

County of Albany

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

Legislation Text

File #: TMP-2632, Version: 1		
REQUEST FOR LEGISLATIVE ACTION		
Description (e.g., Contract Authorizat Request to Contract with Quadrant Bios County.	ion for Information Services): ciences for COVID-19 testing in K-12 schools in Albany	
Date:	July 26, 2021	
Submitted By:	Dr. Elizabeth Whalen	
Department:	Health	
Title:	Commissioner of Health	
Phone:	518-447-4584	
Department Rep.		
Attending Meeting:	Dr. Elizabeth Whalen	
Purpose of Request:		
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Procedure □ Bond Approval □ Budget Amendment ⋈ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	Click or tap here to enter text.	
CONCERNING BUDGET AMENDMENTS		
Increase/decrease category (choose a ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel	all that apply):	

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☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. 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 of 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): Quadrant Biosciences 505 Irving Avenue, Suite 31000 A-B Syracuse, NY 13210 Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: Testing will be performed on students and staff	3,200,000 To provide COVID-19 testing using the Clarifi COVID-19 saliva test kits. in the K-12 schools in Albany County.
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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Is there a Fiscal Impact:

Yes ☒ No ☐

Anticipated in Current Budget:

Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text. Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text. Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

<u>Term</u>

Term: (Start and end date) 8/1/2021 - 7/31/2022

Length of Contract: 11 months

Impact on Pending Litigation Yes □ No ☒

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Albany County Department of Health has been awarded funding from NYSDOH/HRI to enable schools/districts in Albany County to establish COVID-19 screening, testing programs and maintain in-person learning. We are requesting approval to contract with Quadrant Biosciences, via a sole source contract, to provide COVID-19 testing using the Clarifi COVID-19 saliva test kits. The contract will be from August 1, 2021 to July 31, 2022 and not to exceed \$3,200,000.