

Legislation Text

File #: TMP-5215, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization to amend and accept grant funding from NYSOFA for III-E Caregiver Support Programs

Date:	2/27/24
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administrator
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

Purpose of Request:

- □ Adopting of Local Law
- Amendment of Prior Legislation
- □ Approval/Adoption of Plan/Procedure
- Bond Approval
- □ Budget Amendment
- □ Contract Authorization
- □ Countywide Services
- □ Environmental Impact/SEQR
- □ Home Rule Request
- □ Property Conveyance
- Other: (state if not listed)

Expenses will not increase with additional revenue and remain budget

<u>neutral.</u>

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- □ Fringe
- Personnel

□ Personnel Non-Individual

□ Revenue

Increase Account/Line No.:	Click or tap here to enter text.
Source of Funds:	Click or tap here to enter text.
Title Change:	Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- □ Purchase (Equipment/Supplies)
- □ Lease (Equipment/Supplies)
- □ Requirements
- □ Professional Services
- □ Education/Training

□ Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- □ Settlement of a Claim
- □ Release of Liability
- □ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):	
New York State Office for Aging	
Two Empire State Plaza	
Albany, New York 12223-1251	

Additional Parties (Names/addresses): Click or tap here to enter text.

Amount/Raise Schedule/Fee: Scope of Services: Albany County.	\$980.00 Provision of caregiver services for caregivers of older adults residing in
Bond Res. No.:	Click or tap here to enter text.

Date of Adoption:

Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:	Yes 🗆 No 🛛
If Mandated Cite Authority:	Click or tap here to enter text.

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Is there a Fiscal Impact:	Yes ⊠ No □	
Anticipated in Current Budget:	Yes ⊠ No □	
County Budget Accounts:		
Revenue Account and Line:	A6772 04777	
Revenue Amount:	\$980.00	
Appropriation Account and Line:	A6772 44046	
Appropriation Amount:	\$1.306.67	
Source of Euroding (Doreentages)		
<u>Source of Funding - (Percentages)</u> Federal:	75%	
State:	Click or tap here to enter text.	
County:	25%	
Local:	Click or tap here to enter text.	
Original Awarding Agency / Func	ler:	
Click or tap here to enter t		
New York State Pass-Through A		
Click or tap here to enter t		
<u>Term</u>		
Term: (Start and end date)	1/1/23 - 12/31/23	
Length of Contract:	12 Months	
Impact on Pending Litigation	Yes 🗆 No 🗆	
If yes, explain:	Click or tap here to enter text.	
Previous requests for Identical or Simila		
Resolution/Law Number:	282	
Date of Adoption:	8/8/22	
Justification: (state briefly why legislative action is requested)		
vasimation. (state billing with registative action is requested)		

To accept additional funding for Title III-E Elder Caregiver Support Services from the New York State Office for Aging. This grant funding provides support and assistance for older adults and their caregivers in Albany County. Frail older adults receive about 80% of their care from family members and friends.

New York State Office For Aging has advised that there is a change in funding for Title III-E Caregiver Support Services from \$162,071.00 to \$163,051.00 with 10% County funded.

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