

REQUEST FOR LEGISLATIVE ACTION

Contract Authorization for Financial Advisory Services:

Date:	02/05/2020
Submitted By:	Susan A. Rizzo
Department:	Department of Audit and Control
Title:	County Comptroller
Phone:	(518) 447-7130
Department Rep.	
Attending Meeting:	Susan A. Rizzo

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) _____
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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:

Appropriation Account and Line: A 1315 44046
Appropriation Amount: \$58,500

Source of Funding -- (Percentages)

Federal:
State:
County: 100%
Local:

Term

Term: (Start and end date) 01/01/2020 – 12/31/2022
Length of Contract: 3 years with two optional 1 year extensions

Impact on Pending Litigation Yes ☐ No ☒

If yes, explain:

Previous requests for Identical or Similar Action:

Resolution/Law Number:
Date of Adoption:

Justification: (state briefly why legislative action is requested)

Albany County requires a financial advisor when it issues new debt. The most recent contract for financial advisory services has expired.

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):

Capital Markets Advisors, LLC
11 Grace Avenue, Suite 308
Great Neck, NY 11022

Additional Parties (Names/addresses):

Amount/Raise Schedule/Fee:

See attached supporting documentation

Scope of Services:

Financial Advisory Services

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:

Revenue Amount: