

## County of Albany

112 State Street Albany, NY 12207

## Legislation Text

File #: TMP-1980, Version: 1  REQUEST FOR LEGISLATIVE ACTION			
Date:	October 5, 2020		
Submitted By:	Mark Gleason		
Department:	Mental Health		
Title:	Operations Analyst		
Phone:	518-447-3014		
Department Rep.			
Attending Meeting:	Dr. Stephen Giordano, Ph.D.		
Purpose of Request:			
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Proce</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	edure  Click or tap here to enter text.		
CONCERNING BUDGET AMENDI	<u>MENTS</u>		
Increase/decrease category (cho ☐ Contractual ☐ Equipment ☐ Fringe	ose all that apply):		

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☐ Personnel ☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. 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 ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)  requesting 6-month extension with OASAS (Office)	
Contract Terms/Conditions:	
Party (Name/address):  Research Foundation for Mental Hygier 150 Broadway, Suite 301 Menands, NY 12204-27726	ne, Inc. (for NYS OASAS)
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	Click or tap here to enter text. Click or tap here to enter text.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes ☐ No ☒ Click or tap here to enter text.

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Is there a Fiscal Impact:	Yes □ No ⊠	
Anticipated in Current Budget:	Yes ⊠ No □	
County Budget Accounts: Revenue Account and Line: Revenue Amount:	Click or tap here to enter text. Click or tap here to enter text.	
Appropriation Account and Line: Appropriation Amount:	Click or tap here to enter text. Click or tap here to enter text.	
<u>Source of Funding - (Percentages)</u> Federal: State:	Click or tap here to enter text. Click or tap here to enter text.	

<u>Term</u>

County:

Local:

Term: (Start and end date) 9/30/2019-3/31/2021

Length of Contract: 18 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: 430

Date of Adoption: October 15, 2019

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

Due to COVID-19 the Department of Mental Health requests permission to enter into a no cost contract extension with the Office of Addiction Services and Supports for the Opioid Response Grant that was due to expire on September 30, 2020. The amendment will extend the contract until March 31, 2021. There is no County share associated with this contract.

Click or tap here to enter text.

Click or tap here to enter text.