

☐ Personnel

## County of Albany

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

## Legislation Text

File #: TMP-5355, Version: 1		
REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services): Authorization to apply for various State and Federal grants to help fund Water Purification District Capital Projects that were approved under the 2025-2029 Capital Plan.		
		Date:
Submitted By:	Angelo Gaudio	
Department:	Water Purification District	
Title:	Executive Director	
Phone:	518-447-1624	
Department Rep.		
Attending Meeting:	Angelo Gaudio	
Purpose of Request:		
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>□ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>☑ Other: (state if not listed)</li> </ul>	grant applications	
CONCERNING BUDGET AMENDMENTS		
Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe	all that apply):	

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☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
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.
☐ Release of Liability ☐ Other: (state if not listed)	Click or tap here to enter text.
Contract Terms/Conditions:	
Party (Name/address): Click or tap here to enter text.	
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	Click or tap here to enter text. Click or tap here to enter text.
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 ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

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**County Budget Accounts:** 

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

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

Source of Funding - (Percentages)

Federal: Unknown State: Unknown

County: Click or tap here to enter text. Local: Click or tap here to enter text.

Original Awarding Agency / Funder:

Click or tap here to enter text.

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

Click or tap here to enter text.

Term

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.

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

To secure various State and Federal grant funds to offset Capital Projects costs that have been approved under the 2025-2029 Capital Plan.