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November 8, 2023

Andrew Joyce
Albany County Legislature
112 State St, Room 700
Albany, NY 12207

Dear Mr. Joyce,

I am requesting legislative action to further the mission on the Office of the Albany County District Attorney. The attached resolution:

- Requests to move funds to cover negative balances and/or shortfalls. Specifically, we are asking to move \$5,000 from 19970 Temp Help to Sick Leave Incentive 19850. We are also asking to move \$1,200 from 19970 Temp Help to Clothing Allowance 19980.

Attached is the request for legislative action and supporting documents. If you have any questions, please feel free to contact me at 518-275-4701

Thank you for your assistance.

Sincerely,

P. David Soares
Albany County District Attorney

Cc: Rebekah Kennedy, Majority Counsel
Cc: Arnis Zilgme, Minority Counsel

REQUEST FOR LEGISLATIVE ACTION

The Office of the Albany County District Attorney is requesting to move to cover negative balances and/or shortfalls. Specifically, we are asking to move \$5,000 from 19970 Temp Help to Sick Leave Incentive 19850. We are also asking to move \$1,200 from 19970 Temp Help to Clothing Allowance 19980.

Date:	11/8/2023
Submitted By:	David Soares
Department:	1165- District Attorney
Title:	District Attorney
Phone:	518-275-4701
Department Rep.	
Attending Meeting:	David Soares, Christopher Horn

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) _____
-

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☒ Personnel Non-Individual
- ☐ Revenue

Increase Account/Line No.: 19980; 19850
Source of Funds: 19970

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):

Click or tap here to enter text.

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee:

Scope of Services:

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.

Is there a Fiscal Impact:

Yes ☐ No ☒

Anticipated in Current Budget:

Yes ☐ No ☒

County Budget Accounts:

Revenue Account and Line:

Click or tap here to enter text.

Revenue Amount:

Click or tap here to enter text.

Appropriation Account and Line:

Appropriation Amount:

Click or tap here to enter text.

Source of Funding – (Percentages)

Federal:	0%
State:	0%
County:	100%
Local:	0%

Term

Term: (Start and end date)

Click or tap here to enter text.

Length of Contract:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Date of Adoption:

Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

The Office of the Albany County District Attorney is requesting to move to cover negative balances and/or shortfalls. Specifically, we are asking to move \$5,000 from 19970 Temp Help to Sick Leave Incentive 19850. We are also asking to move \$1,200 from 19970 Temp Help to Clothing Allowance 19980. This will also satisfy a previously existing contractual obligation to union members.

APPROPRIATIONS

ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A9 1165 1 19970	Temporary Help		\$ 6,200.00		District Attorney
A9 1165 1 19850	Sick Leave Incentive	\$ 5,000.00			District Attorney
A9 1165 1 19980	Clothing Allowance	\$ 1,200.00			District Attorney
TOTAL APPROPRIATIONS		\$ 6,200.00	\$ 6,200.00		

ESTIMATED REVENUES

ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
TOTAL ESTIMATED REVENUES		\$ -	\$ -		
GRAND TOTALS		\$ 6,200.00	\$ 6,200.00		