

County of Albany

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

Legislation Text

File #: TMP-5891, Version: 1	
REQUEST FOR LEGISLATIVE ACTION	

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

Requesting financing authorization for the Albany County Nursing Home Vehicle Replacement project as part of the 2025 - 2029 Albany County Capital Program for Shaker Place Rehabilitation and Nursing Center.

Date: 9/23/2024

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: Bond Approval 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 □ Yes ⊠ No □ Anticipated in Budget: Yes □ No ☒ Spreadsheet attached:

Source of Funding - (Percentages)

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

County Budget Accounts:

Revenue Account and Line: HNN0 0510 Revenue Amount: 250.000

Appropriation Account and Line: HNN01620 22000

Appropriation Amount: 250,000

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes □ No 🏻

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If Mandated, Cite Authority: Request for Bids / Proposals:	Enter text.	
Competitive Bidding Exempt: # of Response(s): # of MWBE: # of Veteran Business:	Yes □ No □ Enter text. Enter text. Enter text.	
Bond Resolution No.:	Enter text.	
Apprenticeship Program	Yes □ No □	
Previous requests for Identical or Simi	ar Action:	
Resolution/Law Number and Date:	Poso 208 of 2024 5/12/2024	

<u>DESCRIPTION OF REQUEST:</u> (state briefly why legislative action is requested)

This request is for the financing authorization for the Albany County Nursing Home Vehicle Replacement project in the 2025 - 2029 Capital Program.