

## County of Albany

112 State Street Albany, NY 12207

## Legislation Text

File #: TMP-1408, Version: 1		
REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services):  Appointment of Albany County Attorney		
Submitted By:	Lucas Rogers	
Department:	Office of the County Executive	
Title:	Policy Analyst	
Phone:	518-447-5566	
Department Rep.		
Attending Meeting:	Mike McLaughlin	
Purpose of Request:		
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>☑ Approval/Adoption of Plan/Procedur</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>	e  Click or tap here to enter text.	
CONCERNING BUDGET AMENDMEN	<u>ITS</u>	
Increase/decrease category (choose	all that apply):	
☐ Contractual		
☐ Equipment ☐ Fringe		
□ Personnel		

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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	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 tap to enter a date.
<ul><li>☐ Release of Liability</li><li>☐ Other: (state if not listed)</li></ul>	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 ⊠

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

I write to advise that I am appointing Eugenia K. Condon as Albany County Attorney, subject to confirmation by the County Legislature. Authority to make this appointment lies in the County Charter under Sec. 302(c) and Sec. 1501. Given the scope and importance of the County Attorney within Albany County, I anticipate the County Legislature will take up this appointment in an expedient fashion. I have enclosed a resume for review by the legislature.