



Health & Human Services Committee

Committee Meeting

60 Central Ave.
Cortland, NY 13045
<http://www.cortland-co.org>

~ Minutes ~

Tuesday, December 5, 2023

9:00 AM

Room 302

Call to Order

The meeting was called to order at 9:00 AM by Committee Member Paul Heider

Attendee Name	Organization	Title	Status	Arrived
Sandra Price	Cortland County, NY	Committee Chair	Excused	
George Wagner	Cortland County, NY	Committee Member	Excused	
Kelly L. Fairchild-Preston	Cortland County, NY	Committee Member	Excused	
Paul Heider	Cortland County, NY	Committee Member	Present	
Richard Stock	Cortland County, NY	Committee Member	Present	
Joseph Nauseef	Cortland County, NY	Committee Member	Present	
Kevin Fitch	Cortland County, NY	Ex-Officio Committee Member - Chair of the Legislature	Present	
Savannah Hempstead	Cortland County, NY	Clerk of the Legislature	Present	
Rob Corpora	Cortland County, NY	County Administrator	Present	
Kristen Monroe	Cortland County, NY	Commissioner of Social Services	Present	
Laurie Leonard	Cortland County, NY	Personnel Officer	Present	
Beau Harbin	Cortland County, NY	Board Member	Present	
Kristen Beard	Cortland County, NY	Child Advocacy Center Coordinator	Present	
Rebecca Main	Cortland County, NY	Public Health Program Manager	Present	
Melanie Vilardi	Cortland County, NY	Deputy County Administrator	Present	
Christopher Newell	Cortland County, NY	Board Member	Present	
Sharon MacDougall	Cortland County, NY	Director of Community Services	Present	
Amy Buggs	Cortland County, NY	Grants Administrator	Present	
Pearl Reed-Klein	Cortland County, NY	Director of the Area Agency on Aging	Present	
Margaret Broderick	Cortland County, NY	Epidemiology Manager	Present	
Suzanne Osterhoudt	Cortland County, NY		Present	
Hinnell Patel	Cortland County, NY	Public Health Fellow	Present	
Alanna Powell	Cortland County, NY	Public Health Fellow	Present	
Andrea Herzog	Cortland County, NY	Director of Finance	Remote	
Kimberly Bigladeri	Cortland County, NY	Deputy Clerk of the Legislature	Remote	
Jackie Leaf	Seven Valley Health Coalition	Executive Director	Remote	

Minutes Approval

1. Health & Human Services Committee - Committee Meeting - Nov 1, 2023 9:00 AM

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joseph Nauseef, Committee Member
SECONDER:	Richard Stock, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

Discussion Items

1. Lead Risk Assessment Presentation

RESULT:	COMPLETED
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Resolutions

AGENDA ITEM NO. 1 – Accept Funds Youth Bureau and Youth Bureau Sports Funding Resource Allocation Plan New York State Office of Children and Family Services - Health Department

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/12/2023 10:00 AM
MOVER:	Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla
SECONDER:	Richard Stock, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Accept Funds Youth Bureau and Youth Bureau Sports Funding Resource Allocation Plan New York State Office of Children and Family Services - Health Department

WHEREAS, Resolution No. 159-23 allocated \$92,669 to Cortland County, through the Youth Bureau from The New York State (NYS) Office of Children and Family Services Resource Allocation Plan for the program year 2023-2024, AND

WHEREAS, The NYS Office of Children and Family Services, through the Resource Allocation Plan has made available the sum of \$10,344 additional funds to Cortland County Youth Bureau based on gambling revenue divided evenly among the state's 58 social services districts, AND

WHEREAS, the 2023 County Budget will need to be amended as follows:

<u>Revenue:</u>		<u>Current</u>	<u>Inc/(Dec)</u>	<u>Balance</u>
A73125.43820.YB	Youth Bureau	\$182,453	\$10,344	\$192,797

<u>Expenditure:</u>		<u>Current</u>	<u>Inc/(Dec)</u>	<u>Balance</u>
A73125.54815	Contract Agencies	\$144,764	\$10,344	\$155,108

, NOW THEREFORE BE IT

RESOLVED, that the County Administrator, upon review by the County Attorney or designee, be and hereby is authorized to execute the Resource Allocation Planning Agreement with the NYS Office of Children and Family Services and contract with approved agencies, AND BE IT FURTHER

RESOLVED, that the Treasurer's/Finance Office is authorized to pay from the appropriate

expense account and that in the event that the county does not receive the appropriate funds from the NYS Office of Children and Family Services, the County shall not be liable to pay any of its own funds to meet any deficiency under the terms of the contract.

AGENDA ITEM NO. 2 – Create Position - Public Health Engineer (Per Diem) - Health Department

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/12/2023 10:00 AM
MOVER:	Richard Stock, Committee Member
SECONDER:	Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Create Position - Public Health Engineer (Per Diem) - Health Department

WHEREAS, the needs of the agency will be better served by creating one per-diem position of Public Health Engineer, AND

WHEREAS, the Health and Human Services Committee recommends the creation of this position, NOW THEREFORE BE IT

RESOLVED, that one position of Public Health Engineer (CSEA, Grade 28, \$37.2145-47.1041/hr, competitive class, per-diem, no benefits) be created with approval to fill on December 21, 2023, with no additional funding needed for the remainder of 2023 and 2024.

AGENDA ITEM NO. 3 – Authorize Contracts for 2024 - Mental Health Department

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/21/2023 6:00 PM
MOVER:	Joseph Nauseef, Committee Member
SECONDER:	Richard Stock, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Authorize Contracts for 2024 - Mental Health Department

WHEREAS, the Cortland County Mental Health Department must execute contracts with several organizations and businesses to operate on a day to day basis which are included in the approved budget, AND

WHEREAS, the Cortland County Mental Health Department must execute contracts with several Schools and Universities to provide internship opportunities to students, AND

WHEREAS, there are no costs to Cortland County associated with these internships, AND

WHEREAS, the Cortland County Mental Health Department must execute contracts with several insurance companies to be considered in network for optimal payment, AND

WHEREAS, there are no costs to Cortland County associated with these insurance carrier contacts, NOW THEREFORE BE IT

RESOLVED, that the County Administrator, upon review and approval by the County Attorney or designee, and subject to appropriation of funding by the Legislature, is hereby authorized to execute an agreement for 2024 with each of the following:

Binghamton University,
Onondaga Cortland Madison Counties BOCES,
State University of New York at Cortland,
Syracuse University,
Tompkins Cortland Community College,
Upstate Medical University,
Cornell University,
LeMoyne College,
Keuka College,
Broome Community College,
Ithaca College,
Utica College,
Oneida College,
Access to Independence
Community Action Program (CAPCO)
Jennifer Genovese
Salvation Army
YWCA
Humana
Tricare
WellCare
CDPHP
The Vault Grand Venue On Main LLC,
W2 Operator Training Group,
Heather Sanford,
Kinney Drugs,
Ability (Billing Clearinghouse),
Sweeney Pest Control,
Global Payment Integrated,
Identrust (prescribing security)
Community Computer (Medent)

AGENDA ITEM NO. 4 – Reappoint Member - Cortland County Board of Health

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/21/2023 6:00 PM
MOVER:	Richard Stock, Committee Member
SECONDER:	Joseph Nauseef, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Reappoint Member - Cortland County Board of Health

WHEREAS, New York State Regulation requires that the County Legislature may choose the

medical members of the Board of Health from a list of physicians submitted by the County Medical Society, NOW THEREFORE BE IT

RESOLVED, that Matthew Noble, D.O. c/o Family Care Medical Center, 1259 Fisher Ave., Cortland, NY 13045 be and hereby is reappointed to said Board as a Medical Provider Representative member for a six (6) year term beginning on January 1, 2024 and ending December 31, 2029.

AGENDA ITEM NO. 5 – Amend Budget Daycare - Department of Social Services

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/21/2023 6:00 PM
MOVER:	Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla
SECONDER:	Joseph Nauseef, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Amend Budget Daycare - Department of Social Services

WHEREAS, expenditures for Daycare cases are trending higher this year and are expected to exceed the amount appropriated in our 2023 budget, NOW THEREFORE BE IT

RESOLVED, that the 2023 County Budget be and hereby is amended as follows:

DECREASE:

Services for Recipients

A60105.56070 current \$1,102,212.00 DECREASE (\$36,000) new = \$1,066,212.00

Services for Recipients (Raise the Age)

A60105.56070.RTA current \$54,000.00 DECREASE (\$54,000) new = \$0

INCREASE:

Daycare

A60105.56055 current \$1,052,000,000 INCREASE +\$90,000 new = \$1,142,000.00

AGENDA ITEM NO. 6 – Amend Budget Social Services Family Assistance Account - Department of Social Services

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/21/2023 6:00 PM
MOVER:	Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla
SECONDER:	Richard Stock, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Amend Budget Social Services Family Assistance Account - Department of Social Services

WHEREAS, expenditures for foster care cases funded through Family Assistance are trending higher this year and are expected to exceed the amount appropriated in our 2023 budget, NOW THEREFORE BE IT

RESOLVED, that the 2023 County Budget be and hereby is amended as follows:

DECREASE:

Child Care			
A60105.56119	current \$5,375,746.00	DECREASE (\$91,000)	new = \$5,284,746.00

Child Care (Raise the Age)			
A60105.56119.RTA	current \$138,000.00	DECREASE (\$138,000)	new = \$0

INCREASE:

Family Assistance			
A60105.56109	current \$3,122,585.00	INCREASE +\$229,000	new = \$3,351,585.00

AGENDA ITEM NO. 7 – Authorize One-Stop System Operator Agreement - Workforce Development/Grants Administration

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/21/2023 6:00 PM
MOVER:	Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla
SECONDER:	Richard Stock, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Authorize One-Stop System Operator Agreement - Workforce Development/Grants Administration

WHEREAS, the Cayuga Cortland Workforce Development Board Director, hereinafter referred to as "WDB", has been appointed by the Chair of the Cortland County Legislature, who is the Chief Elected Official for the Cayuga Cortland Workforce Development Area under the Workforce Innovation and Opportunity Act, hereinafter referred to as "WIOA", AND

WHEREAS, in accordance with WIOA regulations, Cortland County has been designated the Grant Recipient/Fiscal Agent for the Cayuga Cortland Workforce Development Area, AND

WHEREAS, in accordance with WIOA regulations, the WDB hereby designates and certifies the Cayuga Cortland WDB Director as the Operator of the One-Stop delivery system in the local area, AND

WHEREAS, the duties and job title of the Cayuga Cortland One-Stop System Operator (OSSO) shall reside with the individual who occupies the role of Director of the Employment and Training Grant Administration office, AND

WHEREAS, the One-Stop System Operator will be defined by its own duties, roles, responsibilities, and chain of command hierarchy, AND

WHEREAS, the Cayuga Cortland One-Stop System Operator has submitted a plan of service, and desires to execute this Local Agreement with the Cayuga Cortland WDB, NOW THEREFORE BE IT

RESOLVED, that the Chair of the Cortland County Legislature, upon review of the County Attorney or designee, be and hereby is authorized to execute the One-Stop System Operator Agreement for the Cayuga Cortland Workforce Development Board.

AGENDA ITEM NO. 8 – Award Bid/Authorize Agreement for Use of Opioid Reserve Funds - Alcohol and Drug Council of Tompkins County, Inc.

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/12/2023 10:00 AM
MOVER:	Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla
SECONDER:	Richard Stock, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Award Bid/Authorize Agreement for Use of Opioid Reserve Funds - Alcohol and Drug Council of Tompkins County, Inc.

WHEREAS, the Cortland County Legislature adopted Resolution No. 171-22 authorizing the creation of an Opioid Settlement Reserve Fund, A386300.OPD, AND

WHEREAS, the Cortland County Legislature adopted Resolution No. 12-23 establishing the Cortland County Opioid Settlement Fund Subcommittee to make recommendations for the use of Opioid Funding to the legislature, AND

WHEREAS, a Request for Proposals (RFP) was issued on September 30, 2023 to solicit proposals for opioid funding from organizations serving Cortland County to address treatment and prevention of opioid and related substance use, AND

WHEREAS, the County received seven (7) proposals from the following:

Alcohol and Drug Council of Tompkins County, Inc.
201 E. Green Street
Ithaca, NY 14850

Catholic Charities of Cortland County
33-35 Central Avenue
Cortland, NY 13045

Cayuga Addiction Recovery Services (C.A.R.S)
334 West State Street
Cortland, NY 13045

Cortland Area Communities That Care Coalition (CACTC)
45 Crandall Street
Cortland, NY 13045

Cortland Area Recovery Project (C.A.R.P)
26 N. Main Street
Cortland, NY 13045

REACH Medical

1001 W. Seneca Street
Ithaca, NY 14850

Syracuse Recovery Services
6 Euclid Avenue
Building 1, Suite 5
Cortland, NY 13045

, AND

WHEREAS, the Opioid Settlement Fund Subcommittee reviewed the submitted proposals and has recommended funding the Alcohol and Drug Council of Tompkins County, Inc. of 201 E. Green Street, Ithaca, NY 14850 in the amount of \$100,000 from the Opioid Settlement Reserve Fund, A386300.OPD, for a counselor for one year (\$65,625) and general operating expenses (\$34,375), AND

WHEREAS, the Health and Human Services Committee and Finance and Administration Committees of the Cortland County Legislature have reviewed the recommendation, NOW THEREFORE BE IT,

RESOLVED, that the Cortland County Legislature be and hereby approves and awards the Alcohol and Drug Council of Tompkins County, Inc. of 201 E. Green Street, Ithaca, NY 14850, \$100,000 from the Opioid Settlement Reserve Fund, A386300.OPD, for a counselor for one year (\$65,625) and general operating expenses (\$34,375), AND BE IT FURTHER

RESOLVED, that the County Administrator, upon approval of the County Attorney or designee, is hereby authorized to enter into an agreement with the Alcohol and Drug Council of Tompkins County, Inc. of 201 E. Green Street, Ithaca, NY 14850, for said amount and purposes, AND BE IT FURTHER

RESOLVED, the 2024 General Fund Budget be amended as follows:

INCREASE: A13255.54815.OPD Contracted Agencies \$100,000.00

INCREASE: A351100 Appropriated Reserves \$100,000.00

AGENDA ITEM NO. 9 – Award Bid/Authorize Agreement for Use of Opioid Reserve Funds - Cortland Area Recovery Project (C.A.R.P)

RESULT: APPROVED [UNANIMOUS]

Next: 12/12/2023 10:00 AM

MOVER: Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla

SECONDER: Joseph Nauseef, Committee Member

AYES: Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch

EXCUSED: Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Award Bid/Authorize Agreement for Use of Opioid Reserve Funds - Cortland Area Recovery Project (C.A.R.P)

WHEREAS, the Cortland County Legislature adopted Resolution No. 171-22 authorizing the creation of an Opioid Settlement Reserve Fund, A386300.OPD, AND

WHEREAS, the Cortland County Legislature adopted Resolution No. 12-23 establishing the Cortland County Opioid Settlement Fund Subcommittee to make recommendations for the use of Opioid

Funding to the legislature, AND

WHEREAS, a Request for Proposals (RFP) was issued on September 30, 2023 to solicit proposals for opioid funding from organizations serving Cortland County to address treatment and prevention of opioid and related substance use, AND

WHEREAS, the County received seven (7) proposals from the following:

Alcohol and Drug Council of Tompkins County, Inc.
201 E. Green Street
Ithaca, NY 14850

Catholic Charities of Cortland County
33-35 Central Avenue
Cortland, NY 13045

Cayuga Addiction Recovery Services (C.A.R.S)
334 West State Street
Cortland, NY 13045

Cortland Area Communities That Care Coalition (CACTC)
45 Crandall Street
Cortland, NY 13045

Cortland Area Recovery Project (C.A.R.P)
26 N. Main Street
Cortland, NY 13045

REACH Medical
1001 W. Seneca Street
Ithaca, NY 14850

Syracuse Recovery Services
6 Euclid Avenue
Building 1, Suite 5
Cortland, NY 13045

, AND

WHEREAS, the Opioid Settlement Fund Subcommittee reviewed the submitted proposals and have recommended funding the Cortland Area Recovery Project (C.A.R.P), of 26 N. Main Street, Cortland, NY 13045, in the amount of \$40,700 from the Opioid Settlement Reserve Fund, A386300.OPD, for the following:

Contracts	\$5,000
Printed Materials	\$3,000
Technology	\$3,500
Marketing	\$2,500
Rent	\$2,000
Stipends	\$7,000
Training/Conferences	\$4,000
County Staff Time	\$10,000
Admin	\$3,700

, AND

WHEREAS, the Health and Human Services Committee and Finance and Administration Committees of the Cortland County Legislature have reviewed the recommendation, NOW THEREFORE BE IT,

RESOLVED, that the Cortland County Legislature be and hereby approves and awards the Cortland Area Recovery Project (C.A.R.P), of 26 N. Main Street, Cortland, NY 13045, \$40,700 from the Opioid Settlement Reserve Fund, A386300.OPD, for above referenced expenditures, AND BE IT FURTHER

RESOLVED, that the County Administrator, upon approval of the County Attorney or designee, is hereby authorized to enter into an agreement with the Cortland Area Recovery Project (C.A.R.P), of 26 N. Main Street, Cortland, NY 13045, for said amount and purposes, AND BE IT FURTHER

RESOLVED, the 2024 General Fund Budget be amended as follows:

INCREASE: A13255.54815.OPD Contracted Agencies \$40,700.00

INCREASE: A351100 Appropriated Reserves \$40,700.00

AGENDA ITEM NO. 10 – Award Bid/Authorize Agreement for Use of Opioid Reserve Funds - Catholic Charities of Cortland County

RESULT: APPROVED [UNANIMOUS]

Next: 12/12/2023 10:00 AM

MOVER: Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla

SECONDER: Richard Stock, Committee Member

AYES: Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch

EXCUSED: Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Award Bid/Authorize Agreement for Use of Opioid Reserve Funds - Catholic Charities of Cortland County

WHEREAS, the Cortland County Legislature adopted Resolution No. 171-22 authorizing the creation of an Opioid Settlement Reserve Fund, A386300.OPD, AND

WHEREAS, the Cortland County Legislature adopted Resolution No. 12-23 establishing the Cortland County Opioid Settlement Fund Subcommittee to make recommendations for the use of Opioid Funding to the legislature, AND

WHEREAS, a Request for Proposals (RFP) was issued on September 30, 2023 to solicit proposals for opioid funding from organizations serving Cortland County to address treatment and prevention of opioid and related substance use, AND

WHEREAS, the County received seven (7) proposals from the following:

Alcohol and Drug Council of Tompkins County, Inc.
201 E. Green Street
Ithaca, NY 14850

Catholic Charities of Cortland County
33-35 Central Avenue
Cortland, NY 13045

Cayuga Addiction Recovery Services (C.A.R.S)
334 West State Street
Cortland, NY 13045

Cortland Area Communities That Care Coalition (CACTC)
45 Crandall Street
Cortland, NY 13045

Cortland Area Recovery Project (C.A.R.P)
26 N. Main Street
Cortland, NY 13045

REACH Medical
1001 W. Seneca Street
Ithaca, NY 14850

Syracuse Recovery Services
6 Euclid Avenue
Building 1, Suite 5
Cortland, NY 13045

, AND

WHEREAS, the Opioid Settlement Fund Subcommittee reviewed the submitted proposals and has recommended funding Catholic Charities of Cortland County, of 33-35 Central Avenue, Cortland, NY 13045, in the amount of \$90,000 from the Opioid Settlement Reserve Fund, A386300.OPD, for the continuation of the re-entry program in Cortland County, AND

WHEREAS, the Health and Human Services Committee and Finance and Administration Committees of the Cortland County Legislature have reviewed the recommendation, NOW THEREFORE BE IT,

RESOLVED, that the Cortland County Legislature be and hereby approves and awards Catholic Charities of Cortland County, of 33-35 Central Avenue, Cortland, NY 13045, in the amount of \$90,000 from the Opioid Settlement Reserve Fund, A386300.OPD, for the continuation of the re-entry program in Cortland County, AND BE IT FURTHER

RESOLVED, that the County Administrator, upon approval of the County Attorney or designee, is hereby authorized to enter into an agreement with Catholic Charities of Cortland County, of 33-35 Central Avenue, Cortland, NY 1304, for said amount and purposes, AND BE IT FURTHER

RESOLVED, the 2024 General Fund Budget be amended as follows:

INCREASE:	A13255.54815.OPD	Contracted Agencies	\$90,000.00
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INCREASE:	A351100	Appropriated Reserves	\$90,000.00
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AGENDA ITEM NO. 11 – Appoint Member - Cayuga/Cortland Workforce Development Board - Employment and Training Grant Administration

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/21/2023 6:00 PM
MOVER:	Joseph Nauseef, Committee Member
SECONDER:	Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Appoint Member - Cayuga/Cortland Workforce Development Board - Employment and Training Grant Administration

WHEREAS, pursuant to the Workforce Innovation and Opportunity Act of 2017, the Governor of the State of New York has authorized and directed the Chief Local Elected Officials of Cortland and Cayuga Counties, which have been designated as a workforce area, to appoint/reappoint members to the Workforce Development Board for said area, NOW THEREFORE BE IT

RESOLVED, that the following be and hereby are appointed effective immediately to serve on the Cayuga/Cortland Workforce Development Board for the term and from the sector listed below:

Name	Sector	Term Ending
Sherwin Nepomucena	Business - Seven Valley Specialty Cables	12/31/2026

AGENDA ITEM NO. 12 – Abolish One Position of Legal Assistant/Create One Position of Paralegal - Department of Social Services

RESULT:	APPROVED [UNANIMOUS]
	Next: 12/21/2023 6:00 PM
MOVER:	Kevin Fitch, Ex-Officio Committee Member - Chair of the Legisla
SECONDER:	Joseph Nauseef, Committee Member
AYES:	Paul Heider, Richard Stock, Joseph Nauseef, Kevin Fitch
EXCUSED:	Sandra Price, George Wagner, Kelly L. Fairchild-Preston

ON MOTION OF PRICE

RESOLUTION NO.

Abolish One Position of Legal Assistant/Create One Position of Paralegal - Department of Social Services

WHEREAS, the needs of the Department of Social Services will be better served by abolishing one (1) Legal Assistant and creating one (1) Paralegal, AND

WHEREAS, the Health & Human Services Committee recommends the abolition and creation of these positions, NOW THEREFORE BE IT

RESOLVED, that one (1) position of Legal Assistant (Grade 16, CSEA, \$23.8479 - 30.1854/HR, competitive, full time with benefits) be and hereby is abolished effective December 31, 2023 at midnight, AND BE IT FURTHER

RESOLVED, that one (1) position of Paralegal (Grade 6H, Management Compensation Plan, \$24.4264 - 32.5115/HR, competitive, full time with benefits) be created with permission to fill effective January 1, 2024 at 12:01 am.

Monthly Reports

1. Health and Human Services Report - Cortland County Health Department

RESULT:	COMPLETED
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Adjournment

The meeting was closed at 10:06 AM



Health & Human Services Committee

Committee Meeting

~ Minutes ~

60 Central Ave.
Cortland, NY 13045
<http://www.cortland-co.org>

2.1

Wednesday, November 1, 2023

9:00 AM

Room 302

Call to Order

The meeting was called to order at 9:00 AM by Committee Chair Sandra Price

Attendee Name	Organization	Title	Status	Arrived
Sandra Price	Cortland County, NY	Committee Chair	Present	
George Wagner	Cortland County, NY	Committee Member	Present	
Kelly L. Fairchild-Preston	Cortland County, NY	Committee Member	Excused	
Paul Heider	Cortland County, NY	Committee Member	Present	
Richard Stock	Cortland County, NY	Committee Member	Present	
Joseph Nauseef	Cortland County, NY	Committee Member	Present	
Savannah Hempstead	Cortland County, NY	Clerk of the Legislature	Present	
Rob Corpora	Cortland County, NY	County Administrator	Present	
Kimberly Bigladeri	Cortland County, NY	Deputy Clerk of the Legislature	Remote	
Kristen Beard	Cortland County, NY	Child Advocacy Center Coordinator	Present	
Kristen Monroe	Cortland County, NY	Commissioner of Social Services	Present	
Tom Tedesco	Cortland County, NY	Director of Veterans Services	Present	
Nicole Anjeski	Cortland County, NY	Public Health Director	Present	
Sharon MacDougall	Cortland County, NY	Director of Community Services	Present	
Pearl Reed-Klein	Cortland County, NY	Director, Office for Aging	Present	
Shannon Phillips	Cortland County, NY	Employment & Training Director	Present	
Amy Buggs	Cortland County, NY	Grants Administrator	Present	
Ronald J. Van Dee	Cortland County, NY	Board Member	Present	
Christopher Newell	Cortland County, NY	Board Member	Present	
Cathy Bischoff	Cortland County, NY	Board Member	Present	
Andrea Herzog	Cortland County, NY	Director of Finance	Present	

Minutes Acceptance: Minutes of Nov 1, 2023 9:00 AM (Minutes Approval)

	NY			
Melanie Vilardi	Cortland County, NY	Deputy County Administrator	Present	
Victoria J. Monty	Cortland County, NY	County Attorney	Present	
Christopher Simser	Cortland County, NY	Chief Assistant County Attorney	Present	
Margaret Mellott	Cortland Standard	Reporter	Present	
Karl Schmidt	Cortland County, NY	Clinical Director	Remote	
Eddie Velazquez	Cortland Voice	Reporter	Remote	
Carlita Withers	Cortland County	Assistant Accountant	Remote	
Gail Spitzer	Cortland County, NY	Confidential Administrative Assistant	Remote	

Minutes Approval

1. Health & Human Services Committee - Committee Meeting - Oct 10, 2023 9:00 AM

RESULT:	APPROVED [UNANIMOUS]
MOVER:	George Wagner, Committee Member
SECONDER:	Joseph Nauseef, Committee Member
AYES:	Price, Wagner, Heider, Stock, Nauseef
EXCUSED:	Kelly L. Fairchild-Preston

Resolutions

Discussion Items

Monthly Reports

1. Statistics Third Quarter - Department of Social Services

RESULT:	COMPLETED
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2. Health and Human Services Committee Report November 2023 - Cortland County Health Department

RESULT:	COMPLETED
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Executive Session

It was MOVED by Mr. Wagner, seconded by Mr. Nauseef, and unanimously approved by voice vote of members present, to enter into an executive session for discussions regarding current litigation. MOTION CARRIED.

An executive session was held from 10:06 a.m. to 10:33 a.m., at which time on motion of Mr. Wagner, seconded by Mr. Nauseef, it was unanimously approved by voice vote to exit executive session.

Adjournment

The meeting was closed at 10:34 AM



Lead Poisoning
607-753-5036

LEAD POISONING IN CORTLAND COUNTY

LOCAL DATA ON OUTCOMES AND RISK
FACTORS, INSIGHTS FROM A
COMMUNITY PHOTOVOICE PROJECT,
AND RECOMMENDATIONS

CORTLAND COUNTY HEALTH DEPARTMENT

MARGARET BRODERICK, MPH

EPIDEMIOLOGY MANAGER

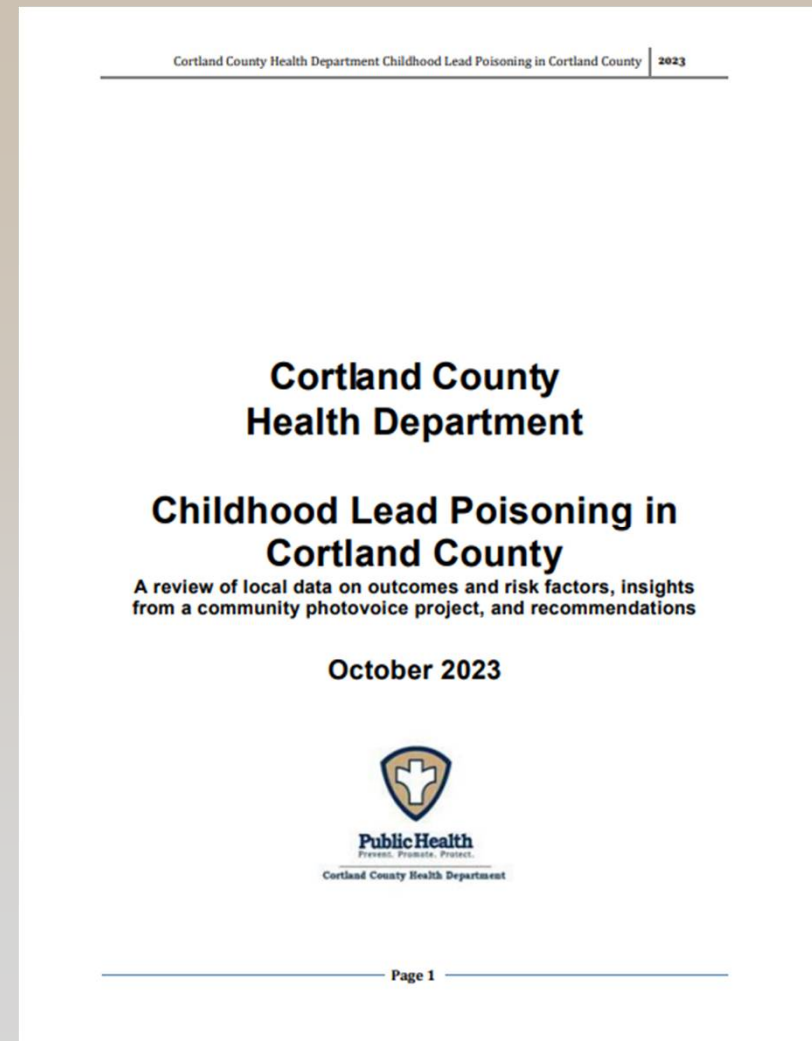
SUZANNE OSTERHOUDT, RN, BSN

SUPERVISING PUBLIC HEALTH NURSE



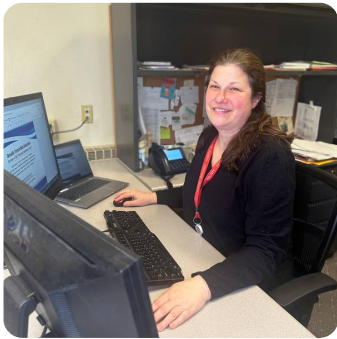
The full report includes contributors, detailed methods, references, and more.

To view the full report on Childhood Lead Poisoning in Cortland County visit:
cortland-co.org/460/Data-and-Reports



Background

Since the early 90s, Cortland County Health Department has managed the Childhood Lead Poisoning Prevention Program (CLPPP). This program is funded through a NYSDOH grant. The goal of the program is to reduce the prevalence of Elevated Blood Lead Levels in children birth to 19 years. The program involves general education on lead poisoning, care coordination of children with elevated blood lead levels and environmental assessments of homes frequented by children with elevated blood lead levels.



Nursing Division

The Nursing Division at CCHD monitors all blood lead testing that occurs in the county. When a child with an elevated blood lead level is identified, our Public Health Nurses collaborate with healthcare providers and family members to educate and ensure testing continues until the child's level has returned to below the level of risk according to the NYSDOH. A referral is also made for an environmental assessment.



Environmental Health Division

The Environmental Health Division at CCHD performs environmental assessments for homes where children identified as having a high blood lead level reside. Public Health Sanitarians assess and test the home for lead, communicate findings to home owners, and the plan of action to address the identified problem occurs.



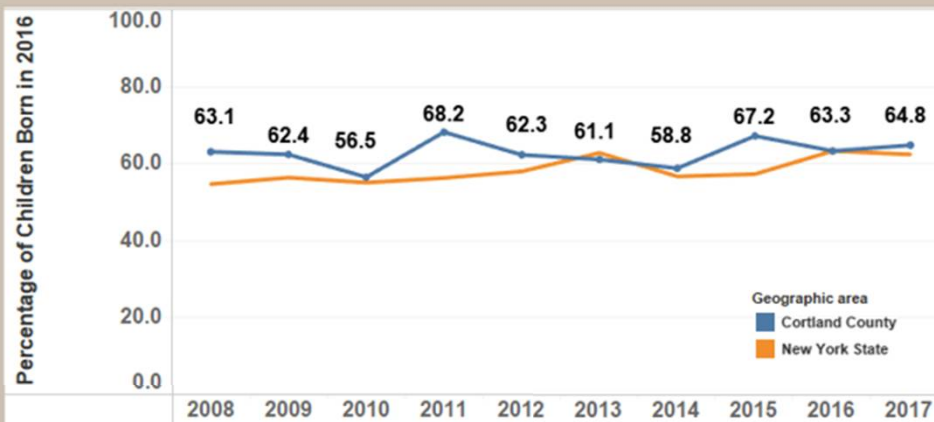
PHOTOVOICE PROJECT

As part of the Needs Assessment on lead poisoning in the county, CCHD's SUNY Cortland intern implemented a photovoice project in order to center the voices of community members who have been personally impacted by lead poisoning. The project involved participant collection of photos in order to document how lead poisoning has impacted their life and a focus group where photos were discussed with parents of young children in the community.

Key Data Points - Outcomes

Lead Testing Data

Figure 3. Percentage of children with at least two lead screenings by 36 months by Geography and Birth Year (New York State and Cortland County, birth year 2008-2017)



➔ **64.8%**

of **Cortland County** children born in 2017 had **at least two lead screenings** by age 3. Lead screenings identify children with high lead levels so steps can be taken to **prevent further exposure** and **reduce the damage lead poisoning has** on a child's brain and nervous system.

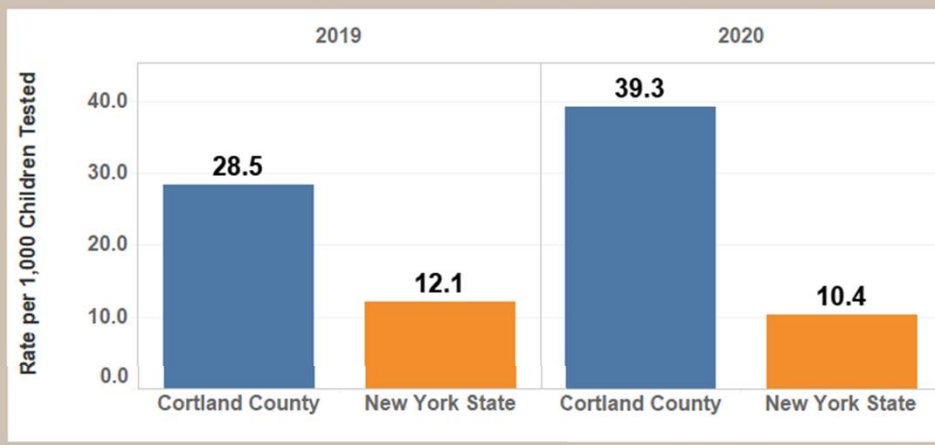


Lead Poisoning
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Key Data Points - Outcomes

Elevated Blood Lead Level

Figure 1. Incidence of confirmed high blood lead level (5 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months (by Geographic Region, 2019-2020)



39 FOR EVERY 1,000
CHILDREN TESTED

ages 6 or younger in **Cortland County** had a **high blood lead level** requiring case management and environmental assessment to **lower risk of damage to brain and nervous system**, slowed development, or other serious effects.

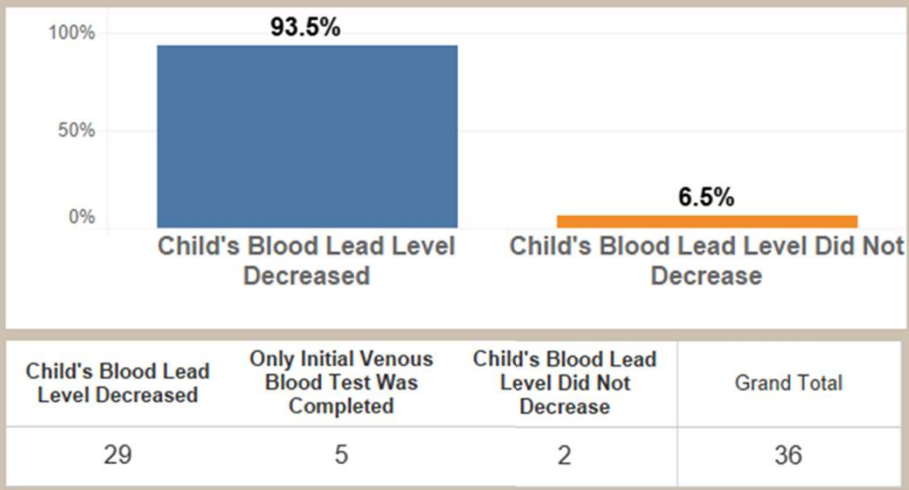


Lead Poisoning
607-753-5036

Key Data Points - Outcomes

Cortland County Lead Program

Figure 16. Count and percentage of children with elevated blood lead levels by program outcome of the Childhood Lead Poisoning Prevention Program (2021-2022, Cortland County, Note: graph excludes children that did not have a follow up venous blood test).



Two primary data points are used to track lead poisoning prevention in Cortland County: childhood testing and elevated blood lead levels.



93.5%

of **Cortland County** children with elevated blood lead levels experienced a **decrease in blood lead level after becoming part of the Cortland County Lead Poisoning Prevention program.** The program provides nutrition and risk management educational and environmental assessment to reduce further harm from lead poisoning.



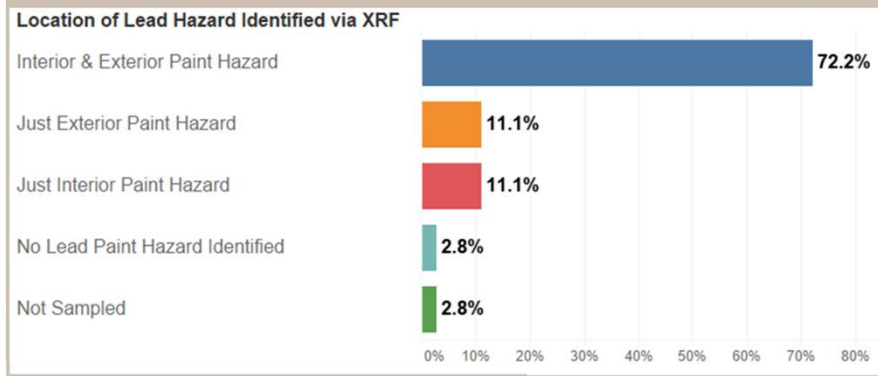
Lead Poisoning
607-753-5036

Key Data Points - Outcomes

Local risk factor data can help us **target efforts** and resources where they are most needed and **track progress**.

Cortland County Lead Poisoning Risk Factors

Figure 5. Percentage of children <6 years old with a venous-confirmed elevated blood lead level (5 micrograms or higher per deciliter) by locations of lead paint hazards identified via XRF sampling during environmental assessment of home (n=36, Cortland County, 2021-2022)



➔ 94.4%

of **Cortland County children** identified as having elevated blood lead levels in 2021-2022 **spent significant amounts of time at a home in which lead paint hazards were identified** during environmental assessment.



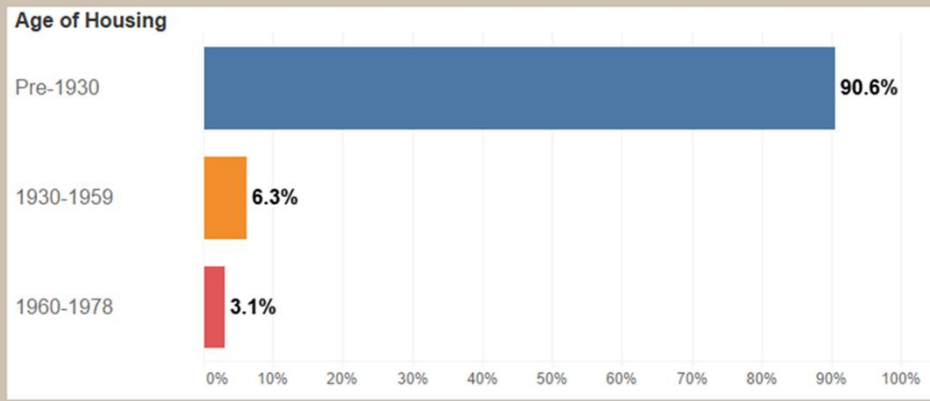
Lead Poisoning
607-753-5036

Key Data Points - Outcomes

Local risk factor data can help us **target efforts** and resources where they are most needed and **track progress**.

Cortland County Lead Poisoning Risk Factors

Figure 6. Percentage of children <6 years old with a venous-confirmed elevated blood lead level (5 micrograms or higher per deciliter) and who are associated with an address identified via XRF as having a lead paint hazard by age of housing (n=34, Cortland County, 2021-2022)



90.6%

of the homes in Cortland County identified as having lead paint during environmental assessment **were built before 1930.**



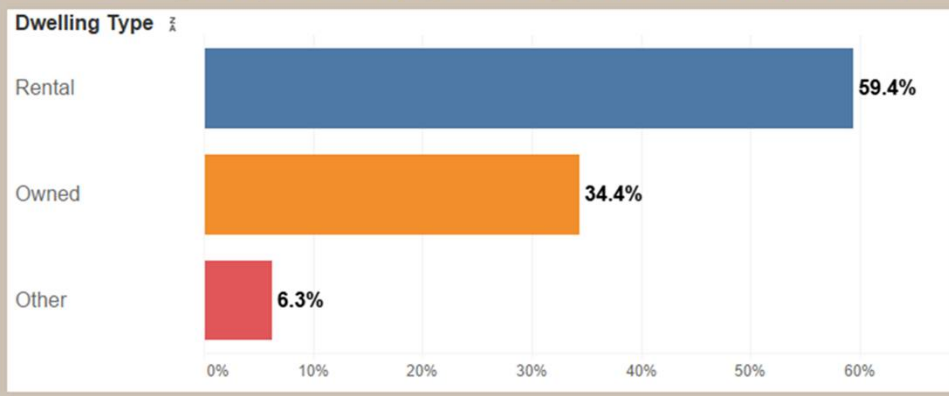
Lead Poisoning
607-753-5036

Key Data Points - Outcomes

Local risk factor data can help us **target efforts** and resources where they are most needed and **track progress**.

Cortland County Lead Poisoning Risk Factors

Figure 7. Percentage of children <6 years old with a venous-confirmed elevated blood lead level (5 micrograms or higher per deciliter) and who are associated with an address identified via XRF as having a lead paint hazard by age of housing (n=34, Cortland County, 2021-2022)



59.4%

of the homes in Cortland County identified as having lead paint during environmental assessment **were rental properties.**



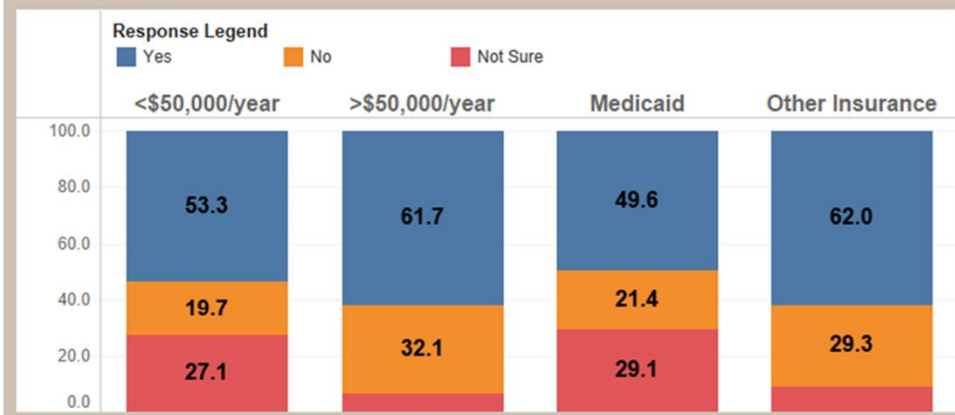
Lead Poisoning
607-753-5036

Key Data Points - Outcomes

Local risk factor data can help us **target efforts** and resources where they are most needed and **track progress**.

Cortland County Lead Poisoning Risk Factors

Figure 13. Percentage of CHA Survey respondents with children under 6 years old that reported their home was built before 1970 by Household Income & Insurance (Cortland County, 2022)



29.1%

of Cortland County Community Health Assessment **survey respondents who are on Medicaid insurance** and have children under 6 years old at home **did not know their age of their home**. Compared to only 8.7% of survey respondents on another type of insurance.



Lead Poisoning
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Community Photovoice

Photos and captions were collected from Cortland County community members that have been personally impacted by lead poisoning.



“

Circa 1830 - 192 years of history.
How many other children lived here
and how many parents worried
about lead testing?



“

I should close the blinds so the
little one doesn't have the
ability to touch the windowsills.

Community Photovoice

Photos and captions were collected from Cortland County community members that have been personally impacted by lead poisoning.

*"Maybe you went to the doctor and your kid had a high lead level, but even then – oh, you have high lead levels, oh your house has lead paint chipping – **then what?** Then what happens after that? **You need to repaint**, and like you said, **that's a lot of money**, and that wouldn't be anything near a budget for my household.*

-Community Member Focus Group Participant



Lead Poisoning
607-753-5036

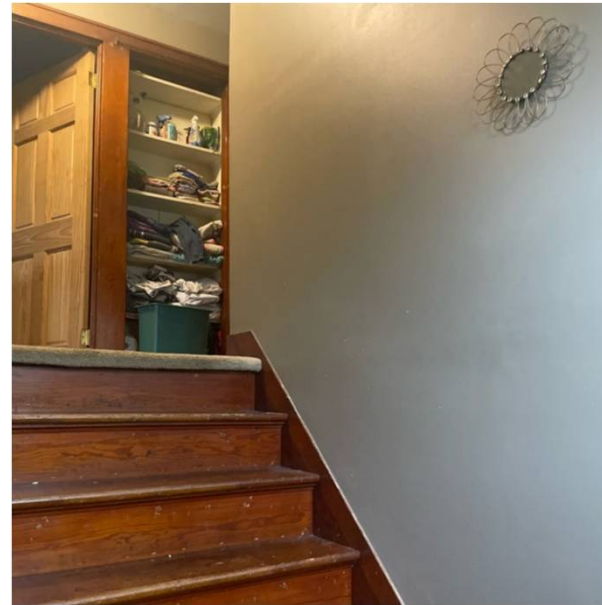
Community Photovoice

Photos and captions were collected from Cortland County community members that have been personally impacted by lead poisoning.



“

Porch rules are to sit and relax...(and wonder how much alligator paint you can see chipping)



“

The photo in the staircase was the remodeling that spiked my son's lead levels. Under the drywall and paint, we didn't realize was lead paint. Even with plastic draping, lead dust floated up into the open door at the top of the stairs into my son's nursery

Community Photovoice

Photos and captions were collected from Cortland County community members that have been personally impacted by lead poisoning.

*"I'm more of a hands-on person. I'm like, sure, I'll give this a try. If I messed up, **what's the worst that'll happen?** I'll call someone to help me. But you don't have that knowledge of knowing – taking dryw all out – **I should test for lead. I wouldn't think that a lot of people would know to do that.**"*

- Community Member Focus Group Participant



Lead Poisoning
607-753-5036

Community Photovoice

Photos and captions were collected from Cortland County community members that have been personally impacted by lead poisoning.



“

The photo of the hole in the wall was from our home dubbed “the lead house.” Every surface was covered with lead paint or lead dust from being improperly updated. After fixing the hole, it was the safest our house was while we lived there. My son’s lead level went up to 27.



“

The photo under the rug shows some of the original wallpaper that covered most of the house. When we remodeled we realized this was the closest thing protecting us from lead paint. We don’t remove the rug so we don’t have to worry if lead seeps through the wallpaper.

Community Photovoice

Photos and captions were collected from Cortland County community members that have been personally impacted by lead poisoning.

“The feeling of – what didn’t I do right or why is it [lead level] so high?[...] I could only imagine how scary it is to know that somebody, their child, is at [lead level] 27 [...] the higher the worse the damage might be, and how scary that is for a family.”

- Community Member Focus Group Participant



Lead Poisoning
607-753-5036

Take Action



Exposure to lead can seriously harm a child's health. Lead poisoning **can cause damage to the brain and nervous system**, causing lifelong health problems and economic impacts.

The lead poisoning prevention program in Cortland County is funded for education and to address the problem after a child already has lead poisoning. Additional action must be taken to prevent lead poisoning in children before it occurs.

Landlords



- Landlords must **disclose lead based paint hazards** to renters of housing built before 1978.
- Be responsive to tenant concerns related to lead paint exposure and conduct necessary repairs.
- Ensure any renovations or repairs to the home are done by an EPA certified contractor.

Community Leaders



- **Advocate for expansion and identification of funding sources so childhood lead poisoning can be prevented in Cortland County before it occurs.**
- **Provide landlords and other homeowners with the financial resources needed to make their properties lead safe.**

Healthcare Providers



- Provide anticipatory guidance to parents and children as part of routine care (i.e. how lead poisoning can be a danger for every child)
- Test all children at ages 1 and 2 with a blood lead test.
- Give parents test results and explain the meaning of the result.

Caregivers



- **If you have a home built before 1978** - keep your child away from peeling paint, plaster, or any remodeling/renovation sites.
- **If you don't know how old your home is** - find out as soon as possible so you can understand the risks to your child.
- **Get your child tested for lead poisoning** at ages 1 and 2.



RECEIVED
NOV 27 2023

CORTLAND COUNTY
PERSONNEL SERVICE

Personnel Change Justification Form

Requested Change: ☐ Abolish/Create ☐ Reallocation ☐ Abolish ☒ Create

Position Name (s): Create Public Health Engineer-Per diem Abolish _____

Bargaining Unit: CSEA

Purpose and Background:

This work involves responsibility for applying engineering principles and practices to detect, evaluate, control and manage, engineering aspects of the environment affecting public health. This position will work with public officials or individuals regarding public health engineering matters including promoting public health through application of environmental health practices, and enforcing the provisions of State and local health regulations. A Public Health Engineer is a requirement for local health departments through the Public Health Law-Volume A (Title 10), Part 11 and NYS Sanitary Code parts 5, 6, 7, 14 and 17. The need for this position will be on 1/1/2024, due to the retirement of the current Environmental Health Director.

Fiscal Impact: ☒ County Funded 14 % ☒ Grant Funded 50/36 A6 % Grant Exp. Date ongoing - Article 6/DWEGrant

Current Grade/Salary of Position: Grade 28 Salary Range \$ (2024) 37,2145-47,1041

Requested Grade/Salary of Position: Grade _____ Salary Range \$ _____

Annual Increase: \$ union contract County Share: \$ 6,500 # of Positions Affected: 1

Goals:

- Monitors the Public Water Supply Program to ensure compliance with state and local sanitary codes, including conduction facility inspections/sanitary surveys.
- Performs engineering analysis and mapping of facilities to evaluate compliance with federal, state and local requirements
- Consults with representatives of federal, state and local agencies regarding cooperative environmental health projects and engineering problems.
- Reviews subdivision plans and public sewer system improvement plans to determine compliance with state environmental health standards

Operational Impact:

This is due to the upcoming retirement of the current EH Director in December, the date of retirement was unknown at the time of 2024 budget approval. We have a succession plan in place for the next EH director, but this person is not a engineer. The EH director does not need to be an engineer, but we need to either have one on staff or contract with one, this is required by Public Health Law. By having this position created it would be less money than a contract would be and we would not have to ask for any additional funding in the already passed 2024 budget. In order to not have a laspe in services requiring public health engineering, we would like this position to begin 1/1/2024.

Requested By: Nicole Anjeski Digitally signed by Nicole Anjeski
Date: 2023.11.21 08:14:15 -05'00'
Signature of Requesting Department Head
11/20/2023
Date

Personnel Officer Approval: Louise Zeman
Signature of Personnel Officer
11/21/2023
Date

County Administrator Budget Impact Statement:

County Administrator Approval: [Signature]
Signature of County Administrator
11/27/2023
Date

Statutory Committee Approval: _____
Signature of Committee Chair after Committee Vote

Date

Attachment: PH Engineer (11844 : Create Public Health Engineer)

A. Contact Information

Emily Parker, Director of Marketing & Development
Alcohol and Drug Council of Tompkins County, Inc.
201 East Green Street, Ithaca, NY 14850
eparker@alcoholdrugcouncil.org
Cell: 607-342-4495
Business Phone: 607-274-6288
Business Fax: 607-274-6280

B. Project Specifications, Scope of Work, Timeline

Alcohol and Drug Council of Tompkins County's leadership has invested tremendous time and resources in developing a much-needed regional Open Access Detox & Stabilization Center that will serve the people of Tompkins, Cortland and surrounding counties with a combination of vital healthcare services that currently does not exist here. Driven by COVID, we have seen the rate of substance abuse increase, making this facility an especially valuable and timely resource. This center will close the gap in the continuum of care, essential to offering members of our communities with substance use disorders the best possible hope for prevention, harm reduction, treatment and recovery.

The center, located at 2353 North Triphammer Road in Ithaca, NY on a TCAT bus route, will offer a safe, accessible and stigma-free environment for people with substance use disorders to seek help whenever they are ready - at any time of the day or night. Trained clinical and medical staff will work with each person to choose the level of care that best meets their needs. Peer advocates and human service agency partners will also help support a spectrum of care along the path to greater wellness, as we work together to offer people self-directed, trauma-informed care and resources.

At this new center, there will be three levels of care:

**1. OPEN ACCESS SERVICES – Currently open M-F 8:30am - 4:00pm.
Scheduled to open 24/7 in December 2023**

- Walk-in access to:
 - Free NARCAN kits and Fentanyl test strips
 - Certified Recovery Peer Advocate (CRPA) services
 - Substance use assessments, and referrals to a variety of services
 - Basic medical exams and health assessments
 - Medication Assisted Treatment
 - Food, clothing, showers, and a short-term safe space to rest
 - Transportation to and from care, as available

2. DETOX – INPATIENT – Scheduled to open in December 2023

- Mild to moderate medically-supervised withdrawal
- Medication Assisted Treatment
- Typically 3-5 day stays, as long as 10 days

3. STABILIZATION – RESIDENTIAL – Currently operating

- Mild medically-supervised withdrawal
- Medication Assisted Treatment
- Engagement in individualized programming to support life skills, long-term addiction management and wellness
- Typically 4 week stays, as long as 60 days

By reducing the incidence of drug-related incarceration and unnecessary emergency hospital stays, the center will also serve our region in a much broader, very significant economic and human service sense.

The Council has itself secured more than \$15 million in capital and non-capital funding through the NYS Department of Health (DOH), the NYS Office of Addiction Services and Supports (OASAS), Care Compass Network, and Tompkins County to directly support this very significant project. This funding represents the vast majority of the investment required to develop and launch this important regional resource.

While our existing grant funding has primarily supported the purchase and renovations of the facility, additional financial resources are required to close the gaps in start-up and operational funding. Therefore, we are submitting this request for \$100,000 in funding for:

- A Credentialed Alcoholism and Substance Abuse Counselor (CASAC) (includes salary + fringe benefits) who will serve as liaison to designated representatives from Cortland County - \$65,625
- General operating support - \$34,375

C. Project Budget

Opioid Settlement Funds

CASAC (1 FTE)	\$	52,500
Fringe (25%)	\$	13,125
Sub-total - Personnel Costs	\$	65,625
Operating Expenses	\$	34,375
Total	\$	100,000

D. Operating License

Attached

State of New York

Office of Addiction Services and Supports

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

Alcohol and Drug Council of Tompkins County, Inc.

is hereby granted this

ADDICTION SERVICES

OPERATING CERTIFICATE

authorizing the operation of Addiction Services, in compliance with the requirements of 14 NYCRR Parts 800 and 814 and the laws and regulations of the State of New York

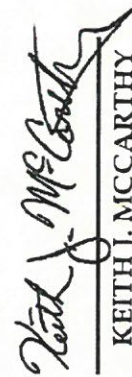
Site

5th Floor
Suite 500
201 East Green Street
Ithaca, New York
14850 -5635

Program Name(s) Service(s)

Part 822 Outpatient Services with Telehealth Designation




KEITH J. MCCARTHY

ASSOCIATE COMMISSIONER

250810653

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE:

September 1, 2022

ANTICIPATED RECERT REVIEW:

August 31, 2025

E. NYS Certificate of Authority to do Business in New York State

See Operating License Attachment from Section D

F. Proof of Signatory 50% Ownership

NA – Organization is a 501(c)3 non-profit corporation. Our signatory here is Stacy Cangelosi, Interim Executive Director.

G. References

Harmony Ayers-Friedlander

Deputy Commissioner of Mental Health
Tompkins County Whole Health
201 East Green Street, Ithaca, NY 14850
hayers@tompkins-co.org
(607) 274-6200

Jessica Janssen

Chief Executive Officer
Cayuga Addiction Recovery Services
334 West State Street
Ithaca, NY 14850
jjanssen@cars.org
607-273-5500 Ext. 1020

Meredith DePol

Social Worker
Lehman Alternative Community School
111 Chestnut Street, Ithaca, NY
mdepol@icsd.k12.ny.us
607-274-2183

H. Information on any current or pending litigation

NA – no current or pending litigation

I. Current W-9

Attached

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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

Alcohol and Drug Council of Tompkins County, Inc.

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ►

501(c)(3) Not For Profit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

201 E. Green St., Suite 500

6 City, state, and ZIP code

Ithaca, NY 14850

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

1 6 - 0 9 0 6 0 2 4

Part II Certification

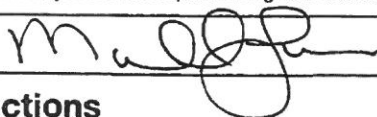
Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►



Date ►

8/9/22

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

J. Proof of Insurance

Attached

K. Copy of MWBE Certification

NA



ALCOAND-02

CDUNCAN

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 10/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER OneGroup NY, Inc. 706 N. Clinton St. Syracuse, NY 13204	CONTACT NAME: PHONE (A/C, No, Ext): (315) 457-1830 E-MAIL ADDRESS: cduncan@onegroup.com FAX (A/C, No): (315) 457-7902																					
INSURED Alcohol And Drug Council Of Tompkins County Inc 201 E Green Street Ithaca, NY 14850	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A :</td><td>Ace American Insurance Co.</td><td>22667</td></tr> <tr> <td>INSURER B :</td><td>Selective Insurance Co. of America</td><td>12572</td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Ace American Insurance Co.	22667	INSURER B :	Selective Insurance Co. of America	12572	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER D :																						
INSURER E :																						
INSURER F :																						

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:	X		OGLG25509857	5/24/2023	4/24/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			S 2153870	4/24/2023	4/24/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			OGL G2550981A001	5/24/2023	4/24/2024	1,000,000 3,000,000
B	Employment Practices			MY 102035700	5/15/2023	5/15/2024	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Cortland County Legislature is listed as additional insured as per written contract or agreement

CERTIFICATE HOLDER

CANCELLATION

Cortland County Legislature
 Savannah Hempstead- Clerk of Legislature
 60 Central Avenue Room 306
 Cortland, NY 13045

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

 AUTHORIZED REPRESENTATIVE

**EXHIBIT A – ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH
STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS (APPENDIX A)**

I hereby acknowledge that I have read, understand and agree to comply with the terms as outlined in Appendix A – Standard Clauses for New York State Contracts. Failure to comply may result in immediate termination of this agreement with potential legal recourse by the County.

Signed: Atay Camaglosi m.k.

Date: 10/25/23

Title: Interim Executive Director

EXHIBIT B – DRUG FREE WORKPLACE

Whenever two or more Bids which are equal with respect to price, quality and service are received by the State or by any political subdivisions for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing the Bids will be followed if none of the tied vendors have a drug free workplace process. In order to have a drug-free workplace program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in Subsection (1).
- 4) In the statement specified in Subsection (1), notify that employees, that, as a condition of working of the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employee of any conviction of, or plea of guilty or nolo contendere to, any violation of any controlled substance law in the United States or any state or Cortland County, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies with the above requirements.

Print Name: Stacy Cangelosi Date: 10/25/23

Signature:  Title: Interim Executive Director

**EXHIBIT C - NON COLLUSIVE BIDDING CERTIFICATE REQUIRED BY
SECTION 139-D OF THE STATE FINANCE LAW**

Section 139D, Statement of Non-Collusion in bids to the State:

By submission of this bid, bidder and each person signing on behalf of bidder certifies, and in the case of joint bid, each party thereto certifies as its own organization, under penalty of perjury, that to the best of his/her knowledge, and belief:

- 1) The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other bidder or with any other competitor;
- 2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- 3) No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting completion.

A Bid shall not be considered for award nor shall any award be made where 1, 2, 3 above have not been complied with; provided however, that if in any case, the bidder(s) cannot make the foregoing certification, the bidder shall so state and shall furnish below a signed statement which sets forth in detail the reasons therefore:

(Affix addendum to this page if space is required for statement.)

Subscribed to me under penalty of perjury under the laws of the State of New York, this 25th day of October, 2023 as the act and deed of said corporation of partnership or sole proprietor.

If Bidders are a Partnership, complete the Following:

Names of Partners or Principals

Legal Residence

If Bidders are a corporation, complete the following:

Name

Michelle Flinn

President

Stephen Kimball

Vice President

Allison Graffin

Secretary

Alex Remizowski

Treasurer

Legal Residence

230 Sydney Terrace

Newfield, NY 14867

2332 State Route 90

Aurora, NY 13026

4564 Trout Lily Circle

Montour Falls, NY 14865

133 Snyder Hill Road, Apt. B

Ithaca, NY 14850

Identifying Data:

Potential Contractor: Alcohol and Drug Council of Tompkins County, Inc.Address: 201 East Green Street, Ithaca, NY 14850Telephone #: 607-274-6288Title: Stacy Cangelosi, Interim Executive DirectorE-Mail Address: scangelosi@alcoholdrugcouncil.org

If applicable, Responsible Corporate Officer

Name: Stacy CangelosiTitle: Interim Executive DirectorSignature: Stacy Cangelosi m.ile

Joint or combined bids by companies or firms must be certified by each participant.

Legal name of person or firmLegal name of person or firmNameNameTitleTitleAddressAddress

EXHIBIT D - CONFLICT OF INTEREST DISCLOSURE

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the nominator(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the contract. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from bidding and/or contracting.

Date: 10/25/23

Name: Stacy Cangelosi

Position: Interim Executive Director

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

☒ I have no conflict of interest to report.

☐ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. _____
2. _____
3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature:

Stacy Cangelosi MJD

Company: Alcohol and Drug Council of Tompkins County, Inc.

Date: 10/25/23

EXHIBIT E**PRIVACY AND SECURITY (HIPAA)**

The purpose of this clause is to set forth the requirements for privacy and security of protected health information ("PHI") mandated by 45 CFR Part 164 as they apply to the services provided by CONTRACTOR on behalf of COUNTY.

- (A) CONTRACTOR understands the importance of the privacy of a patient's PHI, and agrees to protect that right to the extent necessary under this Agreement and under current federal, state, and local regulations and laws. All PHI will be handled in a private and/or confidential manner. For purposes of this Agreement, PHI is any data or other information as defined by the Department of Health and Human Services in the Code of Federal Regulations, 45 CFR §164.501.
- (B) Further, CONTRACTOR understands that County's patients are intended third-party beneficiaries of this Agreement, and have all the rights and privileges of any third-party beneficiary under current law.
- (C) Uses and disclosures of PHI that are permitted are those necessary in order for CONTRACTOR to:
 - 1. Properly manage and administer its functions.
 - 2. Meet its legal responsibilities.
 - 3. Provide data aggregation services relating to the health care operations of the COUNTY.
 - 4. Make those disclosures required by law such as in situations of abuse, neglect, or domestic violence. The uses and disclosures permitted are limited to the PHI necessary to meet the requirements of the law that compels the use or disclosure.
 - 5. Make disclosures in response to a judicial or administrative proceeding through a lawful process such as a subpoena or discovery request.
- (D) The uses and disclosures of PHI that are required are those disclosures necessary:
 - 1. For patients to review their PHI.
 - 2. To provide an accounting of disclosures in accordance with 45 CFR §164.528.
 - 3. To allow the Secretary of Health and Human Services to determine County's compliance with 45 CFR §164.504.
- (E) CONTRACTOR shall make the following assurances to COUNTY:
 - 1. CONTRACTOR agrees that it shall not use or disclose any patient's PHI for any purpose not expressly stated in this Agreement. Further, CONTRACTOR shall not use or disclose PHI in any manner or context prohibited by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and subsequent federal, state, and local

9. At the termination of this Agreement, CONTRACTOR shall return or destroy to the satisfaction of COUNTY any PHI held or maintained by CONTRACTOR and retain no copies of such information. If COUNTY and CONTRACTOR mutually agree that returning or destroying the PHI is not feasible or permitted under law, the PHI will remain protected after this agreement ends for as long as CONTRACTOR maintains the information. Further uses or disclosures of the PHI will be limited to those purposes that make the return or destruction infeasible.
- (F) If COUNTY determines CONTRACTOR has violated any of the above assurances, covenants or terms, the CONTRACTOR has committed a material breach of this Agreement. COUNTY may then provide CONTRACTOR with an opportunity to cure the breach or may terminate this Agreement and may report the violations to the Department of Health and Human Services ("HHS") or other federal or state entity for possible prosecution or sanctions.
- (G) Both parties to this agreement agree that they will protect the integrity and confidentiality of any PHI being shared electronically.
- (H) CONTRACTOR hereby gives COUNTY and the Department of Health and Human Services (or an agent acting on behalf of HHS) the express right to inspect any and all internal practices, books, and records relating to the use or disclosure of PHI by CONTRACTOR. If HHS suspects an unauthorized use or disclosure of PHI by CONTRACTOR, HHS is authorized to pursue an investigation into CONTRACTOR's activities for the purposes of determining whether an unauthorized use or disclosure of PHI has taken place.
- (I) CONTRACTOR may have policies and procedures relating to privacy and security in place prior to the commencement of this Agreement. If, after reasonable investigation, COUNTY concludes CONTRACTOR's policies and procedures to be "adequate" protection of a patient's privacy rights relating to PHI, CONTRACTOR may elect to continue to use its own policies and procedures. The term "adequate" in this clause means CONTRACTOR's policies and procedures meet the minimum privacy and security standards as set forth in COUNTY's privacy and security policies and procedures.
- (J) COUNTY, through the appropriate Department will:
1. provide CONTRACTOR with its Privacy Notice;
 2. provide CONTRACTOR with any changes in, or revocation of, permission by a patient to use or disclose PHI, if such changes affect CONTRACTOR's permitted or required uses or disclosures; and
 3. notify CONTRACTOR of any restriction to the use or disclosure of PHI to which the COUNTY has agreed.

regulations. If CONTRACTOR does use or disclose PHI for a purpose not expressly stated in this Agreement, it shall immediately cease the unauthorized use or disclosure, and shall notify COUNTY in writing of such use or disclosure. CONTRACTOR agrees to mitigate, to the extent practicable, any harmful effect known to it of a use or disclosure of PHI not allowed under this Agreement.

2. CONTRACTOR further agrees that any sub-contractors or other persons or entities not directly employed by CONTRACTOR who use or disclose PHI obtained from COUNTY, shall abide by terms of this clause of this Agreement. Any sub-contractor or other person or entity not directly employed by CONTRACTOR that has used or disclosed PHI without proper authorization (as defined in HIPAA and subsequent federal, state, and local regulations) shall be considered to have acted as an agent of CONTRACTOR, and have violated the terms of this Agreement. COUNTY may consider this use or disclosure a material breach of this Agreement.
3. By signing this Agreement, CONTRACTOR is assuring COUNTY it has met the minimum safeguards necessary to protect unauthorized use or disclosure of PHI to any person or entity not party to this Agreement. Such safeguards shall include the security safeguards outlined by the 1996 Health Insurance Portability and Accountability Act and subsequent federal regulation, including: physical access to PHI, technical access to PHI, and administrative policies and procedures addressing security of PHI.
4. Provider shall report to COUNTY any instance or circumstance in which PHI has been used or disclosed by an unauthorized person or entity, including accidental disclosure by CONTRACTOR. CONTRACTOR shall notify COUNTY in writing of any steps or procedural changes made to address the unauthorized use or disclosure.
5. Should COUNTY find PHI used or disclosed to CONTRACTOR to be inaccurate or incomplete, CONTRACTOR shall incorporate any amendments or corrections to the PHI at COUNTY's request.
6. CONTRACTOR will make PHI available to the individual who is the subject of the PHI for amendment. Such requests by the individual for their PHI from CONTRACTOR will be made through County. CONTRACTOR will incorporate any amendments to PHI that have been made by COUNTY by virtue of the individual's request for amendment.
7. CONTRACTOR will provide a timely accounting to the individual or to COUNTY, if requested by either, of the disclosures of an individual's PHI.
8. Should CONTRACTOR make any material alterations to the PHI while the PHI is in its possession, CONTRACTOR shall notify COUNTY of such alterations so that COUNTY may inform the patient who is the subject of the PHI.

- (K) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information (ePHI) that it creates, receives, maintains, or transmits on behalf of Cortland County.
- (L) Ensure that any agent, including a subcontractor, to whom Contractor provides ePHI agrees to implement reasonable and appropriate safeguards to protect this information.
- (M) Report to Security Officer of Cortland County any security incidents of which it becomes aware. (A security incident is defined as the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.)

EXHIBIT F – QUALIFICATION QUESTIONNAIRE

All vendors must complete this questionnaire in order to be included in the evaluation of the proposals. The information supplied will enable the County to determine whether or not the vendor has adequate personnel and facilities to properly perform the work.

1. Facility Name and Physical Address: Alcohol and Drug Council of Tompkins County, Inc. Inc.
201 East Green Street, Ithaca NY 14850
2. Normal Operating Hours: 24/7 Inpatient Addiction Treatment
 - a. Weekdays _____ am to _____ pm
 - b. Saturdays _____ am to _____ pm
 - c. Sundays _____ am to _____ pm
 - d. Holidays _____ am to _____ pm
3. Number of Years in Business: 58 Years
4. Firm History (attach additional pages as necessary): For 58 years, ADC has been providing information, referrals and treatment for people with alcohol and drug addiction
5. Number of employees on your payroll: 45
6. Do any of your employees have any other special certifications or rating? Yes / No
If yes, specify: CRPA, CASAC, MD, RN, LPN, PA, NP, LCSW, MSW
7. Do you have any special equipment that is available to service the County RFP? Yes / No
If yes, specify: Medical, therapeutic and computer equipment
8. What is the overall size of your facility? Our Open Access Detox & Stabilization Center is 19,000 sq.ft
9. Do you have a locked, fenced and secured storage area? Yes / No
10. How far in advance must appointments be scheduled? Currently, at least 24 hours
11. In case of emergency, will you accommodate the County with same day services when possible?
Yes / No
12. Shop Distance from 60 Central Avenue, Cortland, NY 21 miles

In submitting this proposal, it is understood that the unrestricted right is reserved by the County in making the award to reject any and all proposals or parts thereof, or to waive any informalities or technicalities in said bids. The undersigned hereby certifies that this bid is genuine, and not a sham or collusive, or made in the interest or in behalf of any person, firm or corporation not herein named; that the undersigned has not directly or indirectly induced or solicited any bidder to refrain from bidding, and that the undersigned has it, in any manner, sought by collusion to secure for himself and advantage over any another bidder.

Stacy Cangelosi

PRINT NAME

Stacy Cangelosi Mike

SIGNATURE (Must be 50% Company Owner)

Interim Executive Director

TITLE

10/25/23

DATE

R. Other Information

Attached - Images of the Open Access Detox and Stabilization Center





Attachment: ADC OSF Request for Funding - Cortland County (11867 : Award Bid/Authorize Agreement for Use of Opioid Reserve Funds -





C.A.R.P. Opioid Settlement Fund Request

Contact information

Alex Mikowski, MSW, Director of Access To Independence of Cortland County
26 N Main St, Cortland, NY 13045

ATI will serve as the fiscal sponsor for the Cortland Area Recovery Project (C.A.R.P.), a Recovery Community Organization (RCO). The C.A.R.P. contact is Valerie Partridge, a lead volunteer with the RCO (vpartridge35@gmail.com). Ms. Partridge is the Program Manager of Peer Services at Catholic Charities.

What will the funding be used for?

The funding will be the primary source of funds to develop the Cortland Area Recovery Project (C.A.R.P.), a growing Recovery Community Organization (RCO), into becoming a strong, independent organization encouraging, supporting and enabling the recovery community in Cortland County. Currently, a formal recovery organization created and led by peers for individuals on the path to healing that addresses, for instance, an opioid addiction, is lacking in the county. This funding will play a key role in building a solid foundation, increasing participation of recovery community members, and equipping the RCO with the needed tools to pursue more sustainable funding in the next 1 to 2 years.

According to **Friends of Recovery New York**, Recovery Community Organizations (RCOs) are independent, non-profit organizations started and maintained by local recovery allies. Allies may be people in long-term recovery, their families and friends, recovery-focused professionals or simply concerned citizens with an interest in providing support. One of the ultimate RCO goals is the fostering of a safe, supportive and engaging place for individuals on the road to recovery to gather for shared interests, mutual education and individual growth.

This funding, if awarded, would be used for the following purposes:

- To become a 501(c)3 non-profit organization - a requirement for SAMHSA funding for Recovery Community Organizations
- To offer the community regular recovery focused programming (including weekly Drop In evening hours, large scale events and peer support)
- To promote the program and recovery-friendly activities through marketing and promotions
- To support the capacity and skills of people in recovery through supporting local recovery leaders in attending the NYS Recovery Conference and other trainings such as to become Certified Recovery Peer Advocates

Presently, the group has been meeting weekly at **Access To Independence of Cortland County** and is exploring other spaces that are more conducive to Drop In social time. As part of this request, the group is proposing to use a county space (permission to use the Age Well Center has been granted) for regular, once a week business and social hours from 5:30-7:00 pm. This will allow people in recovery to have a place where they can safely and comfortably connect with others on a similar journey, outside of the traditional treatment / service setting. The group will periodically solicit input from people in recovery to plan programming to ensure these offerings are fully responsive to the needs of the people it is seeking to serve.

With this grant funding, C.A.R.P. plans to sponsor the following activities which will include: social hours, group meals/ potlucks, group fishing & river clean-ups, hikes/ walks, and family friendly activities. The group will also partner with local, regional and state-wide groups to host educational and training opportunities. The group will also be engaged in other community efforts and multiple members are actively engaged in the **Healing Cortland** project and its Lived Experience Workgroup.

These activities and trainings will build upon the successful 9-hour **Our Stories Have Power: Recovery Messaging Training**, facilitated by Friends of Recovery New York that C.A.R.P. help bring to Cortland in June 2023, in which 6 people participated. The group also actively promoted the SMART Recovery Support Meetings, led by a trained facilitator with **Prevention Network of CNY**, held for approximately 6 months at the Cortland Free Library.

These Opioid Settlement Funds will, in addition, cover the cost of printed materials, social media advertising, other advertising/promotions to broadcast news and information about programming and to raise awareness about recovery.

Lastly, this funding will support professional development to enhance the peer workforce in Cortland County. This September two C.A.R.P. members received scholarships and attended the **NYS Recovery Conference**. This was a very positive and inspiring experience, and we hope to send 2-4 members in 2024 & 2025. The conference is outside of Albany and therefore this funding will cover registration, hotel and travel. The group will also provide scholarships to individuals seeking to do the training to become a Certified Peer Recovery Advocate (CRPA) and who need to complete Continuing Education credits to maintain this certification.

What is the perceived impact of the project?

This project fills an important gap in the community. Currently, there is limited recovery support in the community. Outside of a few agencies, such as Catholic Charities or local treatment providers, or local AA / NA groups, there is no formal, connected recovery community. This project is inspired by the successful RCO in Cayuga County, **Nick's Ride 4 Friends**, and seeks

to create a similar place where people in recovery and recovery allies can connect and take advantage of social, recreational and other support.

This seed funding will allow the Cortland Area Recovery Project (C.A.R.P.) to formalize itself and become a 501(c)3 non-profit. **This is critical because RCO's must be independent organizations in order to qualify for SAMHSA federal funding.** The SAMHSA Building Recovery Communities Grant is forecasted to be released in August 2024 and is an annual grant. This group plans to apply in 2024 or 2025, as soon as it meets the eligibility criteria. Currently, the group is receiving limited support from **Access To Independence of Cortland County** which is providing a small conference room in their facility for C.A.R.P. meetings and providing some minimal staff support.



C.A.R.P. hosted its first annual **Recovery Fest** as part of Recovery Month in September. Despite the rainy day, over 70 people attended. Weekly C.A.R.P. meeting attendance average 8-12 people. In 2024, we expect with Opioid Settlement Funds to have regular attendance of 15-20 people and engage 200 unique individuals through our programming and activities. We also plan to reach 10,000 people through marketing and outreach efforts, including using social media.



How will the project benefit the community?

The Cortland Area Recovery Project (C.A.R.P.) fills an important gap in the community, providing people in recovery with social activities and opportunities for meaningful engagement in the community. C.A.R.P. strives to change negative perceptions associated with substance use disorder and recovery. These actions directly support positive health outcomes for people in recovery and make it more likely for people who are struggling with problematic substance use to seek help. According to the National Survey on Drug Use and Health, in 2021, 94% of people aged 12 or older with a substance use disorder did not receive any treatment. This project will work to address this issue by providing other channels for conversations with individuals wanting to embrace a path to recovery. Recovery support plays an essential role for people with substance use disorder (SUD) for them to maintain their overall health and wellness.

An award of Opioid Settlement Funds will help C.A.R.P. create opportunities for hope. According to SAMHSA, “Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person’s recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.” The Cortland Area Recovery Project will work to create a recovery-friendly community ensuring that those in recovery are supported and have the best chance of success.



We know recovery is possible!



*A photograph from an upcoming local exhibit of portraits and stories of those who have been touched by addiction and recovery that is supported by C.A.R.P.
Photographed here is Michael, one of the volunteers with C.A.R.P.*

What amount are you requesting?

Cortland Area Recovery Project OSF Budget				
	Year 1		Year 2	
Contracts	\$5,000	Fees associated with becoming a 501c3 and grant writing for SAMHSA funding	\$0.00	
Supplies / Printed Materials	\$2,000	General office and program supplies	\$1,000.00	General office and program supplies
Technology	\$2,500	Purchase of technology to support RCO activities and meetings (laptop, phone, hybrid meeting & other tech needs)	\$1,000.00	Technology needs
Marketing	\$2,000	Development of a logo, website, other promotional items	\$500.00	Promotions & promotional items
Rent	\$1,000	Space rental for larger community events	\$1,000.00	Space rental for larger community events
Stipends	\$4,000	Stipend for RCO admin responsibilities, Stipend for event planner, Stipend for community outreach lead	\$3,000.00	Stipend for RCO admin responsibilities, Stipend for event planner, Stipend for community outreach lead
Training / Conference / Travel	\$2,000	Travel to/ Registration/ hotel for NYS Recovery Conference, other regional trainings for RCO members, CRPA training	\$2,000.00	Travel to/ Registration/ hotel for NYS Recovery Conference, other regional trainings for RCO members
County Staff Time	\$5,000	To open & close Age Well Center or similar location	\$5,000.00	To open & close Age Well Center or similar location
Admin (10%)	\$2,350		\$1,350.00	
TOTAL	\$25,850		\$14,850.00	
TOTAL REQUEST (Y1&Y2)	\$40,700			

Are there other grants available to fund this project?

There is currently no specific funding for new Recovery Community Organizations (RCO)s. We are not yet eligible for the annual SAMHSA Building Recovery Communities Grant.

Have you applied for any grants to fund this project?

We recently applied to the Central Region Addiction Resource Center for a Mini-Grant of \$500 to fund fishing equipment and supplies as group fishing is one of the activities that the group is supporting.

Scope of Work

This funding, if awarded, would be used for the following purposes:

- To become a 501(c)3 non-profit organization - a requirement for SAMHSA funding for Recovery Community Organizations
- To offer the community regular recovery focused programming (including weekly Drop In evening hours, large scale events and peer support)
- To promote the program and recovery-friendly activities through marketing and promotions
- To support the capacity and skills of people in recovery through supporting local recovery leaders in attending the NYS Recovery Conference and other trainings such as to become Certified Recovery Peer Advocates

Timeline

Year 1 Activities:

Quarter 1: Steps to formalize the organization and better engage the recovery community

- Complete a needs assessment on recovery supports
- Identify consultants to guide C.A.R.P. through next steps for forming a 501c3
- Enhance community awareness efforts through logo design, website, social media, etc.
- Hold once a week business/ social drop in hours at the new location

Quarter 2: Become a 501c3 and grow programming

- Launch new website, logo and communication outreach materials
- Develop plan for programming and begin implementation, including trainings and professional development offerings
- Work to finalize process to become a 501c3 independence non-profit organization

Quarter 3: Explore grant funding opportunities and Recovery Month events/ activities

- Prepare for 2024 SAMHSA Grant and other grant funding opportunities
- Organize activities as part of Recovery Month (September), including 2nd annual Recovery Fest (large, outdoor event)
- Continue implementing and evaluating regular programming and training

Quarter 4: Professional development and fund development priorities

- Send 2-4 people to the NYS Recovery Conference and increase participation in other professional development offerings
- Conduct Year 1 evaluation and based on findings plan for Year 2. Distribute findings and solicit feedback for Year 1 evaluation and Y2 plan.
- Develop a comprehensive plan for grant and other funds development campaign and execution

Year 2 Activities (2025):

Quarter 1: Plan programming for the year

- Prepare schedule for enhanced programming and promote to the community, including expanded business/ social drop in hours

Quarter 2: Fund development implementation

- Prepare for 2025 SAMHSA Building Communities of Recovery Grant
- Increase programming through making additional offerings available based on community input and attendance

Quarter 3: Sustainability planning and Recovery Month activities

- Organize activities as part of Recovery Month (September), including 3rd annual Recovery Fest
- Prepare for other grants and submit as they become available to achieve goal of becoming a sustainable, independent organization
- Continue regular programming and trainings

Quarter 4: Wrap-up

- Send 2-4 people to the NYS Recovery Conference and explore other training opportunities
- Year end evaluation (hours of operation, programming, training, participation), distribute findings and solicit feedback from participants
- Based on available resources, plan to expand activity and program options based on stakeholder input



One of the regular activities the group plans to do is group fishing since multiple members are avid fishermen and water stewards.

Executive Director

Alexandra Mikowski

Board of Directors

**Karlene Shafer,
Chair**

**Christina Taranto,
Vice-Chair**

**Kathleen Barnes,
Treasurer**

**Angela VanDeWeert,
Secretary**

Conni Bentley

Dorothy Dumond

Eden Harrington-Hall

Janet Oechsle

Melissa Potter

Lisa Pizzola

Michael Wells

October 31, 2023

To Cortland County Legislature

60 Central Ave Cortland NY 13045

From

Access To Independence of Cortland County

We are please to be apart of the application process for the opioid settlement funds.

C.A.R.P. Opioid Settlement Fund Request

Contact information

Alex Mikowski, Director of Access To Independence of Cortland County
26 N Main St, Cortland, NY 13045
607-753-7363- phone
607-756-4884- Fax

ATI will serve as the the fiscal sponsor for the Cortland Area Recovery Project (C.A.R.P.), a Recovery Community Organization (RCO). The C.A.R.P. contact is Valerie Partridge, a lead volunteer with the RCO (vp@partridge35@gmail.com). Ms. Partridge is the Program Manager of Peer Services at Catholic Charities.

If you have any questions or concerns feel free to reach out.

Thanks,
Alex



Alexandra Mikowski, MSW
Executive Director
(She/ Her pronouns)

26 North Main St.
Cortland, NY 13045
ph: 607-753-7363
fax: 607-756-4884

E-mail:
info@aticortland.org

Website:
www.aticortland.org



33-35 Central Avenue
Cortland, New York 13045

October 31, 2023.

Cortland County Legislature
Attn: Savannah Hempstead
60 Central Avenue
Cortland, NY 13045

Re: ATI proposal for Opioid Settlement Funds

Savannah,

We are pleased to provide a letter of support to Access to Independence to apply for funding from the Cortland County Opioid Settlement Funds to continue the work of the Cortland Area Recovery Project.

Catholic Charities of Cortland County (CCOCC) is a non-profit human service agency providing services in Cortland County since the 1970s. Services are targeted to those affected by mental health and substance use disorders, people living in poverty, and at-risk youth.

Care coordination, residential and housing services, peer supports services and emergency assistance are available. The agency was incorporated in 1925 as part of the larger seven county Catholic Charities of the Diocese of Syracuse, which includes Cortland, Broome, Onondaga, Oneida, Madison, Chenango, and Oswego Counties.

This opportunity from Access to Independence will enhance the existing recovery services available in the County and promote positive activities for those in recovery. We look forward to the continued success of the Cortland Area Recovery Project and the eventual establishment of a Recovery Community Organization.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy Lockwood".

Tim Lockwood
Executive Director



334 West State Street
 Ithaca, New York 14850
 Phone: 607-273-5500
 Fax: 607-273-1277

Cortland County Legislature
 60 Central Ave.
 Cortland, NY 13045

Dear Opioid Settlement Fund Committee:

We support the request by Access to Independence of Cortland County, on behalf of the Cortland Area Recovery Project (C.A.R.P.), for Opioid Settlement Funds. The intent of this funding is to address and reduce the impact of addiction and opioid use disorder in communities across New York, and we fully support the work C.A.R.P. is looking to do to increase recovery support in Cortland County. We understand that C.A.R.P. is receiving support from the Healing Cortland project and Access to Independence of Cortland County.

We believe having more recovery support will help our patients be more successful in their recovery journey.

Presently, CARS is actively working to open an Opioid Treatment Program at 6 Euclid Ave to bring Methadone to Cortland County. As a collaborative partner, CARS believes this resource will improve the outcomes for the patients we are working with and provide an additional resources to the community and our program.

Sincerely,

Jessica Janssen
 Jessica Janssen

THE MISSION STATEMENT OF CAYUGA ADDICTION RECOVERY SERVICES

Cayuga Addiction Recovery Services transforms lives and the community with flexible and inclusive person-centered treatment.



October 31, 2023

RE: Letter of Support

Syracuse Recovery Services is pleased to provide a letter of support to your organization to apply for funding from the Cortland County Opioid Settlement Funds to continue the work of the Cortland Area Recovery Project.

Syracuse Recovery Services is an outpatient clinic that provides people who use drugs support services to make healthier choices. These services include, individual and group therapy, medication assisted treatment, medication consultations, and medication management, as well as assessments. SRS continues to support everyone in and exploring recovery and aims to help people move forward through their struggles

This opportunity will use the support of the Access To Independence of Cortland County, Inc. (ATI Cortland) as the fiduciary. ATI Cortland will oversee the grant and ensure that the community group will follow the rules of the grant.

This group has been meeting at the ATI Cortland offices and has support from the staff and leadership. As ATI Cortland supports all people with disabilities this seems like a good way to launch a new community group.

We look forward to the continued success of the RCO.

Sincerely,

Megan Stiles, CASAC-AC

Executive Director

To whom it may concern,

October 31, 2023

I hope this letter finds you in good health and high spirits. I am writing to you today to advocate for the establishment of a recovery community organization in our community. The need for such an organization has become increasingly apparent as we witness the devastating impact of addiction on individuals, families, and our community as a whole.

Addiction is a complex and multifaceted issue that affects people from all walks of life. It not only takes a toll on the individuals struggling with substance abuse but also places a significant burden on their loved ones and the community at large. While treatment and rehabilitation programs play a vital role in helping individuals overcome addiction, a recovery community organization can provide the much-needed support and resources for sustained recovery.

One of the key reasons we need a recovery community organization is to address the long-term challenges faced by individuals in recovery. Recovery is a lifelong journey, and it requires ongoing support, guidance, and connection with others who have experienced similar struggles. By establishing a recovery community organization, we can create a safe and welcoming environment where individuals can find support, build meaningful relationships, and access resources that promote their continued recovery.

Additionally, a recovery community organization serves as a powerful advocacy and education platform. It can raise awareness about addiction, reduce stigma, and promote a more compassionate and understanding community. Through educational programs, workshops, and public events, we can empower individuals, families, and community members to better understand addiction as a treatable condition and support those in recovery.

Furthermore, a recovery community organization can play a crucial role in preventing relapse and reducing the likelihood of future addiction. By offering sober social activities, recreational events, and opportunities for personal growth, the organization can provide healthy alternatives to the risky behaviors often associated with addiction. It can also collaborate with local schools, healthcare providers, and law enforcement agencies to implement prevention initiatives and support early intervention efforts.

Lastly, a recovery community organization can have a profound economic impact on our community. By helping individuals in recovery maintain sobriety and rebuild their lives, we can increase the chances of them becoming productive members of society. This, in turn, can lead to reduced healthcare costs, decreased crime rates, and a stronger, more vibrant community overall.

In conclusion, the establishment of a recovery community organization is essential to address the ongoing needs of individuals in recovery, promote understanding and compassion, prevent relapse, and contribute to the well-being of our community. I urge you to consider supporting this initiative and help create a supportive and inclusive environment for those working towards a life free from addiction.

Sincerely,

Brandi McEwan



**EXHIBIT A – ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH
STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS (APPENDIX A)**

I hereby acknowledge that I have read, understand and agree to comply with the terms as outlined in Appendix A – Standard Clauses for New York State Contracts. Failure to comply may result in immediate termination of this agreement with potential legal recourse by the County.

Signed: Alexandra Mikoski

Date: 10-30-23

Title: Executive Director

EXHIBIT B – DRUG FREE WORKPLACE

Whenever two or more Bids which are equal with respect to price, quality and service are received by the State or by any political subdivisions for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing the Bids will be followed if none of the tied vendors have a drug free workplace process. In order to have a drug-free workplace program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in Subsection (1).
- 4) In the statement specified in Subsection (1), notify that employees, that, as a condition of working of the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employee of any conviction of, or plea of guilty or nolo contendere to, any violation of any controlled substance law in the United States or any state or Cortland County, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies with the above requirements.

Print Name: Alexandra Mikowski Date: 10-30-23
 Signature: Alexandra Mikowski Title: Executive Director

**EXHIBIT C - NON COLLUSIVE BIDDING CERTIFICATE REQUIRED BY
SECTION 139-D OF THE STATE FINANCE LAW**

Section 139D, Statement of Non-Collusion in bids to the State:

By submission of this bid, bidder and each person signing on behalf of bidder certifies, and in the case of joint bid, each party thereto certifies as its own organization, under penalty of perjury, that to the best of his/her knowledge, and belief:

- 1) The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other bidder or with any other competitor;
- 2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- 3) No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting completion.

A Bid shall not be considered for award nor shall any award be made where 1, 2, 3 above have not been complied with; provided however, that if in any case, the bidder(s) cannot make the foregoing certification, the bidder shall so state and shall furnish below a signed statement which sets forth in detail the reasons therefore:

(Affix addendum to this page if space is required for statement.)

Subscribed to me under penalty of perjury under the laws of the State of New York, this _____ day of _____, 20____ as the act and deed of said corporation of partnership or sole proprietor.

If Bidders are a Partnership, complete the Following:

Names of Partners or Principals

Legal Residence

Access To Independence
of Cortland County
Alexandra Milowski

26 N. Main ST Cortland N
98 Owego ST Cortland N

If Bidders are a corporation, complete the following:

Name

Legal Residence

President

Vice President

Secretary

Treasurer

EXHIBIT D - CONFLICT OF INTEREST DISCLOSURE**Conflict of Interest Disclosure Form**

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the nominator(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the contract. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from bidding and/or contracting.

Date: 10-31-23

Name: Alexandra Mikowds

Position: Executive Director

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

☐ I have no conflict of interest to report.

☒ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. I sit on the CCOCC, CSB and member of Cortland Elk
2. my husband is on AFS Panel is a licensed psychologist
3. We both are apart of the RCO

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: Alexandra Mikowds

Company: Access To Independence

Date: 10-31-23

Identifying Data:

Potential Contractor: _____

Address: _____

Telephone #: _____ Title: _____

E-Mail Address: _____

If applicable, Responsible Corporate Officer

Name: Alexandra Mikovsk Title: Executive DirectorSignature: Alexandra Mikovsk

Joint or combined bids by companies or firms must be certified by each participant.

Legal name of person or firm_____
Legal name of person or firm_____
Name_____
Name_____
Title_____
Title_____
Address_____
Address

EXHIBIT F – QUALIFICATION QUESTIONNAIRE

All vendors must complete this questionnaire in order to be included in the evaluation of the proposals. The information supplied will enable the County to determine whether or not the vendor has adequate personnel and facilities to properly perform the work.

1. Facility Name and Physical Address: Access To Independence of Cortland
26 N. Main St Cortland NY
2. Normal Operating Hours:
 - a. Weekdays 8 am to 4 pm
 - b. Saturdays _____ am to _____ pm
 - c. Sundays _____ am to _____ pm
 - d. Holidays _____ am to _____ pm
3. Number of Years in Business: 24 years
4. Firm History (attach additional pages as necessary): started in 1987
as a committee
We are the Auditor
5. Number of employees on your payroll: 14
6. Do any of your employees have any other special certifications or rating? ☒ Yes ☐ No
If yes, specify: CRPA, MSW
7. Do you have any special equipment that is available to service the County RFP? ☒ Yes ☐ No
If yes, specify: accessibility equipment
8. What is the overall size of your facility? _____
9. Do you have a locked, fenced and secured storage area? Yes ☒ No ☐
10. How far in advance must appointments be scheduled? same day
11. In case of emergency, will you accommodate the County with same day services when possible?
☒ Yes ☐ No We are not an emergency service.
12. Shop Distance from 60 Central Avenue, Cortland, NY 1 mile

In submitting this proposal, it is understood that the unrestricted right is reserved by the County in making the award to reject any and all proposals or parts thereof, or to waive any informalities or technicalities in said bids. The undersigned hereby certifies that this bid is genuine, and not a sham or collusive, or made in the interest or in behalf of any person, firm or corporation not herein named; that the undersigned has not directly or indirectly induced or solicited any bidder to refrain from bidding, and that the undersigned has it, in any manner, sought by collusion to secure for himself and advantage over any another bidder.

Alexandra Mikowski
PRINT NAME

Alexandra Mikowski
SIGNATURE (Must be 50% Company Owner)

Executive Director
TITLE

10-31-23
DATE

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

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

Access To Independence of Cortland

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

26 N. Main Street

6 City, state, and ZIP code

Cortland, NY 13045

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

1 6 - 1 5 5 7 9 6 5

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ►

Alex. Michalski-Was

Date ►

6/06/2022

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-DIV (dividends, including those from stocks or mutual funds)

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

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/YY) **4.9.a**
10/31/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bailey Place Insurance 2 N. Main Street PO Box 10 Cortland NY 13045		CONTACT NAME: Paul Neske PHONE (A/C, No, Ext): (607) 756-2805 E-MAIL ADDRESS: pneske@baileyplace.com FAX (A/C, No): (607) 753-3742	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 23-24 MASTER **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			PHPK2498262	02/02/2023	02/02/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			PHPK2498262	02/02/2023	02/02/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			PHUB844097	02/02/2023	02/02/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			PHPK2498262	02/02/2023	02/02/2024	Each Occurrence \$ 1,000,000 Aggregate \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER County of Cortland 60 Central Avenue Cortland NY 13045		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Stephen D. Franco</i>	
---	--	---	--

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 161557965
ACCESS TO INDEPENDENCE OF CORTLAND
COUNTY INC
26 NORTH MAIN STREET
CORTLAND NY 13045

POLICYHOLDER ACCESS TO INDEPENDENCE OF CORTLAND COUNTY INC 26 NORTH MAIN STREET CORTLAND NY 13045		CERTIFICATE HOLDER COUNTY OF CORTLAND 60 CENTRAL AVE CORTLAND NY 13045	
POLICY NUMBER E2018 120-2	CERTIFICATE NUMBER 848439	POLICY PERIOD 03/12/2023 TO 03/12/2024	DATE 10/31/2023

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2018 120-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 932578322

Packet Pg. 77

ACCESS TO INDEPENDENCE OF CORTLAND COUNTY INC

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
 You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

SHELTERPOINT LIFE INSURANCE COMPANY
 1225 FRANKLIN AVENUE, STE 475
 GARDEN CITY, NY 11530

PHONE: 800-365-4999

Policy #: DBL358393

Effective From: 6/1/2023

To: 5/31/2024

☒ Statutory
 ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees Eligible Under New York State Disability Benefits Law

NYS Workers' Compensation Board
 Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

Paid Family Leave NOTICE OF COMPLIANCE

4.9.a

Paid Family
LeavePaid Family Leave insurance coverage provided by: SHELTERPOINT LIFE INSURANCE COMPANYCovering employees of: ACCESS TO INDEPENDENCE OF CORTLAND COUNTY INC**Paid Family Leave is employee-funded insurance that provides eligible employees job-protected, paid time off to:**

- **BOND** with a newly born, adopted, or fostered child;
- **CARE** for a family member with a serious health condition (see paidfamilyleave.ny.gov for eligible family members); or
- **ASSIST** loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See PaidFamilyLeave.ny.gov/COVID19 for full details.

Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the *Request for Paid Family Leave (Form PFL-1)* to your employer.
3. Complete and attach the additional documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within 30 days after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer, their insurance carrier listed below, or online at PaidFamilyLeave.ny.gov/Forms.

Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave

INSURER OR AUTHORIZED NEW YORK SELF-INSURER

ACCESS TO INDEPENDENCE OF CORTLAND COUNTY INC 607-753-7363
Name: _____ Telephone: _____

26 NORTH MAIN STREET
Address: _____

DBL358393 6/1/2023 5/31/2024
Policy #: _____ Effective date from: _____ to _____

☒ Statutory ☐ Under a Plan or Agreement

All Employees Eligible Under New York State Disability Benefits Law

Class(es) of employees covered: _____

For more information, visit PaidFamilyLeave.ny.gov or call (844) 337-6303

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Catholic Charities of Cortland County
2023 Proposal to fund Pathways to Re-Entry Project
October 2023

Cortland County Legislature
Attention: Savannah Hempstead
Clerk of the Legislature
60 Central Avenue
Room 306
Cortland, NY 13045

Catholic Charities of Cortland County is seeking funding opportunities to continue supportive services to individuals with justice involvement who are transitioning into the community. These funds will help to provide services to support individuals' housing, educational, employment and health needs and decrease the risk of adverse incidents or further justice involvement.

This project will assist with social determinants of health of people by providing intensive support and wraparound services prior to release and during reentry to the community.

Contact Information

Tim Lockwood, Executive Director
Catholic Charities of Cortland County
33-35 Central Avenue
Cortland, NY 13045
607-756-5992 x202
607-756-5999 Fax
tlockwood@ccocc.org

Brief Overview

Individuals returning to their community from jail/prison face significant challenges that are key factors that can determine their realization in reentry or further justice involvement. Finding safe and stable housing is an important step in the reentry process and a key factor in one's success. Access to treatment, health care, education, and employment services as well as basic needs, such as food, benefits, and insurance are also important components to positive health outcomes. Barriers arise if these needs are not met by this population. For some, their criminal records impede access to stable housing and employment opportunities and individuals leaving jail/prison often have significant physical and behavioral health issues, such as diabetes, hypertension, Hepatitis C, mental illness, and substance use disorders. These challenges move many into poverty, high-cost health care settings, parole violations, repeat offenses, or justice involvement.

The Pathways project can provide intensive transition supports, case management, peer support, and client-centered services that will improve participant's access to housing, education and employment, treatment, and health care as they transition from jail/prison or other forensic settings and reintegrate into the community. Examples of wraparound services or funding for individual needs not resourced elsewhere are security deposits, copays for health care, legal fees,

Catholic Charities of Cortland County
2023 Proposal to fund Pathways to Re-Entry Project
October 2023

clothing, transportation, recreation and fitness activities, household goods, phone minutes, and fees needed for school or employment, or identification documentation.

Need/Problem Being Addressed

In 2015, leaders from criminal justice, government, and human service entities in the County, acknowledged a steady increase for individuals with justice involvement, unsuccessful transitions back into the community, and recidivism as a serious local problem. In addition, the high correlation between substance use, mental health disorders, serious health conditions, homelessness, and unemployment among the population with justice involvement was recognized.

The Sequential Intercept Mapping process completed in July 2017 by these leaders prioritized developing transition services for people with justice involvement in the action plan. The need for a specialized program focused on the reentry population with capacity to individualize and tailor wraparound services based on individual needs as a key step for improving the health and well-being of this target group.

As a direct development from these conversations, in 2018, Catholic Charities Peer Support Services program partnered with the jail to create an in-reach program providing peer empowerment workshops to inmates and an introduction to support services upon release. As part of these programs, peer staff offered group participants a brief survey representative of the number of times they were justice-involved, their barriers to incarceration and inmate readiness for community integration. At each group in the jail, we met with 127 inmates (73 male/54 female) who responded to the survey. When asked how many times an individual had been in jail, the highest rate of recidivism indicated for both male and female inmates was 3 to 5 times throughout their lifetime. 6 to 9 years was the second highest rate and five male inmates even reported they had justice involvement more than 20 times. The survey revealed mental health and substance use were the largest barriers for individuals' adverse incidents and implications for their return to jail. Participants also listed key areas they would like to work on to improve their lives, and in addition to treatment for mental health and SUD services, they were also interested in connection to community resources as well as learning core life skills such as communication, anger management, stress management and parenting skills. The responses to the surveys were influential in the curriculum that was created for ongoing workshops and highlighting the needs for this target population.

In 2021, community leaders met again to complete the Sequential Intercept Mapping process which confirmed a continued need and desire for this specialized program.

Current Status

The Pathways to Re-Entry program at Catholic Charities has been operating since July 2020 and working with a Program Manager and Peer Case Manager. The program was initiated with funds from the Mother Cabrini Health Foundation that expired in June 2022. We are grateful to

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Cortland County for expanding its funding to keep this program operating through utilization of the American Rescue Plan funds which completed at the end of September 2023. Currently, approximately half of the funding needed to keep the program operational in 2024 has been identified. As a smaller rural community funding has been difficult to find as we have been seeing funding for re-entry initiatives being awarded in larger and more diverse areas. Cortland County is a unique and collaborative community whose leaders have identified a need for this project and population therefore, Catholic Charities will continue to seek out and secure needed funding for this program.

Program Successes

Since July 2020, the Pathways program has been able to serve a total of 189 unique individuals. Through collaboration with community partners, 42 of these individuals were referred from our local jail. Other referrals were from other Catholic Charities programs and area providers including local mental health and SUD treatment providers, probation and parole, Department of Social Services and Public Defender's office.

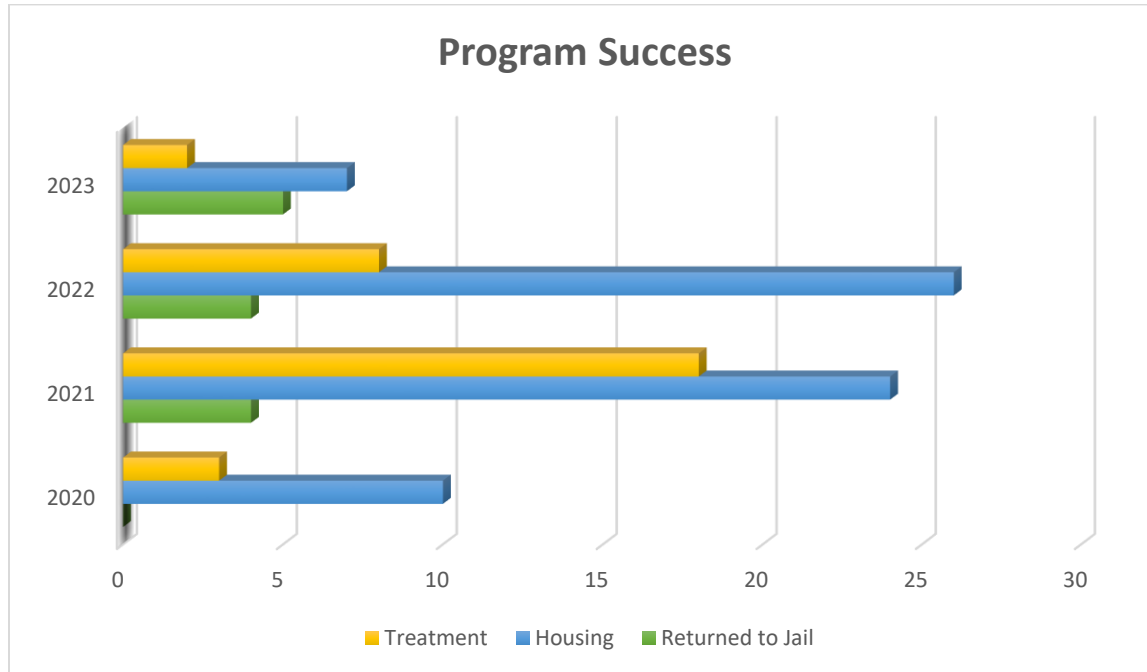


Since its inception the Pathways program has provided over 2800 wraparound services to support individuals' integration in the community. Some of these services include life skill building, referrals for housing, connections to mental health and SUD treatment programs, connections to vocational/educational resources, transportation to appointments, and advocacy.

Of the 189 individuals that have come through the program, only 13 have returned to jail. In addition, we have helped 67 individuals to find safe and stable housing and assisted 31

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individuals with referrals to mental health and SUD treatment programs and/or primary care physician.



Currently, the per diem cost of housing an inmate at the jail is over \$282/day. As of July 31, 2023, we've assisted 37 individuals with over 500 wraparound services to support their integration back into the community. We believe that diverting these individuals from justice involvement has resulted in significant savings for the County. Just keeping these 37 individuals out of jail for one night is a savings of \$10,434. That savings could be potentially higher if those 37 individuals had a longer stay. We know with appropriate funding we can continue this good work and expansion of our services to help more individuals transition back into the community at cost savings to the county.

Services

We provide many services in this program including weekly check-ins with clients to review goal-planning and identifying areas of need. We work with individuals on life skill building such as budgeting, interview and job searches, communication, stress management, and overall wellness. The case manager assists the clients in getting connected to DSS benefits, other Catholic Charities programs and health care coverage. Linkage to mental health and substance use treatment, and assistance with obtaining clothing items, hygiene and household supplies are helpful with their transition. Assistance with cell phones/minutes to minimize any barriers to communication with the client is also beneficial in obtaining other community services. We also assist individuals with attaining needed documentation to directly assist with their reintegration

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including birth certificates, photo identification (state id or driver's license), and social security card.

For jail referrals, Pathways staff will meet with inmates at the correctional facility to introduce themselves, share program information and discuss any emergent needs upon release (clothing items, phones, eyeglasses, doctor appointments, etc.). After release, staff will meet and review an initial assessment with participants to identify urgent needs and develop a goal/service plan that is conducive to their successful health outcomes and staying out of jail. All clients will be reassessed in 30 days to identify program outcomes and other areas of need. The program goal for successful completion is within six to nine months.

Budget

The total annual cost of the Pathways program is \$175,000. Catholic Charities is requesting \$90,000 from the Opioid Settlement Funds to continue operating the re-entry program. Catholic Charities will contribute \$85,000 of its own funding towards the program. The budget includes personnel and related fringe costs (FICA, Disability, Workers Compensation, and health insurance costs). Other expenses will be set aside for wraparound services in furtherance of the participant's individual needs and goals including, but not limited to, expenses for housing and shelter, educational and vocational plans, health care, and transportation.

Desired Outcomes/Goals

All program goals will work toward improved continuum of care for individuals with justice involvement and looking to change their life outcomes as they transition back into the community.

- 85% of program participants will access necessary and appropriate emergency and stabilization services within 30 days of release.
 - This will be measured using participant reports, a 30-day program assessment tool, collateral contacts to providers, service planning and Agency staff documentation.
- 75% of program participants will obtain a primary care physician within 90 days of entering the program.
 - This will be measured using participant reports, a program assessment tool (as needed for 90 days), collateral contacts to providers, service planning and Agency staff documentation.
- 75% of program participants will be connected to mental health and/or a substance use treatment provider, within 90 days of entering the program to ensure rapid engagement in services and lower risk of more justice involvement, especially individuals with serious mental illness.
 - This will be measured using participant reports, a program assessment tool (as needed for 90 days), collateral contacts to providers, service planning and Agency staff documentation.

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- 70% of program participants will obtain safe and adequate housing within 90 days of enrolling in our program.
 - This will be measured using participant reports, a program assessment tool (as needed for 90 days), collateral contacts to providers, Agency staff documentation and direct observation of the home environment.
- 65% of program participants will pursue employment or vocational/educational training within the year.
 - This will be measured using participant reports, program assessment tool (as needed for 30 days to 1 year), verification from employers and/or vocational/educational service providers and Agency staff documentation.
- We will also expand our outreach efforts within the community to partner with area providers on services that will benefit client needs and positive outcomes during integration.

**CATHOLIC CHARITIES OF CORTLAND COUNTY
PATHWAYS FOR REENTRY**

Budget for 2024

		250
<u>REVENUE</u>		
GRANT INCOME - GOVERNMENT	6201	85,356
Total Revenue		85,356
<u>EXPENSES</u>		
SALARIES	7010	86,154
FICA	7110	6,591
UNEMPLOYMENT INSURANCE	7130	666
DISABILITY INSURANCE	7140	450
WORKER'S COMPENSATION	7150	2,081
401(k) MATCH	7162	2,497
INSURANCE - GROUP HEALTH	7170	18,117
Total Personal Expenses		116,556
		116,555
PROFESSIONAL FEES	7210	1,920
OFFICE SUPPLIES	7301	1,200
CLIENT TRANSPORT	7325	100
TELEPHONE /INTERNET /CABLE	7505	2,040
OTHER OCCUPANCY COSTS	7630	300
BUILDING MAINTENANCE	7640	200
UTILITIES	7680	600
INSURANCE - GENERAL LIABILITY	7692	1,510
POSTAGE / DELIVERY	7811	100
COPIER	7861	300
STAFF TRAVEL	7910	1,000
STAFF TRAINING/DEVELOPMENT	8037	200
DUES & SUBSCRIPTIONS	8170	100
SOFTWARE LICENSE/MAINTENANCE	8221	300
CLIENT INCIDENTALS	8254	20,000
Total OTPS		29,870
INSURANCE - BUILDING	7690	100
DEPRECIATION - PROPERTY	7790	648
Total Property		748
Subtotal Cost Before Admin		147,174
ADMINISTRATIVE ALLOCATION	9680	27,489
Total Expenditures		174,663
Net Revenue Over Expenditures		(89,307)



**Workers'
Compensation
Board**

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) Catholic Charities of Cortland County 33-35 Central Avenue Cortland, NY 13045	1b. Business Telephone Number of Insured (315) 422-9091 1c. Federal Employer Identification Number of Insured or Social Security Number 16-1075281
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Cortland County 60 Central Avenue Cortland, NY 13045	3a. Name of Insurance Carrier Sun Life and Health Insurance Company (U.S.) 3b. Policy Number of Entity Listed in Box 1a 920088 3c. Policy Effective Period 01/01/2023 to 12/31/2023
4. Policy provides the following benefits: ☒ A. Both disability and Paid Family Leave benefits. ☐ B. Disability benefits only. ☐ C. Paid Family Leave benefits only. 5. Policy covers: ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. ☐ B. Only the following class or classes of employer's employees: 	

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 03/13/2023 By Nancy Moss
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)
 Telephone Number 800-247-6875 Name and Titled Nancy Moss Client Advocate Support

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York Workers' Compensation Board	
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.	
Date Signed _____	By _____ (Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Numbers _____	Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



Workers' Compensation Board

KATHY HOCHUL
GOVERNOR

CLARISSA M. RODRIGUEZ
CHAIR

Office of the Secretary Compliance With Workers' Compensation Law

I, Laura Inglis, Secretary for the Workers' Compensation Board, DO HEREBY Certify that:

Name: Catholic Charities of Cortland County

WCB #: W591507

Tax ID #: 161075281

Qual Date: 4/16/1974

has secured compensation to its employees as a self-insurer in the following manner:

Pursuant to Section 50, subdivision 3 of the Workers' Compensation Law.

The status of the self-insurer was effective as noted above and remains in full force.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the Workers'
Compensation Board this 10th day of January
2023.

LAURA INGLIS
SECRETARY

Status Confirmed By

1/10/2023

Executive Director

Alexandra Mikowski

Catholic Charities of Cortland County
33 Central Ave
Cortland, New York 13045

October 19th, 2023

Board of Directors

Karlene Shafer,
Chair

Christina Taranto,
Vice-Chair

Kathleen Barnes,
Treasurer

Angela VanDeWeert,
Secretary

Conni Bentley

Dorothy Dumond

Eden Harrington-Hall

Janet Oechsle

Melissa Potter

Lisa Pizzola

Michael Wells

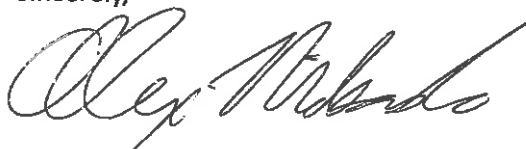
Catholic Charities,

We are pleased to provide a letter of support to your Agency to apply for funding from the Cortland County Opioid Settlement Funds to continue the work of the Pathways to Re-entry program.

This valuable program provides much needed services to the justice-involved population in our community and has demonstrated cost-savings to the County. Many of the justice-involved individuals that come through your program are dealing with mental health and substance use issues. Having a connection to a case manager to assist with housing, vocational pursuits or employment is key to giving them a chance to succeed in the community.

We look forward to the continued success of the Pathways to Re-entry program.

Sincerely,



Alexandra Mikowski, MSW
Executive Director
(She/ Her pronouns)

Access To Independence of Cortland County, Inc.

26 North Main Street
Cortland, NY 13045

607-753-7363 Ext 313

607-756-4884 (fax)

alex.mikowski@aticortland.org

www.aticortland.org

26 North Main St.
Cortland, NY 13045
ph: 607-753-7363
fax: 607-756-4884

E-mail:
info@aticortland.org

Website:
www.aticortland.org

STATE OF NEW YORK AGREEMENT SIGNATURE PAGE

IN WITNESS THEREOF, the parties hereto have executed or approved this Contract on the dates below their signatures.

CONTRACTOR:

Catholic Charities of the Roman Catholic Diocese of Syracuse
33-35 Central Ave
Cortland, NY 13045

By: Timothy Lockwood
Tim Lockwood

Printed Name

Title: Executive DirectorDate: 3/3/2023

STATE AGENCY:

NYS Office of Addiction Services and Supports
1450 Western Avenue
Albany, NY 12203-3526

By: Nathaniel Beyer

~~Karen C. Stackrow~~
Nathaniel Beyer

Deputy Director of Contracts, Procurements and Purchasing

Title: ~~Director of Contracts and Procurements~~Date: 3/3/23

STATE OF NEW YORK

County of Cortland

On the 3rd day of March, 2023, before me personally appeared Timothy Lockwood, to me known, who being by me duly sworn, did depose and say that he/she resides at Cortland New York, that he/she is the Executive Director of the Catholic Charities of Cortland County, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Master Contract.

(Notary) Mary E. Jordan

MARY E. JORDAN
Notary Public, State of New York
No. 01JO5083854
Qualified in Cortland County
Commission Expires Aug. 25 2025

Your organization must retain the complete contract with the original notarized wet signature at your facility and be able to produce upon request for 10 years.

Opioid Settlement Funds RFP
Catholic Charities of Cortland County
Agency History

Catholic Charities of Cortland County is a multifaceted human service agency with a 45+-year history providing services to individuals and families with mental health and substance use issues, homelessness, physical and developmental issues, and life skills challenges. We currently operate eleven agency-owned sites in the City of Cortland, as well as utilizing several scattered site apartments within the city for our housing programs. The scope of our agency includes housing for severely mentally ill, housing for those with substance use issues, housing for homeless with disabilities, Health Homes Care Coordination, Emergency Assistance, Peer Support Services, and Re-entry services for incarcerated or formerly incarcerated individuals. Our agency serves our community by working with populations that have the highest needs and highest utilization of resources. Our housing programs include community residences funded by OASAS and OMH, Supportive/Treatment Apartments funded by OMH and OASAS, Permanent Supportive Housing funded by OMH and OASAS, and Permanent Supportive Housing funded by HUD. Our Agency also administers funding for homeless prevention and rapid re-housing through FEMA, HUD and OTDA.

Our agency has significant experience with housing families and individuals who are homeless, at risk of homelessness, have unstable housing histories, have mental health or substance use disorders, and/or have histories with mental health, foster care and juvenile justice systems as young adults. We have extensive experience with individuals and families who have unmet housing needs as determined by our CoC, local planning entities, DSS, and other state and local data. In addition, these same individuals have one or more of the following disabling conditions or life challenges: SMI, SUD, victims/survivors of domestic violence, chronic homelessness, homeless young adults, adults and young adults reentering the community from some form of incarceration or justice placement, and senior citizens aging in place. Our first housing program was an OMH funded Community Residence (10 beds) and Supportive Apartment (6 units) program for individuals with SMI (many who were homeless) that began in 1986. In 1990, we implemented a 52-unit scattered site OMH Supported Housing program for individuals with SMI (that program has since grown to 57 units). In 2000, we opened our OASAS Community Residence (14 beds) and our Residential Apartment Program (6 beds – currently up to 9 beds) for individuals with SUD (many of whom were homeless). In 2013 we implemented a Permanent Supportive Housing program and MRT Housing program funded through OASAS for individuals with SUD (5 units each). In 2016 we received funding for a Mixed Use (OMH and Affordable Housing) building with 20 units designated for those with SMI. In 2016 we began operating a 9-unit Transitional Housing program that was funded through Cortland County Department of Social Services. We ended the Transitional program in 2020 in favor of utilizing the properties for Supported Housing units. In 2017, we received HUD funding for our Permanent Supportive Housing program for homeless individuals and families with at least one disability.

Beginning in 2020, we started our Pathways to Re-entry program for incarcerated or formerly incarcerated adults, many of whom are homeless or have significant housing issues.

**EXHIBIT A – ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH
STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS (APPENDIX A)**

I hereby acknowledge that I have read, understand and agree to comply with the terms as outlined in Appendix A – Standard Clauses for New York State Contracts. Failure to comply may result in immediate termination of this agreement with potential legal recourse by the County.

Signed: Timothy Glendon
Title: Executive Director

Date: 10/19/23

EXHIBIT B – DRUG FREE WORKPLACE

Whenever two or more Bids which are equal with respect to price, quality and service are received by the State or by any political subdivisions for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing the Bids will be followed if none of the tied vendors have a drug free workplace process. In order to have a drug-free workplace program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in Subsection (1).
- 4) In the statement specified in Subsection (1), notify that employees, that, as a condition of working of the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employee of any conviction of, or plea of guilty or nolo contendere to, any violation of any controlled substance law in the United States or any state or Cortland County, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies with the above requirements.

Print Name: Tim Lockwood Date: 10/19/23
 Signature: [Handwritten Signature] Title: Executive Director

**EXHIBIT C - NON COLLUSIVE BIDDING CERTIFICATE REQUIRED BY
SECTION 139-D OF THE STATE FINANCE LAW**

Section 139D, Statement of Non-Collusion in bids to the State:

By submission of this bid, bidder and each person signing on behalf of bidder certifies, and in the case of joint bid, each party thereto certifies as its own organization, under penalty of perjury, that to the best of his/her knowledge, and belief:

- 1) The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other bidder or with any other competitor;
- 2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- 3) No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting completion.

A Bid shall not be considered for award nor shall any award be made where 1, 2, 3 above have not been complied with; provided however, that if in any case, the bidder(s) cannot make the foregoing certification, the bidder shall so state and shall furnish below a signed statement which sets forth in detail the reasons therefore:

(Affix addendum to this page if space is required for statement.)

Subscribed to me under penalty of perjury under the laws of the State of New York, this 30th day of October, 20 23 as the act and deed of said corporation of partnership or sole proprietor.

If Bidders are a Partnership, complete the Following:

Names of Partners or Principals

Legal Residence

If Bidders are a corporation, complete the following:

Name

Jackie Leaf

President

Allison Ventimilla

Vice President

Margo Upson

Secretary

Alex Mikowski

Treasurer

Legal Residence

1895 Green Lake Rd, Little York, NY 130

12 Abdallah Ave, Cortland NY 130

32 Tompkins St., Cortland NY 13

90 Oswego Street, Cortland, NY 130

Identifying Data:

Potential Contractor: Catholic Charities of Cortland County
 Address: 33-35 Central Avenue, Cortland NY 13045
 Telephone #: 607-756-5992 x202 Title: Executive Director
 E-Mail Address: tlackwood@ccccc.org

If applicable, Responsible Corporate Officer

Name: Tim Lockwood Title: Executive Director

Signature: Tim Lockwood

Joint or combined bids by companies or firms must be certified by each participant.

Legal name of person or firm

Legal name of person or firm

Name

Name

Title

Title

Address

Address

EXHIBIT F – QUALIFICATION QUESTIONNAIRE

All vendors must complete this questionnaire in order to be included in the evaluation of the proposals. The information supplied will enable the County to determine whether or not the vendor has adequate personnel and facilities to properly perform the work.

1. Facility Name and Physical Address: Catholic Charities of Cortland County, 33-35 Central Avenue Cortland 13045
2. Normal Operating Hours:
 - a. Weekdays 8:30 am to 4:30 pm
 - b. Saturdays N/A am to _____ pm
 - c. Sundays N/A am to _____ pm
 - d. Holidays _____ am to _____ pm
3. Number of Years in Business: 45+
4. Firm History (attach additional pages as necessary): See attached Agency history
5. Number of employees on your payroll: 52
6. Do any of your employees have any other special certifications or rating? Yes / No
If yes, specify: CASAC, LMSW, OMT Certified Peers
7. Do you have any special equipment that is available to service the County RFP? Yes ☒ No
If yes, specify: _____
8. What is the overall size of your facility? We have various locations
9. Do you have a locked, fenced and secured storage area? ☒ Yes / No
10. How far in advance must appointments be scheduled? Same day
11. In case of emergency, will you accommodate the County with same day services when possible?
☒ Yes / No
12. Shop Distance from 60 Central Avenue, Cortland, NY 2 blocks

In submitting this proposal, it is understood that the unrestricted right is reserved by the County in making the award to reject any and all proposals or parts thereof, or to waive any informalities or technicalities in said bids. The undersigned hereby certifies that this bid is genuine, and not a sham or collusive, or made in the interest or in behalf of any person, firm or corporation not herein named; that the undersigned has not directly or indirectly induced or solicited any bidder to refrain from bidding, and that the undersigned has it, in any manner, sought by collusion to secure for himself and advantage over any another bidder.

Tim Lockwood

PRINT NAME

Timothy Lockwood

SIGNATURE (Must be 50% Company Owner)

Executive Director

TITLE

DATE

10/30/23

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

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

Catholic Charities of Cortland County

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ►

Non Profit Human Service Agency

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

33-35 Central Ave

6 City, state, and ZIP code

Cortland, NY 13045

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

1 6 - 1 0 7 5 2 8 1

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►

[Signature]

Date ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

CAHTOLIC CHARITIES OF CORTLAND COUNTY
ATTN MARIE L WALSH
33-35 CENTRAL AVENUE
CORTLAND NY 13045

CUST REF: MAIL

Enclosed is the information you requested. Your payment of
\$35.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly
with the name of the entity you requested, this office does not
have a record of the exact name you requested. The document(s)
provided appear(s) to be of sufficient similarity to be the
entity requested.

201606140378 165

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on June 14, 2016.

A handwritten signature in cursive script that reads "Anthony Giardina".

Anthony Giardina
Executive Deputy Secretary of State

120507000 906

**CERTIFICATE OF AMENDMENT
OF**

**CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE
OF SYRACUSE, N.Y.**

Under Chapter 310 of the Laws of 1950

/cc
**STATE OF NEW YORK
DEPARTMENT OF STATE**
FILED MAY 07 2012
TAXS _____
BY: par
Onondaga

Filed By:

Hiscock & Barclay, LLP
300 South State Street
Syracuse

NY 13202-2078

D.C. -08
DRAWDOWN

☐ ROUTINE
☐ 24 HOUR

☐ SAME DAY
☐ 2 HOUR

979

120507000

906

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF**

**CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE,
N.Y.**

THE UNDERSIGNED, for purposes of amending the Certificate of Incorporation of **CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, N.Y.**, does hereby certify as follows:

FIRST: The name of the Corporation is: Catholic Charities of the Roman Catholic Diocese of Syracuse, N.Y.

SECOND: The Certificate of Incorporation was filed with the Onondaga County Clerk's Office on May 14, 1925.

THIRD: The Corporation was formed pursuant to the provisions of chapter two hundred fifty-six of the laws of nineteen hundred seventeen, as amended by chapter three hundred and three of the laws of nineteen hundred and twenty-one and chapter three hundred and six of the laws of nineteen hundred and twenty-two.

FOURTH: The amendment effected by this Certificate of Amendment is as follows:

(a) Article SECOND of the Certificate of Incorporation of the Corporation is hereby amended in its entirety to read as follows:

"The purposes for which the Corporation is formed, under the auspices of the Roman Catholic Diocese of Syracuse are: to aid, support, and advise, and to conduct, by itself or in cooperation with any religious, charitable, benevolent or educational corporation, government entities, association, society, institution, committee or other government agency, now or hereafter existing, which shall be affiliated with the Corporation hereby organized, any or all philanthropic and charity work which shall be carried on within the State of New York and which shall be primarily for the benefit of people in need within the said Diocese of Syracuse (counties of Broome, Chenango, Cortland, Madison, Oneida, Onondaga and Oswego), including the sustenance, shelter and relief of the needy, the physical, emotional and developmental needs of the populations, as well as infants, orphans, widows, aged, infirm and delinquents; the assistance of immigrants and refugees, their families and children; to induce the adoption by the community at large of such measures in the organization and administration of charity as may develop self-respect and increase the power of self-support of the disadvantaged; to care for abandoned, delinquent, dependent and neglected children or minors in homes and institutions, and for that purpose, to accept children by surrender, adoption, commitment or parole or probation or otherwise; the securing of employment for those in need thereof; and the promotion of self-

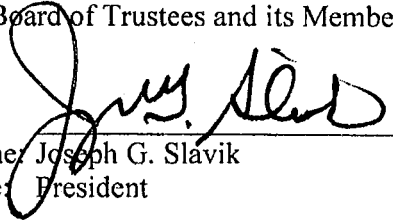
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120507000906

Attachment: Catholic Charities Pathways to Reentry Funding Proposal - November 2023 (11875 : Award Bid/Authorize Agreement for Use of

support, including any other charitable or benevolent purposes not inconsistent with any law or statute.

FIFTH: This Amendment to the Corporation's Certificate of Incorporation was authorized by a majority vote of both the Corporation's Board of Trustees and its Members.


 Name: Joseph G. Slavik
 Title: President

10/24/11

Subscribed and sworn to before me
 this 24th day of October, 2011.


 NOTARY PUBLIC

KEVIN J. BRUTON
 Notary Public, State of New York
 Qualified in Cayuga County No. 5043183
 My Commission Expires May 8, 2015



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ANDREW M. CUOMO

FACSIMILE TRANSMISSION

DATE July 2, 2009

NUMBER OF PAGES 2
(INCLUDING THIS PAGE)

TO Ms. Marie Walsh, Executive Director

FAX NO. (607) 756-5999

FROM Jacqueline R. Simpson

REMARKS : Attach is a copy of The Confirmation Letter The Catholic Charities Of The Roman Catholic Diocese Of Syracuse, NY. Reg # 16-47-26

IF THERE IS A PROBLEM WITH THIS TRANSMISSION, PLEASE CONTACT

NAME Jacqueline R. Simpson

OFFICE NYC

TELEPHONE NO. (212) 416-8408

FAX NO. (212) 416-8418

CONFIDENTIAL

The information contained in this facsimile is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this is strictly prohibited.

**IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR,
PLEASE IMMEDIATELY NOTIFY THE SENDER BY TELEPHONE. THANK YOU.**

120 Broadway, New York, NY 10471

OAG 005 (12/98)

Attachment: Catholic Charities Pathways to Reentry Funding Proposal - November 2023 (11875 : Award Bid/Authorize Agreement for Use



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

Andrew M. Cuomo
Attorney General

Division of Social Justice
Charities Bureau

July 2, 2009

Ms. Marie Walsh, Executive Director
Catholic Charities Of The Roman Catholic Diocese Of
Syracuse, NY
33-35 Central Avenue
Cortland, NY 13045

Re: Catholic Charities Of The Roman Catholic Diocese Of Syracuse, NY
Registration # 16-47-26 (Statute(s): 7-A Only)

Dear Sir/Madam:

I am writing to advise you that the above organization registered with the New York State Attorney General's Charities Bureau pursuant to Article 7-A of the Executive Law (Article 7-A) and was assigned the above registration number.

The organization is current in its filings, and the latest report filed with this office is for the year that ended December 31, 2007.

Please be advised that while this office may confirm the registration status of an entity, such confirmation does not constitute endorsement of any particular organization.

Very truly yours,

Glenys Etwaroo /JS

Glenys Etwaroo
Registration Section



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ANDREW M. CUOMO

FACSIMILE TRANSMISSION

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Please be advised that while this office may confirm the registration status of an entity, such confirmation does not constitute endorsement of any particular organization.

Very truly yours,

Glenys Etwaroo /JS

Glenys Etwaroo
Registration Section

Certificate of Coverage

Date: 5/10/2023

Certificate Holder

The Roman Catholic Diocese of Syracuse, NY
240 E Onondaga
Syracuse, NY 13202

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location

Catholic Charities of Cortland County
33 Central Avenue
Cortland, NY 13045-2659

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability				Each Occurrence	1,000,000
	☒ Occurrence	See below	7/1/2023	7/1/2024	General Aggregate	
	☐ Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability	See below	7/1/2023	7/1/2024	Each Occurrence	5,000,000
					Annual Aggregate	
	Other Automobile Liability	See below	7/1/2023	7/1/2024	Each Occurrence	1,000,000
					Claims Made	
					Annual Aggregate	
					Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage applies to Catholic Charities of Cortland County and its contract with holder of certificate with regards to the services provided to the holder of certificate. Professional Liability does not apply for the scope of contract services. However, Counseling E&O Coverage and/or Incidental Medical Malpractice Coverage extends for the services being provided in the contract. Includes Automobile Liability. Cortland County and its officers, employees, agents and representatives are included as additional protected person(s) with coverage applying only when they are held liable due solely to the negligence of the named assured. The National Catholic Risk Retention Group policy #RRG 10189 provides \$750,000 excess of \$250,000 SIR. Catholic Mutual Relief Society of America Certificate #9116 provides \$5,000,000 xs \$1,000,000.

Holder of Certificate

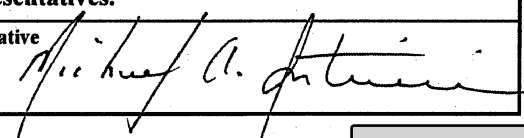
Additional Protected Person(s)

Cortland County
60 Central Avenue
Cortland, NY 13045

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative



0093000290

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 7/1/2023Cancellation Date of Endorsement: 7/1/2024

Certificate Holder: The Roman Catholic Diocese of Syracuse, NY
 240 E Onondaga
 Syracuse, NY 13202

Location:

Certificate No. See below of The Catholic Mutual Relief Society of America is amended as follows:**SECTION II - ADDITIONAL PROTECTED PERSON(S)**

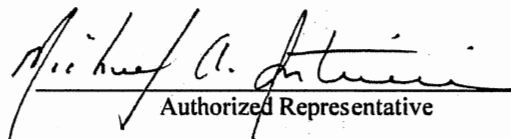
It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the Protected Person(s) activities or activities they perform on behalf of the **Protected Person(s)**.

It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)
 Cortland County
 60 Central Avenue
 Cortland, NY 13045

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage applies to Catholic Charities of Cortland County and its contract with holder of certificate with regards to the services provided to the holder of certificate. Professional Liability does not apply for the scope of contract services. However, Counseling E&O Coverage and/or Incidental Medical Malpractice Coverage extends for the services being provided in the contract. Includes Automobile Liability. Cortland County and its officers, employees, agents and representatives are included as additional protected person(s) with coverage applying only when they are held liable due solely to the negligence of the named assured. The National Catholic Risk Retention Group policy #RRG 10189 provides \$750,000 excess of \$250,000 SIR. Catholic Mutual Relief Society of America Certificate #9116 provides \$5,000,000 xs \$1,000,000.


 Authorized Representative

Certificate of Coverage

Date: 5/10/2023

Certificate Holder

The Roman Catholic Diocese of Syracuse, NY
240 E Onondaga
Syracuse, NY 13202

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location

Catholic Charities of Cortland County
33 Central Avenue
Cortland, NY 13045-2659

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability				Each Occurrence	1,000,000
	☒ Occurrence	See below	7/1/2023	7/1/2024	General Aggregate	
	☐ Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability	See below	7/1/2023	7/1/2024	Each Occurrence	5,000,000
					Annual Aggregate	
	Other Automobile Liability	See below	7/1/2023	7/1/2024	Each Occurrence	1,000,000
					Claims Made	
					Annual Aggregate	
					Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

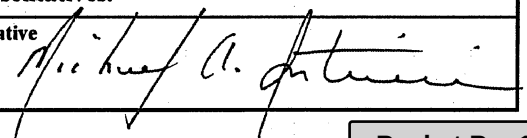
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Holder of Certificate**Cancellation****Additional Protected Person(s)**

Cortland County
60 Central Avenue
Cortland, NY 13045

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative



0093000290

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(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 7/1/2023Cancellation Date of Endorsement: 7/1/2024

Certificate Holder: The Roman Catholic Diocese of Syracuse, NY
 240 E Onondaga
 Syracuse, NY 13202

Location:

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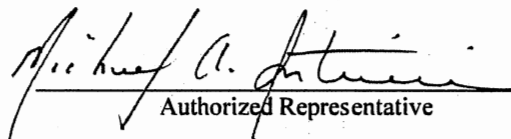
It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the Protected Person(s) activities or activities they perform on behalf of the **Protected Person(s)**.

It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)
 Cortland County
 60 Central Avenue
 Cortland, NY 13045

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage applies to Catholic Charities of Cortland County and its contract with holder of certificate with regards to the services provided to the holder of certificate. Professional Liability does not apply for the scope of contract services. However, Counseling E&O Coverage and/or Incidental Medical Malpractice Coverage extends for the services being provided in the contract. Includes Automobile Liability. Cortland County and its officers, employees, agents and representatives are included as additional protected person(s) with coverage applying only when they are held liable due solely to the negligence of the named assured. The National Catholic Risk Retention Group policy #RRG 10189 provides \$750,000 excess of \$250,000 SIR. Catholic Mutual Relief Society of America Certificate #9116 provides \$5,000,000 xs \$1,000,000.


 Authorized Representative

Mark E. Helms
Sheriff

Undersheriff

Joyce L. Quarella
Confidential Secretary

County of Cortland
Office of the
SHERIFF

Public Safety Building * 54 Greenbush Street
Cortland, New York 13045
Phone: (607) 758-5599 Fax: (607) 753-6649



October 24, 2023

Catholic Charities,

We are pleased to provide a letter of support to your Agency to apply for funding from the Cortland County Opioid Settlement Funds to continue the work of the Pathways to Re-entry program.

This valuable program provides much needed services to the justice-involved population in our community and has demonstrated cost-savings to the County. Many of the justice-involved individuals that come through your program are dealing with mental health and substance use issues. Having a connection to a case manager to assist with housing, vocational pursuits or employment is key to giving them a chance to succeed in the community.

We look forward to the continued success of the Pathways to Re-entry program.

Sincerely,

Sheriff Mark E. Helms

Administration Division
(607) 758-5599

Jail Division
(607) 756-4275

Criminal Division
(607) 758-6151

Civil/Records
(607) 758-6150



Cortland County Probation Department
Court House
46 Greenbush Street, Cortland, NY 13045-3704
Telephone: (607) 753-5019

Nicole Albro, Director

Chris M. LeFever, Supervisor
Nadine Reisweber, Supervisor

October 26, 2023

Catholic Charities
33-35 Central Ave.
Cortland, NY 13045

I am pleased to provide a letter of support to your agency to apply for funding from the Cortland County Opioid Settlement Funds to continue the work of the Pathways to Re-entry program.

As a Probation Officer, I see individuals at some of their most vulnerable times of life. It is common for clients of our Department to need assistance to meet needs that are crucial to empower them to take their next step forward in recovery, whether from substance abuse or other challenges. I appreciate Pathways "boots on the ground" work in this regard, walking alongside individuals, where I do not have the resources or role/relationship to assist someone in this way. I expect additional funding would allow Pathways to do this even more so.

I look forward to the potential growth of the Pathways to Re-entry program.

Sincerely,

Julie Parker
Sr. Probation Officer



CORTLAND COUNTY HEALTH DEPARTMENT

COUNTY OFFICE BUILDING
60 CENTRAL AVENUE
CORTLAND, NEW YORK 13045-2746
(607) 753-5036
FAX: (607) 753-5209
<http://www.cortland-co.org/432/Health-Department>

Nicole Anjeski, MS, MPH
Public Health Director
Lisa Perfetti, BSN, RN
Deputy Public Health Director
Ngozi Mezu-Patel, MD
Medical Advisor

Cortland County Health Department

Health and Human Services Committee Report December 2023

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CAPCO's Poverty Simulation

On November 9, staff from CCHD, Mental Health and Office for Aging participated in CAPCO's State of Poverty Simulation. This experience helps to understand what it is like to "walk a mile" in the shoes of those that are experiencing many different levels of poverty in our community. This is an interactive session that allows the participant to understand and live (for a simulated month) real world scenarios that people living in poverty have to deal with.



Public Health Alert-Apple Sauce Products

Several children have been found to have elevated blood lead levels after consuming these applesauce products. Lead is damaging to a child's health and can affect their ability to learn, behavior, and growth. Check the list of products being recalled:

http://health.ny.gov/.../2023-11-10_warning_regarding...



WORKING TO BUILD A HEALTHY COMMUNITY SINCE 1929

Quarter 2 (April 1-June 20, 2023) updates for CHIP (Community Health Improvement Plan)

- Some highlights (for more information visit: [Q2 report for CHIP](#))

Tobacco & Vaping

- 1 Village Board meeting where youth spoke about tobacco marketing and vaping
- 2 Youth organizations publicly supported protecting youth from tobacco marketing
- 2 Grade levels received Too Good for Drugs in Homer Schools
- 8 Media spots earned related to smoke free housing
- 40 Percentage of organizations formally engaged with the
- 1612 Average people reached with each smoke free housing posts on CCHD Facebook

COVID-19 & Flu

- 1 Immunization coalition meetings with reps from non-traditional sectors
- 2 Public health detailing visits conducted by CCHD at providers
- 18 SVHC posts about the Supports for Health program

With the end of flu season, and the changing COVID-19 vaccine landscape, Q2 and Q3 of 2023 were used as a planning period for the anticipated Fall 2023 release of an updated COVID-19 vaccine.

Opioids & Other Substances

- 7 Medication for Opioid Use Disorder inductions
- 13 Referrals/linkages to Medication for Opioid Use Disorder
- 117 Monthly average of residents receiving Medication for Opioid Use Disorder
- 318 Naloxone kits distributed to unhoused or rural individuals
- 1440 Pounds of medication collected at disposal events and kiosks

* All data provided by Healing Cortland/CACTC and reflects only data collected from HCS partners.

Suicide

- 1 Youth Mental Health First and Adult Mental Health First Aid trainings conducted
- 10 Community engagement activities hosted by the LGBTQ Center
- 10 Family goals met by CAPCO Head Start families
- 57 Callers received support through 988 (confirmed Cortland County location)
- 135 Attendees at cultural competency trainings provided by LGBTQ Center
- 1185 Gun locks distributed to community partners

Meet Hinal Patel: New Epidemiology Public Health Fellow

Hinal is a Public Health Fellow at CCHD. She holds a Masters of Public Health degree from California Baptist University and is a Penn State Class of 2017 alumni (Bachelor of Science – Life Science). Hinal interned at Broadstreet Institute, and the International Rescue Committee during her senior year of college. She will assist with data collection for CHA/CHIP dashboard and will learn & improve her skills as a fellow at CCHD.



Public Health Engineer-Creation of Position (Per-Diem)

Purpose/Requirements

- *A Public Health Engineer is a requirement for local health departments through the Public Health Law- Volume A (Title 10), Part 11 and NYS Sanitary Code parts 5, 6, 7, 14 and 17.*
- This is due to the upcoming retirement of the current EH Director in December; the date of retirement was unknown at the time of 2024 budget approval. We have a succession plan in place for the next EH director, but this person is not an engineer.
- This work involves responsibility for applying engineering principles and practices to detect, evaluate, control and manage, engineering aspects of the environment affecting public health. This position will work with public officials or individuals regarding public health engineering matters including promoting public health through application of environmental health practices, and enforcing the provisions of State and local health regulations.

Fiscal Impact –doesn't change 2024 budget ask

- *County Funded 14% (approximate county cost \$6,500)*
- *Grant Funded 50% (ongoing State Drinking Water Enhancement Program)*
- *Article 6 funding 36% (this is our base State Public Health Funding)*

Operational Impact

- The EH Director does not need to be an engineer, but we need to either have one on staff or contract with one, this is required by Public Health Law. By having this position created it would be less money than a contract would be and we would not have to ask for any additional funding in the already passed 2024 budget.
- In order to not have a lapse in services requiring public health engineering, we would like this position to begin 1/1/2024.

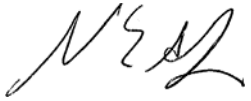
Duties

- Administers the Public Water Supply Program to ensure compliance with state and local sanitary codes, including conducting facility inspections/sanitary surveys, maintaining computerized records, and reviewing reports, lab analyses and facility improvement plans;
- Investigates, reports on and makes recommendations concerning public water supplies, sewage systems, bathing beaches and swimming pools, stream pollution, sanitary conditions of camps, hotels, food, restaurant and general sanitation, air pollution, and public health of environmental nuisances;
- Performs engineering analysis and mapping of facilities to evaluate compliance with federal, state and local requirements including hydraulic analysis, geo-hydro analysis and GIS mapping;
- Consults with representatives of federal, state and local agencies regarding cooperative environmental health projects and engineering problems;
- Administers the Onsite Sewage Program to ensure compliance with state and local sanitary codes;
- Reviews subdivision plans and public sewer system improvement plans to determine compliance with state environmental health standards;
- Represents the County Health Department on matters and problems related to environmental and sanitary engineering;
- Meets with public regarding projects that affect public health;
- Performs training sessions at public water system operator certification courses;
- Prepares a variety of records and reports related to the public health engineering program

Fees charged (revenue) for Engineering Services

- Community Sanitation
 - Individual Sewage Disposal Permit - \$400
 - Private Water Supply Well Permit - \$150
- Plan Review Fees including approval of Engineered designed plans
 - Mobile Home Park - \$185/lot
 - Swimming Pool/Spa and Bathing Beach - \$300
 - Spray Park/Slide and Wave Pool/Other Aquatic - \$330
 - Public Water Supply (Source/Treatment) - \$190
 - Public Water Supply (Distribution) - \$190
 - Cross Connection Control - \$120
 - Realty Subdivision >5 lots - \$135/lot
 - Mass Gathering – 10% of fee (25K, 50K, 100K based on # of people)

Sincerely,



Nicole Anjeski, MS, MPH
Public Health Director