

Legislation Text

File #: TMP-3412, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization to accept grant funding from NYSOFA for III-D Medication Management Program

| Date: | 6/16/2022 |
|--------------------|----------------------------------|
| Submitted By: | Patrick Dillon |
| Department: | Aging |
| Title: | Contract Administrator |
| Phone: | 518 447 7733 |
| Department Rep. | |
| Attending Meeting: | Deborah C. Riitano, Commissioner |

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

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□ Revenue

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

Acceptance

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): New York State Office for Aging Two Empire State Plaza Albany, New York 12223-1251

Additional Parties (Names/addresses): Click or tap here to enter text.

Amount/Raise Schedule/Fee: Scope of Services:

\$19,736.00 For the provision of health promotion and disease prevention programs for older adults 60 years and older residing in Albany County.

| 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. |

Yes ⊠ No □

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|---|----------------------------------|--|
| Anticipated in Current Budget: | Yes ⊠ No □ | |
| County Budget Accounts: | | |
| Revenue Account and Line: | A6772.04776 | |
| Revenue Amount: | \$19,736.00 | |
| Appropriation Account and Line: | A6772.44046 | |
| Appropriation Amount: | \$21,928.89 | |
| Source of Funding - (Percentages) | | |
| Federal: | 90% | |
| State: | Click or tap here to enter text. | |
| County: | 10% | |
| Local: | Click or tap here to enter text. | |
| Term | | |
| Term: (Start and end date) | 1/1/2023 - 12/31/2023 | |
| Length of Contract: | 12 Months | |
| Impact on Pending Litigation | Yes □ No ⊠ | |
| If yes, explain: | Click or tap here to enter text. | |
| Previous requests for Identical or Simi | lar Action: | |
| Resolution/Law Number: | 346 | |
| Date of Adoption: | 10/12/2021 | |
| | | |

Justification: (state briefly why legislative action is requested)

To accept the III-D Medication Management Program grant from New York State Office for Aging. This grant funds Evidence Based Health Promotion, Disease Prevention, and Recreational programs. These programs provide education along with activities that support healthy lifestyles, promote healthy behaviors and improve functional status for older adults that reside in Albany County in hopes of preventing and reducing chronic disease and falls. Evidence Based Programs awarded this contract year are; Matter of Balance, Falls Talk and Substance Use Disorder Counseling.