

☐ Personnel Non-Individual

County of Albany

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

Legislation Text

File #: TMP-5310, Version: 1			
REQUEST FOR LEGISLATIVE ACTION			
Description (e.g., Contract Authorization for Information Services): Budget amendment between the NYS Department of Health and CVSVC			
Date:	3/22/2024		
Submitted By:	Amanda Wingle		
Department:	CVSVC		
Title:	Deputy Director		
Phone:	518-447-7100		
Department Rep.			
Attending Meeting:	Amanda Wingle		
Purpose of Request:			
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Proce □ Bond Approval ☑ Budget Amendment □ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	dure Click or tap here to enter text.		
CONCERNING BUDGET AMEND	MENTS		
Increase/decrease category (choe ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel	ose all that apply):		

File #: TMP-5310, Version: 1				
□ Revenue				
Increase Account/Line No.: Source of Funds: Title Change:	A4610 44035, 44042, 44046 NYSDOH Click or tap here to enter text.			
CONCERNING CONTRACT AUTHORI	ZATIONS			
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant Choose an item.				
Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date. Click or tap here to enter text.			
Contract Terms/Conditions:				
Party (Name/address): NYS Department of Health Bureau of Women, Infant, and Adolesce Empire State Plaza, Corning Tower, Rm. Albany, NY 12237				
Additional Parties (Names/addresses): Click or tap here to enter text.				
Amount/Raise Schedule/Fee: Scope of Services: and the Mohawk YWCA to provide community Oneida counties.	7500 CVSVC will work with Planned Parenthood of Greater New York (PPGNY and societal level prevention education in Albany, Schenectady, and			
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.			
CONCERNING ALL REQUESTS				
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ☒ Click or tap here to enter text.			

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le thoro a Fiscal Impact:	Yes ⊠ No □	
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes □ No ⊠	
County Budget Accounts:		
Revenue Account and Line:	A4610 04495	
Revenue Amount:	7500	
Appropriation Account and Line:	A4610 44035, 44042, 44046	
Appropriation Amount:	7500	
Source of Funding - (Percentages)		
Federal:	100	
State:	Click or tap here to enter text.	
County:	Click or tap here to enter text.	
Local:	Click or tap here to enter text.	
Original Awarding Agency / Fu	ınder:	
<u>CDC</u>		
New York State Pass-Through NYSDOH	n Agency (if applicable):	
<u>Term</u>		
Term: (Start and end date)	02/01/2024-10/31/2024	
Length of Contract:	9 months	
Impact on Pending Litigation	Yes □ No ⊠	
If yes, explain:	Click or tap here to enter text.	

<u>Previous requests for Identical or Similar Action:</u> Resolution/Law Number: 213

Date of Adoption: 6/12/2023

<u>Justification</u>: (state briefly why legislative action is requested)

The request is to accept this additional funding for the 02/01/2024-10/31/2024 grant period, which will support the addition of a health equity component to the existing Healthy Nightlife Initiative.