ALBANY COUNTY SHERIFF'S OFFICE

CRAIG D. APPLE, SR.



MICHAEL S. MONTELEONE EXECUTIVE UNDERSHERIFF

County Court House
Albany, New York 12207 (518) 487-5400
WWW.ALBANYCOUNTYSHERIFF.COM

February 11, 2025

Honorable Joanne Cunningham Chairwoman Albany County Legislature 112 State Street, Room 710 Albany, New York 12207

Dear Chairwoman Cunningham:

The attached correspondence is forwarded for presentation to the Albany County Legislature.

Legislative approval is requested to amend Resolution #35 of 2025 authorizing an agreement between the County of Albany and participating municipalities for Emergency Medical Technician Defibrillation Service. Resolution #35 was approved for a total amount of \$1,492,181.40 for the time frame of 1/1/2025-12/31/2025.

Delmar Bethlehem EMS has requested additional staffing to cover weekends. As a result, an increase of \$25,132.80 is necessary to cover additional services.

The new amended total amount for the time frame of 1/1/2025-12/31/2025 for Emergency Medical Technician Defibrillation Service would be \$1,517,314.20, if approved.

Should there be any questions, do not hesitate to call.

Sincerely,

raig D. Apple, Sr.

Sheriff

Att.

cc: Hon. Daniel P. McCoy, County Executive

Hon. Wanda Willingham, Audit & Finance Chairwoman

REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): Legislative approval to amend previously authorized agreements between Albany County and participating Municipalities for Emergency Medical Technicians-Defibrillation. ..body Date: Submitted By: Craig D. Apple, Sr. February 11, 2025 Department: Sheriff's Office Title Sheriff Attending Meeting: Sheriff Craig D. Apple, Sr. Phone: 518-487-5440 Purpose of Request: Contract Authorization 01/01/2025-12/31/2025 **CONTRACT TERMS/CONDITIONS:** Party Names and Addresses: Enter text. Term: (Start/end date or duration) 01/01/2025-12/31/2025 Amount/Raise Schedule/Fee: \$1,517,314.20 **BUDGET INFORMATION:** Is there a Fiscal Impact: Yes ⊠ No □ Anticipated in Budget: Yes ⊠ No □ Yes □ No 図 Spreadsheet attached: Source of Funding – (Percentages) Federal: Enter text. County: 100% State: Enter text. Local: Enter text. **County Budget Accounts:** Revenue Account and Line: A23110.02265 Revenue Amount: \$1,517,314.20 Appropriation Account and Line: Enter text. **Appropriation Amount:** Enter text. ADDITIONAL INFORMATION: Mandated Program/Service: Yes □ No 🛛 If Mandated, Cite Authority: Enter text. Request for Bids / Proposals:

Competitive Bidding Exempt: Yes □ No ☒
of Response(s): Enter text.
of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes □ No ☒

Previous requests for Identical or Similar Action:
Resolution/Law Number and Date: #35-2025

<u>DESCRIPTION OF REQUEST:</u> (state briefly why legislative action is requested)
Amending previously authorized agreements between the County and participating municipalities for Emergency Medical Technicians-Defibrillation for a new total of \$1,517,314.20 for 2025. Spreadsheet attached