

## Moore, Ransom

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**From:** Muellecker, Pamela A (HEALTH) <pamela.muellecker@health.ny.gov>  
**Sent:** Wednesday, February 12, 2025 2:33 PM  
**To:** Franko, Eileen; Moore, Ransom; Carney, Jeannine; Ferris, Maxwell  
**Cc:** doh.sm.CAEH.FC; Bartos, Edward R (HEALTH); Pine, Jacquelyn (HEALTH); O'Kula, Madeline (HEALTH); Kenyon, Kevin J (HEALTH); Twomey, Thomas (HEALTH); Palmer, Thomas (HEALTH); Ahmed, Lori A (HEALTH)  
**Subject:** EXTERNAL Drinking Water Enhancement (DWE) Grant Contract - Albany County - Period 1 (4/1/25-3/31/26)  
**Attachments:** DWE Guidance Document 2025-2026.pdf; DWE 2025-2026 Budget Attachment 2 Final.xlsx; DWE Short Matrix\_SFYZ5-26.xlsx; Albany\_County\_Work\_Plan\_2325.docx; Albany\_County\_SQL\_2325.xlsx  
**Follow Up Flag:** Follow up  
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**Categories:** Red Category

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Dear Public Health Director / Environmental Health Director:

The New York State budget for State Fiscal Year 2025-26 (SFY25-26) is anticipated to include an appropriation of \$5,017,000 for services and expenses related to the water supply protection program, commonly known as the Drinking Water Enhancement (DWE) Program. This amount is equal to the amount in the current budget year.

SFY25-26 marks the first year of a new five-year contract. The county-by-county grant allocations for SFY25-26 are listed in the attached short matrix. Please note that the annual allocations have changed for the new five-year period. In order to process the new five-year contract, we need the County to update the budget and the workplan information for year one, which covers the period 4/1/25- 3/31/26. To make the process a bit easier, attached please find a DWE guidance document, a DWE 25-26 workplan updated with current SDWIS data, a blank budget template, and an excel spreadsheet with SDWIS data. Please read the DWE guidance document thoroughly as it provides a lot of helpful information.

This year budgets and workplans will be added to the SFS system. Because Grants Management in SFS system is new to everyone, Bureau staff will be entering the budget and workplan information into this system for the county.

**What we will require from the county is:**

- 1. An updated budget for SFY25-26 (Please note that you will be required to include a justification for each category on the budget spreadsheet. To assist with this, the budget template includes a tab at the end where all justifications can be entered. )**
- 2. An updated workplan document for SFY 25-26 (Please note that you will not be updating any of the Objectives or Tasks and that not all Performance Measures require you to enter additional information. In addition, Bureau staff have made some updates to include the current SDWIS data, please review and update as necessary the following performance measures, 3.1, 4.2, 6.2, 6.3, 6.4,**

**6.5, , 7.1, 7.2, 7.3, 8.1, 8.2, 9.1, 12.1, 15.1. If you choose to add Optional Water Programs (Objective 17) that are not otherwise part of the workplan, please also update the performance measure 17.1.)**

Please provide your **updated** budget and workplan to [caeh.fc@health.ny.gov](mailto:caeh.fc@health.ny.gov), [edward.bartos@health.ny.gov](mailto:edward.bartos@health.ny.gov), [thomas.palmer@health.ny.gov](mailto:thomas.palmer@health.ny.gov), & [thomas.twomey@health.ny.gov](mailto:thomas.twomey@health.ny.gov).

The Region will review and work with the LHD on any updates. Once complete, the Region will send the workplan and budget to Bureau staff. Once everything is entered into the Grants Management SFS system, I will reach out requesting County's signature in SFS system.

Please note, all signed vouchers for this contract should be sent via e-mail to [pamela.muellecker@health.ny.gov](mailto:pamela.muellecker@health.ny.gov) and [lori.ahmed@health.ny.gov](mailto:lori.ahmed@health.ny.gov) for processing.

If you have any questions at any time, please feel free to contact Pamela Muellecker at [pamela.muellecker@health.ny.gov](mailto:pamela.muellecker@health.ny.gov) or 518-402-0479 or Lori Ahmed at [lori.ahmed@health.ny.gov](mailto:lori.ahmed@health.ny.gov) or 518-402-7707.

**Pamela Muellecker**

*Pronouns: she, her, hers*

Health Program Administrator

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