

FOR COUNSEL USE ONLY	
DATE:	_____
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RECEIVED BY:	_____
METHOD:	<u>HAND</u> _____
	<u>COURIER</u> _____
	<u>MAIL</u> _____

REQUEST FOR LEGISLATIVE ACTION

DATE : AUGUST 13, 2020

DEPARTMENT: ALBANY COUNTY SHERIFF'S DEPT

CONTACT PERSON: CRAIG D APPLE SR

TELEPHONE: 487-5440

DEPT. REPRESENTATIVE ATTENDING

COMMITTEE MEETING:

SHERIFF CRAIG D APPLE SR

PURPOSE OF REQUEST:

ADOPTION OF LOCAL LAW

AMENDMENT OF PRIOR LEGISLATION

APPROVAL/ADOPTION OF PLAN/PROCEDURE

BOND APPROVAL

BUDGET AMENDMENT(SEE BELOW)

CONTRACT AUTHORIZATION (SEE BELOW)

ENVIRONMENTAL IMPACT

HOME RULE REQUEST

PROPERTY CONVEYANCE

OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE)

THE SHERIFF'S DEPT. WANTS TO TO ENTER INTO AN AGREEMENT WITH BETTER HEALTH FOR

NORTHEAST NEW YORK, INC TO PROVIDE TEMPORARY HOUSING FOR HOMELESS INDIVIDUALS

WHO WERE DISCHARGED FROM, AND REFERRED BY, ALBANY MEDICAL CENTER HOSPITAL

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING

INCREASE ACCOUNT/LINE NO. _____

SOURCE OF FUNDS: _____

TITLE CHANGE: _____

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

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)

CONCERNING CONTRACT AUTHORIZATION (CONT'D)

STATE THE FOLLOWING:

CONTRACT TERMS/CONDITIONS:

PARTY (NAME/ADDRESS):

BETTER HEALTH FOR NORTHEAST NEW YORK INC

1275 BROADWAY MC-216

ALBANY, NY 12204

AMOUNT/RATE SCHEDULE/FEE:

\$137 PER DAY PER BED PROVIDED

TERM: 8/1/2020 THRU 4/30/2021

SCOPE OF SERVICES:

WE WILL PROVIDE TEMPORARY HOUSING FOR HOMELESS INDIVIDUALS

AS PART OF OUR SHIP PROGRAM

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET: YES _____ NO X

IT IS PART OF OUR 2021 BUDGET

COUNTY BUDGET ACCOUNTS:

REVENUE: A23150.02231

APPROPRIATION:

BOND(RES. NO. & DATE OF ADOPTION)

CONCERNING ALL REQUESTS:

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

STATE

COUNTY 100%

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 AGREEMENT COULD PRODUCE UP TO \$100,000 IN REVENUE FOR THE COUNTY

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