REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):		
ACDMH (Albany County Department of Mental Health requests permission to accept Opioid Settlement funds from Teva Pharmaceuticalbody		
Submitted By:	Mark Gleason	
Department:	Mental Health	
Title:	Budget Analyst	
Phone:	518-447-3014	
Department Rep.		
Attending Meeting:	Dr. Stephen Giordano, Director	
Purpose of Request:		
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Procede □ 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 AMENDMI	<u>ENTS</u>	
Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual ☐ Revenue	se all that apply):	
Increase Account/Line No.:	Click or tap here to enter text.	

Source of Funds: Title Change:	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	
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):	
Teva Pharmaceutical Industries Ltd	
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee:	\$97,505.20
Scope of Services:	The funding is important in addressing the substance use
prevention, treatment, harm reduction and rec	
Bond Res. No.:	Click or tap here to enter text.
Date of Adoption:	Click or tap here to enter text.
CONCERNING ALL REQUESTS	
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Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ☒ Click or tap here to enter text.
II Mandated Oile Admonty.	Click of 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:	A00759

Revenue Amount: \$97,505.20

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

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.

Original Awarding Agency / Funder:

Click or tap here to enter text.

New York State Pass-Through Agency (if applicable):

Click or tap here to enter text.

<u>Term</u>

Term: (Start and end date) 10/1/23-12/31/23

Length of Contract: 3 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: N/A
Date of Adoption: N/A

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

The Albany County Department of Mental Health (ACDMH) requests permission to accept \$97,505.20 in New York Opioid Settlement Funds. The funds originate from the New York Opioid Settlement sharing agreement with Teva Pharmaceutical Industries Ltd. This funding is important in addressing the substance use prevention, treatment, harm reduction and recovery service needs at the local level.