



# County of Albany

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

## Legislation Text

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**File #:** TMP-4258, **Version:** 1

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### REQUEST FOR LEGISLATIVE ACTION

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

Clinical Staffing Resources Staffing Agency for CNA's and LPN's

Date: May 2, 2023  
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 tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

### **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):

Clinical Staffing Resources, Corp.

420 Broadway, 3<sup>RD</sup> Floor

Brooklyn, New York 11211

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$2,000,000.00

Scope of Services: Clinical Staffing Resources will provide Licensed Practical Nurses and Certified Nursing Assistants through their agency as requested by Shaker Place Rehabilitation and Nursing Center.

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: New York State Department of Health and the Centers for Medicaid and Medicare Services

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: NH6020 44069

Appropriation Amount: \$2,000,000.00

Source of Funding - (Percentages)

Federal: 0

State: 0

County: 100

Local: 0

Term

Term: (Start and end date) 3/1/2023-2/28/2026

Length of Contract: 36 months

Impact on Pending Litigation

Yes ☐ No ☒

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: N/A

Date of Adoption: Click or tap here to enter text.

**Justification:** (state briefly why legislative action is requested)

Shaker Place Rehabilitation and Nursing Center through the RFP process (RFP-2022-136) received proposals and determined that Clinical Staffing Resources was one of the lowest responsible bidder (see review and award letter.