

County of Albany

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

Legislation Text

File #: TMP-2815, Version: 1 REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): NYSDOH Advanced Training Initiative Grant Program				
			Date:	October 14, 2021
			Submitted By:	Larry I. Slatky
Department:	Shaker Place Rehabilitation and Nursing Center			
Title:	Executive Director			
Phone:	518-213-8940			
Department Rep.				
Attending Meeting:	Larry I. Slatky			
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 NY				
☐ Other: (state if not listed)	Click or tap here to enter text.			
CONCERNING BUDGET AMENDMEN	<u>TS</u>			
Increase/decrease category (choose ☑ Contractual	all that apply):			
☐ Equipment				
☐ Fringe				
☐ Personnel Non-Individual				

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☑ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	NH 6020 44039-\$100,000.00/NH 6020 19922 \$150,000.00 NYSDOH N/A
CONCERNING CONTRACT AUTHORI	ZATIONS
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements	
 □ Requirements □ Professional Services □ Education/Training ☑ Grant Choose an item. Submission Date Deadline 11/1/2 □ Settlement of a Claim 	2021
☐ Release of Liability ☐ Other: (state if not listed)	Click or tap here to enter text.
Contract Terms/Conditions:	
Party (Name/address): Shaker Place Rehabilitation and Nursing 100 Heritage Lane Albany, New York 12211	g Center
Additional Parties (Names/addresses): Click or tap here to enter text.	
	\$250,000.00 Shaker Place Rehabilitation and Nursing Center has qualified for the fore will be receiving a Grant from the NYSDOH that must be utilized for for the for the recruitment and retention of staff in a manner that
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes ⊠ No □ NYSDOH

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s there a Fiscal Impact:	Yes ⊠ No □	
Anticipated in Current Budget:	Yes □ No ⊠	
County Budget Accounts:		
Revenue Account and Line:	NH 6020 02770	
Revenue Amount:	\$250,000.00	
Acvende / Anount.	\$250,000.00	
Appropriation Account and Line:	NH 6020 44039 \$100,000.00/NH 6020 19922 \$150,000.00	
Appropriation Amount:	\$250,000.00	
Source of Funding - (Percentages)		
Federal:	0	
State:	100	
County:	0	
Local:	0	
<u>Term</u>		
Term: (Start and end date)	11/1/2021-12/31/2022	
Length of Contract:	14 months	
Impact on Pending Litigation	Yes □ No 🏻	
If yes, explain:	Click or tap here to enter text.	
, ,,	2 2 	
Previous requests for Identical or Simila	r Action:	

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

Resolution/Law Number:

Date of Adoption:

NYSDOH has a recruitment and retention program that analyzes recruitment and retention and by utilizing this data determines which New York State nursing homes qualify to receive this grant revenue. There is no application that nursing homes use to qualify, but once approved, the qualifying nursing home must submit an application to receive these funds and state how these funds will be utilized. (see attachments)

Click or tap here to enter text.

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