

Legislation Text

File #: TMP-3122, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Shaker Place Rehabilitation and Nursing Center 2022 Budget Amendment

Date:	February 3, 2022
Submitted By:	Larry I. Slatky
Department:	Shaker Place Rehabilitation and Nursing Center
Title:	Executive Director
Phone:	518-213-8940
Department Rep.	
Attending Meeting:	Larry I. Slatky

Purpose of Request:

- □ 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) Click or

Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- □ Equipment
- □ Fringe
- Personnel
- Personnel Non-Individual

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□ Revenue

Increase Account/Line No.:See AttachmentSource of Funds:See AttachmentTitle 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)

Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address): Shaker Place Rehabilitation and Nursing Center 100 Heritage Lane Albany, New York 12211

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:In reviewing the Shaker Place budget for 2022, we Identified the needfor technical corrections that needed to be made to ensure staff receive their appropriate annualized salary. This

amendment is budget neutral, corrects titles and complies with the mandates of the Collective Bargaining Agreements.

Bond Res. No.:	Click or tap here to enter text.
Date of Adoption:	Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:	Yes 🗆 No 🛛
If Mandated Cite Authority:	Click or tap here to enter text.

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Is there a Fiscal Impact:	Yes 🗆 No 🛛
Anticipated in Current Budget:	Yes ⊠ No □
County Budget Accounts:	
Revenue Account and Line:	N/A
Revenue Amount:	Click or tap here to enter text.
Appropriation Account and Line:	See Attachment
Appropriation Amount:	See Attachment
Source of Funding - (Percentages)	
Federal:	0
State:	0
County:	100
Local:	0
<u>Term</u>	
Term: (Start and end date)	1/1/2022-12/31/2022
Length of Contract:	12 months
Impact on Pending Litigation	Yes □ No ⊠
lf yes, explain:	Click or tap here to enter text.
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) See above