

**43792**

**DATE:** December 10, 2014

**TO:** Board of Acquisition & Contract

**FROM:** Mae Carpenter, Commissioner  
Department of Senior Programs and Services

**RE:** Authority to amend an agreement with the New York State Office for the Aging to accept a grant in the amount of \$46,373 to provide services under the Health Insurance Information, Counseling and Assistance Program ("HIICAP"), for the program period April 1, 2014 through March 31, 2015, by increasing the total authorized not to exceed amount thereunder by \$8,260.

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By resolution approved on August 7, 2014, (the "August 7th Resolution"), your Honorable Board authorized the County of Westchester (the "County"), acting by and through its Department of Senior Programs and Services (the "Department"), to enter into an Agreement with the New York State Office for the Aging ("NYSOFA") to provide services under the Health Insurance Information, Counseling and Assistance Program ("HIICAP"), for the Program period April 1, 2014 through March 31, 2015 (the "Agreement"). The Agreement was subsequently executed.

The Department was recently notified by NYSOFA that it intends to increase funding for HIICAP by \$8,260, thereby increasing the total amount authorized under the Agreement from \$46,373 to \$54,633. Accordingly, authority is now sought from your Honorable Board to amend the Agreement with NYSOFA by increasing the total not-to-exceed amount authorized thereunder by \$8,260, from \$46,373 to \$54,633.

I certify that my department, a) has copies of, or access to, all applicable laws, rules, regulations, grant applications, and grant agreements (including any master grant agreement), as well as any guidance or instructions received from the agency making the grant (the "Grant Terms"), b) has reviewed the Grant Terms, c) is aware of and understands all of the Grant Terms, and d) can and will comply with all of the Grant Terms.

Except as specifically amended hereby, all other terms and conditions set forth in the Agreement shall remain in full force and effect.

Accordingly, I most respectfully recommend adoption of the attached proposed resolution.

MC/SJ

## RESOLUTION

UPON COMMUNICATION FROM THE COMMISSIONER OF THE WESTCHESTER COUNTY DEPARTMENT OF SENIOR PROGRAMS AND SERVICES BE IT HEREBY:

**RESOLVED**, that the County of Westchester, acting by and through its Department of Senior Programs and Services, is authorized to amend an agreement with the New York State Office for the Aging to accept a grant in an amount not to exceed \$46,373 to provide services under the Health Insurance Information, Counseling and Assistance Program ("HIICAP") for the program period April 1, 2014 through March 31, 2015 (the "Agreement"), by increasing the not-to-exceed amount authorized thereunder by \$8,260, from \$46,373 to \$54,633; and be it further

**RESOLVED**, that except as specifically amended hereby, all remaining terms and conditions set forth in the Agreement shall remain in full force and effect.

**RESOLVED**, that the County Executive or his duly authorized designee be, and hereby is, authorized to take such actions and execute such documents as may be necessary and appropriate to effectuate the purposes hereof.

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase Or Unit	Object/ Sub-Object	Trust Account	Dollars
Credited	263	85	945P	9853	T945	\$6,260
	263	85	945P	9854	T945	\$2,000

Budget Funding Year(s) 2014 - 2015 Start Date 4/1/14 End Date 3/31/15  
(must match resolution)

Funding Source	Tax Dollars	<u>\$0</u>
	State Aid	<u>\$2,000.00</u>
<u>\$8,260.00</u>	Federal Aid	<u>\$6,260.00</u>
(must match resolution)	Other	<u>\$0-----</u>