

Legislation Text

# File #: TMP-1931, Version: 1

# REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization for Homeless and Travelers Aid society

Date:	September 30, 2020
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	<b>Operations Analyst</b>
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Ph.D.

## 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

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### □ 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
- $\boxtimes$  Other: (state if not listed)

Pass through of NYS OMH State Aid

# **Contract Terms/Conditions:**

Party (Name/address): Homeless and Travelers Aid Society 138 Central Ave. Albany, NY 12206

#### Additional Parties (Names/addresses): Click or tap here to enter text.

 Amount/Raise Schedule/Fee:
 \$463,046

 Scope of Services:
 Provides outreach, supported housing, case management,

 transportation and MICA (mentally ill chemical abuser) Homeless services to indivduals suffering from mental illness.

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:	Yes 🗆 No 🛛
If Mandated Cite Authority:	Click or tap here to enter text.

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<u>County Budget Accounts:</u> Revenue Account and Line: Revenue Amount:	A34322.03490 \$463,046
Appropriation Account and Line:	A94322.44479
Appropriation Amount:	\$463,046
<u>Source of Funding - (Percentages)</u> Federal: State: County: Local:	Click or tap here to enter text. 100% Click or tap here to enter text. Click or tap here to enter text.
<u>Term</u> Term: (Start and end date) Length of Contract:	1/1/2021-12/31/2021 Click or tap here to enter text.
Impact on Pending Litigation	Yes □ No ⊠
If yes, explain:	Click or tap here to enter text.
<u>Previous requests for Identical or Simila</u>	ar Action:
Resolution/Law Number:	494
Date of Adoption:	11/12/19

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

The Department of Mental Health requests permission to enter into a contract in 2021 with Homeless and Travelers Aid Society (HATAS) for the provision of supported housing, transportation bridger and outreach services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to HATAS through Albany County Department of Mental Health in the amount of \$463,046, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.