



# County of Albany

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

## Legislation Text

**File #:** TMP-6107, **Version:** 1

### REQUEST FOR LEGISLATIVE ACTION

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

Authorization to Amend the 2024 Adopted Budget for Shaker Place Rehabilitation and Nursing Center

Date: 10/31/2024  
Department: Shaker Place Rehabilitation and Nursing Center  
Attending Meeting: Mark S. Olsen  
Submitted By: Shawn Thelen  
Title: Deputy Executive Director  
Phone: 518-447-7108

Purpose of Request: Budget Amendment      Enter text.

### CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:  
Enter text.

Term: (Start/end date or duration)      Enter text.  
Amount/Raise Schedule/Fee:      Enter text.

### BUDGET INFORMATION:

Is there a Fiscal Impact:      Yes  No   
    Anticipated in Budget:      Yes  No   
    Spreadsheet attached:      Yes  No

### Source of Funding - (Percentages)

Federal:      0      County:      100  
State:      0      Local:      0

### County Budget Accounts:

Revenue Account and Line:      Enter text.  
Revenue Amount:      Enter text.  
Appropriation Account and Line:      See Attached Spreadsheet  
Appropriation Amount:      See Attached Spreadsheet

### ADDITIONAL INFORMATION:

Mandated Program/Service:      Yes  No   
If Mandated, Cite Authority:      Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes  No

# of Response(s): Enter text.

# of MWBE: Enter text.

# of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes  No

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

**DESCRIPTION OF REQUEST:** (state briefly why legislative action is requested)

Budget amendment request to fix negative lines at Shaker Place Rehabilitation and Nursing Center.