

HOME DELIVERED MEALS CONTRACT THIRD AMENDMENT

THIS THIRD AMENDMENT made on the 15th of January, 2015 between the COUNTY OF ERIE, (herein, "COUNTY") a municipal corporation of the State of New York, having its principal office in Buffalo, Erie County, New York, and **Meals on Wheels for Western New York, Inc.**, (herein, "AGENCY") a not-for-profit corporation, organized under the laws of the State of New York, having its office at 100 James E. Casey Drive, Buffalo, New York, 14206 amends the agreement made between the above-named parties on the 1st day of January effective from January 1, 2014 to and inclusive of December 31, 2016, the First Amendment to that agreement which stipulated reimbursements for Specialty Desserts and the Second Amendment which stipulated the payments for Home Delivered Meals for 2015.

NOW, THEREFORE, it is mutually agreed by and between the parties:

1. Except as hereinafter set forth, this amendment is in addition to and not in substitution of the January 1, 2014 agreement between COUNTY and AGENCY, filed with the County Attorney's office as Document #14-01-SS (the "Agreement"), the November 3, 2014 First Amendment to the Agreement filed with the County Attorney's office as Document #14-01-SS Amendment 1 and the January 1, 2015 Amendment filed with the County Attorney's office as Document #14-01-SS Amendment 2.

2. Section 4.1 of the Agreement, is amended to include "For the period January 15, 2015 through September 30, 2015 the Agency shall be paid \$12 per two-meal unit for home delivered meals to individuals authorized under the Ready Set Home Program, from an aggregate amount not to exceed \$12,825 to be available among various agencies authorized by the County to provide home delivered meals under the Ready Set Home Program. Through the Ready, Set, Home Program, the Department assists in the implementation of institutional discharges for Medicaid eligible residents who have some type of support in the community. Most of the individuals served will qualify for a Medicaid Managed Long Term Care (MLTC) Program and will be eligible for community based Long Term Care Services and Supports such as a home delivered meal. The Program will authorize the Agency to provide home delivered meal services until the individual is enrolled in a MLTC or is otherwise discharged from the Program. Service would start post discharge and continue for approximately 2-6 weeks when the Medicaid Long Term Care Program would coordinate and fund the service. Because institutional discharge of the participants may be dependent on having home delivered meals, it may be necessary to start delivery quickly and on short notice."

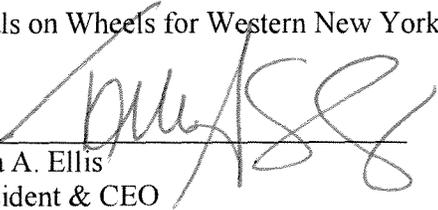
3. Except as otherwise provided herein, all other terms and conditions of the Agreement, as amended, shall remain in full force and effect.

IN WITNESS WHEREOF, this agreement has been signed by the duly authorized officers of the respective parties.

COUNTY OF ERIE

Meals on Wheels for Western New York, Inc.

By: _____
Mark C. Poloncarz/Maria Whyte
County Executive/Deputy County Executive

By: 
Tara A. Ellis
President & CEO

Date: _____

Date: May 6, 2015

2015

Approved as to content:

By: (Electronically Signed)
Randall Hoak
Commissioner Dept. of Senior Services

Date: _____

Approved as to form:

By: (Electronically Signed)
Martin Polowy
Assistant County Attorney

Date: _____



COUNTY OF ERIE

MARK C. POLONCARZ
COUNTY EXECUTIVE

Executive Order #13 **Pay Equity Certification on County Contracts**

WHEREAS, federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964 and Federal Executive Order 11246 of September 24, 1965 (Equal Employment Opportunity) (together "Federal Equal Pay Law"), requires that men and women in the same workplace be given equal pay for equal work; and

WHEREAS, Section 194 of New York State Labor Law ("NYS Equal Pay Law") prohibits compensating men and women differently for the same work; and

WHEREAS, on average, a full-time working woman in New York State earns just 85 cents for every dollar that a man earns and the pay gap is even greater for African-American and Latina women; and

WHEREAS, females make up nearly fifty-two percent of Erie County's population; and

WHEREAS, women make up nearly half of the U.S. labor force and are a growing number of breadwinners in their families; and

WHEREAS, this pay differential shortchanges women and their families by thousands of dollars a year, and potentially hundreds of thousands of dollars over a lifetime, presenting a lifelong threat to those families' economic security and reducing their earnings through Social Security and other post retirement plans; and

WHEREAS, poverty is recognized as a leading cause of or contributing factor to many social problems, including but not limited to substance abuse, domestic violence, child abuse, improper nutrition, obesity, improper health care and criminal conduct; and

WHEREAS, the impact of pay differentials is exacerbated as workers age, causing underpaid workers to disproportionately rely upon various forms of public support in their retirement years; and

WHEREAS, pay inequity can significantly impact the County, necessitating the provision of various public subsidies for low income residents and leading to the lack of receipt of income by women residents which would be spent in our local economy; and

WHEREAS, through the enforcement of current state and federal laws that ban unequal pay for equal work, Erie County can help ameliorate the many negative consequences of pay inequality, thereby improving the lives of those who might otherwise be underpaid, strengthening families and protecting children, and reducing the demand for public services, all positively impacting county, state and federal budgets.

NOW, THEREFORE, I MARK C. POLONCARZ, Erie County Executive, by virtue of the authority vested in me by the Erie County Charter § 302, do hereby order as follows:

1. It is ordered that on and after January 1, 2015, all Erie County offices, departments and administrative units, including but not limited to the Division of Purchase, fully implement a requirement in all bids, requests for proposals and other contract solicitations that the contractor submit an Erie County Equal Pay Certification which certifies the contractor's compliance with Federal Equal Pay Law and New York State Equal Pay Law (together, the "Equal Pay Laws"). Such certification shall be required prior to execution of the contract; and it is,
2. Further ordered that such certification shall include a representation by the contractor that it has not been the subject of an adverse finding under the Equal Pay Laws within the previous five years and shall include disclosure of any currently pending claims against the contractor; and it is,
3. Further ordered that violation of any provision of the Equal Pay Laws during the effective period of such a contract or the filing of a false or misleading Erie County Equal Pay Certificate may constitute grounds for immediate termination of such a contract; and it is,
4. Further ordered that violation of any provision of the Equal Pay Laws during the effective period of such a contract or the filing of a false or misleading Erie County Equal Pay Certificate may constitute grounds for determining a bidder or responder is not qualified to participate in future County contracts; and it is,
5. Further ordered that the Law Department prepare an Erie County Equal Pay Certification for use by Erie County offices, departments and administrative units and assure compliance with this Executive Order in the contract approval process; and it is,
6. Further ordered that the County Division of Equal Employment Opportunity ("EEO") establish a procedure for compliance monitoring and periodic auditing of certification records; and it is,

GIVEN, under my hand and the Privy Seal of the County of Erie in the City of Buffalo this 6th day of November, in the year two thousand fourteen.



COUNTY OF ERIE

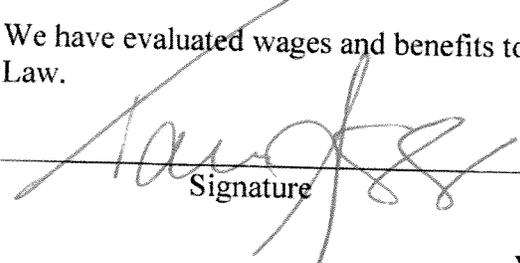
BY:


MARK C. POLONCARZ
ERIE COUNTY EXECUTIVE

Erie County Equal Pay Certification

In order to comply with Executive Order 13 dated November 6, 2014, we hereby certify that we are in compliance with federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). The average compensation for female employees is not consistently below the average compensation for male employees, taking into account mitigating factors. We understand that this certification is a material component of this contract. Violation of the provisions of Executive Order 13, which is attached hereto and made a part hereof, can constitute grounds for the immediate termination of this contract and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

We have evaluated wages and benefits to ensure compliance with the Federal Equal Pay Law.


Signature _____ 1/7/15

Verification

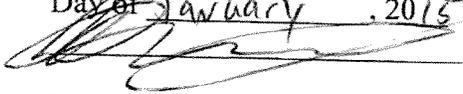
STATE OF NY)
COUNTY OF Erie) SS:

A) Tara A Ellis, being duly sworn, states he or she is the owner of (or a partner in) Meals on wheels for WNY, and is making the foregoing Certification and that the statements and representations made in the Certification are true to his or her own knowledge.

B) Tara A Ellis, being duly sworn, states that he or she is the Name of Corporate Officer President & CEO, of meals on wheels for WNY, Title of Corporate Officer Name of Corporation the enterprise making the foregoing Certification, that he or she has read the Certification and knows its contents, that the statements and representations made in the Certification are true to his or her own knowledge, and that the Certification is made at the direction of the Board of Directors of the Corporation.

MATTHEW W. KORNAKER
No. 01KO6262037
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 2016

Sworn to before me this 7
Day of January, 2015





CERTIFICATE OF LIABILITY INSURANCE

MEALS-1 OP ID: JG

DATE (MM/DD/YYYY)

03/18/2015

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 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 Walsh Duffield 801 Main St. Buffalo, NY 14203-1215 Stephen E. Mayo	CONTACT NAME: Stephen E. Mayo
	PHONE (A/C, No, Ext): 716-853-3820 FAX (A/C, No): 716-847-1360
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Citizens Ins. Co. of America	NAIC # 648
INSURER B: State Insurance Fund	
INSURER C: Hanover Insurance	
INSURER D: Allmerica Financial Benefit	41840
INSURER E:	
INSURER F:	

INSURED
**Meals on Wheels for Western
New York Inc.
100 James E Casey Dr
Buffalo, NY 14206**

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	ZBS9894597 02	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 1,000,000
A	<input checked="" type="checkbox"/> Professional		\$1,000,000 ZBS9894597	04/01/2015	04/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input checked="" type="checkbox"/> Abuse		\$500,000 ZBS9894597	04/01/2015	04/01/2016	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:					PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY					GENERAL AGGREGATE \$ 3,000,000
D	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	AWS9894636 02	04/01/2015	04/01/2016	PRODUCTS - COMPIOP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					Emp Ben. \$ 100,000
C	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	UHS9894599 02	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
B	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 <input type="checkbox"/> N/A	B12959706	04/01/2015	04/01/2016	BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						EACH OCCURRENCE \$ 3,000,000
						AGGREGATE \$ 3,000,000
						\$
						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is includes as an Additional Insured on the General Liability, Automobile Liability and Excess Liability policies as per a signed written contract with respects to the activities and operations of the Named Insured.

ORIGINAL DOCUMENT ON FILE

MAY - 4 2015

IN LAW DEPARTMENT

CERTIFICATE HOLDER**CANCELLATION**

County of Erie
c/o Dept of Law
95 Franklin Street
Buffalo, NY 14202

RECEIVED

APR 29 2015

DEPT OF SENIOR SERVICES CONTRACTS

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

Edward F Walsh Jr

**STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name and address of Insured (Use street address only)</p> <p>Meals on Wheels for Western New York Inc. 100 James E Casey Dr Buffalo, NY 14206</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 716-822-2002</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 16-0959060</p>				
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Eris County Law Department 95 Franklin Street Buffalo, NY 14202</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>ORIGINAL DOCUMENT ON FILE</p> <p>MAY - 4 2015</p> <p>IN LAW DEPARTMENT</p> </div>	<p>3a. Name of Insurance Carrier State Insurance Fund</p> <p>3b. Policy Number of entity listed in box "1a": B12959649</p> <p>3c. Policy effective period: 04/01/15 to 04/01/16</p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> included. (Only check box if all partners/officers included)</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</td> </tr> </table>		<input type="checkbox"/> included. (Only check box if all partners/officers included)		<input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.
	<input type="checkbox"/> included. (Only check box if all partners/officers included)				
	<input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.				

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled 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 the 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.

Please Note: Upon the cancellation of the workers' compensation 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 Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: Beverly A. Zolnowski

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Beverly A Zolnowski

(Signature)

4/28/15

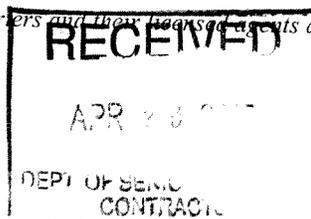
(Date)

Title: Vice President

Telephone Number of authorized representative or licensed agent of insurance carrier: 716-853-3820

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.

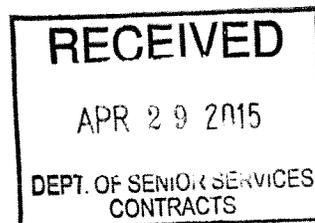
C-105.2 (9-07)



Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. 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 a hazardous employment defined by this chapter, 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 compensation for all employees has been secured as provided by this chapter. 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 compensation to any such employee if so employed.
2. 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 a hazardous employment defined by this chapter, 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 compensation for all employees has been secured as provided by this chapter.





CERTIFICATE OF LIABILITY INSURANCE

MEALS-1

OP ID: JG

DATE (MM/DD/YYYY)

03/12/2014

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 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 Walsh Duffield 801 Main St. Buffalo, NY 14203-1215 Stephen E. Mayo	Phone: 716-853-3820	CONTACT NAME: June Gustafson
	Fax: 716-847-1360	PHONE (A/C, No, Ext): 716-362-7374
		FAX (A/C, No): 716-847-1360
		E-MAIL ADDRESS: Jgustafson@walshins.com
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Citizens Ins. Co. of America	NAIC # 648
	INSURER B: Hanover Insurance	
	INSURER C: Allmerica Financial Benefit	41840
	INSURER D: State Insurance Fund	
	INSURER E:	
	INSURER F:	

INSURED
Meals on Wheels for Western
New York Inc.;
100 James E Casey Dr
Buffalo, NY 14206

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 SUBR INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	ZBS9894597 00	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Professional					PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> Abuse		\$500,000 ZBS9894597	04/01/2014	04/01/2015	GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					Emp Ben. \$ 100,000
C	AUTOMOBILE LIABILITY	X	AWS9894636 00	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	UHS9894599 00	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> OCCUR				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A	B12959649	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate holder is included as an Additional Insured on the General Liability, Automobile Liability and Excess Liability policies as per a signed written contract with respects to the activities and operations of the Named Insured.

RECEIVED

APR 14 2014

DEPT. OF SENIOR SERVICES
CONTRACTS

CERTIFICATE HOLDER

CANCELLATION

COUNT03
IN LAW
County Of Erie
c/o Department of Law
95 Franklin Street
Buffalo, NY 14202

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

Edward F Walsh Jr



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

225 OAK STREET, BUFFALO, NEW YORK 14203-1685
Phone: (716) 851-3468

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 160959060
MEALS ON WHEELS FOR WESTERN NEW
YORK INC
100 JAMES E CASEY DRIVE
BUFFALO NY 14206

POLICYHOLDER MEALS ON WHEELS FOR WESTERN NEW YORK INC 100 JAMES E CASEY DRIVE BUFFALO NY 14206	CERTIFICATE HOLDER COUNTY OF ERIE C/O DEPT OF LAW 95 FRANKLIN ST BUFFALO NY 14202
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POLICY NUMBER B 1295 964-9	CERTIFICATE NUMBER 480277	PERIOD COVERED BY THIS CERTIFICATE 04/01/2013 TO 04/01/2015	DATE 3/13/2014
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1295 964-9 UNTIL 04/01/2015, 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 SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 04/01/2015 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE, NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

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.

Original
APR 29 2014
KIM AM
AGENT

RECEIVED
APR 14 2014
DEPT. OF SENIOR SERVICES
CONTRACTS

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

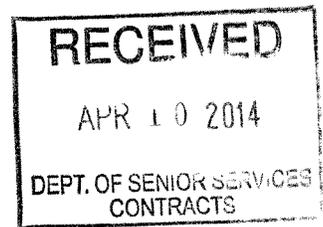
This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 982574390

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. 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 a hazardous employment defined by this chapter, 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 compensation for all employees has been secured as provided by this chapter. 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 compensation to any such employee if so employed.

2. 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 a hazardous employment defined by this chapter, 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 compensation for all employees has been secured as provided by this chapter.



HOME-DELIVERED NUTRITION PROGRAM (IIIC-2)

This grant is a continuation of an existing grant for the entitlement period 1/1/15 to 12/31/15. The purpose of this grant is to assist high-risk, frail elderly persons to maintain their independence in a home environment. The grant is used to provide two meals per day, five days per week, to homebound elderly persons. In addition, nutrition information and individual nutrition counseling are provided by professional dietary personnel. The grant is funded by federal and county funds, in addition to voluntary client contributions.

Total Appropriation	\$1,198,823
Federal Share	\$ 956,915
State Share	—
Other Local Sources	\$ 115,400
County Share	\$ 126,508

NEW YORK CONNECTS (CONNECTS)

This grant is a continuation of an existing grant for the entitlement period 10/1/15 to 9/30/16. The purpose of this NYS grant is to continue the "New York Connects: Choices for Long Term Care" State initiative. This grant supports a program that assists elderly and disabled persons of all ages to identify and gain access to the full range of services available to help them meet their needs for care.

Total Appropriation	\$315,947
Federal Share	—
State Share	\$315,947
Other Local Sources	—
County Share	—

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

This grant is a continuation of an existing grant for the entitlement period 10/1/15 to 9/30/16. The purpose of this grant is to provide additional meals to elderly persons at congregate dining sites or in their homes in conjunction with the Department of Senior Services Nutrition Program for the Elderly. This program earns cash in lieu of commodity reimbursements from the U.S. Department of Agriculture for application against the cost of meals served under the Congregate Dining Nutrition Program, the Home-Delivered Nutrition Program and the Wellness in Nutrition Grant.

Total Appropriation	\$630,031
Federal Share	\$630,031
State Share	—
County Share	—

NOW, THEREFORE, BE IT

RESOLVED, that the County Executive, subject to prior legislative approval, is hereby authorized to enter into agreements or contracts with funders, New York State and the United States Department of Health and Human Services, sub-contract agencies, the United States Department of Housing and Urban Development, and all interdepartmental transfers supporting contracts for behavioral health and Children's System of Care, which are included in the 2015 County budget.

54. WHEREAS, the Erie County Department of Mental Health contracts for mental disability services, substance abuse, developmental disability services, Children's System of Care programs, and U.S. Department of Housing and Urban Development programs after projections for the County budget are established; and

WHEREAS, actual negotiated contract amounts for not-for-profit contract agencies as approved by the State, Federal, and/or interdepartmental funding sources may differ from the specific amounts projected for these same contractual services accounts.

NOW, THEREFORE, BE IT

RESOLVED, that authorization is hereby granted to transfer appropriations among or between not-for-profit contract agencies and accounts within the operating budget to reflect the outcomes of negotiations with funding sources and not-for-profit contract agencies regarding the allocation of State, Federal, or interdepartmental government reimbursements; and be it further

RESOLVED, that authorization is hereby granted for further revisions, including changes to the appropriated total amounts and/or establishing appropriated amounts for not-for-profit contract agencies or other contractual accounts, in accordance with State, Federal or interdepartmental government approval of changes to their reimbursements.

55. **RESOLVED**, that the County Executive be, and hereby is, authorized to enter into contracts on behalf of the County of Erie for the continuation of grants administered by the New York State Office for the Aging as listed below:

For the period January 1, 2015 through December 31, 2015:

Area Agency on Aging, Title III-B
Congregate Dining Nutrition, Title III-C1
Home-Delivered Nutrition, Title III-C2
Disease Prevention and Health Promotion Services, Title III-D
Elder Caregiver Support, Title III-E

For the period April 1, 2015 through March 31, 2016:

Community Services for the Elderly (CSE)
Expanded In-Home Services for the Elderly (EISEP)
Health Insurance Information, Counseling and Assistance (HIICAP)
Wellness in Nutrition (WIN)
New York State Retired Senior Volunteer Program (NYSRSVP)
NYS Areawide Agency on Aging Transportation (AAATRAN)
Congregate Services Initiative (CSI)

For the period July 1, 2015 through June 30, 2016:
Senior Community Services Employment (SREMP)

For the period October 1, 2015 through September 30, 2016:
New York Connects (Connects)
Nutrition Services Incentive (NSIP)

and be it further

RESOLVED, that any reduction in grantor funding for these programs during the respective entitlement periods may result in a reduction in program services.

56. RESOLVED, that the County Executive is authorized to enter into contracts on behalf of the County of Erie with the following agencies for the purposes stated below:

- Erie County Department of Social Services for the continuation of the Home Energy Assistance Program for the period January 1, 2015 through December 31, 2015;
- Erie County Department of Mental Health for the continuation of the Community Service Coordinator Program for the period January 1, 2015 through December 31, 2015;
- Senior Service America, Inc., for the continuation of the Senior Aides Grant for the period July 1, 2015 through June 30, 2016;
- Corporation for National and Community Service for the Retired Senior Volunteer Program Grant for the period April 1, 2015 through March 31, 2016.

57. RESOLVED, subject to the availability of Federal, State, County and other local source funding, and not to exceed the amount appropriated in this budget, the County Executive be, and hereby is, authorized to enter into contracts as listed below

I. For the period January 1, 2015 through December 31, 2015 as stipulated in the 2015 Areawide Nutrition and Community Services plans:

A. For food preparation and delivery to congregate dining sites for the period of January 1, 2015 through December 31, 2015:

Meals on Wheels for Western New York, Inc.
The Salvation Army, a New York Corp.
Town of Amherst by and through the Amherst Center for Senior Services

B. To provide and operate congregate dining facilities and reimburse for clean-up and transportation services based on the number of meals served and/or trips provided at each site out of the aggregate amount appropriated for such services:

Advisory Board For Lovejoy Elderly & Youth, Inc
Buffalo Urban League, Inc
Buffalo Federation of Neighborhood Centers, Inc
Clarence Senior Citizens, Inc.
City of Buffalo
City of Lackawanna
Community Action Organization of Erie County, Inc.

Erie Regional Housing Development Corporation (The Belle Center)
 Friends, Inc.
 Hispanics United of Buffalo, Inc.
 Los Tainos Senior Citizen Center, Inc.
 Metro CDC/Delavan Grider Community Center
 North Buffalo Community Development Corp.
 Northwest Buffalo Community Center, Inc.
 Schiller Park Community Services, Inc.
 Seneca Babcock Community Assn., Inc.
 South Buffalo Community Association, Inc.
 The Salvation Army Tonawanda Corps the Salvation Army, a New York Corp.
 The Salvation Army, a New York Corp.
 Town of Alden
 Town of Amherst by and through the Amherst Center for Senior Services
 Town of Aurora
 Town of Boston
 Town of Cheektowaga
 Town of Concord
 Town of Evans
 Town of Hamburg
 Town of Lancaster
 Town of Newstead
 Town of Tonawanda
 Town of Orchard Park
 Town of West Seneca
 Two Hundred Seventy Two to Two Hundred Eighty Linwood Ave., Inc.
 d/b/a Baptist Manor, Inc.
 Village of Kenmore
 Village of Sloan
 Walden Park Senior Housing II, L.L.C.
 Williamstowne Apartments
 United Church Manor Housing Development Fund Co., Inc.
 University District Community Development Assn., Inc.
 YMCA of Buffalo and Erie County

C. To obtain, distribute and serve home-delivered meals to approved homebound clients:

Kenmore Tonawanda Meals on Wheels, Inc. d/b/a Ken-ton Meals on Wheels
 Meals on Wheels for Western New York, Inc.
 Town of Amherst by and through the Amherst Center for Senior Services

II. For the operation of the Going Places Transportation Program vehicles as no County funding is required for the period January 1, 2015 through December 2015:

City of Lackawanna
 City of Tonawanda
 Town of Aurora
 Town of Cheektowaga
 Town of Clarence

STATE OF NEW YORK

LEGISLATURE OF ERIE COUNTY
CLERK'S OFFICE

BUFFALO, N.Y., SEPTEMBER 4, 2014

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY, That at the *17th Session of the Legislature of Erie County, held in the Legislative Chambers, in the City of Buffalo, on the fourth day of September, 2014 A.D.*, a Resolution was adopted, of which the following is a true copy:

WHEREAS, the Department of Senior Services submitted a competitive grant application for NY State Balancing Incentive Program (BIP) Innovation Fund grant, to undertake a pilot project with Kaleida Health, Erie County Medical Center Corporation (ECMCC) and People Inc., to assist hospital and nursing facility discharge planners in transferring Medicaid patients back to the community; and

WHEREAS, the NY State Department of Health has awarded the Department of Senior Services a \$738,276 BIP Innovation Fund grant for the period August 1, 2014 through September 30, 2015; and

WHEREAS, the Department of Senior Services will utilize a portion of these grant funds to create two new positions, an Aging and Disability Resource Center (ADRC) Representative (job group 10) with primary responsibility for assisting clients, their families, and facility discharge planners in transitioning clients back to the community, and a Senior Statistical Clerk (job group 6) to perform the clerical support, and bookkeeping work of the grant; and

WHEREAS, the Department of Senior Services will enter into memorandums of understanding with grant application partners Kaleida Health and ECMCC to delineate the respective parties obligations regarding the BIP Innovation Fund grant project; and

WHEREAS, the Department of Senior Services will contract with grant application partner, People Inc to purchase housing assistance support services necessary to transition project eligible individuals back to the community; and

WHEREAS, the Department of Senior Services currently contracts with a variety of subcontract agencies for the provision of various services and supports for eligible clients, including home care, adult day care, transportation, home delivered meals, and personnel emergency response systems; and desires to amend such contracts to utilize BIP Innovation Fund grant funds to purchase such services and supports for individuals eligible for this pilot project.

NOW, THEREFORE, BE IT

RESOLVED, the County Executive be and is hereby authorized to contract with the NY State Department of Health to accept the \$738,276 of BIP Innovation Fund grant funds for the period August 1, 2014 to September 30, 2015; and be it further

RESOLVED, the Department of Senior Services is hereby authorized to create, two positions upon the passage of this resolution, an ADRC Representative (B100 #7909) and a Senior Statistical Clerk (B100 #7885), within the 163BIP1F1415 grant; and be it further

RESOLVED, that the County Executive is hereby authorized to enter into memorandums of understanding with Kaleida Health and ECMCC to delineate the respective parties obligations regarding the BIP Innovation Fund grant project; and be it further

RESOLVED, the County Executive be and is hereby authorized to enter into a \$105,882 contract with grant application partner, People Inc. for housing assistance support services necessary to transition project eligible individuals back to the community; and be it further

ATTEST



SCOTT W. KROLL

Clerk of the Legislature of Erie County

RECEIVED
SEP 12 2014
COMMISSIONER'S OFFICE
DEPT. OF SENIOR SERVICES
ERIE COUNTY, NEW YORK

STATE OF NEW YORK

LEGISLATURE OF ERIE COUNTY

CLERK'S OFFICE

BUFFALO, N.Y., SEPTEMBER 4, 2014

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY, That at the 17th Session of the Legislature of Erie County, held in the Legislative Chambers, in the City of Buffalo, on the **fourth day of September, 2014 A.D.**, a Resolution was adopted, of which the following is a true copy:

RESOLVED, the County Executive be and is hereby authorized to enter into contracts with Community Concern of WNY Inc and Interim Healthcare of Rochester Inc to provide home care services in an aggregate amount not to exceed the amount appropriated in this grant budget; and be it further

RESOLVED, the County Executive be and is hereby authorized to enter into and/or amend contracts with existing Department of Senior Service subcontract agencies, (in an aggregate amount not to exceed the amount appropriated in this grant budget) and purchase necessary services from such agencies with BIP Innovation Fund grant to facilitate eligible pilot project clients return to the community; and be it further

RESOLVED, that the budget for the BIP Innovation Fund Grant (163BIP1415), be established as follows:

APPROPRIATIONS		INITIAL BUDGET
Account	Description	
500000	Full Time Salaries	\$ 84,500
502000	Fringe Benefits	\$ 53,037
505000	Office Supplies	\$ 500
510000	Local Mileage Reimbursement	\$ 5,738
510200	Training & Education	\$ 200
516020	Professional Svcs Contracts & Fees	\$138,052
516023	Adult Day Care	\$ 75,768
516026	Home Care Services	\$180,400
516027	Meal Preparation	\$ 17,160
516028	Personnel Emergency Response	\$ 1,052
516030	Maintenance Contracts	\$ 600
516410	Lab & Tech Equipment	\$ 1,200
517755	People Inc.	\$105,882
530000	Other Expenses	\$ 56,732
916390	ID Senior Services Grants	\$ 17,455
	TOTAL APPROPRIATIONS	\$738,276

REVENUES		INITIAL BUDGET
Account	Description	
414000	Federal Aid	\$738,276
	TOTAL REVENUE	\$138,276

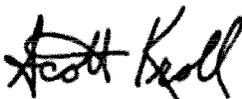
RESOLVED, that, the Director of Budget and Management is hereby authorized to adjust items of appropriations and revenues which may be impacted by changes to grantor awards; and be it further

RESOLVED and, if necessary, the County Executive is hereby authorized to execute amendments to the Department of Senior Services agencies contracts to effectuate adjusted funding levels; and be it further

RESOLVED, that certified copies of this resolution be forwarded to the County Executive's Office, the Division of Budget and Management, the Comptroller's Office, and the Department Senior Services.

REFERENCE: **COMM. 17E-3 (2014)**

ATTEST



SCOTT W. KROLL

Clerk of the Legislature of Erie County