

PAUL L. MARRA
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CORONERS & PHYSICIANS

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COUNTY OF ALBANY
OFFICE OF CORONERS
112 STATE STREET, SUITE 820
ALBANY, NEW YORK 12207
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November 25, 2024

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

Re: RLA – Adjustment to 2024 Adopted Budget of the Albany County Coroner's Office

Dear Chairwoman Cunningham,

The Albany County Coroner's Office is requesting legislative action to make adjustments to our adopted 2024 Budget. These adjustments are being requested to correct lines that are currently negative or are forecasted to go negative by year end. Specifically, we are asking that \$98,000 be transferred to Laboratory Fees & Services and \$24,000 be transferred to Medical Services/Therapy lines. The total amount requested is \$122,000.00.

Attached is the Request for Legislative Action and supporting documents for your review.

Thank you for your time and consideration of this matter.

Sincerely,

A handwritten signature in cursive that reads "Paul Marra". To the right of the signature is a small circle containing the initials "KS".

Paul Marra
Albany County Senior Coroner
112 State Street - Suite 820

CC: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Necole Chambers, Clerk of the Legislature
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel

REQUEST FOR LEGISLATIVE ACTION

Adjustment to the 2024 Adopted Budget of the Coroner's Office

Date: November 25, 2024
Submitted By: Paul Marra
Department: Albany County Coroner's Office
Title: Senior Coroner
Phone: (518) 447-7604
Department Rep.
Attending Meeting: Coroner Kevin Crosier

Purpose of Request: Budget Amendment

- 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) _____

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual
- Revenue

Increase Account/Line No.: A.91185.44048 (Laboratory Fees and Services) and
A.91185.44252 (Medical Services/Therapy)
Source of Funds: See attached
Title Change: N/A

CONCERNING CONTRACT AUTHORIZATIONS

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 or tap to enter a date.

- Settlement of a Claim
- 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:

Click or tap here to enter text.

Scope of Services:

Click or tap here to enter text.

Bond Res. No.:

Date of Adoption:

CONCERNING ALL REQUESTS

Mandated Program/Service:

Yes No

If Mandated Cite Authority:

Click or tap here to enter text.

Is there a Fiscal Impact:

Yes No

Anticipated in Current Budget:

Yes No

County Budget Accounts:

Revenue Account and Line:

Revenue Amount:

Appropriation Account and Line:

A.91185.44048

Appropriation Amount:

\$98,000.00

Appropriation Account and Line:

A.91185.44252

Appropriation Amount:

\$24,000.00

Source of Funding – (Percentages)

Federal:
State:
County: 100%
Local:

Term

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.

Justification: (state briefly why legislative action is requested)

The Albany County Coroner’s Office is requesting Legislative action to make adjustments to our adopted 2024 Budget. These transfers are being requested to correct lines that are currently negative or are forecasted to go negative by year end. Specifically, we are asking that \$98,000 be transferred to Laboratory Fees & Services and \$24,000 be transferred to Medical Services/Therapy lines. The total amount requested is \$122,000.00.

APPROPRIATIONS

USE WHOLE NUMBERS ONLY

BUDGET LINE		DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ	PROJECT	FOR POSITIONS ONLY		
		STATE POS. CODE	POSITION CONTROL			
A	1185	44048				Laboratory Fees and Services \$98,000 \$446,862 Coroner
A	1185	44252				Medical Services/Therapy \$24,000 \$316,991 Coroner
A	6100	44252				Medical Services Therapy \$122,000 \$57,602,908 Social Services MMIS
TOTAL APPROPRIATIONS			\$122,000	\$122,000		

ESTIMATED REVENUES

USE WHOLE NUMBERS ONLY

BUDGET LINE		DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ	PROJECT	FOR POSITIONS ONLY		
		STATE POS. CODE	POSITION CONTROL			
A	0000	00000	00000	000	000000	
TOTAL REVENUES			\$0	\$0		
GRAND TOTAL			\$122,000	\$122,000		