

□ Personnel

County of Albany

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

Legislation Text

File #: TMP-5447, Version: 1	
REQUEST FOR LEGISLATIVE ACTI	ON
Description (e.g., Contract Authorization for Information Services): The Albany County Department of Mental Health (ACDMH) seeks approval to adjust our 2024 budget for optimal fund allocation before the DCJS grant period concludes (September 30, 2024).	
Date:	May 1, 2024
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Budget Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Procedu □ Bond Approval ⋈ Budget Amendment □ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	re Click or tap here to enter text.
CONCERNING BUDGET AMENDME	NTS
Increase/decrease category (choos ☑ Contractual ☐ Equipment ☐ Fringe	e all that apply):

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□ Personnel Non-Individual □ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Fees for Services A94310.44038 DCJSR Travel-Mileage, Freight A94310.44046 DCJSR Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	ZATIONS
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 ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date. 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:

Travel-Mileage, Freight A94310.44038 DCJSR / Fees for Services

A94310.44046 DCJSR

Appropriation Amount: \$14,500

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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.

<u>Term</u>

Term: (Start and end date) 6/1/2024-9/30/24

Length of Contract: 4 Months

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: N/A
Date of Adoption: N/A

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

The Albany County Department of Mental Health (ACDMH) seeks approval to adjust our 2024 budget for optimal fund allocation before the grant period concludes. This entails reallocating funds to address pressing areas of need while ensuring efficient program delivery. One primary focus is extending funding for Fees for Services to streamline our initiatives. By prioritizing Fees for Services, we aim to strengthen community outreach efforts, sustain essential services like our food bank, and provide vital resources such as move-in kits and furniture to those in need.