

☐ Fringe

## County of Albany

112 State Street Albany, NY 12207

## Legislation Text

File #: TMP-1353, Version: 1		
REQUEST FOR LEGISLATIVE ACT	ION	
Description (e.g., Contract Authoriz	zation for Information Services):	
Memorandum of Understanding between Department of Probation	een Vera Institute of Justice, Inc. and the Albany County	
Date:	01.06.2020	
Submitted By:	William Connors	
Department:	Probation Department	
Title:	Probation Director	
Phone:	518-487-5194	
Department Rep.		
Attending Meeting:	William Connors	
Purpose of Request:		
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedu</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>	Ire  Memorandum of Understanding	
CONCERNING BUDGET AMENDMENTS		
Increase/decrease category (choos ☐ Contractual ☐ Equipment	se all that apply):	

File #: TMP-1353, Version: 1		
☐ Personnel ☐ 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 AUTHORIZ	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 of Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date.  Memorandum of Understanding	
Contract Terms/Conditions:	Memorandum or onderstanding	
Party (Name/ Address):  Vera Institute of Justice  34 35 <sup>th</sup> Street Suite 4-2A  Brooklyn, NY 11232		
Additional Parties (Names/addresses):		
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:	Yes □ No ⊠	

File #: TMP-1353, Version: 1	
If Mandated Cite Authority:	Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes □ No ⊠ Yes □ No □
County Budget Accounts: Revenue Account and Line: Revenue Amount:	Click or tap here to enter text. Click or tap here to enter text.
Appropriation Account and Line: Appropriation Amount:	Click or tap here to enter text. Click or tap here to enter text.
Source of Funding - (Percentages) Federal: State: County: Local:	Click or tap here to enter text.
<u>Term</u> Term: (Start and end date) Length of Contract:	1.1.2020 36 month
Impact on Pending Litigation If yes, explain:	Yes □ No ⊠ 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.

## <u>Justification</u>: (state briefly why legislative action is requested)

This MOU will allow information sharing to evaluate the effects of Bail Reform compared to previous years. Bail Reform in New York State is effective 1.1.2020. It is estimated up to 90% of all persons arrested would be eligible for release. Release under non-monetary conditions should be the least restrictive conditions to insure return to court. These conditions include contact reminders, conditions of release and electronic monitoring. This MOU will be the opportunity for evaluation and the impact to Albany County. Effective 1.1.2020 Albany County Probation has been designated the Pretrial Service Agency in Albany County to provide Bail Reform service.