

County of Albany

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

Legislation Text

File #: TMP-5330, Version: 1 REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): Budget Amendment to Fund Full-Time and Part-Time Nursing Lines at Shaker Place Rehabilitation and Nursing Center				
			Date:	3/26/2024
			Submitted By:	Shawn Thelen
Department: Title:	Shaker Place Rehabilitation and Nursing Center Deputy Executive Director			
Phone:	518-447-7108			
Department Rep.				
Attending Meeting:	Mark S. Olsen			
Purpose of Request:				
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Proce □ Bond Approval □ Budget Amendment □ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	edure Click or tap here to enter text.			
CONCERNING BUDGET AMEND	MENTS			
Increase/decrease category (cho ☐ Contractual ☐ Equipment ☐ Fringe ☑ Personnel	oose all that apply):			

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☑ Personnel Non-Individual☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	See Attached Spreadsheet NH Fund 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. ☐ 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): 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 □ New York State Department of Health
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

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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:
 0

 State:
 0

 County:
 100

 Local:
 0

Original Awarding Agency / Funder:

Click or tap here to enter text.

New York State Pass-Through Agency (if applicable):

Click or tap here to enter text.

Term

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: 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)

Shaker Place Rehabilitation and Nursing Center is looking to maximize the usage of line-item positions and reduce the need of temporary help to make mandatory staffing hours. This request is budget neutral, shifting funding from temporary help to line-item positions.