



Health & Human Services Committee

Tuesday, September 3, 2024 3PM
40 McMaster Street, Ballston Spa, NY

Chair: Diana Edwards

Members: Joe Grasso VC, John Lant, Ian Murray,
Scott Ostrander, Tom Richardson, Angela Thompson

Agenda

- I. Welcome and Attendance
- II. Approval of the minutes of the August 6, 2024 meeting
- III. Sandi Cross, Aging & Youth Services
 - a. Authorizing the acceptance of 2024-2025 State Aid allocation from the New York State Office of Children and Family Services (OCFS) for Runaway and Homeless Youth Act programs and services funding
 - b. Authorizing an agreement with CAPTAIN Community Human Services to provide runaway homeless youth programs and services
- IV. Authorizing the acceptance of grant funds from the New York State Department of Health for the transition of Environmental Health Services to Saratoga County Department of Health – Daniel Kuhles, Department of Health
- V. Authorizing an agreement with Speak Sobriety LLC for substance abuse prevention programming – Phil Barrett, Board of Supervisors
- VI. Other Business
- VII. Adjournment



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
George Conway, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Aging & Youth Services



DATE: 08/27/2024

COMMITTEE: Health & Human Services



This column must be completed prior to submission of the request.

County Attorney's Office
Consulted Yes

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Authorizing the Acceptance of 2024-2025 State Aid Allocation from the Office of Children and Family Services for Runaway and Homeless Youth Act Programs and Services Funding

3. Specific Details on what the resolution will authorize:

Authorize the acceptance of 2024-2025 State Aid allocation from the New York State Office of Children and Family Services (OCFS) for Runaway and Homeless Youth Act Programs and Services funding (RHYA)

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office Consulted Yes <input type="checkbox"/>

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget	<input type="checkbox"/>
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- a. G/L line impacted A.76-3877
- b. Budget year impacted 2025
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

N/A

Purchasing Office Consulted

N/A

8. Is a grant being accepted: YES or NO

County Administrator's Office Consulted Yes <input checked="" type="checkbox"/>
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a. Source of grant funding:

State

b. Agency granting funds:

NYS Office of Children and Family Services (OCFS)

c. Amount of grant:

\$84,714.00

d. Purpose grant will be used for:

Runaway and Homeless Youth programs and services

e. Equipment and/or services being purchased with the grant:

Contract with Captain Community Human Services to operate the homeless youth shelter

f. Time period grant covers:

10/1/24 - 9/30/25

g. Amount of county matching funds:

None - contracting agency will meet the match of 40%

h. Administrative fee to County:

\$8,471.00 - 10% of allocation

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other allocation

10. Remarks:



BOARD OF SUPERVISORS

~~11/21/2023~~

RESOLUTION ~~286 - 2023~~ 2024

Introduced by Health and Human Services: Supervisors Barrett, Lant, Murray, Ostrander, Richardson, Schopf and Wright

~~2023-2024~~ 2024-2025
AUTHORIZING THE ACCEPTANCE OF ~~2023-2024~~ STATE AID ALLOCATION FROM THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR ~~YOUTH SPORTS AND EDUCATION OPPORTUNITIES, AND RUNAWAY HOMELESS YOUTH PROGRAMS AND SERVICES~~

WHEREAS, a ~~2023-2024~~ 2024-2025 Resources Allocation for programs and agencies participating in the Department of Aging and Youth Services ~~Youth Sports and Education Funding (YSEF), and Runaway Homeless Youth Act (RHYA) program to include County sponsorship, administration and payment responsibility has been proposed; and~~

WHEREAS, agencies or municipalities will provide, from their current or prospective budgets, the program expenditures; and

WHEREAS, these applications for State funds require authorized signatures of the Chair of this Board and of the Director of Aging and Youth Services; now, therefore, be it

RESOLVED, that the Chair of the Board, and the Director of Aging and Youth Services are authorized to execute all documents required by the State Office of Children and Family Services for approval, reimbursement and implementation of the actual ~~2023-2024~~ 2024-2025 Department of Aging and Youth Services Resources Allocation for the County and its local governments; and it is further

RESOLVED, that the Chair of the Board and/or the County Administrator is authorized to execute all subcontracts not to exceed \$15,000 for any individual program; and it is further

RESOLVED, that the Chair of the Board is authorized to execute the following subcontract for acceptance of the ~~2023-2024~~ 2024-2025 RHYA funds by the following agency:

<u>AGENCY</u> CAPTAIN/Youth Shelter	2023-2024 2024-2025 <u>RHYA</u> \$42,626 \$76,243
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; and it is further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department Budget.

~~November 21, 2023 Regular Meeting~~

~~Motion to Adopt: Supervisor Grasso~~

~~Second: Supervisor: M. Veitch~~

~~AYES (199756.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Jean Raymond (1333), Michael Smith (3525), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Scott Ostrander (18800), Theodore Kusnierz (16202), Ian Murray (5808), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)~~

~~NOES (0):~~

~~ABSENT (35752.5): Diana Edwards (819), Thomas Richardson (5163), Willard H. Peck (5242), Sandra Winney (2075), Tara N. Gaston (14245.5), John Lawler (8208)~~

**Attachment A: Municipal Runaway and Homeless Youth Allocations,
October 1, 2024 – September 30, 2025**

District	October 1, 2024 - September 30, 2025 Allocation	District	October 1, 2024 - September 30, 2025 Allocation
Albany	\$162,296.00	Onondaga	\$246,104.00
Allegany	\$0.00	Ontario	\$0.00
Broome	\$139,120.00	Orange	\$133,633.00
Cattaraugus	\$0.00	Orleans	\$0.00
Cayuga	\$0.00	Oswego	\$224,430.00
Chautauqua	\$240,795.00	Otsego	\$0.00
Chemung	\$0.00	Putnam	\$99,090.00
Chenango	\$0.00	Rensselaer	\$0.00
Clinton	\$0.00	Rockland	\$0.00
Columbia	\$0.00	Saratoga	\$84,714.00
Cortland	\$0.00	Schenectady	\$112,948.00
Delaware	\$0.00	Schoharie	\$0.00
Dutchess	\$125,882.00	Schuyler	\$15,000.00
Erie	\$225,974.00	Seneca	\$15,000.00
Essex	\$0.00	Steuben	\$0.00
Franklin	\$0.00	St. Lawrence	\$0.00
Fulton	\$0.00	Suffolk	\$358,899.00
Genesee	\$0.00	Sullivan	\$0.00
Greene	\$0.00	Tioga	\$0.00
Hamilton	\$0.00	Tompkins	\$133,162.00
Herkimer	\$20,050.00	Ulster	\$323,543.00
Jefferson	\$0.00	Warren	\$0.00
Lewis	\$0.00	Washington	\$231,383.00
Livingston	\$0.00	Wayne	\$15,000.00
Madison	\$0.00	Westchester	\$140,899.00
Monroe	\$587,518.00	Wyoming	\$0.00
Montgomery	\$0.00	Yates	\$0.00
Nassau	\$282,030.00	New York City	\$4,242,000.00
Oneida	\$202,424.00	Rest of State Total	\$4,242,000.00
Niagara	\$122,106.00	Grand Total	\$8,484,000.00

8,471 - Admonia
176,243 - Captain



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator
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Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Aging & Youth Services



DATE: 08/27/2024

COMMITTEE: Health & Human Services



This column must be completed prior to submission of the request.

County Attorney's Office
Consulted Yes

1. Is a Resolution Required:

Yes, Contract Approval

2. Proposed Resolution Title:

Authorizing an agreement with CAPTAIN Community Human Services

3. Specific Details on what the resolution will authorize:

Authorizing an agreement with CAPTAIN Community Human Services to provide Runaway Homeless Youth Programs and Services

4. Is a Budget Amendment needed: YES or NO
If yes, budget lines and impact must be provided.
Any budget amendments must have equal and offsetting entries.

County Administrator's Office
Consulted Yes

Please see attachments for impacted budget lines.
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
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Expense

Account Number	Account Name	Amount
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Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted A.76.771-7734
- b. Budget year impacted 2025
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

CAPTAIN Community Human Services
543 Saratoga Road
Glenville, NY 12302

e. Is the vendor/contractor an LLC, PLLC, or partnership: No

f. State of vendor/contractor organization: New York

g. Commencement date of contract term: 10/1/24

h. Termination of contract date: 9/30/25

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

N/A

Purchasing Office Consulted

N/A

8. Is a grant being accepted: YES or NO

County Administrator's Office
Consulted Yes

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:



BOARD OF SUPERVISORS

~~11/21/2023~~

RESOLUTION ~~287-- 2023~~ 2024

Introduced by Health and Human Services: Supervisors Barrett, Lant, Murray, Ostrander, Richardson, Schopf and Wright

AUTHORIZING AN AGREEMENT WITH CAPTAIN COMMUNITY HUMAN SERVICES, INC. TO PROVIDE RUNAWAY HOMELESS YOUTH PROGRAMS AND SERVICES

2024-2025

WHEREAS, a ~~2023-2024~~ Resource Allocation for programs and agencies participating in the Runaway Homeless Youth Act program include County sponsorship, administration and payment responsibility; and

WHEREAS, the proposed Runaway Homeless Youth Act Program includes funding in the amount of ~~\$42,626~~; and
\$76,243

WHEREAS, Captain Community Human Services has submitted a proposal to provide Runaway Homeless Youth Programs and Services; and

WHEREAS, our Health and Human Services Committee and the Director of the Department of Aging and Youth Services have recommended that the proposal of Captain Community Human Services to provide Runaway Homeless Youth Programs and Services, at a cost not to exceed ~~\$42,626~~, be accepted; now, therefore, it is
\$76,243

RESOLVED, that the Chair of the Board is authorized to execute an agreement with Captain Community Human Services to provide Runaway Homeless Youth Programs and Services, in the amount of ~~\$42,626~~; and it is further
\$76,243

RESOLVED, that the Chair of the Board, and Director of the Department of Aging and Youth Services are authorized to execute any and all documents required by the NYS Office of Children and Family Services for approval, reimbursement, and implementation of the ~~2023-2024~~
2025 2024 Runaway Homeless Youth Act Program for the County and its local governments; and it is further

RESOLVED, that the form and content of such agreements and documents to be subject to the approval of the County Attorney; and, be it further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department Budget.

~~November 21, 2023 Regular Meeting~~

~~Motion to Adopt: Supervisor Grasso~~

~~Second: Supervisor: M. Veitch~~

~~AYES (199756.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Jean Raymond (1333), Michael Smith (3525), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Scott Ostrander (18800), Theodore Kusnierz (16202), Ian Murray (5808), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)~~

~~NOES (0):~~

~~ABSENT (35752.5): Diana Edwards (819), Thomas Richardson (5163), Willard H. Peck (5242), Sandra Winney (2075), Tara N. Gaston (14245.5), John Lawler (8208)~~



SARATOGA COUNTY AGENDA ITEM REQUEST

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Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Health

DATE: 8/22/2024

COMMITTEE: Health & Human Services

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Authorizing the acceptance of grant funds from the New York State Department of Health for the transition of Environmental Health Services to Saratoga County Department of Health

3. Specific Details on what the resolution will authorize:

Accepting funds for the transition of mandated environmental health programs and services from New York State Department of Health to Saratoga County Department of Health.

This column must be completed prior to submission of the request.

County Attorney's Office
Consulted Yes

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office
 Consulted Yes

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
A.40-3450	St Aid Public Hlth Other	1,020,000

Expense

Account Number	Account Name	Amount
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Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Increase A-0599.B Appropriated Fund Balance-Budgetary	<input type="checkbox"/>
Amount: 1,020,000	

5. Identify Budget Impact (**Required**):

Other

- a. G/L line impacted
- b. Budget year impacted 2024
- c. Details

The budget will be amended to increase revenue and to increase fund balance by \$1,020,000.

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

County Administrator's Office
Consulted **Yes**

8. Is a grant being accepted: YES or NO
- a. Source of grant funding:
State
 - b. Agency granting funds:
New York State Department of Health
 - c. Amount of grant:
1,020,000
 - d. Purpose grant will be used for:
Environmental Health Transition
 - e. Equipment and/or services being purchased with the grant:
Salary and Fringe
 - f. Time period grant covers:
4/1/22-3/31/24
 - g. Amount of county matching funds:
N/A
 - h. Administrative fee to County:
N/A

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:

Public Health

§ 607. Supplemental health services grants. 1. There shall be established within the special revenue fund—other a local public health services program account. All revenues derived from fees collected by the department pursuant to subdivision two of section six hundred six of this article and all fines levied and collected by the department from enforcement actions pursuant to the services provided under titles one and two of this article, and monies received or recovered as a result of any audit exception assessed against the state aid reimbursement to a municipality under this article, shall be deposited in the local public health services program account.

2. Notwithstanding the limitations of available state aid defined in section six hundred sixteen of this article, monies available for supplemental health services grants in the local health services program account shall be used by the commissioner for the purpose of providing supplemental health services grants to municipalities for the enhancement of public health services, as an incentive for a municipality not organized as a county health district or a part-county health district to become organized or in recognition of municipalities which have consistently maximized revenue collections. Criteria for eligibility for grants under this section shall be established by the commissioner. Monies received from such supplemental grants shall be used to enhance or expand public health services and may not supplant the amount that otherwise would be provided by the municipality or appropriated to the department.



SARATOGA COUNTY AGENDA ITEM REQUEST

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Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warnt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Board of Supervisors

DATE: 8.28.2024

COMMITTEE: Health & Human Services

1. Is a Resolution Required:

Yes, Contract Approval

2. Proposed Resolution Title:

Authorizing an Agreement with Speak Sobriety LLC for the provision of substance abuse prevention programming

3. Specific Details on what the resolution will authorize:

This resolution will authorize a contract in the amount of \$60,000 with Sobriety Speaks to build upon the successful speaker series events that began last year. Stephen Hill will conduct a 12-day tour of all Saratoga County school districts and engage with students across the county so that they can become better educated on issues of mental health and substance use prevention.

This column must be completed prior to submission of the request.

County Attorney's Office
Consulted

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office
 Consulted Yes

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
A.11-2727	Opioid Revenue	\$60,000

Expense

Account Number	Account Name	Amount
A.11.000-8190	Other Professional Services	\$60,000

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

The budget will be amended to accept these funds and authorize the related expenses

- a. G/L line impacted See above
- b. Budget year impacted 2024
- c. Details
 Opioid Settlement Funding will be used for this expense

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation **Professional Service**

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

Stephen Hill, Esq.
Founder & President
Speak Sobriety LLC
(845) 323-1888
shill@speaksobriety.com

e. Is the vendor/contractor an LLC, PLLC, or partnership: **LLC**

f. State of vendor/contractor organization:

g. Commencement date of contract term: **Upon Signing of Contract**

h. Termination of contract date: **Upon completion of program**

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

County Administrator's Office
Consulted

8. Is a grant being accepted: YES or NO
- a. Source of grant funding:
 - b. Agency granting funds:
 - c. Amount of grant:
 - d. Purpose grant will be used for:
 - e. Equipment and/or services being purchased with the grant:
 - f. Time period grant covers:
 - g. Amount of county matching funds:
 - h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:



Proposed Program Schedule:

Follow-up for Schools from Fall 2023 Speaking Program:

Day 1: Ballston Spa High School

- Assembly Grades 10 & 11
- Breakout Sessions with any students in Grades 10 - 12

Day 2: Corinth High School

- Assembly Grade 9
- Breakout Sessions with any students in Grades 9 - 12

Day 3: Saratoga High School

- Assembly
- Breakout Sessions

Note: Stephen spoke with two grades in an assembly in the fall of 2023, but he does not recall which grades he spoke with. We have contacted the school to find out so we can structure the program accordingly.

Day 4: Schuylerville Middle/High School

- Assembly Grade 8
- Breakout Sessions with any students in Grades 8 - 12

Total Cost = \$20,000





Proposed Program Schedule:

New Schools:

Day 5:

Burnt Hills-Ballston Lake High School

- Assembly
- Breakout Sessions

Day 6:

Galway Jr/Sr High School

- Assembly
- Breakout Sessions

Day 7:

Mechanicville Jr/Sr High School

- Assembly
- Breakout Sessions

Day 8:

Shen High School (1st Round)

- Assembly
- Breakout Sessions

Day 9:

Shen High School (2nd Round)

- Assembly
- Breakout Sessions

Day 10:

South Glens Falls High School

- Assembly
- Breakout Sessions

Day 11:

Stillwater High School

- Assembly
- Breakout Sessions

Day 12:

Waterford-Halfmoon Jr/Sr High School

- Assembly
- Breakout Sessions



Note: Stephen will also provide a complimentary community event/parent program in the evening on any one of the nights he is speaking at a school during the day. You can pick a central location and open it up to all adults in Saratoga County.

Total Cost = \$40,000