

THE PUTNAM COUNTY LEGISLATURE

40 Gleneida Avenue
Carmel, New York 10512
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putcoleg@putnamcountyny.gov

Daniel G. Birmingham *Chairman*
William Gouldman *Deputy Chair*
Diane Trabulsy *Clerk*



Nancy Montgomery	Dist. 1
William Gouldman	Dist. 2
Toni E. Addonizio	Dist. 3
Laura E. Russo	Dist. 4
Jake D'Angelo	Dist. 5
Thomas Regan, Jr.	Dist. 6
Daniel G. Birmingham	Dist. 7
Amy E. Sayegh	Dist. 8
Erin L. Crowley	Dist. 9

AGENDA

HEALTH, SOCIAL, EDUCATIONAL & ENVIRONMENTAL COMMITTEE MEETING
TO BE HELD IN ROOM 318
PUTNAM COUNTY OFFICE BUILDING
CARMEL, NEW YORK 10512

Chairwoman Montgomery, Legislators Addonizio & Russo

Wednesday

6:00PM

March 11, 2026

1. Pledge of Allegiance
2. Roll Call
3. FYI – Fund Transfer 26T037 – Social Services – Move Allocated Code Blue Funds from Misc. to Contracts for Brewster Cares and CoveCare
4. Approval – Budgetary Amendment 26A010 – Social Services – Adjust State Aid Levels- Shelter Arrears Assistance
5. Approval – Budgetary Amendment 26A018 – Social Services – Adjust State Aid Levels- OEOP Crime Victim (Office of Educational Opportunity Programs)
6. Approval – Budgetary Amendment 26A015 – County Historian – Fund Newspaper Digitalization Project Utilizing Greg Amato Trust Proceeds
7. Approval – County Historian – Accept Funding from NYS Education Department’s NYS 250th Commemoration Commission, in support of “Revolutionary Putnam County”
8. Other Business
9. Adjournment

COUNTY OF PUTNAM
FUND TRANSFER REQUEST

3-11-26 Health 3190
3-30-26 Audit

2026

3.

TO: Commissioner of Finance
FROM: Kristen Wunner
DEPT: Department of Mental Health & Social Services
DATE: 02/19/26

2026 FEB 27 AM 11:24
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

I hereby request approval for the following transfer of funds:

FROM: ACCOUNT #/NAME	TO: ACCOUNT #/NAME	AMOUNT	PURPOSE
10120000.54989.10130 SS Ovhd/Misc/Warming Shelters	10120000.54646.10130 SS Ovhd/Contracts/Warming	\$16,725.00	Move Allocated Code Blue Funds from Misc to Contracts
10120000.51093.10130 SS Ovhd/Overtime /Warming Shelters	10120000.54646.10130 SS Ovhd/Contracts/Warming	\$2,000.00	Move Allocated Code Blue Funds from Misc to Contracts
10120000.58001.10130 SS Ovhd/State Retirement /Warming Shelters	10120000.54646.10130 SS Ovhd/Contracts/Warming	\$382.00	Move Allocated Code Blue Funds from Misc to Contracts
10120000.58002.10130 SS Ovhd/FICA /Warming Shelters	10120000.54646.10130 SS Ovhd/Contracts/Warming	\$153.00	Move Allocated Code Blue Funds from Misc to Contracts
10120000.58004.10130 SS Ovhd/Workers Comp /Warming Shelters	10120000.54646.10130 SS Ovhd/Contracts/Warming	\$21.00	Move Allocated Code Blue Funds from Misc to Contracts
TOTAL:		\$19,281.00 ✓	

SIGNATURES NOT NEEDED – THEY WILL BE AUTHORIZED VIA COMPUTER SYSTEM

2026 Fiscal Impact \$ 0
2027 Fiscal Impact \$ 0

K. Wunner 2/20/26
Department Head Signature/Designee Date

AUTHORIZATION: (Electronic Signatures)

Date _____ Commissioner of Finance/Designee: Initiated by: \$0-\$5,000.00

Date _____ County Executive/Designee: Authorized for Legislative Consideration: \$5,000.01 - \$10,000.00

Date _____ Chairperson Audit/Designee: \$0-\$10,000.00

Date _____ Audit & Administration Committee: \$10,000.01 - \$25,000.00

26T037

Bandehas, Sandra (DFA)

From: Wunner, Kristen (DFA)
Sent: Thursday, February 19, 2026 1:49 PM
To: Bandehas, Sandra (DFA)
Subject: FW: Contract 2025263

Hi, Sandy.

Can you please work with Marissa on this? There is not enough funding in the contract line to fund both Brewster Cares and CoveCare's contracts. We will need to move money from Miscellaneous or Overtime / Fringe under the project code to cover both contracts. Brewster Cares was approved for \$180k and CoveCare was approved at just under \$10k.

Thank you,
Kristen

-----Original Message-----

From: Michele Alfano-Sharkey <Michele.Alfano-Sharkey@putnamcountyny.gov>
Sent: Thursday, February 19, 2026 1:46 PM
To: Wunner, Kristen (DFA) <Kristen.Wunner@dfa.state.ny.us>
Cc: Marissa Jones <Marissa.Jones@putnamcountyny.gov>
Subject: RE: Contract 2025263

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hi Kristen,
I cannot change the budget line.
I do see there is only \$170,530 in project 10130.
I will reject the contract.
Thank you.
Michele

-----Original Message-----

From: Wunner, Kristen (DFA) <Kristen.Wunner@dfa.state.ny.us>
Sent: Thursday, February 19, 2026 1:42 PM
To: Michele Alfano-Sharkey <Michele.Alfano-Sharkey@putnamcountyny.gov>
Cc: Marissa Jones <Marissa.Jones@putnamcountyny.gov>
Subject: RE: Contract 2025263

PUTNAM COUNTY NOTICE

THIS EMAIL IS FROM AN EXTERNAL SENDER! DO NOT click links, DO NOT open attachments, DO NOT forward if you were not expecting this email or if it seems suspicious in any way! REMEMBER: NEVER provide your user ID or password to anyone for any reason!

Hi, Michele.

Thank you for the email. Can you please add the project 10130 to this contract?

Thank you,
Kristen

-----Original Message-----

From: Michele Alfano-Sharkey <Michele.Alfano-Sharkey@putnamcountyny.gov>
Sent: Thursday, February 19, 2026 1:28 PM
To: Wunner, Kristen (DFA) <Kristen.Wunner@dfa.state.ny.us>
Cc: Marissa Jones <Marissa.Jones@putnamcountyny.gov>
Subject: Contract 2025263

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hi Kristen,

I am reviewing contract and do not see funds in the line.
Am I looking at the correct budget line?
Thank you.
Michele

Michele Sharkey
County Auditor
Putnam County
40 Gleneida Avenue Rm 319
Carmel, NY 10512
Ext 49220
(845)808-1041

Bandehas, Sandra (DFA)

From: Wunner, Kristen (DFA)
Sent: Friday, November 21, 2025 12:14 PM
To: Jones, Marissa (DFA)
Cc: Bandehas, Sandra (DFA)
Subject: Code Blue

\$180,000 to Brewster Cares
\$9,811 to CoveCare Center



Kristen Wunner

FISCAL MANAGER • Mental Health, Social Services & Youth Bureau
PHONE | 845.808.1500, ext 45210 • WEBSITE | PUTNAMCOUNTYNY.COM
PUTNAM COUNTY GOVERNMENT NEW YORK

Code Blue Contracts
54646

Brewster Cares	180,000
Cove Care	9,811
TOTAL	189,811
Munis	170,530
Variance	19,281

26T037



**Office of Temporary
and Disability Assistance**

KATHY HOCHUL
Governor

BARBARA C. GUINN
Commissioner

RAJNI CHAWLA
Executive Deputy Commissioner

Code Blue

Funding Allocations

Attachment 1

Local Social Services District	Allocation
Albany	\$915,000
Allegany	\$274,000
Broome	\$848,796
Cattaraugus	\$414,000
Cayuga	\$191,169
Chautauqua	\$443,000
Chemung	\$356,807
Chenango	\$218,325
Clinton	\$307,555
Columbia	\$323,077
Cortland	\$323,648
Delaware	\$5,000
Dutchess	\$392,600
Erie	\$645,000
Essex	\$34,000
Franklin	\$60,000
Fulton	\$134,725
Genesee	\$23,579
Greene	\$24,000
Hamilton	\$1,000
Herkimer	\$132,430
Jefferson	\$414,311
Lewis	\$144,465
Livingston	\$300,000
Madison	\$32,000
Monroe	\$1,401,000
Montgomery	\$442,000
Nassau	\$527,995
New York City	\$430,567
Niagara	\$157,000

Local Social Services District	Allocation
Oneida	\$622,405
Onondaga	\$361,535
Ontario	\$62,000
Orange	\$386,000
Orleans	\$115,500
Oswego	\$126,893
Otsego	\$350,700
Putnam	\$213,822
Rensselaer	\$85,000
Rockland	\$470,402
Saratoga	\$426,000
Schenectady	\$601,300
Schoharie	\$421,026
Schuyler	\$179,000
Seneca	\$17,000
St. Lawrence	\$261,000
Steuben	\$435,000
Suffolk	\$330,750
Sullivan	\$267,291
Tioga	\$5,000
Tompkins	\$2,000,000
Ulster	\$966,000
Warren	\$353,000
Washington	\$386,281
Wayne	\$39,032
Westchester	\$460,014
Wyoming	\$10,000
Yates	\$131,000
TOTALS	\$20,000,000

WILLIAM J. CARLIN, Jr. CPA
Commissioner Of Finance



*CE: #11
Health - MARCH
Arrest - MARCH*

KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

Reso

Full - April

DEPARTMENT OF FINANCE

MEMORANDUM

#4.

To: Diane Trabulsy, Legislative Clerk
From: William J. Carlin, Jr., Interim Commissioner of Finance *WJC*
Re: Budgetary Amendment - 26A010
Date: February 5, 2026

At the request of the Commissioner of MH, DSS & Youth, the following budgetary amendment is required.

Increase Estimated Appropriations:

10101000 54989 10231 Shelter Arrears Assistance 15,600

Increase Estimated Revenues:

10101000 436101 10231 State Aid - Shelter Arrears Assistance 15,600

Fiscal Impact - 2026 - \$ 0

Fiscal Impact - 2027 - \$ 0

This Resolution is adjust DSS State Aid levels as per the attached request.
Please forward to the appropriate committee.

Approved : _____
Kevin M, Byrne, County Executive

LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

2026 FEB - 9 AM 10:36

KEVIN BYRNE
County Executive

SARA SERVADIO
Commissioner

NICOLLE MCGUIRE
Deputy Commissioner



DEPARTMENTS OF MENTAL HEALTH
SOCIAL SERVICES AND YOUTH BUREAU

MEMORANDUM

February 3, 2026

TO: William Carlin, Commissioner of Finance

FROM:  Kristen Wunner, Fiscal Manager of Department of Mental Health, Social Services, and Youth Bureau

SUBJECT: DSS 2026 Budgetary Amendment

Your approval is requested to amend the 2026 DSS budget to include Putnam's *revised* New York State Shelter Arrears Eviction Forestallment allocation (26-LCM-01) received from the Office of Temporary and Disability Assistance (OTDA) to provide vital shelter arrears assistance to help eligible households retain permanent housing. Allocations may be used to support obligations from October 1, 2024, through September 30, 2026, and must be claimed by December 31, 2026.

Increase Estimated Revenue:

10101000	SS PROG ADMN INC MAINT	
436101	ADM SOCIAL SERVICES	\$15,600
10231	NYS SHELTER ARREARS EVICTION FOREST	
	Total Estimated Revenues	\$15,600

Increase Appropriations:

10101000	SS PROG ADMN INC MAINT	
54989	MISCELLANEOUS	\$15,600
10231	NYS SHELTER ARREARS EVICTION FOREST	
	Total Appropriations	\$15,600

Fiscal Impact (26) - 0 -

Fiscal Impact (27) - 0 -

Thank you for your time and consideration of this request.

Attachments:

26-LCM-01 2024-2026 New York State Shelter Arrears Eviction Foreclosure (SAEF) Program Guidance and Allcoations

cc: 

Sara Servadio, Commissioner of Department of Mental Health, Social Services, and Youth Bureau
Nicolle McGuire, Deputy Commissioner of Social Services and Youth Bureau



Local Commissioners Memorandum

Section 1

Table with 2 columns: Field Name and Value. Fields include Transmittal, To, Issuing Division/Office, Date, Subject, Contact Person(s), and Attachments.

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to inform social services districts (districts) outside of New York City of an extension to the New York State Shelter Arrears Eviction Forestallment (SAEF) program through September 30, 2026, and to notify districts of their two-year 2024-2026 SAEF program allocations (Attachment 1).

Districts must complete and return the 2024-2026 NYS SAEF Program District Participation Form (Attachment 2) to the Office of Temporary and Disability Assistance (OTDA) no later than January 20, 2026, to indicate whether they choose to operate a SAEF program at the funding level indicated in Attachment 1, operate at a lesser funding level, or decline all funds and elect not to participate in the SAEF program.

II. Background

In September 2024, OTDA released [24-LCM-12](#) announcing that the FY 2025 Budget appropriated \$10 million to provide for services and expenses related to the payment of shelter arrears (including rent and mortgage arrears) necessary to retain housing for certain households that are in receipt of or who would be eligible for ongoing or emergency Public Assistance (PA) pursuant to Social Services Law (SSL) §131-a. To distribute these funds, OTDA created the SAEF program to provide vital shelter arrears assistance to help eligible households retain permanent housing. In December 2024, OTDA released [24-LCM-19](#) to provide districts with supplemental SAEF program guidance.

The FY 2026 Budget appropriated an additional \$10 million to support the SAEF program. Districts may choose to retain their allocation and use district mechanisms (e.g., direct administration or transfer of funds to county agencies) to operate this program, or may delegate the administration of this program, in full or in part, to another public agency, contractor or non-profit organization.

III. Program Implications

A. Program Activities and Services

Effective October 1, 2024, districts were authorized to begin making eligibility determinations for the SAEF program. Due to the availability of additional funds and extension to the program included in the FY 2026 NYS Budget, districts may continue to make eligibility determinations for shelter arrears payments provided between October 1, 2024, and September 30, 2026. Arrears payments for eligible households may be retroactive, covering an arrears period between October 1, 2023, through September 30, 2026. Districts are reminded that SAEF program eligibility is based on circumstances at the time when eligibility is being evaluated, not during the time when arrears were accrued.

Shelter arrears payments provided through the 2024-2026 SAEF program must not exceed a total of six months of arrears per household. Arrears payments do not have to be consecutive or paid all at once; payments may be issued partially (less than six months of arrears assistance needed) or in full (all six months paid at once). There is no cap on the dollar amount that can be paid in shelter arrears under the SAEF program, as long as the arrears paid does not exceed a total of six months per household. Districts may establish local criteria that limits the amount that can be paid.

In accordance with [24-LCM-19 \(Attachment 4, Q&A 12\)](#), SAEF program payments may also be issued to cover mortgage arrears, homeowners' association fees, legal and/or late fees in circumstances where households can establish that those expenses are necessary to retain their housing and they meet all SAEF program eligibility requirements.

Prior receipt of shelter arrears payments through ongoing PA, the Emergency Assistance to Families (EAF) or Emergency Safety Net Assistance (ESNA) programs does not impact SAEF program eligibility. Households who previously received six months or more of shelter arrears assistance through ongoing PA, EAF or ESNA may receive additional payments via the SAEF program, not to exceed six months, if otherwise eligible for the

SAEF program.

SAEF program payments may be issued to an eligible household in tandem with a different funding source, to cover a separate period of shelter arrears that the SAEF program payment does not cover. The eligibility parameters for each funding source must be evaluated separately and met prior to issuing payments under the respective programs. Arrears payments from different funding sources must never be for the same time period. For further information, please see 24-LCM-19 ([Attachment 4](#), Q&A 17).

SAEF program payments will not be limited by the shelter allowance amount set forth in SSL §131-a and will not be part of the standard of need pursuant to SSL §131-a, and therefore, would not be considered by the Automated Budgeting and Eligibility Logic (ABEL) when computing financial eligibility for PA. SAEF program payments are not countable as income or as a resource for PA, Home Energy Assistance Program (HEAP) or Supplemental Nutrition Assistance Program (SNAP) eligibility or budgeting purposes. Additionally, SAEF program payments will not be subject to recoupment or repayment unless the application submitted was fraudulent or otherwise identified as ineligible.

B. Participant Eligibility

Districts must establish and maintain local policy governing eligibility for SAEF program payments. While districts have flexibility regarding SAEF program eligibility requirements, the governing statute outlines some minimum requirements for eligibility as follows:

- Eligible households are individuals and/or families, with or without children, who have shelter arrears (rent or mortgage arrears) and require assistance to retain permanent housing;
- Ongoing PA recipient households must first apply for shelter arrears assistance under PA and if found ineligible they must receive a denial notice, which must be documented in the case record. The household should then be assessed for SAEF program eligibility;
- Non-PA recipient households must first apply for shelter arrears assistance under EAF or ESNA and if they are found ineligible through both programs they must receive a denial notice, which must be documented in the case record. The household should then be assessed for SAEF program eligibility. Districts are reminded that a Supplemental Security Income (SSI) household may be found ineligible for Emergency Assistance for Adults (EAA), then evaluated under EAF and/or ESNA and still found ineligible. Such households may be considered for the SAEF program;
- One or more household members must meet the PA (Family Assistance (FA), Safety Net Assistance (SNA), EAF, ESNA) citizenship/non-citizen status eligibility requirements;
- Non-PA recipient households must meet the EAF or ESNA income eligibility requirements. Districts are reminded that the income of all the individuals that reside in the household, including those that may not have a non-citizen category/status that is satisfactory for PA benefit eligibility, must be counted in accordance with the EAF or ESNA income eligibility standards. OTDA issues guidance annually regarding updates to the EAF and ESNA federal poverty guidelines and the current charts are included below.

2025-2026 Income Guidelines for EAF and ESNA

Financial eligibility for EAF is determined by the gross (total) income immediately available to the household on the date of application. The household is financially eligible for EAF if the available income is at or below 200% of the Federal Poverty Level Guidelines for the household size. The below guidelines for EAF are effective April 1, 2025, through March 31, 2026.

**200% of Federal Poverty Level Guidelines
EAF Gross Available Test
By Family Size (Adjusted Annually)**

Household Size	Annual	Monthly
1	\$31,300	\$2,608
2	\$42,300	\$3,525
3	\$53,300	\$4,442
4	\$64,300	\$5,358
5	\$75,300	\$6,275
6	\$86,300	\$7,192
7	\$97,300	\$8,108
8	\$108,300	\$9,025
Each Additional Member	\$11,000	\$917

Financial eligibility for ESNA is determined by the gross income of the applying household. The household's gross income at the time of application must not exceed 125% of the Federal Poverty Level Guidelines for the household size. The below income guidelines for ESNA are effective April 1, 2025, through March 31, 2026.

**ESNA 125% of Federal Income Poverty Level
Guidelines (Adjusted Annually)**

Household Size	Annual	Monthly
1	\$19,562	\$1,630
2	\$26,437	\$2,203
3	\$33,312	\$2,776
4	\$40,187	\$3,349
5	\$47,062	\$3,922
6	\$53,937	\$4,495
7	\$60,812	\$5,068
8	\$67,687	\$5,641
Each Additional Member	\$6,875	\$573

Households that are determined income eligible for the SAEF program as described above are not required to meet certain other PA eligibility requirements for shelter arrears payments. Unlike traditional PA shelter arrears requirements, households eligible for the SAEF program:

- May have foreseen the occurrence or situation giving rise to the need for shelter arrears assistance;

- May be unable to reasonably demonstrate an ability to pay future shelter expenses, including any amounts in excess of the appropriate agency maximum monthly shelter allowance;
- May have already received a shelter arrears payment within the prior five years; and/or
- May not be current on a shelter repayment agreement from a prior shelter arrears payment.

Households that qualify for the SAEF program under the ESNA income eligibility requirement are not subject to a repayment agreement. In addition, while PA recipient households may be eligible for assistance under the SAEF program, receipt of PA is not a requirement for determining eligibility for the SAEF program.

Districts must make sure they have policies and procedures in place to:

- Establish that the SAEF program recipient is the primary tenant/homeowner (e.g., require a lease or other documentation);
- Establish the shelter arrears amount due for the SAEF program household;
- Ensure that the SAEF program payment will be accepted to prevent eviction for a specified timeframe (in accordance with 24-LCM-19 Attachment 4, Q&A 11; this is an area of local discretion and districts should work with landlords to determine a reasonable timeframe);
- Take reasonable steps to prevent the duplication of benefits;
- Issue a determination letter stating the amount approved or the reason for denial;
- Establish a process for handling fraudulent applications, including a procedure for recovering funds, if necessary; and
- Establish a process for reviewing and considering appeals of applications that are denied.

As a reminder, a formal eviction threat is not a requirement of the SAEF program but may be a requirement if the district's plan defines it as such. If households present documentation of a formal eviction, districts must evaluate and document it when making a SAEF program eligibility determination. Please see 24-LCM-19 (Attachment 4 Q&A 10) for further information.

Per 24-LCM-19, districts are reminded that a separate SAEF program application is not a requirement for SAEF program eligibility determinations. Although not considered SAEF program applications, districts may utilize information included on completed LDSS-2921 or LDSS-3815 forms when evaluating eligible households for SAEF program eligibility. Districts may evaluate eligibility under the SAEF program on a first-come, first-serve basis according to the eligibility parameters above and set forth at the local level, or they may choose to prioritize households in specific circumstances within the parameters of their SAEF program plans.

While districts have flexibility in determining the overall design of their local SAEF program, they are encouraged to make extra efforts to ensure prioritization of certain households, such as those with children, households with a history of housing instability, veterans, individuals and families experiencing domestic violence (DV) and/or other forms of violence, and individuals and families in receipt of SSI and/or Social Security Disability Income (SSDI). It is each district's responsibility to ensure households are aware of the SAEF program and evaluated for assistance, as appropriate. Districts are also encouraged to refer

SAEF program applicants to apply for applicable benefit programs, such as PA, HEAP, SNAP, SSI and/or SSDI.

SAEF program payments must not be issued through the Welfare Management System (WMS), as the funding source for the SAEF program is not PA funds. SAEF program payments must be made directly to the landlord, property owner, and/or property manager on behalf of the tenant. Tenants, landlords, property owners, and/or property managers must be notified of SAEF program assistance provided on behalf of any SAEF program recipient.

Households must be notified of their SAEF program eligibility determination via a manual notice. The notice must include language advising households of their right to appeal the decision. As noted above, districts must establish their own appeals process for SAEF program funds. SAEF program households do not have fair hearing rights on SAEF program eligibility. However, a potential SAEF program household may seek a fair hearing for their shelter arrears assistance denial that they received as an ongoing PA recipient household, or under EAF or ESNA.

Districts must document all information pertaining to SAEF program eligibility determinations in the case record. All information, including notifications regarding eligibility determinations (e.g., approvals and denials) must be maintained in the case record for a minimum of six years following submission of the program summation report. Further information on the report can be found under section D, below.

SAEF program files may be stored with the PA case record in the Imaging and Enterprise Document Repository (I/EDR), or another local imaging system utilized by the district. This applies only to those districts who handle their own SAEF programs. For districts who contract out their program, SAEF program files must be kept separate from the PA case record.

24-LCM-19 included a SAEF Program Application Template and a SAEF Program Notice of Determination Template. Minor updates have been made to those templates, and they are attached to this directive as Attachments 3 and 4. Districts are reminded that these templates may be used to guide implementation of the program and alleviate administrative concerns. These templates are optional, and districts may alter them to fit their program design. Districts that have been using these two templates that were initially provided under 24-LCM-19 should review the revised Attachments 3 and 4 to determine whether any changes are needed to the forms they are currently using.

C. Allocations

A total of \$20 million is available to support the SAEF program for a two-year period from October 1, 2024, through September 30, 2026. Updated 2024-2026 SAEF program allocations are listed in Attachment 1 and have been determined based on rest of state (ROS) 2023 eviction rates as reported by the New York State Unified Court System, and claims submitted for the 2024-2025 program. Some districts are receiving increases to continue operations through September 30, 2026, while other districts have the option to continue their SAEF programs at their current allocation levels, operate at a lesser funding level or opt out of SAEF program participation.

Districts are responsible for ensuring that allocations are not exceeded. Districts that overclaimed for the period of October 1, 2024, through September 30, 2025, will receive reimbursement for the claims in excess of their initial allocations (included in [24-LCM-12](#)), up to the 2024-2026 SAEF program allocation amount. However, reimbursement of any overclaims will reduce the total remaining allocation available. For example, if the district had an initial allocation of \$100,000 and they overclaimed by \$1,000, the \$1,000 will be reimbursed against the district's total 2024-2026 allocation.

For any districts that exhaust their allocation, OTDA requests that those districts track and report the number of households that may have qualified for assistance under the SAEF program to OTDA using Attachment 5. Further guidance regarding Attachment 5 is included under section D below.

D. Reporting Requirements

As part of their participation in the SAEF program, districts must keep data about each household that participates in the program. Household-payment records, to be made available on audit, must include at a minimum:

- Landlord Employer Identification Number (EIN) or other identifying information
- Landlord name or business name
- Landlord address
- Primary tenant name
- Primary tenant date of birth (DOB)
- Primary tenant race/ethnicity
- Tenant address
- Date of SAEF program payment
- Months with arrears covered by SAEF program payment
- Total SAEF program payment
- Primary tenant has open PA case at time of payment yes/no
- Number of children in household at time of payment (0-N)
- Number of adults in household at time of payment (1-N)

Households whose landlords receive multiple payments on their behalf covering more than one period will have multiple records, one for each household/payment.

Initial SAEF program reports covering the period from October 1, 2024, through September 30, 2025, were due by October 31, 2025, using the template provided in [24-LCM-19](#). A final SAEF program summation report (Attachment 5) for the period from October 1, 2025 through September 30, 2026, must be transmitted to the OTDA Public Assistance (PA) Bureau by November 30, 2026, via email at: tabureau@otda.ny.gov.

Districts are encouraged to track and report the optional characteristics of landlords and tenants using Attachment 5.

The goal of reporting is to ensure that the terms of the SAEF program are met in accordance with state legislation and to assess districts' emergency shelter arrears needs moving forward. It is the responsibility of the district to monitor any subcontracts. Districts must ensure the confidentiality of records concerning all SAEF program participants.

E. Claiming Instructions

Expenditures for the SAEF program should be claimed through the RF-17 claim package for special project claiming for the month(s) that the expenditures were made. These costs are first identified on the RF-2A claim package as F17 functional costs and reported in the F17 column on the LDSS-923 "Cost Allocation Schedule of Payments Administrative Expenses Other Than Salaries" and the LDSS-2347 "Schedule D DSS Administrative Expenses Allocation and Distribution by Function and Program." After final accepting the RF-2A, the individual project costs are then reported under the project label "SAEF Program SFY2025" on the RF-17.

Salaries, fringe benefits, staff counts, and central services costs are directly entered on the LDSS-4975A "RF-17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs" while overhead costs are automatically brought over from the RF-2A, Schedule D and distributed based upon the proportion of the number of staff assigned to this project. Employees not working all their time for the SAEF program must maintain time studies to support the salary and fringe benefit costs allocated to the program.

Non-salary administrative costs are reported with the appropriate object of expense code(s) on page 1 of the LDSS-923B "Summary - Administrative Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs."

Program costs should be reported as object of expense code 37 – Special Project Program Expense on page 2 of the LDSS-923B "Summary - Program Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs."

Total project costs should be reported on the LDSS-4975 "Monthly Statement of Special Project Claims Federal and State Aid (RF-17)" as 100% state share excluding central services costs which are local share. Actual reimbursement will be based upon each district's allocation.

SAEF program service period is from October 1, 2024, through September 30, 2026. Shelter arrears payments must be made by November 30, 2026, and cannot be made for services provided beyond September 30, 2026.

To receive reimbursement, claims for the period of October 1, 2024, through November 30, 2026, must be final accepted in the Automated Claiming System (ACS) by December 31, 2026. Districts must submit claims to OTDA in a timely manner.

Further instructions for completing time studies; the LDSS-923, LDSS-923B and Schedule D; and the RF-17 claim package are found in Chapters 4, 7, and 18, respectively, of the Fiscal Reference Manual (FRM) Volume 3. The FRMs are available online at: [Fiscal Reference Manuals | OTDA](#).

Any claiming questions should be directed to: Justin Gross at 518-474-7549 or otda.sm.field_ops.i-iv@otda.ny.gov.

IV. Reimbursement Structure and Allowable Costs

District allocations will be paid as claims are submitted to substantiate payment.

SAEF program funding is made available for districts to provide vital shelter arrears assistance to eligible households and as such, it is expected that a minimum of 85% of the funds will be used toward shelter arrears assistance in accordance with the guidelines outlined herein.

OTDA has set a 15% spending limitation on administrative costs, which includes any additional staffing needs related to determining SAEF program eligibility and issuing arrears payments. Districts should limit the amount of administrative costs necessary to operate the SAEF program to maximize both the amount of funds available to pay shelter arrears and the number of households enrolled. The use of SAEF program funds for administrative purposes must be directly related to the provision of shelter arrears to eligible households. For districts opting to assign all or a portion of their SAEF program allocation to another public agency, contractor or local nonprofit organization, districts will be held liable for assigned funds not used in a manner consistent with the purpose of the SAEF program allocation.

Districts are required to submit all claims for reimbursement through the ACS regardless of whether they elect to operate the program in-house or transfer the administration to another entity. SAEF program claims must be for shelter arrears and associated administrative costs for the period beginning October 1, 2024, through September 30, 2026, and must be claimed by December 31, 2026, per the instructions above.

V. Necessary Action

Each ROS district must complete the 2024-2026 NYS SAEF Program District Participation Form (Attachment 2) to either accept their 2024-2026 allocation, accept a lower allocation amount than the one provided, or decline their allocation. The SAEF Program Participation Form must be submitted by January 20, 2026, via email to the PA Bureau at: tabureau@otda.ny.gov.

Issued By:

Name: Valerie T. Figueroa

Title: Deputy Commissioner

Division/Office: Employment and Income Support Programs/Office of Temporary and Disability Assistance

District	2024-2026 Shelter Arrears Eviction Foreclosure Program Allocations
Albany	\$1,109,823
Alegany	\$30,000
Broome	\$495,008
Cattaraugus	\$95,224
Cayuga	\$140,249
Chautauqua	\$175,180
Chemung	\$195,365
Chenango	\$20,628
Clinton	\$105,316
Columbia	\$60,809
Cortland	\$88,496
Delaware	\$35,192
Dutchess	\$535,374
Erie	\$3,112,079
Essex	\$30,000
Franklin	\$30,000
Fulton	\$115,666
Genesee	\$66,761
Greene	\$50,717
Hamilton	\$30,000
Herkimer	\$61,585
Jefferson	\$190,188
Lewis	\$30,000
Livingston	\$55,374
Madison	\$47,613
Monroe	\$2,151,848
Montgomery	\$88,238
Nassau	\$1,182,275
Niagara	\$455,677
Oneida	\$517,262
Onondaga	\$1,196,765
Ontario	\$161,209
Orange	\$603,429
Orleans	\$29,596
Oswego	\$183,719
Otsego	\$38,297
Putnam	\$30,000
Rensselaer	\$244,331
Rockland	\$267,299
Saratoga	\$345,703
Schenectady	\$505,875
Schoharie	\$30,000
Schuyler	\$30,000
Seneca	\$37,521
St. Lawrence	\$92,119
Steuben	\$94,707
Suffolk	\$1,786,479
Sullivan	\$192,000
Tioga	\$33,898
Tompkins	\$104,799
Ulster	\$235,214
Warren	\$93,931
Washington	\$67,537
Wayne	\$109,456
Westchester	\$2,139,169
Wyoming	\$15,000
Yates	\$30,000

2025 expenses : 14,400
revised allocation: 30,000

15,000
remaining
allocation
11/12/20 - 9/30/20

**2024-2026 New York State Shelter Arrears Eviction Forestallment Program
District Participation Form**

On behalf of the _____ County Department of Social Services, I,
_____, as Commissioner of the _____
Department of Social Services, confirm that I have received the 2024-2026 New York
State Shelter Arrears Eviction Forestallment (SAEF) Program Guidance and Allocations
Local Commissioners Memorandum (LCM). In accordance with the instructions included
in the LCM, I am electing to:

Participate in the SAEF program and use the 2024-2026 allocation. I accept my
district's allocation amount of _____.

OR

Participate in the SAEF program and use a lower amount than the 2024-2026
allocation amount provided. I accept an allocation amount of _____.

OR

Not participate in the 2024-2026 SAEF program.

Completed by: _____ Date: _____

Commissioner's Signature

(INSERT DISTRICT LETTERHEAD)

_____ COUNTY SHELTER ARREARS EVICTION FORESTALLMENT (SAEF) PROGRAM APPLICATION

Application Date	
Applicant Name	
Date of Birth	
Social Security Number (SSN) (If applicable)	
Phone Number/Other Contact	
Public Assistance (PA) Case Number (If not applicable, write N/A)	

SHELTER:

Current Address	
Monthly Rent or Mortgage Amount	
Months in Arrears	
Total Arrears Amount Owed	
Landlord or Financial Institution Name	
Landlord Business Name (If applicable)	
Landlord or Financial Institution Phone	

HOUSEHOLD (HH) COMPOSITION AND CITIZENSHIP/NON-CITIZEN STATUS:

	First, M, Last	Relationship	DOB	Age	Sex	Citizen	Non-Citizen	Disabled	Race	SSN
1		Head of HH			X M F	Y / N	Y / N	Y / N		
2					X M F	Y / N	Y / N	Y / N		
3					X M F	Y / N	Y / N	Y / N		
4					X M F	Y / N	Y / N	Y / N		
5					X M F	Y / N	Y / N	Y / N		
6					X M F	Y / N	Y / N	Y / N		

**_____ COUNTY SHELTER ARREARS EVICTION FORESTALLMENT (SAEF) PROGRAM
APPLICATION**

INCOME:

Please list all monthly earned/unearned income amounts for each household member:

\$ _____	Source _____	\$ _____	Source _____
\$ _____	Source _____	\$ _____	Source _____
\$ _____	Source _____	\$ _____	Source _____
\$ _____	Source _____	\$ _____	Source _____

Please list the income and resources that are available to your household on the date of your SAEF program application:

\$ _____	Source _____	\$ _____	Source _____
\$ _____	Source _____	\$ _____	Source _____

Is the applicant the primary tenant/homeowner of the residence in which shelter arrears are being requested? (Y/N)

Please indicate below whether any of the following apply to your household:

- Y / N Did your household expect to accumulate shelter arrears?
- Y / N Is your household unable to pay future shelter expenses?
- Y / N Has your household already received a PA shelter arrears payment within the prior five years?
- Y / N If so, is the household behind on a shelter repayment agreement from a prior PA shelter arrears payment?

By signing this application, I acknowledge that the above information is accurate. I agree to any investigation to verify or confirm the information I have given in connection with my request for the SAEF program. If additional information is requested, I am responsible to provide it. I understand that such information may affect my eligibility for the SAEF program.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

****Questions concerning your application may be directed to ___ - ___ - ___ ****

FOR AGENCY USE ONLY

Interview Completed By: _____ Date: _____

Target Population:

- Household with children
 History of housing instability
 Victim of other violence
 Domestic violence history
 Veteran
 Other

Documentation:

- Responsibility of rental/mortgage costs (lease, landlord statement, financial institution statement)
 Income
 Statement or document from landlord/financial institution evidencing SAEF program funds will prevent eviction for a specified timeframe

Eligibility:

Households must first apply for PA shelter arrears assistance and if they are found ineligible, they may be evaluated for eligibility under the SAEF program. Refer to 26-LCM-01 for details on SAEF program eligibility requirements.

ARREARS SUPPORT RECEIVED OR APPLIED FOR:

Type of Support	Applied For Y/N	Date Applied	Accepted Y/N	Months of Arrears Received	Reason for Denial
PA Recipient Shelter Arrears Assistance					
Emergency Assistance to Families (EAF) Shelter Arrears Assistance					
Emergency Safety Net Assistance (ESNA) Shelter Arrears Assistance					
SAEF Program Assistance					

Eligibility determined by: _____ Date: _____

- Arrears payment approved for: _____ months Total arrears to be paid: _____
 Manual notice of determination letter must be sent
 Denied Reason for denial: _____
 Manual notice of determination letter must be sent
 Household is active PA/SNAP, information sharing completed. Case #: _____

(INSERT DISTRICT LETTERHEAD)

SHELTER ARREARS EVICTION FORESTALLMENT (SAEF) PROGRAM NOTICE OF DETERMINATION LETTER

Date: _____
Primary Tenant/Homeowner: _____
Address: _____

Your application for the New York State Shelter Arrears Eviction Fore Stallment (SAEF) program dated _____ has been received. You are **APPROVED** **DENIED**. More information is below:

APPROVED: This decision is based on the policies of this program described in OTDA 26-LCM-01.

The agency will be authorizing a shelter arrears payment. This payment will cover _____ months of arrears for the months of _____ to _____ at a cost of \$_____ per month for the following address _____.

The total payment of \$_____ will be made on _____ and paid directly to the landlord or financial institution _____, addressed _____.

_____ adult(s) and _____ child/children were living in your household at the time you applied.

DENIED: This decision is based on the policies of this program described in OTDA 26-LCM-01.

Your household is over the income limit for Emergency Assistance to Families (EAF).

Your household's gross income immediately available on the date of application was \$_____. The maximum allowable income for your household size of _____ is \$_____ under EAF eligibility guidelines.

AND/OR

Your household is over the income limit for Emergency Safety Net Assistance (ESNA).

Your household's gross monthly income is \$_____. The maximum allowable income for your household size of _____ is \$_____ under ESNA eligibility guidelines.

AND/OR

A SAEF program payment will not forestall/prevent eviction for your household.

Your household does not meet the Public Assistance citizenship/non-citizen status eligibility requirements.

Your household already received the maximum amount of six months of SAEF program assistance.

SAEF program funding is no longer available.

Other: _____

If you disagree with the decision made on your case, you may send us a request for a reconsideration/appeals letter. The letter needs to include why you disagree with the decision on your case and must be sent within 30 days of the date of denial. The letter must be sent to the address above to the attention of the SAEF program.

Sincerely,

(Insert district representative's signature)

Shelter Arrears Eviction Forestallment (SAEF) Program Summation Report Template

Date:				
District:		Contact:		
Program Operator:		Phone #:		
Report Period:		E-mail:		

SAEF Program Application/Enrollment Information

Total # of Applications Received	Total # of Households Approved	Average # of Months of Arrears Payments Issued Per Household (1-6 Months)	Average Arrears Amount Paid Per Household	Total Value of Arrears Issued for All Households	Total # of Payments Issued to Landlords

of Households that Received SAEF Program Payments Totaling:

\$1-\$1500	\$1,501-\$3,000	\$3,001-\$5,500	\$5,501-\$10,000	\$10,001-15,000	\$15,001+

Household Demographics for Approved Households (Households may fit into more than one category)

# of Households with Children (Families)	# of Households without Children (Childless Couples)	# of Single Individual Households	# of Households with Open PA Case	# of Households without Open PA Case	
# of Primary Tenants <24 Years Old	# of Primary Tenants 25-35 Years Old	# of Primary Tenants 36-49 Years Old	# of Primary Tenants 50-64 Years Old	# of Primary Tenants 65+ Years Old	
# of households that had foreseen the occurrence or situation giving rise to the need for arrears assistance	# of households unable to reasonably demonstrate an ability to pay future shelter expenses	# of households that had already received a shelter arrears payment within the prior five years	# of households not current on a shelter repayment agreement from a prior shelter arrears payment		

of Households Denied SAEF Program Payments for the Following Reasons:

Local Eligibility Standards/Other Reasons	Exceeding Income Eligibility Standard	Already Received 6 Months Arrears Assistance Under SAEF Program	SAEF Program Funding No Longer Available	SAEF Program Payment Will Not Forestall Eviction	Did Not Meet PA Citizenship/Non-Citizen Requirements

Optional Section

Priority Group Identification for Approved Households

Race/Ethnicity by Household

# of Households with History of Housing Instability	# of Veterans	# of Individuals and Families Experiencing Domestic Violence or Other Forms of Violence	# of Individuals and Families in Receipt of SSI or SSDI	# of Hispanic or Latino	# of American Indian/Alaskan Native	# of Asian

Landlord Information

# of Landlords that Received at Least 1 Payment	# of Landlords that were LLCs	# of Landlords with an Address In-District	# of Landlords with an Address out of State	# of Black or African American	# of Hawaiian Native or Pacific Islander	# of White

WILLIAM J. CARLIN, Jr. CPA
Commissioner Of Finance



KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

Health 3-11-26
audit-330-26 Reso
Feel
4-7-26

DEPARTMENT OF FINANCE

5.

MEMORANDUM

To: Diane Trabulsy, Legislative Clerk
From: William J. Carlin, Jr., Interim Commissioner of Finance *WJC*
Re: Budgetary Amendment - 26A018
Date: March 2, 2026

2026 MAR -4 AM 9:13
LEGISLATURE
PUTNAM COUNTY
CARNEL, NY

At the request of the Commissioner of MH, DSS & Youth, the following budgetary amendment is required.

Increase Estimated Appropriations:

22071000 52110	Furniture & Fixtures	2,500
22071000 52130	Computer Equipment	3,311
22071000 52180	Other Equipment	12,000
22071000 54510	Machine Maintenance	5,422
22071000 54640	Education & Training	5,932
22071000 54783	Licensing & Accessories	4,500
22071000 55870	Chargeback Auto	200
		<hr/>
		33,865 ✓

Crime Victims

Increase Estimated Revenues:

22071000 446131	State Aid - OEOP Crime Victim	33,865
	<i>* office of Educational Opportunity Programs</i>	
	Fiscal Impact - 2026 - \$ 0	
	Fiscal Impact - 2027 - \$ 0	

This Resolution is adjust DSS State Aid levels as per the attached request. Please forward to the appropriate committee.

Approved : _____
Kevin M, Byrne, County Executive

KEVIN BYRNE
County Executive

SARA SERVADIO
Commissioner

NICOLLE MCGUIRE
Deputy Commissioner



DEPARTMENTS OF MENTAL HEALTH
SOCIAL SERVICES AND YOUTH BUREAU

MEMORANDUM

March 2, 2026

TO: William Carlin, Commissioner of Finance

FROM: Kristen Wunner, Fiscal Manager of Department of Mental Health, Social Services, and Youth Bureau *Kristen Wunner*

SUBJECT: DSS 2026 Budgetary Amendment

Your approval is requested to amend the 2026 Department of Social Services budget to include expenses funded in accordance with the following contract extension awarded to the Child Advocacy Center for the period of 10/01/2025-09/30/2026. OVS01-11348GG-1080200 is a multi-year agreement awarded by the Office of Victim Services (OVS) for the period of 10/01/2022-09/30/2026.

Increase Estimated Revenue:

22071000		OEOP CRIME VCTM	
	446131	CRIME VICTIMS BOARD	\$33,865
		Total Estimated Revenues	\$33,865

Increase Appropriations:

22071000		OEOP CRIME VCTM	
	52110	FURNITURE AND FURNISHINGS	\$2,500
	52130	COMPUTER EQUIPMENT	\$3,311
	52180	OTHER EQUIPMENT	\$12,000
	54510	MACHINE MAINTENANCE	\$5,422
	54640	EDUCATION AND TRAINING	\$5,932
	54783	LICENSING AND ACCESSORIES	\$4,500
	55870	CHRGBK AUTO ALL CTY VEHICLE	\$200
		Total Appropriations	\$33,865
		Fiscal Impact (26)	- 0 -
		Fiscal Impact (27)	- 0 -

DONALD B. SMITH COUNTY GOVERNMENT CAMPUS ~ BLDG. # 2
110 OLD ROUTE SIX ~ CARMEL, NEW YORK 10512 (845) 808-1500 FAX (845) 225-8635
MEDICAID UNIT FAX (845) 225-0947
YOUTH BUREAU (845) 808-1600

Thank you for your time and consideration of this request.

Attachments:

CHILD ADVOCACY CENTER – OVS GRANT DETAIL

CONTRACT OVS01-11348GG-1080200 - STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

CONTRACT OVS01-11348GG-1080200 - ATTACHMENT B BUDGET SUMMARY

cc: Sara Servadio, Commissioner of Department of Mental Health, Social Services, and Youth Bureau



Nicolle McGuire, Deputy Commissioner of Social Services and Youth Bureau

Marla Behler, Program Director Child Advocacy Center

CHILD ADVOCACY CENTER - OVS GRANT DETAIL
 CONTRACT NUMBER #OVS01-11348GG-1080200
 10/01/2025-09/30/2026

<u>GRANT EXPENSE DESCRIPTION</u>	<u>MUNIS DESCRIPTION</u>	<u>OBJECT CODE</u>	<u>APPROVED GRANT BUDGET</u>
FURNITURE	FURNITURE AND FURNISHINGS	52110	2,500
FORENSIC INTERVIEW EQUIPMENT	COMPUTER EQUIPMENT	52130	3,311
AIR CONDITIONERS	OTHER EQUIPMENT	52180	12,000
STAR WITNESS SIGNAL SCOPE	MACHINE MAINTENANCE	54510	5,422
STAFF AND TEAM TRAINING	EDUCATION AND TRAINING	54640	5,932
GUARDIFY CLOUD SERVICE	LICENSING AND ACCESSORIES	54783	4,500
VEHICLE INSURANCE	CHRGBK AUTO ALL CTY VEHICLE	55870	200
			<u>33,865</u>

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address): Office of Victim Services 80 S. Swan Street 2nd Flr. Albany, NY 12210</p>	<p>BUSINESS UNIT/DEPT ID: OVS01 1080200 CONTRACT NUMBER: OVS01-C11348GG-1080200 CONTRACT TYPE (select one): <input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR NAME: PUTNAM COUNTY OF</p>	<p>TRANSACTION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal (list periods) : <input checked="" type="checkbox"/> Amendment (list periods) : 1, 2, 4</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 100002443 Federal Tax ID Number: 146002759</p>	<p>PROJECT NAME: FY22 Victim Assistance ASSISTANCE LISTINGS (formerly CFDA) NUMBER (ALN) (Federally Funded Grants Only): 16.575</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS: ATTN COUNTY CLERK 40 GLENEIDA AVE RM 100 CARMEL, NY 10512 CONTRACTOR PAYMENT ADDRESS: 40 GLENEIDA AVE CARMEL, NY 10512 <input type="checkbox"/> Check if same as primary mailing address CONTRACTOR MAILING ADDRESS: 40 GLENEIDA AVE CARMEL, NY 10512 <input type="checkbox"/> Check if same as primary mailing address CONTRACTOR PRIMARY E-MAIL ADDRESS: sheila.barrett2@putnamcountyny.gov</p>	<p>CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-For- Profit Charities Registration Number: Exemption Status/Code: N/A <input type="checkbox"/> Sectarian Entity</p>
<p>CURRENT CONTRACT TERM: From: 10/01/2022 To: 09/30/2025 AMENDED TERM: From: 10/01/2022 To: 09/30/2026</p>	<p>CONTRACT FUNDING AMOUNT (Fixed Term – enter current period amount; Simplified Renewal – enter cumulative amount to date; Multi-year – enter total projected amount of the contract): CURRENT: \$1,236,109.22 AMENDED: \$1,648,145.63 FUNDING SOURCE(S) <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other</p>

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):

- Appendix A
- Attachment A:
 - A-1 Agency Specific Terms and Conditions
 - A-2 Program Specific Terms and Conditions
 - A-3 Federally Funded Grants and Requirements Mandated by Federal Laws
- Attachment B:
 - B-1 Expenditure Based Budget
 - B-2 Performance Based Budget
 - B-3 Capital Budget
 - B-4 Net Deficit Budget
 - B-1(A) Expenditure Based Budget (Amendment)
 - B-2(A) Performance Based Budget (Amendment)
 - B-3(A) Capital Budget (Amendment)
 - B-4(A) Net Deficit Budget (Amendment)
- Attachment C: Work Plan
- Attachment D: Payment and Reporting
- Other:

STATE OF NEW YORK CONTRACT FOR GRANTS SIGNATURE PAGE

IN WITNESS THEREOF, the parties hereto have electronically signed and agreed to this Contract, or approved this Contract on the dates below their signatures.

In addition, I, acting in the capacity as Contractor, certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, and as such I do agree, and I have the authority to agree, to all of the terms and conditions set forth in the Contract, including all appendices and attachments. I understand that (i) payment of a claim on this Contract is conditioned upon the Contractor's compliance with all applicable conditions of participation in this program and if applicable, the accuracy and completeness of information submitted to the State of New York through the New York State prequalification process and (ii) by electronically indicating my acceptance of the terms and conditions of the Contract, I certify that (a) to the extent that the Contractor is required to register and/or file reports with the Office of the Attorney General's Charities Bureau ("Charities Bureau"), the Contractor's registration is current, all applicable reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau relating to its filings and (b) all data and response in the application submitted by the Contractor are true, complete and accurate. I also understand that use of my assigned User ID and Password on the State's contract management system is equivalent to having placed my signature on the Contract and that I am responsible for any activity attributable to the user of my User ID and Password. Additionally, any information entered will be considered to have been entered and provided at my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or signature is inadmissible in court, notwithstanding the choice of law provisions.

CONTRACTOR: PUTNAM COUNTY OF

By: Sara Servadio-Hennig
 Printed Name
 Title: Commissioner
 Date: 02/06/2026

In addition, the party below certifies that it has verified the electronic signature of the Contractor to this Contract.

STATE AGENCY:
Office of Victim Services

By: Melissa Paquette
 Printed Name
 Title: Counsel
 Date: 02/08/2026

ATTORNEY GENERAL'S SIGNATURE
 APPROVED AS TO FORM
 By: _____
 Printed Name
 Title: _____
 Date: _____

STATE COMPTROLLER'S SIGNATURE
 By: Jennifer Lauer
 Printed Name
 Title: Contract Management Specialist 2
 Date: 02/11/2026

ATTACHMENT B - BUDGET

Contract Periods

Contract Type: Multi Year
Contract Term: 10/01/2022 - 09/30/2026
Contract Amount: \$1,648,145.63

Contract Period Information Details

For Fixed Terms contracts, only Period 1 in the chart below is completed.

For Simplified Renewal contracts, Period 1 in the chart below is completed initially and additional periods are added incrementally as they are awarded.

For Multi-Year Contracts, all defined contract periods will be displayed. Out years represent projected funding amounts.

For all contracts, the Budget and Workplan Indicator is provided to represent whether these details are included on the following pages.

Contract Period Information

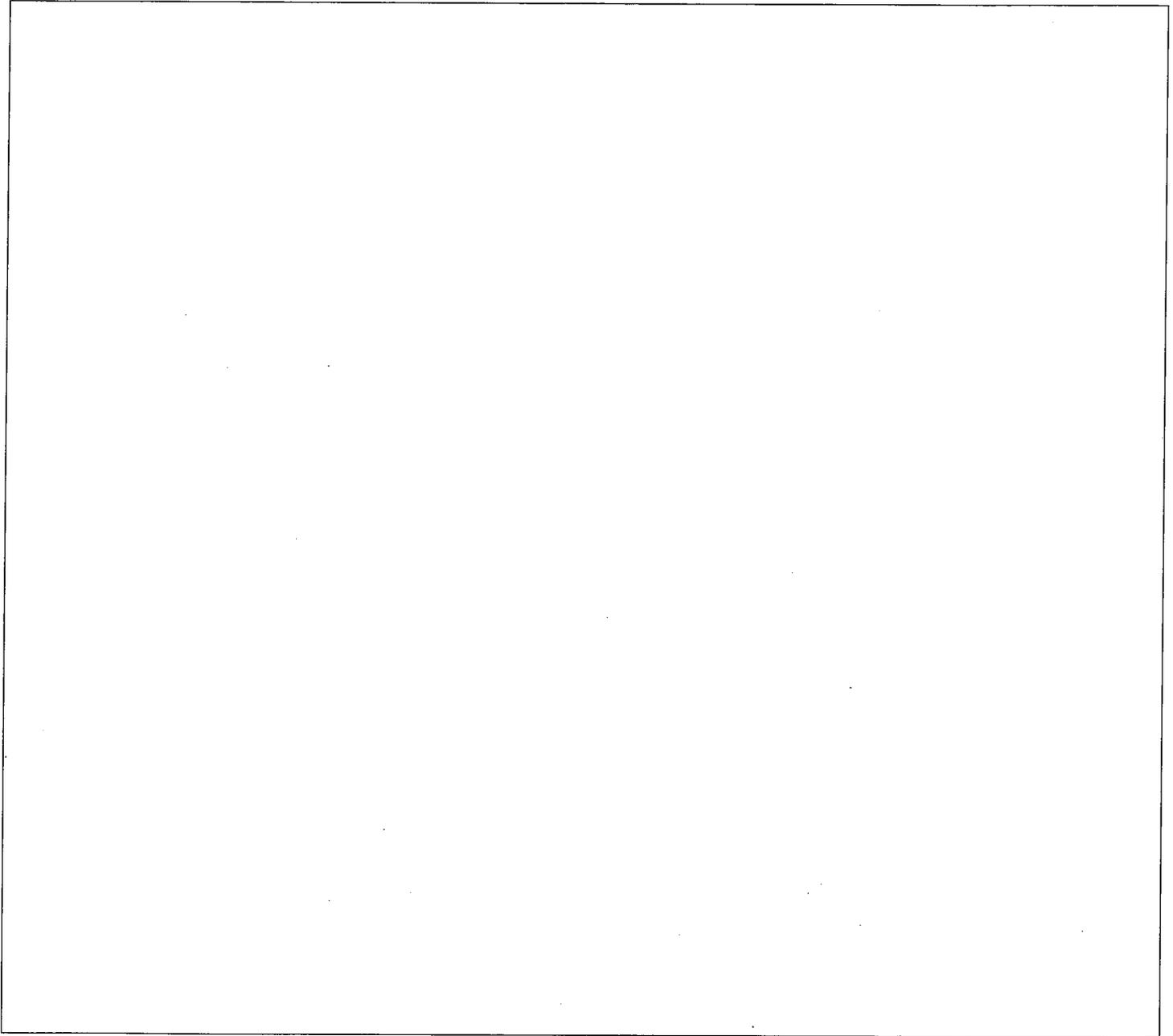
Number	Dates	Amount	Amended Dates	Amended Amount	Budget Indicator	Workplan Indicator
1	10/01/2022 - 09/30/2023	\$412,036.41			Y	Y
2	10/01/2023 - 09/30/2024	\$412,036.41			Y	Y
3	10/01/2024 - 09/30/2025	\$412,036.40			Y	Y
4	10/01/2025 - 09/30/2026	\$412,036.41			Y	Y

**ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET AMENDMENT
SUMMARY**

PROJECT NAME: FY22 Victim Assistance
 CONTRACTOR NAME: PUTNAM COUNTY OF
 CONTRACT PERIOD NUMBER: 4
 CONTRACT PERIOD: From: 10/01/2025
 To: 09/30/2026

CATEGORY OF EXPENSE	GRANT FUNDS			MATCH FUNDS	MATCH PERCENTAGE	OTHER FUNDS	TOTAL FUNDS
	CURRENT BUDGET	CHANGE	REVISED BUDGET				
1) Personal Services							
a) SALARY	\$0.00	\$232,924.48	\$232,924.48	\$110,836.14	0%	\$0.00	\$343,760.62
b) FRINGE	\$0.00	\$76,912.00	\$76,912.00	\$28,850.00	0%	\$0.00	\$105,762.00
Subtotal	\$0.00	\$309,836.48	\$309,836.48	\$139,686.14	0%	\$0.00	\$449,522.62
2) Non Personal Services							
a) CONTRACTUAL	\$0.00	\$75,617.00	\$75,617.00	\$116,835.70	0%	\$0.00	\$192,452.70
b) TRAVEL	\$0.00	\$6,431.93	\$6,431.93	\$0.00	0%	\$0.00	\$6,431.93
c) EQUIPMENT	\$0.00	\$17,811.00	\$17,811.00	\$0.00	0%	\$0.00	\$17,811.00
d) SPACE/PROPERTY RENT	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
e) SPACE/PROPERTY OWN	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
f) UTILITIES	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
g) OPERATING EXPENSES	\$0.00	\$2,340.00	\$2,340.00	\$0.00	0%	\$0.00	\$2,340.00
h) OTHER	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
Subtotal	\$0.00	\$102,199.93	\$102,199.93	\$116,835.70	0%	\$0.00	\$219,035.63
Total	\$0.00	\$412,036.41	\$412,036.41	\$256,521.84	0%	\$0.00	\$668,558.25

**ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET AMENDMENT
JUSTIFICATION**



**ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET AMENDMENT
PERSONAL SERVICES DETAIL WORKSHEET**

SALARY									
POSITION TITLE	ANNUALIZED SALARY PER POSITION	STANDARD WORK WEEK (HOURS)	PERCENT OF EFFORT FUNDED	NUMBER OF MONTHS FUNDED	GRANT FUNDS	MATCH FUNDS	MATCH PERCENTAGE	OTHER FUNDS	TOTAL FUNDS
1. Senior Bilingual Victim Advocate (10/1/25-12/31/25)	\$77,292.00	35.00	100.00	3.00	\$19,323.00	\$0.00	0%	\$0.00	\$19,323.00
2. Senior Bilingual Victim Advocate (1/1/26-9/30/26)	\$83,143.00	35.00	100.00	9.00	\$62,357.25	\$0.00	0%	\$0.00	\$62,357.25
3. Coordinator, CAC (10/1/25-12/31/25)	\$85,000.00	35.00	85.00	3.00	\$18,062.50	\$0.00	0%	\$0.00	\$18,062.50
4. Coordinator, CAC (1/1/26-9/30/26)	\$87,338.00	35.00	85.00	9.00	\$55,677.98	\$0.00	0%	\$0.00	\$55,677.98
5. Victim Advocate (10/1/25-12/30/25)	\$71,764.00	35.00	100.00	3.00	\$17,941.00	\$0.00	0%	\$0.00	\$17,941.00
6. Victim Advocate (1/1/26-9/30/26)	\$79,417.00	35.00	100.00	9.00	\$59,562.75	\$0.00	0%	\$0.00	\$59,562.75
7. Program Dir. match (10/1/25-12/31/25)	\$115,000.00	35.00	34.00	3.00	\$0.00	\$9,775.00	100%	\$0.00	\$9,775.00
8. Program Dir. match (1/1/26-9/31/26)	\$118,163.00	35.00	34.00	9.00	\$0.00	\$30,131.57	100%	\$0.00	\$30,131.57
9. Senior Clerk match 10/1/25-12/31/25	\$52,662.00	28.00	75.00	3.00	\$0.00	\$9,874.13	100%	\$0.00	\$9,874.13
10. Principal Office Assistant match (1/1/26-9/30/26)	\$66,943.00	35.00	75.00	9.00	\$0.00	\$37,655.44	100%	\$0.00	\$37,655.44
11. Volunteer (match)	\$23,400.00	15.00	100.00	12.00	\$0.00	\$23,400.00	100%	\$0.00	\$23,400.00
Sub Total					\$232,924.48	\$110,836.14	0%	\$0.00	\$343,760.62
FRINGE									
TYPE/DESCRIPTION									
1. Approved Fringe Rate 37.03% (2025) - 32.57% (2026)					\$76,912.00	\$28,850.00	0%	\$0.00	\$105,762.00
Sub Total					\$76,912.00	\$28,850.00	0%	\$0.00	\$105,762.00
Personal Services Total					\$309,836.48	\$139,686.14	0%	\$0.00	\$449,522.62

ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET AMENDMENT
PERSONAL SERVICES DETAIL WORKSHEET

PERSONAL SERVICES NARRATIVE – SALARY

Senior Bilingual Victim Advocate:

Direct Service: Position provides direct services to CAC clients such as compensation app assistance, information and referral, legal and personal advocacy, crisis intervention, counseling, therapy, and housing assistance.

Other VOCA Allowable Activities: Position also receives supervision from the Program Director and attends VOCA-allowable trainings when possible.

Victim Advocate:

Direct Service: Position provides direct services to CAC clients such as compensation app assistance, information and referral, legal and personal advocacy, crisis intervention, counseling, therapy, and housing assistance.

Other VOCA Allowable Activities: position also receives supervision from the Program Director and attends VOCA-allowable trainings when possible.

CAC Coordinator:

Direct Service: Position is responsible for coordinating and conducting forensic interviews, facilitating monthly case review meetings with team members and facilitating forensic interviewing peer review meetings.

Other VOCA Allowable Activities: Overseeing and conducting outreach initiatives to educate and identify crime victims, as well as attending VOCA-allowable trainings where possible and receiving supervision from the Program Director. Also coordinates and participates in inter-agency teams and coalitions, as well as conducting ongoing program evaluation.

Program Director (Match)

Direct Service: provides some direct services to CAC clients such as compensation app assistance, information and referral, legal and personal advocacy, crisis intervention, counseling, therapy, and housing assistance.

VOCA Required Reporting: Negotiates OVS budgets and budget amendments, works on OVS FCR payments, and provides assistance with PMT data collection and submission.

Other VOCA Allowable Activities: Provides supervision to all contract staff, coordinates with interagency teams, as well as attending VOCA-allowable trainings where possible.

Principal Office Assistant/Senior Clerk (Match)

Direct Service: position is responsible for providing information and referrals, crisis intervention, making and receiving client-related phone calls.

VOCA Required Reporting: compiles and manages PMT statistics and reports, and submits PMTS to OVS

Other VOCA Allowable Activities: Coordinating meetings with intra and interagency groups, coordinating and conducting outreach efforts, conducting victims satisfaction and needs surveys and evaluation, attending VOCA-allowable trainings where possible, and receiving supervision from the Program Director.

Volunteer (Match): Volunteers assist with case management which includes providing direct services to clients as well as assisting with community outreach and entering cases in our database. Volunteer match is based on \$25.00 per hour x 15 hours per week x 44 weeks

PERSONAL SERVICES NARRATIVE - FRINGE

Fringe to be charged at the approved rates of 37.03% for 2025 and 32.57% for 2026 - budget contains lower than maximum percentages due to budget restrictions

ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET AMENDMENT
NON-PERSONAL SERVICES DETAIL WORKSHEET – CONTRACTUAL

CONTRACTUAL TYPE/DESCRIPTION	GRANT FUNDS	MATCH FUNDS	MATCH PERCENTAGE	OTHER FUNDS	TOTAL FUNDS
1. Putnam Northern Westchester Women's Resource Center	\$65,695.00	\$116,835.70	0%	\$0.00	\$182,530.70
2. Star Witness Signal Scape	\$5,422.00	\$0.00	0%	\$0.00	\$5,422.00
3. Guardify Cloud Service	\$4,500.00	\$0.00	0%	\$0.00	\$4,500.00
Total	\$75,617.00	\$116,835.70	0%	\$0.00	\$192,452.70

CONTRACTUAL NARRATIVE

PNWWRC: The CAC will subcontract with the Putnam/Northern Westchester Women's Resource Center (PNWWRC) to deliver mental health and outreach services in the most cost-effective way. Through this contract, three clinicians (one bilingual) will be designated to the CAC. These staff will provide evidence-based assessments, develop individualized treatment plans, and deliver evidence-supported therapeutic services for child clients and their families. They may also assist with forensic interviews and conduct outreach to educate the community and help identify victims of crime. Subcontracting these positions avoids the additional expenses associated with COLA and collective bargaining requirements tied to county positions, while ensuring the full scope of services outlined in the application can be delivered. \$65,695 of grant funds is allocated to this contract with the balance of \$116,835.70 being provided by alternative funding sources.

Star Witness Signal Scape: CAC will renew 2-year maintenance contract for Forensic Interview Recording Equipment and Software which provides updates on software releases and patches. Technical support including phone email and remote login for Star Witness Interviewer. Contract is for a two-year period and is due for renewal in September 2026.

Guardify: A key part of protecting child survivors is the forensic interview, conducted by trained professionals at Child Advocacy Centers (CACs). These interviews, which are video recorded, contain highly sensitive information and are essential to both justice and healing. Guardify is a secure, cloud-based digital management system that allows CACs to safely store, manage, and share forensic interview videos with the Multidisciplinary Team. It ensures timely access, supports case continuity, and helps meet NCA accreditation standards, including secure peer review. The budgeted amount covers the annual license for this customized solution.

ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET AMENDMENT
NON-PERSONAL SERVICES DETAIL WORKSHEET – TRAVEL

TRAVEL TYPE/DESCRIPTION	GRANT FUNDS	MATCH FUNDS	MATCH PERCENTAGE	OTHER FUNDS	TOTAL FUNDS
1. Staff and Team Training	\$5,931.93	\$0.00	0%	\$0.00	\$5,931.93
2. Staff Travel	\$500.00	\$0.00	0%	\$0.00	\$500.00
Total	\$6,431.93	\$0.00	0%	\$0.00	\$6,431.93

TRAVEL NARRATIVE
<p>Staff and Team Training: Supports OVS-approved training, including the OVS conference, NCA accreditation-required training and other relevant courses. Funds will include training for clinicians in EMDR and the CAC Coordinator's certification as an EMDR Consultant to expand access to this evidence-based treatment for trauma victims.</p> <p>Staff Travel: Supports staff travel expenses necessary to carry out work plan activities, including off-site meetings with clients related to services or with interagency teams, outreach events, home visits, court proceedings, and other duties required to meet client needs. Examples of covered costs include mileage reimbursement, parking fees, and tolls.</p>

ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET AMENDMENT
NON-PERSONAL SERVICES DETAIL WORKSHEET – EQUIPMENT

EQUIPMENT TYPE/DESCRIPTION	GRANT FUNDS	MATCH FUNDS	MATCH PERCENTAGE	OTHER FUNDS	TOTAL FUNDS
1. Furniture	\$2,500.00	\$0.00	0%	\$0.00	\$2,500.00
2. Forensic Interview Equipment	\$3,311.00	\$0.00	0%	\$0.00	\$3,311.00
3. Air Conditioners	\$12,000.00	\$0.00	0%	\$0.00	\$12,000.00
Total	\$17,811.00	\$0.00	0%	\$0.00	\$17,811.00

EQUIPMENT NARRATIVE

Forensic Interview Equipment: The budgeted amount is based on a quote from StarWitness (vendor for existing equipment) for the Interviewer Dome Camera Kit and Microphone. This equipment will enhance audio quality so that softly spoken responses are clearly captured and improve video coverage while allowing children the freedom to choose their seat without compromising visibility. The upgrade supports a trauma-informed approach by prioritizing the child's comfort while ensuring high-quality documentation, compliance with best practices, and reliable recordings that reduce the need for repeated interviews.

Air Conditioners: The CAC's current AC system is outdated, inefficient, and noisy, disrupting meetings and making it hard to communicate effectively with clients, impacting the quality of services we provide. During forensic interviews in particular, the noise makes it difficult to clearly hear children's voices, which can interfere with the accuracy and quality of the recorded interviews. Replacing the current units with new inverter window units that sit on the outside will significantly reduce noise, improve air circulation, and create a more comfortable and professional environment for confidential conversations, meetings, and interviews. The amount budgeted is based on a quote provided by the contracted vendor and will cover a percentage of the total cost, prorated at 78.84% based on Method 4.

Furniture: Funds will be used to replace office chairs (to be prorated at the percent of effort of the relevant staff member) and to purchase a secure storage unit for the forensic interview computer equipment and monitoring system in the observation room. This will help protect sensitive equipment and ensure that the technology is stored safely and organized when not in use.

ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET AMENDMENT
NON-PERSONAL SERVICES DETAIL WORKSHEET – OPERATING EXPENSES

OPERATING EXPENSES TYPE/DESCRIPTION	GRANT FUNDS	MATCH FUNDS	MATCH PERCENTAGE	OTHER FUNDS	TOTAL FUNDS
1. Cell Phones	\$1,440.00	\$0.00	0%	\$0.00	\$1,440.00
2. Vehicle Insurance	\$200.00	\$0.00	0%	\$0.00	\$200.00
3. Office Supplies	\$100.00	\$0.00	0%	\$0.00	\$100.00
4. Program Supplies	\$600.00	\$0.00	0%	\$0.00	\$600.00
Total	\$2,340.00	\$0.00	0%	\$0.00	\$2,340.00

OPERATING EXPENSES NARRATIVE

Cell phones will be provided to 3 position proposed in this application (2 victim advocates, and the program coordinator) to carry out their job responsibilities. The budgeted amount is based on annual county rate of 480.00 per phone.

Office Supplies: Covers project-specific supplies, including but not limited to pens, paper, printing materials. To be prorated at 78.84% per Method 4.

Program Supplies: forensic interview tools, therapy supplies, anatomical doll set

Vehicle Insurance cost is based on the County's standard rate of \$200 per vehicle. This vehicle was funded by OVS and is used exclusively for OVS-approved activities. The rate reflects the County's negotiated group policy, which provides comprehensive coverage at a reduced cost through pooled purchasing.

WILLIAM J. CARLIN, Jr. CPA
Commissioner Of Finance



Health - 3-11-26
Credit 3-30-26
Fuel - 4-7-26
KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

cc All
Reso

DEPARTMENT OF FINANCE

MEMORANDUM

#6.

To: Diane Trabulsy, Legislative Clerk
From: William J. Carlin, Jr., Commissioner of Finance *WJC*
Re: Budgetary Amendment - 26A015
Date: February 24, 2026

At the request of the County Historian, the following budgetary amendment is required.

Increase Estimated Appropriations:

10751000 54682 Special Services 835

Increase Estimated Revenues:

10751000 427051 Gifts & Donations 835

Fiscal Impact - 2026 - \$ 0

Fiscal Impact - 2027 - \$ 0

This Resolution is required to fund a newspaper digitization project (as per the attached correspondence) utilizing the remaining proceeds of the Greg Amato Trust. Please forward to the appropriate committee.

Approved : _____
Kevin M, Byrne, County Executive

LEGISLATURE
PUTNAM COUNTY
CARHILL, NY

2026 FEB 25 AM 11:09

JENNIFER M. CASSIDY
COUNTY HISTORIAN



KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

MEMORANDUM

TO: Sheila Barrett, Finance

FROM: Jen Cassidy, Historian's Office

DATE: February 24, 2026

RE: Gregory J. Amato Trust – fund transfer

A handwritten signature in dark ink, appearing to be "Jen Cassidy", is written over the "FROM" line of the memorandum.

I would like to request that the remaining donated funds available in the "Gregory J. Amato Trust" be transferred to Special Services (org: 10751000, object: 54682) for a newspaper digitization project, to be used in 2026.

Thank you.

Jennifer M. Cassidy
Historian

2025 RELEASE UNDER E.O. 14176

7
10

APPROVAL/ GRANT APPLICATION/ NEW YORK STATE 250TH COMMEMORATION
COMMISSION /REVOLUTIONARY PUTNAM COUNTY COMMITTEE
PROGRAMMING AND PROJECTS

WHEREAS, Section 5-2(E) of the Putnam County Code provides that an applicant of any grant application that does not require local Putnam County ("the County") matching funds shall notify the Putnam County Legislature ("the Legislature") prior to the submission of a grant application and, further, if the Legislature objects to such grant application, the applicant shall not apply for said grant; and

WHEREAS, by and through the State of New York Education Department ("NYSED") and the New York State 250th Commemoration Commission, the County has the opportunity to apply for New York State 250th Commemoration funding to be allocated based on a K-12 enrollment formula (anticipated to be upwards of \$15,000) administered by the NYSED for public programming and county-wide projects relative to the 250th anniversary of the American Revolution and Declaration of Independence in 2026; and

WHEREAS, the purpose of the grant funds is to subsidize the costs associated with the relative existing and upcoming public programming and county-wide projects; and

WHEREAS, there is no matching fund requirement by the County to accept the New York State 250th Commemoration Commission grant for the relative existing and upcoming public programming and county-wide projects; now therefore be it

RESOLVED, that the Legislature authorizes and approves the County's submission, by the County Historian's Office, of its application for New York State 250th Commemoration funding administered through NYSED and awarded by the New York State 250th Commemoration Commission for the relative existing and upcoming public programming and county-wide projects; and be it further

RESOLVED, that this resolution shall take effect immediately.



New York State 250th Commemoration Commission

County Agreement Letter

Introduction

Thank you for your continued participation in and enthusiasm for bringing the NY 250 Commemoration to your county. Your county is set to be allocated X based on a K-12 enrollment formula. We are in the final stages of the funding process and will be disbursing your allocation soon. As a final step, please read this document carefully and agree to the terms outlined within. Please sign, date, and notarize this document, and promptly scan it and send it to NYSED electronically, via NY250@nysed.gov. Thank you.

Agreement Terms

It is understood that our county/city may retain funds for countywide/citywide work and/or sub-grant some or all of funds to other local entities (e.g. municipal historians, heritage organizations, schools, libraries). In the case of such sub-allocations, it will be the responsibility of the primary designated entity, as specified in our NY250 County Allocation – Designation and Plan form, in our county/city to maintain records to adhere with all fund administration and reporting requirements as set forth by NYSED.

Name: _____

Title: _____

I agree

After funding is disbursed, it is understood that your county/city must:

Fully cooperate with and participate in marketing and social media activities with the NY 250 Commission and NYSED for all funded activities;

Submit a short close-out report summarizing the grant/subgrant activities and activity outcomes within 60 days of project completion or by September 2, 2026, whichever is earlier.

Name: _____

Title: _____

I agree



New York State 250th Commemoration Commission

It is understood that your county/city will:

Periodically provide status updates for the NY 250 Commission;
publicly post how your county/city is spending NY 250 funds.

Name: _____

Title: _____

I agree

It is understood that your county/city will

Utilize funds allocated for the creation of events, commemorations, activities,
and historical commemoration events related to the NY 250 and Unfinished
Revolution that foster community/civic engagement. Any questions about the
applicability of such events for funding can be directed to NY250@nysed.gov.
Keep funded events and activities open to the public;
Keep funded events and activities free to the public.

Name: _____

Title: _____

I agree

It is understood that

Your county/city must publicize our events on the NY 250 and I Love NY
websites

Your county/city must engage in co-branding with NY 250 (using NY 250
logo)

If your county/city maintains social media accounts or sites, you should “tag”
NY 250 and/or NYSED social accounts and consent to cross-promotion of
events

Name: _____

Title: _____

I agree

It is understood that

Funding can be used for staffing and other costs associated with local 250
events, including incidentals (e.g. insurance, security)

Any selection of vendors should adhere to NYS M/WBE requirements where
applicable

Funding can be used for commission/purchasing/restoring of art or other
historic documents, licenses, paintings, artwork

Name: _____

Title: _____

I agree



New York State 250th Commemoration Commission

It is understood that

Your county/city will consider exploring partnerships with local school districts and BOCES. Contact information for your local BOCES can be found at <https://www.boces.org/contact-a-boces/>.

Your county/city will consider reaching out to other local historical and arts organizations within your county/city to explore collaborations.

Name: _____

Title: _____

I agree

Final Agreement

Name (Please Print): _____

Signature: _____

Date: _____

Notary: _____

Mary Dechiaro

From: Jennifer Cassidy
Sent: Friday, March 6, 2026 10:56 AM
To: Mary Dechiaro
Subject: Resolution language for Next Week's Meeting
Attachments: NY 250 County Agreement Letter January 2026 (003).pdf

Hi Mary,

The language for the resolution below was approved by the Law Department (Katherine McNeal). The only other supporting documentation is the memo I submitted to Diane the other day and the attached agreement document. I've been advised that I will NOT be signing it, it is responsibility of the County Executive's Office.

Please advise with any corrections or additions needed from my office.

Many thanks for all your help,

Jen Cassidy

PUTNAM COUNTY LEGISLATURE

Resolution #(__)

Introduced by Legislator: (name) on behalf of the (Name) at a Regular Meeting held on (Date).

APPROVAL/ GRANT APPLICATION/ NEW YORK STATE 250TH COMMEMORATION COMMISSION /REVOLUTIONARY PUTNAM COUNTY COMMITTEE PROGRAMMING AND PROJECTS

WHEREAS, Section 5-2(E) of the Putnam County Code provides that an applicant of any grant application that does not require local Putnam County ("the County") matching funds shall notify the Putnam County Legislature ("the Legislature") prior to the submission of a grant application and, further, if the Legislature objects to such grant application, the applicant shall not apply for said grant; and WHEREAS, by and through the State of New York Education Department ("NYSED") and the New York State 250th Commemoration Commission, the County has the opportunity to apply for New York State 250th Commemoration funding to be allocated based on a K-12 enrollment formula (anticipated to be upwards of \$15,000) administered by the NYSED for public programming and county-wide projects relative to the 250th anniversary of the American Revolution and Declaration of Independence in 2026; and

WHEREAS, the purpose of the grant funds is to subsidize the costs associated with the relative existing and upcoming public programming and county-wide projects; and

WHEREAS, there is no matching fund requirement by the County to accept the New York State 250th Commemoration Commission grant for the relative existing and upcoming public programming and county-wide projects; now therefore be it

RESOLVED, that the Legislature authorizes and approves the County's submission, by the County Historian's Office, of its application for New York State 250th Commemoration funding administered through NYSED and awarded by the New York State 250th Commemoration Commission for the relative existing and upcoming public programming and county-wide projects; and be it further RESOLVED, that this resolution shall take effect immediately.

State of New York
County of Putnam

JENNIFER M. CASSIDY
COUNTY HISTORIAN



Health
3-11-26
KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

MEMORANDUM

TO: Daniel G. Birmingham, Chair, Putnam County Legislature
CC: Nancy Montgomery, Chair, Health, Social, Edu. & Environmental Committee
FROM: Jennifer M. Cassidy, County Historian
DATE: March 3, 2026
RE: NYS 250th Commemoration Commission Funding

LEGISLATURE
PUTNAM COUNTY
CARROLL, NY

2026 MAR -3 PM 5:51

I respectfully request to be placed on the Health, Social, Educational & Environmental Committee agenda for the March 11, 2026, meeting to review and discuss a proposed resolution to accept funding from NYSLED's New York State 250th Commemoration Commission in support of *Resolution by Putnam County* through the Historian's Office.

The resolution is currently in review by the Putnam County Law Department and will be submitted for consideration as soon as available.

Thank you.