

FOR COUNSEL USE
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REQUEST FOR LEGISLATIVE ACTION

DATE: February 19, 2020
DEPARTMENT: Albany County Sheriff's Office / Correctional Facility
Contact Person: Sheriff 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) _____
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) X

To authorize acceptance of grant (application previously authorized by Resolution No. 561 of 2018)

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No: see attached
Source of Funds: SCAAP Grant #2019-H-1061-NY-AP
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

Change Order/Contract Amendment _____
Purchase (Equipment / Supplies) _____
Lease (Equipment / Supplies) _____
Requirements _____
Professional Services _____
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):

US Department of Justice, Bureau of Justice Assistance

810 7th Street, N.W. - SCAPP

Washington, DC 20531

Amount/Rate Schedule/Fee:

\$34,388.00

Term: _____

Scope of Services: _____

Contract Funding:

Anticipated in Current Budget: Yes _____ No _____

Funding Source: _____

County Budget Accounts: _____

Revenue: _____

Appropriation: _____

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 _____ No **X**

If yes, indicate Revenue/Appropriation Accounts: _____

Fiscal Impact - Funding: (Dollars or Percentages)

Federal **100%**

State _____

County _____

Term/Length of Funding **July 1, 2017 through June 30, 2018**

Previous Requests For Identical or Similar Action:

Resolution/Law Number: **#455 #529 #362 #449 #490 #280**

Date of Adoption: **12/3/12 11/12/13 10/14/14 11/9/15 11/14/16 07/8/19**

Justification: (State briefly why legislative action is requested)

To authorize Albany County to accept a reimbursement grant from the US Department of Justice, Bureau of Justice Assistance for incurring costs due to the incarceration of undocumented criminal aliens.

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.)

Submitted By: **Craig D. Apple Sr.**

Title: **Sheriff**