

FISCAL IMPACT STATEMENT

NO FISCAL IMPACT PROJECTED

APPROPRIATION RESOLUTIONS

(To be completed by requesting department)

Total Current Year Cost \$ 10,138

Total Current Year Revenue \$ _____
and Source

Source of County Funds *(check one)*: Existing Appropriations, Contingency,
 Transfer of Existing Appropriations, Additional Appropriations, Other *(explain)*.

Identify Line Items(s):

A.4046.33.4480.90 - Pre-School Special Ed 3-5.Evals

Related Expenses: Amount \$ _____

Nature/Reason:

Anticipated Savings to County: _____

Net County Cost (this year): \$10,138

Over Five Years: _____

Additional Comments/Explanation:

DOH recently became aware of these previously unpaid invoices for PreSchool Evaluations from 2022. No budget amendment is required.

Prepared by: Karl Schlegel, Director of Fiscal Services

Prepared On: 2024-10-06

SUE SERINO
COUNTY EXECUTIVE

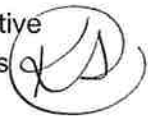


LIVIA SANTIAGO-ROSADO, MD, FACEP
COMMISSIONER

ANTHONY J. RUGGIERO, MPA
ASSISTANT COMMISSIONER

DUTCHESS COUNTY GOVERNMENT
DEPARTMENT OF HEALTH

MEMORANDUM

TO: Rachel Kashimer, Deputy County Executive
FROM: Karl Schlegel, Director of Fiscal Services 
DATE: 8 October 2024
SUBJECT: Resolution Request – Outstanding Invoice for Preschool

The Department of Health is requesting legislative approval to process a prior-year invoice using current-year appropriations. DOH became aware of this previously unpaid invoice while performing prior year tuition rate adjustments. No budget amendment is required.

Please do not hesitate to contact me at x2755 with any questions or concerns.

22-1304

DUTCHESS COUNTY PRESCHOOL SPECIAL EDUCATION
PROGRAM MONTHLY BILLING FORM

Please submit to: Preschool Special Education
C/O Dutchess County Health Department
85 Civic Center Plaza - Suite 106
Poughkeepsie, NY 12601

RECEIVED MAY - 6 2022

Agency Name: <u>MidHudson Regional Early Education Center</u>
Address: <u>241 North Road Suite 400A</u> <u>Poughkeepsie, NY 12601</u>
Tax ID #: <u>46-5534882</u>

For Billing Period: Month: <u>January</u> Year: <u>2022</u>

Check ONLY One Box:

TUITION:

RELATED SERVICES:

SEIT:

EVALUATIONS:

TOTAL: \$12,557.00 <u>10138.00</u> <i>JD</i>

I certify that the services billed for in this claim were provided in accordance with each individual's IEP and that all documentation was reviewed prior to submission.

Agency Representative Signature: *Margaret Slonew* Date: 05/02/22

Printed Name: Margaret Slonew Phone #: 845 483 5282

FOR COUNTY USE ONLY

ORIGINAL SIGNATURE WITH INVOICE #: *[Signature]* DD: 6/27/24