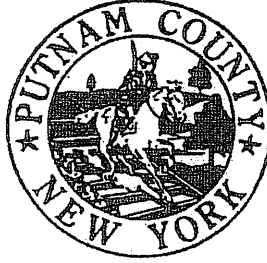


THE PUTNAM COUNTY LEGISLATURE

40 Gleneida Avenue  
Carmel, New York 10512  
(845) 808-1020 Fax (845) 808-1933

Paul E. Jonke *Chairman*  
Amy E. Sayegh *Deputy Chair*  
Diane Schonfeld *Clerk*  
Robert Firriolo *Counsel*



Nancy Montgomery Dist. 1  
William Gouldman Dist. 2  
Toni E. Addonizio Dist. 3  
Ginny Nacerino Dist. 4  
Greg E. Ellner Dist. 5  
Paul E. Jonke Dist. 6  
Joseph Castellano 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 Sayegh, Legislators Crowley & Gouldman**

**Tuesday**

**December 10, 2024**

**(Immediately Following the Special Full & Personnel Mtgs. at 6:15PM)**

- 1. Pledge of Allegiance**
- 2. Roll Call**
- 3. Approval/Fund Transfer 24T456/Social Services/Cover Projected Costs through Year End**
- 4. Approval/Fund Transfer 24T457/Social Services/Cover Projected Costs through Year End**
- 5. Approval/Fund Transfer 24T458/Social Services/Cover Projected Costs through Year End**
- 6. Approval/Re-Appointment/Board of Health/Doyle**
- 7. FYI/Fund Transfer 24T459/Health Department/Fund Temporary Account through Year End**
- 8. Other Business**
- 9. Adjournment**

2024

COUNTY OF PUTNAM

FUND TRANSFER REQUEST

County Health AKA

#3

TO: Commissioner of Finance
FROM: Kristen Wunner
DEPT: Dept of Social Services
DATE: 11/22/2024

2024 DEC -2 AM 11:20
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

I hereby request approval for the following transfer of funds:

Table with 4 columns: FROM ACCOUNT#/NAME, TO ACCOUNT#/NAME, AMOUNT, PURPOSE. Rows include transfers for Recipients, Spec. Educ., and FNP.

TOTAL: \$299,500.00

2024 Fiscal Impact \$ 0
2025 Fiscal Impact \$ 0

Handwritten signature and date 11-22-24
Department Head Signature/Designee Date

AUTHORIZATION: (Electronic Signature)

- List of authorization levels: Commissioner of Finance, County Executive, Chairperson Audit, Audit & Administration Committee.

24T456

**2024**  
**COUNTY OF PUTNAM**  
**FUND TRANSFER REQUEST**

*could  
 find #1  
 AHA*

*3000  
 #4*

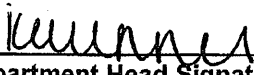
TO: Commissioner of Finance  
 FROM: Kristen Wunner  
 DEPT: Dept of Social Services  
 DATE: 11/22/2024

2024 DEC -2 AM 11:23  
 LEGISLATURE  
 PUTNAM COUNTY  
 CARMEL, NY

I hereby request approval for the following transfer of funds:

FROM ACCOUNT# /NAME	TO ACCOUNT# /NAME	AMOUNT	PURPOSE
10610900 54436 (EAF JD/PINS)	10605500 54471 (Day Care)	\$250,000.00	To reallocate funds to cover projected costs through 12/31/24
10610900 54435 (EAF FC)	10605500 54471 (Day Care)	\$150,000.00	
10607000 54471 (Day Care)	10605500 54471 Day Care	\$70,000.00	
10607000 54670 (Travel Non Employee)	10605500 54471 (Day Care)	\$50,000.00	
<b>TOTAL:</b>		<b>\$520,000.00</b>	

2024\_ Fiscal Impact \$ 0   0    
 2025\_ Fiscal Impact \$ 0   0  

  
 Department Head Signature/Designee 11/22/24  
Date

AUTHORIZATION: (Electronic Signature)

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

**24T457**

2024

COUNTY OF PUTNAM

FUND TRANSFER REQUEST

TO: Commissioner of Finance

FROM: Kristen Wunner

DEPT: Dept of Social Services

DATE: 11/22/2024

cc: all  
April 4th  
A+A

Rec'd  
#5

2024 DEC - 2 AM 11: 26

LEGISLATURE  
PUTNAM COUNTY  
CARROLL NY

I hereby request approval for the following transfer of funds:

FROM ACCOUNT# /NAME	TO ACCOUNT# /NAME	AMOUNT	PURPOSE
10610900 54493 (Payments To Recipients)	10605500 54471 (Day Care)	\$20,000.00	To reallocate funds to cover projected costs through 12/31/24
10611900 54420 (Foster Care FNP)	10611900 54114 (Comm. On Spec. Educ.)	\$200,000.00	
10610900 54435 (EAF Foster Care)	10611900 54114 (Comm. On Spec. Educ.)	\$150,000.00	
10612300 54414 JD/PINS FC FNP	10611900 54114 (Comm. On Spec. Educ.)	\$100,000.00	
TOTAL:		\$470,000.00	

2024\_ Fiscal Impact \$ 0 0  
2025\_ Fiscal Impact \$ 0 0

Kristen Wunner  
Department Head Signature/Designee  
11/22/24  
Date

AUTHORIZATION: (Electronic Signature)

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

24T458

**MICHAEL J. NESHEIWAT, MD**  
INTERIM COMMISSIONER OF HEALTH



*cc All  
Health*

**KEVIN M. BYRNE** #6  
PUTNAM COUNTY EXECUTIVE

## MEMORANDUM

**To:** Paul E. Jonke, Chairman of Legislature

**From:** Michael Nesheiwat, M.D., Interim Commissioner of Health

**cc:** Kevin Byrne, County Executive  
Dr. Daniel Doyle, President of the Board of Health

**Subject:** Reappointment of Member of the Board of Health

**Date:** 12/5/2024

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This is to inform you that Board of Health President Dr. Daniel Doyle's term expired on December 31, 2023. Dr. Doyle has indicated that he would like to continue serving on the Board of Health. During the reorganization of officers on October 28, all members of the Board of Health Re-elected Dr. Doyle to remain as Board President. Please accept this correspondence as a request that the Legislature take the necessary steps in reappointing Dr. Daniel Doyle to another term.

Thank you in advance for your assistance in this matter.

2024 DEC -5 PM 3:15  
LEGISLATURE  
PUTNAM COUNTY  
CARMEL, NY

COUNTY OF PUTNAM

FUND TRANSFER REQUEST # 1129

cc: all  
Health - FY1  
A+A - sign

3.97  
#7

TO: Commissioner of Finance  
FROM: William A. Orr, Jr., Senior Fiscal Manager  
DEPT: Health  
DATE: November 21, 2024

2024 DEC -2 AM 11:27  
LEGISLATURE  
PUTNAM COUNTY  
CARMEL, NY

I hereby request approval for the following transfer of funds:

FROM ACCOUNT # / NAME	TO ACCOUNT # / NAME	AMOUNT
10401000-51093 Admin-Overtime	10401000-51094 Admin-Temporary	\$3,000.00
12401000-54675 EHS-Travel	10401000-51094 Admin-Temporary	\$550.00
10401000-54640 Admin-Ed and Training	10401000-51094 Admin-Temporary	\$1,150.00
10401000-54640 Admin-Ed and Training	10401000-58002 Admin-FICA	<u>\$135.00</u>
	<b>TOTAL</b>	<b>\$4,835.00</b>

PURPOSE

To fund Temporary account for the rest of 2024.  
Coverage Needed For Reception area, 2 clerks out.

2024 Fiscal Impact \$ 0.00

2025 Fiscal Impact \$ 0.00

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

OUT 1159