

## County of Albany

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

## Legislation Text

File #: TMP-3928, Version: 1  REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services): Authorization of Grant Acceptance from NYSOCFS for the funding of a Domestic Violence Advocate and to Amend the ACDCYF 2023 Adopted Budget			
		Date: Submitted By: Department: Title: Phone: Department Rep. Attending Meeting:	December 28, 2022 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>	Grant Funding Acceptance		
CONCERNING BUDGET AMENDMEN	<u>TS</u>		
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:	AA6119 03661 \$60,000.00 NYS OCFS Click or tap here to enter text.
CONCERNING CONTRACT AUTHOR	ZATIONS
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant	or tap to enter a date.
☐ Other: (state if not listed)	Click or tap here to enter text.
Contract Terms/Conditions:  Party (Name/address):     NYS OCFS     52 Washington Street     Rensselaer, NY 12144  Additional Parties (Names/addresses):     Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	\$60,000.00 Domestic Violence Advocate
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.
ls there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes □ No ⊠

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**County Budget Accounts:** 

Revenue Account and Line: AA6119 03661 Revenue Amount: \$60,000.00

Appropriation Account and Line: AA6119 4046 Appropriation Amount: \$60,000.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100

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

<u>Term</u>

Term: (Start and end date) 9/1/22 to 8/31/23

Length of Contract: 12 Months

<u>Impact on Pending Litigation</u> Yes □ No ☑

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 22-243, 21-104. Date of Adoption: 7/11/22, 4/12/21

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

Please See Attached