



County of Albany

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

Legislation Text

File #: TMP-6358, Version: 1

REQUEST FOR LEGISLATIVE ACTION

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

Contractual Authorization with the New York State Department of Health regarding the Children with Special Health Care Needs Program

Date: February 23, 2025
Department: Children, Youth and Families
Attending Meeting: Moira Manning, Commissioner
Submitted By: Scott McNelis
Title: Contract Administrator
Phone: 7306

Purpose of Request: Contract Authorization

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
NYSDOH
Division of Family Health, Fiscal Unit,
ESP Corning Tower - Room 878,
Albany, NY 12237-0657

Term: (Start/end date or duration) 10/1/2024 - 09/30/2025
Amount/Raise Schedule/Fee: \$136,804

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☒ No ☐
Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: Enter text. County: Enter text.
State: 100 Local: Enter text.

County Budget Accounts:

Revenue Account and Line: AA4059 03401
Revenue Amount: \$136,804
Appropriation Account and Line: AA4059 12187/44046 A4059.8 A6119.12281 A6119.8
Appropriation Amount: \$18,796 / \$8,851 \$10,770 \$62,547 \$35,840

ADDITIONAL INFORMATION:

Mandated Program/Service:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Mandated, Cite Authority:	Public Health Law Title II-A of Article 25
Request for Bids / Proposals:	
Competitive Bidding Exempt:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
# of Response(s):	Enter text.
# of MWBE:	Enter text.
# of Veteran Business:	Enter text.
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: 24-31, 23-85, 386-20, 19-87, 17-39, 15-310, 15-83
2/12/24, 3/13/23, 11/9/20, 3/11-19, 2/13/17, 8/10/15, 3/9/15

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

Please See Justification