

County of Albany

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

Legislation Text

File #: TMP-4118, Version: 1		
REQUEST FOR LEGISLATIVE ACTIO	N	
Description (e.g., Contract Authorizat Request to approve a Debt Policy	ion for Information Services):	
Date:	03/07/2023	
Submitted By:	Sarah Cantwell	
Department:	Management & Budget	
Title:	Assistant Director of Budgetary Review	
Phone:	518-447-5525	
Department Rep.		
Attending Meeting:	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 AMENDMENTS		
Increase/decrease category (choose a □ Contractual □ Equipment □ Fringe □ Personnel □ Personnel Non-Individual	all that apply):	

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□ 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 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 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 ☒ 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: 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. Length of Contract: 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)

The purpose of the Albany County Debt Policy (the "Debt Policy" or "Policy") is to help ensure that all debt issued by Albany County, New York (the "County") is issued both prudently and cost effectively. The Debt Policy sets forth comprehensive guidelines for the issuance and management of all debt financings of the County. Adherence to the Policy is essential to ensure that the County maintains a sound debt position and protects the credit quality of its obligations.