



# County of Albany

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

## Legislation Text

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**File #:** TMP-2789, **Version:** 1

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### REQUEST FOR LEGISLATIVE ACTION

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

Contract Amendment Authorization for Albany County and Providers of Qualified Individual Assessments

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Date:	October 1, 2021
Submitted By:	Scott McNelis
Department:	Children, Youth and Families
Title:	Contract Administrator
Phone:	7306
Department Rep.	
Attending Meeting:	Moira Manning, Commissioner

### 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) [Click or tap here to enter text.](#)

### CONCERNING BUDGET AMENDMENTS

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

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: 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

Choose an item.

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

### **Contract Terms/Conditions:**

Party (Name/address):

Various Agencies

Please see attached Justification

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$50,000

Scope of Services: Assessments of Children placed in Congregate Care

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

## **CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes ☒ No ☐

If Mandated Cite Authority: The Family First Prevention Services Act

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☐ No ☒

County Budget Accounts:

Revenue Account and Line:	AA6110	03609	04619
Revenue Amount:		\$25,000	\$25,000

Appropriation Account and Line:	AA6110	44046
Appropriation Amount:		\$50,000

Source of Funding - (Percentages)

Federal:	50
State:	50
County:	0
Local:	Click or tap here to enter text.

Term

Term: (Start and end date)	9/1/2021 - 8/31/2022
Length of Contract:	12 Months

Impact on Pending Litigation

	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, explain:	Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number:	21-245
Date of Adoption:	8/9/21

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

Please see attached