



Sullivan County Executive Committee

100 North Street
Monticello, NY 12701

Meeting Agenda - Final - Revised

Chairman Robert Doherty
Vice Chairman Michael Brooks
Committee Member Nadia Rajs
Committee Member Nicholas Salomone Jr.
Committee Member George Conklin
Committee Member Luis Alvarez
Committee Member Joseph Perrello
Committee Member Ira Steingart
Committee Member Alan J. Sorensen

Thursday, December 15, 2022

9:00 AM

Government Center

Call To Order and Pledge of Allegiance

Roll Call

Comments:

Resolutions:

1. AUTHORIZE MOU WITH SULLIVAN COUNTY JAIL FOR MEALS 2023 [ID-5091](#)
Sponsors: Office for the Aging and Deoul
2. TO ESTABLISH JOB SHADOWING AND INTERNSHIP POLICIES AND PROCEDURES [ID-5123](#)
Attachments: [Internship and Job Shadowing Policies](#)
3. To adopt a Sullivan County Education and Certification Reimbursement Policy. [ID-5125](#)
Attachments: [Final Education Reimbursement Policy.pdf](#)
4. AUTHORIZE EXTENSION AGREEMENT WITH NUTRACO TO PROVIDE NUTRITIONAL AND DIETETIC CONSULTING SERVICES TO SULLIVAN COUNTY OFFICE FOR THE AGING [ID-5133](#)
Sponsors: Office for the Aging and Deoul
5. Authorize a lease for office space at the Sullivan County International Airport [ID-5131](#)
6. To reappoint Nadia Rajs and George E. Conklin III as Legislative Representatives to the Sullivan County Soil & Water District Board [ID-5147](#)

7. Amend Resolution 495-21 to correct the expiration date of two members' terms [ID-5148](#)
8. To authorize contract extensions not to exceed 90 days [ID-5155](#)
9. To create and fill a temporary position of Assistant Cook at the Adult Care Center. There is a shortage of Assistant Cooks at the Care Center due to two leave of absences. **ID-5156**

Adjourn



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-5091

Agenda Date: 12/15/2022

Agenda #: 1.

Purpose of Resolution:

Authorize MOU with The Sullivan County Jail to provide meals for seniors from January 1, 2023-December 31, 2023 at the rate of \$5.00 per meal.

Is subject of Resolution mandated? Yes Explain:

Reimbursable by New York State Office for the Aging and Federal Funding

Is this a renewal of a prior contract? Yes

Date of prior contract? October 2022-December 2022

Amount authorized by prior contract \$ 5.00 per meal. This rate all inclusive

Does Resolution require expenditure of funds? Yes

If "Yes", provide the following information

Amount to be authorized by Resolution:\$ 5.00 per meal

Are funds already budgeted? Yes

If "Yes" specify appropriation code(s): A7610.88.40.4001

If "No", specify proposed source of funds: Estimated Cost

Breakdown by Source

County: \$<Insert Amount Here>
Amount Here>

Government:\$<Insert Here>

Grant(s): \$<Insert Amount Here> State: \$<Insert

Other: \$<Insert Amount Here> Federal

(Specify): \$5.00 per meal.

This rate is all inclusive

Specify Compliance with Procurement Procedures:

NIA

TO AUTHORIZE EXECUTION OF JANUARY 1, 2023 -DECEMBER 31, 2023

MEMORANDUM OF UNDERSTANDING BETWEEN SULLIVAN COUNTY OFFICE FOR THE AGING AND SULLIVAN COUNTY JAIL

WHEREAS, the County of Sullivan, through the Office for the Aging is presently operating a federally funded program which includes the furnishing of meals to Senior Citizens of Sullivan County in accordance with Older Americans Act of 1965, Section 501 and The Sullivan County Jail has facilities for preparation of these meals. The Sullivan County Nutrition Program for the Elderly has twelve (12) nutrition sites, but the sites may be changed or added to as agreed by the parties. The Sullivan County Office for the Aging and The Sullivan County Jail hereby agree to provide meals for senior citizens of Sullivan County, and

WHEREAS, The Sullivan County Jail can provide meals for the seniors through the Sullivan County Office for the Aging.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County Manager to execute a Memorandum of Understanding with The Sullivan County Jail to provide meals to Senior Citizens of Sullivan County through the Sullivan County Office for the Aging shall be reimbursed at the rate of \$5.00 per meal from January 1, 2023 to December 31, 2023. This rate is all inclusive.

BE IT FURTHER RESOLVED, that the form of such agreement be approved by the Sullivan County Department of Law.



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-5123

Agenda Date: 12/15/2022

Agenda #: 2.

Narrative of Resolution:

TO ESTABLISH JOB SHADOWING AND INTERNSHIP POLICIES AND PROCEDURES

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? Choose an item.

Specify Compliance with Procurement Procedures:

WHEREAS, the County of Sullivan (“County”) is committed to facilitating an offering of paid, unpaid, or credit-based job shadowing and internship opportunities for high school and college students; and

WHEREAS, it is the objective of the County to establish job shadowing and internship policies and procedures to provide students with short-term exposure to career opportunities, which exposure will illustrate how local government functions and the County’s systems relate across departments and into the community; and

WHEREAS, the County wishes to codify these practices and procedures into the Job Shadowing and Internship Policies and Procedures as annexed; and

WHEREAS, the County commits the necessary resources as outlined in the annexed Job Shadowing and Internship Policies and Procedures to meet the expectations of said policies and procedures; and

NOW, THEREFORE, BE IT RESOLVED that the Sullivan County Legislature adopts and implements the Job Shadowing and Internship Policies and Procedures as annexed, or amendments made thereto.



SULLIVAN COUNTY POLICIES AND PROCEDURES

I. **SUBJECT:** JOB SHADOWING AND INTERNSHIP POLICIES AND PROCEDURES

II. **ISSUED:** _____, 2022

III. **PURPOSE:**

It is the purpose of this policy to facilitate the offering of paid, unpaid or credit-based job shadowing and internship opportunities for high school and college students. To allow for students to obtain a consistent experience, it is expected that County departments follow this policy and offer each student the information encompassed in this policy as well as exposure that is distinctive to the department.

Internships and job shadowing provide students with short-term exposure to career opportunities. This exposure illustrates how local government functions and how the County's systems relate across departments and into the community. Meaningful involvement includes a commitment of a designated number of hours per session per student with the goal being the understanding of the skills involved.

Students involved in the unpaid experiences are in no way considered staff members of Sullivan County and consequently shall not be entitled to any wages, rights, or benefits of staff members, with the exception of workman's compensation. Students shall not represent themselves as staff members internally or to the public. Students will not displace regular County workers, but will work under close supervision of existing staff. Students are not automatically entitled to employment at the end of the experience. The experience should be of a fixed duration, established prior to the start date and coordinated through Human Resources.

IV. **DEFINITIONS:**

A. Job Shadow: An unpaid, short-term activity offered by a department which provides a student the opportunity to follow or "shadow" designated staff throughout their work day, providing insight on the duties and skills of the position and information on career tracks with some degree of hands on activity, if possible. Job shadowing experiences would involve one or more contact sessions with a typical time commitment of one day or less.

B. Internship: An internship is an opportunity created by a department to provide on-the-job practice, done either in conjunction with a high school or college. Academic credit may be earned. These internships may be paid or unpaid and are typically for longer periods of time (a semester or scheduled intervals of time over the summer or winter months). Internships are developed to provide guidance, supervision and an evaluation of a young person's work abilities or interests. This should be a meaningful

and worthwhile experience for the student involving thoughtful preparation and interest in the student's involvement. It should also address a need within the Department that can be met through the activities of the student, therefore, providing a mutually beneficial experience. The following activities alone would not be considered effective internship activities if they are the sole activity completed and do not result in a completed project: copying, filing, and/or data entry.

C. Application: All students will be required to complete an application prior to the start date of the internship or job shadow experience. In addition to the application, a **student information form** must be completed, which reflects areas of interests, future goals, and availability in order to allow a meaningful match to be provided for both the Department and the student.

V. PROCEDURES:

Students interested in participating in either job shadowing or an internship will complete an application through the County Employment Portal.

The Department Head/Department Supervisor is the person designated to oversee job shadowing/interns within the Department, and is noted hereafter as the Department Designee.

1. Completed applications will be sent to the Department Designee for review and determination of opportunity/availability. The Department Designee will review applications to determine site possibilities.
2. Approval for involvement must be given by the Department Head to Human Resources for determination of dates (start-end) and scheduling of integrating into the organization.
3. After Departmental approval and prior to the start date, students below 18 years of age **must** complete the **Student Permission Form**. This form is to be kept on file in a secure location with the hosting Department. This form is provided with this policy.
4. The Department Designee will set up an initial meeting with the student and arrange for subsequent visits.
5. The Department Designee will determine which members of the Department will participate in the experience.
6. The Department Designee will determine if computer access is needed and will submit a New User Form request to the Information Technology Services for access.
7. The Department Designee will ensure that all steps noted in the Student Orientation form as listed in this policy are completed.
8. The Department Designee will ensure that the student is offered a meaningful experience during their time with the department and address any issues that arise.
9. After the shadow or intern experience is complete, the Department member(s) directly involved with the student will complete a Site Evaluation of the experience and submit it to Human Resources. A sample Site Evaluation form is provided within this policy for use if an equivalent Site Evaluation has not been provided from a designated high school or college.

10. The student will complete pertinent evaluation forms of the experience to determine the effectiveness of the match and will submit all paperwork to Human Resources. A sample Student Evaluation form is provided within this policy for use if an equivalent Student Evaluation has not been provided from a designated high school or college.

11. Evaluations will be reviewed as submitted to the Department Designee. Feedback on evaluations will be shared with Department members(s) directly involved with students prior to delivery to Human Resources.

12. All completed reporting and application information will be retained in line with record retention requirements.

Department Orientation:

It is the responsibility of the Department Designee to ensure completion of the following orientation. Internship orientation must include the information listed below. Job shadowing orientation may be abbreviated (with Human Resources approval) due to time limited involvement.

1. Ensure all student information is complete and on file.
2. Review departmental goals, objectives, purpose and mission.
3. Review departmental policies and procedures applicable to involvement which include: confidentiality, dress code, drug free workplace, safety concerns, hazards of workplace, corporate compliance and sexual harassment.
4. Review behavioral expectations (no cell phones, etc).
5. Review absenteeism procedure.
6. Discuss specifications of the experience, roles and expectations.
7. Designation of work space.
8. Discussion of work schedule and project responsibilities.
9. Conduct departmental tour, introduction of staff
10. Identify supervisor or individual to answer any questions
11. Review equipment and regulations: copy machine, phones, phone directory, computer, fax, e-mail, internet.
12. Determine training needed prior to start date. (Sexual Harassment is required).
13. Determine if ID Card is necessary.
14. Determine if tuberculosis test is required for assigned population.
15. Conduct resource review: fire drills, first aid kits, parking, restrooms, vending machines.
16. Review of Student Evaluation form.
17. Open to questions or concerns of student.

Transportation by County Vehicles:

The transportation of students by County vehicle must be previously authorized in writing by the Department Head as necessary in the conduct of County business.

Students are not permitted to drive County Vehicles. Parent permission (if under 18 years of age) is included in the Student Information Form with the understanding that the County assumes no responsibility for health or accident insurance.



**Student Permission Form
for Job Shadowing and Internships**

Department: _____ Contact: _____

Start Date: _____ End Date: _____

Student Name: _____ Student Cell Phone: _____

Address: _____

Emergency Contacts:

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Parent/Guardian Permission (if under 18)

I give permission for _____ to participate in the job shadowing/ internship experience at the County of Sullivan. I give permission for any photos taken to be used in publicity. I understand it is my responsibility to arrange for transportation to and from the site, or assign a trusted adult to provide transportation. I also understand that in the course of the experience my child/ward may be transported by a County vehicle. I understand that the site assumes no responsibility for health or accident insurance.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian



THIS FORM TO BE RETURNED TO HUMAN RESOURCES

JOB SHADOW/INTERNSHIP CHECKLIST

Name of Student: _____
High School/College: _____
Department Designee: _____
Job Shadow/Internship Period: _____

Check (✓) to note completion:

- _____ Student Information Form is complete and on file in the Department
- _____ Signed Letter of Internship opportunity
- _____ Review of goals, objectives, purpose, mission
- _____ Review of Departmental policies and procedures
- _____ Sign off on confidentiality form and others if applicable
- _____ Review of behavioral expectations and dress code
- _____ Review of absence procedure
- _____ Designate work space and project responsibilities
- _____ Review of student schedule
- _____ Departmental tour, introduction to staff
- _____ Identify supervisor or individual to answer questions
- _____ Review equipment to be used
- _____ Determine training needed if any prior to start date
- _____ Determine if access needed to computer and contact IT
- _____ Determine if ID Card is needed
- _____ Determine if TB test necessary for population encountered
- _____ Conduct resource review: fire drills, first aid kits, parking, restrooms, vending
- _____ Review of Student Evaluation
- _____ Open to discussion of concerns of student

Student Signature Date

Department Head/Designee Signature Date

(ON APPOINTING AUTHORITY LETTERHEAD)

Student Name

Address

Re: Internship

We are pleased to provide you with this offer of an educational opportunity with the County of Sullivan, Department of XXXXXXXX. The approximate start date and time line that the student intern and the (appointing authority) agreed upon to complete the required educational hours is tentatively slated to begin on (START DATE) with an approximate completion date of (DATE).

To be clear, this is an unpaid educational opportunity, through an agreement with your educational institution. It is our understanding that _____ is providing the student intern with college credits upon successful completion of the required hours (# of hours required) with the agreed upon location of the work assignment at_____.

The student intern understands that during this educational opportunity he/she is expected to:

- Adhere to County of Sullivan policies, procedures and training requirements including policies governing the observation of confidentiality and the handling of confidential information.
- Understand that this internship provides training that would otherwise be given in an educational environment.
- Understand that the work completed is considered complementary to their education as it is designed to provide significant educational benefits to them.

Both parties agree and understand that the internship is conducted without entitlement to a paid position at the internship's completion.

Appointing Authority Signature

Student Intern Signature

STUDENT INFORMATION FORM

Last Name:		First Name:	
High School/College:		Grade/Year:	
Address:			
City:		Zip:	
Home Phone:		Cell Phone:	
E-mail Address:			
I am interested in: Job Shadowing <input type="checkbox"/> Internship <input type="checkbox"/> Duration:			
Will you be earning class credit for this experience? Yes <input type="checkbox"/> No <input type="checkbox"/>			
List the areas of work you are interested in:			
If we are able to provide an option, please provide a location preference:			
Please note your availability and list actual times if possible:			
Do you have any special concerns, requests, or accommodation needs?			
How do you hope this experience will benefit you?			
Please provide information you believe will be helpful in coordinating your opportunity, for example, scheduling conflicts, and extra-curricular activities).			
Your experience will be arranged for a time that is convenient for the person who will supervise you and will be during that person's normal business hours. Signing below indicates that you understand the following statements:			
<div style="margin-left: 20px;"><input type="checkbox"/> I promise to abide by all policies and procedures as explained.</div> <div style="margin-left: 20px;"><input type="checkbox"/> I promise to be on time for all activities and take an active role in this experience.</div>			
_____ Signature of Student		_____ Date	



Job Shadow/Internship Evaluation by Site Contact

Person Completing Form:	Student(s):
Name of Worksite:	Date(s) of Experience:
Type of Career(s) of Shadow/Internship:	
Was the student(s) behavior and dress appropriate? <i>Please explain.</i>	
What activities did the student(s) participate in?	
What did you learn from working with the student(s)?	
What did you enjoy about working with the student(s)? Did you see a benefit to yourself or the student(s)?	
What would you recommend to enhance the process of working with the student(s) from your purview?	
Would you be open to working with students in the future? Why or why not?	
What suggestions do you have to make this experience better?	
Comments:	



Job Shadow/Internship Evaluation by Student

Name:	Education Level:
Name of Worksite(s):	Date(s) of Experience:
Name and Title of Contact Person:	Type of Career/Internship:
Please describe the activities you participated in.	
Please describe anything that surprised you about this experience.	
Please answer the following questions using a scale of 1 to 5, 1 being the lowest and 5 being the highest :	
Please rate your knowledge of this career field before this experience.	1 2 3 4 5
Please rate your knowledge of this career field after this experience.	1 2 3 4 5
Overall, how valuable was this experience?	1 2 3 4 5
What did you enjoy most about your experience?	
Was there anything you would change about your experience?	
Please describe whether your future career plans were changed or reinforced by this experience?	
Would you recommend this type of experience to other students? Why or why not?	
Would you be interested in another opportunity to learn about another career field?	If yes, what field and when would you be interested in getting started?



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-5125

Agenda Date: 12/15/2022

Agenda #: 3.

Narrative of Resolution:

To adopt a Sullivan County Education and Certification Reimbursement Policy.

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

Amount to be authorized by Resolution: up to \$5,000 a year per employee

Are funds already budgeted? Yes

Specify Compliance with Procurement Procedures:

N/A

WHEREAS, the County of Sullivan is committed to the development of employees and the belief that education is a lifelong process which enhances work performance and increases career mobility within the organization, thereby helping employees provide better service to the public; and

WHEREAS, the County Manager through the Adopted 2023 County Budget has included funding to expand the existing education reimbursement offered to county employees, and

WHEREAS, the County has established a program to enhance tuition reimbursement associated with a degree or certification program, or individual course work is available to those employees who meet the criteria and successfully complete the program or course.

NOW THEREFORE BE IT RESOLVED, that the Sullivan County Legislature hereby adopts the attached Sullivan County Education and Certification Reimbursement Policy, to be effective January 1, 2023.



SULLIVAN COUNTY EDUCATION AND CERTIFICATION REIMBURSEMENT POLICY

PURPOSE

The County of Sullivan is committed to the development of employees and the belief that education is a lifelong process which enhances work performance and increases career mobility within the organization, thereby helping employees provide better service to the public.

POLICY & PROCEDURE

The County has established a program to enhance tuition reimbursement associated with a degree or certification program, or individual course work is available to those employees who meet the criteria and successfully complete the program or course.

The County of Sullivan agrees to share the cost of educational and/or certification courses provided the courses are degree requirements of a job-related degree, the courses are job related or through an accredited program that either offers growth in an area related to his or her current position or that may lead to promotional opportunities. Opportunities for current employees, for degree and/or certification programs for hard to recruit positions in the County shall also be considered for approval.

Eligibility Requirements:

- To be eligible, an employee must be full-time and have been continuously employed for one (1) year.
- The employee must have requested and received approval from the Commissioner of Human Resources and the County Manager's Office prior to registering for or attending any classes. Exceptions to the one year of employment requirement shall be considered, to fill a need in the County, and must be approved by the County Manager's Office.
- The educational institution must be accredited or have recognized professional accreditation for specific courses to which the employee is enrolling.
- Employees must meet the performance expectations of his or her current position.
- Employees must have an Individual Development Plan in place with a Degree Program Plan provided by the school or organization, reviewed and agreed to by their Department

Head, with recognition that the educational investment is part of the employee's development for the current job or for a job to which he or she would realistically move to within the County in the future.

- Individual Development Plan and Degree Program Plan must be submitted for approval to the Human Resources Department no later than eight (8) weeks before the semester begins, or three (3) weeks before the certification program begins. Human Resources shall maintain copies on file.

General Information:

- Undergraduate level and graduate level non-degree course work, (both credit and noncredit courses) are eligible for reimbursement, provided the employee's department head and Commissioner of Human Resources agree that the intended studies relate to the individual's current or potential future job for the County.
- Upon participation in the degree or certification program, the employee shall be obligated to remain in County employment for three (3) years following degree completion. Failure to complete this stipulated obligation shall result in the employee reimbursing the County its portion of tuition on a prorated monthly basis.
- The employee is solely responsible for ensuring that all of the paperwork is filed in a timely manner and all necessary approvals are granted before registering for classes.
- The County reserves the right to withdraw tuition reimbursement in the discretion of the County Manager.
- This policy is intended for complete degree programs and certifications; employees are still eligible for reimbursement of individual classes per their Collective Bargaining Agreements and free classes at Sullivan County Community College. Employees may only seek one method of reimbursement.

Approval & Reimbursement Requirements:

- Cost sharing shall constitute a fifty (50%) percent reimbursement of tuition and fees only, upon satisfactory completion (Grade C or better for undergraduate hours and Grade B or better for graduate hours) of the course work, with a maximum County contribution of \$5,000 annually. Certification programs will be reimbursed at 100% upon completion but shall not exceed a maximum of \$3,000 per certification.
- A tuition reimbursement request form must be completed by the employee and submitted to the Human Resources Department for approval.
- Human Resources shall submit a County voucher along with the approved tuition reimbursement request form to the Audit and Control Department which shall include; the amount to be reimbursed, grade for the completed course(s), copies of the transcript, a

receipt (invoice/statement) showing amount paid for the course(s) and a copy of the approved request. Reimbursement shall be submitted no later than 90 days after the completion of each semester.

- The cost for books, travel, testing and field trips will not be reimbursed.

All educational expenses shall be designated in the County budget and are subject to appropriation.



TUITION REIMBURSEMENT REQUEST FORM

Name:

Employee Number:

Department:

Current Position:

Tuition Reimbursement Request Forms must be approved by your Department Head and/or Commissioner and shall be accompanied with a the amount to be reimbursed, grade for the completed course(s), copies of the transcript, a receipt (invoice/statement) showing amount paid for the course(s)

Course 1

Institution:

Course Title

Course#

Semester & Year

Credits:

Course 2

Institution:

Course Title

Course#

Semester & Year

Credits:

Course 3

Institution:

Course Title

Course#

Semester & Year

Credits:

Course 4

Institution:

Course Title

Course#

Semester & Year

Credits:

TOTAL REQUESTED REIMBURSEMENT _____

Employee Signature

Date:

Department Head or Commissioner

Date:

Commissioner of Human Resources

Date:

Approved_____ Denied_____

Approved_____ Denied_____

Total Approved_____



Sullivan County
Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-5133

Agenda Date: 12/15/2022

Agenda #: 4.

Purpose of Resolution:

To enter into an extension agreement with NutraCo to provide nutritional and dietetic consulting services to the Sullivan County Office for the Aging

Is subject of Resolution mandated? Explain:

Yes - per NYSOFA Issuances 19-PI-26 Nutrition Program Standards

Is this a renewal of a prior contract? yes

Date of prior contract? September 23, 2021

Amount authorized by prior contract \$37,440 per year

Does Resolution require expenditure of funds? Yes

If “Yes”, provide the following information

Amount to be authorized by Resolution: \$ 37,440 YR

Are funds already budgeted? Yes

If “Yes” specify appropriation code(s): 7610.88.40.4005

If “No”, specify proposed source of funds:

Estimated Cost Breakdown by Source

County: \$<Insert Amount Here>

Grant(s): \$<Insert Amount Here>

State: \$37,440 CSI

Other: \$

Federal Government: \$<Insert Here>

(Specify):

WHEREAS, the Sullivan County Office for the Aging is required to have Registered Dietitian Services for 16 hours weekly; and

WHEREAS, NutraCo (formerly known as NutrasourceRD LLC) is currently providing said services and is available to continue providing Dietary Consulting Services to the Sullivan County Office for the Aging; and

WHEREAS, Resolution 346-20 authorized the contract period shall be September 24, 2020 - September 23, 2021 with a one year extension modification expired September 23, 2022; and

WHEREAS, a new agreement to extend an additional 6 months through March 23, 2023 is required: and

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute an Agreement with NutraCo, to continue providing dietary consulting services to the Sullivan County Office for the Aging. NutraCo will provide 16 hours per week of consulting services for Sullivan County Office for the Aging at a rate of \$45 per hour; and

BE IT FURTHER RESOLVED, that the form of said contract shall be approved by the Sullivan County Department of Law.



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-5131

Agenda Date: 12/15/2022

Agenda #: 5.

Narrative of Resolution:

Authorize a lease for office space at the Sullivan County International Airport

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

Amount to be authorized by Resolution: The County will receive \$350.00 per month for this lease.

Are funds already budgeted? Choose an item.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AUTHORIZE A LEASE FOR OFFICE SPACE AT THE SULLIVAN COUNTY INTERNATIONAL AIRPORT

WHEREAS, the County of Sullivan (“County”) has available office space at the Sullivan County International Airport (“SCIA”); and

WHEREAS, the County has been approached by Air Charter Express LLC a Part 135 Operation seeking to lease office space; and

WHEREAS, it is in the County’s best interest to authorize the rental of such office space.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager or Chairman of the Legislature is authorized to execute an agreement to lease office space and that such agreement shall be in a form approved by the County Attorney’s Office.



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-5147

Agenda Date:

Agenda #: 6.

Narrative of Resolution:

To reappoint Nadia Rajszy and George E. Conklin III as Legislative Representatives to the Sullivan County Soil & Water District Board

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? Choose an item.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO REAPPOINT NADIA RAJSZ AND GEORGE E. CONKLIN III TO THE SULLIVAN COUNTY SOIL AND WATER DISTRICT BOARD

WHEREAS, the terms of Nadia Rajszy and George E. Conklin III expire on December 31, 2022, and

WHEREAS it is the desire of the Sullivan County Legislature to reappoint Nadia Rajszy and George E. Conklin III to the Sullivan County Soil and Water District Board.

NOW, THEREFORE BE IT RESOLVED that the Sullivan County Legislature hereby reappoints Nadia Rajszy and George E. Conklin III to the Sullivan County Soil & Water District Board with a term to expire December 31, 2023.



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-5148

Agenda Date: 12/15/2022

Agenda #: 7.

Narrative of Resolution:

Amend Resolution 495-21 to correct the expiration date of two members' terms

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? Choose an item.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AMEND 495-21 TO CORRECT THE TERM EXPIRATION FOR ROBERT KAPLAN AND JOHN DIEHL

WHEREAS, Resolution 495-21 authorized the reappointment Robert Kaplan, member at large Director of the Sullivan County Soil and Water Conservation District Board of Directors and John Diehl, Sullivan County Farmer, Director of the Sullivan County Soil and Water District Board of Directors with a term expiration of December 31, 2023, and

WHEREAS, Resolution No. 495-21 stated the term expiration date of December 31, 2023 is incorrect and should be December 31, 2024, and

NOW, THEREFORE BE IT RESOLVED, that Resolution No. 495-21 is hereby amended to reflect the terms of both Robert Kaplan, Board of Director and John Diehl, Board of Director will expired on December 31, 2024.

Sullivan County

Legislative Memorandum

File #: ID-5155

Agenda Date: 12/15/2022

Agenda #: 8.

Narrative of Resolution:

To authorize contract extensions not to exceed 90 days

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? Choose an item.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO EXTEND CONTRACTS NOT TO EXCEED 90 DAYS

WHEREAS, there are contracts that will expire on December 31, 2022, and

WHEREAS, the County wishes to minimize disruptions to services that may result from the 2023 resolution/contract process to renew contracts.

NOW, THEREFORE, BE IT RESOLVED, the contracts may be extended for a period not to exceed ninety (90) days under the same terms and conditions as currently apply.

WHEREAS, there are contracts that will expire on December 31, 2022 and

WHEREAS, the County wishes to minimize disruptions to services that may result from the 2023 resolution/contract process to renew contracts.

NOW, THEREFORE, BE IT RESOLVED, the contracts may be extended for a period not to exceed ninety (90) days under the same terms and conditions as currently apply.



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-5156

Agenda Date:

Agenda #: 9.

Narrative of Resolution:

To create and fill a temporary position of Assistant Cook at the Adult Care Center. There is a shortage of Assistant Cooks at the Care Center due to two leave of absences.

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

Amount to be authorized by Resolution: timeframe unknown

Are funds already budgeted? Yes

Vacancy Variance

Specify Compliance with Procurement Procedures:

N/A

WHEREAS, the Sullivan County Adult Care Center has four Assistant Cooks, and

WHEREAS, two Assistant Cooks are currently on a leave of absence for an unknown period of time,
and

WHEREAS, the Sullivan County Adult Care Center has requested a temporary Assistant Cook position be created and filled while the Assistant Cooks are on a leave of absence.

NOW, THEREFORE, BE IT RESOLVED, that the temporary Assistant Cook position shall be effective during this leave of absence and shall be hereby abolished when one of the Assistant Cooks returns to work.