

File #: TMP-3032, Version: 1

County of Albany

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

Legislation Text

REQUEST FOR LEGISLATIVE ACTION	V
Description (e.g., Contract Authorizat Authorization to amend the 2022 Albany Count Collective Bargaining Agreement.	ion for Information Services): y Adopted Budget for a personnel services line to comply with the CSEA
Date: Submitted By:	January 6, 2022 Scott McNelis
Department: Title:	Children, Youth and Families
Phone:	Contract Administrator
	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 AMENDMENT	<u>rs</u>
Increase/decrease category (choose a ⊠ Contractual □ Equipment □ Fringe ⊠ Personnel □ Personnel Non-Individual	all that apply):

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□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	AA 6119 1 2205 008 Staff Social Worker Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant Choose an item.	or tan to enter a date
Submission Date Deadline Click ☐ Settlement of a Claim Release of Liability Other: (state if not listed)	Click or tap here to enter text.
Contract Terms/Conditions:	
Party (Name/address): Click or tap here to enter text. Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	Click or tap here to enter text. Click or tap here to enter text.
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes □ No ⊠ Yes □ No ⊠
County Budget Accounts:	

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

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: AA 6119 1 2205 / 5182
Appropriation Amount: 3,577 / (3,577)

Source of Funding - (Percentages)

Federal: Click or tap here to enter text. State: Click or tap here to enter text.

County: 100

Local: Click or tap here to enter text.

<u>Term</u>

Term: (Start and end date)

Click or tap here to enter text.

Click or tap here to enter text.

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: 17-254, 12-274, 10-387
Date of Adoption: 6/12/17, 8/13/12, 10/12/10

Justification: (state briefly why legislative action is requested)

Please See Attached