

County of Albany

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

Legislation Text

File #: TMP-2933, Version: 1		
Amend contract between NYS Department of Healthy and CVSVCREQUEST FOR LEGISLATIVE ACTION		
Description (e.g., Contract Authorization for Information Services): Amend contract between NYS Department of Health and CVSVC		
Date:	11/12/2021	
Submitted By:	kziegler	
Department:	CVSVC	
Title:	Director	
Phone:	518-447-7100	
Department Rep.		
Attending Meeting:	kzielger	
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):	

File #: TMP-2933, Version: 1	
□ Personnel Non-Individual ⊠ Revenue	
Increase Account/Line No.: Source of Funds:	A4610.4.44046 NYS Department of Health
Title Change:	Click or tap here to enter text.
CONCERNING CONTRACT AUTHORIZ	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	or tan to enter a date
☐ Settlement of a Claim	or tap to oritor a dato.
☐ Release of Liability	
☐ Other: (state if not listed)	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.	
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee:	30000
Scope of Services: YWCA Mohawk to address equity in the provision	CVSVC will work with Planned Parenthood of Greater New York and the on of community and societal level prevention education in Albany,
Schenectady, and Oneida counties.	
Bond Res. No.:	Click or tap here to enter text.
Date of Adoption:	Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service:	Yes □ No ⊠

File #: TMP-2933, Version: 1

If Mandated Cite Authority:

Click or tap here to enter text.

Is there a Fiscal Impact:

Yes ⊠ No □

Anticipated in Current Budget:

Yes □ No 🛛

County Budget Accounts:

Revenue Account and Line:

A4610 03495

Revenue Amount:

30000

Appropriation Account and Line:

A4610 44046

Appropriation Amount:

30000

Source of Funding - (Percentages)

Federal:

100%

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

<u>Term</u>

Term: (Start and end date)

2/1/2022 - 1/31/2024

Length of Contract:

24 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:

113

Date of Adoption:

4/12/2021

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

NYS Department of Health has increased the award by \$30,000 in order to allow the Regional Programs to better address equity issues in their respective counties.