

Legislation Text

File #: TMP-3925, Version: 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization to Accept Early Intervention Administration Reimbursement from New York State Department of Health

| Date: | December 28, 2023 |
|--------------------|------------------------------|
| Submitted By: | Scott McNelis |
| Department: | Children, Youth and Families |
| Title: | Contract Administrator |
| Phone: | 7306 |
| Department Rep. | |
| Attending Meeting: | Moira Manning, Commissioner |
| | |

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 all that apply):

- □ Contractual
- □ Equipment
- □ Fringe
- □ Personnel
- Personnel Non-Individual

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□ Revenue

Increase Account/Line No.:Click or tap here to enter text.Source of Funds:Click or tap here to enter text.Title Change:Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- □ Change Order/Contract Amendment
- □ Purchase (Equipment/Supplies)
- □ Lease (Equipment/Supplies)
- □ Requirements
- □ Professional Services
- □ Education/Training
- 🛛 Grant

New

Submission Date Deadline Click or tap to enter a date.

- □ Settlement of a Claim
- □ Release of Liability
- □ Other: (state if not listed) Click of

Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address): NYSDOH Division of Family Health, Fiscal Unit, ESP Corning Tower - Room 878, Albany, NY 12237-0657

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$121,789 Scope of Services: Reimbursement for administrative costs associated with the Early Intervention Program

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: | Yes 🛛 No 🗆 |
|-----------------------------|--|
| If Mandated Cite Authority: | Public Health Law Title II-A of Article 25 |

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| Is there a Fiscal Impact: Anticipated in Current Budget: | Yes ⊠ No □ Yes ⊠ No □ |
|--|---|
| <u>County Budget Accounts:</u> Revenue Account and Line: Revenue Amount: | AA4059 03449 \$121,789 |
| Appropriation Account and Line: Appropriation Amount: | AA4059 03449 Line 1 76,362 / Line 8 45,427 |
| <u>Source of Funding - (Percentages)</u> Federal: State: County: Local: | 0 100 0 Click or tap here to enter text. |
| <u>Term</u> Term: (Start and end date) Length of Contract: | 10/1/2022 - 09/30/2023 12 Months |
| Impact on Pending Litigation If yes, explain: | Yes □ No ⊠ Click or tap here to enter text. |
| Previous requests for Identical or Similar Action: Resolution/Law Number: 285-21, 21-19, 19-87, 17-39, 15-310, 15-83, 14-250 Date of Adoption: 9/13/21, 2/8/21, 3/11-19, 2/13/17, 8/10/15, 3/9/15, 7/14/14 | |

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