

## County of Albany

Harold L. Joyce Albany County Office Building 112 State Street - Albany, NY 12207

## Legislation Text

File #: TMP-2505, Version: 1		
REQUEST FOR LEGISLATIVE ACTION	N	
Description (e.g., Contract Authorizat Authorization to accept stimulus funding	ion for Information Services): from NYSOFA for III-D Medication Management Program	
Date:	5/21/2021	
Submitted By:	Patrick Dillon	
Department:	Aging	
Title:	Contract Administrator	
Phone:	518 447 7733	
Department Rep.		
Attending Meeting:	Deborah C. Riitano, Commissioner	
Purpose of Request:		
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</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>	Click or tap here to enter text.	
CONCERNING BUDGET AMENDMENT Increase/decrease category (choose a ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual		

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☐ 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	<u>ZATIONS</u>	
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☑ Grant		
<ul><li>☐ Release of Liability</li><li>☐ Other: (state if not listed)</li></ul>	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:	\$ \$35,098.00	
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.	
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □	

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County Budget Accounts:

Revenue Account and Line: 04776
Revenue Amount: \$35,098.00

Appropriation Account and Line: 44046
Appropriation Amount: \$35,098.00

Source of Funding - (Percentages)

Federal: 100%

State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

<u>Term</u>

Term: (Start and end date) 4/1/2021 - 9/30/2024

Length of Contract: 41 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:

NA

Date of Adoption:

## **Justification**: (state briefly why legislative action is requested)

To accept the stimulus funding for III-D Medication Management Program from New York State Office for Aging. This funding will provide additional needed 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.