

EMT

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY	
DATE:	_____
RECEIVED:	_____
RECEIVED BY:	_____
METHOD:	<u>HAND</u> _____
	<u>COURIER</u> _____
	<u>MAIL</u> _____

DATE : NOVEMBER 12, 2019

DEPARTMENT: ALBANY COUNTY SHERIFF'S OFFICE

CONTACT PERSON: CRAIG D APPLE SR
TELEPHONE: 487-5440

DEPT. REPRESENTATIVE ATTENDING
COMMITTEE MEETING: SHERIFF CRAIG D APPLE SR

PURPOSE OF REQUEST:

- | | |
|---|----------|
| ADOPTION OF LOCAL LAW | _____ |
| AMENDMENT OF PRIOR LEGISLATION | _____ |
| APPROVAL/ADOPTION OF PLAN/PROCEDURE | _____ |
| BOND APPROVAL | _____ |
| BUDGET AMENDMENT(SEE BELOW) | _____ |
| CONTRACT AUTHORIZATION (SEE BELOW) | <u>X</u> |
| ENVIRONMENTAL IMPACT | _____ |
| HOME RULE REQUEST | _____ |
| PROPERTY CONVEYANCE | _____ |
| OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE) | _____ |

CONCERNING BUDGET AMENDMENTS

STATE, THE FOLLOWING

INCREASE ACCOUNT/LINE NO. _____
SOURCE OF FUNDS: _____
TITLE CHANGE: _____

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

- | | |
|---------------------------------|----------|
| CHANGE ORDER/CONTRACT AMENDMENT | _____ |
| PURCHASE (EQUIPMENT/ SUPPLIES) | _____ |
| LEASE (EQUIPMENT/SUPPLIES) | _____ |
| REQUIREMENTS | _____ |
| PROFESSIONAL SERVICES | <u>X</u> |
| EDUCATIONAL/TRAINING | _____ |
| GRANT: NEW | _____ |
| RENEWAL | _____ |
| SUBMISSION DEADLINE DATE | _____ |
| SETTLEMENT OF A CLAIM | _____ |
| RELEASE OF LIABILITY | _____ |
| OTHER: (STATE BRIEFLY) | _____ |

CONCERNING CONTRACT AUTHORIZATION (CONT'D)

STATE THE FOLLOWING:

CONTRACT TERMS/CONDITIONS:

PARTY (NAME/ADDRESS):

AMOUNT/RATE SCHEDULE/FEE:

TERM: JANUARY 1, 2020 THRU DECEMBER 31, 2020

SCOPE OF SERVICES: WE WILL PROVIDE EMERGENCY MEDICAL

TECHNICIANS-DEFIBRILLATION SERVICES THROUGH OUR EMT PROGRAM

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET: YES X NO

FUNDING SOURCE: PARTICIPATING MUNICIPALITIES

COUNTY BUDGET ACCOUNTS:

REVENUE: A23110.02265

APPROPRIATION: VARIOUS

BOND(RES. NO. & DATE OF ADOPTION)

CONCERNING ALL REQUESTS:

MANDATED PROGRAM/SERVICE: YES NO X

IF MANDATED CITE: AUTHORITY

ANTICIPATED IN CURRENT ADOPTED BUDGET: YES X NO

IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS:

A23110.02265

FISCAL IMPACT - FUNDING: (DOLLARS OR PERCENTAGES)

FEDERAL

STATE

COUNTY

100%

TERM/LENGTH OF FUNDING

1/1/20 THRU 12/31/20

PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:

RESOLUTION/LAW NUMBER: RES 2019-027

DATE OF ADOPTION: 2/11/2019

JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

AUTHORIZE AGREEMENTS BETWEEN THE COUNTY AND THE PARTICIPATING ENTITIES

FOR EMERGENCY MEDICAL TECHNICIANS - DEFIBRILLATION TOTALLING \$ 1,089,422.01

SEE ATTACHMENTS

BACK-UP MATERIAL SUBMITTED (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE,
BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS
AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)

SEE ATTACHED SPREADSHEET FOR SPECIFIC AMOUNTS FOR EACH MUNICIPALITY

SUBMITTED BY: CRAIG D APPLE SR

TITLE: SHERIFF