



DANIEL P. McCOY  
County Executive

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

MARIBETH MILLER, BSN, MS  
Interim Commissioner of Health

RANSOM E. MOORE III  
Assistant Commissioner of Finance and  
Administration

December 12, 2023

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

The Albany County Department of Health (ACDOH) requests contract authorizations with the cities of Albany, Cohoes, and Watervliet. The contracts will provide incentives for these cities to inform ACDOH's Social Determinants of Health Accelerator (SDOH) Plan and improve the health of at-risk Albany County residents. Albany, Cohoes, and Watervliet were chosen because these municipalities have an elevated prevalence of chronic disease. The cities will attend the CDTC Complete Streets Symposium workshop; assist with applicable Community Health Assessment and Group Evaluation Assessment indicators; promote resident participation in an SDOH survey; assist with implementing an SDOH focus group; and provide resulting feedback to inform ACDOH's SDOH Accelerator Plan.

These contracts with Albany, Cohoes, and Watervliet will be funded by the Closing the Gap with Social Determinants of Health Accelerator Plans grant from the Centers for Disease Control and Prevention (CDC), which the ACDOH was awarded in 2022. This grant aids in the development of multisector action plans to address SDOH, which are the nonmedical factors that influence health outcomes.

These contracts were initially authorized via Resolution 223 of 2023; however, the grantor has extended the grant through January 30, 2024 and this request is to make the end of the term coincide with the grant period.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Maribeth Miller, BSN, MS  
Interim Commissioner of Health



**Albany County Department of Health** is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Arnis Zilgme, Minority Counsel

Enclosures



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# County of Albany

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

## Legislation Text

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**File #:** TMP-4934, **Version:** 1

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### REQUEST FOR LEGISLATIVE ACTION

**Description (e.g., Contract Authorization for Information Services):**

Contract Authorization Request with Albany, Cohoes, and Watervliet (Amendment)

Date: December 12, 2023  
Submitted By: Maribeth Miller  
Department: Health  
Title: Interim Commissioner of Health  
Phone: (518) 447-4695  
Department Rep.  
Attending Meeting: Maribeth Miller

**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)

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.:

Source of Funds:

Title Change:

**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

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed)

**Contract Terms/Conditions:**

**Party (Name/address):**

City of Albany

24 Eagle Street

Albany, NY 12207

City of Cohoes

97 Mohawk Street

Cohoes, NY 12047

City of Watervliet

2 Fifteenth Street

Watervliet, NY 12189

**Additional Parties (Names/addresses):**

**Amount/Raise Schedule/Fee:**

\$5,000 per city - \$15,000 total

**Scope of Services:**

The cities will attend the CDTC Complete Streets Symposium workshop; assist with applicable Community Health Assessment and Group Evaluation Assessment indicators; promote resident participation in an SDOH survey; assist with implementing an SDOH focus group; and provide resulting feedback to inform ACDOH's SDOH Accelerator Plan.

**Bond Res. No.:**

Date of Adoption:

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes ☐ No ☒  
If Mandated Cite Authority:

Is there a Fiscal Impact: Yes ☒ No ☐  
Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A.4010.04445 Closing the Gap Grant  
Revenue Amount: \$15,000

Appropriation Account and Line: A.4010.44046 Fees for Services  
Appropriation Amount: \$15,000

Source of Funding - (Percentages)

Federal: 100%  
State:  
County:  
Local:

Original Awarding Agency / Funder:

New York State Pass-Through Agency (if applicable):

Term

Term: (Start and end date) 9/29/2022 - 1/30/2024  
Length of Contract: 16 months

Impact on Pending Litigation Yes ☐ No ☒  
If yes, explain:

Previous requests for Identical or Similar Action:

Resolution/Law Number: 23-223  
Date of Adoption: 6/12/2023

**Justification:** (state briefly why legislative action is requested)

The Albany County Department of Health (ACDOH) requests contract authorizations with the cities of Albany, Cohoes, and Watervliet. The contracts will provide incentives for these cities to inform ACDOH's Social Determinants of Health Accelerator (SDOH) Plan and improve the health of at-risk Albany County residents. Albany, Cohoes, and Watervliet were chosen because these municipalities have an elevated prevalence of chronic disease. The cities will attend the CDTC

Complete Streets Symposium workshop; assist with applicable Community Health Assessment and Group Evaluation Assessment indicators; promote resident participation in an SDOH survey; assist with implementing an SDOH focus group; and provide resulting feedback to inform ACDOH's SDOH Accelerator Plan.

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**These contracts were initially authorized via Resolution 223 of 2023; however, the grantor has extended the grant through January 30, 2024 and this request is to make the end of the term coincide with the grant period.**



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NU58DP007293-01-03

FAIN# NU58DP007293

Federal Award Date: 06/22/2023

### Recipient Information

#### 1. Recipient Name

ALBANY COUNTY OFFICE BUILDINGS  
175 Green St  
Public Health Planning&Educati  
Albany, NY 12202-2011

#### 2. Congressional District of Recipient

20

#### 3. Payment System Identifier (ID)

1146002563A1

#### 4. Employer Identification Number (EIN)

146002563

#### 5. Data Universal Numbering System (DUNS)

060536653

#### 6. Recipient's Unique Entity Identifier (UEI)

H16ACDZQPYM4

#### 7. Project Director or Principal Investigator

Mr. Charles H Welge  
Charles.Welge@albanycountyny.gov  
518-447-4693

#### 8. Authorized Official

Ms. Shelleisha Salmon-Gordon  
Shelleisha.Salmon-Gordon@albanycountyny.gov  
518-447-4675

### Federal Agency Information

CDC Office of Financial Resources

#### 9. Awarding Agency Contact Information

Reginald Simpson  
Grants Management Specialist  
sqv8@cdc.gov  
678-475-4971

#### 10. Program Official Contact Information

LCDR Tchernavia Gregory  
Public Health Advisor  
eqr4@cdc.gov  
770-488-0789

### Federal Award Information

#### 11. Award Number

6 NU58DP007293-01-03

#### 12. Unique Federal Award Identification Number (FAIN)

NU58DP007293

#### 13. Statutory Authority

Public Health Service Act, as amended, Section 301(a) and Section 317K. 42 U.S.C. 241(a); 42 U.S.C. 247b-12

#### 14. Federal Award Project Title

Reducing chronic disease health disparities and improving the health of at-risk Albany County residents through the establishment and implementation of a Social Determinants of Health Accelerator Plan

#### 15. Assistance Listing Number

93.945

#### 16. Assistance Listing Program Title

Assistance Programs for Chronic Disease Prevention and Control

#### 17. Award Action Type

No Cost Extension

#### 18. Is the Award R&D?

No

### Summary Federal Award Financial Information

19. Budget Period Start Date	09/30/2022	- End Date	01/30/2024
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$125,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$125,000.00
26. Period of Performance Start Date	09/30/2022	- End Date	01/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$125,000.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Pamela Render  
Grants Management Officer

### 30. Remarks



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Public Health Planning&Educati  
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#### Congressional District of Recipient

20

#### Payment Account Number and Type

1146002563A1

#### Employer Identification Number (EIN) Data

146002563

#### Universal Numbering System (DUNS)

060536653

#### Recipient's Unique Entity Identifier (UEI)

H16ACDZQPYM4

#### 31. Assistance Type

Project Grant

#### 32. Type of Award

Other

### 33. Approved Budget

(Excludes Direct Assistance)

#### I. Financial Assistance from the Federal Awarding Agency Only

#### II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$26,343.00
b. Fringe Benefits	\$15,674.00
c. Total Personnel Costs	\$42,017.00
d. Equipment	\$0.00
e. Supplies	\$30,983.00
f. Travel	\$1,000.00
g. Construction	\$0.00
h. Other	\$27,000.00
i. Contractual	\$24,000.00
j. TOTAL DIRECT COSTS	\$125,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$125,000.00
m. Federal Share	\$125,000.00
n. Non-Federal Share	\$0.00

### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JWG	22NU58DP007293	DP	41.51	93.945	\$0.00	75-22-0948





# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP007293-01-03

FAIN# NU58DP007293

Federal Award Date: 06/22/2023

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

ALBANY COUNTY OFFICE BUILDINGS

6 NU58DP007293-01-03

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1. Terms and Conditions

**No Cost Extension:** The purpose of this amendment is to approve a 3 month No Cost Extension per the request submitted by your organization dated May 23, 2023. The budget and project period end dates have been extended from **September 29, 2023** to January 30, 2024.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report (PPER):** This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in

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projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

**Final Invention Statement:** A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.

RESOLUTION NO. 223

**AUTHORIZING AN INTERGOVERNMENTAL AGREEMENT REGARDING  
THE ALBANY COUNTY DEPARTMENT OF HEALTH'S SOCIAL  
DETERMINANTS OF HEALTH ACCELERATOR PLAN**

Introduced: 6/12/23

By Health Committee:

WHEREAS, The Commissioner of Health has requested authorization to enter into an intergovernmental agreement with the cities of Albany, Cohoes, and Watervliet regarding the Albany County Department of Health's Social Determinants of Health (SDOH) Accelerator Plan in an amount not to exceed \$15,000, with \$5,000 going to each city, for the term commencing September 29, 2022 and ending September 29, 2023, and

WHEREAS, The Commissioner has indicated that the cities will attend the Complete Streets Symposium workshop, assist with applicable Community Health assessment and Group Evaluation Assessment indicators, promote resident participation in a SDOH survey, assist with implementing a SDOH focus group, and provide resulting feedback to inform the SDOH Accelerator Plan, and

WHEREAS, The Commissioner has indicated that this contract will be funded by the Closing the Gap with Social Determinants of Health Accelerator Plans Grant funding, now, therefore, be it

RESOLVED, By the Albany County Legislature, that the County Executive is authorized to enter into an intergovernmental agreement with the cities of Albany, Cohoes, and Watervliet regarding the Albany County Department of Health's Social Determinants of Health Accelerator Plan in an amount not to exceed \$15,000, with \$5,000 going to each city, for the term commencing September 29, 2022 and ending September 29, 2023, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of the resolution the appropriate County Officials.

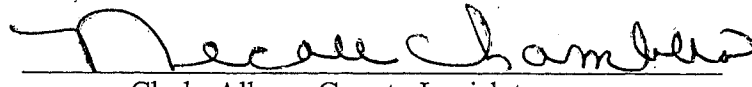
*Adopted by unanimous vote - 6/12/23*

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 12<sup>th</sup> day of June, 2023, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



**IN WITNESS THEREOF**, I have hereunto set my hand and the official seal of the County Legislature this 13<sup>th</sup> day of June, 2023.



Clerk, Albany County Legislature