

# SUSAN A. RIZZO COUNTY COMPTROLLER

#### STEPHANIE SLOMINSKI CIA CFE CHIEF AUDITOR

# COUNTY OF ALBANY OFFICE OF THE COMPTROLLER 112 STATE STREET, ROOM 1030 ALBANY, NEW YORK 12207-2021 (518) 447-7130 susan.rizzo@albanycountyny.gov

EDWARD L. DOTT

EXECUTIVE DEPUTY COMPTROLLER

FRANK COMMISSO
EXECUTIVE DEPUTY COMPTROLLER

March 6, 2024

Hon. Joanne Cunningham, Chairwoman Albany County Legislature 112 State Street – Suite 710 Albany, New York 12207

RE: RLA - Adjustment to the 2024 Adopted Budget of the Department of Audit and Control

Dear Chairwoman Cunningham,

The Department of Audit and Control is requesting approval to amend the 2024 Adopted Budget. The changes requested will enhance our audit capability and claims-processing function by increasing the number of hours worked per week by a key staff member. Please note these changes are budget-neutral. The Request for Legislative Action template and backup are attached for your review and convenience.

Should you require any additional information, please let me know.

Sincerely,

Susan A. Rizzo

Albany County Comptroller 112 State Street, Room 1030 Albany, New York 12207

(518) 447-7130

CC: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Necole Chambers, Clerk of the Legislature
Caitlin O'Brien, Chief of Staff
Patrick Collins, Counsel to the Chair
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel

# REQUEST FOR LEGISLATIVE ACTION Adjustment to the 2024 Adopted Budget of the Department of Audit and Control Date: March 6, 2024 Submitted By: Susan A. Rizzo Department: Department of Audit and Control Title: Albany County Comptroller Phone: (518) 447-7130 Department Rep. Attending Meeting: Susan A. Rizzo **Purpose of Request:** ☐ Adopting of Local Law ☐ Amendment of Prior Legislation ☐ Approval/Adoption of Plan/Procedure □ Bond Approval ☐ Contract Authorization ☐ Countywide Services ☐ Environmental Impact/SEQR ☐ Home Rule Request ☐ Property Conveyance ☐ Other: (state if not listed) CONCERNING BUDGET AMENDMENTS Increase/decrease category (choose all that apply): □ Contractual □ Equipment ☐ Fringe □ Personnel □ Personnel Non-Individual ☐ Revenue Increase Account/Line No.: A.91315.15502.002 (190031 - Administrative Aide PT) Source of Funds: See attached

N/A

#### **CONCERNING CONTRACT AUTHORIZATIONS**

Title Change:

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	or tap to enter a date.
☐ Release of Liability	
☐ Other: (state if not listed)	
Contract Terms/Conditions:	
Party (Name/address):	>
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:	
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes □ No ⊠
County Budget Accounts: Revenue Account and Line: Revenue Amount:	
Appropriation Account and Line: Appropriation Amount:	A.91315.15502.002 \$53,797.00

## Source of Funding – (Percentages)

Federal:

State:

County:

100%

Local:

#### <u>Term</u>

Term: (Start and end date)

Click or tap here to enter text.

Length of Contract:

Click or tap here to enter text.

Impact on Pending Litigation

Yes □ No ⊠

If yes, explain:

### Previous requests for Identical or Similar Action:

Resolution/Law Number:

Click or tap here to enter text.

Date of Adoption:

Click or tap here to enter text.

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

This increase enhances the Department of Audit and Control's audit capability and claims-processing function by increasing the hours worked by a current part-time employee in the Department of Audit and Control.

	ACCOU	NT NO.	10	RESOLUTION DESCRIPTION	INC	REASE	DEC	REASE	UNIT	COST	DEPARTMENT NAME	
A91315	15502	002	190031	ADMINISTRATIVE AIDE PT	\$	15,371			\$	53,797	Department of Audit and Control	
A91315	19970			TEMPORARY HELP			\$	10,000	\$	10,000	Department of Audit and Control	
A91315	11132	001	190064	CHIEF OF STAFF			\$	3,675	\$	105,000	Department of Audit and Control	
A91315	16401	001	190022	CONFIDENTIAL SECRETARY			\$	1,696	\$	62,564	Department of Audit and Control	
				TOTAL APPROPRIATIONS	\$	15,371	\$	15,371				
				ESTIMATED REVENUES								
	ACCOU	NT NO.		RESOLUTION DESCRIPTION	INCF	REASE	DEC	REASE	UNIT	COST	DEPARTMENT NAME	
				TOTAL ESTIMATED REVENUES	_\$	•	\$					