

## County of Albany

112 State Street Albany, NY 12207

## Legislation Text

| File #: TMP-1818, Version: 1  |                                     |  |
|---|-------------------------------------|--|
| REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services): Budget Amendment for Unemployment Due to COVID-19  |                                     |  |
|   |                                     |  |
| Submitted By:   | Jennifer Clement                    |  |
| Department:   | Human Resources                     |  |
| Title:  | Commissioner                        |  |
| Phone:  | 518-447-5690                        |  |
| Department Rep.   |                                     |  |
| Attending Meeting:  | Jennifer Clement                    |  |
| Purpose of Request:   |                                     |  |
| ☐ Adopting of Local Law ☐ Amendment of Prior Legislation ☐ Approval/Adoption of Plan/Procedu ☐ 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 AMENDME Increase/decrease category (choos   |                                     |  |
| ☐ Contractual   | <del>σ</del> απ τη αρριγ <i>)</i> . |  |
| ☐ Equipment   |                                     |  |
| ☐ Fringe  |                                     |  |
| □ Personnel     □   |                                     |  |
| □ Personnel Non-Individual  |                                     |  |

| File #: TMP-1818, Version: 1  |  |  |
|---|--|--|
| □ Revenue   |  |  |
| Increase Account/Line No.:<br>Source of Funds:<br>Title Change:   | CS 9905 89050 10000<br>CS 9904 89040 10000<br>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 | or tap to enter a date.  |  |
| <ul> <li>□ Settlement of a Claim</li> <li>□ Release of Liability</li> <li>□ Other: (state if not listed)</li> </ul>   | Click or tap here to enter text.   |  |
| Contract Terms/Conditions:  |  |  |
| Party (Name/address):<br>Click or tap here to enter text.   |  |  |
| Additional Parties (Names/addresses):<br>Click or tap here to enter text.   |  |  |
| Amount/Raise Schedule/Fee:<br>Scope of Services:  | Click or tap here to enter text. Click or tap here to enter text.              |  |
| Bond Res. No.:<br>Date of Adoption:   | Click or tap here to enter text. Click or tap here to enter text.              |  |
| CONCERNING ALL REQUESTS   |  |  |
| Mandated Program/Service:<br>If Mandated Cite Authority:  | Yes ⊠ No □<br>NYSDOL   |  |
| ls there a Fiscal Impact:<br>Anticipated in Current Budget:   | Yes ⊠ No □<br>Yes □ No ⊠   |  |
|   |  |  |

**County Budget Accounts:** 

## File #: TMP-1818, Version: 1

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: CS 9904 89040 10000

Appropriation Amount: \$200,000.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text. State: Click or tap here to enter text.

County: 100%

Local: Click or tap here to enter text.

<u>Term</u>

Term: (Start and end date)

Click or tap here to enter text.

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.

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

Legislative action is requested to increase the 2020 budget appropriation of the Unemployment Insurance line CS9905 89050 10000 and decrease the Workers' Compensation line CS9904 89040 10000, by \$200,000. This will ensure adequate funding for the remainder of the 2020 budget year.

Amendment as follows:

Decrease CS9904 89040 10000 \$200,000 Increase CS9905 89050 10000 \$200,000

As you may know, the unemployment costs have dramatically increased as a result of the COVID-19 Pandemic. We are self-insured for the Albany County unemployment costs. It is notable that most additional claim costs are instances where Albany County is a secondary payer. These are claims reflective of a former employee having left county service for a different job where they have now found themselves unemployed.