



ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400
WWW.ALBANYCOUNTYSHERIFF.COM



MICHAEL S. MONTELEONE
EXECUTIVE UNDERSHERIFF

CRAIG D. APPLE, SR.
SHERIFF

WILLIAM M. RICE
UNDERSHERIFF

SHAWN P. NOONAN
CHIEF DEPUTY

LEON A. BORMANN
CHIEF DEPUTY

October 27, 2021

Honorable Andrew Joyce
Chairman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Room 710
Albany, New York 12207

Andrew Joyce
Dear Mr. Joyce:

The attached correspondence is forwarded for presentation to the members of the Albany County Legislature.

I respectfully request a resolution authorizing an agreement between the County of Albany and participating municipalities for Emergency Medical Technician Services in the amount of \$1,110,443.31.

Delmar/Bethlehem Volunteer Ambulance Service	\$632,188.25
Town of New Scotland	239,127.53
Rensselaerville, Berne, Westerlo	236,149.35

Should there be any questions on this matter, please do not hesitate to call.

Sincerely,
Craig D. Apple, Sr.
Craig D. Apple, Sr.
Sheriff

Att.

Cc: Hon. Daniel P. McCoy, County Executive
Hon. William Clay, Public Safety Chairman
Hon. Wanda Willingham, Audit & Finance Committee
Brandon Russell, Esq., Majority Counsel
Arnis Zilgme, Esq., Minority Counsel
Christian Barnes, Minority Conference

EMT

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY

DATE: _____
RECEIVED: _____
RECEIVED BY: _____
METHOD: HAND _____
COURIER _____
MAIL _____

DATE : OCTOBER 27, 2021

DEPARTMENT: ALBANY COUNTY SHERIFF'S OFFICE

CONTACT PERSON: CRAIG D APPLE SR

TELEPHONE: 487-5440

DEPT. REPRESENTATIVE ATTENDING

COMMITTEE MEETING:

SHERIFF CRAIG D APPLE SR

PURPOSE OF REQUEST:

ADOPTION OF LOCAL LAW
AMENDMENT OF PRIOR LEGISLATION
APPROVAL/ADOPTION OF PLAN/PROCEDURE
BOND APPROVAL
BUDGET AMENDMENT(SEE BELOW)
CONTRACT AUTHORIZATION (SEE BELOW)
ENVIRONMENTAL IMPACT
HOME RULE REQUEST
PROPERTY CONVEYANCE
OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE)

X

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING

INCREASE ACCOUNT/LINE NO. _____

SOURCE OF FUNDS: _____

TITLE CHANGE: _____

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

CHANGE ORDER/CONTRACT AMENDMENT _____

PURCHASE (EQUIPMENT/ SUPPLIES) _____

LEASE (EQUIPMENT/SUPPLIES) _____

REQUIREMENTS _____

PROFESSIONAL SERVICES _____

EDUCATIONAL/TRAINING _____

GRANT: NEW _____

RENEWAL _____

SUBMISSION DEADLINE DATE _____

X

SETTLEMENT OF A CLAIM _____

RELEASE OF LIABILITY _____

OTHER: (STATE BRIEFLY) _____

CONCERNING CONTRACT AUTHORIZATION (CONT'D)

STATE THE FOLLOWING:

CONTRACT TERMS/CONDITIONS: PARTY (NAME/ADDRESS):

AMOUNT/RATE SCHEDULE/FEE:

TERM: JANUARY 1, 2022 THRU DECEMBER 31, 2022

SCOPE OF SERVICES: WE WILL PROVIDE EMERGENCY MEDICAL
TECHNICIANS-DEFIBRILLATION SERVICES THROUGH OUR EMT PROGRAM

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET: YES X NO

FUNDING SOURCE: PARTICIPATING MUNICIPALITIES

COUNTY BUDGET ACCOUNTS:

REVENUE: A23110.02265

APPROPRIATION: VARIOUS

BOND(RES. NO. & DATE OF ADOPTION)

CONCERNING ALL REQUESTS:

MANDATED PROGRAM/SERVICE: YES NO X

IF MANDATED CITE: AUTHORITY

ANTICIPATED IN CURRENT ADOPTED BUDGET: YES X NO

IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS:

A23110.02265

FISCAL IMPACT - FUNDING: (DOLLARS OR PERCENTAGES)

FEDERAL

STATE

COUNTY 100%

TERM/LENGTH OF FUNDING 1/1/22 THRU 12/31/22

PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:

RESOLUTION/LAW NUMBER: RES 465 of 2020

DATE OF ADOPTION: 12/7/2020

JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

AUTHORIZE AGREEMENTS BETWEEN THE COUNTY AND THE PARTICIPATING ENTITIES

FOR EMERGENCY MEDICAL TECHNICIANS - DEFIBRILLATION TOTALLING \$ 1,110,443.31

SEE ATTACHMENT

BACK-UP MATERIAL SUBMITTED (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE,
BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS
AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)

SEE ATTACHED SPREADSHEET FOR SPECIFIC AMOUNTS FOR EACH MUNICIPALITY

SUBMITTED BY: CRAIG D APPLE SR

TITLE: SHERIFF

EMT 2022 Proposed

ACCOUNT TITLE	ACCOUNT NUMBER	TOTAL	# OF HOURS	
EMT FULL TIME	A93110.1.3145.001	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.002	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.003	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.004	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.005	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.006	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.007	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.008	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.009	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.010	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.011	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.012	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.013	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.014	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.015	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.016	28,887.00	1,872	
EMT FULL TIME	A93110.1.3145.017		0	
EMT FULL TIME	A93110.1.3145.018		0	
EMT FULL TIME	A93110.1.3145.019		0	
EMT PART TIME	A93110.1.9944.000	175,000.00	10,708	40,660 TOTAL HOURS
OVERTIME	A93110.19900	66,584.52		
FRINGE BENEFITS - FULL TIME		296,102.53		
FRINGE BENEFITS - OVERTIME		11,406.75		
FRINGE BENEFITS - PART TIME		39,225.26		
SECRETARY & FRINGE - (30%)	A93110.1.6402.001	3,778.09		
ADMINISTRATION COSTS	OVERHEAD SHEET	14,054.15		
TOTAL SALARY		1,068,343.30		
OFFICE SUPPLIES	A93110.4.4020	500.00		
UNIFORMS	A93110.4.4201	15,000.00		
CONFERENCES, TRAINING, ETC	A93110.4.4039	1,500.00		
POSTAGE	A93110.4.4035	600.00		
TELEPHONE(PAGER&OVERHEAD)	A93110.4.4036	1,000.00		
		18,600.00		
Total		1,086,943.30		
				HOURS
T/O NEW SCOTLAND		239,127.53	8,760	22%
HILLTOWNS		239,127.53	8,760	22%
DELMAR BETHLEHEM VOLUNTEER AMBULANCE		632,188.25	23,140	56%
TOTAL		1,110,443.31		
				HILLTOWN ACTUAL PAY PER BREAKDOWN D.W.
RENSSELAERVILLE	1843 (23.0%)	54,999.33	60,000.00	
BERNE	2794 (35.0%)	83,694.64	77,640.15	
WESTERLO	3361 (42.0%)	100,433.56	98,509.20	
7998		239,127.53	236,149.35	

UPDATED BY JC 6/17/2021