



**GOVERNMENT SERVICES COMMITTEE**

**October 1, 2015 – 10:30 AM**

**Committee Members: Kitty Vetter (Chair), Cora Edwards (Vice Chair), Gene Benson, Cindy Kurpil Gieger, Alan Sorensen**

**AGENDA**

**DISCUSSION ITEMS: None**

**PRESENTATION: None**

**REPORTS:**

1. Purchasing & Central Services - Monthly Report
2. Board of Elections - Monthly Report
3. Cornell Cooperative/Consumer Affairs - Monthly Report
4. County Clerk
5. Sullivan County Community College

**RESOLUTIONS:**

1. To authorize award and execute agreement with Heather Guinan for Nurse Practitioner services at the Sullivan County Jail.
2. To authorize award and execute agreement with Dr. Gary Good for Physician services for the Sullivan County Jail.
3. To authorize award and execute modification agreement with Advance Testing Company, Inc. for additional services per Request for Proposal, R-15-16.

**PUBLIC COMMENT:**

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Sheriff Michael Schiff

**Re:** Request for Consideration of a Resolution: To authorize agreement for nurse practitioner services at Sullivan County Jail

**Date:** 10/1/15

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Provide medical services to inmates at Sullivan County Jail.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes - required to provide medical services. Provides cost efficient services by allowing nurse practitioner to write prescriptions & provide services under supervision of doctor.

**Does Resolution require expenditure of funds? Yes  No**

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

Amount to be authorized by Resolution: \$ 54,000.00

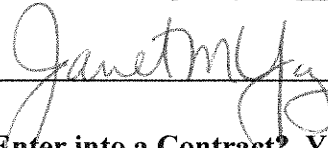
Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A3150 -

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	\$ <u>54,000.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** 

**Does Resolution request Authority to Enter into a Contract? Yes  No**

**If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.**

Request for Authority to Enter into Contract with [ Heather Guinan ] of [ \_\_\_\_\_ ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 11/01/2015 To 10/31/2016

Is this a renewal of a prior Contract? Yes \_\_\_ No

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

May be extended for additional 3 years

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes  No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

NYS Corrections Commission requires adequate medical services be provided to inmates.

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$54,000 - \$65./hr.

Efforts made to find Less Costly alternative:

Most cost effective alternative found

Efforts made to share costs with another agency or governmental entity:

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

RFP #R-15-37 

Person(s) responsible for monitoring contract (Title): Chief Harold Smith

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Tasha Jones* Date 9/28/15
- B. Management and Budget: *J. Anthony* Date 9/28/15
- C. Law Department: *Cheryl* Date 9/28/15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE**

**RESOLUTION TO AUTHORIZE AWARD AND EXECUTE AGREEMENT**

**WHEREAS**, Heather Guinan, 327 Hospital Road, Callicoon, New York 12723, submitted a proposal for nurse practitioner services for the Sullivan County Jail, and

**WHEREAS**, the contract period shall be from November 1, 2015 through October 31, 2016. This agreement may be extended, on a yearly basis, under the same terms and conditions, for three (3) additional years.

**WHEREAS**, the Sullivan County Jail, has approved said proposal and recommends that a contract be executed.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute an Agreement with Heather Guinan, in accordance with RFP #R-15-37, at a cost of \$65.00 per hour to the County, said contract to be in such form as the County Attorney shall approve

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Sheriff Michael Schiff

**Re:** Request for Consideration of a Resolution: Execute agreement with Dr. Gary Good of Upper Delaware Valley Infectious Diseases, PC

**Date:** 10/1/15

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Medical services for inmates at Sullivan County Jail

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

Yes - required to provide medical services

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**Does Resolution require expenditure of funds? Yes  No**

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

Amount to be authorized by Resolution: \$ 26,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A3150

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	\$ <u>26,000.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** 

**Does Resolution request Authority to Enter into a Contract? Yes  No**

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [ Dr. Gary Good ] of  
[ Upper Delaware Infectious Diseases, PC ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 11/01/2015 To 10/31/2016

Is this a renewal of a prior Contract? Yes \_\_\_ No

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Extend for 3 additional years

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes  No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

NYS Corrections Commission requires adequate medical services be provided to inmates.

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$26,000 - \$100./hr.

Efforts made to find Less Costly alternative:

Efforts made to share costs with another agency or governmental entity:

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)  
RFP #R-15-25

Person(s) responsible for monitoring contract (Title): Chief Harold Smith

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 9/28/15
- B. Management and Budget: *[Signature]* Date 9/28/15
- C. Law Department: *[Signature]* Date 9/28/15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_



**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE**

**RESOLUTION TO AUTHORIZE AWARD AND EXECUTE AGREEMENT**

**WHEREAS**, Dr. Gary Good of Upper Delaware Valley Infectious Diseases, P.C., 427 Broadway, Suite 1, Monticello, NY 12701, submitted a proposal for physician services for the Sullivan County Jail, and

**WHEREAS**, the contract period shall be from November 1, 2015 through October 31, 2016. This agreement may be extended, on a yearly basis, under the same terms and conditions, for three (3) additional years.

**WHEREAS**, the Sullivan County Jail, has approved said proposal and recommends that a contract be executed.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute an Agreement with Gary Good of Upper Delaware Infectious Diseases, P.C., in accordance with RFP #R-15-25, at a cost of \$100.00 per hour to the County, said contract to be in such form as the County Attorney shall approve

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, **2015.**

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Kathy Jones

**Re:** Request for Consideration of a Resolution:

**Date:** 10/1/15

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To execute a modification agreement for additional Asphalt Plant Testing for Quality Assurance & In Place Density Testing of Hot Mix Asphalt for Quality Control related to 2015 contract paving program

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

No - It is the responsibility of the Co. to assure that materials produced and placed on Co. Rds meet specifications to ensure the proper life expectancy is met.

**Does Resolution require expenditure of funds? Yes  No**

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

**Amount to be authorized by Resolution:** \$ 10,000.00

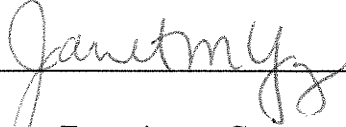
**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** D5110-45-47-4720 Pndg. Budget Mod.

**If "No", specify proposed source of funds:** \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	\$ <u>10,000.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** 

**Does Resolution request Authority to Enter into a Contract? Yes  No**

**If "Yes", provide information requested on Pages 2 and 3.**

Request for Authority to Enter into Contract with [Advance Testing Company] of [3348 Route 208 Campbell Hall, N.Y. 10916 - Agree. Mod.]

Nature of Other Party to Contract: Out Of County Vendor      Other: Agree. Mod.

Duration of Contract: From 05/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes \_\_\_ No

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

\_\_\_\_\_

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

The paving contract was bid using NYSDOT Specifications and these specifications require both quality control / quality assurance testing of the construction materials. County forces cannot provide this specialized testing work.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$ 45,000

Efforts made to find Less Costly alternative:

A Request for Proposal was issued and the quote from the lowest responsible firm for the quality assurance / quality control work was chosen.

R-15-16

Efforts made to share costs with another agency or governmental entity:

By specification the QC / QA testing is required for the placement of hot mix asphalt and all costs to repair the County Roads are borne by the County.

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)  
Request for Proposals RFP 15-16 RFP Returned 4/10/2015

Person(s) responsible for monitoring contract (Title): Dermot P. Dowd, Civil Eng.

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Nancy Jones* Date 9/28/15
- B. Management and Budget: *Dermot Dowd* Date 9/28/15
- C. Law Department: *[Signature]* Date 9/28/15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Government Services Committee Committee on 10/01/2015

**RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE**

**RESOLUTION TO AUTHORIZE AWARD AND EXECUTE MODIFICATION AGREEMENT**

**WHEREAS**, pursuant to Resolution No. 191-15, adopted by the Sullivan County Legislature on April 23, 2015, "original agreement", the County entered into a contract with Advance Testing Company, Incorporated, 3348 Route 208, Campbell Hall, New York 10916, on April 23, 015, to provide Asphalt Plant Testing Services for Quality Assurance for 2015 paving season, and

**WHEREAS**, the initial contract price was for a total price not to exceed \$35,000.00, and

**WHEREAS**, additional services were required for an additional amount of \$10,000, and

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and hereby is authorized to execute a Modification Agreement, modifying the agreement with Advance Testing Company, Incorporated, adding an additional amount of \$10,000, as per Request for Proposal, R-15-16, said modification to be in such form as the County Attorney shall approve.

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

**Seconded by** \_\_\_\_\_,

**and adopted on motion** \_\_\_\_\_, **2015.**

**KATHLEEN JONES**  
Director



Tel.: (845) 807-0515  
Fax: (845) 807-0526

**SULLIVAN COUNTY DEPARTMENT OF  
PURCHASING & CENTRAL SERVICES  
SULLIVAN COUNTY GOVERNMENT CENTER  
100 NORTH STREET, P.O. Box 5012  
MONTICELLO, NY 12701**

**To: Government Services Committee**

**From: Purchasing & Central Services**

**Date: October 1, 2015**

**Re: Monthly Report**

**1. Bids:**

- **Copy Paper (B-15-44)**  
Paper Mart East Hanover, NJ
  
- **Ice Control Materials (B-15-45)**  
Callanan Industries, Inc. Albany, NY
  
- **Pipe (B-15-46)**  
Lane Enterprises, Inc. Bath, NY  
Chemung Supply Corp. Elmira, NY

**2. Processed 155 Purchase Orders**

**3. Recyclables**