



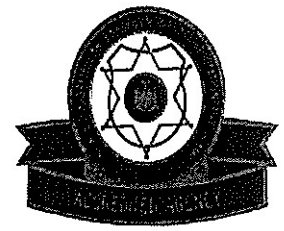
MICHAEL S. MONTELEONE
EXECUTIVE UNDERSHERIFF

SHAWN P. NOONAN
CHIEF DEPUTY

ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400
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CRAIG D. APPLE, SR.
SHERIFF



WILLIAM M. RICE
UNDERSHERIFF

LEON A. BORMANN
CHIEF DEPUTY

November 2, 2021

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

Re: Budget Transfer Request
Correctional Facility 3150

Andrew L. Joyce
Dear Mr. Joyce:

Enclosed please find the Albany County Sheriff's Office Request for Legislative Action relative to the above captioned.

Briefly, this request is to transfer funds between line items in the A2 3150, A3150.1 and A3150.4 accounts at the Correctional Facility. This transfer is necessary to meet current and anticipated expenditures at the facility and will be funded by the adopted 2021 operating budget.

In cooperation with the Department of Management and Budget the Sheriff's Office agreed to keep seventy-five (75) Correction Officers vacant in budget line (A93150.19900). There was an additional reduction of 1.7M in the Medical Care Line (A93150.44251) and 300K in Food and Concessions Line (A93150.44253) for the Adopted Budget 2021.

The Covid-19 pandemic has and will continue to impact the Correctional Facility's operating budget while we ensure the safety and security of both staff and our inmate population. The following lines have been impacted; Overtime (A93150.19900) requiring additional housing units for isolation to be opened and manned by Correction Officers, Medical Care (A93150.44251) increase testing & medical supplies for inmate population, Food & Concessions (A93150.44253) increase in food costs for inmate population. Electric (A93150.44101) & Natural Gas (A93150.44104) rising costs due to pandemic.

Please present the enclosed at the next available Legislative Meeting for consideration and action. Thank you and if you have any questions please feel free to contact me.

Sincerely,
Craig D. Apple Sr.
Craig D. Apple Sr.
Sheriff

FOR COUNSEL USE
ONLY

Date Received: _____
Received By: _____
Method: Hand: _____
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

DATE: 11/02/21
DEPARTMENT: Albany County Sheriff's Office / Correctional Facility
Contact Person: Sheriff 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)	<u>X</u>
Contract Authorization (See below)	_____
Environmental Impact	_____
Home Rule Request	_____
Property Conveyance	_____
Other: (State briefly if not listed above)	_____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No: A 3150.19900, A 3150.44101, A 3150.44104 A 3150.44251 A 3150.44253
Source of Funds: see attached
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):

Amount/Rate Schedule/Fee:

Term: _____

Scope of Services: _____

Contract Funding:

Anticipated in Current Budget: Yes _____ No _____

Funding Source: _____

County Budget Accounts:

Revenue: _____

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)

To transfer funds necessary for current and future expenditures.

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: _____

Title: _____