations that must be addressed in order to maintain both secure facility operations and uninterrupted voter access; and

**WHEREAS**, the Legislature finds that early voting and lobby security operations are **not mutually exclusive**, and can and must be made compatible through reasonable operational planning and temporary accommodations; and

**WHEREAS**, such accommodations may include, but are not limited to: additional screening equipment (e.g., handheld wands), use of stanchions or partitions to guide voter traffic, and adjusted personnel assignments to ensure both election integrity and building security;

**NOW, THEREFORE, BE IT RESOLVED**, that the **Commissioner of Public Safety**, in conjunction with

the **Sullivan County Sheriff, County Manager, and County Attorney**, is hereby **directed to develop and submit** a detailed operational plan that allows for early voting to take place on the **ground floor of the Government Center** during the 2026 early voting period; and

**BE IT FURTHER RESOLVED**, that this plan shall be **delivered to the Sullivan County Board of Elections Commissioners no later than March 10, 2026**, so that the Commissioners may comply with the statutory reporting deadline to the New York State Board of Elections.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8128

**Agenda Date:** 2/19/2026

**Agenda #:** 34.

**Narrative of Resolution:**

Apply, accept and enter into agreement or contract with NYS Office of Victims Services

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$118,500

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** 1165 10 1011

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:** Grant Application \$474,000, Possible \$118,500 County Match

**RESOLUTION INTRODUCED BY THE PUBLIC SAFETY COMMITTEE TO APPLY, ACCEPT AND ENTER INTO AN AWARD AGREEMENT OR CONTRACT WITH THE NEW YORK STATE OFFICE OF VICTIMS SERVICES FOR THE 2026 VICTIMS OF CRIME ACT VICTIM ASSISTANCE GRANT**

**WHEREAS**, the New York State Office of Victim Services has announced available funding for fiscal years 2026-2028 for Victims Assistance Programming; and

**WHEREAS**, the Sullivan County Crime Victim Assistance program which was successfully established in 2019 following a successful application and acceptance of VOCA grant funding will continue to benefit crime victims within Sullivan County; and

**WHEREAS**, the District Attorney will prepare and submit for consideration an application to the New York State Office of Victim Services for grant funding to NYS OVS in an amount not to exceed \$474,000.00 for the purpose of continuing Sullivan County's Crime Victim Services Assistance program; and

**WHEREAS**, if awarded, Sullivan the County Crime Victim Assistance Program will have a funding period from October 1, 2026, through September 30, 2028,

**WHEREAS**, such award amounts are considered tentative pending completed contract negotiations; and

**WHEREAS**, the New York State Office of Victims Services Victim Assistance Grant Program is a reimbursement-based program; and

**WHEREAS**, the County of Sullivan may have matching obligation up to 25% in kind or in monetary funding;

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager, Chairman of the County Legislature, and / or their authorized representative (*as required by*

*the funding source*) to execute any and all necessary documents to submit the 2026 NYS Office of Victims Services Victims of Crime Act Victim Assistance Grant Program application for funding; and

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager, and / or Chairman of the County Legislature (*as required by the funding source*) to accept the award, and enter into an award agreement or contract to administer the funding secured, in such form as the County Attorney shall approve; and

**BE IT FURTHER RESOLVED**, that should the 2026 NYS Office of Victims Services Victims of Crime Act Victim Assistance Grant Program funding be terminated, the County shall not be obligated to continue any action undertaken by the use of this funding.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

File #: ID-8133

Agenda Date: 2/19/2026

Agenda #: 35.

**Narrative of Resolution:**

Adopt the list of Public Officials and Employees of the County of Sullivan who are required to file a Financial Disclosure Statement

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO ADOPT THE LIST OF THOSE PUBLIC OFFICIALS AND EMPLOYEES OF THE COUNTY OF SULLIVAN WHO ARE REQUIRED TO FILE A FINANCIAL DISCLOSURE STATEMENT**

**WHEREAS**, pursuant to Section 201 (3) of the Sullivan County Ethics Law adopted May 23, 2013, the County Legislature must annually determine by resolution who is required to file a Financial Disclosure Statement, and

**WHEREAS**, the County Legislature has determined that persons with the following titles are required to file a Financial Disclosure Statement:

- Accounts Payable Coordinator, Audit
- Administrator, Adult Care Center
- Administrator of Assigned Counsel
- Administrator, Department of Motor Vehicles
- Airport Superintendent
- Assistant Commissioner to Planning and Environmental Management
- Assistant Commissioner to Planning and Community Development
- Assistant County Attorney
- Assistant County Attorney Part time
- Assistant County Manager
- Assistant Director of Aging Services
- Assistant Director of Nursing Services/Patient Care
- Assistant Director of Purchasing and Central Services
- 1<sup>st</sup> Assistant District Attorney
- 2<sup>nd</sup> Assistant District Attorney

3rd Assistant District Attorney  
4th Assistant District Attorney  
5th Assistant District Attorney  
6<sup>th</sup> Assistant District Attorney  
7th Assistant District Attorney  
8<sup>th</sup> Assistant District Attorney  
9<sup>th</sup> Assistant District Attorney  
10<sup>th</sup> Assistant District Attorney  
Assistant Director of Risk Management & Insurance  
Attorneys, Department of Family Services  
Attorney, Industrial Development Agency  
Attorney, Sullivan County Funding Corporation  
Board of Ethics members  
Board of Trustees, Sullivan County Community College  
Budget Director  
Budget Analyst  
Chairman of the Legislature  
Chief Civil Officer  
Chief Deputy Patrol Division/Internal Affairs  
Chief Executive Officer (IDA)  
Chief Information Officer  
Clerk to the Legislature  
Commissioner, Board of Elections  
Commissioner, Community Resources  
Commissioner, Health and Human Services  
Commissioner, Human Resources  
Commissioner, Management and Budget  
Commissioner, Planning and Economic Development  
Commissioner, Planning and Environmental Management  
Commissioner, Division of Public Safety  
Commissioner, Division of Public Works  
Compliance Program Coordinator  
Coordinator, Child Support Enforcement Unit  
Coordinator, Children with Special Needs, Public Health  
Coroner  
Correction Captain, Sullivan County Jail  
Correction Lieutenant, Sullivan County Jail  
County Attorney  
County Auditor  
County Clerk  
County Legislator  
County Manager  
County Treasurer  
Crime Victims Specialist Coordinator

Deputy Chief Information Officer  
Deputy Clerk to the Legislature  
Deputy Clerk, DMV  
Deputy Commissioner of Elections  
Deputy Commissioner of Family Services  
Deputy Commissioner of Human Resources  
Deputy Commissioner of Management and Budget  
Deputy Commissioner of Public Safety  
Deputy Commissioner of Public Safety - 911& EMS  
Deputy Commissioner of Public Safety - Emergency Management  
Deputy Commissioner of Public Works, Engineering  
Deputy Commissioner of Public Works. Operations  
Deputy Commissioner of Planning  
Deputy Commissioner to Planning and Environmental Management  
Deputy Commissioner to Planning and Community Development  
Deputy County Attorney  
Deputy County Auditor  
Deputy County Manager  
Deputy Director of Community Services  
Deputy Director of Real Property Tax Services III  
Deputy Public Health Director  
Deputy County Attorney  
Deputy County Clerk  
Deputy County Treasurer  
Deputy County Treasurer II  
Deputy Director of Human Resources  
Deputy Director of Probation  
Director of Administration and Case Management  
Director, Center for Workforce Development  
Director of Application Development Support, ITS  
Director of Operations and Network Administration, ITS  
Director of Communications  
Director, Community Services  
Director, Department of Real Property Tax  
Director of Family Services  
Director, Human Resources  
Director of Management and Budget  
Director, Municipal Weights and Measures  
Director, Nursing Services  
Director, Office for the Aging  
Director, Parks, Recreation and Beautification Programs  
Director of Patient Services  
Director of Planning  
Director, Probation II  
Director, Public Health Services

Director, Purchasing and Central Services  
Director, Rehabilitation Services, ACC Physical Therapy  
Director, Risk Management & Insurance  
Director of Services, Family Services  
Director of Solid Waste  
Director, Temporary Assistance - Department of Family Services  
Director of Transportation  
Director, Veterans Service Agency  
Director, Youth Bureau  
District Attorney  
District Attorney Investigators  
Division Contract Compliance Officer, Health and Human Services  
E-911 Coordinator  
Emerald Corporate Center Board of Director  
Executive Director IDA  
Executive Assistant, County Manager  
Executive Director, Human Rights  
Facilities Bridge Superintendent  
Financial Analyst  
Fiscal Administrative Officer, Adult Care Center Fiscal Services  
Fiscal Administrative Officer, County Clerk Office  
Fiscal Administrative Officer, Family Services  
Fiscal Administrative Officer, Health Finance  
Fiscal Administrative Officer, Management and Budget  
Fiscal Administrative Officer, Treasurer's Office  
Garage Superintendent  
Grants Administration Supervisor  
Industrial Development Agency Members  
Investigator - County Attorney  
Jail Administrator, Sheriff's Office  
Jr. Accountant  
Land Bank Member  
Local Development Corporation Member (Emerald Park)  
One Stop Manager, CWD  
Managing Attorney, DFS  
Manager of Youth Services  
Paralegal - County Attorney  
Payroll Coordinator /Software Support Technician  
Personnel Officer  
President, Sullivan County Community College  
Road Maintenance Superintendent  
Secretary, Industrial Development Agency  
Senior District Attorney Investigator  
Sheriff

Special Assistant, District Attorney  
Special Counsel Workers Compensation part time  
Sr. Accountant, Management and Budget  
Sr. Accountant, Treasurer Accounting  
Sr. Accounts Payable Coordinator  
Sr. Budget Analyst  
Sr. Family Services Attorney  
Sr. Financial Analyst  
Sr. Fiscal Administrative Officer - Family Services  
Sr. Fiscal Administrative Officer - Management and Budget  
Sr. Fiscal Administrative Officer, Sheriff Civil  
Sr. Fiscal Administrative Officer, Treasurer Accounting  
Staff Accountant, Treasurer Accounting  
Staff Auditor  
Sullivan County Funding Corporation Member  
Sustainability Coordinator  
Task Force Officer  
The Sullivan County Infrastructure Local Development Corporation Member  
Training and Quality Improvement Coordinator  
Treasurer, Industrial Development Agency  
Trustee, Sullivan County Community College  
Undersheriff  
Vice Chair, Industrial Development Agency

**WHEREAS**, Section 201 of the Ethics Law requires that all statements shall be filed on or before the fifteenth day of May of each year, and

**WHEREAS**, it is duly noted that some of the above positions are presently vacant.

**NOW, THEREFORE, BE IT RESOLVED**, that the above list represents the 2026 list of titles set by the Sullivan County Legislature of those persons required to file a Financial Disclosure Statement with the Clerk of the Sullivan County Legislature on or before May 15, 2026.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8148

**Agenda Date:** 2/19/2026

**Agenda #:** 36.

**Narrative of Resolution:**

Authorize contract with Soil & Water Conservation for the period January 1, 2026 through December 31, 2026:

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$322,098.00

**Are funds already budgeted?** Yes

**Specify Compliance with Procurement Procedures:** Yes A-8745-40-4040

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO APPROVE THE ANNUAL CONTRACT WITH SOIL & WATER CONSERVATION**

**WHEREAS**, the County of Sullivan contracts with various agencies for services; and

**WHEREAS**, the annual contract with this agency needs to be renewed for 2026 to assure continued delivery of service and payments.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be authorized to execute the 2026 annual contract at the following maximum funding level for the period January 1, 2026 through December 31, 2026:

- 1. SULLIVAN COUNTY SOIL & WATER CONSERVATION DISTRICT** - maximum amount \$322,098.00.

**BE IT FURTHER RESOLVED**, that the form of such annual contract be approved by the County Attorney



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8149

**Agenda Date:** 2/19/2026

**Agenda #:** 37.

**Narrative of Resolution:**

Authorize contract with Soil & Water for Stream Maintenance and Remediation Programs for the term of January 1, 2026 through December 31, 2026.

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$100,000

**Are funds already budgeted?** Yes

**Specify Compliance with Procurement Procedures:** A-8745-47-4786

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AUTHORIZE CONTRACT WITH SOIL AND WATER FOR STREAM MAINTENANCE AND REMEDIATION PROGRAMS**

**WHEREAS**, the County of Sullivan ("County") has contracted with the Sullivan County Soil & Water Conservation District ("District") for the past several years and would like to continue the efforts of the Stream Maintenance and Remediation Programs to broaden the scope of the Flood Management Plan by investing in specialized proactive and long-term measures to protect the people and property near the many streams throughout the County; and

**WHEREAS**, the success of the 2025 Stream Maintenance and Remediation Programs (the "Programs") has caused the Division of Public Works to request an extension of the Programs; and

**WHEREAS**, the Programs educate municipalities and the public, assess the potential areas of concern and maintain the streams throughout the County; and

**WHEREAS**, the County, through its Division of Public Works, is currently implementing project components of the Programs; and

**WHEREAS**, in order to implement the Programs the County wishes to continue working with the District and other affiliated agencies to minimize flood damage; and

**WHEREAS**, the District has both the expertise and personnel necessary to aid the County in its implementation of the Programs and is integral to the continuation of the Programs; and

**WHEREAS**, the cost of the District's services associated with the Programs shall not exceed \$100,000 for the term of January 1, 2026 through December 31, 2026 with a carryover of any unused balance from 2025.

**NOW, THEREFORE BE IT RESOLVED**, that the County Manager is hereby authorized to execute a Memorandum of Agreement with the District for the continuation, implementation and completion of the Programs for the term January 1, 2026 through December 31, 2026, at a cost not to exceed \$100,000.00 with a carryover balance from 2025, in such form to be approved by the County Attorney.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8151

**Agenda Date:** 2/19/2026

**Agenda #:** 38.

**Narrative of Resolution:**

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO CREATE (1) PART TIME COUNTY CLERK III POSITION IN THE SULLIVAN COUNTY CLERK’S DMV OFFICE**

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$20,000

**Are funds already budgeted?** Yes

**If ‘Yes,’ specify appropriation code(s):** A1410-10-1011

**If ‘No,’ specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO CREATE (1) PART TIME COUNTY CLERK III POSITION IN THE SULLIVAN COUNTY CLERK’S DMV OFFICE**

**WHEREAS,** the Sullivan County Clerk has assessed the needs of the program due to an impending retirement, and

**WHEREAS,** the Department of Motor Vehicle (DMV) will continue to need an experienced worker to conduct financial reporting for the department to NYS DMV and the county treasurer; and

**WHEREAS,** upon conclusion of said impending retirement, the County Clerk is requesting to reclassify vacant Full Time County Clerk Worker II position (3285), to a Part Time, no benefit County Clerk Worker III position to be filled by a retired Department of Motor Vehicle employee, to meet the training and financial reporting needs; and

**WHEREAS,** by reclassifying position #3285 to a Part Time County Clerk Worker III position without benefits, there will be considerable savings for the County; and

**WHEREAS,** the part time position will be for a period to be determined as needed; and

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature

hereby approves the Resolution to reclassify position #3285 from a Full Time, County Clerk Worker II position to a Part Time County Clerk III position, without benefits in the Department of Motor Vehicle; and

**BE IT FURTHER RESOLVED,** that the Sullivan County Clerk has the authority to immediately fill the Part Time County Clerk III position in the Department of Motor Vehicle.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8153

**Agenda Date:** 2/19/2026

**Agenda #:** 39.

**Narrative of Resolution:**

The Legislative Discretionary Funding program is designed to assist Sullivan County and County-oriented entities with achieving such goals as public safety, public health, youth services, community development, and economic development

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution: \$6,334 (funding is unspent 2025 funding to be transferred)**

**Are funds already budgeted? Yes**

**Specify Compliance with Procurement Procedures: N/A**

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE FUNDING THROUGH THE LEGISLATIVE DISCRETIONARY FUNDING PROGRAM**

**WHEREAS**, the Sullivan County Legislature adopted a Legislative Discretionary Contract Funding Program pursuant to Resolution No. 327-16; and

**WHEREAS**, the program is designed to assist Sullivan County and County-oriented entities with achieving such goals as public safety, public health, youth services, community development, and economic development; and

**WHEREAS**, the program review took place during the 2025 Budget process and the Legislature had an opportunity to assess the applications submitted;

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature approves the projects listed in the below "Schedule A" and the disbursement of the associated funds, and

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature authorizes the County Manager to enter into contracts with these award recipients for the contract period of January 1, 2026 through December 31, 2026 for said services as submitted in their application; and

**BE IT FURTHER RESOLVED**, that the below organizations may request that the County advance these funds with the acknowledgment that there shall be the appropriate proof submitted to the Management and Budget Division at the completion of their purchase or their program no later than December 31, 2026; and

**BE IT FURTHER RESOLVED**, that the below 2025 funding requests shall be funded by the General Fund due to unspent 2025 funds being transferred at year-end to General Fund; and

**BE IT FURTHER RESOLVED**, said contracts to be in a form approved by the County Attorney.

"Schedule A"

2025 Legislative Discretionary Contract Funding

Applicant	Award Recommendation
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Fallsburg Fire Department Company No. 1	\$6,334 (Legislator District 7 2025 funding)
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Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8154

**Agenda Date:** 2/19/2026

**Agenda #:** 40.

**Narrative of Resolution:**

Execute a lease of restaurant space at the Sullivan County International Airport

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:** Bid/ RFP & number:R25-30

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO EXECUTE A LEASE OF RESTAURANT SPACE AT THE SULLIVAN COUNTY INTERNATIONAL AIRPORT (SCIA)**

**WHEREAS,** the Sullivan County International Airport (SCIA) solicited a Request for Proposal (RFP) from entities interested in operating a restaurant a SCIA (RFP# R25-30); and

WHEREAS, Duke International Hospitality submitted a proposal desiring to become a tenant; and

**WHEREAS,** the SCIA has available restaurant space; and

**WHEREAS,** a Public Hearing was held on January 22, 2026 as required prior to authorizing a lease.

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature hereby authorizes the County Manager to execute a two (2) year term to commence on April 1, 2026, and to end on March 31, 2028 with an option to renew for a three (3) year additional period unless sooner terminated in such form as shall be approved by the County Attorney for Duke International Hospitality Group at a lease rate of \$1,000 per month

**BE IT FURTHER RESOLVED,** that this resolution shall take effect immediately.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8155

**Agenda Date:** 2/19/2026

**Agenda #:** 41.

**Narrative of Resolution:**

To appoint a member of the Sullivan County Land Bank Corporation Board

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** N/A

**Are funds already budgeted?** Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO APPOINT A MEMBER OF THE SULLIVAN COUNTY LAND BANK CORPORATION BOARD**

**WHEREAS,** authority to appoint members of the Sullivan County Land Bank Corporation Board of Directors resides with the Sullivan County Legislature pursuant to Article 16 of New York State's Non-Profit Corporation Law; and

**WHEREAS,** the Sullivan County Land Bank Corporation (the Land Bank) is governed by an eleven (11) member Board of Directors ("Board") who serve a term of two (2) years from the date of appointment, unless appointed by virtue of a director's elected public office in which case it shall run concurrently with the term of office, whichever is less; and

**WHEREAS,** a new County Treasurer was elected in 2025 and her term began on January 1, 2026; and

**WHEREAS,** at its January 22, 2026 meeting the Land Bank Board voted unanimously to recommend the Sullivan County Legislature formally appoint Kathleen Lara, Sullivan County Treasurer, to the Board.

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature hereby appoints Kathleen Lara, Sullivan County Treasurer, to the Board, by virtue of her elected title and in accordance with relevant laws and/or by-laws.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8156

**Agenda Date:** 2/19/2026

**Agenda #:** 42.

**Narrative of Resolution:**

To amend Resolution #30-26 to correct the amount of the grant

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$77,711

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):**

4050-10-1011,80-8001,80-8002,80-8005,80-8006,80-8007,43-4302,43-4308,46-4607, R4401-R167

**If 'No,' specify proposed source of funds:** No cash match or cost share. County funds to be reimbursed by the grant on quarterly basis. After grant expires to use funds from Article 6.

**Specify Compliance with Procurement Procedures:** N/A

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AMEND RESOLUTION NO. 30-26 TO CORRECT THE AMOUNT OF THE GRANT FROM \$38,856 TO \$77,711**

**WHEREAS,** Resolution No. 30-26 was adopted on February 5, 2026 by the Sullivan County Legislature, (see attached) and

**WHEREAS,** the amount of the grant in Resolution No. 30-26 is \$38,856 and should be \$77,711, and

**NOW, THEREFORE BE IT RESOLVED,** that the Sullivan County Legislature hereby amends Resolution No. 30-26 by correcting the amount of the grant to \$77,711.

**BE IT FURTHER RESOLVED,** that the rest of Resolution No. 30-26 remains unchanged.



# Sullivan County

100 North Street  
Monticello, NY 12701

## Certified Copy

Resolution: 30-26

**File Number: ID-8056**

**Enactment Number: 30-26**

To Authorize the approval for the Sullivan County Department of Public Health to apply for and accept funds from NYS DOH PHEPP.

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$38,856

**Are funds already budgeted? Yes**

**If 'Yes,' specify appropriation code(s):** 4050-10-1011,80-8001,80-8002,80-8005,80-8006,80-8007,43-4302,43-4308,46-4607, R4401-R167

**If 'No,' specify proposed source of funds:** No cash match or cost share. County funds to be reimbursed by the grant on quarterly basis. After grant expires to use funds from Article 6.

**Specify Compliance with Procurement Procedures:** N/A

**RESOLUTION INTRODUCED BY CATHERINE SCOTT, CHAIR OF THE HEALTH AND HUMAN SERVICES COMMITTEE TO AUTHORIZE THE APPROVAL FOR THE SULLIVAN COUNTY DEPARTMENT OF PUBLIC HEALTH TO APPLY FOR AND ACCEPT FUNDS FROM THE NYS DOH PHEPP IN THE AMOUNT OF \$38,856.**

**WHEREAS,** NYS DOH PHEPP has offered a grant for the Public Health Emergency Preparedness Program.

**WHEREAS,** the purpose of the grant is to assist in salary and fringe for PHEP staff, and for education and community engagement for emergency preparedness.

**WHEREAS,** the grant will provide \$38,856 for the period of 7/1/25 through 6/30/26, and any equipment purchased will be county owned and used by the department, and

**NOW, THEREFORE, BE IT RESOLVED,** the Sullivan County Legislature hereby authorizes the County Manager, Chairman of the County Legislature, and / or their authorized representative to execute any and all necessary documents to submit the application for funding and;

**BE IT FURTHER RESOLVED,** that the Sullivan County Legislature hereby authorizes the County Manager, and / or Chairman of the County Legislature (*as required by the funding source*) to accept the award, and enter into an award agreement or contract to administer the funding secured, in such form as the County Attorney shall approve; and

**BE IT FURTHER RESOLVED,** that should the NYS DOH Public Health Emergency Preparedness Program funding be terminated, the County shall not be obligated to continue any action undertaken by the use of this funding.

I, , certify that this is a true copy of Enactment Number 30-26, passed by the County Legislature on 2/5/2026.

**Attest:** 

2/6/26  
**Date Certified**



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8157

**Agenda Date:** 2/19/2026

**Agenda #:** 43.

**Narrative of Resolution:**

Authorize the application for renewal and Acceptance of New York State Retired Senior Volunteer program Grant Funding for 2025-2026

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$8,018

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** A 7610-89-R3 772- R295

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:** N/A

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AUTHORIZE THE APPLICATION FOR RENEWAL AND ACCEPTANCE OF NEW YORK STATE RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) GRANT FUNDING FOR 2025-2026**

WHEREAS, the Sullivan County Office for the Aging administers the County’s volunteer program locally known as Sullivan Volunteers in coordination with the Retired Senior Volunteer Program (RSVP); and

WHEREAS, the New York State Office for the Aging has authorized Sullivan County an award of State funding for the 2025-2026 RSVP program in the amount of \$8,018; and

WHEREAS, the purpose of the RSVP/Sullivan Volunteers program is to provide meaningful volunteer opportunities throughout Sullivan County, particularly in rural and underserved communities; and

WHEREAS, the term of the RSVP program funding is July 1, 2025 through June 30, 2026; and

WHEREAS, if the County’s application is approved and the award is accepted, the funds will be used to reimburse the County for eligible RSVP/Sullivan Volunteers program expenditures incurred by the Sullivan County Office for the Aging; and

WHEREAS, the New York State RSVP Grant Program is a reimbursement-based program which permits recipients to request an advance of up to 25% of award; and

WHEREAS, reimbursement for County expenditures is contingent upon submission and approval by the New York State Office for the Aging of the required application materials, certifications, assurances, and program documentation;

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the County Manager, Chairman of the County Legislature, and / or their authorized representative (as required by the funding source) to execute any and all necessary documents to submit the New York State 2025-2026 RSVP application for funding; and

BE IT FURTHER RESOLVED, that the Sullivan County Legislature hereby authorizes the County Manager, and / or Chairman of the County Legislature (as required by the funding source) to accept the award, and enter into any purchase

order, award agreement, or contract necessary to administer the funding secured, in such form as the County Attorney shall approve; and

BE IT FURTHER RESOLVED, that all commitments and agreements are contingent upon receipt of necessary State allocations and should the 2025-2026 NYS RSVP funding be terminated, the County shall not be obligated to continue any action undertaken by the use of this funding.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8158

**Agenda Date:** 2/19/2026

**Agenda #:** 44.

**Narrative of Resolution:**

To authorize contract with Novara Software LLC for safety training and programs

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** 34800

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** A-1342-40-4013

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO CONTRACT WITH NOVARA SOFTWARE, LLC TO PROVIDE THE REQUIRED SAFETY TRAINING AND EDUCATION PROGRAM**

**WHEREAS**, to ensure compliance with required New York State and Federal regulations, the County requires a safety training and education program for County employees; and

**WHEREAS**, a request for proposal was issued (#R-26-01) for said services, and a proposal was received from Novara Software, LLC ("Novara"), 11080 Circle Point Road, Suite 200, Westminster, CO 80020, offering these services, and who has the experience, qualifications, and resources to effectively and efficiently administer the safety training and education program; and

**WHEREAS**, the contract period for these services shall commence March 1, 2026 through February 28, 2027, at a cost of \$34,800.00, to wit, \$29,000.00 annual fee, with a one-time data conversion fee of \$5,800, with the option to extend for three (3) additional years, on a yearly basis; and

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is hereby authorized to execute an agreement with Novara Software, LLC for services in accordance with the proposal received at the agreed upon terms, and such contract shall be in a form approved by the County Attorney.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8160

**Agenda Date:** 2/19/2026

**Agenda #:** 45.

**Narrative of Resolution:**  
To Modify the 2025 Budget

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** Please see attached Budget Mods.

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO MODIFY THE 2025 BUDGET**

**WHEREAS,** the County of Sullivan Budget requires modification,

**NOW, THEREFORE, BE IT RESOLVED,** that the attached budgetary transfers for 2025 be authorized.

**Year End #3 Resolution Needed  
Sullivan County Budget Modifications 2025**

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-1165-40-4001 - CONTRACT AGENCIES			86,321	
A-1165-R4089-R167 - FED AID OTHR DEPARTMENTAL AID	86,321			
A-1340-47-4710 - DEPT DEPT MISC/OTHER			19,762	
A-1340-R2210-R134 - GEN SERV OTHR GOV CHARGBK - INTERDEPARTMNTL	19,762			
<b>A Fund Total</b>	<b>106,083</b>	<b>-</b>	<b>106,083</b>	<b>-</b>



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8161

**Agenda Date:** 2/19/2026

**Agenda #:** 46.

**Narrative of Resolution:**  
To Modify the 2025 Budget

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** Please see attached Budget Mods.

**Are funds already budgeted?** Choose an item.

**If 'Yes,' specify appropriation code(s):** Click or tap here to enter text.

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY MANAGEMENT & BUDGET COMMITTEE TO MODIFY THE 2025 BUDGET**

**WHEREAS,** the County of Sullivan Budget requires modification,

**NOW, THEREFORE, BE IT RESOLVED,** that the attached budgetary transfers for 2025 be authorized.

**Year End #5 Resolution Needed  
Sullivan County Budget Modifications 2025**

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-1010-10-1011 - PERSONAL SERV REGULAR PAY			3,200	
A-1010-80-8001- EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			32,000	
A-1010-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT				32,000
A-1165-10-1011 - PERSONAL SERV REGULAR PAY				125,000
A-1165-10-1012 - PERSONAL SERV OVERTIME PAY			24,000	
A-1165-80-8001 - EMPL BENFTS FICA AND MEDICARE				10,000
A-1165-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				30,000
A-1165-80-8005 - EMPL BENFTS RETIREMENT				50,000
A-1231-10-1011 - PERSONAL SERV REGULAR PAY				100,000
A-1231-10-1015 - PERSONAL SERV OTHER PAY				3,000
A-1231-80-8001 - EMPL BENFTS FICA AND MEDICARE				5,000
A-1231-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				25,000
A-1231-80-8005 - EMPL BENFTS RETIREMENT				10,000
A-1320-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				5,000
A-1340-10-1011 - PERSONAL SERV REGULAR PAY				10,000
A-1340-10-1013 - PERSONAL SERV LONGEVITY			1,600	
A-1340-10-1015 - PERSONAL SERV OTHER PAY			6,900	
A-1340-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			1,300	
A-1340-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			9,400	
A-1340-80-8005 - EMPL BENFTS RETIREMENT				24,000
A-1340-80-8006 - EMPL BENFTS WORKERS COMPENSATION			2,800	
A-1341-10-1011 - PERSONAL SERV REGULAR PAY				10,000
A-1341-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				7,000
A-1341-80-8005 - EMPL BENFTS RETIREMENT				6,500
A-1345-10-1011 - PERSONAL SERV REGULAR PAY				10,000
A-1345-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				10,000
A-1345-80-8005 - EMPL BENFTS RETIREMENT				4,500
A-1410-10-10-1011 - PERSONAL SERV REGULAR PAY				40,000
A-1410-10-10-1013 - PERSONAL SERV LONGEVITY				1,500

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-1410-10-80-8001 - EMPL BENFTS FICA AND MEDICARE				4,000
A-1410-10-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				25,000
A-1410-10-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT				3,000
A-1410-10-80-8005 - EMPL BENFTS RETIREMENT				12,000
A-1410-11-10-1011 - PERSONAL SERV REGULAR PAY				85,000
A-1410-11-10-1015 - PERSONAL SERV OTHER PAY			3,000	
A-1410-11-80-8001 - EMPL BENFTS FICA AND MEDICARE				7,000
A-1410-11-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				67,000
A-1410-11-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT				1,500
A-1410-11-80-8005 - EMPL BENFTS RETIREMENT				21,000
A-1420-10-1011 - PERSONAL SERV REGULAR PAY				100,000
A-1420-10-1013 - PERSONAL SERV LONGEVITY				3,000
A-1420-80-8001 - EMPL BENFTS FICA AND MEDICARE				6,000
A-1420-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				30,000
A-1420-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			15,000	
A-1420-80-8005 - EMPL BENFTS RETIREMENT				25,000
A-1490-10-1011 - PERSONAL SERV REGULAR PAY				20,000
A-1490-10-1013 - PERSONAL SERV LONGEVITY				2,500
A-1490-80-8001 - EMPL BENFTS FICA AND MEDICARE				1,500
A-1490-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				25,000
A-1490-80-8005 - EMPL BENFTS RETIREMENT			7,000	
A-1620-23-10-1011 - PERSONAL SERV REGULAR PAY				85,000
A-1620-23-10-1012 - PERSONAL SERV OVERTIME PAY			42,000	
A-1620-23-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				30,000
A-1620-23-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			10,000	
A-1620-24-10-1011 - PERSONAL SERV REGULAR PAY				40,000
A-1620-24-10-1012 - PERSONAL SERV OVERTIME PAY			32,000	
A-1620-24-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				20,000
A-1680-10-1011 - PERSONAL SERV REGULAR PAY				110,000
A-1680-10-1013 - PERSONAL SERV LONGEVITY				3,000
A-1680-80-8001 - EMPL BENFTS FICA AND MEDICARE				9,000
A-1680-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				22,000

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-1680-80-8005 - EMPL BENFTS RETIREMENT				21,000
A-1989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			210,000	
A-3010-212-10-1011 - PERSONAL SERV REGULAR PAY				42,000
A-3010-212-80-8001 - EMPL BENFTS FICA AND MEDICARE				3,000
A-3010-212-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			7,000	
A-3010-212-80-8005 - EMPL BENFTS RETIREMENT				15,000
A-3010-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				11,000
A-3010-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT				5,500
A-3010-80-8005 - EMPL BENFTS RETIREMENT			15,000	
A-3020-10-1011 - PERSONAL SERV REGULAR PAY				50,000
A-3020-80-8001 - EMPL BENFTS FICA AND MEDICARE				2,500
A-3020-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				27,000
A-3020-80-8005 - EMPL BENFTS RETIREMENT				26,000
A-3989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			122,000	
A-4010-206-10-1011 - PERSONAL SERV REGULAR PAY				18,000
A-4010-206-10-1012 - PERSONAL SERV OVERTIME PAY				1,500
A-4010-206-10-1015 - PERSONAL SERV OTHER PAY				2,500
A-4010-206-80-8001 - EMPL BENFTS FICA AND MEDICARE				2,400
A-4010-206-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				50,000
A-4010-206-80-8005 - EMPL BENFTS RETIREMENT				27,000
A-4010-207-10-1011 - PERSONAL SERV REGULAR PAY				77,000
A-4010-207-10-1012 - PERSONAL SERV OVERTIME PAY				10,000
A-4010-207-10-1015 - PERSONAL SERV OTHER PAY			4,800	
A-4010-207-80-8001 - EMPL BENFTS FICA AND MEDICARE				6,000
A-4010-207-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				30,000
A-4010-207-80-8005 - EMPL BENFTS RETIREMENT				17,000
A-4010-33-10-1011 - PERSONAL SERV REGULAR PAY				240,000
A-4010-33-10-1012 - PERSONAL SERV OVERTIME PAY				7,500
A-4010-33-10-1015 - PERSONAL SERV OTHER PAY			20,000	
A-4010-33-80-8001 - EMPL BENFTS FICA AND MEDICARE				14,000
A-4010-33-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				75,000
A-4010-33-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			6,000	

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-4010-33-80-8005 - EMPL BENFTS RETIREMENT				65,000
A-4010-34-10-1011 - PERSONAL SERV REGULAR PAY				42,000
A-4010-34-80-8001 - EMPL BENFTS FICA AND MEDICARE				3,000
A-4010-34-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				25,000
A-4010-34-80-8005 - EMPL BENFTS RETIREMENT				6,000
A-4010-36-10-1011 - PERSONAL SERV REGULAR PAY				4,000
A-4010-36-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			17,000	
A-4010-36-80-8005 - EMPL BENFTS RETIREMENT				4,100
A-4050-10-1011 - PERSONAL SERV REGULAR PAY				80,000
A-4050-10-1015 - PERSONAL SERV OTHER PAY			15,000	
A-4050-80-8001 - EMPL BENFTS FICA AND MEDICARE				5,000
A-4050-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			18,000	
A-4050-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			6,000	
A-4050-80-8005 - EMPL BENFTS RETIREMENT				15,000
A-4310-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				43,000
A-4310-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			15,000	
A-4310-80-8005 - EMPL BENFTS RETIREMENT				11,000
A-4320-40-10-1011 - PERSONAL SERV REGULAR PAY				210,000
A-4320-40-10-1012 - PERSONAL SERV OVERTIME PAY			5,700	
A-4320-40-10-1015 - PERSONAL SERV OTHER PAY				5,000
A-4320-40-80-8001 - EMPL BENFTS FICA AND MEDICARE				18,000
A-4320-40-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				16,000
A-4320-40-80-8005 - EMPL BENFTS RETIREMENT				24,000
A-4320-42-10-1011 - PERSONAL SERV REGULAR PAY			18,000	
A-4320-42-10-1015 - PERSONAL SERV OTHER PAY				6,000
A-4320-42-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			80,000	
A-4320-42-80-8005 - EMPL BENFTS RETIREMENT				9,000
A-4320-43-10-1011 - PERSONAL SERV REGULAR PAY				35,000
A-4320-43-80-8001 - EMPL BENFTS FICA AND MEDICARE				1,700
A-4320-43-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				27,000
A-4320-43-80-8005 - EMPL BENFTS RETIREMENT			2,600	
A-4989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			54,000	

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-5610-10-1011 - PERSONAL SERV REGULAR PAY				30,000
A-5610-10-1012 - PERSONAL SERV OVERTIME PAY			7,300	
A-5610-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				34,000
A-5610-80-8005 - EMPL BENFTS RETIREMENT				3,000
A-5989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			18,000	
A-6010-38-10-1011 - PERSONAL SERV REGULAR PAY			11,000	
A-6010-38-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT				5,500
A-6010-38-80-8005 - EMPL BENFTS RETIREMENT				11,000
A-6010-38-80-8006 - EMPL BENFTS WORKERS COMPENSATION			1,000	
A-6010-50-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				11,000
A-6010-50-80-8005 - EMPL BENFTS RETIREMENT				1,000
A-6010-51-10-1011 - PERSONAL SERV REGULAR PAY				50,000
A-6010-51-10-1012 - PERSONAL SERV OVERTIME PAY			1,000	
A-6010-51-80-8001 - EMPL BENFTS FICA AND MEDICARE				3,700
A-6010-51-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				13,000
A-6010-51-80-8005 - EMPL BENFTS RETIREMENT				6,500
A-6010-52-10-1011 - PERSONAL SERV REGULAR PAY				80,000
A-6010-52-10-1013 - PERSONAL SERV LONGEVITY			26,000	
A-6010-52-80-8001 - EMPL BENFTS FICA AND MEDICARE				5,500
A-6010-52-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			28,000	
A-6010-52-80-8005 - EMPL BENFTS RETIREMENT				26,000
A-6010-52-80-8006 - EMPL BENFTS WORKERS COMPENSATION			4,700	
A-6010-53-10-1011 - PERSONAL SERV REGULAR PAY				20,000
A-6010-53-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			46,000	
A-6010-53-80-8005 - EMPL BENFTS RETIREMENT				11,000
A-6010-55-10-1011 - PERSONAL SERV REGULAR PAY			20,000	
A-6010-55-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			51,000	
A-6010-56-10-1011 - PERSONAL SERV REGULAR PAY				60,000
A-6010-56-10-1013 - PERSONAL SERV LONGEVITY				3,500
A-6010-56-80-8001 - EMPL BENFTS FICA AND MEDICARE				5,000
A-6010-56-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				27,000
A-6010-56-80-8005 - EMPL BENFTS RETIREMENT				9,000

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-6010-57-10-1011 - PERSONAL SERV REGULAR PAY				210,000
A-6010-57-10-1012 - PERSONAL SERV OVERTIME PAY			11,000	
A-6010-57-10-1015 - PERSONAL SERV OTHER PAY			8,000	
A-6010-57-80-8001 - EMPL BENFTS FICA AND MEDICARE				2,500
A-6010-57-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				160,000
A-6010-57-80-8005 - EMPL BENFTS RETIREMENT				60,000
A-6010-57-80-8006 - EMPL BENFTS WORKERS COMPENSATION			13,000	
A-6293-10-1011 - PERSONAL SERV REGULAR PAY				31,000
A-6293-80-8001 - EMPL BENFTS FICA AND MEDICARE				2,500
A-6293-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				33,000
A-6293-80-8005 - EMPL BENFTS RETIREMENT				17,000
A-6610-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				6,500
A-6990-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			6,900	
A-6991-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			68,000	
A-7110-39-10-1011 - PERSONAL SERV REGULAR PAY				8,000
A-7110-39-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				3,700
A-7110-39-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			5,000	
A-7110-39-80-8005 - EMPL BENFTS RETIREMENT				7,500
A-7110-82-10-1011 - PERSONAL SERV REGULAR PAY				10,000
A-7110-82-10-1015 - PERSONAL SERV OTHER PAY				1,000
A-7110-82-80-8005 - EMPL BENFTS RETIREMENT				6,500
A-7310-10-1011 - PERSONAL SERV REGULAR PAY				25,000
A-7310-80-8001 - EMPL BENFTS FICA AND MEDICARE				2,000
A-7310-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				7,000
A-7310-80-8005 - EMPL BENFTS RETIREMENT				1,000
A-7450-202-10-1011 - PERSONAL SERV REGULAR PAY				2,500
A-7450-202-80-8005 - EMPL BENFTS RETIREMENT				1,700
A-7450-203-10-1011 - PERSONAL SERV REGULAR PAY				2,000
A-7450-203-80-8005 - EMPL BENFTS RETIREMENT				1,000
A-7610-87-10-1011 - PERSONAL SERV REGULAR PAY				12,000
A-7610-87-10-1013 - PERSONAL SERV LONGEVITY				2,000
A-7610-87-10-1015 - PERSONAL SERV OTHER PAY				1,000

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
A-7610-87-80-8001 - EMPL BENFTS FICA AND MEDICARE				2,400
A-7610-87-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				2,500
A-7610-87-80-8005 - EMPL BENFTS RETIREMENT				3,000
A-7610-88-10-1011 - PERSONAL SERV REGULAR PAY				41,000
A-7610-88-10-1015 - PERSONAL SERV OTHER PAY				4,500
A-7610-88-80-8001 - EMPL BENFTS FICA AND MEDICARE				4,000
A-7610-88-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				22,000
A-7610-88-80-8005 - EMPL BENFTS RETIREMENT				11,000
A-7610-89-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE			18,000	
A-7989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			29,000	
A-8020-90-10-1011 - PERSONAL SERV REGULAR PAY				4,500
A-8020-90-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				18,000
A-8020-90-80-8005 - EMPL BENFTS RETIREMENT				9,000
A-8040-10-1011 - PERSONAL SERV REGULAR PAY				3,500
A-8040-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				9,000
A-8040-80-8005 - EMPL BENFTS RETIREMENT				3,000
A-8090-10-1011 - PERSONAL SERV REGULAR PAY				17,000
A-8090-80-8001 - EMPL BENFTS FICA AND MEDICARE				1,000
A-8090-80-8005 - EMPL BENFTS RETIREMENT				5,500
A-8989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES				2,000
A-9901-90-9001 - TRANSFERS TRANSFERS COUNTY ROAD				55,000
A-9901-90-9002 - TRANSFERS TRANSFERS ROAD MACHINERY				172,600
A-9901-90-9037 - TRANSFERS TRANSFERS SOLID WASTE				44,900
A-9999-R2770-R338 - MISC REVENUE OTHER		3,000,000		
<b>Total A Fund</b>		<b>3,000,000</b>	<b>1,179,200</b>	<b>4,179,200</b>
CL-8160-10-1011 - PERSONAL SERV REGULAR PAY				40,000
CL-8160-10-1012 - PERSONAL SERV OVERTIME PAY			29,000	
CL-8160-10-1013 - PERSONAL SERV LONGEVITY				2,000
CL-8160-80-8001 - EMPL BENFTS FICA AND MEDICARE				2,300
CL-8160-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				30,000
CL-8160-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT				4,000

<b>G/L Account</b>	<b>Revenue Increase</b>	<b>Revenue Decrease</b>	<b>Appropriation Increase</b>	<b>Appropriation Decrease</b>
CL-8160-R5031-R209 - INTERFUND TRANSFR GENERAL FUND		44,900		
CL-8989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			4,400	
<b>Total CL Fund</b>		<b>44,900</b>	<b>33,400</b>	<b>78,300</b>
D-3310-10-1011 - PERSONAL SERV REGULAR PAY				15,000
D-3310-10-1012 - PERSONAL SERV OVERTIME PAY			10,000	
D-3310-10-1013 - PERSONAL SERV LONGEVITY				1,000
D-3310-80-8001 - EMPL BENFTS FICA AND MEDICARE				1,000
D-3310-80-8005 - EMPL BENFTS RETIREMENT			7,500	
D-3310-80-8011 - EMPL BENFTS HRA AND HSA				1,500
D-3989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES				21,000
D-5110-45-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				200,000
D-5110-45-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			37,000	
D-5989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			130,000	
D-9998-R5031-R209 - INTERFUND TRANSFR GENERAL FUND		55,000		
<b>Total D Fund</b>		<b>55,000</b>	<b>184,500</b>	<b>239,500</b>
DM-5130-48-10-1011 - PERSONAL SERV REGULAR PAY				105,000
DM-5130-48-10-1012 - PERSONAL SERV OVERTIME PAY			29,000	
DM-5130-48-10-1013 - PERSONAL SERV LONGEVITY				3,100
DM-5130-48-80-8001 - EMPL BENFTS FICA AND MEDICARE				7,500
DM-5130-48-80-8002 - EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE				117,000
DM-5130-48-80-8004 - EMPL BENFTS HLTH INSUR OPT OUT			1,500	
DM-5130-48-80-8005 - EMPL BENFTS RETIREMENT				9,000
DM-5130-48-80-8011 - EMPL BENFTS HRA AND HSA				4,500
DM-5989-98-80-8003 - EMPL BENFTS HLTH INSUR RETIREES			43,000	
DM-9997-R5031-R209 - INTERFUND TRANSFR GENERAL FUND		172,600		
<b>Total DM Fund</b>		<b>172,600</b>	<b>73,500</b>	<b>246,100</b>



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8162

**Agenda Date:** 2/19/2026

**Agenda #:** 47.

**Narrative of Resolution:**

Authorize an agreement with Simitree Acquisition, LLC for their Medical Coding and OASIS Review Services

- **Amount to be authorized by Resolution:** \$60,000/year in a 4-year engagement
- **Are funds already budgeted:** YES
  - **If ‘Yes,’ specify appropriation code(s):** A-1680-43-4304
  - **If ‘No,’ specify proposed source of funds:** N/A
- **Specify Compliance with Procurement Procedures:** Solution proposal received from vendor that is compatible with PHS’s proposed EMR solution.

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE AN AGREEMENT WITH SIMITREE ACQUISITION, LLC FOR THEIR MEDICAL CODING AND OASIS REVIEW SERVICES SOLUTION**

**WHEREAS**, the County of Sullivan provides Certified Home Health Agency services through its Department of Public Health and is required to maintain accurate medical coding, OASIS documentation, and compliance with applicable federal and state regulatory requirements; and

**WHEREAS**, the County identified the need for specialized external support to enhance the accuracy, timeliness, and consistency of coding and OASIS review services in support of quality outcomes and appropriate reimbursement; and

**WHEREAS**, the County evaluated qualified and compatible vendors capable of providing outsourced medical coding and OASIS review services aligned with home health regulatory and operational requirements; and

**WHEREAS**, based upon that review, the County determined that **SimiTree Acquisition LLC**, (SimiTree), demonstrated the experience, qualifications, and capacity to provide coding and OASIS review services that support the County’s Public Health operations; and

**WHEREAS**, the County seeks to enter into an agreement with SimiTree for medical coding and OASIS review services, subject to the successful negotiation of contract terms.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is hereby authorized to enter into a 4-year term agreement SimiTree solution in an amount not to exceed \$60,000/year; and

**BE IT FURTHER RESOLVED**, that said agreement to be in such form as the County Attorney shall approve.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8163

**Agenda Date:** 2/19/2026

**Agenda #:** 48.

**Narrative of Resolution:**

Authorize a Master Services Agreement with Home Care Home Base (HCHB) for their Electric Medical Records solution

- **Amount to be authorized by Resolution:** \$86,936/year for 5-years
- **Are funds already budgeted:** YES
  - **If ‘Yes,’ specify appropriation code(s):** A-1680-43-4304
  - **If ‘No,’ specify proposed source of funds:** N/A
- **Specify Compliance with Procurement Procedures:** Response received to RFP #R-25-38 Electronic Medical Records (EMR) System Solution for Public Health Services

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE A MASTER SERVICES AGREEMENT WITH HOME CARE HOME BASE (HCHB) FOR THEIR ELECTRONIC MEDICAL RECORDS (EMR) SOLUTION**

**WHEREAS,** the County of Sullivan, through its Department of Purchasing and Central Services, issued Request for Proposals (RFP) #R-25-38 for a cloud-based Electronic Medical Record (EMR) solution to support the operational and regulatory requirements of the Sullivan County Department of Public Health’s (PHS) Certified Home Health Agency; and

**WHEREAS,** proposals were received and evaluated by PHS and Information Technology Services (ITS) in accordance with the criteria set forth in the RFP and applicable procurement requirements; and

**WHEREAS,** the proposals were reviewed based on functional capability, compliance and security considerations, implementation approach, cost, and overall value to the County; and

**WHEREAS,** based upon the results of that evaluation, it was determined that Homecare Homebase, LLC (HCHB) submitted a proposal that represents the best overall value to the County; and

**WHEREAS,** PHS and ITS recommends that the County enter into a Master Services Agreement (MSA) with Homecare Homebase, LLC., subject to the successful negotiation of contract terms.

**NOW, THEREFORE, BE IT RESOLVED,** that the County Manager is hereby authorized to execute a 5-year MSA with HCHB for their EMR solution in an amount not to exceed \$86,936/year; and

**BE IT FURTHER RESOLVED,** that said agreement to be in such form as the County Attorney shall approve.





# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8164

**Agenda Date:** 2/19/2026

**Agenda #:** 49.

**Narrative of Resolution:**

Accept and authorize an award with NYS Department of Labor for the New York Systems Change and Inclusive Opportunities Network (NYSCION)

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$30,000

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** A6293 - R4789-R167

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO ACCEPT AND AUTHORIZE AN AWARD WITH THE NEW YORK STATE DEPARTMENT OF LABOR FOR THE NEW YORK SYSTEMS CHANGE AND INCLUSIVE OPPORTUNITIES NETWORK (NYSCION) PROGRAM.

WHEREAS, the Center for Workforce Development (CWD) is being awarded funds through the New York State Department of Labor (NYSDOL) leveraged by the New York State Office of Mental Health (OMH), and

WHEREAS, NYSDOL and OMH entered in to a Memorandum of Understanding (MOU) for contribution for the continuation of the NYSCION program, and

WHEREAS, these additional funds will support the Local Workforce Development Areas (LWDA) and the Disability Resource Coordinator (DRC) staffing, and

WHEREAS, the CWD wishes to accept this additional award for the NYSCION program in the amount of \$30,000 to be utilized following all requirements for funds approved for the period of September 16, 2025 through July 31, 2026, and

WHEREAS, the NYSDOL is the pass-through entity to the local area, and the Chairman of the Sullivan County Legislature is required to execute the Subrecipient Agreement Attestation for all fiscal and operation aspects of the award, and

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the Chairman of the Legislature to execute any and all necessary documents to accept the award in the amount of \$30,000.00 for the period of September 16, 2025 though July 31, 2026, in such form as the County Attorney shall approve.

BE IT FURTHER RESOLVED, that should the funding be terminated the County shall not be obligated to continue any action undertaken by the use of this funding.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8165

**Agenda Date:** 2/19/2026

**Agenda #:** 50.

**Narrative of Resolution:**

Authorize the transfer of funds within the existing contract with Rolling V Bus Corporation for the provision of “Move Sullivan” public transit services

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$87,000

**Are funds already budgeted?** Yes

**If ‘Yes,’ specify appropriation code(s):** Transfer of money within the existing contract (A-5680-40-4021)

**If ‘No,’ specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE TRANSFER OF FUNDS WITHIN THE CONTRACT WITH ROLLING V BUS CORPORATION FOR THE PROVISION OF “MOVE SULLIVAN”PUBLIC TRANSIT SERVICES.

WHEREAS, pursuant to Resolution 204.19, the County entered into a Transit Opportunity with Rolling V Bus Corporation for the provision of the “Move Sullivan” public transit service, and

WHEREAS, pursuant to Resolution 326.24, the most recent mutually agreed upon contract extends through December 31, 2025, and

WHEREAS, pursuant to Resolution 326.24 there are not to exceed amounts for route cohorts, and

WHEREAS, the increase in paratransit costs requires the reallocation of funds within these cohorts, and

WHEREAS, cohort for Routes A &B will be increased to an amount not to exceed \$82,000.00, and

WHEREAS, the contract cohort for Routes C & D will be increased to an amount not to exceed \$5,000.00, and

WHEREAS, these funds totaling \$87,000.00 will be transferred from the Route E and two shuttles cohort, and

NOW, THEREFORE, BE IT RESOLVED, the County is hereby authorized to transfers funds within the contract with Rolling V Bus Corporations approved by Resolution 326.24 for the amount not to exceed \$87,000.

BE IT FURTHER RESOLVED, that all other terms and conditions of the agreement remain in force.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8166

**Agenda Date:** 2/19/2026

**Agenda #:** 51.

**Narrative of Resolution:**

Authorize contract modification agreement with Rolling V Bus Corporation for 2026

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:**

**Are funds already budgeted? Yes**

**Amount to be authorized: \$1,870,968.**

**A-5680-R3594-R259 \$900,000.**

**A-5680-R4589-R299 \$351,641.**

**A5680-40-4021 Contract Transportation \$1,870,968.**

**Specify Compliance with Procurement Procedures:**

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO EXECUTE A MODIFICATION AGREEMENT WITH ROLLING V BUS CORPORATION FOR THE PROVISION OF “MOVE SULLIVAN” PUBLIC TRANSIT SERVICES.

WHEREAS, pursuant to Resolution 204.19, the County entered into a Transit Opportunity with Rolling V Bus Corporation for the provision of the “Move Sullivan” public transit service, and

WHEREAS, pursuant to Resolution 326.24, the most recent mutually agreed upon contract extends through December 31, 2025, and

WHEREAS, the County further wishes to modify the agreement to be in effect from January 1, 2026 through December 31, 2026, and

WHEREAS, the contract with Rolling V Bus Corporation for Routes A & B will be increased to an amount not to exceed \$627,269.76, and

WHEREAS, the contract with Rolling V Bus Corporation for Routes C & D will be increased to an amount not to exceed \$698,792.88, and

WHEREAS, the contract with Rolling V Bus Corporation for Route E and the two shuttles will be increased to an amount not to exceed \$408,929.04, and

WHEREAS, the contract with Rolling V Bus Corporation for complementary paratransit services across all routes and shuttles will be in an amount not to exceed \$135,976.32.

NOW, THEREFORE, BE IT RESOLVED, the County is hereby authorized to enter into a contract with Rolling

V Bus Corporations for an amount not to exceed \$1,870,968.

BE IT FURTHER RESOLVED, that the County Manager is authorized to execute a modification agreement.

BE IT FURTHER RESOLVED, that said agreement shall be in such form as approved by the County Attorney.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8172

**Agenda Date:** 3/12/2026

**Agenda #:** 52.

**Narrative of Resolution:**

Authorize an annual contract with Sullivan County Visitor’s Association for Fiscal Year 2026

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** Quarterly based on our budget

**Are funds already budgeted?** Yes

If ‘Yes,’ specify appropriation code(s): **Need G/L Account #**

If ‘No,’ specify proposed source of funds: Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE AUTHORIZING AN ANNUAL CONTRACT WITH THE SULLIVAN COUNTY VISITORS ASSOCIATION FOR FISCAL YEAR 2026**

**WHEREAS,** the County of Sullivan (“County”) and the Sullivan County Visitors Association (“SCVA”) have enjoyed a long and contractual relationship for tourism promotion; and

**WHEREAS,** the County and SCVA have recently completed a five-year contract ending at the end of 2025; and

**WHEREAS,** the County is desirous of extending the contract for one-year commencing on January 1, 2026 and ending on December 31, 2026; and

**WHEREAS,** the 2026 contract will have the same financial terms and conditions as the contract that ended at the end of 2025, except for the following:

**QUARTERLY ADVANCE PAYMENTS.** As an advance against the Annual Allocation for a fiscal year, the County shall pay SCVA one-quarter of the annual anticipated allocation due on every January 1, April 1, July 1, and October 1 of each year of the Term. The annual anticipated allocation due shall be based on the Adopted or Amended Budget at the beginning of each fiscal quarter

**NOW, THEREFORE, BE IT RESOLVED,** that the Legislature of Sullivan County hereby authorizes a contract extension between the County of Sullivan and the SCVA, for a term of January 1, 2026 through December 31, 2026 and with the same financial terms and conditions as the 2025 Agreement except for the quarterly calculation as stated above; and

**BE IT FURTHER RESOLVED,** the County Manager is authorized to execute a contract between the County of Sullivan and the SCVA for the promotion of tourism in the county, in a form approved by the County

Attorney.



Sullivan County  
Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-8173

**Agenda Date:** 3/12/2026

**Agenda #:** 53.

**Narrative of Resolution:**

Create one (1) Ninety (90) Day Temporary position in the Sheriff's Office

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$27,849.50 Salary and \$2,102.95 for benefits

**Are funds already budgeted?** Yes

**If 'Yes,' specify appropriation code(s):** Need G/L Account #

**If 'No,' specify proposed source of funds:** Click or tap here to enter text.

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO CREATE ONE (1) NINETY (90) DAY TEMPORARY POSITION IN THE SHERIFF'S OFFICE**

**WHEREAS,** due to a vacancy in the Civil Department the Sheriff requires one (1) temporary ninety (90) day Correction Officer position in the Sheriff's Office, and

**WHEREAS,** the term of the position will commence upon filling the position.

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature hereby authorizes one (1) ninety (90) day Correction Officer position in the Sheriff's Office with a term that will commence upon filling of the position.