

## County of Albany

112 State Street Albany, NY 12207

## Legislation Text

| File #: TMP-1737, Version: 1  REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services): Request to contract with NYSDOH for the Drinking Water Enhancement Program   |                                  |  |               |                      |
|---|----------------------------------|--|---------------|----------------------|
|   |                                  |  | Date:         | June 30, 2020        |
|   |                                  |  | Submitted By: | Dr. Elizabeth Whalen |
| Department:   | Health                           |  |               |                      |
| Title:  | Commissioner of Health           |  |               |                      |
| Phone:  | 518-447-4584                     |  |               |                      |
| Department Rep.   |                                  |  |               |                      |
| Attending Meeting:  | Dr. Elizabeth Whalen             |  |               |                      |
| Purpose of Request:   |                                  |  |               |                      |
| <ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>□ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul> | Click or tap here to enter text. |  |               |                      |
| CONCERNING BUDGET AMENDMEN  Increase/decrease category (choose  ☐ Contractual ☐ Equipment ☐ Fringe  |                                  |  |               |                      |
| ☐ Personnel ☐ Personnel Non-Individual  |                                  |  |               |                      |

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|--|--|
| □ Revenue  |  |
| Increase Account/Line No.:<br>Source of Funds:<br>Title Change:  | Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.   |
| CONCERNING CONTRACT AUTHORI  | ZATIONS .  |
| Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☒ Grant ☐ Renewal ☐ Submission Date Deadline 4/1/20 ☐ 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):     NYSDOH     Bureau of Water Supply Protection     Corning Tower, Room 1110     Albany, NY 12237   |  |
| Additional Parties (Names/addresses):<br>Click or tap here to enter text.  |  |
| Amount/Raise Schedule/Fee:<br>Scope of Services:<br>on regulatory issues and updates as well as tech<br>Albany County.   | \$105,712 Albany County Department of Health provides assistance and guidance and advice to insure high quality potable water for the residents of |
| Bond Res. No.:<br>Date of Adoption:  | Click or tap here to enter text. Click or tap here to enter text.  |
| CONCERNING ALL REQUESTS  |  |
| Mandated Program/Service: If Mandated Cite Authority:  | Yes ⊠ No □ NYS Sanitary Code Title 10, Part 5  |

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|-----------------------------------|----------------------------------|
| ls there a Fiscal Impact:         | Yes ⊠ No □                       |
| ·                                 | <del>_</del> _                   |
| Anticipated in Current Budget:    | Yes ⊠ No □                       |
| County Budget Accounts:           |                                  |
| Revenue Account and Line:         | A34010 03418                     |
| Revenue Amount:                   | \$105,712                        |
|                                   | ,                                |
| Appropriation Account and Line:   | Various personnel lines          |
| Appropriation Amount:             | \$105,712                        |
|                                   | ,                                |
| Source of Funding - (Percentages) |                                  |
| Federal:                          | Click or tap here to enter text. |
| State:                            | 100%                             |
| County:                           | Click or tap here to enter text. |
| Local:                            | Click or tap here to enter text. |
|                                   | ·                                |
| <u>Term</u>                       |                                  |
| Term: (Start and end date)        | April 1, 2020 - March 31, 2025   |
| Length of Contract:               | 60 months                        |
|                                   |                                  |
| Impact on Pending Litigation      | Yes □ No 🏻                       |
| If yes, explain:                  | Click or tap here to enter text. |
| , , ,                             | ,                                |
|                                   |                                  |

Previous requests for Identical or Similar Action:
Resolution/Law Number: 322 of 2018

Date of Adoption: 322 of 2018

## <u>Justification</u>: (state briefly why legislative action is requested)

ACDOH is requesting permission to contract with NYSDOH for the Drinking Water Enhancement Grant Program. This is a five year grant that will run from April 1, 2020 to March 31, 2025. For the grant year April 1, 2020 to March 31, 2021 ACDOH will receive \$105,712. This grant funding goes to offset salary and fringe of our Asst. Director of Environmental and the Senior PH Engineer. Both positons work on Albany County's mandate to oversee federal and state regulations covering public drinking water systems.

All revenues and expenditures were anticipated and included in the Health Department budget. These grant funds are provided to the County on an annual basis and we are not required to apply for the funding.