

AGREEMENT BETWEEN THE COUNTY OF ALBANY
AND ADDICTIONS CARE CENTER OF ALBANY, INC.
RE OPIOID SETTLEMENT FUND COMMUNITY GRANT
TO PROVIDE SHORT-TERM RENTAL ASSISTANCE AND PEER SUPPORT TO
INDIVIDUALS DISCHARGED FROM INPATIENT TREATMENT

CONTRACT NO. 2024-1990

This Agreement is made by and between the County of Albany, a municipal corporation duly organized under the laws of the State of New York, acting by and through its County Executive, with a principal place of business located at the Albany County Office Building, 112 State Street, Albany, New York 12207 (hereinafter, the "County") and Addictions Care Center of Albany, Inc., a registered New York not-for-profit corporation, with a principal place of business located at 90 McCarty Avenue Albany, New York 12202 (hereinafter, the "Grantee," and with the County, may be referred to herein individually as a "[P]arty" or together as the "[P]arties").

WITNESSETH:

WHEREAS, the County has received Opioid Settlement Regional Abatements funding, and the Albany County Mental Health Department (hereinafter, the "ACMH") has developed priorities for the allowable program uses of said funding for the first round of community grants (hereinafter, the "OSF program funding"); and

WHEREAS, the Albany County Purchasing Division (hereinafter, the "Purchasing Division") issued a request for proposals regarding the OSF program funding, said request having been designated RFP #2024-010, issued on January 29, 2024, and published on February 1, 2024 (hereinafter, the "RFP"); and

WHEREAS, the Purchasing Division has issued seven addenda to the RFP, the first on February 2, 2024 (hereinafter, the "Addendum #1"), the second on February 9, 2024 (hereinafter, the "Addendum #2"), the third on February 13, 2024 (hereinafter, the "Addendum #3"), the fourth on February 14, 2024 (hereinafter, the "Addendum #4"), the fifth on February 16, 2024 (hereinafter, the "Addendum #5"), the sixth on February 27, 2024 (hereinafter, the "Addendum #6"), and the seventh on February 29, 2024 (hereinafter, the "Addendum #7," and together with Addendum #1 through Addendum #6, may be referred to herein as the "Addenda"); and

WHEREAS, the Grantee submitted a proposal on March 7, 2024 (hereinafter, the "Proposal") seeking a portion of the funding to provide short-term rental assistance and support to individuals successfully discharged from inpatient treatment who need assistance to obtain and stabilize their housing. The Grantee will also hire a certified recovery peer advocate to provide peer support to those receiving the housing assistance.

WHEREAS, the County has accepted the Proposal of the Grantee as an appropriate expenditure of a portion of the OSF program funding, and ACMH has provided a Notice of Award to the Grantee dated June 7, 2024, describing the approved project; and

WHEREAS, this Agreement sets forth the understanding reached by the parties herein;

NOW, THEREFORE, THE PARTIES HERETO DO MUTUALLY COVENANT AND AGREE AS FOLLOWS:

ARTICLE 1. USAGE OF PROGRAM FUNDING

1.1 Using the funding the County will provide pursuant to Article 4 below, the Grantee shall implement the approved project, in accordance with the provisions, terms and conditions described in the RFP, and consistent with the Addenda.

1.2 While implementing the approved project, the Grantee shall comply with all of the agreed-upon data collection and reporting requirements described in Schedule A, attached hereto and made a part hereof.

1.3 The Grantee shall maintain regular email/phone contact with the ACMH to ensure barriers to implementation are quickly identified and resolved, and so that project achievements are recognized.

ARTICLE 2. TERM OF AGREEMENT

This Agreement shall commence upon execution of the Agreement by the parties and shall continue in effect through June 30, 2025. There is no renewal term available.

ARTICLE 3. PAYMENT OF PROGRAM FUNDING

3.1 In consideration of the terms and obligations of this Agreement, the County agrees to pay, and the Grantee agrees to accept, an amount not to exceed ONE HUNDRED SEVENTY-FIVE THOUSAND AND 00/100 (\$175,000.00) DOLLARS, as full compensation for under this Agreement.

3.2 Payment shall be made to the Grantee by the County upon the submission of a properly executed Albany County Claim Form, plus all supporting documentation, including any receipts and invoices, to the ACMH, and after review and approval by the County of the claim form.

ARTICLE 4. INDEMNIFICATION

The Grantee shall defend, indemnify, and save harmless the County, its agents, representatives, and employees, from and against any and all claims, damages, losses, and expenses (including, but not limited to, reasonable attorney's fees) arising from the program funding rendered by the County in relation to this Agreement, as a result of any negligence of the Grantee, its employees and/or agents.

ARTICLE 5. INSURANCE

The Grantee shall procure and maintain for the entire term of this Agreement, without additional expense to the County, insurance policies of the kinds and in the amounts provided in the Schedule B attached hereto and made a part hereof. The insurance policies shall name the "County of Albany" as certificate holder and primary/non-contributory additional insured. The Grantee shall provide thirty (30) days written notice to the County of any insurance policy cancellation or change.

ARTICLE 6. ENTIRE AGREEMENT

This Agreement constitutes the entire Agreement between the parties and no representations or promises have been made except as herein expressly set forth.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed the day and year first indicated below.

COUNTY OF ALBANY

DATED: 7/2/24

BY: 

Daniel P. McCoy
County Executive

or

Michael P. McLaughlin
Deputy County Executive

ADDICTIONS CARE CENTER
OF ALBANY, INC.

DATED: 6/21/24

BY: 

Name: KEITH STACK

CEO
Title:

STATE OF NEW YORK)
COUNTY OF ALBANY) SS.:

On the ____ day of _____, 2024, before me, the undersigned, personally appeared Daniel P. McCoy, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

STATE OF NEW YORK)
COUNTY OF ALBANY) SS.:

On the 2nd day of July, 2024, before me, the undersigned, personally appeared Michael P. McLaughlin, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC
EUGENIA K. CONDON
Notary Public, State of New York
Registration No. 02CO4969817
Qualified in Albany County
Commission Expires July 23, 2024

STATE OF New York)
COUNTY OF Albany) SS.:

On the 21st day of June, 2024, before me, the undersigned, personally appeared Keith Stack, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC

Carly L. Kaczynski
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01KA6358408
Qualified in Schenectady County
Commission Expires May 8, 2025

SCHEDULE A REPORTING REQUIREMENTS

Required Data Collection Elements

Start-up

- Provide updates on hiring process for the CRPA
- Provide updates on the development of policies and procedures for rental assistance

Ongoing Data Collection

- **Rental Assistance**
 - Rent amount / Agency portion
 - Address and type of housing (apt, duplex, house, studio, 1BR, 2BR, etc.)
 - Planned duration of rental assistance
 - Family type (single, couple, children, etc.)
 - Waiting time for housing assistance
- **Certified Recovery Peer Advocate**
 - Weekly case load
 - Services Provided

Reporting Requirements

- During Start-up, provide monthly status reports by email. These can be brief updates on the progress towards implantation that has been made in the last month.
- Once the project is up and running, please report monthly data summaries on a quarterly basis.

SCHEDULE B
INSURANCE

1. Workers' Compensation and Employers' Liability Insurance: A policy or policies providing protection for employees in the event of job-related injuries.
2. Automobile Liability Insurance: A policy or policies with the limits of not less than \$500,000 combined for each accident because of bodily injury, sickness, or disease, sustained by any person, caused by accident, and arising out of the ownership, maintenance or use of any automobile for damage because of injury to or destruction of property, including the loss of use thereof, caused by accident and arising out of the ownership, maintenance, or use of any automobile.
3. General Liability Insurance: A policy or policies of comprehensive all-risk insurance, including coverage for demolition of structures, with limits of not less than:

Liability For:	Combined Single Limit
Property Damage	\$1,000,000
Bodily Injury	\$1,000,000
Personal Injury	\$1,000,000.

4. Professional Liability Insurance: A policy or policies of professional liability insurance with limits of not less than \$1,000,000.

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 141501404

EDGEWOOD PARTNERS INSURANCE
CENTER (EPIC)
73 TROY RD
EAST GREENBUSH NY 12061



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER ADDICTIONS CARE CENTER OF ALBANY INC 90 MCCARTY AVE ALBANY NY 12202		CERTIFICATE HOLDER ALBANY COUNTY 112 STATE STREET ALBANY NY 12207	
POLICY NUMBER A 1310 868-3	CERTIFICATE NUMBER 847931	POLICY PERIOD 12/17/2023 TO 12/17/2024	DATE 12/11/2023

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1310 868-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 50062552



ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Ins. Center 73 Troy Road East Greenbush, NY 12061	CONTACT NAME: Josie Wisher PHONE (A/C, No, Ext): * FAX (A/C, No): E-MAIL ADDRESS: Josie.Wisher@epicbrokers.com INSURER(S) AFFORDING COVERAGE INSURER A: Massachusetts Bay Insurance Company NAIC # 22306 INSURER B: The Hanover Insurance Company 22292 INSURER C: Atlantic Specialty Insurance Company 27154 INSURER D: Allmerica Financial Alliance Ins Co 10212 INSURER E: INSURER F:
INSURED Addictions Care Center of Albany Inc 90 McCarty Avenue Albany, NY 12202	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		ZDS980934210	01/01/2024	01/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$Included \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		AWS980935910	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0		UHS980935910	01/01/2024	01/01/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	AWS980935910	01/01/2024	01/01/2025	Comp/Coll Ded \$1,000
C	Physical damage		AWS980935910	01/01/2024	01/01/2025	Comp/Coll Ded \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

County of Albany Attn: County Attorney
 112 State Street Suite 900
 Albany, NY 12207

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael J. Kelly

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ALBANY COUNTY

JUN 28 2024

ATTORNEY'S OFFICE

June 26, 2024

Sia Zois Googas
Assistant County Attorney
Office of the County Attorney
112 State Street, Room 600
Albany, New York 12207

Sia Zois Googas,

Please find attached sign and notarized copies of Contract NO. 2024 – 1990.
The required insurance certifications are included.

Thank you.

Sincerely,

Keith Stack, CEO