



MICHAEL S. MONTELEONE
EXECUTIVE UNDERSHERIFF

ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400
WWW.ALBANYCOUNTYSHERIFF.COM

CRAIG D. APPLE, SR.
SHERIFF



WILLIAM M. RICE
UNDERSHERIFF

February 1, 2024

Honorable Joanne Cunningham
Chairwoman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Room 710
Albany, New York 12207

Dear Ms. Cunningham: ^{Jo}

The attached correspondence is forwarded for presentation to the members of the Albany County Legislature.

I respectfully request a resolution authorizing an agreement between the County of Albany and participating municipalities for Emergency Medical Technician-Defibrillation Services in the amount of \$1,424,077.40.

Delmar/Bethlehem Volunteer Ambulance Service	\$807,823.34
Town of New Scotland	308,127.03
Rensselaerville, Berne, Westerlo	308,127.03

Should there be any questions on this matter, please do not hesitate to call.

Sincerely,

Craig D. Apple, Sr.
Sheriff

Att.

Cc: Hon. Daniel P. McCoy, County Executive
Hon. Wanda Willingham, Audit & Finance Chairwoman

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY	
DATE:	_____
RECEIVED:	_____
RECEIVED BY:	_____
METHOD:	<input checked="" type="checkbox"/> HAND _____
	<input type="checkbox"/> COURIER _____
	<input type="checkbox"/> MAIL _____

DATE : 01/18/2024 _____

DEPARTMENT: ALBANY COUNTY SHERIFF'S OFFICE _____

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) _____

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):

PARTICIPATING MUNICIPALITIES

AMOUNT/RATE SCHEDULE/FEE:

TERM: JANUARY 1, 2024 THRU DECEMBER 31, 2024

SCOPE OF SERVICES: WE WILL PROVIDE EMERGENCY MEDICAL
TECHNICIANS-DEFIBRILLATION SERVICES THROUGH OUR EMT PROGRAM

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET: YES _____ NO X

FUNDING SOURCE: PARTICIPATING MUNICIPALITIES

COUNTY BUDGET ACCOUNTS:

REVENUE: A23110.02265

APPROPRIATION: VARIOUS

BOND(RES. NO. & DATE OF ADOPTION) _____ X

CONCERNING ALL REQUESTS:

MANDATED PROGRAM/SERVICE: YES _____ NO _____

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: RES 23-100

DATE OF ADOPTION: 3/13/2023

JUSTIFICATION: _____ (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

AUTHORIZE AGREEMENTS BETWEEN THE COUNTY AND THE PARTICIPATING MUNICIPALITIES

FOR EMERGENCY MEDICAL TECHNICIANS-DEFIBRILLATION TOTALLING \$1,424,077.40

SEE ATTACHED SPREADSHEET

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

EMT 2024 Proposed

ACCOUNT TITLE	ACCOUNT NUMBER	TOTAL	# OF HOURS	
EMT FULL TIME	A93110.1.3145.001	38,938.00	1,872	
EMT FULL TIME	A93110.1.3145.002	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.003	41,970.00	1,872	
EMT FULL TIME	A93110.1.3145.004	38,938.00	1,872	
EMT FULL TIME	A93110.1.3145.005	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.006	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.007	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.008	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.009	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.010	41,970.00	1,872	
EMT FULL TIME	A93110.1.3145.011	38,938.00	1,872	
EMT FULL TIME	A93110.1.3145.012	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.013	41,090.00	1,872	
EMT FULL TIME	A93110.1.3145.014	41,970.00	1,872	
EMT FULL TIME	A93110.1.3145.015	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.016	43,262.00	1,872	
EMT FULL TIME	A93110.1.3145.017		0	
EMT FULL TIME	A93110.1.3145.018		0	
EMT FULL TIME	A93110.1.3145.019		0	
EMT PART TIME	A93110.1.9944.000	182,000.00	10,708	
OVERTIME	A93110.19900	128,042.56		
FRINGE BENEFITS - FULL TIME		318,010.23		
FRINGE BENEFITS - OVERTIME		21,209.02		
FRINGE BENEFITS - PART TIME		36,435.91		
SECRETARY & FRINGE - (30%)	A93110.1.6402.001	3,664.33		
ADMINISTRATION COSTS	OVERHEAD SHEET	14,443.35		
TOTAL SALARY		1,376,977.40		
OFFICE SUPPLIES	A93110.4.4020	500.00		
UNIFORMS	A93110.4.4201	20,000.00		
CONFERENCES, TRAINING, ETC	A93110.4.4039	1,500.00		
POSTAGE	A93110.4.4035	600.00		
TELEPHONE(PAGER&OVERHEAD)	A93110.4.4036	1,000.00		
		23,600.00		
Total		1,400,577.40		
HOURS				
T/O NEW SCOTLAND		308,127.03	8,760	22%
HILLTOWNS		308,127.03	8,760	22%
DELMAR BETHLEHEM VOLUNTEER AMBULANCE		807,823.34	23,140	56%
TOTAL		1,424,077.40		

		HILLTOWN BREAKDOWN	ACTUAL PAY PER D.W.
RENSELAERVILLE	1843 (23.0%)	70,869.22	60,000.00
BERNE	2794 (35.0%)	107,844.46	101,789.97
WESTERLO	3361 (42.0%)	129,413.35	102,016.13
	7998	308,127.03	263,806.10

UPDATED BY TH 6/16/23