



**MICHAEL S. MONTELEONE**  
EXECUTIVE UNDERSHERIFF

## ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400  
[WWW.ALBANYCOUNTYSHERIFF.COM](http://WWW.ALBANYCOUNTYSHERIFF.COM)

**CRAIG D. APPLE, SR.**  
SHERIFF



**WILLIAM M. RICE**  
UNDERSHERIFF

September 6, 2023

Honorable Andrew Joyce  
Legislative Clerk's Office  
112 State Street, Room 710  
Albany, New York 12207

*ANDREW*  
Dear Mr. Joyce:

The attached correspondence is forwarded for presentation to the Albany County Legislature.

Legislative approval is required in order to complete the Albany County Sheriff's Office FEMA claim for COVID19 under Federal Disaster Declaration #4480DR. The claim is for reimbursement of expenses incurred by the Albany County Sheriff's Office for the handling of the COVID19 pandemic. Expenses were related to distribution of medical supplies and equipment to all county hospitals and medical practices, distribution of COVID19 vaccines and coordination efforts of our emergency management unit. It also includes expenses for changes in day to day operations such as installation of Plexiglas dividers at the Albany County Correctional Facility.

The related expenses included purchase and rental of equipment and materials and overtime related to the vaccine distribution.

The total reimbursement approved by FEMA is \$285,955.30.

The expenses were paid out of the Sheriff's Office budget. This required us to adjust our planned spending to cover the costs. Because of this we put off purchasing many items that were planned. As such we are requesting an increase in our current budgeted expenditures to purchase equipment and supplies that would have been purchased had the COVID19 pandemic not occurred. Our proposed budget amendment is attached.

Should there be any questions, do not hesitate to call.

Sincerely,

*Craig D. Apple, Sr.*  
Craig D. Apple, Sr.  
Sheriff

cc: Hon. Daniel P. McCoy, County Executive  
Hon. William Clay, Public Safety Chairman  
Hon. Wanda Willingham, Audit & Finance

FOR COUNSEL USE ONLY	
DATE:	_____
RECEIVED:	_____
RECEIVED BY:	_____
METHC HAND	_____
COURIER	_____
MAIL	_____

September 5, 2023

Albany County Sheriff's Office

CONTACT PERSON: Craig D. Apple, Sr.  
 TELEPHONE: (518) 447-5440  
 DEPT. REPRESENTATIVE ATTENDING  
 COMMITTEE MEETING: Craig D. Apple, Sr.

ADOPTION OF LOCAL LAW	_____
AMENDMENT OF PRIOR LEGISLATION	_____
APPROVAL/ADOPTION OF PLAN/PROCEDURE	_____
BOND APPROVAL	_____
BUDGET AMENDMENT(SEE BELOW)	<u>X</u>
CONTRACT AUTHORIZATION (SEE BELOW)	_____
ENVIRONMENTAL IMPACT	_____
HOME RULE REQUEST	_____
PROPERTY CONVEYANCE	_____
OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE)	_____

To accept FEMA reimbursement for Covid 19 under Federal Disaster Declaration #4480DR

INCREASE ACCOUNT/LINE NO. \_\_\_\_\_  
 SOURCE OF FUNDS: \_\_\_\_\_  
 TITLE CHANGE: \_\_\_\_\_

**TYPE OF CONTRACT**

CHANGE ORDER/CONTRACT AMENDMENT	_____
PURCHASE (EQUIPMENT/ SUPPLIES)	_____
LEASE (EQUIPMENT/SUPPLIES)	_____
REQUIREMENTS	_____
PROFESSIONAL SERVICES	_____
EDUCATIONAL/TRAINING	_____
GRANT: NEW	_____
RENEWAL	_____
SUBMISSION DEADLINE DATE	_____
SETTLEMENT OF A CLAIM	_____
RELEASE OF LIABILITY	_____
OTHER: (STATE BRIEFLY)	_____

**CONTRACT TERMS/CONDITIONS:****PARTY (NAME/ADDRESS):****NYS Division of Homeland Security, Attn: Christian Ozack****1220 Washington Ave., State Campus Building 7A****Albany, N.Y. 12242****AMOUNT/RATE SCHEDULE/FEE:****\$285,955.30****TERM: 01/20/2020-05/11/2023****SCOPE OF SERVICES:****These funds will be used to purchase equipment to enhance the capabilities of our Emergency Management Unit****CONTRACT FUNDING:**ANTICIPATED IN CURRENT BUDGET: YES \_\_\_\_\_ NO XFUNDING SOURCE: **NYS Division of Homeland Security****COUNTY BUDGET ACCOUNTS:**REVENUE: **A43110.04341**APPROPRIATION: **A93110.22800 (Speciality Equipment)**

BOND(RES. NO. &amp; DATE OF ADOPTION) \_\_\_\_\_

MANDATED PROGRAM/SERVICE: YES \_\_\_\_\_ NO X

IF MANDATED CITE: AUTHORITY \_\_\_\_\_

ANTICIPATED IN CURRENT ADOPTED BUDGET: YES \_\_\_\_\_ NO X

IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS: \_\_\_\_\_

**FISCAL IMPACT - FUNDING: (DOLLARS OR PERCENTAGES)**FEDERAL 100%STATE 0%COUNTY 0%

TERM/LENGTH OF FUNDING \_\_\_\_\_

**PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:**

RESOLUTION/LAW NUMBER: \_\_\_\_\_

DATE OF ADOPTION: \_\_\_\_\_

**JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)****This reimbursement will be used to purchase equipment which will enhance the capabilities of our Emergency Management Unit .****BACK-UP MATERIAL SUBMITTED (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE, BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)**SUBMITTED BY: **Craig D. Apple, Sr.**TITLE: **SHERIFF**

2023 BUDGET AMENDMENT

APPROPRIATIONS

ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	DEPARTMENT NAME
A9 3110 2 2800	Specialty Equipment	285,955.30		SHERIFF'S OFFICE
TOTAL APPROPRIATIONS		285,955.30		

REVENUES

ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	DEPARTMENT NAME
A4 3110 04341	FEMA Covid19 Reimbursement		285,955.30	SHERIFF'S OFFICE
GRAND TOTALS		285,955.30	285,955.30	

<b>PA-02-NY-4480-PW-01715(0)</b> <u>P</u>	
Applicant Name:	Application Title:
ALBANY COUNTY SHERIFF'S DEPT	678865 - COVID FEMA REIMBURSEMENT
Period of Performance Start:	Period of Performance End:
03-20-2020	07-01-2022

Bundle Reference # (Amendment #)	Date Awarded
PA-02-NY-4480-PW-01715(2635)	08-23-2023

## Subgrant Application - FEMA Form 90-91

**Note:** The Effective Cost Share for this application is 100%

FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT WORKSHEET						
DISASTER			PROJECT NO.	PA ID NO.	DATE	CATEGORY
FEMA	4480	- DR -NY	678865	001-05A04-00	12-05-2022	B
APPLICANT: ALBANY COUNTY SHERIFF'S DEPT					WORK COMPLETE AS OF: 11-18-2021 : 100 %	
Site 1 of 1						
DAMAGED FACILITY:				COUNTY: Albany		
Damage # 1237965; Emergency Protective Measures (Damage for Project [678865] COVID FEMA REIMBURSEMENT)						
LOCATION:					LATITUDE:	LONGITUDE:
PA-02-NY-4480-PW-01715(0): 16 Eagle St, Albany, New York 12207						
Current Version:						
DAMAGE DESCRIPTION AND DIMENSIONS:						
PA-02-NY-4480-PW-01715(0): The Disaster #4480DR, which occurred between 1/20/2020 and 5/11/2023 , caused:						
Damage # 1237965; Emergency Protective Measures (Damage for Project [678865] COVID FEMA REIMBURSEMENT)						
During the incident period of 1/20/2020 through 5/11/2023, COVID-19 created an immediate threat to the health and safety of the general public requiring emergency response and protective measures.						
Provided Emergency Protective Measures for the COVID-19 pandemic which created an immediate threat to the health and safety of the general public requiring emergency response and protective measures at 16 Eagle St, Albany, New York 12207 from 3/12/2020 to 11/18/2021.						
Current Version:						
SCOPE OF WORK:						
PA-02-NY-4480-PW-01715(0): 1237965 Damage for Project [678865] COVID FEMA REIMBURSEMENT						
Work Completed						
In response to the COVID-19 Public Health Emergency, the applicant utilized force account labor, materials, and equipment in taking the Emergency Protective Measures.						
Cost share for this version is 100%. All work and costs in this project version fall between 03/12/2020 and 11/18/2021.						
Albany County Sheriff's Office (001-05A04-00)						
A. Provided Force Account Labor Overtime for receiving and distributing PPE and sanitization supplies as emergency protective measures for the COVID 19 Pandemic.						
B. Provided Vehicles for distributing supplies to municipalities, and emergency response agencies as emergency protective measures for the COVID 19 Pandemic.						

C. Provided purchase of PPE and meals for keeping staff safe as emergency protective measures for the COVID 19 Pandemic.

1. Force account OT Labor:	133 Laborers	739.75 hours	\$45,188.19
2. Force account Equipment:	256 EA.	1,777.50 hours	\$ 49,748.82
3. Force account Materials:			\$ 191,018.29

Work Completed Totals

1. Force Account Overtime:	133 Laborers	739.75 hours	\$45,188.19
2. Force Account Equipment:	256 EA.	1,777.50 hours	\$ 49,748.82
3. Materials:			\$ 191,018.29

Work Completed Total: \$285,955.30

Project Notes:

- Scope and cost were developed based on applicant cost summaries and certification included in the Schedule EZ.
- Address and GPS coordinates: 16 Eagle St, Albany, New York 12207; GPS1 Lat/Long: 42.652589, -73.753304.

Current Version:

Does the Scope of Work change the pre-disaster conditions at the site? Yes No		Special Considerations included? Yes No	
Hazard Mitigation proposal included? Yes No		Is there insurance coverage on this facility? Yes No	
<b>PROJECT COST</b>			
ITEM	CODE	NARRATIVE	COST
		*** Version 0 ***	
		Work Completed	
1	9007	Labor	\$ 45,188.19
2	9008	Equipment	\$ 49,748.82
3	9009	Material	\$ 191,018.29
			<b>TOTAL COST</b>
			<b>Version Project Cost</b>
			\$ 285,955.30
PREPARED BY KHADIR A SHAHID		TITLE PDMG	SIGNATURE
APPLICANT REP. Thomas Remmert		TITLE Deputy Director Emergency Management	SIGNATURE

[View Application](#)

Generated Date: 08/24/2023 14:59

Federal Emergency Management Agency  
Project Completion and Certification Report (P.4)  
Disaster: FEMA-4480-DR-NY

Applicant FIPS ID: 001-05A04-00 Applicant/Subdivision Name: ALBANY COUNTY SHERIFF'S DEPT

PW#	Amendment #	Approved Proj. Amt.	Cost Share	Cat	Fund Code	Bundle	Work Done By	Projected Compl. Date	% Compl. at Insp.	Elig Amount	Actual Date Completed	Amt. Claimed by Applicant	Comments
PA-02-NY-4480-PW-01715	0	\$285,955.30	N	B	06	PA-02-NY-4480-PW-01715(2635)		07-01-2022	100	\$285,955.30	8/28/2023	\$285,955.30	
Total for 1 PWs: \$285,955.30												\$285,955.30	
Subgrantee Admin:												\$0.00	
Grand Total:												\$285,955.30	

Generated Date: 08/24/2023 14:59

Federal Emergency Management Agency  
Project Completion and Certification Report (P.4)  
Disaster: FEMA-4480-DR-NY

Applicant FIPS ID: 001-05A04-00 Applicant/Subdivision Name: ALBANY COUNTY SHERIFF'S DEPT

Certification

I hereby certify that to the best of my knowledge and belief all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed, and all costs claimed have been paid in full.

Signed: Lina Harris Date: 8/28/2023

Applicant's Authorized Representative

I certify that all funds were expended in accordance with the provisions of the signed FEMA-State Agreement and I recommend an approved amount of \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Governor's Authorized Representative