

County of Albany

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

Legislation Text

| File #: TMP-4482, Version: 1 | | | |
|---|-------------------------------------|--|--|
| REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): Request for Administrative Adjustments within the Finance Division | | | |
| | | | |
| Submitted By: | M. David Reilly | | |
| Department: | Department of Management and Budget | | |
| Title: | Commissioner | | |
| Phone: | 518-447-5525 | | |
| Department Rep. | | | |
| Attending Meeting: | M. David Reilly | | |
| 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 AMENDMEN | <u>TS</u> | | |
| Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe ☑ Personnel ☑ Personnel Non-Individual | all that apply): | | |

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|--|---|--|--|--|
| □ Revenue | | | | |
| Increase Account/Line No.: Source of Funds: Title Change: | See attached spreadsheet. Click or tap here to enter text. 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 Choose an item. Submission Date Deadline Click | or tap to enter a date | | | |
| ☐ 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: Revenue Amount: | Click or tap here to enter text. Click or tap here to enter text. | |
| Appropriation Account and Line: Appropriation Amount: | See attached spreadsheet See attached spreadsheet | |
| Source of Funding - (Percentages) Federal: State: County: Local: | Click or tap here to enter text. 100 | |
| Original Awarding Agency / F Click or tap here to en New York State Pass-Throug Click or tap here to en | ter text. h Agency (if applicable): | |
| <u>Term</u> Term: (Start and end date) Length of Contract: | Click or tap here to enter text. Click or tap here to enter text. | |
| Impact on Pending Litigation If yes, explain: | Yes □ No □ Click or tap here to enter text. | |
| Previous requests for Identical or Si Resolution/Law Number: Date of Adoption: | milar Action: Click or tap here to enter text. Click or tap here to enter text. | |
| <u>Justification</u> : (state briefly why legisted to Legislative authorization is requested to | slative action is requested) o make several administrative adjustments within the finance divisio | |

Pursuant to a staffing re-organization, changes were made in an effort to enhance the operations of the finance division, comply with several state mandates, and foster recruitment and retention.

I look forward to discussing this at the next round of Legislative committee meetings. If you have any questions before then, please feel free to reach out.