

## County of Albany

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

## Legislation Text

File #: TMP-2462, Version: 1  REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services):  Agreement between AC Children Youth & Family and AC Probation on the Impact of Supervision and Treatment Services for Juveniles Program Including Raise the Age			
		Date: Submitted By: Department: Title: Phone: Department Rep. Attending Meeting:	April 29, 2021 Scott McNelis Children, Youth and Families Contract Administrator 7306 Moira Manning, Commissioner
		Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.		
CONCERNING BUDGET AMENDMEN	TS		
Increase/decrease category (choose all that apply):			
☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel	an mat αρρι <b>y</b> ).		

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☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. 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. ☐ Submission Date Deadline Click	or tap to enter a date.
☐ Other: (state if not listed)	Click or tap here to enter text.
Contract Terms/Conditions:	
Party (Name/address): Albany County Probation Department 60 South Pearl Street Albany, NY 12207	
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: Data sharing with A for youth and their families in regards to	\$0.00 Ibany County Probation Department to ensure best outcomes Supervision and Treatment services
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.

## **CONCERNING ALL REQUESTS**

File #: TMP-2462, Version: 1 Yes ☐ No ☒ Mandated Program/Service: If Mandated Cite Authority: Yes □ No ☒ Is there a Fiscal Impact: Yes ☐ No ☒ Anticipated in Current Budget: **County Budget Accounts:** Revenue Account and Line: Revenue Amount: \$0.00 Appropriation Account and Line: Click or tap here to enter text. Appropriation Amount: \$0.00 Source of Funding - (Percentages) Federal: 0 State: 0 County: 0 Local: Click or tap here to enter text. Term Term: (Start and end date) 1/1/2021 - 12/31/2021 Length of Contract: 12 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: 21-106, 20-19, 19-378 Date of Adoption: 4/12/21, 2/10/20, 9/9/19

**Justification**: (state briefly why legislative action is requested)

Please see attached