

REQUEST FORM

ALBANY COUNTY CAPITAL PROJECTS COMMITTEE

This completed form should be submitted to the Office of Management and Budget, 112 State Street, Suite 1200, Albany, New York 12207.

Note: A proposal must have a cost of at least \$250,000.00 and have a period of probable usefulness of at least 6 years; or be a significant repair, improvement or expansion to capital assets of the County, which has a cost of at least \$250,000.00 [see Section 608(f) of the Albany County Charter].

1. REQUESTING DEPARTMENT: Residential Health Care Facilities
2. PROJECT NAME: Shaker Place Child Day Care Center
3. CONTACT PERSON: Larry I. Slatky Phone: 518-213-8940
4. REQUEST: ☒ New ☐ Existing ☐ Amendment
5. PROJECT DESCRIPTION:
Describe the purpose of the project. Specify required site, land area, equipment and facilities needed and provide design sketches, maps and any other material if available. If project is recommended in a formal study or departmental plan, cite study or plan. This information may be provided as an attachment to this form and should be as complete as possible.

Shaker Place will be renovating/constructing the vacant Shaker Place Wing into a child day care center, following the requirements of the New York Office of Children and Family Services, Division of Child Care Services. This project will include the renovation of existing rooms to suite the child day care program, install and or repair the sprinkler and fire alarm system, replace all windows, lighting, bathrooms, flooring and electrical panels and wiring, install HVAC system for air conditioning and heating, create a fenced in outdoor playground, conduct asbestos survey and remove as required by regulation, install security cameras and monitoring system, create new front entrance and furnishings.
6. PROPOSED STARTING DATE: September 1, 2021
7. ANTICIPATED COMPLETION DATE: July 31, 2022
8. ESTIMATED ANNUAL MAINTENANCE COST: \$21,000.00 SAVINGS: N/A
BASIS OF ESTIMATES (attach documentation): N/A
9. ASSOCIATED STAFFING COSTS, IF ANY (FTE Positions x Estimated Salary and Other Operational Costs)

10. ESTIMATED USEFUL LIFE: 20 years
11. DEPARTMENTAL PRIORITY OF PROJECT: (1st, 2nd, 3rd, etc.) 1st of year 2022
12. PROJECT: ☒ Essential/Mandated ☐ Important ☐ Desirable ☐ Deferrable (Refer to the definitions below)

ESSENTIAL/MANDATED:

- ◆ Projects that cannot reasonably be postponed.
- ◆ Projects that are required to complete or make fully usable, a major public improvement.
- ◆ Projects that would remedy a condition dangerous to the health, safety and welfare of the public.
- ◆ Projects that would maintain a minimum, presently established departmental program.
- ◆ Projects vital to the immediate development or redevelopment of a desirable industrial, commercial or residential district.

IMPORTANT:

- ◆ Projects that should be carried out within a few years to meet anticipated needs of a current departmental program or for replacement of unsatisfactory facilities.
- ◆ Projects that would benefit the community.
- ◆ Projects that are considered proper for a progressive suburban county competing with other counties.

DESIRABLE:

- ◆ Projects that are adequately planned, but not absolutely required by the community if budget reductions are necessary.
- ◆ Projects needed for a proper expansion of a departmental program.
- ◆ Projects the exact timing of which can wait until funds are available.

DEFERRABLE:

- ◆ Projects that would be needed for ideal operation.
- ◆ Projects that can be postponed without detriment to present services.

13. PROJECT NEED: Indicate nature of resulting benefits, benefits to whom, number of beneficiaries, and effect on service level. Indicate impact on other County Departments, facilities or programs.

The County of Albany is experiencing a staffing shortage that includes their skilled nursing facility, Shaker Place. It is anticipated that a child day care center on the property will allow for nursing home staff and all other County employees to have a child day care program where they can leave their child while they work. This program will assist in the recruitment and retention of staff. It is estimated that over 300 Albany County staff members will benefit from this program that will have no negative effect on any other County employee or service.

14. THE INTENT OF THIS PROJECT IS TO:

- ☐ a. Maintain existing services/facilities/equipment
- ☐ b. Replace existing services/facilities/equipment
- ☐ c. Enhance existing services/facilities/equipment
- ☐ d. Expand existing services/facilities/equipment
- ☒ e. Introduce new services/facilities/equipment

15. THIS PROJECT IS NECESSARY TO MEET:

- ☐ a. ☐ Federal ☐ State ☐ Local standards or mandates. Specify _____
- ☐ b. Public health requirements. Specify _____
- ☐ c. Public safety requirements. Specify _____
- ☐ d. Professional standards. Specify _____
- ☐ e. Area development pressures. ☒ Current ☒ Anticipated
- ☐ f. Necessary for completion or continuance of a project or plan. Specify _____
- ☐ g. Other: Specify: ~~The demands of staff who are seeking employment with no ability to arrange for child care.~~

16. IS THIS PROJECT DEPENDENT UPON THE COMPLETION OF ANY OTHER DEPARTMENTAL CAPITAL PROJECT?

☐ Yes ☒ No

If yes, which project?

17. WHAT NON-GOVERNMENTAL INPUTS HAVE BEEN RECEIVED REGARDING THIS PROPOSAL?

Please specify. If any, attach documentation.

- ☐ Public information meeting ☐ Citizen or citizen group recommendation
- ☐ Citizen or citizen group project proposal ☐ Private concerns
- ☒ None ☐ Other: Specify

18. WERE ALTERNATIVE SOLUTIONS EXPLORED? ☐ Yes ☒ No

Describe the alternatives and why each one is not recommended. If this project involves institutionalization, describe the evaluation of community-based and non-institutional alternatives. (Attached additional sheets, if necessary)

N/A

19. WHAT WOULD BE THE CONSEQUENCES IF THIS PROJECT WERE DEFERRED OR REJECTED?

Staff would continue to not have an avenue to place their children in a safe and affordable child day care center which would prohibit them for joining the workforce. This would create another obstacle for recruitment and retention.

20. PROJECT STATUS:

- ☐ Conceptual ☒ Planning and Programming
☐ Design: Specify % Complete _____ ☐ Final Plans and/or Specifications

21. CAPITAL PROJECT COST ESTIMATES: Only expenses directly related to the overall project will be allowed. Please break out of the total project cost in a project spreadsheet using the Capital Schedule Template 2022-2026, using Tab Q21: Cost Estimates. Use a separate spreadsheet for each project.

22. CAPITAL COSTS ESTIMATED BY: Name Shaker Place Staff Agency; N/A

23. PROPOSED SOURCE OF FUNDS:

Please indicate status of funding commitments:

Local Finances _____

State Aid 100%

Federal Aid _____

Private Sources _____

Other Sources _____

TOTAL FUNDS: 100%

Program Title: New York State Department of Health

Program Title _____

Specify _____

Specify _____

24. OPERATING COST IMPACT:

- ☐ a. Will require fewer personnel. Specify # N/A
☐ b. Will change the use of existing personnel. Specify how and how many No
☐ c. Will require new personnel. Specify # To maintain facility and operational staff that will be outsourced
☐ d. Will require new equipment not included in the project itself Unknown at this time
☐ e. Will change departmental costs. Please explain. Yes, but will be charged to the tenant

25. REVENUE IMPACT:

☐ a. This project may cause a short term (1-5 years) change in revenues from ☐ special assessments or ☐ user fees.

☒ b. This project will cause a change in the revenues to this department or other government entities. Please explain.

The construction and movable equipment cost will be reimbursed over the life of the asset by the NYSDOH (20 Years). This revenue will be derived through the Medicaid Reimbursement system of the nursing home and used to pay the Bond debt. It is also expected that Albany County will receive excess revenue from the tenant.

☐ c. This project may cause a long term (5+ years) change in revenues from ☐ special assessments or ☐ user fees.

☒ d. This project will cause a change in the revenues to this department or other government entities. Please explain.

Depending on operational revenue from the tenant, Albany County will continue to received income over expense for the entire contract period. In addition, the project cost will be submitted to the NYSDOH for Capital reimbursement.

26. PROPERTY TAX BASE IMPACT:

☐ a. This project involves the acquisition of land ☐ that is ☐ is not currently tax exempt. N/A

☐ b. This project will have a potential impact on the value of neighboring land. Please describe.

N/A

27. ECONOMIC IMPACT OF PROJECT: This project can result in new jobs for the following periods.

	1 - 5 Years (short term)	5+ Years (long term)
Local Government	3 FTE	3 FTE
Contractor	20 FTE	20 FTE
Others: Specify		

28. CASHFLOW:

Please break out of the total project cost in a project spreadsheet using the Capital Schedule Template 2022-2026, using Tab Q28: Cash Flow. Use a separate spreadsheet for each project.

29. OUTSIDE AID WILL BE RECEIVED:

☒ a. In partial payments % 100 when Over the term of the Bond

during the project % when

% when

☒ b. Upon completion and audit of the project. Estimated year of receipt: 2023

ENVIRONMENTAL REVIEW IS REQUIRED FOR EACH PROJECT – PLEASE SEE ACCOMPANYING FORM.

ENVIRONMENTAL REVIEW INFORMATION

ALBANY COUNTY CAPITAL PROJECTS COMMITTEE

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NO PROJECT WILL BE INCLUDED IN THE CAPITAL BUDGET WITHOUT DUE CONSIDERATION OF POTENTIAL ENVIRONMENTAL IMPACTS. IT IS RECOMMENDED THAT YOU CONSULT WITH THE PLANNING DEPARTMENT'S OFFICE OF NATURAL RESOURCES (518-447-5660) FOR NEEDED ASSISTANCE IN COMPLETING THIS FORM.

REQUESTING DEPARTMENT: Residential Health Care Facilities

PROJECT NAME: Shaker Place Child Day Care Center

NAME OF OFFICIAL RESPONSIBLE: Larry I. Slatky

TODAY'S DATE May 20, 2021

1. Is the project subject to procedural compliance under State Environmental Quality Review (SEQR)?

☐ Yes ☒ No

If No, please indicate which of the following types of SEQR actions apply to this project.

☐ Type II ☐ Exempt ☒ Excluded

Please provide a brief explanation supporting your determination:

This project is taking place in an existing building, therefore SEQR will not apply.

If yes, does the project exceed any Type I threshold as indicated in 6 NYCRR 617.12?

☐ Yes ☐ No

If yes, a coordinated review and completion of a full SEQR Environmental Assessment Form (EAF) will be required.

2. Does the project involve a permit, funding or other approval from any governmental agency (Federal, State or Local)?

☒ Yes ☐ No

If Yes, list approval agency name(s) and indicate type(s) of approval:

New York State Department of Health for reimbursement only, not for the project itself.

Please note that funding or other approval from a Federal agency may also require procedural compliance with the National Environmental Policy Act (NEPA).

3. Is the environmental review process ☐ completed ☐ underway ☒ to be done?

APPROVAL: _____
Signature of Department Head

DATE: _____