

☐ Personnel Non-Individual

## County of Albany

112 State Street Albany, NY 12207

## Legislation Text

File #: TMP-1959, Version: 1			
REQUEST FOR LEGISLATIVE ACTION			
Description (e.g., Contract Authorization for Information Services): Budget amendment for the transfer of \$12,523.40 to correct negative fund lines			
Date:	9/29/2020		
Submitted By:	Angelo Gaudio		
Department:	Water Purification District		
Title:	Executive Director		
Phone:	518-598-9588		
Department Rep.	Angelo Gaudio		
Attending Meeting:	Angelo Gaudio		
Purpose of Request:			
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Proceds</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>	ure  Click or tap here to enter text.		
CONCERNING BUDGET AMENDME	ENTS		
Increase/decrease category (choos  ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel			

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□ Revenue			
Increase Account/Line No.:	\$11,012.00/G98130.44037 (Insurance) \$ 1,000.00/G98130.19951 (Health Insurance) \$ 511.40/G98130.1.3630 (Chief of Instrumentation)		
Source of Funds: Title Change:	-12,523.40/G98130.13121 (Senior Laboratory Technician) 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 ☐ Choose an item. ☐ Submission Date Deadline Click of Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date.  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:	Click or tap here to enter text. Click or tap here to enter text.		
Bond Res. No.: 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 ⊠ Click or tap here to enter text.		
Is there a Fiscal Impact:	Yes ⊠ No □		

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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: Increase \$ 11,012.00/G98130.44037

Increase \$ 1,000.00/G98130.19951

Increase \$ 511.40/G98130.1.3630

Decrease \$ 12,523.40/G98130.13121

Appropriation Amount: (See above)

Source of Funding - (Percentages)

Federal: Click or tap here to enter text. State: Click or tap here to enter text.

County: 100%

Local: Click or tap here to enter text.

<u>Term</u>

Term: (Start and end date)

Click or tap here to enter text.

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.

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

Budget transfer of \$12,523.40 is needed to correct the following negative budget lines:

G98130.44037: \$11,012.00 (Insurance)

G98130.19951: \$ 1,000.00 (Health Insurance buyout) G98130.1.3630 \$ 511.40 (Chief of Instrumentation)

Funds will be taken from fund line G98130.13121 Senior Laboratory Technician which is vacant and will not be filled this year.