

## County of Albany

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

## Legislation Text

File #: TMP-3646, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authoriza	•
•	ty and Providers of Qualified Individual Assessments
Date:	October 1, 2022
Submitted By:	Scott McNelis
Department:	Children, Youth and Families
Title:	Contract Administrator
Phone:	7306
Department Rep.	
Attending Meeting:	Moira Manning, Commissioner
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>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>ITS</u>
Increase/decrease category (choose	all that apply):
☐ Contractual	
□ Equipment	
☐ Fringe	
☐ Personnel	
☐ Personnel Non-Individual	
☐ Revenue	

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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 of Settlement of a Claim ☐ Release of Liability	or tap to enter a date.
☐ 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: Scope of Services:	\$2,000 per Assessment Assessments of Children placed in Congregate Care
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 ☐ The Family First Prevention Services Act
ls there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes □ No ⊠

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**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) 9/1/2022 - 8/31/2023

Length of Contract: 12 Months

Yes □ No ☒ Impact on Pending Litigation

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 21-409, 21-245 Date of Adoption: 11/8/21, 8/9/21

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

Please see attached