

FOR COUNSEL USE ONLY

Date Received: _____
 Received By: _____
 Method: Hand: _____
 Courier: _____
 Mail: _____

REQUEST FOR LEGISLATIVE ACTION**DATE:** October 6, 2020**DEPARTMENT:** Office of the District AttorneyContact Person: Heather OrthTelephone: 275 4704

Dept. Representative Attending

Committee Meeting: Heather Orth and/or David Soares, District Attorney**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) X

Environmental Impact _____

Home Rule Request _____

Property Conveyance _____

Other: (State briefly if not listed above) Authorization to submit an application and enter into a contract with the NYS Office of Victim Services to expand the Victim/Witness Advocate Program.

CONCERNING CONTRACT AUTHORIZATION (Cont'd)**STATE THE FOLLOWING:****Contract Terms/Conditions:**

Party (Name/Address):

NYS Office of Victim ServicesAE Smith Building 80 S. Swan Street, 2nd FLAlbany, NY 12210

Amount/Rate Schedule/Fee:

\$162,584.72Term: 10/1/20- 9/30/21

Scope of Services: The funds required will be used to support victims of crime in Albany County.

Contract Funding:Anticipated in Current Budget: Yes X No _____Funding Source: State Funds

County Budget Accounts:

Revenue: A9116503496

Appropriation: A91165 12237; 12262; 44038; 89010; 89030; 89060

CONCERNING ALL REQUESTS:

Mandated Program/Service: Yes ____ No X

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget: Yes X No ____

If yes, indicate Revenue/Appropriation Accounts:

Revenue: A9116503496

Appropriation: A91165 12237; 12262; 44038; 89010; 89030;
89060

Fiscal Impact – Funding: (Dollars or Percentages)

Federal _____

State 100%

County _____

Term/Length of Funding 10/1/20 – 9/30/21 - 12 months

Previous Requests for Identical or Similar Action:

Resolution/Law Number: _____

Date of Adoption: _____

Justification: (State briefly why legislative action is requested)

To apply for and accept the contract with the NYS Office of Victim Services for full funding for a Crime Victim Caseworker and a Crime Victim Program Coordinator along with funding for their fringe benefits.

Back-up Material Submitted:

Crime Victims Board Award Contract

Submitted By: Heather Orth

Title: Confidential Assistant to the District Attorney