



# Sullivan County County Legislature

100 North Street  
Monticello, NY 12701

## Meeting Agenda - Final - Revised

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

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Thursday, September 15, 2022

11:00 AM

Government Center

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Call to Order and Pledge of Allegiance

Roll Call of Legislators

Presentations

Communications

Public Comment

Resolutions

1. Allocate Sullivan County appropriations from 2022 Youth Services budget line "Contract Other," A7310.40.4013, to County youth programs. [ID-4821](#)  
**Sponsors:** Office for the Aging and Deoul  
**Attachments:** [OFA Resol Youth Corrected State Aid.docx](#)
2. Allocate 2022 State Aid to county youth programs. Youth Bureau receives funding from NYS Office of Children and Family Services for Youth Bureau Administration and Youth Development Programs. [ID-4823](#)  
**Sponsors:** Office for the Aging and Deoul  
**Attachments:** [OFA Resol Youth Corrected State Aid.docx](#)
3. TO APPLY FOR AND ACCEPT FUNDING FROM THE GOVERNOR'S TRAFFIC SAFETY COMMITTEE FOR CHILD PASSENGER SAFETY PROGRAM [ID-4876](#)

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4. APPROVING THE DISTRICT ATTORNEY'S APPLICATION FOR GRANT FUNDING AND TO ACCEPT A GRANT AWARDED FROM THE NEW YORK STATE OFFICE OF VICTIM SERVICES. [ID-4877](#)
  5. TO AUTHORIZE THE COUNTY MANAGER TO APPROVE NEW PRE K CONTRACT [ID-4879](#)  
**Attachments:** [2021-2022 Authorized NYS Education Department Service Providers - UPDATED - 012022](#)
  6. TO AUTHORIZE THE COUNTY MANAGER TO ENTER INTO AN INTER-MUNICIPAL AGREEMENT WITH THE TOWN OF FALLSBURG [ID-4881](#)
  7. TO CORRECT THE 2020 TAX ROLL OF THE TOWN OF CALLICOON FOR TAX MAP #8.-1-31.1 [ID-4885](#)
  8. TO CORRECT THE 2021 TAX ROLL OF THE TOWN OF CALLICOON FOR TAX MAP #8.-1-31.1 [ID-4886](#)
  9. TO CORRECT THE 2022 TAX ROLL OF THE TOWN OF CALLICOON FOR TAX MAP #8.-1-31.1 [ID-4887](#)
  10. To amend Resolution No. 6-19 to include language regarding the issuance of assigned vehicles and allowing those employees to bring vehicles home if they reside outside of the County of Sullivan. [ID-4888](#)  
**Attachments:** [Amended VUP 2022.docx](#)
  11. Authorize the coordination and funding of a Fall Countywide litter pluck event. [ID-4889](#)
  12. To create one (1) full-time grant funded position, Department of Community Services Coordinator, in the Sullivan County Department of Community Services. [ID-4892](#)
  13. Authorize the County of Sullivan to transfer property to the Sullivan County Land Bank Corporation [ID-4895](#)
  14. TO APPROVE THE 2023 STOP DWI PLAN AND AUTHORIZE THE COUNTY MANAGER TO SIGN ANY AND ALL AGREEMENTS NECESSARY FOR THE PLAN [ID-4896](#)  
**Attachments:** [STOP DWI 2023 Plan.pdf](#)
  15. To Authorize the County Manager to apply and accept a Domestic Terrorism Prevention Grant Program (DTP) FY2022 grant award from the New York State Division of Homeland Security and Emergency Services (DHSES) [ID-4900](#)
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16. TO AUTHORIZE A NEW THREE-YEAR AGREEMENT WITH THOMSON REUTERS FOR THEIR "CLEAR" RESEARCH PRODUCT FOR THE BENEFIT OF THE DIVISION OF HEALTH AND HUMAN SERVICES [ID-4903](#)
17. TO AUTHORIZE A 3-YEAR SOFTWARE LICENSE AGREEMENT WITH AUDATEX NORTH AMERICA, INC. [ID-4904](#)
18. TO AUTHORIZE THE COUNTY MANAGER TO ENTER INTO A MODIFICATION AGREEMENT WITH JAMES McGUINNESS & ASSOCIATES (JMA) [ID-4905](#)
19. RATIFYING A MEMORANDUM OF AGREEMENT BETWEEN THE COUNTY OF SULLIVAN AND THE TEAMSTERS LOCAL 445, INTERNATIONAL BROTHERHOOD OF TEAMSTERS MAIN UNIT AND AUTHORIZING THE COUNTY MANAGER TO EXECUTE SAID AGREEMENT [ID-4909](#)  
**Attachments:** [Teamsters Main Unit MOA 2020-2025.pdf](#)
20. Resolution to authorize the County Manager to execute a modification agreement with Sullivan County Paving, Inc. to complete the construction services detailed in the original resurfacing of County Roads contract. [ID-4910](#)
21. TO CREATE IN THE SULLIVAN COUNTY TREASURER'S OFFICE THE POSITION OF REAL PROPERTY EXAMINER/APPRaiser AND ABOLISH POSITION # 1934 UPON RETIREMENT [ID-4917](#)
22. To Modify 2022 Budget [ID-4918](#)  
**Attachments:** [August 31 2022 Resolution Needed.pdf](#)
23. Authorize contract with Wheat & Sons General Contracting, Inc for Highland Access [ID-4935](#)
24. Authorize payments to eligible employees in Community Services due to Increased State Aid [ID-4932](#)  
**Attachments:** [Community Services - Titles and Position Numbers for COLA Sept 15 2022](#)
25. Reappoint two (2) members to the Sullivan County Public Health Services Professional Advisory Committee [ID-4936](#)
26. Authorize contract with Sullivan 180 for Sullivan Hand4Health Network Manager position [ID-4929](#)
27. Authorize OFA Public Hearing [ID-4930](#)  
**Sponsors:** Office for the Aging and Deoul
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28. Authorize Agreement between Sullivan County Office for the Aging & Hurleyville Performing Arts Centre [ID-4931](#)

**Sponsors:** Office for the Aging and Deoul

29. Amend Resolution #348-22 [ID-4937](#)

30. Authorize Contract with MVP Health Plan, Inc. [ID-4942](#)

**Waive the Rules**

**Recognition of Legislators**

**Announcements from Chair**

**Adjournment or Close**



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-4821

**Agenda Date:** 9/15/2022

**Agenda #:** 1.

**Narrative of Resolution:**

**Allocate Sullivan County appropriations from 2022 Youth Services budget line "Contract Other," A7310.40.4013, to County youth programs.**

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

**Amount to be authorized by Resolution:** \$100,000.00

**Are funds already budgeted?** Yes

**If "Yes," specify appropriation code(s):** A7310.40.4013 If

**Estimated Cost Breakdown by Source**

<b>County:</b> \$100,000.00	<b>Grant(s):</b> \$0.00
<b>State:</b> \$0.00	<b>Other:</b> \$0.00
<b>Federal Government:</b> \$0.00	<b>(Specify):</b>

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

**INTRODUCED BY Planning, Real Property & Economic Development Committee TO APPROVE  
ALLOCATION OF 2022 COUNTY FUNDS TO YOUTH PROGRAMS**

**WHEREAS**, the County of Sullivan contracts with various agencies for services to youth through the Sullivan County Youth Bureau; and

**WHEREAS**, the County of Sullivan has appropriated \$100,000 in the 2022 Sullivan County budget to provide funding to such agencies for their programs; and

**WHEREAS**, the Sullivan County Youth Bureau recommends the allocation of such funds to the following projects, in amounts not to exceed those listed:

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature, for the County of Sullivan, approve the allocation to the aforementioned list of projects; and

**BE IT FURTHER RESOLVED**, that the County Manager be and hereby is authorized to execute any and all necessary documentation and papers in connection herewith, in such form as approved by the Sullivan County Department of Law.

SC Cornell Cooperative Extension 4-H	\$5,000
Nesin Cultural Arts Children's Community Chorus	\$2,500
DRC CASA of Sullivan County	\$2,500
Livingston Manor Free Library Manor Ink	\$2,500
Nesin Cultural Arts Children's Community Dance	\$2,400
Town of Highland Youth Recreation	\$4,000
Town of Wallkill Boys & Girls Clubs Project Triple Club	\$7,000
Fearless Inc. - Teen Dating Violence Prevention	\$2,600
SC Head Start - I am Moving, I am Learning	\$7,500
Liberty Police Juvenile Aid Bureau	\$2,000
Town of Fallsburg Youth Enrichment Program	\$3,000
Town of Bethel Youth Recreation	\$8,000
Town of Cohecton Youth Recreation	\$8,000
Town of Thompson Youth Program	<b>\$5,500</b>
Town of Mamakating Youth Recreation	<b>\$8,000</b>
Town of Rockland Youth Recreation	<b>\$4,000</b>
Town of Tusten Recreation	<b>\$7,500</b>
Town of Fallsburg - Cheer	\$3,000
Town of Fallsburg - Football	\$3,000
Town of Fallsburg - Basketball	\$3,000
Town of Fallsburg - Baseball	\$3,000
Town of Fallsburg - Swim	\$3,000
Town of Fallsburg - Soccer	\$3,000

Total County Funds

\$100,000



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

File #: ID-4823

Agenda Date: 9/15/2022

Agenda #: 2.

**Purpose of Resolution: Allocate 2022 State Aid to county youth programs. Youth Bureau receives funding from NYS Office of Children and Family Services for Youth Bureau Administration and Youth Development Programs.**

**Is subject of Resolution mandated? Explain: No, but a County resolution is required to receive State funds for youth programming and for Youth Bureau Administration.**

**Does Resolution require expenditure of funds? Yes If "Yes,"**

**provide the following information**

**Amount to be authorized by Resolution: \$72,982.00**

**Are funds already budgeted? Yes**

**If "Yes," specify appropriation code(s): A7310.47.4794; R3820.R337 If "No,"**

**specify proposed source of funds:**

**Estimated Cost Breakdown by Source**

**County: \$0.00**

**Grant(s): \$0.00**

**State: \$72,982.00**

**Other: \$0.00**

**Federal Government: \$0.00**

**(Specify):**

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

**Person(s) responsible for monitoring contract (Title): Kristen A. Kitson,  
Manager of Youth Services**

**TO APPROVE 2022 ALLOCATION OF STATE AID TO YOUTH DEVELOPMENT PROGRAMS**

**WHEREAS,** Sullivan County and its municipalities are eligible to receive local assistance funds for the year 2022 for Youth Development projects; and

**WHEREAS,** the Sullivan County **Youth Board** recommends the allocation of Office of Children and Family Services State aid to the following projects, in amounts not to exceed those listed:

**NOW, THEREFORE, BE IT RESOLVED,** that the Sullivan County Legislature, for the County of Sullivan, approve the allocation of Office of Children and Family Services State aid to the aforementioned list of youth development projects; and

**BE IT FURTHER RESOLVED,** that the County Manager be and hereby is authorized to execute any and all necessary documentation and papers in connection herewith, in such form as approved by the Sullivan County Department of Law; and

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



Youth Bureau Administration	\$25,569
SC Cornell Cooperative Extension 4-H	\$1,500
Nesin Cultural Arts Children's Community Chorus	\$1,500
DRC CASA of Sullivan County	\$1,500
Livingston Manor Free Library Manor Ink	\$1,500
Youth Development in their Community	\$1,400
Nesin Cultural Arts Children's Dance	\$1,000
Town of Wallkill Boys & Girls Club Project Triple Club	\$1,400
Fearless Inc. - Teen Dating Violence Prevention	\$5,000
Town of Highland	\$6,000
Sullivan County Head Start-I am Moving, I am Learning	\$1,500
Liberty Police Juvenile Aid Bureau	\$2,000
Town of Fallsburg Youth Enrichment Program	\$5,113
Town of Bethel Youth Recreation	\$2,000
Town of Cohecton Youth Recreation	\$2,000
Town of Thompson Youth Program	\$4,500
Town of Mamakating Youth Recreation	\$2,000
Town of Rockland Youth Program	\$2,000
Town of Tusten Recreation Program	\$2,500
Town of Fallsburg - Cheer	\$500
Town of Fallsburg - Swim	\$500
Town of Fallsburg - Basketball	\$500
Town of Fallsburg - Baseball	\$500
Town of Fallsburg- Football	\$500
Town of Fallsburg - Soccer	\$500

TOTAL:

\$72,982

# Sullivan County

## Legislative Memorandum

**File #:** ID-4876

**Agenda Date:** 9/15/2022

**Agenda #:** 3.

**Narrative of Resolution:**

**INTRODUCED BY THE HEALTH AND FAMILY SERVICES COMMITTEE TO APPLY FOR AND ACCEPT FUNDING FROM THE GOVERNOR'S TRAFFIC SAFETY COMMITTEE FOR CHILD PASSENGER SAFETY PROGRAM**

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

**Amount to be authorized by Resolution:** \$15,000

**Are funds already budgeted?** Yes

**Specify Compliance with Procurement Procedures:** Once the resolution is passed, budget modifications will be made to increase amount to \$15,000.

**WHEREAS**, injuries due to motor vehicle crashes in Sullivan County are the 3rd leading cause of injury-related death and hospitalizations (2012-2014, NYSDOH), and motor vehicle traffic injuries are the 5th leading cause of injury related emergency department visits in Sullivan County; and

**WHEREAS**, for over 15 years, the Sullivan County Department of Public Health has participated in the statewide Governor's Traffic Safety Committee's "Child Passenger Safety Program" (the "Program"), and was awarded \$15,000 by the Program for the period October 1, 2022 through September 30, 2023; and

**WHEREAS**, the goal of the Program is to increase the proper use and installation of child safety seats by parents and caregivers in Sullivan County, and the grant provides for appropriate car seats and education for families whose income is at or below 200% of the federal poverty level; and

**WHEREAS**, Sullivan County Public Health Services recommends that the County continue to participate in the Program and desires accept grant funding, in the amount of \$15,000, for the period of October 1, 2022 through September 30, 2023; and

**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 Child Passenger Safety 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 Child Passenger Safety 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

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**File #:** ID-4877

**Agenda Date:** 9/15/2022

**Agenda #:** 4.

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**Narrative of Resolution:**

**APPROVING THE DISTRICT ATTORNEY'S APPLICATION FOR GRANT FUNDING AND TO ACCEPT A GRANT AWARDED FROM THE NEW YORK STATE OFFICE OF VICTIM SERVICES.**

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

**Amount to be authorized by Resolution:** 2019-2020: \$91,272.52; 2020-2021: \$91,272.52; 2021-2022: \$91,272.52; and 20% County match.

**Are funds already budgeted?** Yes

**Specify Compliance with Procurement Procedures:**

**APPROVING THE DISTRICT ATTORNEY'S APPLICATION FOR GRANT FUNDING AND TO ACCEPT A GRANT AWARDED FROM THE NEW YORK STATE OFFICE OF VICTIM SERVICES.**

**WHEREAS**, the County of Sullivan believes itself continuing to be qualified, willing and able to carry out all activities described in the District Attorney's application for grant funding for the purpose of continuing Sullivan County's Crime Victim Services Advocacy program, which was successfully established in 2019 following successful application and acceptance of VOCA grant funding; and

**WHEREAS**, the District Attorney prepared and submitted for consideration an application for grant funding for such purpose; and

**WHEREAS**, on or about August 1, 2022, the New York State Office of Victim Services awarded Sullivan County Victim Assistance Program funding for the period of October 1, 2022, through September 30, 2025, under the Victim of Crime Act Victim and Witness Assistance Grant Program in the following amounts:

2019-2020: \$91,272.52;

2020-2021: \$91,272.52; and

2021-2022: \$91,272.52; and

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

**WHEREAS**, the County of Sullivan is aware of its obligation to establish a 20% match, in kind or in monetary funding;

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Manager and/or Sullivan County District Attorney are hereby authorized to enter into the aforesaid grant contract negotiations, execute any and all necessary documents to accept the grant award in consultation with the County Attorney, and comply with the obligations of the County pursuant thereto.

**Moved by****seconded by****declared duly adopted on motion**

# Sullivan County

## Legislative Memorandum

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**File #:** ID-4879

**Agenda Date:** 9/15/2022

**Agenda #:** 5.

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**Narrative of Resolution:**

Sullivan County provides *mandated* Early Intervention and Developmental Preschool Educational Services to eligible children from Sullivan County and is *mandated* to pay for such services as State-approved rates, therefore contracts need to be authorized for the County Manager to sign.

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

**Amount to be authorized by Resolution:** \$23,680 est. for 10/1/22-6/30/25

**Are funds already budgeted?** Yes

**Specify Compliance with Procurement Procedures:** Once the contract is signed, PHS will comply with the county procurement policy and procedures regarding the purposes & needs of this contract.

**WHEREAS,** Sullivan County provides *mandated* Early Intervention and Developmental Preschool Educational Services to eligible children from Sullivan County and is *mandated* to pay for such services as State-approved rates, and

**WHEREAS,** Sullivan County needs to authorize contracts with authorized New York State Education Department Pre-School Service Providers for the period beginning October 1, 2022 to June 30, 2025 at State-approved rates, and

**WHEREAS,** the names and addresses of the authorized New York State Education Department Service Providers are on the attached list,

**NOW, THEREFORE, BE IT RESOLVED,** that the County Manager be and is hereby authorized to execute contracts with the authorized New York State Education Department Service Providers on the attached list for the period beginning October 1, 2022 to June 30, 2025 at NYS approved rates, and

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

## **Authorized NYS Education Department service providers:**

**\*\*Includes Pre-School Program Contracts**

Gita Schlesinger  
161 Rosemond Road  
Woodridge, NY 12789  
Phone: (845) 640-2777  
Fax: (718) 573-3111  
[slpgitty@aol.com](mailto:slpgitty@aol.com)



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

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**File #:** ID-4881

**Agenda Date:** 9/15/2022

**Agenda #:** 6.

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WHEREAS, the Town of Fallsburg (“Town”) has requested that the County Of Sullivan (“County”) aid them in the collection of their 2023 real property taxes; and

WHEREAS, the Office of the County Treasurer has the experience and expertise to aid the Town in the collection of their 2023 real property taxes; and

WHEREAS, the County can act as the Town’s agent and perform certain functions of the Town’s Tax Collector in regard to the 2023 real property taxes; and

WHEREAS, the County will charge the Town a fee for its services of \$1.50 per parcel and can submit the Shared Services Agreement to the State; and

WHEREAS, in order for the County to act as the Town’s agent and perform the services outlined above it will be necessary for the County and the Town to enter into an Inter-Municipal Agreement (“IMA”).

NOW, THEREFORE, BE IT RESOLVED, that the County Manager, in conjunction with the County Treasurer and the County Attorney, are hereby authorized to negotiate the terms of the IMA; and

BE IT FURTHER RESOLVED, that the County Manager is hereby authorized to execute an IMA with the Town for a term commencing on January 1, 2023 and terminating on December 31, 2023, said IMA to be approved as to form by the County Attorney’s Office.



# Sullivan County

## Legislative Memorandum

**File #:** ID-4885

**Agenda Date:** 9/15/2022

**Agenda #:** 7.

**Narrative of Resolution:**

**WHEREAS**, an application dated August 2, 2022 having been filed by James & Evelyn B. Weissmann pursuant to Section 556 of the Real Property Tax Law with respect to property assessed to said applicant on the 2020 tax roll of the Town of Callicoon bearing Tax Map #8.-1-31.1, to correct an error in essential fact, an incorrect acreage on the taxable portion of the assessment roll which acreage was considered by the assessor in the valuation of the parcel and which resulted in an incorrect assessment; and

**WHEREAS**, the Director of Real Property Tax Services has duly investigated the application and filed his report dated August 12, 2022 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 error in essential fact

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

**BE IT FURTHER RESOLVED**, that the Chairman of the County Legislature be and he 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.

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

**Amount to be authorized by Resolution:** \$167.16

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

N/A

# Sullivan County

## Legislative Memorandum

**File #:** ID-4886

**Agenda Date:** 9/15/2022

**Agenda #:** 8.

**Narrative of Resolution:**

**WHEREAS**, an application dated August 2, 2022 having been filed by James & Evelyn B. Weissmann pursuant to Section 556 of the Real Property Tax Law with respect to property assessed to said applicant on the 2021 tax roll of the Town of Callicoon bearing Tax Map #8.-1-31.1, to correct an error in essential fact, an incorrect acreage on the taxable portion of the assessment roll which acreage was considered by the assessor in the valuation of the parcel and which resulted in an incorrect assessment; and

**WHEREAS**, the Director of Real Property Tax Services has duly investigated the application and filed his report dated August 12, 2022 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 error in essential fact

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

**BE IT FURTHER RESOLVED**, that the Chairman of the County Legislature be and he 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.

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

**Amount to be authorized by Resolution:** \$169.33

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

N/A

# Sullivan County

## Legislative Memorandum

**File #:** ID-4887

**Agenda Date:** 9/15/2022

**Agenda #:** 9.

**Narrative of Resolution:**

**WHEREAS**, an application dated August 2, 2022 having been filed by James & Evelyn B. Weissmann pursuant to Section 556 of the Real Property Tax Law with respect to property assessed to said applicant on the 2022 tax roll of the Town of Callicoon bearing Tax Map #8.-1-31.1, to correct an error in essential fact, an incorrect acreage on the taxable portion of the assessment roll which acreage was considered by the assessor in the valuation of the parcel and which resulted in an incorrect assessment; and

**WHEREAS**, the Director of Real Property Tax Services has duly investigated the application and filed his report dated August 12, 2022 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 error in essential fact

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

**BE IT FURTHER RESOLVED**, that the Chairman of the County Legislature be and he 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.

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

**Amount to be authorized by Resolution:** \$170.19

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

N/A

# Sullivan County

## Legislative Memorandum

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**File #:** ID-4888

**Agenda Date:** 9/15/2022

**Agenda #:** 10.

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**Narrative of Resolution:**

To amend Reso. 6-19 to include language that allows County employees that reside outside of Sullivan County that have assigned vehicles to bring those vehicles home with the approval by the County Manager or designee.

**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.

**Specify Compliance with Procurement Procedures:**

**WHEREAS**, the Sullivan County Legislature adopted Resolution No. 6-19 on January 24, 2019 that approved a Vehicle Use Policy for the County of Sullivan; and

**WHEREAS**, there is a need to amend the Vehicle Use Policy to include language that allows a County employee that resides outside of Sullivan County that has been issued an assigned vehicle to take that vehicle home if it is there is a business justification for such allowance, with the approval of the County Manager or his designee.

**NOW THEREFORE BE IT RESOLVED**, that the Sullivan County Legislature hereby amends the Vehicle Use Policy by adding to number 10 in the Vehicle Use Policy “(a) any employee that is assigned a County vehicle for business purposes and resides outside of the County of Sullivan, must request permission to bring that assigned vehicle home by the County Manager or his designee”.



# Vehicle Use Policy

## I. Purpose and Scope

It is the purpose of this Vehicle Use Policy (the “*Policy*”) is to define the general policy for the use of County Vehicles (as defined below) that are operated by Employees in the scope of their employment with the County. Employees in County departments that have additional requirements with respect to the use of County Vehicles are responsible to follow such departmental policies and procedures in addition to the ones contained herein. This Policy shall not apply to the Office of the Sheriff, whose office is covered by specific operating procedures.

## II. Definitions

“*Assigned Vehicle*” means a County Vehicle that has been assigned to a specific Employee for a specific period of time or on a permanent basis.

“*Barryville Facility*” means DPW’s Barryville facility located at 450 Rt. 55, Barryville, New York 12719.

“*County Vehicle*” means any County-owned or -leased motor vehicle that is registered for use on public roads or which is required for undertaking authorized public works.

“*DPW*” means the County of Sullivan’s Division of Public Works.

“*Employee*” means a person employed by the County.

“*Maplewood Facility*” means DPW’s Maplewood facility located at 745 State Route 17b, Mongaup Valley, NY 12762.

“*Private Vehicle*” means a non-County Vehicle used by an Employee in the performance of their job.

“*Pool Vehicle*” means a County Vehicle that has been provided to an Employee for a specific trip or trips during a day or week (*i.e.*, not an Assigned Vehicle).

“*Risk Management*” means the County of Sullivan’s Department of Risk Management.

## III. General Provisions

A. Department Heads are responsible for ensuring that the Provisions of this Policy are followed. Department Heads are responsible for authorizing Employees to use a County Vehicle and for taking corrective action, including the institution of disciplinary proceedings, with respect to violations of this Policy.

## County of Sullivan Vehicle Use Policy

- B. An Employee shall not operate a County Vehicle until and unless the Employee satisfies the following:
1. Maintains a valid driver's license appropriate for the class/type of County Vehicle to be operated.
  2. Been enrolled in the LENS<sup>1</sup> program through Risk Management; and
  3. Reviewed this Policy and acknowledged in writing that it has been read.
- C. Employees shall operate County Vehicles and Private Vehicles in a safe manner. Unsafe operation includes, but is not limited to, excessive speed, tailgating, use of cellphone or texting while driving and driving while impaired.
- D. An Employee who causes damage to a County Vehicle where the Employee is at fault may result in an Employee's loss of authorization to operate a County Vehicle. In addition, an Employee shall be responsible for reimbursement of costs associated with road service, towing or vehicle damage that results from willful abuse, misuse or gross negligence on the part of the Employee.
- E. Employees shall store County Vehicles in a safe location. A safe and secure location storage area is a place that meets the following conditions:
1. One in which it is lawful to park a motor vehicle;
  2. One which does not create the perception of impropriety by a County Employee (*e.g.*, parking in front, or in the parking lot, of a tavern or bar, a shopping mall or movie theater during traditional work hours) unless parking the County Vehicle in such place is necessary for County business; and
  3. One where it is reasonable to expect that the County Vehicle will not be damaged as a result of being parked in such location.
- F. All accidents involving County Vehicles or Private Vehicles, if in the performance of an Employee's job, must be reported to Police.
- G. An Employee who violates this Policy may be subject to discipline.

### IV. Motor Vehicle Use

- A. An Employee operating a County Vehicle shall:
1. Have a valid driver's license that authorizes them to operate the class/type of vehicle being operated.
  2. Obey all laws, including the New York State Vehicle and Traffic Law, while operating County Vehicles and drive the County Vehicle in a safe, lawful, alert and courteous manner.

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<sup>1</sup> License Event Notifications Service (LENS) provides an employer of driver license events as they post to a driver's record.

## County of Sullivan Vehicle Use Policy

3. Use County Vehicles for official County business only. Such use may include transporting passengers, business associates (*i.e.*, contractors), County or other government employees and materials within the scope of Employee's job responsibilities.
  4. Wear a seat belt and ensure that all occupants of the County Vehicle are wearing a seat belt when the vehicle is being operated.
  5. Complete a County Vehicle Use Report on a daily basis with summary of traveled route, start and end mileage, gas usage, and servicing done.
  6. With respect to Assigned Vehicles, ensure the County Vehicle undergoes regular maintenance as outlined in Section V of this Policy.
- B. An Employee operating a County Vehicle or a Private Vehicle (on County business) shall **NOT**
1. Use a County Vehicle on personal business unless authorized by the Department Head and County Manager.
  2. Permit another person, including another Employee, to operate a County Vehicle unless such person has been authorized to drive that County Vehicle by a Supervisor, Department Head or the County Manager.
  3. Use a County Vehicle to transport family members or friends to places other than those for County business (*e.g.*, to work, daycare, etc.).
  4. Smoke in a County Vehicle.
  5. Speed in a County Vehicle.
  6. Drink alcoholic beverages or be under the influence of alcohol while operating a County Vehicle.
  7. Use or be under the influence of illegal drugs while operating a County Vehicle.
  8. Use or be under the influence of controlled substances (including prescription of or over the counter drugs) that affect their ability to drive a County Vehicle.<sup>2</sup>
  9. Use computing devices, cellphones or text. If the Employee must make a phone call or text, he/she must safely leave the traveled way of the roadway, safely place the County Vehicle in park, and make and complete the phone call or text.
  10. Drive a County Vehicle home without express permission of their Supervisor or Department Head, or as otherwise authorized by a County or Department Policy.

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<sup>2</sup> To the extent a County employee is concerned about the impact of prescription medicine on their ability to operate a County Vehicle, they are expected to seek and have received medical approval for same.

## County of Sullivan Vehicle Use Policy

(a) any employee that is assigned a County vehicle for business purposes and resides outside of the County of Sullivan, must request permission to bring that assigned vehicle home by the County Manager or his designee.

11. Travel outside the confines of New York State without prior approval from their Supervisor, Department Head or the County Manager.

12. Operate any device that impairs their hearing or negatively impacts the safe operation of a County Vehicle.

13. Leave the County Vehicle unattended without turning the vehicle off, removing the keys and locking the doors.

### **V. Vehicle Breakdown, Repairs and Maintenance**

A. Breakdown and Repairs: If major problems occur while the County Vehicle is in use, the Employee shall contact their Department Head or supervisor, if possible, to determine the most efficient manner to effect repair. For Employee's safety and the proper care of County-owned property, the Employee shall NOT attempt to fix a County Vehicle unless that Employee is authorized to do so.

In the event of a breakdown of a County Vehicle, after contacting their Department Head, the Employee shall contact the Maplewood Facility. If it is determined that the County Vehicle should be towed, DPW will be responsible for arranging for such towing. If it is not during business hours, the Employee shall call the DPW hotline. If DPW cannot be reached and safe storage is not possible, the Department Head shall call a County-approved service center to tow the vehicle to the Maplewood Facility.

B. Maintenance: With respect to Assigned Vehicles, the Employee is responsible for ensuring that the County Vehicle is serviced every 4,000 miles. Vehicle maintenance is done at the Maplewood Facility or through authorized Enterprise vendors. Please contact Maplewood Facility to determine the appropriate maintenance process. Service includes change of oil, grease, checking of all fluid levels, lights, belts, and tire condition. A sticker on the windshield shows date and mileage of the last service. Between October 15<sup>th</sup> and November 15<sup>th</sup> of each year, the Employee shall arrange with DPW to have winter tires installed on the County Vehicle and its antifreeze checked.

C. Annual Inspection: A sticker on an Assigned Vehicle's windshield shows the expiration month for the current year's New York State safety and emissions inspection. During that month, Employee is responsible for contacting DPW to schedule an inspection appointment before the month is over.

D. Fuel: With the exception of emergencies, when travelling within Sullivan County, the Employee shall refuel at the Maplewood Facility or the gas pumps at the County's Liberty complex. A pump key is assigned to each County Vehicle and is located on the key chain. Each Employee will be assigned a PIN to use at the gas pumps.



## County of Sullivan Vehicle Use Policy

The Employee shall refuel a Pool Vehicle to full whenever said gas tank is less than half full.

E. Cleaning: It is the responsibility of the Employee using a County Vehicle to keep it clean. All garbage must be removed and disposed of prior to the vehicle's return. Spills must be cleaned up immediately to avoid permanent stains.

### VI. Accidents

A. Reporting – Generally. Employees shall report accidents involving a County Vehicle or Private Vehicle (if the accident occurred while on County business) to the police and to Risk Management.

1. In case of an accident, the Employee will be required to show evidence of insurance. Risk Management provides insurance cards to DPW, and a copy of the insurance card should be kept in every County Vehicle.

2. To report an accident to the police, Employee shall call 911 while at the scene of the accident, if possible. If for some reason the Employee is unable to report the accident, it is the responsibility of the Employee's immediate supervisor to report the accident upon receipt of notice of same.

3. To report an accident to Risk Management, Employee shall complete Risk Management's *Motor Vehicle Accident Report*, a copy of which is attached to this Policy as Attachment A, and submit the original to Risk Management **within 10 days** of the date of the accident. A blank version of the form is printed on blue card stock and included on the clipboard kept in each County Vehicle. (A blank version of the form may also be found on the County's website.)

4. Accidents involving death, personal injury or property damage in excess of \$1,000.00, require the Employee or their supervisor to file a New York State MV-104 *Report of Motor Vehicle Accident*, a copy of which is attached to this Policy as Attachment B, and submitted to the New York State Department of Motor Vehicles at the address listed thereon, with a copy to Risk Management (A blank version of the form may also be found on the New York Department of Motor Vehicle's website.)

B. Additional Reporting – County Vehicles. In addition, if the accident involves serious injuries or fatality, contact Risk Management immediately or the Commissioner of Public Works as soon as possible.

C. Additional Reporting – Private Vehicles. In addition, if the accident involves a Private Vehicle while driven on County business and resulted in death, personal injury, or property damage in excess of \$1,000.00, the Employee or their supervisor shall obtain two copies of the report submitted to the insurance carrier and forward them to Risk Management.

D. Additional Reporting - Accidents Involving Injuries to Employees. If the accident involves an injury to an Employee at work (whether in an Assigned Vehicle or Private

## County of Sullivan Vehicle Use Policy

Vehicle), the Employee shall report the accident on the County's form *Accident /Illness Injuries to an Employee at Work*, a copy of which may be obtained from Risk Management.

E. Inquiries by Insurance Companies: An Employee shall not discuss with any person not a County employee any accident involving a County Vehicle without written permission of the Director of Risk Management or the Commissioner of the DPW.

Contact Numbers	
Maintenance and Inspections – DPW Maplewood	(845) 807-0297
Breakdown and Accidents (During Business Hours) – DPW Maplewood	(845) 807-0297
Breakdown and Accidents (After Business Hours) – DWP Hotline (E911 non-emergency #)	(845) 583-7180
Risk Management, Director	(845) 807-0475
DPW, Commissioner	(845) 807-0261

### VII. Acknowledgement

I hereby acknowledge that I have received and read the Vehicle Use Policy, and I agree to comply with the requirements set forth therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

Department: \_\_\_\_\_

**SULLIVAN COUNTY RISK MANAGEMENT  
MOTOR VEHICLE ACCIDENT REPORT**

Date of Accident:	Time:	Weather & Light Conditions:
Where Did Accident Occur? <i>(Give exact information, such as street, intersection, cross road, landmark)</i>		
Was this vehicle actively involved in snowplowing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>OTHER VEHICLE:</b>		
Operator's Name:	Driver's Lic. No.:	
Address:	Date of Birth:	
Owner's Name:	Address:	
Year, Make & Model of Vehicle:	Plate No.:	
Insurance Co. & Policy No. (from ID card):		
Damage to Other Vehicle:		
<b>SULLIVAN COUNTY VEHICLE:</b>		
Vehicle Type:_____ #:_____	Year, Make & Model:	Lic. Plate # _____
Operator's Name:	Driver's Lic. No.:	
Other Persons in County Vehicle:		
Damage to our Vehicle:		
<b>INJURED PERSONS</b> (if any) Give Name, Address and extent of injury:		
Was accident reported to Police? Yes_____ No_____	If so, to whom and where?	
Give your version of how accident happened:		
Signature of person driving County Vehicle:		
Signature of person completing this form (if different from above):		
<b>Draw diagram on reverse side</b> of this report, showing North and showing direction of all vehicles involved and general location of each and what Traffic Control existed; ie. lights, signs, none, etc.		
<b>List names, addresses and telephone numbers of witnesses on reverse side.</b>		
<b>TOWING:</b> Should the County Vehicle require towing, please call the following:		
<b>Weekdays:</b> (845) 807-0297 (DPW Maplewood Shop)	<b>Nights/Weekends:</b> (845) 583-7100 (Emergency Control Center)	
=NOTE=		
Report to your office IN PERSON as soon as possible after accident to sign NYS Accident Report Forms.		

Additional Information/Comments:

MV-104 (5/11) PAGE 1 of 2

FOLD → ← HERE

New York State Department of Motor Vehicles  
**REPORT OF MOTOR VEHICLE ACCIDENT**  
 www.dmv.ny.gov

Use only for accidents that  
happen in New York State

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DO NOT FORGET ACCIDENT DATE		Page _____ of _____		<input type="checkbox"/> <b>RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT</b>		1																																					
Accident Date Month _____ Day _____ Year _____		Day of Week _____ Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Number of Vehicles _____ Number Injured _____ Number Killed _____		Did police investigate accident at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No																																					
DRIVER	DRIVER OF VEHICLE 1			VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER PEDESTRIAN			2																																				
	Driver License ID Number _____ State of License _____			Driver License ID Number _____ State of License _____																																							
	Driver Name—exactly as printed on license (Last, First, M.I.) _____			Name—exactly as printed on license (Last, First, M.I.) _____																																							
	Address (Include Number & Street) _____ Apt. Number _____			Address (Include Number & Street) _____ Apt. Number _____																																							
	City or Town _____ State _____ Zip Code _____			City or Town _____ State _____ Zip Code _____																																							
REGISTRANT	Date of Birth _____ Sex _____ Number of People in Vehicle _____ Public Property Damaged <input type="checkbox"/>			Date of Birth _____ Sex _____ Number of People in Vehicle _____ Public Property Damaged <input type="checkbox"/>			3																																				
	Name—exactly as printed on registration _____ Date of Birth _____ Sex _____			Name—exactly as printed on registration _____ Date of Birth _____ Sex _____																																							
	Address (Include Number & Street) _____ Apt. Number _____			Address (Include Number & Street) _____ Apt. Number _____																																							
	City or Town _____ State _____ Zip Code _____			City or Town _____ State _____ Zip Code _____																																							
	Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____			Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____																																							
VEHICLE DAMAGE	Estimated Cost of Property Damage - Vehicle 1 <input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500			Estimated Cost of Property Damage - Vehicle 2 <input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500			4 5 6 7 23 24																																				
	Describe damage to vehicle 1			Describe damage to vehicle 2																																							
	ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9. Number the vehicles. Your vehicle is # 1			Left Turn <input type="checkbox"/> Rear End <input type="checkbox"/> Sideswipe (same direction) <input type="checkbox"/> Left Turn <input type="checkbox"/> Right Angle <input type="checkbox"/> Right Turn <input type="checkbox"/> Right Turn <input type="checkbox"/> Head On <input type="checkbox"/> Sideswipe (opposite direction) <input type="checkbox"/> 9. _____																																							
ACCIDENT LOCATION	Place Where Accident Occurred in New York State:																																										
	County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Permanent Landmark _____																																										
	Road on which accident occurred _____ (Route Number or Street Name)																																										
	at <input type="checkbox"/> 1) intersecting street _____ (Route Number or Street Name)																																										
	or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name)																																										
ALL INVOLVED	How did the accident happen?																																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Names of All Persons Involved</th> <th>8. Which Veh. Occupied</th> <th>9. Position In/on Vehicle</th> <th>10. Safety Equip. Used</th> <th>12. Age</th> <th>13. Sex</th> <th>16. Injury A B C</th> <th>Describe Injuries</th> <th>If Deceased, Enter Date of Death</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							Names of All Persons Involved	8. Which Veh. Occupied	9. Position In/on Vehicle	10. Safety Equip. Used	12. Age	13. Sex	16. Injury A B C	Describe Injuries	If Deceased, Enter Date of Death																											
	Names of All Persons Involved	8. Which Veh. Occupied	9. Position In/on Vehicle	10. Safety Equip. Used	12. Age	13. Sex	16. Injury A B C	Describe Injuries	If Deceased, Enter Date of Death																																		
INSURANCE	Identify Damaged Property Other Than Vehicle(s) _____ VIN _____																																										
	Name of Insurance Company That Issued Policy For Vehicle 1 _____ Policy Number _____																																										
	Name and Address of Policy Holder _____ Policy Period From _____ To _____																																										
	If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No. _____ Name and Address of Permit Holder _____ and State _____																																										
	If Self-Insured, give Certificate No. _____																																										
Date _____		Print Name of Driver (or Representative*) of Vehicle 1 _____		Signature of Driver (or Representative*) of Vehicle 1 _____			29 30																																				
<p>* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign.</p> <p><input type="checkbox"/> Injury <input type="checkbox"/> Death</p>																																											

An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license.

MV-104 (5/11) PAGE 2 of 2

**SECTION A**

You must report within 10 days any accident occurring in New York State causing a fatality, personal injury or damage over \$1,000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time. You must fill in all information requested on the report.

Then fill in the boxes numbered 1-7 and 23-30 in the right margin on page 1 by entering the number of the item from Section B that best describes the circumstances of the accident. If a question does not apply, enter a dash ("-"). If you do not know an answer, enter an "X".

**INSTRUCTIONS - PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK**

\* First — fold along this shaded, dotted line.

\* Don't fold internet form. Instead, place page 2 over page 1, with the arrows on page 2 pointing to the boxes on the right edge of page 1.

**VEHICLE INVOLVEMENT** - If you were in an accident involving:

- **two-cars**, enter your information in the **VEHICLE 1** section and the other driver's information in the **VEHICLE 2** section.
- **a pedestrian, bicyclist or other pedestrian** (a person using a non-motorized conveyance such as in-line skates, skateboard, sled, etc.), enter the information in the "Driver" spaces provided for Vehicle 2, and check the **PEDESTRIAN, BICYCLIST or OTHER PEDESTRIAN** box.
- **a vehicle other than a motor vehicle** (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, trail bike, or other non-motor vehicle), enter the driver, registrant and vehicle information in the space provided for **VEHICLE 2**.
- **an unoccupied vehicle**, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the **VEHICLE 2** block.
- **more than two vehicles**, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked **VEHICLE 1** and mark it #3. Use the space marked **VEHICLE 2** for the fourth vehicle, and mark it #4 and so on. Additional forms are available at any Motor Vehicles office or from the DMV website: [www.dmv.ny.gov](http://www.dmv.ny.gov).

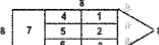
- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 VEHICLE DAMAGE** - Indicate if the accident exceeds the \$1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.
- 4 ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street. If available, identify a **permanent landmark** nearby, such as a business, school, shopping mall, parking lot, water tower, railroad, mountain or cell tower.
- 5 ALL INVOLVED** - List the names of all persons involved in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than four people are involved, complete another report. In the **ALL INVOLVED** section of that report, provide the required information for everyone else involved in the accident. Enter the following codes in the appropriate columns:

**WHICH VEHICLE OCCUPIED (Column 8)** - Enter the appropriate number or letter.

1. Vehicle 1    2. Vehicle 2    B. Bicyclist    P. Pedestrian    O. Other Pedestrian

**POSITION IN/ON VEHICLE (Column 9)** - Enter the number from this diagram which corresponds to each person's position.

1. Driver    2-7. Passengers    8. Riding/Hanging on Outside



**SAFETY EQUIPMENT USED (Column 10)**

- |                             |   |                  |
|-----------------------------|---|------------------|
| 1. None                     | 7. Air Bag Deployed                     |                  |
| 2. Lap Belt                 | 8. Air Bag Deployed/Lap Belt            |                  |
| 3. Shoulder Restraint       | 9. Air Bag Deployed/Shoulder Restraint  | C. Helmet Only   |
| 4. Lap Belt Restraint       | A. Air Bag Deployed/ Lap Belt/Restraint | D. Helmet/Other  |
| 5. Child Restraint Only     | B. Air Bag Deployed/Child Restraint     | E. Pads Only     |
| 6. Helmet (Motorcycle Only) | O. Other                                | F. Stoppers Only |

**INJURY (Columns 16A-C)** - Check all column(s) that apply and DESCRIBE INJURIES:

A - Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.

B - Lump on head, abrasions, minor lacerations.

C - Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury), whiplash (complaint of neck and head pain).

- 6 INSURANCE** - Enter damage to private property, if any, insurance policy information and VIN. Attach additional reports to page one. Each page of the report must be numbered in the upper left corner. Mark additional sheets #2, #3, etc. Date and sign on the bottom line of each attached report. THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS HE OR SHE IS UNABLE TO SIGN BECAUSE HE/SHE IS INJURED OR DECEASED.

Send original to: CRASH RECORDS CENTER  
6 EMPIRE STATE PLAZA  
PO BOX 2925  
ALBANY NY 12220-0925

**SECTION B**

USE TO COMPLETE

BOXES 1-7 and 23-30 ON PAGE 1

Be sure your answers are marked INSIDE THE BOXES ON PAGE 1

<b>PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION</b>		<b>PAGE</b>
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection		1
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection		
<b>PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION</b>		
1. Crossing, With Signal		
2. Crossing, Against Signal		
3. Crossing, No Signal, Marked Crosswalk		
4. Crossing, No Signal or Crosswalk		
5. Riding/Walking/Skating Along Highway With Traffic		
6. Riding/Walking/Skating Along Highway Against Traffic		
7. Emerging from in Front of/Behind Parked Vehicle		
8. Going to/From Stopped School Bus		
9. Getting On/Off Vehicle Other Than School Bus		
10. Working in Roadway		
11. Playing in Roadway		
12. Other Actions in Roadway		
13. Not in Roadway		
<b>TRAFFIC CONTROL</b>		
1. None		
2. Traffic Signal		
3. Stop Sign		
4. Flashing Light		
5. Yield Sign		
6. Officer/Guard		
7. No Passing Zone		
8. RR Crossing Sign		
9. RR Crossing Flashing Light		
10. RR Crossing Gates		
11. Stopped School Bus-Red Lights Flashing		
12. Construction Work Area		
13. Maintenance Work Area		
14. Utility Work Area		
15. Police/Fire Emergency		
16. School Zone		
20. Other		
<b>LIGHT CONDITIONS</b>		
1. Daylight		
2. Dawn		
3. Dusk		
4. Dark-Road Lighted		
5. Dark-Road Unlighted		
<b>ROADWAY CHARACTER</b>		
1. Straight and Level		
2. Straight and Grade		
3. Straight at Hillcrest		
4. Curve and Level		
5. Curve and Grade		
6. Curve at Hillcrest		
<b>ROADWAY SURFACE CONDITION</b>		
1. Dry		
2. Wet		
3. Muddy		
4. Snow/Ice		
5. Slush		
6. Flooded		
0. Other		
<b>WEATHER</b>		
1. Clear		
2. Cloudy		
3. Rain		
4. Snow		
5. Sleet/Hail/Freezing Rain		
6. Fog/Smog/Smoke		
0. Other		
<b>DIRECTION OF TRAVEL</b>		
1. North		
2. Northeast		
3. East		
4. Southeast		
5. South		
6. Southwest		
7. West		
8. Northwest		
<b>PRE-ACCIDENT VEHICLE ACTION</b>		
1. Going Straight Ahead		
2. Making Right Turn		
3. Making Left Turn		
4. Making U Turn		
5. Starting from Parking		
6. Starting in Traffic		
7. Slowing or Stopping		
8. Stopped in Traffic		
9. Entering Parked Position		
10. Parked		
11. Avoiding Object in Roadway		
12. Changing Lanes		
13. Passing		
14. Merging		
15. Backing		
16. Making Right Turn on Red		
17. Making Left Turn on Red		
18. Police Pursuit		
20. Other		
<b>LOCATION OF FIRST EVENT</b>		
1. On Roadway		
2. Off Roadway		
<b>TYPE OF ACCIDENT</b>		
<b>COLLISION WITH</b>		
1. Other Motor Vehicle		
2. Pedestrian		
3. Bicyclist		
4. Animal		
5. Railroad Train		
6. In-Line Skater		
7. Deer		
8. Other Pedestrian		
10. Other Object (Not Fixed)		
<b>COLLISION WITH FIXED OBJECT</b>		
11. Light Support/Utility Pole		
12. Guide Rail - Not At End		
13. Crash Cushion		
14. Sign Post		
15. Tree		
16. Building/Wall		
17. Curbing		
18. Fence		
19. Bridge Structure		
20. Culvert/Head Wall		
21. Median - Not At End		
22. Snow Embankment		
23. Earth Embankment/Rock Cut/Ditch		
24. Fire hydrant		
25. Guide Rail - End		
26. Median - End		
27. Barrier		
30. Other Fixed Object		
<b>NO COLLISION</b>		
31. Overturned		
32. Fire/Explosion		
33. Submersion		
34. Ran Off Roadway Only		
40. Other		

# Sullivan County

## Legislative Memorandum

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**File #:** ID-4889

**Agenda Date:** 9/15/2022

**Agenda #:** 11.

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**Narrative of Resolution:**

Authorize the coordination and funding of a Fall Countywide litter pluck event.

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

**Amount to be authorized by Resolution:** \$3.00 tipping fee per litter filled bag. \$100.00 disposal coupons, mailings, advertising and insurance.

**Are funds already budgeted?** Yes

**Specify Compliance with Procurement Procedures:** CL-8160-40-4013 / A-7110-39-47-4766

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

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

**WHEREAS**, in addition to the springtime litter pluck event, Sullivan County intends to host a fall countywide Roadside and Trail Litter Pluck event to help generate increased awareness and enthusiasm for Sullivan County's trail systems, and to address roadside and trail litter issues; and

**WHEREAS**, the County encourages public participation and cooperation in roadside and trail clean up; and

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

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

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature approves the coordination and funding of an additional fall countywide Roadside and Public Trail Litter Pluck event, for the months of

September and October during 2022.



# Sullivan County

## Legislative Memorandum

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**File #:** ID-4892

**Agenda Date:** 9/15/2022

**Agenda #:** 12.

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**Narrative of Resolution:**

To create one (1) full-time grant funded position, Department of Community Services Coordinator, in the Sullivan County Department of Community Services to continue to facilitate the HEALing Community Studies program. When the funding ceases, the position will be abolished.

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

**Amount to be authorized by Resolution:** \$52,699.00, fully grant funded

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

**WHEREAS**, the Director of Human Resources/Personnel Officer and the Director of Community Services are requesting that one (1) full-time grant funded Community Services Coordinator position be created in the Department of Community Services; and

**WHEREAS**, Columbia University has funded the HEALing Community Studies program at Sullivan County Department of Community Services through the National Institute of Drug Abuse (NIDA); and

**WHEREAS**, the salary shall be set per the Teamsters 445 salary schedule as a Grade XI; and

**WHEREAS**, the Department of Community Services has received grant money for two (2) years which will expire on March 21, 2024; and

**WHEREAS**, this position is needed to continue to facilitate the HEALing Community Studies program.

**NOW, THEREFORE, BE IT RESOLVED**, that the Human Resources Director/Personnel Officer is hereby authorized to create and fill one (1) full-time Community Services Coordinator which shall be effective immediately, which shall continue for through March 21, 2024 in line with the awarded grant; and

**BE IT FURTHER RESOLVED**, that when funding ceases, the position is abolished.

# Sullivan County

## Legislative Memorandum

**File #:** ID-4895

**Agenda Date:** 9/15/2022

**Agenda #:** 13.

**Narrative of Resolution:**

Authorize the County of Sullivan to transfer property to the Sullivan County Land Bank Corporation

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

**Amount to be authorized by Resolution:** \$200,000

**Are funds already budgeted?** Yes

**Specify Compliance with Procurement Procedures:**

**WHEREAS**, the Sullivan County Legislature allocated \$200,000 in its 2022 Budget for the Sullivan County Land Bank Corporation ("Land Bank") to undertake the demolition of blighted buildings; and

**WHEREAS**, the tax delinquent parcels listed below have been subjected to Article 11 real property tax foreclosure proceedings, and have been identified by the Land Bank Corporation as properties that would benefit from demolition and cleanup; and

**WHEREAS**, the Land Bank intends to undertake the demolition and cleanup of these properties in order to alleviate blight, improve public safety, and prepare them for redevelopment; and

**WHEREAS**, it is the intent of the Sullivan County Legislature to cancel the real property taxes due and owing on said properties, so they may be transferred to the Land Bank for public purposes and to ensure that no real property taxes shall be due and owing on said parcels so long as they remain in ownership of the Land Bank; and

**WHEREAS**, the Land Bank is committed to marketing the rehabilitated properties so that they may be returned to productive use and to the tax rolls;

**NOW THEREFORE BE IT RESOLVED**, the properties listed below shall be conveyed from Sullivan County to the Land Bank; and

**BE IT FURTHER RESOLVED**, the Sullivan County Treasurer is hereby authorized and directed to cancel any outstanding real property taxes due and owing on the properties identified above, including those of the 2022-2023 School Districts impacted; and

**BE IT FURTHER RESOLVED**, the Chairman of the Sullivan County Legislature is hereby authorized to execute the documents necessary for said conveyance, in forms approved by the Sullivan County Attorney; and

**BE IT FURTHER RESOLVED**, the conveyances shall be recorded in the Sullivan County Clerk's Office.

Address	Town	Section	Block	Lot
4704 State Route 55	Bethel	8	1	59
20 Maple Ave N.	Fallsburg	19	10	8
975 & 977 State Route 52	Fallsburg	20	1	35.1
557 Thompson Road	Thompson	15	1	43

21 Hoover Ave	Thompson	31	1	71
389 Ferndale-Loomis Road	Liberty	36	1	26.2
8205 State Route 55	Neversink	25	1	30



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

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**File #:** ID-4896

**Agenda Date:** 9/15/2022

**Agenda #:** 14.

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**Narrative of Resolution:**

Every year the Sullivan County Sheriff's Office prepares the STOP DWI budget to be approved by the Legislature before submitting it to the New York State Department of Motor Vehicles, Governor's Traffic Safety Committee for their approval on October 1, 2022.

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

**Amount to be authorized by Resolution:** 87,900 this amount could vary depending on the revenue the County brings in from fine monies.

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

**WHEREAS**, the 2023 STOP DWI Plan has been prepared and requires the signature of the County Manager prior to being approved by the New York State Department of Motor Vehicles, Governor's Traffic Safety Committee, and

**WHEREAS**, the 2023 STOP DWI budget is \$225,900, and

**WHEREAS**, a copy of the 2023 STOP DWI Plan is on file in the County Manager's Office.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is authorized to sign any and all agreements with the State of New York and all appropriate agencies to effect the 2023 STOP DWI Plan, said agreements to be in such form as the County Attorney shall approve.



COUNTY: SULLIVAN

Name: Michael A. Schiff

Title: Coordination

Phone number: 845-807-0757

Email address: michael.schiff@sullivanny.us

Additional comments:

Next

COMPONENT	TOTALS
I. Enforcement*	\$ 48,000.00
II. Prosecution	\$ 51,000.00
III. Court Related	\$ 0.00
IV. Probation	\$ 41,000.00
V. Rehabilitation	\$ 58,000.00
VI. Public Information/Education	\$ 5,000.00
VII. Administration	\$ 22,900.00
<b>TOTAL STOP-DWI BUDGET</b>	<b>\$ 225,900.00</b>

***\*Do NOT include HVEC Grant Funding when reporting your budget expenses nor estimated income and other sources of revenue.***

Subtotal Estimated Fine Revenues for year 2023:	\$ 125,000.00
Subtotal Other Source(s) of Revenue**:	\$ 100,900.00
<b>Total Estimated Revenues:</b>	<b>\$ 225,900.00</b>
Enter Amount of Rollover/Fund Balance:	\$ 0.00

Are you planning to use any of your Rollover?

YES ☐ NO ☒

\*\* List other sources of revenue.

Victim Impact Panel \$13,000  
County Share \$87,900

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## BUDGET SUMMARY of LAW ENFORCEMENT

### (i) PERSONAL SERVICES

**Funded Position(s):**

List Job Title, Agency, Full or Part Time Status

Monticello PD, Fallsburg PD, Liberty PD

each \$10,000

Sullivan County Sheriff's Office

Woodridge PD

Percent Full Time

Equivalent

0 %

0 %

0 %

0 %

Total

\$ 30,000.00

\$ 10,000.00

\$ 5,000.00

\$ 0.00

\$ 0.00

\$ 45,000.00

Overtime Funding\*

Fringes

**Total Personal Services** (Subtotal (A) on next page)

### (ii) OTHER THAN PERSONAL SERVICES

Equipment (Subtotal (B) on next page)

Vehicle

Vehicle Maintenance

Supplies

Training/Travel

Overhead: Office Rent, Telephone, and Utilities

Indirect Cost Charge(s)

Contractual Services

*Must describe in detail below the contractor and services to be provided*

**Total Other Than Personal Services**

**TOTAL LAW ENFORCEMENT BUDGET (i) + (ii)**

\$ 3,000.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 3,000.00

\$ 48,000.00

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***\*Do NOT include HVEC Grant Funding when reporting your budget.***

***HVEC Grant Funding should NOT be included in either 'Overtime Funding' nor 'Contractual Services'***

### ENFORCEMENT ACTIVITY (PERSONAL SERVICES/EQUIPMENT) BUDGET

[illegible]

\*Subtotal (A) is the overtime funding for each agency

**\*\*Subtotal (B) is the equipment amount for each agency**

**Do NOT include HVEC Grant Funding when reporting your budget.**

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**ENFORCEMENT ACTIVITY BUDGET (Description)**

Describe in detail / explain vehicle purchase, including the name of the agency that will be obtaining the vehicle:

N/A

Describe in detail / list the equipment to be purchased:

Alco Sensor FST breathalyzer units, as needed by departments.

Describe in detail / explain Contractual Services:

Contract with law enforcement agencies in the county to perform STOP DWI Patrols.

**Previous**

**Next**

**ENFORCEMENT ACTIVITY BUDGET (Description), Cont'd**

Describe in detail / explain "other" items listed:

N/A

Please provide specific detail of the activities that will be funded in this area.

N/A

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## BUDGET SUMMARY of PROSECUTION

### (i) PERSONAL SERVICES

Funded Position(s): List Job Title, Agency, Full or Part Time Status	Percent Full Time Equivalent	Total
Assistant District Attorney	0 %	\$ 51,000.00
	0 %	\$ 0.00
	0 %	\$ 0.00
	0 %	\$ 0.00
Overtime Funding		\$ 0.00
Fringes		\$ 0.00
<b>Total Personal Services</b>		<b>\$ 51,000.00</b>

### (ii) OTHER THAN PERSONAL SERVICES

Equipment	\$ 0.00
Supplies and Materials	\$ 0.00
Training/Travel	\$ 0.00
Contractual Services	\$ 0.00
Other (describe in detail below)	\$ 0.00
<b>Total Other Than Personal Services</b>	<b>\$ 0.00</b>
<b>TOTAL PROSECUTION BUDGET (i) + (ii)</b>	<b>\$ 51,000.00</b>

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**PROSECUTION ACTIVITY BUDGET (Description)**

Describe in detail / list the equipment to be purchased:

N/A

Describe in detail / explain Contractual Services:

Contract with Sullivan County District Attorney to provide a portion of an assistant district attorney's salary to prosecute DWI/DWAI defendants.

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**PROSECUTION ACTIVITY BUDGET (Description), Cont'd**

Describe in detail / explain "other" items listed:

N/A

Please provide specific detail of the activities that will be funded in this area.

Time spent in local courts to prosecute DWI cases, as well as time spent to build their cases.

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### **BUDGET SUMMARY of COURT RELATED**

#### **(i) PERSONAL SERVICES**

**Funded Position(s):**

List Job Title, Agency, Full or Part Time Status

Percent Full Time

Equivalent

Total

	0 %	\$ 0.00
	0 %	\$ 0.00
	0 %	\$ 0.00
	0 %	\$ 0.00
Overtime Funding		\$ 0.00
Fringes		\$ 0.00
<b>Total Personal Services</b>		\$ 0.00

#### **(ii) OTHER THAN PERSONAL SERVICES**

Equipment	\$ 0.00
Supplies and Materials	\$ 0.00
Training/Travel	\$ 0.00
Contractual Services	\$ 0.00
Other (describe in detail below)	\$ 0.00
<b>Total Other Than Personal Services</b>	\$ 0.00
<b>TOTAL COURT BUDGET (i) + (ii)</b>	\$ 0.00

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**COURT RELATED ACTIVITY BUDGET (Description)**

Describe in detail / list the equipment to be purchased:

Describe in detail / explain Contractual Services:

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**COURT RELATED ACTIVITY BUDGET (Description), Cont'd**

Describe in detail / explain "other" items listed:

Please provide specific detail of the activities that will be funded in this area.

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### **BUDGET SUMMARY of PROBATION**

#### **(i) PERSONAL SERVICES**

**Funded Position(s):**

List Job Title, Agency, Full or Part Time Status

	Percent Full Time Equivalent	Total
Probation Officer	0 %	\$ 41,000.00
	0 %	\$ 0.00
	0 %	\$ 0.00
	0 %	\$ 0.00
Overtime Funding		\$ 0.00
Fringes		\$ 0.00
<b>Total Personal Services</b>		<b>\$ 41,000.00</b>

#### **(ii) OTHER THAN PERSONAL SERVICES**

Equipment	\$ 0.00
Supplies and Materials	\$ 0.00
Training/Travel	\$ 0.00
Contractual Services	\$ 0.00
Other (describe in detail below)	\$ 0.00
<b>Total Other Than Personal Services</b>	<b>\$ 0.00</b>
<b>TOTAL PROBATION BUDGET (i) + (ii)</b>	<b>\$ 41,000.00</b>

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**PROBATION ACTIVITY BUDGET (Description)**

Describe in detail / list the equipment to be purchased:

N/A

Describe in detail / explain Contractual Services:

Contract with Sullivan County Probation Department to reimburse a portion of a probation officer's salary and benefits for supervision of DWI/DWAI defendants who are sentenced to probation.

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**PROBATION ACTIVITY BUDGET (Description), Cont'd**

Describe in detail / explain "other" items listed:

N/A

Please provide specific detail of the activities that will be funded in this area.

Supervision of DWI defendants sentenced by courts to probation.

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### **BUDGET SUMMARY of REHABILITATION**

#### **(i) PERSONAL SERVICES**

<b>Funded Position(s):</b>	<b>Percent Full Time</b>	<b>Total</b>
List Job Title, Agency, Full or Part Time Status	Equivalent	
Community Services	0 %	\$ 40,000.00
Catholic Charities	0 %	\$ 18,000.00
	0 %	\$ 0.00
	0 %	\$ 0.00
Overtime Funding		\$ 0.00
Fringes		\$ 0.00
<b>Total Personal Services</b>		<b>\$ 58,000.00</b>

#### **(ii) OTHER THAN PERSONAL SERVICES**

Equipment	\$ 0.00
Supplies and Materials	\$ 0.00
Training/Travel	\$ 0.00
Contractual Services	\$ 0.00
Other (describe in detail below)	\$ 0.00
<b>Total Other Than Personal Services</b>	<b>\$ 0.00</b>
<b>TOTAL REHABILITATION BUDGET (i) + (ii)</b>	<b>\$ 58,000.00</b>

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**REHABILITATION ACTIVITY BUDGET (Description)**

Describe in detail / list the equipment to be purchased:

N/A

Describe in detail / explain Contractual Services:

Contract with Sullivan County Community Services and Catholic Charities for reimbursement of a portion of salary and benefits for social workers, counselors, and alcohol counselors.

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**REHABILITATION ACTIVITY BUDGET (Description), Cont'd**

Describe in detail / explain "other" items listed:

N/A

Please provide specific detail of the activities that will be funded in this area.

To assist people in overcoming their dependence on alcohol and drugs. Services will be utilized on a regular basis by DWI, DWAI and Drug defendants.

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**BUDGET SUMMARY of PUBLIC INFORMATION/EDUCATION**

**(i) PERSONAL SERVICES**

**Funded Position(s):**

List Job Title, Agency, Full or Part Time Status

Percent Full Time  
Equivalent

Total

	0 %	\$ 0.00
	0 %	\$ 0.00
	0 %	\$ 0.00
	0 %	\$ 0.00
Overtime Funding		\$ 0.00
Fringes		\$ 0.00
<b>Total Personal Services</b>		\$ 0.00

**(ii) OTHER THAN PERSONAL SERVICES**

Equipment	\$ 0.00
Supplies and Materials	\$ 0.00
Training/Travel	\$ 0.00
Contractual Services	\$ 0.00
Other (describe in detail below)	\$ 5,000.00
<b>Total Other Than Personal Services</b>	\$ 5,000.00
<b>TOTAL PUBLIC INFORMATION/EDUCATION BUDGET (i) + (ii)</b>	\$ 5,000.00

**Previous**

**Next**

**PUBLIC INFORMATION/EDUCATION ACTIVITY BUDGET (Description)**

Describe in detail / list the equipment to be purchased:

N/A

Describe in detail / explain Contractual Services:

N/A

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**PUBLIC INFORMATION/EDUCATION ACTIVITY BUDGET (Description), Cont'd**

Describe in detail / explain "other" items listed:

Creating and promoting newspaper and radio ads to further the message of the STOP-DWI program in an effort to make people think of the consequences of their actions. To change peoples attitudes towards dangerous driving by focusing on the devastating consequences.

Please provide specific detail of the activities that will be funded in this area.

Advertising in local newspapers and on radio stations.

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## BUDGET SUMMARY of ADMINISTRATION

### (i) PERSONAL SERVICES

<b>Funded Position(s):</b>	<b>Percent Full Time</b>	<b>Total</b>
<b>List Job Title, Agency, Full or Part Time Status</b>	<b>Equivalent</b>	
Coordinator	0 %	\$ 10,000.00
Assistants	0 %	\$ 10,000.00
	0 %	\$ 0.00
	0 %	\$ 0.00
Overtime Funding		\$ 0.00
Fringes		\$ 0.00
<b>Total Personal Services</b>		<b>\$ 20,000.00</b>

### (ii) OTHER THAN PERSONAL SERVICES

Equipment	\$ 0.00
Supplies and Materials	\$ 29,000.00
Training/Travel	\$ 0.00
Contractual Services	\$ 0.00
Other (describe in detail below)	\$ 0.00
<b>Total Other Than Personal Services</b>	<b>\$ 29,000.00</b>
<b>TOTAL ADMINISTRATION BUDGET (i) + (ii)</b>	<b>\$ 49,000.00</b>

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### **ADMINISTRATION ACTIVITY BUDGET (Description)**

Describe in detail / list the equipment to be purchased:

Supplies needed for administration of the program such as Victim Impact Panel order forms; attendance at annual TOP COP Training conference; dues.

Describe in detail / explain Contractual Services:

Administration of the STOP DWI Plan, including preparation of quarterly reports, annual plan and processing of contracts and invoices with agencies providing services. Attendance and administration of Victim Impact Panels.

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**ADMINISTRATION ACTIVITY BUDGET (Description), Cont'd**

Describe in detail / explain "other" items listed:

N/A

Please provide specific detail of the activities that will be funded in this area.

Contract with Sullivan County Sheriff's Office for reimbursement of a portion of coordinator's and assistants salaries and benefits to administer the STOP DWI program.

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**Clear Form**

**Submit**

# Sullivan County

## Legislative Memorandum

**File #:** ID-4900

**Agenda Date:** 9/15/2022

**Agenda #:** 15.

**Narrative of Resolution:**

To Authorize the County Manager to apply and accept a Domestic Terrorism Prevention Grant Program (DTP) FY2022 grant award from the New York State Division of Homeland Security and Emergency Services (DHSES)

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

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

**Are funds already budgeted?** No

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

**RESOLUTION INTRODUCED BY THE PUBLIC SAFETY AND LAW ENFORCEMENT COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO APPLY AND ACCEPT A DOMESTIC TERRORISM PREVENTION GRANT PROGRAM (DTP) FY2022 GRANT AWARD FROM THE NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES (DHSES)**

**WHEREAS**, the New York State Division of Homeland Security and Emergency Services provides funds to support efforts of emergency management/homeland security; and

**WHEREAS**, the New York State Division of Homeland Security and Emergency Services provides funding to support terrorism prevention and preparedness efforts; and

**WHEREAS**, the New York State Division of Homeland Security and Emergency Services is administering the FY2022 Domestic Terrorism Prevention Grant Program (DTP), a reimbursable grant program, wherein guidelines require the award to be utilized to support the County's capability to prevent targeted violence and domestic terrorism through the utilization of Threat Assessment and Management (TAM) teams and the development of comprehensive Domestic Terrorism Plans; and

**WHEREAS**, Sullivan County has been deemed eligible for the funding in the amount of \$172,413.00; and

**WHEREAS**, the Sullivan County Division of Public Safety/Office of Emergency Management must submit an application in order to receive said funding and wishes to file an application with the New York State Division of Homeland Security; and

**WHEREAS**, Sullivan County is not required to provide any local cash match.

**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 FY2022 DTP 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 FY2022 DTP funding be terminated, the County shall not be obligated to continue any action undertaken by the use of this funding.

Moved by \_\_\_\_\_,

Seconded by \_\_\_\_\_

# Sullivan County

## Legislative Memorandum

**File #:** ID-4903

**Agenda Date:** 9/15/2022

**Agenda #:** 16.

**Narrative of Resolution:**

**RESOLUTION INTRODUCED BY THE MANAGEMENT & BUDGET COMMITTEE TO AUTHORIZE A NEW THREE-YEAR AGREEMENT WITH THOMSON REUTERS FOR THEIR "CLEAR" RESEARCH PRODUCT FOR THE BENEFIT OF THE DIVISION OF HEALTH AND HUMAN SERVICES**

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

- **Amount to be authorized by Resolution:** \$37,358.04 total over 3-years.
- **Are funds already budgeted:** Yes
- **Specify Compliance with Procurement Procedures:** Existing solution in use for 8+ years - renewal agreement/quote received.

**WHEREAS,** Resolutions #279-14, #132-16, and #256-19 authorized continuing agreements with Thomson Reuters for its CLEAR web product to enable the County to perform research pertaining to fraud for the benefit of the Division of Health and Human Services; and

**WHEREAS,** the County is satisfied with the CLEAR web product and wishes to continue to utilize the product for an additional three years;

**NOW THEREFORE BE IT RESOLVED,** the County Manager is hereby authorized to enter into a new three-year agreement with Thomson Reuters for an amount not to exceed \$37,358.04, subject to annual budget appropriation, as follows:

2022-2023	\$11,850.36
2023-2024	\$12,442.80
2024-2025	\$13,064.88

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

# Sullivan County

## Legislative Memorandum

**File #:** ID-4904

**Agenda Date:** 9/15/2022

**Agenda #:** 17.

**Narrative of Resolution:**

**RESOLUTION INTRODUCED BY THE MANAGEMENT & BUDGET COMMITTEE TO AUTHORIZE A 3-YEAR SOFTWARE LICENSE AGREEMENT WITH AUDATEX NORTH AMERICA, INC.**

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

- **Amount to be authorized by Resolution:** \$8,500.00 total over 3-years
- **Are funds already budgeted:** Yes
- **Specify Compliance with Procurement Procedures:** Existing solution in use for 6+ years - renewal agreement/quote received.

**WHEREAS**, the Department of Public Works is required to provide collision repair estimates for the purposes of insurance claims and quality repair execution and management; and

**WHEREAS**, Resolutions #131-16 and #312-19, adopted by the County Legislature on March 17, 2016 and August 15, 2019 respectively, authorized 3-year software license agreements with Audatex North America, Inc.;

**WHEREAS**, Audatex has shown their software solution to be a superior fit in the key areas of repair estimate writing, compliance, tracking, insurance partner communication and repair management; and

**WHEREAS**, the County of Sullivan wishes to continue utilizing Audatex's vehicle repairs estimating solution.

**NOW THEREFORE BE IT RESOLVED**, the County Manager is hereby authorized to enter into a new 3-year agreement with Audatex North America, Inc. in an amount not to exceed \$8,500.00, subject to annual budget appropriation.

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



# Sullivan County

## Legislative Memorandum

**File #:** ID-4905

**Agenda Date:** 9/15/2022

**Agenda #:** 18.

**Narrative of Resolution:**

**TO AUTHORIZE THE COUNTY MANAGER TO ENTER INTO A MODIFICATION AGREEMENT WITH JAMES McGUINNESS & ASSOCIATES (JMA)**

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

- **Amount to be authorized by Resolution:** \$35,700.00
- **Are funds already budgeted:** For this resolution's additional expense, no.
- **Specify Compliance with Procurement Procedures:** Quote received from long-standing vendor for additional services.

**WHEREAS**, Resolution #133-21 and #122-22 authorized a continued two-year agreement with James McGuinness Associates for their Preschool Claiming application for their early intervention preschool handicapped program management product (#133-21) and access to the CPSE Portal and the Medicaid Service Bureau to maximize revenue and reduce reimbursement claiming timeframes for state aid (#122-22); and

**WHEREAS**, it would be to the benefit of the County of Sullivan if Public Health Services expanded utilization to include JMA's 'Full-Service Medicaid Claiming' services to submit and review claim documentation, reconcile claims and affiliate new practitioners with Medicaid for the County of Sullivan; and

**WHEREAS**, it is now desired to amend the contract to include an annualized fee of \$20,000 and additional fee of 5% of Medicaid claims (which is estimated at \$15,700 annually) to implement JMA's 'Full-Service Medicaid Claiming'; and

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is hereby authorized to execute a modification agreement with James McGuinness & Associates for this additional 'Full-Service Medicaid Claiming' service through March 31, 2023, co-terming with their current agreement; and

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

# Sullivan County

## Legislative Memorandum

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**File #:** ID-4909

**Agenda Date:** 9/15/2022

**Agenda #:** 19.

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**Narrative of Resolution:**

**RATIFYING A MEMORANDUM OF AGREEMENT BETWEEN THE COUNTY OF SULLIVAN AND THE TEAMSTERS LOCAL 445, INTERNATIONAL BROTHERHOOD OF TEAMSTERS MAIN UNIT AND AUTHORIZING THE COUNTY MANAGER TO EXECUTE SAID AGREEMENT**

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

**Amount to be authorized by Resolution:** amount will be budgeted over the next several years

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

N/A

**WHEREAS**, the collective bargaining agreement between the County of Sullivan and the Teamsters Local 445, International brotherhood of Teamsters Main Unit (hereinafter “Teamsters Main Unit”) expired on December 31, 2019;

**WHEREAS**, negotiations conducted pursuant to the provisions of Article 14 of the New York State Civil Service Law (Public Employees Fair Employment Act) have resulted in a Memorandum of Agreement for calendar year 2020 through 2025, attached hereto and made a part hereof; and

**WHEREAS**, the employees represented by Teamsters Main Unit have voted and ratified the terms and conditions of employment, as set forth in the aforementioned Memorandum of Agreement.

**NOW, THEREFORE, BE IT RESOLVED**, that the terms and conditions of employment of employees represented by Teamsters Main Unit, as set forth in the Memorandum of Agreement attached hereto and made a part hereof be and hereby are ratified, in recognition of the ratification by Teamsters Main Unit; and

**BE IT FUTHER RESOLVED**, that the County Manager is hereby authorized to execute the aforementioned Memorandum of Agreement; and

**BE IT FUTHER RESOLVED**, the County Manager is hereby authorized to execute an Agreement incorporating the terms and conditions of employment in accordance with the Memorandum of Agreement, said Collective Bargaining Agreement to be in such form as the County Attorney shall approve.

8.25.2022

**MEMORANDUM OF AGREEMENT**

*By and Between the*

*County of Sullivan  
(hereinafter referred to as "County")*

*And the*

*Teamsters Local 445, International  
Brotherhood of Teamsters- Sullivan County Main Unit  
(hereinafter referred to as "Union")*

**WHEREAS**, the County and the Union are parties to a Collective Bargaining Agreement for a term which expired on December 31, 2019; and

**WHEREAS**, the County and the Union have been engaged in collective bargaining, which has led to a mutual understanding between the County and the Union for the terms and conditions of employment for a Successor Agreement; and

**WHEREAS**, the County and the Union are desirous of reducing that mutual understanding to a written document.

**NOW, THEREFORE**, the County and the Union agree as follows:

1. All terms and conditions of the existing Collective Bargaining Agreement shall continue in full force and effect unless specifically modified by this Memorandum of Agreement and/or the terms of the expired Agreement.
2. This Memorandum of Agreement is subject to ratification by the membership of the Union and by Legislature of the County of Sullivan.
3. **Term of Agreement:** January 1, 2020 through December 31, 2025.
4. **Housekeeping:**

8.25.2022

- a. Delete dates no longer applicable, and make grammatical and spelling corrections mutually agreed upon.
- b. Throughout the contract, change the reference to “Deputy County Manager” to “County Manager or his/her designee.”
- c. Throughout the contract, change the phrase “Personnel Officer” to “Commissioner of Human Resources/Personnel Officer.”
- d. Change the letter “e” to “a” in Section 2101 c.
- e. Amend Section 2808 b by changing Article XIX to Article XXI.
- f. Amend “Employer” in Section 3001 to be “the County of Sullivan.”
- g. Amend “Rules Relating to Salary Schedule administration” section to reflect actual days/hours worked for part-time and per-diem workers.

5. **Section 201**, shall be amended as follows:

Add the Probation Unit Titles (Probation Officer Trainee, Probation Officer, Senior Probation Officer, and Probation Supervisor) as being excluded from this Collective Bargaining Agreement.

6. **Section 202.1**, shall be amended as follows:

Reference to 15 hours per week will be changed to 17.5 hours per week for those hired on or after the date of ratification.

7. **Section 302**, shall be amended to read as follows:

The following salary increases shall be made to the salary schedule of this unit:

- a) Retroactively\* to January 1, 2020: 2.0% increase to salary;
- b) Retroactively\* to January 1, 2021: 2.0% increase to salary;
- c) Retroactively\* to January 1, 2022: 2.0% increase to salary and an additional 2.0%\*\* (total of 4.0%) to those titles that did not receive 5.0% in the last agreement;
- d) Effective January 1, 2023: 2.0% increase to salary and an additional 1.5%\*\* (total of 3.5%) to those titles that did not receive 5.0% in the last agreement;
- e) Effective January 1, 2024: 2.0% increase to salary and an additional 1.5%\*\* (total of 3.5%) to those titles that did not receive 5.0% in the last agreement.

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- f) Effective January 1, 2025: 2.0% increase to salary.

\*Retroactive payments will be made to bargaining unit members on the payroll as of the date of ratification by the membership or to individuals who have retired on or after January 1, 2020 up to the date of ratification by the membership.

\*\*Bargaining Unit members who, based on their title at the time, received the additional 5% wage adjustments in the collective bargaining agreement that expired on December 31, 2019 will not receive the additional 5% wage adjustments as referenced herein that are being made in connection with this agreement.

Starting salaries for all employees hired after September 1, 2010 shall be 90% of the salary schedule for a period of two years. This provision shall sunset on August 6, 2022.

8. **Section 303**, shall be deleted and the remainder of Article III renumbered.

9. **Section 307(a)**, shall be deleted and the remainder of 307 shall be renumbered accordingly.

10. **Article III**, shall be amended to add the following sections:

310. Employees in the Emergency Control Center (Emergency Services Dispatcher Trainees, Emergency Services Dispatchers, and Senior Emergency Services Dispatchers) who are called in to work outside of their normal shift shall be guaranteed a minimum of three hours pay. This section shall not apply when an employee is held over from their shift, the overtime is pre-scheduled, or when the employee is required to attend required meetings or trainings.

11. **Section 403(d)**, shall be amended to add the following:

Any Emergency Control Dispatcher who does not utilize a sick or personal day during a fiscal quarter shall receive a one-time \$150 payment in addition to their regular wages, subject to applicable withholdings or deductions, for that quarter. Such payment shall be made in the month following that employee's eligibility for said payment.

The Union will not impede the 911 Coordinator or Commissioner of Public Safety from scheduling personnel to facilitate the efficiency of the department.

12. **Article IV**, shall be amended as follows:

Delete Sections:

- a) 405(b);
- b) 407;
- c) 408; and

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d) 410.

Renumber the Sections of Article IV accordingly.

13. **Section 403**, shall be amended as follows:

Subsection e shall be added, which will read:

Effective [thirty (30) days from ratification], Section 401 shall not apply to any employee whose position is in direct care, including but not limited to the Nursing home, as those employees shall have shifts of 7 a.m. – 3 p.m.; 3 p.m. – 11 p.m.; and 11 p.m. – 7 a.m.

14. **Section 413**, shall be amended as follows:

Change “Commissioner of Public Works” to “Commissioner of Community Resources.”

15. **Section 501**, shall be amended as follows:

Delete the first nine lines so that the section begins with “Effective January 1, 2010, and on January 1st of each year thereafter, any employee covered by this agreement...” The rest of section remains the same.

16. **Section 602.3**, shall be amended by adding the following to the beginning:

“Subject to applicable Civil Service Law and Rules...”

17. **Article VIII**, shall be amended as follows:

“800” shall be added before the first sentence of this Article.

Renumber sections to ensure they go in correct numerical chronology.

Delete Section 808.

18. **Section 1304**, shall be amended as follows:

Reference to employees working in the Adult Care Center will be removed from the following: “Excluding employees working in the 24/7 operations (i.e., Adult Care Center, Emergency Control Center, etc.)”

19. **Section 1404**, shall be amended to read as follows:

Use of vacation time shall be in increments of fifteen (15) minutes or multiples thereof, provided, however, the appropriate department head has full authority with regard to the granting of said vacation time

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20. **Section 1415**, shall be deleted and the remainder of Article 14 will be renumbered accordingly.

21. **Section 1416**, shall be amended as follows:

The word “hospitalization” shall be changed to “health insurance.”

22. **Section 1803**, shall be amended to read as follows:

Notwithstanding anything to the contrary contained in this agreement, an employee who fails to report back to work after two (2) work days at the end of the approved leave will be deemed to have resigned his or her position, or if the employee has not contacted the employee’s department head or the department head’s designee on or before the second (2nd) day following the commencement of such period of absence without authorization.

23. **Section 1901**, shall be amended to read as follows:

Membership in the New York State and Local Employees Retirement System shall be governed by the Retirement and Social Security Law. For eligible employees, the employer will provide the benefits of Section 41(j) of the Retirement and Social Security Law.

24. **Section 2304**, shall be amended by adding the following to the beginning of said section:

The Union shall provide the Commissioner of Human Resources/Personnel Officer with a current list of Chief Stewards and Assistant Stewards. In order to be eligible for the benefits that follow in this Section, an employee’s name must be on the list provided by the Union to the Commissioner.

25. **Section 2803**, shall be amended to read as follows:

Upon request the County shall provide the Union with a copy of each job specification covering positions in the collective bargaining unit or refer the Union to information that is online.

26. **Section 3204**, shall be deleted and the remainder of Article XXXII shall be renumbered accordingly.

27. **Section 3209(a)**, shall be deleted and the remainder of Section 3209 shall be renumbered accordingly.

28. **Section 3213**, shall be added, which shall read:

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The County shall create a list of all current jobs available within the County. This list shall be made available to all County employees on the County's online employee portal.

29. **Section 3214**, shall be added, which shall read:

Assuming negotiations are completed and both parties have ratified the changes to the existing Collective Bargaining Agreement, retroactive payments (if any) will not be made until a maximum of thirty (30) days after both parties have executed a new Collective Bargaining Agreement.

30. **Salary Schedule**, shall be amended to reflect the new wages (as shown in Appendix A).

31. **Retroactivity**: Retroactivity of wages and all economic benefits (compensation) shall be paid to all employees on the payroll at the date of ratification. Any employee who retired between January 1, 2020 and date of ratification will have retroactivity pro-rated.

32. This MOA is the full understanding of the parties as to the terms of this agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement on the

26<sup>th</sup> day of August, 2022

**COUNTY OF SULLIVAN**

By:  Joshua Rutsek

By: \_\_\_\_\_

By: \_\_\_\_\_

**UNION**

By: 

By: 

By: 

STPOA // LA. 445



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**APPENDIX A**

Place holder for Salary Schedule

# Sullivan County

## Legislative Memorandum

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**File #:** ID-4910

**Agenda Date:** 9/15/2022

**Agenda #:** 20.

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**Narrative of Resolution:**

Resolution to authorize the County Manager to execute a modification agreement with Sullivan County Paving, Inc. to complete the construction services detailed in the original resurfacing of County Roads contract.

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

**Amount to be authorized by Resolution:** \$950,000.00

**Are funds already budgeted? Yes** D-5110-45-40-4037

D-5110-47-40-4037 / H-70 / D-5110-46-40-4037

**Specify Compliance with Procurement Procedures: B-22-13**

**WHEREAS**, Resolution No. 116-22, adopted March 17<sup>th</sup>, 2022, authorized an agreement with Sullivan County Paving and Construction, Inc. ("Agreement") to provide construction services; and

**WHEREAS**, the Project contains price escalation clauses for both Performance Grade Binder (PGB) and fuel; and

**WHEREAS**, during this construction season, there has been extreme volatility with supply and demand related to oil and oil products like asphalt and fuel, resulting in significant increases in both PGB and fuel since the time the project was bid/let in February/March of 2022; and

**WHEREAS**, these increases have exceeded the original estimates and contingencies contained in the contract for price adjustment items for PGB asphalt and fuel; and

**WHEREAS**, the construction services detailed in the original contract document can still be completed with previously allocated funds; and

**WHEREAS**, the Division of Public Works has reviewed the need to complete these construction services and recommends the approval of a Modification Agreement to cover this work.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Legislature authorizes a Modification Agreement, to complete construction services with, Sullivan County Paving and Construction, Inc., at a cost not to exceed \$950,000 said

Modification Agreement to be in such form as the County Attorney shall approve.

# Sullivan County

## Legislative Memorandum

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**File #:** ID-4917

**Agenda Date:** 9/15/2022

**Agenda #:** 21.

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**Narrative of Resolution:**

There will be an upcoming vacancy within the Treasurer's office that the Treasurer would like to be able to hire before the current employee departs to allow time for training.

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

**Amount to be authorized by Resolution:** Annual salary is \$46,834

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

N/A

**WHEREAS**, the Sullivan County Treasurer has expressed a need to create a full time Real Property Examiner/Appraiser position for the Property Tax Unit to train under the current Real Property Examiner/Appraiser who it is expected will be retiring and whose position #1934 will be abolished upon retirement; and

**WHEREAS**, the Sullivan County Treasurer believes that the needs of the Department would be best served if said position was created; and

**NOW, THEREFORE, BE IT RESOLVED** that the Sullivan County Legislature authorizes the creation of a Real Property Examiner/Appraiser for Property Tax Unit; and

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature hereby sets the annual salary for this new position at the current rate for Real Property Examiner/Appraiser under the Teamsters Main Unit contract; and

**BE IT FURTHER RESOLVED**, that the Sullivan County Treasurer has the authority to fill the above positions immediately.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

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**File #:** ID-4918

**Agenda Date:** 9/15/2022

**Agenda #:** 22.

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**Narrative of Resolution:**  
To Modify 2022 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?** Yes

**Specify Compliance with Procurement Procedures:**

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

**NOW, THEREFORE, BE IT RESOLVED**, that the attached budgetary transfers for 2022 be authorized.

**August 31, 2022 Resolution**  
**Sullivan County Budget Modifications 2022**

G/L Account	Revenue Increase	Revenue Decrease	Appropriation Increase	Appropriation Decrease
A-1165-43-4303 - COMPUTER SOFTWARE PURCHASE/LEASE			29,001	
A-1340-40-4013 - CONTRACT CONTRACT OTHER				5,000
A-1340-40-4013 - CONTRACT CONTRACT OTHER				82,500
A-1620-25-47-4717 - DEPT BLDG/PROP/EQUIP REPAIRS&MAINTNCE				525
A-1680-43-4304 - COMPUTER MAINTENANCE/SERVICE FEES			80,910	
A-1989-99-47-4736 - DEPT CONTINGENT				80,910
A-1989-99-47-4736 - DEPT CONTINGENT				29,001
A-3010-44-4406 - UTILITY WIRELESS COMMUNICATIONS			25,466	
A-3010-R4389-R338 - FED AID PUBLIC SAFETY OTHER	25,466			
A-5610-44-4406 - UTILITY WIRELESS COMMUNICATIONS			3,400	
A-5610-R4597-R167 - FED AID TRNSPRTN CAPTL DEPARTMENTL AID	3,400			
A-6610-41-4105 - AUTO/TRAVEL REGISTRATION FEES			525	
A-8020-90-40-4013 - CONTRACT CONTRACT OTHER			82,500	
A-8020-90-40-4013 - CONTRACT CONTRACT OTHER			5,000	
A-8020-90-41-4102 - AUTO/TRAVEL LODGING			312	
A-8020-90-41-4105 - AUTO/TRAVEL REGISTRATION FEES			200	
A-8020-90-41-4108 - AUTO/TRAVEL AUTO TRAVEL OTHER			1,108	
A-8020-90-R4989-R167 - FED AID HOME/COMM ASSIST DEPARTMENTAL AID	1,620			
<b>A Fund Total</b>	<b>30,486</b>	-	<b>228,422</b>	<b>197,936</b>
D-5110-45-40-4015 - CONTRACT PROPERTY MAINTENANCE			3,393	
D-5110-47-40-4037 - CONTRACT PAVING			1,990,757	
D-5110-47-40-4038 - CONTRACT CONSTRUCTION				250,000
D-5110-47-45-4522 - SPEC DEPT SUPPLY GUIDERAIL				100,000
D-5142-46-4612 - MISC SERV/EXP EMPL TRAINING				3,393
D-9998-R3501-R120 - ST AID CONSOLIDTD HGHWY CAPITAL	1,640,757			
<b>D Fund Total</b>	<b>1,640,757</b>	-	<b>1,994,150</b>	<b>353,393</b>

# Sullivan County

## Legislative Memorandum

**File #:** ID-4935

**Agenda Date:** 9/15/2022

**Agenda #:** 23.

**Narrative of Resolution:**

Authorize contract with Wheat & Sons General Contracting, Inc for Highland Access

**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:** \$570,000 is all grant money

**RESOLUTION TO AUTHORIZE A CONTRACT WITH WHEAT AND SONS GENERAL CONTRACTING, INC., FOR CONSTRUCTION OF IMPROVEMENTS TO THE NYS DEC FISHING ACCESS LOCATED IN THE TOWN OF HIGHLAND, NY**

**WHEREAS**, Sullivan County Planning (SC Planning), through a grant from the NYS Department of State's Local Waterfront Revitalization Program (LWRP), created a regional plan for the Upper Delaware River Corridor; and

**WHEREAS**, SC Planning was awarded a second LWRP grant with which they completed schematic designs for river access improvements along the Upper Delaware River Corridor, implementing a priority recommendation of the above-mentioned regional plan; and

**WHEREAS**, a third LWRP grant funded completion of engineering and permitting for improvements to the access located in the Town of Highland (Highland access) based on the schematic designs noted above; and

**WHEREAS**, the planned Highland access improvements include protections against riverbank erosion and water quality degradation, as well as enhancements for users of the river access area; and

**WHEREAS**, SC Planning was authorized by Resolution No 127-19 to administer a grant from the National Fish and Wildlife Foundation (NFWF) for construction of planned improvements to the Highland access to the Upper Delaware River; and

**WHEREAS**, the National Fish and Wildlife Foundation has awarded Sullivan County \$250,000 for the project, contingent on a \$250,000 match which is included in the current Sullivan County capital budget; and

**WHEREAS**, an additional \$100,000 for the project is being provided from New York State through a grant to the Friends of the Upper Delaware (FUDR); and

**WHEREAS**, in-kind services supporting the project have been secured from multiple project partners including the National Park Service, NYS Department of Environmental Conservation, NYS Department of Transportation, the Town of Highland, and the new Climate Conservation Corps established by FUDR to serve the Upper Delaware corridor; and

**WHEREAS**, SEQR and all other required environmental permits and consultations have been completed; and

**WHEREAS**, bids were received in response to solicitation B-22-54 for construction services for the Highland access improvements; and

**WHEREAS**, the bids received will allow the County to complete the project within its current budget, and the County contribution will not exceed the \$250,000 it has committed; and

**WHEREAS**, Wheat and Sons General Contracting, Inc. is the most qualified affordable vendor;

**NOW, THEREFORE BE IT RESOLVED**, the Sullivan County Legislature hereby authorizes the County to enter into a contract with Wheat and Sons General Contracting, Inc. for construction services in a form approved by the County; and

**BE IT FURTHER RESOLVED**, said contract shall be for the bid cost of \$536,700, allowing up to a total of \$570,000 for alternate services as may be needed.



# Sullivan County

## Legislative Memorandum

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**File #:** ID-4932

**Agenda Date:** 9/15/2022

**Agenda #:** 24.

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**Narrative of Resolution:**

Authorize payments to eligible employees in Community Services due to Increased State Aid

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

**Amount to be authorized by Resolution:** \$66,575; fully funded by the state

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AUTHORIZE PAYMENTS TO ELIGIBLE EMPLOYEES IN COMMUNITY SERVICES AS A RESULT OF INCREASED STATE AID FUNDING**

**WHEREAS**, the Fiscal Year 2022-2023 New York State Budget increased funding for the purpose of providing one-time payments to employees in the mental health and substance abuse profession, and

**WHEREAS**, the intent of the legislation is to facilitate an incentive program for the purpose of recruiting, retaining, and rewarding mental hygiene and substance abuse workers, and

**WHEREAS**, Sullivan County has been allocated \$66,575 in increased funding to pay existing and prospective employees in the Community Services department.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager to make payments in the amount of \$66,575 to existing employees in the Community Services Department and employees hired into existing vacant positions (as noted in the attached list) no later than December 31, 2023, and

**BE IT FURTHER RESOVLED**, that those employees hired into current vacant positions are required to successfully complete their probationary period prior to receiving the payment.

Position Number	Title of Position
1336	ACCOUNT CLERK
3299	ACCOUNT CLERK
3316	ACCOUNT CLERK
3360	ACCOUNT CLERK/DATA BASE
3039	ACCOUNT CLERK/DATA BASE
2252	ADDICTION SVCS COUNSELOR II
3413	ADDICTION SERVICES COUNSELOR II
2719	ADMINISTRATIVE ASSISTANT
431	ADMINISTRATOR OF REHAB SVCS
3361	ASSISTANT SOCIAL WORKER I
3307	ASSISTANT SOCIAL WORKER I
721	ASST SOCIAL WORKER II
1836	ASST SOCIAL WORKER II
2106	ASST SOCIAL WORKER II
369	ASST SOCIAL WORKER II
2105	ASST SOCIAL WORKER II
2325	ASST SOCIAL WORKER II
2254	ASST SOCIAL WORKER II
3210	ASSISTANT SOCIAL WORKER III
3151	ASSISTANT SOCIAL WORKER III
2169	CLINICAL PROGRAM MANAGER
3457	CLINICAL PROGRAM MANAGER
40	COMMUNITY MENTAL HEALTH NURSE
913	COMMUNITY MENTAL HEALTH NURSE
750	COMMUNITY MENTAL HEALTH NURSE
3365	COMMUNITY MENTAL HEALTH NURSE COORDINATOR
3046	COMMUNITY SVS COORD
3506	COMMUNITY SERVICES COORDINATOR
132	CUSTODIAN
3300	DATABASE CLERK
3532	DEPARTMENT OF COMMUNITY SERVICES PLANNER
472	DUAL DIAGNOSIS SPECIALIST
1675	MEDICAL BILLING COORDINATOR
399	PRINCIPAL ACCOUNT CLERK
898	PRINCIPAL ACCOUNT CLERK
3181	PRINCIPAL ACCOUNT CLERK/DATABASE SPECIALIST
2699	RECORD, ACCT & MED BILLING DATA MGMT SPECIALIST
2820	SENIOR ACCOUNT CLERK
3206	SENIOR COMMUNITY SERVICES COORDINATOR
130	STAFF SOCIAL WORKER I
3288	STAFF SOCIAL WORKER I
2320	STAFF SOCIAL WORKER I
2267	STAFF SOCIAL WORKER I
3308	STAFF SOCIAL WORKER I
977	STAFF SOCIAL WORKER II
430	STAFF SOCIAL WORKER II



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-4936

**Agenda Date:** 9/15/2022

**Agenda #:** 25.

**Narrative of Resolution:**

Reappoint two (2) members to the Sullivan County Public Health Services Professional Advisory Committee

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

**Amount to be authorized by Resolution:** None

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

**Specify Compliance with Procurement Procedures:**

**INTRODUCED BY EXECUTIVE COMMITTEE TO RE-APPOINT TWO MEMBERS TO THE SULLIVAN COUNTY PUBLIC HEALTH SERVICES PROFESSIONAL ADVISORY COMMITTEE**

**WHEREAS**, pursuant TO 10 NYCRR (New York Codes, Rules and Regulations) Section 763.11 (a) (13) requires that Sullivan Public Home Health Certified Home Health and Long Term Home Health Care Program establish a Professional Advisory Committee to consist of “a group of professional personnel, which includes one or more physicians, registered professional nurses and representatives of the professional therapeutic services provided by the agency” and “at least one member who cannot be an owner nor employee compensated by the agency”, and

**WHEREAS**, the term of the four Professional Advisory Committee members will expire on December 31, 2022 and both members have agreed to serve another term.

**NOW, THEREFORE, BE IT RESOLVED**, that the following individuals be appointed to Sullivan County Public Health Services Professional Advisory Committee, pursuant to Section 763.11 (13) of NYCRR, with the term of 1/1/2023 to 12/31/2026

**1. Dr. Bruce Ellsweig**

**13 Norris Road**

**Forestburgh, NY 12777**

**2. Moreen Lerner**

**PO Box 504**

**Kauneonga Lake, NY 12749**

# Sullivan County

## Legislative Memorandum

**File #:** ID-4929

**Agenda Date:** 9/15/2022

**Agenda #:** 26.

**Narrative of Resolution:**

Authorize contract

**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 THE EXECUTIVE COMMITTEE TO APPROPRIATE FUNDING FROM THE AMERICAN RESCUE AND RECOVERY PROGRAM TO FUND A CONTRACT WITH SULLIVAN 180 TO ASSIST IN PARTIALLY FUNDING A POSITION TITLED SULLIVAN HANDS4HEALTH NETWORK MANAGER**

**WHEREAS**, the Sullivan County Hands4Health Network was created by various health and human services partners for the purpose of developing a Community Health Worker system in Sullivan County, and

**WHEREAS**, the Community Health Worker system would address the issue of chronic disease and to reduce unnecessary and expensive repeat hospitalizations and emergency department visits by residents disproportionately affected by social and economic factors, and

**WHEREAS**, multiple studies have proven that Community Health Workers provide a cost-effective strategy to support vulnerable residents and keep them connected with health and social supports systems, preventing hospitalizations and emergency department visits and improving length and quality of life, and

**WHEREAS**, the Sullivan County Hands4Health Network has identified the need to create a Heands4Health Network Manager to provide overall leadership and coordination for the Network, to maintain and grow relationships with Network partners, coordinate Network activities, and to identify and secure additional funding for the program, and

**WHEREAS**, Sullivan County, recognizing the importance of this program, is willing to provide one-time annual funding in the amount of \$50,000 to contract with Sullivan 180 for purposes of partially funding the Heands4Health Network Manager, and

**WHEREAS**, the American Rescue and Recovery Act established the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) to assist local governments with various ways in which to improve public health, and

**WHEREAS**, the County desires to appropriate \$50,000 of the “SLFRF” funding to be utilized for the contract with Sullivan 180.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager to execute an annual contract with Sullivan 180 in the amount of \$50,000 for the purpose of partially funding the Heands4Health Network Manager, in a form to be approved by the County Attorney, and

**BE IT FURTHER RESOLVED**, the County appropriates \$50,000 from the “SFLRF” to fund this contract.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-4930

**Agenda Date:** 9/15/2022

**Agenda #:** 27.

**Narrative of Resolution:**

Authorize one (1) Public Hearing to be held at the Hurleyville Arts Center on Tuesday, November 1, 2022. The Sullivan County Office for the Aging is preparing a County Annual Plan for services to the 60+ population of the county, provided through the Older Americans Act and the New York State Community Services for the Elderly Program; and a notice be published in the official newspapers.

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

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

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

**Is subject of Resolution mandated? Explain:**

Yes, Mandated to hold one public hearing annually. State & Federal guidelines require that a public hearing be held concerning this plan so that all interested parties can be heard.

**WHEREAS**, the Sullivan County Office for the Aging is preparing a County Annual Plan for services to the 60+ population of the county, provided through the Older Americans Act and the New York State Community Services for the Elderly Program; and

**WHEREAS**, State and Federal guidelines require that a public hearing be held concerning this plan so that all interested parties can be heard.

**NOW, THEREFORE, BE IT RESOLVED**, that one public hearing is scheduled as follows, and that a notice of said public hearing to be published in the official newspapers of the County:

Hurleyville	11/1/22	Hurleyville Performing Arts Center	2:00PM-5:00PM
		Hurleyville, NY	

# Sullivan County

## Legislative Memorandum

**File #:** ID-4931

**Agenda Date:** 9/15/2022

**Agenda #:** 28.

**Narrative of Resolution:**

Authorize agreement between the County Office for the Aging and the Hurleyville Performing Arts Centre for the screening of the film, All the Lonely People, on Tuesday, November 1, 2022.

**Is subject of Resolution mandated? Explain:**

The public hearing is mandated but the film screening is not mandated. State & Federal guidelines require that a public hearing be held concerning this plan so that all interested parties can be heard.

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

**Amount to be authorized by Resolution:** 1000.00

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

**Does Resolution require expenditure of funds?** Yes

**If "Yes", provide the following information**

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

**Are funds already budgeted?** No

**If "Yes" specify appropriation code(s):** N/A

**If "No", specify proposed source of funds:** NYSOFA grant funding

**Estimated Cost Breakdown by Source**

**County:** \$ 0

**Grant(s):** \$ 0

**State:** \$ 850.00

**Other:** \$ 0

**Federal Government:** \$ 0

**(Specify):**

**WHEREAS**, the Sullivan County Office for the Aging is preparing an Annual County Plan for Services to the 60+ population of the county, provided through the Older Americans Act and the New York State Community Services for the Elderly Program; and

**WHEREAS**, State and Federal guidelines require that a public hearing be held concerning this plan so that all interested parties can be heard.

**WHEREAS**, Sullivan County Office for the Aging has the opportunity to host a local public screening of the film, All the Lonely People, an award winning documentary that addresses the epidemic of social isolation; and

**WHEREAS**, Hurleyville Performing Arts Centre, an accessible venue is well suited to hold the public hearing and film screening on November 1, 2022; and



**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager is authorized to enter into an agreement with the Hurleyville Performing Arts Centre to lease the venue for the Office for the Aging Public Hearing and film screening on November 1, 2022..



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

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**File #:** ID-4937

**Agenda Date:** 9/15/2022

**Agenda #:** 29.

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**Narrative of Resolution:**

Amend Resolution #348-22

**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 MODIFY RESOLUTION NO. 348-22 TO CORRECT A DATE OF CREATION**

**WHEREAS**, Resolution No. 348-22 adopted by the Sullivan County Legislature on August 18, 2022, and

**WHEREAS**, Confidential Secretary Position #3520 was created August 18, 2022 with a salary of \$52,000 retroactive to February 22, 2022, and

**WHEREAS**, Resolution No. 348-22 needs to be amended for Position #3520 to be created retroactively to February 22, 2022.

**NOW, THEREFORE BE IT RESOLVED**, that Resolution No. 348-22 is hereby amended to reflect that the Sullivan County Legislature creates the Confidential Secretary, Position #3520 retroactive to February 22, 2022.

**BE IT FURTHER RESOLVED**, this Confidential Secretary position #3520 salary of \$52,000 is hereby also retroactive to February 22, 2022.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

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**File #:** ID-4942

**Agenda Date:** 9/15/2022

**Agenda #:** 30.

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**Narrative of Resolution:**

Authorize Contract with MVP Health Plan, Inc.

**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:** \$0.00 cost to the County

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE AUTHORIZING CONTRACT WITH MVP Health Plan, Inc.**

Legislators Doherty, and Steingart offer the following:

**WHEREAS**, the Care Center at Sunset Lake accepts client / patients who are members of various Healthcare plans, and

**WHEREAS**, the public at large benefits by having quality healthcare generally available, and

**WHEREAS**, General availability of healthcare is contingent upon providers accepting various plans as payment options; and

**WHEREAS**, The Care Center at Sunset Lake would like to add MVP Health Plan, Inc as a payment option for clients / patients, and

**WHEREAS**, MVP Health Plan has offered a renewed schedule of fees commensurate with the level of services currently offered at the Care Center at Sunset Lake; Now Therefore it is hereby

**RESOLVED**, That the County Manager is hereby authorized to enter into a contract with MVP Health Plan, Inc. to designate the Care Center at Sunset Lake as an Ancillary provider of Services; and it is further

**RESOLVED**, that said contract shall be in a form acceptable to the Sullivan County Attorney.