

## REQUEST FORM

### ALBANY COUNTY CAPITAL PROJECTS COMMITTEE

This completed form should be submitted to the Office of Management and Budget, 112 State Street, Suite 1200, Albany, New York 12207.

**Note:** A proposal must have a cost of at least \$250,000.00 and have a period of probable usefulness of at least 6 years; or be a significant repair, improvement or expansion to capital assets of the County, which has a cost of at least \$250,000.00 [see Section 608(f) of the Albany County Charter].

1. REQUESTING DEPARTMENT: Residential Healthcare Facilities
2. PROJECT NAME: Shaker Place Garage and Parking Lot Extension
3. CONTACT PERSON: Larry I. Slatky Phone: 518-213-8940
4. REQUEST: ☒ New ☐ Existing ☐ Amendment

5. PROJECT DESCRIPTION:

Describe the purpose of the project. Specify required site, land area, equipment and facilities needed and provide design sketches, maps and any other material if available. If project is recommended in a formal study or departmental plan, cite study or plan. This information may be provided as an attachment to this form and should be as complete as possible.

To construct a new garage to house the vehicles of Shaker Place Rehabilitation and Nursing Center and to create additional parking facilities across the street at the current DPW worksite. These projects will require the demolishing of buildings on the Shaker Place property and DPW. The garage will include appropriate climate equipment, offices, storage compartments and the roadway to the location will require site work, paving, electric and plumbing.

6. PROPOSED STARTING DATE: September 1, 2021
7. ANTICIPATED COMPLETION DATE: July 1, 2022
8. ESTIMATED ANNUAL MAINTENANCE COST: \$15,000.00 SAVINGS: N/A  
BASIS OF ESTIMATES (attach documentation): Shaker Place Staff
9. ASSOCIATED STAFFING COSTS, IF ANY (FTE Positions x Estimated Salary and Other Operational Costs): N/A
10. ESTIMATED USEFUL LIFE: 20 years
11. DEPARTMENTAL PRIORITY OF PROJECT: (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.) 1<sup>st</sup> of year 2022
12. PROJECT: ☒ Essential/Mandated ☐ Important ☐ Desirable ☐ Deferrable (Refer to the definitions below)

**ESSENTIAL/MANDATED:**

- ◆ Projects that cannot reasonably be postponed.
- ◆ Projects that are required to complete or make fully usable, a major public improvement.
- ◆ Projects that would remedy a condition dangerous to the health, safety and welfare of the public.
- ◆ Projects that would maintain a minimum, presently established departmental program.
- ◆ Projects vital to the immediate development or redevelopment of a desirable industrial, commercial or residential district.

**IMPORTANT:**

- ◆ Projects that should be carried out within a few years to meet anticipated needs of a current departmental program or for replacement of unsatisfactory facilities.
- ◆ Projects that would benefit the community.
- ◆ Projects that are considered proper for a progressive suburban county competing with other counties.

**DESIRABLE:**

- ◆ Projects that are adequately planned, but not absolutely required by the community if budget reductions are necessary.
- ◆ Projects needed for a proper expansion of a departmental program.
- ◆ Projects the exact timing of which can wait until funds are available.

**DEFERRABLE:**

- ◆ Projects that would be needed for ideal operation.
- ◆ Projects that can be postponed without detriment to present services.

13. PROJECT NEED: Indicate nature of resulting benefits, benefits to whom, number of beneficiaries, and effect on service level. Indicate impact on other County Departments, facilities or programs.

Shaker Place purchased new vehicles in 2020-2021, that included a dump truck, bus, pickup trucks and ancillary equipment such as plows, salters, mowers and trailer. These vehicles and equipment need to be appropriately housed to prevent deterioration from the elements, therefore, a garage is required. Since the plan is to build this new facility on the Shaker Place property, there will be no impact on other services, however, the staff will be the beneficiary of this new building, since they will have a place to store and maintain our vehicles and equipment. This building will also be used to house nursing home supplies, equipment and products/equipment of Albany County.

14. THE INTENT OF THIS PROJECT IS TO:

- ☒ a. Maintain existing services/facilities/equipment  
☒ b. Replace existing services/facilities/equipment  
☒ c. Enhance existing services/facilities/equipment  
☒ d. Expand existing services/facilities/equipment  
☒ e. Introduce new services/facilities/equipment

15. THIS PROJECT IS NECESSARY TO MEET:

- ☐ a. ☐ Federal ☐ State ☐ Local standards or mandates. Specify \_\_\_\_\_  
☐ b. Public health requirements. Specify \_\_\_\_\_  
☐ c. Public safety requirements. Specify \_\_\_\_\_  
☐ d. Professional standards. Specify \_\_\_\_\_  
☐ e. Area development pressures. ☐ Current ☐ Anticipated  
☐ f. Necessary for completion or continuance of a project or plan. Specify \_\_\_\_\_  
☒ g. Other: Specify: Appropriate standards for the care of vehicles and equipment. \_\_\_\_\_

16. IS THIS PROJECT DEPENDENT UPON THE COMPLETION OF ANY OTHER DEPARTMENTAL CAPITAL PROJECT? ☐ Yes ☒ No  
If yes, which project?  
\_\_\_\_\_

17. WHAT NON-GOVERNMENTAL INPUTS HAVE BEEN RECEIVED REGARDING THIS PROPOSAL?

Please specify. If any, attach documentation.

- ☐ Public information meeting ☐ Citizen or citizen group recommendation  
☐ Citizen or citizen group project proposal ☐ Private concerns  
☒ None ☐ Other: Specify \_\_\_\_\_

18. WERE ALTERNATIVE SOLUTIONS EXPLORED? ☒ Yes ☐ No

Describe the alternatives and why each one is not recommended. If this project involves institutionalization, describe the evaluation of community-based and non-institutional alternatives. (Attached additional sheets, if necessary)

The Project Committee evaluated the garage in different locations, but each proposed site had obstacles, that included, wetlands, permissible size of structure and design and current buildings on proposed site. All of these obstacles were evaluated and it was determine that it would be in the best interest for appropriate sizing and cost to locate this facility on the nursing homes property.

19. WHAT WOULD BE THE CONSEQUENCES IF THIS PROJECT WERE DEFERRED OR REJECTED?

The vehicles and equipment would have to be stored outside and would age deteriorate at a more rapid pace. In addition, the nursing home will have to continue to rent containers to store equipment and supplies that cannot be housed in the nursing home or any other facility.

20. PROJECT STATUS:

☒

Conceptual

☐

Planning and Programming

☐

Design: Specify % Complete \_\_\_\_\_

☐

Final Plans and/or Specifications

21. CAPITAL PROJECT COST ESTIMATES: Only expenses directly related to the overall project will be allowed. Please break out of the total project cost in a project spreadsheet using the Capital Schedule Template 2022-2026, using Tab Q21: Cost Estimates. Use a separate spreadsheet for each project.

22. CAPITAL COSTS ESTIMATED BY: Name Shaker Place and DPW Staff Agency: Albany County

23. PROPOSED SOURCE OF FUNDS:

Please indicate status of funding commitments:

Local Finances \_\_\_\_\_

State Aid 100%

Federal Aid \_\_\_\_\_

Private Sources \_\_\_\_\_

Other Sources \_\_\_\_\_

TOTAL FUNDS: 100%

Program Title: New York State Department of Health

Program Title \_\_\_\_\_

Specify \_\_\_\_\_

Specify \_\_\_\_\_

24. OPERATING COST IMPACT:

- ☐ a. Will require fewer personnel. Specify # No
- ☐ b. Will change the use of existing personnel. Specify how and how many No
- ☐ c. Will require new personnel. Specify # No
- ☐ d. Will require new equipment not included in the project itself. No
- ☐ e. Will change departmental costs. Please explain. No

25. REVENUE IMPACT:

☐ a. This project may cause a short term (1-5 years) change in revenues from ☐ special assessments or ☐ user fees.

☒ b. This project will cause a change in the revenues to this department or other government entities. Please explain.

The construction and movable equipment cost will be reimbursed over the life of the asset by the NYSDOH (20 Years).

☐ c. This project may cause a long term (5+ years) change in revenues from ☐ special assessments or ☐ user fees.

☒ d. This project will cause a change in the revenues to this department or other government entities. Please explain.

The project cost will be submitted to the NYSDOH for Capital Reimbursement.

26. PROPERTY TAX BASE IMPACT:

☐ a. This project involves the acquisition of land ☐ that is ☐ is not currently tax exempt.

☐ b. This project will have a potential impact on the value of neighboring land. Please describe.

N/A

27. ECONOMIC IMPACT OF PROJECT: This project can result in new jobs for the following periods.

	1 - 5 Years (short term)	5+ Years (long term)
Local Government	N/A	N/A
Contractor	N/A	N/A
Others: Specify	N/A	N/A

28. CASHFLOW:

Please break out of the total project cost in a project spreadsheet using the Capital Schedule Template 2022-2026, using Tab Q28: Cash Flow. Use a separate spreadsheet for each project.

29. OUTSIDE AID WILL BE RECEIVED:

☒ a. In partial payments % 100 when Over the term of the Bond  
 during the project % when  
 % when

☒ b. Upon completion and audit of the project. Estimated year of receipt: 2023 (as stated above)

**ENVIRONMENTAL REVIEW IS REQUIRED FOR EACH PROJECT – PLEASE SEE ACCOMPANYING FORM.**

## ENVIRONMENTAL REVIEW INFORMATION

### ALBANY COUNTY CAPITAL PROJECTS COMMITTEE

This completed form should be submitted to the Office of Management and Budget, 112 State Street, Suite 1200, Albany, New York 12207.

**NO PROJECT WILL BE INCLUDED IN THE CAPITAL BUDGET WITHOUT DUE CONSIDERATION OF POTENTIAL ENVIRONMENTAL IMPACTS. IT IS RECOMMENDED THAT YOU CONSULT WITH THE PLANNING DEPARTMENT'S OFFICE OF NATURAL RESOURCES (518-447-5660) FOR NEEDED ASSISTANCE IN COMPLETING THIS FORM.**

REQUESTING DEPARTMENT: Residential Healthcare Facilities

PROJECT NAME: Shaker Place Garage and Parking Lot Extension

NAME OF OFFICIAL RESPONSIBLE: Larry I. Slatky

TODAY'S DATE: May 24, 2021

1. Is the project subject to procedural compliance under State Environmental Quality Review (SEQR)?

☒ Yes ☐ No

If No, please indicate which of the following types of SEQR actions apply to this project.

☐ Type II ☐ Exempt ☐ Excluded

Please provide a brief explanation supporting your determination:

If yes, does the project exceed any Type I threshold as indicated in 6 NYCRR 617.12?

☐ Yes ☐ No

If yes, a coordinated review and completion of a full SEQR Environmental Assessment Form (EAF) will be required.

2. Does the project involve a permit, funding or other approval from any governmental agency (Federal, State or Local)?

☒ Yes ☐ No

If Yes, list approval agency name(s) and indicate type(s) of approval:

New York State Department of Health for reimbursement only, not for the project itself.

Please note that funding or other approval from a Federal agency may also require procedural compliance with the National Environmental Policy Act (NEPA).

3. Is the environmental review process ☐ completed ☐ underway ☒ to be done?

APPROVAL: \_\_\_\_\_  
Signature of Department Head

DATE: \_\_\_\_\_