DANIEL P. MCCOY
COUNTY EXECUTIVE

M. DAVID REILLY, JR
COMMISSIONER

PATRICK ALDERSON
DEPUTY COMMISSIONER

COUNTY OF ALBANY
DEPARTMENT OF MANAGEMENT AND BUDGET
112 STATE STREET, SUITE 1200
ALBANY, NEW YORK 12207
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November 15, 2022

Honorable Andrew Joyce
Chairman, Albany County Legislature
112 State St, Suite 710
Albany, NY 12207

Chairman Joyce:

Legislative authorization is requested to make several administrative adjustments to various department budgets, as shown on the attached amendment. The referenced line transfers are being requested in order to correct lines that either are currently negative or are forecasted to go negative by year end.

I look forward to discussing this at the next round of Legislative Committee meetings, if you have any questions before then, please contact me.

If you have any questions, please let me know.

Respectfully yours,

M. David Reilly, Jr

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Majority Counsel
Minority Counsel

Harold L. Joyce
Albany County Office Building
112 State Street - Albany, NY 12207

File #: TMP-3833, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Legislative Authorization for Various Administrative Adjustments

Date:	11/16/22
Submitted By:	David Reilly
Department:	Management and Budget
Title:	Commissioner
Phone:	5184475525
Department Rep.	
Attending Meeting:	David Reilly

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) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☒ Contractual
☐ Equipment
☒ Fringe
☒ Personnel
☒ Personnel Non-Individual

☒ Revenue

Increase Account/Line No.: See attached
Source of Funds: See attached
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: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

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: see attached
Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: see attached
Appropriation Amount: Click or tap here to enter text.

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.

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)
Legislative authorization is requested to make several administrative adjustments to various department budgets, as shown on the attached amendment. The referenced line transfers are being requested in order to correct lines that either are currently negative or are forecasted to go negative by year end.

APPROPRIATIONS

ACCOUNT NO.						RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A9	1185	4	4252			Medical Services Therapy	150,000.00		355,000.00	Coroner
A9	1185	4	4048			Laboratory Fees And Services		75,000.00	370,000.00	Coroner
A1	1310	1	6092	001	180083	Abstractor	12,678.00		36,578.00	Finance
A1	1310	1	9970			Temporary Help	8,930.00		28,930.00	Finance
A9	1340	8	9060			Hospital and Medical Insurance	13,674.00		52,081.00	Management & Budget
A9	1411	8	9060			Hospital and Medical Insurance	39,759.00		219,821.00	Hall of Records
A9	1420	4	4046			Fees for Services	50,273.00		120,272.00	Law
A9	1420	4	4043			Legal Fees	13,000.00		33,000.00	Law
A9	1420	1	2004	001	250058	Assistant County Attorney II	18,245.00		101,052.00	Law
A9	1432	4	4046			Fees for Services		40,000.00	195,967.00	Human Resources
A9	1660	4	4035			Postage	45,171.00		46,871.00	Central Supply
A9	2490	4	4039			Conferences / Training / Tuition	1,600,000.00		12,780,000.00	Community College Tuition
A9	4010	4	4101			Electric	20,206.00		58,706.00	Health
A9	4310	4	4249			Inpatient Hospitalization	250,000.00		1,150,000.00	Mental Health
A9	6010	4	4037			Insurance	39,621.00		263,299.00	DSS
A9	6010	4	4101			Electric	32,114.00		125,114.00	DSS
A9	6119	4	4037			Insurance	22,820.00		32,270.00	DCYF
A9	7128	4	4301			Taxes and Assessments	53,812.00		183,812.00	Civic Center
A9	7410	4	4101			Electric	30,000.00		91,000.00	Parks and Recreation
A9	7410	4	4037			Insurance	2,672.00		21,004.00	Parks and Recreation
A9	8754	4	4301			Taxes and Assessments	25,682.00		1,076,081.00	Flood and Erosion Control
CS9	171	4	4047			Consultant Fees	40,000.00		265,547.00	Risk Rentention
CS9	172	4	4999			Miscellaneous Contractual Expense	40,968.00		330,728.00	Risk Rentention
D9	5010	1	6207	002	560021	Clerk I PT	7,702.00		29,036.00	Public Works
DM9	5130	1	6514	002	600002	Stores Clerk	7,772.00		50,783.00	Public Works

NH9	6020	4	4037			Insurance	57,422.00		565,830.00	Nursing Home
NH9	6020	4	4101			Electric	127,150.00		414,150.00	Nursing Home
NH9	6020	4	4039			Conferences / Training / Tuition	16,546.00		116,546.00	Nursing Home
A9	1985	4	4000			Distribution to Municipalities	1,480,682.00		122,365,076.00	Distribution of Sales Tax
A9	9901	9	9901			Transfer other Funds	297,560.00		1,402,560.00	Interfund Transfer

TOTAL APPROPRATIONS	$4,504,459.00	$115,000.00

ESTIMATED REVENUES

ACCOUNT NO.						RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
A1	1985	0	1110			Sales Tax		4,091,899.00	306,302,883.00	Distribution of Sales Tax
D5	5031	0	5031			Interfund Transfer (D Fund)		7,702.00	11,036,086.00	Interfund Transfer
DM5	5031	0	5031			Interfund Transfer (DM Fund)		7,772.00	117,772.00	Interfund Transfer
NH5	602	0	5031			Interfund Transfer (NH Fund)		201,118.00	2,557,885.00	Interfund Transfer
CS5	503	0	5031			Interfund Transfer (CS Fund)		80,968.00	2,388,686.00	Interfund Transfer

TOTAL ESTIMATED REVENUES	$0.00	$4,389,459.00
GRAND TOTALS	$4,504,459.00	$4,504,459.00