

## County of Albany

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

## Legislation Text

| File #: TMP-2713, Version: 1  REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services):  Appointment of Commissioner of Department of Social Services  |   |  |               |                           |  |
|---|---|--|---------------|---------------------------|--|
|   |   |  | Date:         | September 7, 2021         |  |
|   |   |  | Submitted By: | Mike McLaughlin           |  |
|   |   |  | Department:   | County Executive's Office |  |
| Title:  | Director of Policy and Research         |  |               |                           |  |
| Phone:  | 518-447-7040                            |  |               |                           |  |
| Department Rep.   |   |  |               |                           |  |
| Attending Meeting:  | Mike McLaughlin                         |  |               |                           |  |
| Purpose of Request:   |   |  |               |                           |  |
| <ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>☑ Approval/Adoption of Plan/Proce</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> | edure  Click or tap here to enter text. |  |               |                           |  |
| CONCERNING BUDGET AMENDI  | MENTS                                   |  |               |                           |  |
| Increase/decrease category (cho ☐ Contractual   | ose all that apply):                    |  |               |                           |  |
| ☐ Equipment   |   |  |               |                           |  |
| ☐ Fringe  |   |  |               |                           |  |
| ☐ Personnel   |   |  |               |                           |  |
|   |   |  |               |                           |  |

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|---|--|
| ☐ Personnel Non-Individual ☐ Revenue  |  |
| Increase Account/Line No.:<br>Source of Funds:<br>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 ☐ Other: (state if not listed) | or tap to enter a date.  Click or tap here to enter text.  |
| Contract Terms/Conditions:  | Chok of tap hore to other toxt.  |
| Party (Name/address):  MICHELE G. MCCLAVE   |  |
| Additional Parties (Names/addresses):<br>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.:<br>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 ⊠<br>Click or tap here to enter text.   |
| Is there a Fiscal Impact: Anticipated in Current Budget:  | Yes ⊠ No □<br>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: AA6010 11010
Appropriation Amount: \$130,000

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.
State: Click or tap here to enter text.

County: 100%

Local: Click or tap here to enter text.

<u>Term</u>

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.

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

The County Executive is seeking legislative approval for the appointment of Michele McClave as the Commissioner of the Department of Social Services. Please find a copy of Ms. McClave's resume attached for your review.