



County of Albany

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

Legislation Text

File #: TMP-4430, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to Accept a Donation of Dental Equipment and Dental Supplies

Date: July 7, 2023
Submitted By: Dr. Elizabeth Whalen
Department: Health
Title: Commissioner of Health
Phone: (518) 447-4642
Department Rep.
Attending Meeting: Dr. Elizabeth Whalen

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) Authorization to Accept Donation

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 Click or tap to enter a date.

Original Awarding Agency / Funder:

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

- ☐ Settlement of a Claim
☐ Release of Liability
☒ Other: (state if not listed)

Authorization to Accept Donation

Contract Terms/Conditions:

Party (Name/address):

St. Peter's Health Partners
425 New Scotland Avenue
Albany, NY 12208

Additional Parties (Names/addresses):

Amount/Raise Schedule/Fee:

N/A

Scope of Services:

Donation of Dental Equipment & Supplies

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:

Appropriation Account and Line:
Appropriation Amount:

Source of Funding - (Percentages)

Federal:
State:
County:
Local:

Term

Term: (Start and end date)
Length of Contract:

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)

The Albany County Department of Health requests authorization to accept a donation of various dental equipment and supplies from St. Peter's Health Partners. St. Peter's is in the process of closing its dental clinic in Albany and contacted ACDOH to ask if it is willing to accept a donation. The dental equipment and supplies may include dental exam chairs, dental instruments, digital X-ray sensors, ultrasonic cavitrons, handpiece oilers, autoclave sterilizers, etc. St. Peter's is in the process of conducting an inventory at its dental clinic and ACDOH will promptly provide additional information once it becomes available.