

AGENDA BACK-UP
ALBANY COUNTY LEGISLATURE



OCTOBER 13, 2016

LOCAL LAW NO. "J" FOR 2016

A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK, AMENDING LOCAL LAW NO. 1 FOR 2001 ENTITLED "A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK ADOPTING COUNTYWIDE NOTIFICATION REQUIREMENTS FOR COMMERCIAL AND RESIDENTIAL LAWN PESTICIDE APPLICATIONS" TO PROVIDE THAT THE SIGNS GIVING NOTICE OF PESTICIDE APPLICATIONS REQUIRED BY ENVIRONMENTAL CONSERVATION LAW SECTION 33-1005(1) MADE AVAILABLE AT THE POINT OF SALE

Introduced: 07/11/16

By Messrs. Domalewicz, Beston, Bullock, Ms. Chapman, Messrs. Clenahan, Comisso, Ms. Cunningham, Messrs. Ethier, Fein, Ms. Lekakis, Mr. Mackey, Ms. McKnight, Messrs. Miller, Signoracci, Simpson, Smith, Touchette and Ms. Willingham:

BE IT ENACTED, by the Legislature of the County of Albany as follows:

SECTION 1.

Section 3(a) of Local Law 1 for 2001 is amended to read as follows:

a. All retail establishments that sell general use pesticides for commercial and residential lawn application shall display a sign meeting standards established by the Commissioner of Environmental Conservation pursuant to subdivision 1 of Section 33-1005 of the Environmental Conservation Law, in a conspicuous place, and such sign shall be placed as close as possible to the place where such pesticides are displayed. The signs by required by Section 3 giving notice of such pesticide application shall be made available at the point of sale to the purchasers of general use pesticides at the retail establishments which sell such general use pesticides for commercial and residential lawn application and shall be placed as close as possible to the place where such pesticides are displayed for sale.

SECTION 2.

Section 3(c)(i) of Local Law 1 for 2001 is amended to read as follows:

c.(i) All persons, including, but not limited to, commercial entities and property owners, performing residential lawn applications treating an area more than one hundred square feet shall affix markers to be placed within or along the perimeter of the area where pesticides will be applied. Markers are to be placed so as to be clearly visible to persons outside the perimeter of such property. Such markers shall be posted at least twelve inches above the ground and shall be at least four inches by five inches in size.

SECTION 3.

This Local Law shall take effect immediately filing with the Secretary of State

Referred to Law and Conservation and Improvement Committees. 7/11/16

294



51 South Pearl Street Albany, New York 12207 (518) 487-2000 FAX (518) 487-2020

MEMORANDUM

To: Honorable Members – Albany County Legislature
Honorable Albany County Chairman – Sean Ward
Honorable Albany County Majority Leader – Frank Commisso
Honorable Civic Center Committee Chairman – Norma Chapman
Honorable Albany County Executive – Daniel McCoy
Honorable Albany County – Deputy County Executive – Phil Calderone

From: Bob Belber
Regional General Manager

Date: September 1, 2016

Re: Request For Legislative Action – Lease Suite # 25
James Kleinbaum, Columbia Tile, Picotte Companies & Chicago Title Company
Suite Renewal – Term – September 1, 2016 thru August 31, 2019

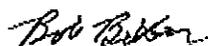
This suite holder has been the tenant in Suite # 25 and is current with all payments owed. They would like to renew their lease and we are seeking approval from the Albany County Legislature to proceed with entering into a new lease agreement with the current annual lease amount of \$48,500 per year.

A letter of intent has been received with a deposit and pending approval, the County Attorney's office will produce a new lease document with the Resolution # assigned.

The tenant will also be responsible for sales tax on tickets to sporting events and cable TV monthly charges as well as any catered food they purchase through Aramark.

Thank you for adding this to the agenda of the next available Civic Center Committee.

Sincerely;



Bob Belber
Regional General Manager

FOR COUNSEL USE ONLY	
Date Received:	_____
Received by:	_____
Method: Hand:	_____
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1986: Contract Authorization for Times Union Suite Rental Renewal #25

DATE: Thursday, September 01, 2016

DEPARTMENT: Management & Budget

Contact Person: David Reilly, Deputy Commissioner

Telephone: 518-447-7034

Dept. Representative Attending Committee Meeting: David Reilly, Deputy Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
- New _____
- Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Mr. James Kleinbaum Attorney at Law P.C. 18 Park Row Chatham, NY 12307
	Mr. William Picotte Picotte Companies 2 Norwood Drive Menands, NY 12204
	Mr. Kenneth Baccaro Columbia Tile 18 Washington Ave Chatham, NU 12307
	Mr. Donald Tosti Chicago Title Company 80 State Street Albany, NY 12207
Amount/Raise Schedule/Fee	\$145,500.00
Scope of Services	Renting Suite #25 to Mr. Kleinbaum, Mr. Picotte, Mr. Baccaro and Mr. Tosti for \$48,500 per year for 3 years.

Contract Funding:

Bond Res. No.: _____
Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No
If Mandated Cite: Authority _____
Anticipated in Current Adopted Budget Yes

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA7128	02451	
Appropriation			

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____
State _____
County _____
Local _____

Term/Length of Funding: 36 Months (9/1/2016 - 8/31/2019)

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____
Date of Adoption _____

Justification: (State briefly why legislative action is requested)

Leasing suite #25 for a 3 year term.



TIMES UNION CENTER

ALBANY, NEW YORK



AN  MANAGED FACILITY

51 South Pearl Street Albany, New York 12207 (518) 487-2000 FAX (518) 487-2020

LETTER OF INTENT
JAMES KLEINBAUM ATTORNEYS AT LAW
FOR
CORPORATE SUITE #25

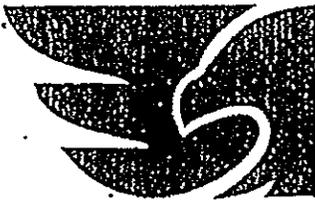
The above named party or parties recognize that Corporate support is vital to the continued success of the Albany County Civic Center a.k.a. the TIMES UNION CENTER (hereafter the "TIMES UNION CENTER") and evidencing our support of this facility by this *Letter of Intent*.

This *Letter of Intent* demonstrates our intention to lease one of the TIMES UNION CENTER Private Corporate Suites, namely Suite 25 (hereafter the Suite). The cost to lease one quarter of one of these suites will be TWELVE THOUSAND ONE HUNDRED AND TWENTY FIVE DOLLARS (\$12,125.00) per contract year for a three (3) year term. The parties will endeavor to negotiate mutually acceptable lease terms within ninety (90) days of signing the letter of intent.

The SUITE will be furnished and consist of sixteen (16) seats. The basic amenities typically included in a SUITE are appended and made part of the *Letter of Intent*. Four (4) passes will be provided at no charge for all Albany Devils and Siena home games. Four (4) passes will also be provided for every ticketed event at the TIMES UNION CENTER in each contract year with the exception of the NCAA events. Suite tickets for NCAA events can be purchased by the Suite holder.

Furthermore, each SUITE holder will be entitled to purchase up to four (4) additional tickets for all ticketed events. These tickets shall be in preferred locations outside of the SUITE. Certain events may be restricted to two (2) additional "outside" seats.

To further solidify this *Letter of Intent*, a non-refundable deposit of \$750.00 (SEVEN HUNDRED AND FIFTY DOLLARS) for the SUITE has been made upon the signing of this document. This deposit represents the first payment as indicated in the lease agreement.



TIMES UNION CENTER

ALBANY, NEW YORK



AN  MANAGED FACILITY

51 South Pearl Street Albany, New York 12207 (518) 487-2000 FAX (518) 487-2020

LETTER OF INTENT
BY
PICOTTE COMPANIES
FOR
CORPORATE SUITE #25

The above named party or parties recognize that Corporate support is vital to the continued success of the Albany County Civic Center a.k.a. the TIMBS UNION CENTER (hereafter the "TIMES UNION CENTER") and evidencing our support of this facility by this *Letter of Intent*.

This *Letter of Intent* demonstrates our intention to lease one of the TIMES UNION CENTER Private Corporate Suites, namely Suite 25 (hereafter the Suite). The cost to lease two seats in one of these suites will be SIX THOUSAND AND SIXTY TWO DOLLARS AND FIFTY CENTS (\$6,062.50) per contract year for a two (2) year term. The parties will endeavor to negotiate mutually acceptable lease terms within ninety (90) days of signing the letter of intent.

The SUITE will be furnished and consist of sixteen (16) seats. The basic amenities typically included in a SUITE are appended and made part of the *Letter of Intent*. Two (2) passes will be provided at no charge for all Albany Devils and Siena home games. Two (2) passes will also be provided for every ticketed event at the TIMES UNION CENTER in each contract year with the exception of the NCAA events. Suite tickets for NCAA events can be purchased by the Suite holder.

Furthermore, each SUITE holder will be entitled to purchase up to two (2) additional tickets for all ticketed events. These tickets shall be in preferred locations outside of the SUITE. Certain events may be restricted to two (2) additional "outside" seats.

To further solidify this *Letter of Intent*, a non-refundable deposit of \$500.00 (FIVE HUNDRED DOLLARS) for the SUITE has been made upon the signing of this document. This deposit represents the first payment as indicated in the lease agreement.



TIMES UNION CENTER

ALBANY, NEW YORK



AN  MANAGED FACILITY

51 South Pearl Street Albany, New York 12207 (518) 487-2000 FAX (518) 487-2020

LETTER OF INTENT
BY
COLUMBIA TILE
FOR
CORPORATE SUITE #25

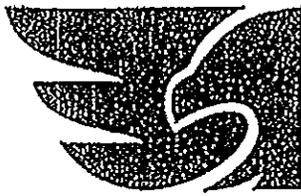
The above named party or parties recognize that Corporate support is vital to the continued success of the Albany County Civic Center a.k.a. the TIMES UNION CENTER (hereafter the "TIMES UNION CENTER") and evidencing our support of this facility by this *Letter of Intent*.

This *Letter of Intent* demonstrates our intention to lease one of the TIMES UNION CENTER Private Corporate Suites, namely Suite 25 (hereafter the Suite). The cost to lease two seats in one of these suites will be SIX THOUSAND AND SIXTY TWO DOLLARS AND FIFTY CENTS (\$6,062.50) per contract year for a two (2) year term. The parties will endeavor to negotiate mutually acceptable lease terms within ninety (90) days of signing the letter of intent.

The SUITE will be furnished and consist of sixteen (16) seats. The basic amenities typically included in a SUITE are appended and made part of the *Letter of Intent*. Two (2) passes will be provided at no charge for all Albany Devils and Siena home games. Two (2) passes will also be provided for every ticketed event at the TIMES UNION CENTER in each contract year with the exception of the NCAA events. Suite tickets for NCAA events can be purchased by the Suite holder.

Furthermore, each SUITE holder will be entitled to purchase up to two (2) additional tickets for all ticketed events. These tickets shall be in preferred locations outside of the SUITE. Certain events may be restricted to two (2) additional "outside" seats.

To further solidify this *Letter of Intent*, a non-refundable deposit of \$500.00 (FIVE HUNDRED DOLLARS) for the SUITE has been made upon the signing of this document. This deposit represents the first payment as indicated in the lease agreement.



TIMES UNION CENTER

ALBANY, NEW YORK



AN  MANAGED FACILITY

51 South Pearl Street Albany, New York 12207 (518) 487-2000 FAX (518) 487-2020

LETTER OF INTENT
BY
CHICAGO TITLE INSURANCE COMPANY
FOR
CORPORATE SUITE # 25

The above named party or parties recognizes that Corporate support is vital to the continued success of the Albany County Civic Center a.k.a. the TIMES UNION CENTER (hereafter the "TIMES UNION CENTER") and evidencing our support of this facility by this *Letter of Intent*.

This *Letter of Intent* demonstrates our intention to lease one half of the TIMES UNION CENTER Private Corporate Suite, namely Suite # 25 (hereafter the Suite). The cost to lease one half of these suites will be TWENTY FOUR THOUSAND AND TWO HUNDRED AND FIFTY DOLLARS (\$24,250.00) per contract year for a three (3) year term. The parties will endeavor to negotiate mutually acceptable lease terms within ninety (90) days of signing the letter of intent.

The SUITE will be furnished and consist of sixteen (16) seats. The basic amenities typically included in a SUITE are appended and made part of the *Letter of Intent*. Eight (8) passes will be provided at no charge for all Albany Devils and Siena home games. Eight (8) passes will also be provided for every ticketed event at the TIMES UNION CENTER in each contract year with the exception of the NCAA events. Suite tickets for NCAA events can be purchased by the Suite holder.

Furthermore, each SUITE holder will be entitled to purchase up to eight (8) additional tickets for all ticketed events. These tickets shall be in preferred locations outside of the SUITE. Certain events may be restricted to four (4) additional "outside" seats.

To further solidify this *Letter of Intent*, a non-refundable deposit of \$1,500.00 (ONE THOUSAND FIVE HUNDRED DOLLARS) for the SUITE has been made upon the signing of this document. This deposit represents the first payment as indicated in the lease agreement.



DANIEL P. MCCOY
COUNTY EXECUTIVE

DAVID M. LATINA
COMMISSIONER

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
112 STATE STREET, SUITE 825
ALBANY, NEW YORK 12207
(518) 447-7210 FAX (518) 447-7747

MARTIN V. McCLUNE
DEPUTY COMMISSIONER

September 14, 2016

Hon. Sean Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Re: Fire Alarm System Replacement Project - Times Union Center

Dear Chairman Ward:

The Department of General Services respectfully requests authorization to accept the bid from Coghlin Electrical, Contractors, Inc., in the amount not to exceed \$1,029,207.00 in regards to Fire Alarm System Replacement Project at the Times Union Center.

The existing Fire Alarm System is original to the Arena and requires upgrades and repairs. The County's consulting engineers have determined a complete replacement of the fire alarm system is required, due to the difficulty of finding replacement components. Also due to the atrium expansion, future capabilities of the new fire alarm system will be built-in to accommodate the new requirements of the TUC atrium renovation.

This project has been included in the 2016-2017 Capital Plan and a SEQR has been completed.

If you should have any questions on this matter, please do not hesitate to contact me.

Sincerely,

David M. Latina
Commissioner

DML:pl
Enclosures

cc: Honorable Frank Commisso, Majority Leader
Honorable Frank Mauriello, Minority Leader
F. Patrick Jeffers, Esq., Majority Counsel
Arnis Zilgme, Esq., Minority Counsel

4/4

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-15</u>
Received by:	<u>PM</u>
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #2006: Authorizing an Agreement with Coghlin Electrical Contractors, Inc. regarding Fire Alarm Replacement at the Times Union Center

DATE: Tuesday, September 13, 2016

DEPARTMENT: General Services

Contact Person: David Latina, Commissioner of General Services

Telephone: 518-447-7207

Dept. Representative Attending Committee Meeting: David Latina, Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services X
- Education/Training _____
- Grant: _____
 - New _____
 - Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Coghlin Electrical Contractors, Inc. 100 Prescott Street Worcester, MA 01605
Amount/Raise Schedule/Fee	\$1,029,207.00
Scope of Services	Services included but not limited to the following as noted on drawings and in the specifications, for the Times Union Center Fire Alarm Replacement Project pursuant to RFB #2016 -039.

Contract Funding:

Bond Res. No.:	Resolution No. 520 for 2015
Date of Adoption:	12/7/2015 12:00:00 AM

CONCERNING ALL REQUESTS:

Mandated Program/Service:	No
If Mandated Cite: Authority	
Anticipated in Current Adopted Budget	Yes

County Budget Accounts:	Account Code	Line	Amount
Revenue	N/A		
Appropriation	Account Code	Line	Amount
	HK	UG	\$1,029,207.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	0%
State	0%
County	100%
Local	0%

Term/Length of Funding:	12 Months (11/1/2016 - 10/31/2017)
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<u>Impact on Pending Litigation</u>	No
If yes, please explain:	

Previous Requests for Identical or Similar Action

Resolution/Law Number	
Date of Adoption	

Justification: (State briefly why legislative action is requested)

The Department of General Services respectfully requests authorization to accept the bid from Coghlin Electrical, Contractors, Inc., in the amount not to exceed \$1,029,207.00 in regards to Fire Alarm System Replacement Project at the Times Union Center.

The existing Fire Alarm System is original to the Arena and requires upgrades and repairs. The County's consulting engineers have determined a complete replacement of the fire alarm system is required, due to the difficulty of finding replacement components. Also due to the atrium expansion, future capabilities of the new fire alarm system will be built-in to accommodate the new requirements of the TUC atrium renovation.

This project has been included in the 2016-2017 Capital Plan and a SEQR has been completed.



DANIEL P. MCCOY
COUNTY EXECUTIVE

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
112 STATE STREET, SUITE 825
ALBANY, NEW YORK 12207
(518) 447-7210 FAX (518) 447-7747
WWW.ALBANYCOUNTY.COM

DAVID M. LATINA
COMMISSIONER

MARTIN V. MCCLUNE
DEPUTY COMMISSIONER

To: Karen Storm, Purchasing Agent
From: David M. Latina, Commissioner *DML*
Date: September 13, 2016
Re: Request for Bids #2016-039
Fire Alarm Replacement Project - Times Union Center

I have reviewed the bids received for the Fire Alarm Replacement Project at the Times Union Center with Michael Martin PE, Director, Facilities Engineering Division and recommend awarding the contract to Coughlin Electrical Contractors, Inc. based on the rates provided in their bid, not to exceed \$1,029,207.00.

If you need any further information or have any questions, please feel free to contact me.

DML:pl



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 820
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: David Latina, Commissioner
Department of General Services

FROM: Karen Storm
Purchasing Agent

DATE: September 15, 2016

RE: RFB#2016-039 Times Union Center Fire Alarm Replacement Project

I am in receipt of your recommendation to award the aforementioned Request for Bids to Coghlin Electrical Contractors, Inc. in the amount of \$1,029,207.00.

As Coghlin Electrical Contractors, Inc. is the low responsive and responsible bidder, I concur with your recommendation.

Please obtain the necessary contract approval of the County Legislature, so that we may issue a Notice of Award to the successful bidder.

Tri-City Joint Apprenticeship and Training Committee, Inc.

RICHARD L. CATALDO - DIRECTOR

428 OLD NISKAYUNA ROAD

LATHAM, NEW YORK 12110-1569

TELEPHONE (518) 785-5167 FAX (518) 786-3588

www.tricityjafc.org



SPONSORED BY

ALBANY ELECTRICAL CONTRACTORS ASS'N.
NECA ALBANY CHAPTER
ELECTRICAL CONTRACTORS CENTER
16 WADE ROAD
LATHAM, NEW YORK 12110

LOCAL 236 - IBEW, ALBANY, N.Y.
3000 TROY-SCHENECTADY ROAD
SCHENECTADY, NEW YORK 12309

June 6, 2016

To whom it may concern:

RE: Coghlin

Coghlin is recognized by the Tri-City JATC, Albany NECA, and IBEW Local Union # 236 as a participating Employer in our NYS Registered apprenticeship program.

Please feel free to contact our office with any questions or concerns.

Respectfully yours,

A handwritten signature in cursive script that reads "Richard L. Cataldo".

Richard L. Cataldo

Training Director

RC:en

Albany County
Department of Economic Development, Conservation and Planning
112 State Street, Room 720
Albany, NY 12207-2021
Telephone: (518) 447-5670 Fax: (518) 447-5662
<http://www.albanycounty.com>

MEMORANDUM

TO: Joseph McElroy, Acting Commissioner, Department of General Services
CC: George Penn, Acting Deputy Commissioner, Department of General Services
Robert Belber, Times Union Center General Manager
FROM: Laura DeGaetano, Sr. Natural Resource Planner
DATE: October 7, 2013
RE: Times Union Center Building Improvements
SUBJECT: Bond Projects SEQR compliance

I have reviewed the documentation provided describing the various components of the referenced project as it relates to State Environmental Quality Review (SEQR). As I understand the proposal, this project is intended to achieve a variety of improvements and upgrades to address safety, energy efficiency, and aesthetics. The facility upgrades include: upgrade to facility elevators; upgrading the guardrails and handrails to meet code; upgrade of fire alarm system, stair repair/replacement; installation of protective floor coating in the entrance and exhibition hall; repairs to soffits, concrete sidewalks and columns; re-asphalt parking areas. The bond amount is for \$.554m in 2013 and \$.832m in 2014. The project is scheduled to be completed in 2014.

As described above, the proposed building improvements project meets the criteria established for SEQR Type II actions pursuant to 6 NYCRR 617.5 (c) subdivisions (1) and (2). Accordingly, this action has been determined not to have a significant impact on the environment, and as such, no procedural compliance with SEQR beyond this determination is required at this time.

Should you have any questions or require additional information, please feel free to call me (447-5665) at your convenience.



June 2, 2016

The Honorable Members of the Civic Center Committee
The Honorable Albany County Executive, Daniel McCoy
112 State Street
Albany, NY 12207

Re: Bid #TUC2016-01 Cleaning Services at the Times Union Center

Dear Committee Members:

This letter serves as a recommendation to accept the proposal from Owens Realty Services for the Cleaning Services at the Times Union Center. Owens Realty meets or exceeds all requirements of the bid and has the experience of cleaning similar larger facilities to the Times Union Center.

During the evaluation and review of the proposals, the cleaning rates for each bidder were summarized for weekly cleaning in the Times Union Center, the new renovated areas of the Times Union Center and the Times Union Center Parking Garage. The walkway from South Pearl Street extending to the Empire State Plaza was listed as an add alternate and event cleaning based on the 2015 actual event attendance. After reviewing the bids, clarification questions and preparing the proposal rating worksheet I recommend the committee approve contracting with Owens Realty Services for a period of three years starting October 1, 2016 with a mutually agreed option to renew for three years.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug McClaine". The signature is stylized and cursive.

Doug McClaine
Assistant General Manager

415

FOR COUNSEL USE ONLY	
Date Received:	<u>6-14-16</u>
Received by:	<u>DM</u>
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	<input type="checkbox"/>
Mall:	<input type="checkbox"/>

REQUEST FOR LEGISLATIVE ACTION

RLA #1878: Recommendation from the TUC for Cleaning Services Proposal

DATE: Thursday, June 09, 2016

DEPARTMENT: Management & Budget

Contact Person: David Reilly, Deputy Commissioner

Telephone: 518-447-7034

Dept. Representative Attending Committee Meeting: David Reilly, Deputy Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____

Amendment of Prior Legislation _____

Approval/Adoption of Plan/Procedure _____

Bond Approval _____

Budget Amendment (see below) _____

Contract Authorization (see below) _____

Environmental Impact _____

Home Rule Request _____

Property Conveyance _____

Other: (State briefly if not listed above) X

Recommendation from the TUC for Cleaning Services Proposal

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____

Purchase (Equipment/Supplies) _____

Lease (Equipment/Supplies) _____

Requirements Professional Services _____

Education/Training _____

Grant: _____

 New _____

 Renewal _____

 Submission Deadline Date _____

Settlement of a Claim _____

Release of Liability _____

Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No _____

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget No _____

County Budget Accounts:

Revenue _____

Appropriation _____

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____

State _____

County _____

Local _____

Term/Length of Funding: _____

Impact on Pending Litigation No _____

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

The TUC is recommending to accept a proposal from Owens Realty Services for the Cleaning Services at the Times Union Center. The recommendation follows a review of all proposals submitted.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1878/Cleaning 2016 summary.xls>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1878/2016 Cleaning Recommendation.doc>

Submitted by: David Reilly

Title: Deputy Commissioner

Janitorial and Cleaning services at the Times Union Center

Bid #TUC2016-01

• Due date 6/1/16 at 4pm

	Executive Cleaning	Owens Realty	Complete Building Solutions	FRQ
Weekly Cleaning	\$ 3,461.54	\$ 3,785.65	\$ 4,160.00	
Weekly Knuckle	\$ 2,022.61	\$ 597.00	\$ 4,580.00	
Parking Garage	\$ 750.00	\$ 825.00	\$ 4,780.00	
Quarterly Windows	\$ 45,360.00	\$ 18,896.02		
Under 4,500	\$ 2,025.00	\$ 1,499.00	\$ 1,310.00	
4500-6500	\$ 2,250.00	\$ 1,799.00	\$ 1,540.00	
6501-8999	\$ 2,475.00	\$ 2,199.00	\$ 1,920.00	
9000-10,999	\$ 2,700.00	\$ 2,899.00	\$ 2,400.00	
over 10,999	\$ 4,300.00	\$ 3,299.00	\$ 2,990.00	
Double events	\$ 2,750.00	\$ 2,599.00	\$ 1,860.00	
Triple Events	\$ 3,200.00	\$ 3,099.00	\$ 3,590.00	
rate per hour	\$ 19.00	\$ 18.50	\$ 29.90	
Dirt Tracks	\$ 3,500.00	\$ 1,099.00	\$ 1,140.00	
Circus	\$ 900.00	\$ 1,099.00	\$ 1,140.00	
confetti	\$ 400.00	\$ 500.00	\$ 3,090.00	
block party	\$ 275.00	\$ 1,299.00	\$ 1,560.00	
ADD Alternate				
Walkway weekly cleaning	\$ 400.00	\$ 410.00	\$ 3,840.00	
Summary				
Weekly Cleaning	\$ 180,000.00	\$ 196,853.80	\$ 216,320.00	
Weekly Knuckle	\$ 105,175.70	\$ 31,044.00	\$ 238,160.00	
Parking Garage	\$ 39,000.00	\$ 42,900.00	\$ 248,560.00	
Events (Using 2015 Drop Counts)				
Under 4,500	\$ 141,750.00	\$ 104,930.00	\$ 91,700.00	70
4500-6500	\$ 22,500.00	\$ 17,990.00	\$ 15,400.00	10
6501-8999	\$ 12,375.00	\$ 10,995.00	\$ 9,600.00	5
9000-10,999	\$ 10,800.00	\$ 11,596.00	\$ 9,600.00	4
over 10,999	\$ 8,600.00	\$ 6,598.00	\$ 5,980.00	2
Double events	\$ 8,250.00	\$ 31,188.00	\$ 22,320.00	12
Triple Events	\$ 9,600.00	\$ 3,099.00	\$ 10,770.00	3
rate per hour	\$ 760.00	\$ 740.00	\$ 1,196.00	40
Dirt Tracks	\$ 3,500.00	\$ 2,198.00	\$ 2,280.00	2
Circus	\$ 900.00	\$ 1,099.00	\$ 1,140.00	1
confetti	\$ 400.00	\$ 500.00	\$ 3,090.00	1
block party	\$ 275.00	\$ 1,299.00	\$ 1,560.00	1
Windows	\$ 136,080.00	\$ 56,688.06		3
Annual Expense Estimate	\$ 679,965.70	\$ 519,717.86	\$ 877,676.00	
Add Alternate	\$ 20,800.00	\$ 21,320.00	\$ 199,680.00	

**Times Union Center
Statement of Income
Period ended August 31, 2016**

	Current			Year To Date		
	Actual	Budget	Last Year	Actual	Budget	Last Year
Total Event Income	\$ 22,639	\$ 63,750	\$ 105,881	\$ 954,505	\$ 911,299	\$ 969,373
Indirect Expenses						
Executive	14,577	22,090	15,566	172,963	184,714	188,693
Finance	23,097	26,038	23,134	192,301	208,305	194,615
Marketing	19,392	18,827	19,683	138,947	152,240	170,561
Group Sales	2,889	3,105	3,118	22,007	24,838	25,667
Operations	125,334	122,336	130,938	1,137,171	1,038,914	1,123,982
Box Office	19,444	22,102	20,428	158,230	186,061	154,648
Overhead	78,996	64,917	70,391	569,166	687,093	635,133
Total Indirect Expenses	\$ 283,729	\$ 279,415	\$ 283,258	\$ 2,390,796	\$ 2,482,165	\$ 2,493,299
Net Operating Income						
Investment	86	115	2	711	917	418
Other Income	225,406	272,199	303,242	1,862,922	2,175,095	1,989,449
Net Operating Income	\$ (35,598)	\$ 56,649	\$ 125,867	\$ 427,342	\$ 605,146	\$ 465,941
Fixed Management Fee	18,662	18,536	18,041	151,388	148,287	146,414
Performance Incentive	10,237	10,237	5,518	81,893	81,893	44,147
Net Income (Loss)	\$ (64,497)	\$ 27,876	\$ 102,308	\$ 194,061	\$ 374,966	\$ 275,380

	Current			Year To Date		
	Actual	Budget	Last Year	Actual	Budget	Last Year
Number of events	3	4	3	92	79	80
Attendance	2,331	6,000	10,191	337,682	287,086	280,103

SMG / Times Union Center
Department Income Statement: OVERHEAD
 For the Eight Months Ending August 31, 2016

	Current Month	Current Month	Current Month	Year to Date	Year to Date	Year to Date
	Actual	Budget	Prior Year	Actual	Budget	Prior Year
Net Salaries and Benefits	0	0	0	0	0	0
Professional Fees - Other	1,250	1,250	1,250	10,000	10,000	10,000
Bank Service Charges	0	125	0	0	1,000	0
Dues & Subscriptions	477	257	0	4,078	2,056	0
Postage	775	1,429	0	9,684	12,934	257
Office Supplies	1,301	1,833	1,301	12,707	14,166	13,127
Licenses & Fees	17	0	209	133	0	10,437
Employee Training	0	0	0	133	0	0
Equipment Rental	249	260	249	2,098	1,250	0
Maintenance Agreements	(293)	830	60	2,016	2,080	2,018
General Liability Insurance	9,149	9,514	10,707	6,022	6,641	4,246
Insurance Expense	6,198	5,942	6,297	82,545	76,114	76,265
Electricity	25,094	23,663	28,807	50,177	47,538	52,777
Telephone	931	300	941	165,322	338,250	288,356
Water & Sewage	13,303	2,629	2,750	6,586	2,400	7,462
Miscellaneous Expense	509	650	399	61,339	37,584	30,213
Depreciation	20,036	16,235	17,421	5,387	5,200	4,615
				151,072	129,880	135,360
Total Operating Expenses	78,996	64,917	70,391	569,166	687,093	635,133

Times Union Center Garage
Statement of Income
Period Ended August 31, 2016

	Month to Date			Year to Date		
	Actual	Budget	Last Year	Actual	Budget	Last Year
Total Event Income	(571)	5,323	7,258	97,131	84,535	81,270
Indirect Expenses						
Operations	34,998	27,807	28,824	228,433	238,200	241,268
Overhead	1,505	1,255	855	10,690	10,275	7,843
Washington Ave	2,586	2,082	2,539	22,475	16,655	21,942
Total Indirect Expenses	39,089	31,144	32,218	261,598	265,130	271,053
Net Operating Income						
Investments	-	-	-	-	-	-
Other Income	33,369	42,685	42,359	284,958	371,741	362,988
Net Operating Income	(6,291)	16,864	17,399	120,491	191,146	173,205
Fixed Management Fee	4,995	4,995	4,754	39,958	39,958	38,508
Performance Incentive	-	-	-	-	-	-
Net Income (Loss)	(11,286)	11,869	12,645	80,533	151,188	134,697

SMG Parking Garage
Department Income Statement: OVERHEAD
 For the Eight Months Ending August 31, 2016

	Current Month Actual	Current Month Budget	Current Month Prior Year	Year to Date Actual	Year to Date Budget	Year to Date Prior Year
OPERATING EXPENSES						
Net Salaries and Benefits	0	0	0	0	0	0
Office Supplies	\$ 300	\$ 0	\$ 0	\$ 396	\$ 0	\$ 0
Credit Card Discounts	311	400	388	3,304	3,435	3,392
Telephone	586	550	222	4,522	4,400	2,499
Miscellaneous Expense	0	0	0	0	0	(6)
Depreciation	308	305	245	2,468	2,440	1,958
Total Operating Expenses	1,505	1,255	855	10,690	10,275	7,843



DANIEL P. MCCOY
COUNTY EXECUTIVE

DAVID M. LATINA
COMMISSIONER

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
112 STATE STREET, SUITE 825
ALBANY, NEW YORK 12207
(518) 447-7210 FAX (518) 447-7747

MARTIN V. McCLUNE
DEPUTY COMMISSIONER

September 14, 2016

Hon. Sean Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Re: Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project- Mechanical Construction

Dear Chairman Ward:

The Department of General Services respectfully requests authorization to accept the bid from DiGesare Mechanical, Inc., in the amount not to exceed \$373,890.00 in regards to the Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project.

The purpose of the project is to replace corroded and leaking underground heating and cooling pipes that feed the Albany County Courthouse and Judicial Center. The existing piping was installed in 2003. Leaks were discovered several years ago and in 2014, repairs were made to several sections of the pipe. Recently, County building maintenance personnel have recorded leaks in the system on the order of approximately 1200 gallons per day. Excel Engineering, PC and Greenman-Pedersen, Inc. were contracted by Albany County to review existing conditions and make recommendations related to the leaking piping. They determined the leaks are the result of corrosion occurring on the outside of the pipes caused by interaction between ground water, pipe insulation and the steel piping. It was concluded that the piping needs replacement with non-corroding material.

This project has been included in the 2016 Capital Plan and a SEQR has been completed.

If you should have any questions on this matter, please do not hesitate to contact me.

Sincerely,

David M. Latina
Commissioner

DML:pl
Enclosures

cc: Honorable Frank Commisso, Majority Leader
Honorable Frank Mauriello, Minority Leader
F. Patrick Jeffers, Esq., Majority Counsel
Arnis Zilgme, Minority Counsel

4/16

FOR COUNSEL USE ONLY	
Date Received:	9-14-16
Received by:	PM
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	<input type="checkbox"/>
Mail:	<input type="checkbox"/>

REQUEST FOR LEGISLATIVE ACTION

RLA #1983: Authorizing an Agreement with DiGesare Mechanical, Inc. Regarding Mechanical Construction Services for the Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project

DATE: Thursday, September 01, 2016

DEPARTMENT: General Services

Contact Person: David Latina, Commissioner of General Services

Telephone: 518-447-7207

Dept. Representative Attending Committee Meeting: David Latina, Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services X
- Education/Training _____
- Grant: _____
- New _____
- Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address) DiGesare Mechanical, Inc.
3434 Carman Road
Schenectady, New York 12303

Amount/Raise Schedule/Fee \$373,890.00

Scope of Services Mechanical Construction included but not limited to the following as noted on drawings and in the specifications, for the Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project pursuant to RFB #2016-054.

Contract Funding:

Bond Res. No.: Bond Resolution Nos. 129 for 2003 and 313 for 2009

Date of Adoption:

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority

Anticipated in Current Adopted Budget Yes

County Budget Accounts:	Account Code	Line	Amount
Revenue	N/A		
Appropriation	HH	W3	\$373,890.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal 0%

State 0%

County 100%

Local 0%

Term/Length of Funding: 12 Months (11/1/2016 - 10/31/2017)

Impact on Pending Litigation No

If yes, please explain:

Previous Requests for Identical or Similar Action

Resolution/Law Number

Date of Adoption

Justification: (State briefly why legislative action is requested)

The Department of General Services respectfully requests authorization to accept the bid from DiGesare Mechanical, Inc., in the amount not to exceed \$373,890.00 in regards to the Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project.

The purpose of the project is to replace corroded and leaking underground heating and cooling pipes that feed the Albany County Courthouse and Judicial Center. The existing piping was installed in 2003. Leaks were discovered several years ago and in 2014, repairs were made to several sections of the pipe. Recently, County building maintenance personnel have recorded leaks in the system on the order of approximately 1200 gallons per day. Excel Engineering, PC and Greenman-Pedersen, Inc. were contracted by Albany County to review existing conditions and make recommendations related to the leaking piping. They determined the leaks are the result of corrosion occurring on the outside of the pipes caused by interaction between ground water, pipe insulation and the steel piping. It was concluded that the piping needs replacement with non-corroding material.



DANIEL P. MCCOY
COUNTY EXECUTIVE

PHILIP P. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
112 STATE STREET, SUITE 825
ALBANY, NEW YORK 12207
(518) 447-7210 FAX (518) 447-7747
WWW.ALBANYCOUNTY.COM

DAVID M. LATINA
COMMISSIONER

MARTIN V. MCCLUNE
DEPUTY COMMISSIONER

To: Karen Storm, Purchasing Agent
From: David M. Latina, Commissioner
Date: September 6, 2016
Re: Request for Bids #2016-054
Albany County Judicial Center and ACCH Underground Heating and
Cooling Piping Rehabilitation Project

I have reviewed the bids received for the Albany County Judicial Center and ACCH Underground Heating and Cooling Piping Rehabilitation Project for and recommend awarding the contract for MC to DiGesare Mechanical, Inc. based on the rates provided in their bid, not to exceed \$373,890.00.

If you need any further information or have any questions, please feel free to contact me.

DML:pl



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1208
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: David M. Latina
Commissioner

FROM: Karen Storm *K Storm*
Purchasing Agent

DATE: September 9, 2016

RE: RFB #2016-054
Albany County Judicial Center and ACCH Underground Heating and Cooling
Piping Rehabilitation Project.

I am in receipt of your recommendation to award the aforementioned Request for Bid to DiGesare Mechanical, Inc, in the amount of \$373,890.00 as the Mechanical Contractor.

As DiGesare Mechanical, Inc., is the low responsive and responsible bidder, I concur with your recommendation.

Please obtain the necessary contract approval from the Albany County Legislature, so that we may issue a Notice of Award to the successful bidder.

RFB#2016-054	
Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project	
Mechanical Construction Alternate 2	DiGesare Mechanical
	Bond Bond
Lump Sum	\$ 339,900.00
10% Contingency	\$ 33,990.00
Total Bid (Base Bid +Contingency Allowance	\$ 373,890.00

Plumbers & Steamfitters Local No.7

18 Avis Drive, Latham, NY 12110

P: (518) 785-9808

www.ualocal7.org

June 13, 2016

RE: DiGesare Mechanical Inc.

To Whom It May Concern:

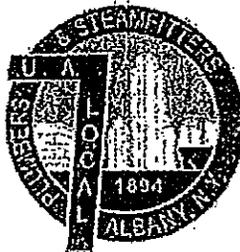
This letter is to inform you that DiGesare Mechanical Inc. is a signatory contractor with Local 7. Local 7 apprentices are registered with the New York State Department of Labor and is in compliance with the apprenticeship standards.

If you have any questions, please do not hesitate to contact me at (518) 785-9808.

Sincerely,



Edward Nadeau
Business Manager



Albany County
Department of Economic Development, Conservation and Planning
112 State Street, Room 800
Albany, NY 12207-2021
Telephone: (518) 447-5670 Fax: (518) 447-5662
<http://www.albanycounty.com>

MEMORANDUM

TO: David Latina, Commissioner - Department of General Services
CC:
FROM: Laura DeGaetano, Sr. Natural Resource Planner
DATE: August 31, 2016
RE: Repairs to Court House/Justice Center heating and cooling system
SUBJECT: SEQR Compliance

I have reviewed the documentation describing the referenced project as it relates to State Environmental Quality Review (SEQR). As I understand it, repairs to the heating and cooling system between the Court House and the Justice Center will include replacement of 4 underground water lines. The project was amended from a previous proposal that included installation of a vault.

As described above, the proposed projects meets the criteria established for SEQR Type II actions pursuant to 6 NYCRR 617.5(c) subdivision (1). Accordingly, this action has been determined not to have a significant impact on the environment and as such, no procedural compliance with SEQR beyond this determination is required at this time.

Should you have any questions or require additional information, please feel free to call me at your convenience.



DANIEL P. MCCOY
COUNTY EXECUTIVE

DAVID M. LATINA
COMMISSIONER

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
112 STATE STREET, SUITE 825
ALBANY, NEW YORK 12207
(518) 447-7210 FAX (518) 447-7747

MARTIN V. McCLUNE
DEPUTY COMMISSIONER

September 14, 2016

Hon. Sean Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Re: Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping
Rehabilitation Project- General Construction

Dear Chairman Ward:

The Department of General Services respectfully requests authorization to accept the bid from Condor Fire Sprinkler Co., LLC in the amount not to exceed \$326,260.00 in regards to the Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project.

The purpose of the project is to replace corroded and leaking underground heating and cooling pipes that feed the Albany County Courthouse and Judicial Center. The existing piping was installed in 2003. Leaks were discovered several years ago and in 2014, repairs were made to several sections of the pipe. Recently, County building maintenance personnel have recorded leaks in the system on the order of approximately 1200 gallons per day. Excel Engineering, PC and Greenman-Pedersen, Inc. were contracted by Albany County to review existing conditions and make recommendations related to the leaking piping. They determined the leaks are the result of corrosion occurring on the outside of the pipes caused by interaction between ground water, pipe insulation and the steel piping. It was concluded that the piping needs replacement with non-corroding material.

This project has been included in the 2016 Capital Plan and a SEQR has been completed.

If you should have any questions on this matter, please do not hesitate to contact me.

Sincerely,

David M. Latina
Commissioner

DML:pl
Enclosures

cc: Honorable Frank Commisso, Majority Leader
Honorable Frank Mauriello, Minority Leader
F. Patrick Jeffers, Esq., Majority Counsel
Arnis Ziilgme, Minority Counsel

417

**FOR COUNSEL USE
ONLY**

Date Received: 9-1-16
Received by: PA
Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1984: Authorizing an Agreement with Condor Fire Sprinkler Co., LLC Regarding General Construction Services for the Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project

DATE: Thursday, September 01, 2016
DEPARTMENT: General Services
Contact Person: David Latina, Commissioner of General Services
Telephone: 518-447-7207
Dept. Representative Attending
Committee Meeting: David Latina, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) _____
Contract Authorization (see below) X
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services X
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____



DANIEL P. MCCOY
COUNTY EXECUTIVE

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
112 STATE STREET, SUITE 825
ALBANY, NEW YORK 12207
(518) 447-7210 FAX (518) 447-7747
WWW.ALBANYCOUNTY.COM

DAVID M. LATINA
COMMISSIONER

MARTIN V. MCCLUNE
DEPUTY COMMISSIONER

To: Karen Storm, Purchasing Agent

From: David M. Latina, Commissioner

Date: September 6, 2016

Re: Request for Bids #2016-054
Albany County Judicial Center and ACCH Underground Heating and
Cooling Piping Rehabilitation Project

I have reviewed the bids received for the Albany County Judicial Center and ACCH Underground Heating and Cooling Piping Rehabilitation Project and recommend awarding the contract for GC to Condor Fire Sprinkler Co., LLC based on the rates provided in their bid, not to exceed \$326,260.

If you need any further information or have any questions, please feel free to contact me.

DML:pl



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1208
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: David M. Latina
Commissioner

FROM: Karen Storm *K Storm*
Purchasing Agent

DATE: September 9, 2016

RE: RFB #2016-054
Albany County Judicial Center and ACCH Underground Heating and Cooling
Piping Rehabilitation Project.

I am in receipt of your recommendation to award the aforementioned Request for Bid to Condor Fire Sprinkler Co., LLC in the amount of \$326,260.00 as the General Contractor.

As Condor Fire Sprinkler Co., LLC is the low responsive and responsible bidder, I concur with your recommendation.

Please obtain the necessary contract approval from the Albany County Legislature, so that we may issue a Notice of Award to the successful bidder.

RFB#2016-054	
Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project	
General Construction Alternate 2	Condor Fire and Sprinkler
	Bond Bond
Lump Sum	\$ 296,600.00
10% Contingency	\$ 29,660.00
Total Bid (Base Bid +Contingency Allowance	\$ 326,260.00



CONDOR Fire Sprinkler Company, Inc.

3434 Carman Road • Schenectady, New York 12303

PH: (518) 688-0809 Fax: (518) 356-5529

E-Mail: jtracy@dmimech.com

FAX

Date: August 22, 2016

Phone: (518) 447-7140

To: Albany County Division of Purchasing

Fax: (518) 447-7140

Attn: Pamela O'Neill

From: Thomas Holmes

Re: REB#2016-054-GC Alternate.1&2

Pamela O'Neill

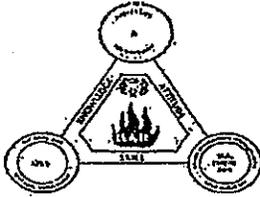
Concerning your fax dated 8/19/2016 regarding our bid on the Albany County Judicial Center and Courthouse Buildings Underground Heating and Cooling Piping Rehabilitation Project, Bid #2016-054 and specifically the requirement for and Apprenticeship Training Program. See attached agreement with UA Local 669 that Condor LLC is signatory to. Also be advised that all subcontractors to be utilized on the project have also confirmed they too are signatory with organizations that carry an Approved Apprenticeship Training Program.

Sincerely;

Thomas Holmes

A DIGESARE GROUP COMPANY

www.dmimech.com



UA Sprinkler Fitters Local 669
Joint Apprenticeship and Training Committee

7050 OAKLAND MILLS ROAD • SUITE 100 • COLUMBIA, MARYLAND 21046
Telephone: (410) 312-5202 • Toll Free: (800) 638-0592 • Fax: (410) 309-1609

Charles W. Ketner
Director of Training

June 9, 2016

Re: Condor Fire Sprinkler Co., LLC

To Whom It May Concern:

Local 669 JATC verifies that Condor Fire Sprinkler Co., LLC is a contractor in good standing with respect to its Apprenticeship Standards.

This letter is also verification that Condor Fire Sprinkler Co., LLC is an approved contractor with the U.S. Department of Labor.

Thank you,

Charles W. Ketner
Charles W. Ketner
Director of Training

cc: Contractor File
CWK/saw

Plumbers & Steamfitters Local No.7

18 Avis Drive, Latham, NY 12110

P: (518) 785-9808

www.ujalocal7.org

June 13, 2016

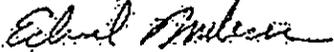
RE: DiGesare Mechanical Inc.

To Whom It May Concern:

This letter is to inform you that DiGesare Mechanical Inc. is a signatory contractor with Local 7. Local 7 apprentices are registered with the New York State Department of Labor and is in compliance with the apprenticeship standards.

If you have any questions, please do not hesitate to contact me at (518) 785-9808.

Sincerely,



Edward Nadeau
Business Manager



Albany County
Department of Economic Development, Conservation and Planning
112 State Street, Room 800
Albany, NY 12207-2021
Telephone: (518) 447-5670 Fax: (518) 447-5662
<http://www.albanycounty.com>

MEMORANDUM

TO: David Latina, Commissioner - Department of General Services
CC:
FROM: Laura DeGaetano, Sr. Natural Resource Planner
DATE: August 31, 2016
RE: Repairs to Court House/Justice Center heating and cooling system
SUBJECT: SEQR Compliance

I have reviewed the documentation describing the referenced project as it relates to State Environmental Quality Review (SEQR). As I understand it, repairs to the heating and cooling system between the Court House and the Justice Center will include replacement of 4 underground water lines. The project was amended from a previous proposal that included installation of a vault.

As described above, the proposed projects meets the criteria established for SEQR Type II actions pursuant to 6 NYCRR 617.5(c) subdivision (1). Accordingly, this action has been determined not to have a significant impact on the environment and as such, no procedural compliance with SEQR beyond this determination is required at this time.

Should you have any questions or require additional information, please feel free to call me at your convenience.



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF PUBLIC WORKS
449 NEW SALEM ROAD
VOORHEESVILLE, NEW YORK 12186-4826
(518) 765-2055 - FAX (518) 447-7047
WWW.ALBANYCOUNTY.COM

DARRELL R. DUNCAN
COMMISSIONER

September 7, 2016

Hon. Sean E. Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Ward:

New York State Department of Transportation (NYS DOT) has enacted assistance to local governments for the rehabilitation and reconstruction of local highways. This additional funding is provided pursuant to the PAVE NY Program. In a letter dated July 14, 2016, NYS DOT has notified Albany County of a reimbursement amount of \$541,319.86.

We request the Legislature's approval to amend our 2016 budget to increase our Bridge and Road Repair Line D95112.4.4075 in the amount of \$443,123.22 and increase our Specialty Equipment Line D95110.2.2080 in the amount of \$98,196.64.

If there are any questions or further information is needed, please feel free to contact my office.

Sincerely,

Darrell R. Duncan
Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

418

**FOR COUNSEL USE
ONLY**

Date Received: 9-14-16
Received by: PM
Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1991: Budget Amendment to Accept and Transfer Funds

DATE: Wednesday, September 07, 2016
DEPARTMENT: Public Works
Contact Person: Christine Tashjian, Clerk II
Telephone: 518-655-7905
Dept. Representative Attending
Committee Meeting: Darrell Duncan, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) X
Contract Authorization (see below) _____
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. Equipment; Revenue; #1; #Contractual
Source of Funds: New York State Dept. of Transportaton
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services _____
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____



Department of Transportation

ANDREW M. CUOMO
Governor

MATTHEW J. DRISCOLL
Commissioner

Cathy Calhoun
Chief of Staff

July 14, 2016

DARRELL DUNCAN
Commissioner of Public Works
COUNTY OF ALBANY
449 NEW SALEM RD
VOORHEESVILLE NY 12186

Dear Mr. Duncan:

The enacted State fiscal year (SFY) 2016-17 Budget provides \$100 million in enhanced State assistance to local governments for the rehabilitation and reconstruction of local highways. This funding is provided pursuant to the PAVE NY Program included in the new five-year \$21 billion State Transportation Plan administered through the New York State Department of Transportation (NYSDOT).

NYSDOT will be making the first of three SFY 2016-17 PAVE NY reimbursements on September 16, 2016. Eligible PAVE NY expenses will be reimbursed retroactive to April 1, 2016. Additional information on PAVE NY apportionments, program guidelines, project eligibility, and the reimbursement request form are available at: <https://www.dot.ny.gov/programs/chips/PAVE-NY>.

The County of Albany has a SFY 2016-17 PAVE NY apportionment of \$541,319.86. Reimbursement requests for PAVE NY funds will require the same supporting documentation as the Consolidated Local Street and Highway Improvement Program (CHIPS), including proof of payment and photos of ADA-compliant curb ramps. Failure to submit the required documentation may delay the processing of your reimbursement request.

Instructions for the September PAVE NY reimbursement are included with this letter. In order to ensure September timely reimbursement, the NYSDOT Regional Office listed below must receive the original signed payment request no later than **August 8, 2016**. Your NYSDOT municipal code for entry on the forms is 110000.

Brian Kirch
NYSDOT Regional CHIPS Representative
New York State Department of Transportation
50 Wolf Rd., Suite 1S50
Albany, NY 12232

Please provide a copy of this letter to the Chief Financial Officer (CFO) for your municipality. If you have any questions regarding this reimbursement process, please contact Brian Kirch at 518-485-1379.

Respectfully yours,

Peter J. Ryan
Director
Local Programs Bureau

Budget Amendment Spreadsheet - 2016									
ACCOUNT NO.	RESOLUTION DESCRIPTION	ORIGINAL BUDGET	INCREASE	DECREASE	REVISED BUDGET	DEPARTMENT NAME			
D 5112 44075	Bridge and Road Repair	\$ 3,530,308.00	\$ 443,123.22		\$ 4,553,005.04	Highway - Permanent Imp.			
D 5110 22080	Specialty Equipment	\$ 9,000.00	\$ 98,196.64		\$ 107,196.64	Maintenance Roads Buildings			
	TOTAL APPROPRIATIONS		\$ 541,319.86	\$ -					
	ESTIMATED REVENUES								
ACCOUNT NO.	RESOLUTION DESCRIPTION	ORIGINAL BUDGET	DECREASE	INCREASE	REVISED BUDGET	DEPARTMENT NAME			
D 5112 03591	Highway Capital Project	\$ 4,542,898.00		\$ 541,319.86	\$ 4,753,005.04	Highway - Permanent Imp.			
	TOTAL ESTIMATED REVENUES		\$ -	\$ 541,319.86					
	GRAND TOTALS		\$ 541,319.86	\$ 541,319.86					



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF SOCIAL SERVICES
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210-2304
(518) 447-7300
WWW.ALBANYCOUNTY.COM

MICHELE G. MCCLAVE
ACTING COMMISSIONER

ERIN M. STACHEWICZ
DEPUTY COMMISSIONER

LISA A. FREEDMAN
DEPUTY COMMISSIONER

September 14, 2016

Chairman Sean E. Ward
Legislative Clerk's Office
112 State St., Room 710
Albany, NY 12207

Dear Chairman Ward,

The Department of Social Services respectfully requests legislative approval for the following:

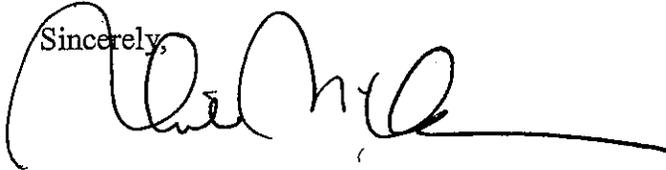
Core Services: Authorization is requested to contract with Equinox, Inc. to provide Non Residential Domestic Violence Services (NRDV)., Equinox is a state-qualified provider of domestic violence hotline services, information and referral, advocacy, counseling services and community outreach and education services as mandated by NYS under 18 NYCRR Part 462. Equinox will provide continuation of existing core services including a case manager for triage/referral and coordination of domestic violence (DV) residential placements to Equinox and other shelters. Equinox is a 24/7 domestic violence operation and will provide immediate assessment, safety planning as well as ensuring that shelter needs of all legitimate victims are met. Equinox also provides case management services to DV victims including those in or transitioning out of residential shelters and/or motels. Referrals will also be made to additional resources as appropriate. In addition, a non-residential domestic violence staff member, on site at 162 Washington Ave., will be utilized at the discretion of the Albany County Department of Social Services for integrated delivery of services to DV victims. Funding for core services is requested at an amount of \$130,835.

TANF Services (non-Core Services): Expanded advocacy services will be provided to 25 TANF-eligible victims of domestic violence to ensure and enhance the safety of victims and to increase opportunities for self-sufficiency and violence-free living. Assistance to victims will be provided in the form of accompaniment to legal system entities, health care facilities, social welfare system agencies and other community service providers. Linkages to other specialized services will be provided consistent with developed safety and service plans. Funding for the TANF services portion of the contract which will be \$25,294, which is 100% federally funded.

419

Between July 2015 and June 2016 Equinox opened 335 nonresidential cases related to core services. During that same period, our DV hotline received a total of 2,345 calls, 1024 people received a safety plan, 335 were able to take initial steps towards addressing an issue which limits their ability to live a violence free life, 360 were screened for residential placement and 376 were placed into a DV shelter. From July 2015 and June 2016 Equinox NRDV TANF non-Core services has assessed 37 victims and developed a personalized safety plan.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michele McClave', with a long horizontal line extending to the right.

Michele McClave
Acting Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Majority Counsel
Minority Counsel

**FOR COUNSEL USE
ONLY**

Date Received: 9-14-16
Received by: JAC
Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1973: Contract Authorization for Social Services (Equinox Non Residential Domestic Violence)

DATE: Wednesday, August 24, 2016
DEPARTMENT: Social Services
Contact Person: Joe DeAngelis, Contract Administrator
Telephone: 518-447-7583
Dept. Representative Attending
Committee Meeting: Michele McClave, Acting Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) _____
Contract Authorization (see below) X
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services X
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Equinox, Inc. 95 Central Avenue Albany, NY 12206
Amount/Raise Schedule/Fee	\$156,129.00
Scope of Services	Provision of 24-hour domestic violence (DV) hotline and walk-in assistance, DV residential placements, information and referral, advocacy, counseling and outreach/education services to victims residing in the community or in non-domestic violence shelter facilities.

Contract Funding:

Bond Res. No.:	
Date of Adoption:	

CONCERNING ALL REQUESTS:

Mandated Program/Service:	Yes
If Mandated Cite: Authority	18 NYCRR Part 462 (Core services only)
Anticipated in Current Adopted Budget	Yes

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA6070	04615	\$130,835.00
Revenue	AA6010	04610	\$25,294.00
	Account Code	Line	Amount
Appropriation	AA6070	44046	\$130,835.00
Appropriation	AA6010	44046	\$25,294.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	100%
State	0%
County	0%

Term/Length of Funding:	12 Months (1/1/2017 - 12/31/2017)
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<u>Impact on Pending Litigation</u>	No
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If yes, please explain:	
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Previous Requests for Identical or Similar Action

Resolution/Law Number	52
Date of Adoption	11/9/15

Justification: (State briefly why legislative action is requested)

Core Services: Authorization is requested to contract with Equinox, Inc. to provide Non Residential Domestic Violence Services (NRDV)., Equinox is a state-qualified provider of domestic violence hotline services, information and referral, advocacy, counseling services and community outreach and education services as mandated by NYS under 18 NYCRR Part 462. Equinox will provide continuation of existing core services including a case manager for triage/referral and coordination of domestic violence (DV) residential placements to Equinox and other shelters. Equinox is a 24/7 domestic violence operation and will provide immediate assessment, safety planning as well as ensuring that shelter needs of all legitimate victims are met. Equinox also provides case management services to DV victims including

those in or transitioning out of residential shelters and/or motels. Referrals will also be made to additional resources as appropriate. In addition, a non-residential domestic violence staff member, on site at 162 Washington Ave., will be utilized at the discretion of the Albany County Department of Social Services for integrated delivery of services to DV victims. Funding for core services is requested at an amount of \$130,835.

TANF Services (non-Core Services): Expanded advocacy services will be provided to 25 TANF-eligible victims of domestic violence to ensure and enhance the safety of victims and to increase opportunities for self-sufficiency and violence-free living. Assistance to victims will be provided in the form of accompaniment to legal system entities, health care facilities, social welfare system agencies and other community service providers. Linkages to other specialized services will be provided consistent with developed safety and service plans. Funding for the TANF services portion of the contract which will be \$25,294, which is 100% federally funded.

Between July 2015 and June 2016 Equinox opened 335 nonresidential cases related to core services. During that same period, our DV hotline received a total of 2,345 calls, 1024 people received a safety plan, 335 were able to take initial steps towards addressing an issue which limits their ability to live a violence free life, 360 were screened for residential placement and 376 were placed into a DV shelter. From July 2015 and June 2016 Equinox NRDV TANF non-Core services has assessed 37 victims and developed a personalized safety plan.

Back-up Material Submitted: (*i.e.*, application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1973/Cover Letter Equinox NRDV 2017.docm>

Submitted by:

Michele McClave

Title:

Acting Commissioner



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF SOCIAL SERVICES
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210-2304
(518) 447-7300
WWW.ALBANYCOUNTY.COM

MICHELE G. MCCLAVE
ACTING COMMISSIONER

ERIN M. STACHEWICZ
DEPUTY COMMISSIONER

LISA A. FREEDMAN
DEPUTY COMMISSIONER

September 14, 2016

Hon. Sean E. Ward, Chairman
Legislative Clerk's Office
112 State St., Room 710
Albany, NY 12207

Dear Chairman Ward,

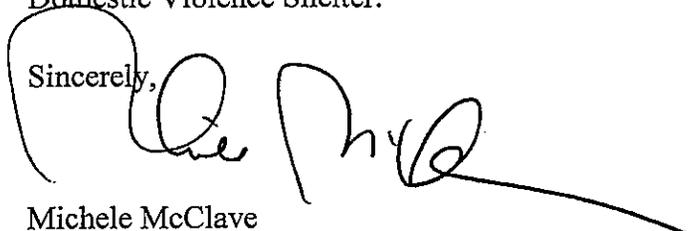
The Department of Social Services respectfully requests legislative approval for the following:

Albany County Department of Social Service (DSS) is required to provide per diem reimbursements to State-approved providers of residential services for domestic violence victims based upon case-specific eligibility. DSS is also required to enter into an annual contract with at least one local program. Therefore, authorization is requested to contract with Equinox, Inc. to perform these services.

All per diem rates for domestic violence shelters, safe homes and safe dwellings are established by NYS. Authority is requested to pay the State-established rate, as reflected herein, or as subsequently promulgated by NYSOCFS. The current rate for Equinox is \$91.01 per diem. Social Service Law 131-u and Department Regulation 18 NYCRR Part 408 govern issuance of these rates.

Between July 1, 2015 and June 30, 2016, 209 persons were admitted to the Equinox Domestic Violence Shelter.

Sincerely,


Michele McClave
Acting Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Majority Counsel
Minority Counsel

420

**FOR COUNSEL USE
ONLY**

Date Received: _____
Received by: _____
Method: Hand: _____
 Courier: _____
 Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1974: Contract Authorization for Social Services (Equinox, Residential Domestic Violence)

DATE: Wednesday, August 24, 2016
DEPARTMENT: Social Services
Contact Person: Joe DeAngelis, Contract Administrator
Telephone: 518-447-7583
Dept. Representative Attending
Committee Meeting: Michele McClave, Acting Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) _____
Contract Authorization (see below) X
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services X
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Equinox, Inc. 95 Central Avenue Albany, NY 12206
Amount/Raise Schedule/Fee	\$600,000.00
Scope of Services	Residential Services for victims of domestic violence, provided through OCFS-licensed domestic violence shelters, safe homes, and safe dwellings.

Contract Funding:

Bond Res. No.:	_____
Date of Adoption:	_____

CONCERNING ALL REQUESTS:

Mandated Program/Service:	Yes
If Mandated Cite: Authority	18 NYCRR 408
Anticipated in Current Adopted Budget	Yes

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA6109	4609	\$300,000.00
Revenue	AA6140	3640	\$60,900.00
Revenue	AA6142	3642	\$45,000.00
	Account Code	Line	Amount
Appropriation	AA6109	44046	\$300,000.00
Appropriation	AA6140	44046	\$210,000.00
Appropriation	AA6142	44046	\$90,000.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	50%
State	18%
County	32%

Term/Length of Funding:	12 Months (1/1/2017 - 12/31/2017)
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<u>Impact on Pending Litigation</u>	No
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If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number	470
Date of Adoption	11/9/2015

Justification: (State briefly why legislative action is requested)

Albany County Department of Social Service (DSS) is required to provide per diem reimbursements to State-approved providers of residential services for domestic violence victims based upon case-specific eligibility. DSS is also required to enter into an annual contract with at least one local program. Therefore, authorization is requested to contract with Equinox, Inc. to perform these services.

All per diem rates for domestic violence shelters, safe homes and safe dwellings are established by NYS. Authority is requested to pay the State-established rate, as reflected herein, or as subsequently

promulgated by NYSOCFS. The current rate for Equinox is \$91.01 per diem. Social Service Law 131-u and Department Regulation 18 NYCRR Part 408 govern issuance of these rates.

Between July 1, 2015 and June 30, 2016, 209 persons were admitted to the Equinox Domestic Violence Shelter.

Back-up Material Submitted: (*i.e.*, application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1974/Cover Letter Equinox RDV 2017.docm>

Submitted by:	<u>Michele McClave</u>
Title:	<u>Acting Commissioner</u>

Albany County Department of Social Services

Caseload Type	Caseload %	Contract \$ by Caseload Type		REIMBURSEMENT %			REIMBURSEMENT \$			COMMENTS
		FED %	STATE %	LOCAL %	FED \$	STATE \$	LOCAL \$			
Family Assistance	50%	\$ 300,000	100%		\$ 300,000				It is estimated that 50% of all clients who utilize this contract will be Family Assistance cases with at least on child on the case. Family Assistance expenditures receive 100% Federal reimbursement.	
Safety Net	35%	\$ 210,000	29%	71%	\$ 60,900	\$ 149,100			It is estimated that 35% of all clients who utilized this contract will be Safety Net Individual cases consisting of a single client. Safety Net expenditures receive 29% State reimbursement.	
Emergency Aid Adults	15%	\$ 90,000	50%	50%	\$ 45,000	\$ 45,000			It is estimated that 15% of all clients who utilize this contract will be Emergency Aid for Adults (EAA) cases consisting of individuals receiving SSI benefits. EAA expenditures receive 50% State reimbursement.	
Total		\$ 600,000			\$ 300,000	\$ 105,900	\$ 194,100			
					50%	18%	32%		The reimbursement for the mix of Family Assistance, Safety Net and Emergency Aid for Adults cases results in 50% Federal, 18% State and 32% Local Share.	



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF SOCIAL SERVICES
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210-2304
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MICHELE G. MCCLAVE
ACTING COMMISSIONER

ERIN M. STACHEWICZ
DEPUTY COMMISSIONER

LISA A. FREEDMAN
DEPUTY COMMISSIONER

September 14, 2016

Hon. Sean Ward, Chairman
Legislative Clerk's Office
112 State St., Room 710
Albany, NY 12207

Dear Chairman Ward,

Pursuant to resolution 147 adopted 4/11/2016 a contract renewal was approved for Catholic Charities to provide emergency and transitional shelter services to Albany County residents in the amount of \$884,081 (\$427,296 for Mercy House and \$456,785 for St. Charles Lwanga Center). This request is to amend the contracts to allow for an additional \$88,319 (\$40,704 for Mercy House and \$47,615 for St. Charles Lwanga Center) in funding and is necessitated by an increase in costs associated with operating the two shelters. The last increase was granted in 2009.

Local Social Service districts are required to provide reimbursement to non-profit providers of emergency and transitional shelter for public assistance-eligible homeless persons. This proposed amendment represents a transitional/enhanced services component targeting residents with mental health, alcohol/substance abuse, health, developmental, and other disabilities or special needs.

This proposed contract amendment is a performance-based reimbursement model, emphasizing assisting residents to apply for temporary assistance in order to address the factors that underlie their homelessness and to secure permanent housing or appropriate residential placement. Independent Living Plans are developed and consist of four detailed tasks which include addressing specific barriers to self-sufficiency. Appropriate hold harmless provisions have been developed for instances where failure to achieve targeted performance levels are due to factors outside of the provider's control.

Sincerely,

Michele McClave
Acting Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Majority Counsel
Minority Counsel

42.1

FOR COUNSEL USE ONLY	
Date Received:	_____
Received by:	_____
Method: Hand:	_____
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1990: Contract amendment for Social Services (Catholic Charities)

DATE: Wednesday, September 07, 2016

DEPARTMENT: Social Services

Contact Person: Joe DeAngelis, Contract Administrator

Telephone: 518-447-7583

Dept. Representative Attending Committee Meeting: Michele McClave, Acting Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation X
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment X
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
- New _____
- Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee	\$88,319.00 \$40,704 for Mercy House \$47,615 for St. Charles Lwanga Center
Scope of Services	Emergency and transitional shelter for homeless persons, including room and board, linkage to community services and assistance in securing permanent housing and/or residential placement at two facilities (Mercy House and St. Charles Lwanga Center).

Contract Funding:

Bond Res. No.:	_____
Date of Adoption:	_____

CONCERNING ALL REQUESTS:

Mandated Program/Service:	Yes
If Mandated Cite: Authority	18 NYCRR 352.8
Anticipated in Current Adopted Budget	Yes

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA6109	04609	\$8,832.00
Revenue	AA6140	03640	\$17,929.00
Revenue	AA6142	03642	\$8,832.00
	Account Code	Line	Amount
Appropriation	AA6109	44046	\$8,832.00
Appropriation	AA6140	44046	\$61,823.00
Appropriation	AA6142	44046	\$17,664.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	10%
State	30%
County	60%

Term/Length of Funding: 12 Months (7/1/2016 - 6/30/2017)

Impact on Pending Litigation: No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number	147
Date of Adoption	4/11/2016

Justification: (State briefly why legislative action is requested)

Pursuant to resolution 147 adopted 4/11/2016 a contract renewal was approved for Catholic Charities to provide emergency and transitional shelter services to Albany County residents in the amount of \$884,081 (\$427,296 for Mercy House and \$456,785 for St. Charles Lwanga Center). This request is to amend the contracts to allow for an additional \$88,319 (\$40,704 for Mercy House and \$47,615 for St. Charles Lwanga Center) in funding and is necessitated by an increase in costs associated with operating the two shelters. The last increase was granted in 2009.

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This proposed contract amendment is a performance-based reimbursement model, emphasizing assisting residents to apply for temporary assistance in order to address the factors that underlie their homelessness and to secure permanent housing or appropriate residential placement. Independent Living Plans are developed and consist of four detailed tasks which include addressing specific barriers to self-sufficiency. Appropriate hold harmless provisions have been developed for instances where failure to achieve targeted performance levels are due to factors outside of the provider's control.

Back-up Material Submitted: (*i.e.*, application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1990/Cover Letter Catholic Charities Amendment 2016-2017.docm>

Submitted by:

Michele McClave

Title:

Acting Commissioner



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF SOCIAL SERVICES
162 WASHINGTON AVENUE
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MICHELE G. MCCLAVE
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DEPUTY COMMISSIONER

LISA A. FREEDMAN
DEPUTY COMMISSIONER

September 14, 2016

Hon. Sean E. Ward, Chairman
Legislative Clerk's Office
112 State St., Room 710
Albany, NY 12207

Dear Chairman Ward,

Authorization is requested to contract with Community Maternity Service (CMS) to provide services to homeless pregnant or parenting young woman 16-22 years of age. CMS is a Transitional Living Program for homeless pregnant or parenting young woman of Albany County which provides specialized services to youth who are pregnant as well as adolescents that are parenting children. The mission of CMS is to provide transitional housing including room, board, supervision, information, referral, case management, parenting education, independent living skills building, advocacy, medical, mental health systems and other appropriate support services. Such homeless persons must be able to demonstrate eligibility for public assistance through Albany County Department of Social Services.

Local social services districts are required to establish per diem rates with non-profit providers of maternity shelter care operating within their county. Only those eligible for public assistance will be reimbursed under this contract (reimbursement is also provided under the foster care system, for pregnant adolescents under the custody of the Commissioner. Maximum rates for foster care placement are State-established and are higher than those proposed for public assistance recipients).

This service is unique in that it focuses on pregnant single and young mothers. The services that are offered are not provided anywhere else in our system and the focus is on developing life skills and independence. By removing this type of client from the general shelter population, and placing them in a shelter program tailored to their specific needs, we feel that this service would be extremely valuable to young women and provide better outcomes for long term self-sufficiency.

Sincerely,



Michele McClave
Acting Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Majority Counsel
Minority Counsel

422

FOR COUNSEL USE ONLY

Date Received: 9-14-16
Received by: PM
Method: Hand:
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1976: Contract Authorization for Social Services (Community Maternity Services)

DATE: Thursday, August 25, 2016
DEPARTMENT: Social Services
Contact Person: Joe DeAngelis, Contract Administrator
Telephone: 518-447-7583
Dept. Representative Attending
Committee Meeting: Michele McClave, Acting Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) _____
Contract Authorization (see below) X
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services X
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Community Maternity Services (CMS) 27 North Main Avenue Albany, NY 12208
Amount/Raise Schedule/Fee	\$300,000.00
Scope of Services	Maternity shelter care will be provided through a State-certified 11-bed maternity shelter for pregnant females who require temporary accommodations, supervision and services. Only the stays of individuals eligible for public assistance will be reimbursed under this contract.

Contract Funding:

Bond Res. No.:	
Date of Adoption:	

CONCERNING ALL REQUESTS:

Mandated Program/Service:	Yes
If Mandated Cite: Authority	18 NYCRR 352.8
Anticipated in Current Adopted Budget	Yes

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA6109	04609	\$300,000.00
	Account Code	Line	Amount
Appropriation	AA6109	44046	\$300,000.00

Fiscal Impact - Funding: (Dollars or Percentages)

	Family Assistance
Federal	100%
State	0%
County	0%
Local	0%

Term/Length of Funding:	12 Months (1/1/2017 - 12/31/2017)
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<u>Impact on Pending Litigation</u>	No
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If yes, please explain:

Previous Requests for Identical or Similar Action

Resolution/Law Number	395
Date of Adoption	10/13/15

Justification: (State briefly why legislative action is requested)

Authorization is requested to contract with Community Maternity Services (CMS) to provide services for homeless pregnant or parenting young woman 16-22 years of age. CMS is able to accommodate 14 youths and children under the proposed renewal.

Local social services districts are required to establish per diem rates with non-profit providers of maternity shelter care operating within their county. Only those eligible for public assistance will be reimbursed under this contract (reimbursement is also provided under the foster care system, for pregnant adolescents under the custody of the Commissioner. Maximum rates for foster care placement are State-established and are higher than those proposed for public assistance recipients).

CMS is a Transitional Living Program providing specialized services to homeless pregnant or parenting young woman of Albany County, as well as adolescents that are parenting children. The mission of CMS is to provide transitional housing including room, board, supervision, information, referral, case management, parenting education, independent living skills building, advocacy, medical, mental health systems and other appropriate support services to women ages 16 through 22. Such homeless persons must be able to demonstrate eligibility for public assistance through Albany County Department of Social Services.

Over the years we have contracted with CMS and they have demonstrated expertise in working with pregnant/parenting youth and young adults and will continue to provide group residential services to pregnant and parenting adolescent woman that are in the care and custody of their respective counties and have been placed, by family court, in residential care as a result of persons in need of supervision, Children's Protective Services involvement or other issues that have caused the need for placement outside of the home.

CMS projects to provide transitional living services to 14 total youth and children during a 12-month period, which will be reimbursed through federal monies for transitional living programs and Temporary Housing Assistance. CMS has also partnered with surrounding counties.

This service is unique in that it focuses on pregnant single and young mothers. The services that are offered are not provided anywhere else in our system and the focus is on developing life skills and independence. By removing this type of client from the general shelter population, and placing them in a shelter program tailored to their specific needs, we feel that this service would be extremely valuable to young women and provide better outcomes for long term self-sufficiency. Between 8/1/15 - 7/31/16 Albany County Department of Social Services had 110 unduplicated instances of homelessness with pregnant females aged 16 to 22 years old.

Back-up Material Submitted: (*i.e.*, application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1976/Cover Letter Community Maternity Services.docm>

Submitted by:	<u>Michele McClave</u>
Title:	<u>Acting Commissioner</u>



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

September 13, 2016

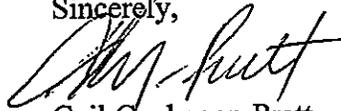
Hon. Sean Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Ward:

Enclosed is our Request for Legislative Action for authorization to enter into Agreements with Cornell Cooperative Extension for the provision of providing Youth Bureau services.

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-7792.

Sincerely,



Gail Geohagen-Pratt
Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

423

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Date Received: 9-14-16
Received by: PK
Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1980: Contract Authorization for Youth Bureau Services

DATE: Wednesday, August 31, 2016
DEPARTMENT: Children, Youth and Families
Contact Person: Scott McNelis, Contract Administrator
Telephone: 518-447-7306
Dept. Representative Attending
Committee Meeting: Gail Geohagen, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) _____
Contract Authorization (see below) X
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services X
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address) Cornell Cooperative Extension of Albany County
24 Martin Road PO Box 497
Voorheesville, NY 12186

Amount/Raise Schedule/Fee \$4,000.00

Scope of Services Youth Bureau Services 4-H Summer Scene program.

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget Yes _____

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA6119	03820	\$4,000.00
	Account Code	Line	Amount
Appropriation	AA6119	44406	\$4,000.00

Fiscal Impact - Funding: (Dollars or Percentages)

	NYS OCFS - YB Funding
Federal	0%
State	100%
County	0%
Local	0%

Term/Length of Funding: 12 Months (1/1/2016 - 12/31/2016)

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption 11/1/13, 2/4/14, 1/12/15, 2/11/16

Justification: (State briefly why legislative action is requested)

Please see attached

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1980/2016 Cover Letter Cornell Cooperative Extension.docx](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1980/2016%20Cover%20Letter%20Cornell%20Cooperative%20Extension.docx)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1980/2016 Justification Cornell Cooperative Extension.docx](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1980/2016%20Justification%20Cornell%20Cooperative%20Extension.docx)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1980/2016 Cover Letter Cornell Cooperative](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1980/2016%20Cover%20Letter%20Cornell%20Cooperative)

Department for Children, Youth and Families

Backup Material for Contract Authorization with Cornell Cooperative Extension for Youth Bureau Programing

The Department respectfully requests legislative authorization to enter into a contractual arrangement with **Cornell Cooperative Extension**, which is an intergovernmental agency, **for \$4,000 for the 4-H Summer Scene program.**

The total Amount of state aid from NYS OCFS to Albany County DCYF Youth Bureau in **2016** is **\$444,280.00**. These funds are intended to support youth development programs and runaway and homeless youth services. Funds are intended to be distributed to community based organizations and municipalities within Albany County for the purpose of reimbursement of expenses directly related to program operations and service delivery.

In its 44th year, 4-H Summer Scene is a day camp that operates at Ridgefield Park in the city of Albany. The target audiences include youth ages 6-13 and adolescence ages 14-18 who are employed by the Summer Youth Employment Program. Themes for 2016 include "Making a Difference" and "Healthy Living." Participants will learn how to be environmental stewards to create healthy, sustainable communities through environmental education, and will learn about the importance of eating healthy foods and maintaining an active lifestyle. Additional activities will include animal science and agricultural education, creative arts, sports and character education.



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

September 13, 2016

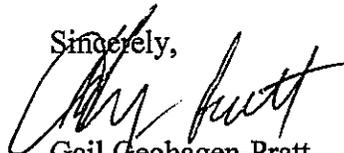
Hon. Sean Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Ward:

Enclosed is our Request for Legislative Action for authorization to enter into Agreements with various Albany County municipalities for the provision of providing Youth Bureau services

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-7792.

Sincerely,



Gail Geohagen-Pratt
Commissioner

cc: Frank Commisso, Majority Leader
Frank A. Mauriello, Minority Leader
Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

424

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Date Received: 9-14-16
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Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1979: Contract Authorization for Youth Bureau Municipality Contracts

DATE: Wednesday, August 31, 2016
DEPARTMENT: Children, Youth and Families
Contact Person: Scott McNelis, Contract Administrator
Telephone: 518-447-7306
Dept. Representative Attending
Committee Meeting: Gail Geohagen, Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services X
- Education/Training _____
- Grant: _____
 - New _____
 - Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address) Various Municipalities - please see attached list

Amount/Raise Schedule/Fee \$105,034.00

Scope of Services Youth Bureau Services delivered by Albany County municipalities

Contract Funding:

Bond Res. No.:

Date of Adoption:

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority

Anticipated in Current Adopted Budget Yes

County Budget Accounts:

Revenue

Account Code	Line	Amount
AA6119	03820	\$105,034.00

Appropriation

Account Code	Line	Amount
AA6119	44406	\$105,034.00

Fiscal Impact - Funding: (Dollars or Percentages)

	NYS OCFS - YB Funding
Federal	0%
State	100%
County	0%
Local	0%

Term/Length of Funding: 12 Months (1/1/2016 - 12/31/2016)

Impact on Pending Litigation No

If yes, please explain:

Previous Requests for Identical or Similar Action

Resolution/Law Number 334, 405

Date of Adoption 9/08/14, 10/13/15

Justification: (State briefly why legislative action is requested)

Please see attached.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1979/YB MUNI 2016 Coverletter.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1979/2016 Youth Bureau Muni Addresses.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1979/2016 YB Muni RLA Justification.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1979/YB MUNI RLA spreadsheet 2016.xls>

Submitted by: Gail Geohagen

Title: Commissioner

Department for Children, Youth and Families

**Backup Material for Contract Authorization with
Various Municipalities for Youth Bureau Programing**

The Department respectfully requests legislative authorization to enter into contractual arrangements with (13) various Albany County municipalities as listed.

The total amount of state aid from NYS OCFS to Albany County DCYF Youth Bureau in 2016 is \$444,280. These funds are intended to support youth development programs and runaway and homeless youth services. Funds are intended to be distributed to community-based organizations and municipalities within Albany County for the purpose of reimbursement of expenses directly related to program operation and service delivery.

In 2014, The Governor's Executive budget proposed changes to Executive Law 19-A YDDP (Youth Development and Delinquency Prevention) Sections 412, 420,422 and 19-H RHYA (Runaway and Homeless Youth Services Act) Sections 532A, 532B.

Effective January 1, 2014 the local youth bureaus will process reimbursement claims from municipalities, not NYS OCFS. The county will now have full responsibility for paying municipal claims out of the annual state aid allocation to the county.

Municipality	Allocation
City of Albany	\$25,584
City of Cohoes	\$17,150
City of Watervliet	\$ 4,000
Town of Bethlehem	\$ 7,000
Town of Coeymans	\$ 1,000
Town of Colonie	\$34,500
Town of Guilderland	\$ 7,000
Town of Knox	\$ 1,000
Village of Altamont	\$ 1,000
Village of Colonie	\$ 2,000
Village of Green Island	\$ 2,500
Village of Ravena	\$ 1,300
Village of Voorheesville	\$ 1,000
Total	\$105,034



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

September 13, 2016

Hon. Sean E. Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Ward:

Enclosed is our Request for Legislative Action for permission to renew a contractual agreement with SUNY Albany School of Social Welfare- Center for Human Services Research for \$51,038 as part of the continuation of the Juvenile Detention Alternatives Initiative (JDAI). The term of this contract is January 1, 2017 – December 31, 2017 with a county share of approximately 38%.

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-7792.

Sincerely,

Gail Geohagen-Pratt
Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Pat Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

425

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Date Received: 9-14-16
Received by: PM
Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1992: Contract Authorization with The Research Foundation, SUNY Albany for JDAI

DATE: Wednesday, September 07, 2016
DEPARTMENT: Children, Youth and Families
Contact Person: Beth O'Neil, Director of Accounts
Telephone: 518-447-5541
Dept. Representative Attending
Committee Meeting: Gail Geohagen, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) _____
Contract Authorization (see below) X
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services X
Education/Training _____
Grant: _____
 New _____
 Renewal _____
Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address) The Research Foundation for the State University of New York
University at Albany Richardson Hall
135 Western Ave
Albany, NY 12203

Amount/Raise Schedule/Fee \$51,038.00

Scope of Services Implementation of a Juvenile Detention Alternative Initiative
(JDAI) site.

Contract Funding:

Bond Res. No.:

Date of Adoption:

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority

Anticipated in Current Adopted Budget Yes

County Budget Accounts:

Revenue

Account Code	Line	Amount
AA6071	03670	\$31,644.00

Appropriation

Account Code	Line	Amount
AA6071	44046	\$51,038.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal

OCFS STSJP

0%

State

62%

County

38%

Local

0%

Term/Length of Funding:

12 Months (1/1/2017 - 12/31/2017)

Impact on Pending Litigation

No

If yes, please explain:

Previous Requests for Identical or Similar Action

Resolution/Law Number

16-324, 15-266, 14-124

Date of Adoption

8/8/16, 7/13/15, 4/14/14

Justification: (State briefly why legislative action is requested)

Please see attached for justification

Back-up Material Submitted: (*i.e.*, application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1992/JDAI justification 2017 SUNY.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1992/JDAI SUNY-2017 Coverletter.doc>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1992/JDAI 1-1-17 through 12-31-17 budget SUNY CHSR.pdf>

Submitted by:

Gail Geohagen

Title:

Commissioner

Department for Children, Youth and Families

Backup Material for Contract Renewal Authorization with The Research Foundation for the State University of New York, University at Albany

The Department also respectfully requests Legislative authorization for contract renewal with The Research Foundation for the State University of New York, University at Albany for the period of January 1, 2017 through December 31, 2017 in the amount of \$51,038.

The Office of Children and Family Services (OCFS) Division of Juvenile Justice and Opportunities for Youth (DJJOY) chose Albany County DCYF as one among six counties in 2014 to comprise New York State's (NYS) first cohort of official Juvenile Detention Alternative Initiative (JDAI) sites.

In exchange for the County's commitment to implement JDAI's eight core strategies, Albany County will again receive an increase to the county's STSJP allocation for the 2016-17 fiscal year. These funds are intended for the expressed purpose of supporting a "JDAI Coordinator" position to help organize and execute the work of local stakeholders in further pursuing the eight core strategies of JDAI in your site.

Albany County DCYF will continue to utilize the JDAI Coordinator funding in a diverse manner to obtain the best possible outcomes for the Department and its services. Therefore, the Department will renew a contract with The Research Foundation for the State University of New York, University at Albany for \$51,038 to have a juvenile justice research assistant 37% of the time working with the Department, as well as the County Attorney's Office and the Probation Department, to assess all juvenile justice programs and initiatives to ensure the impact and design to reach the ultimate best outcomes for youth and their families. Additionally, we will continue to have a per diem staff for the remainder of the allocation, who has previous knowledge and involvement in the Albany County Juvenile Justice system to continue to bring the local stakeholders together, continue workgroups and community engagement to reform the juvenile justice system in Albany County.

The goal of JDAI is to further reduce unnecessary and inappropriate placement in secure detention for NYS' youth. The initiative accomplishes this goal by bringing together all the necessary stakeholders and cooperatively developing and implementing local strategies and alternatives to achieve this goal. JDAI provides the framework within which local and state key actors will analyze data, draw conclusions and utilize proven strategies to address systems issues. In addition, JDAI brings an important and very deliberate focus on reducing racial and ethnic disparities in the juvenile justice system. The Casey Foundation will continue to provide technical assistance and training to improve the local and statewide juvenile justice system to bring the greatest impact from state and local resources.

On the local level, the selection of Albany County as part of NYS' first cohort of six JDAI sites was based upon our county's demonstrated leadership in juvenile justice system reform to date. Each selected JDAI county has already begun to implement JDAI reform efforts including:

- 1) use of a collaborative process to assess admissions and detention alternative program development; and
- 2) use of data to inform the design of solutions to identified problems.

Further, each of the six identified sites has already made improvements in its local juvenile justice system. These improvements include the achievement of safe reductions in the number of youth in secure detention and reductions in racial and ethnic disparities. Incorporating these efforts and achieving these outcomes has resulted in Albany County being in the best position to represent NYS in this growing national initiative.

JDAI

1/1/17 - 12/31/17

Personnel	Title	Salary	% of Effort	Total
Rose Greene	Principal Investigator	\$122,039	3%	\$ 3,661
Susan Dietzel	Research Scientist	\$ 75,657	37%	\$ 27,993
Total Personnel				\$ 31,654
RF Fringe @ 46.00%				\$ 14,561
Supplies				\$ 183
Computer software, licensing, subscriptions, printer cartridges and computer supplies needed for conducting the proposed objectives of the project office supplies such as paper, pens, staples, tape				
Total Direct Costs				\$ 46,398
Indirect Costs @ 10%				\$ 4,640
Total Project Cost				\$ 51,038



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
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(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

September 13, 2016

Hon. Sean E. Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

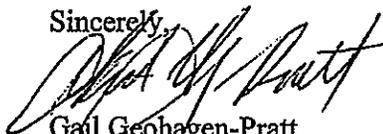
Dear Chairman Ward:

Enclosed is our Request for Legislative Action from the Department for Children, Youth and Families for permission to enter into a contract with LaSalle School for the provision of Family Assessment Intervention Services.

The requested contract is for the term of January 1, 2017 – December 31, 2017 for \$134,143 and involves a local share of approximately 38%. This contractual agreement would include the option for two, one year renewals.

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-7792.

Sincerely,



Gail Geohagen-Pratt
Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Pat Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

426

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Date Received:	_____
Received by:	_____
Method: Hand:	_____
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1994: Contract Authorization for Family Assessment Intervention Services

DATE: Wednesday, September 07, 2016

DEPARTMENT: Children, Youth and Families

Contact Person: Beth O'Neil, Director of Accounts

Telephone: 518-447-5541

Dept. Representative Attending Committee Meeting: Gail Geohagen, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____

Amendment of Prior Legislation _____

Approval/Adoption of Plan/Procedure _____

Bond Approval _____

Budget Amendment (see below) _____

Contract Authorization (see below) X

Environmental Impact _____

Home Rule Request _____

Property Conveyance _____

Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____

Purchase (Equipment/Supplies) _____

Lease (Equipment/Supplies) _____

Requirements Professional Services X

Education/Training _____

Grant: _____

 New _____

 Renewal _____

 Submission Deadline Date _____

Settlement of a Claim _____

Release of Liability _____

Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address) LaSalle School
391 Western Avenue
Albany, NY 12203

Amount/Raise Schedule/Fee \$134,143.00

Scope of Services Family Assessment Intervention through Alternative to Detention
and After Care services for youth

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget Yes

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA6119	03619	\$83,169.00
Appropriation	AA6119	44403	\$134,143.00

Fiscal Impact - Funding: (Dollars or Percentages)

	STSJP Funding
Federal	0%
State	62%
County	38%
Local	0%

Term/Length of Funding: 12 Months (1/1/2017 - 12/31/2017)

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number 15-401, 14-398, 13-580, 12-471, 12-69, 11-121, 11-451

Date of Adoption 10/13/15, 10/14/14, 12/5/13, 12/3/12, 3/12/12, 4/11/11,
12/5/11

Justification: (State briefly why legislative action is requested)

Please see attached

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1994/FAI RFP Purchasing Dept approval.pdf>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1994/justification for LaSalle FAI 2017.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1994/LaSalle FAI 2017 Cover letter.doc>

Department for Children, Youth and Families
Justification for Contract Authorization with LaSalle School
For the Provision of Family Assessment Intervention

The Department for Children, Youth and Families respectfully requests legislative authorization for Albany County to enter into a contractual agreement with LaSalle School for the Provision of Family Assessment Intervention. The requested contract term will be January 1, 2017 – December 31, 2017 in the amount of \$134,143. This contractual agreement would include the option for two, one year renewals.

RFP #2016-090– Family Assessment Intervention was issued on July 7, 2016 with responses due July 29, 2016. The Department received proposals from Trinity Alliance of the Capital Region, Cayuga Centers, Berkshire Farm Center and Services for Youth, and LaSalle School.

Albany County sought proposals for Alternative to Detention and Detention Aftercare services. Albany County **Family Assessment Intervention** is a two prong approach to address youth entering the Family Court system and detention. Albany County sought these two services to work jointly together and therefore requested that both services be provided by the same agency or collaboration between two agencies where the services would appear to be seamless.

The **Family Assessment Intervention—Alternative to Detention** is a direct intervention at Family Court when a youth is brought to court and prior to being presented before the Family Court Judge. The Family Court Judges have agreed to postpone immediately seeing youth who are brought to court to have an opportunity for information to be gathered about the youth, their family and community and determine if a reasonable safety plan can be made for the youth to avoid detention and be returned to his/her community with services and/or supervision that project the youth will not commit another offense and will return to all court appearances while being engaged within their community.

Service Area Outcomes for Family Assessment Intervention—Alternative to Detention:

- 100% of the youth served will return to Family Court for any and all adjourned court dates while engaged in Alternative to Detention Services
- 90% of youth served will not commit any offenses that require Juvenile Justice involvement while engaged in Alternative to Detention Services
- 90% of youth served will not enter detention or placement while engaged in Alternative to Detention Services
- 75% of youth who participate in the Family Assessment Intervention will be successfully linked to at least one community and/or formal support to safely reduce their need for detention or placement

The **Family Assessment Intervention--After Care Service** is provided to the youth while in secure or non-secure detention to make a plan for earlier release and for thirty (30) days after discharge from detention. The detention facilities and the aftercare service provider will work



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1208
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Gail Geohagen
Children, Youth and Families

FROM: Karen Storm *K Storm*
Purchasing Agent

DATE: August 29, 2016

RE: RFP #2016-090 Family Assessment Intervention

I am in receipt of your recommendation to award the aforementioned Request for Proposals to LaSalle School in the amount of \$134,143.00.

I have reviewed your scoring sheets and believe that you have performed a thorough evaluation of the proposal(s) submitted. I have no objection to the selection of laSalle School for an award.

Please obtain the necessary contract approval of the County Legislature, so that we may issue a Notice of Award to the successful proposer.



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

September 13, 2016

Hon. Sean Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Ward:

Enclosed is our Request for Legislative Action for permission to amend the 2016 Albany County Adopted Budget to accept \$72,898 in additional RHYA funds from NYS OCFS to support runaway and homeless youth in Albany County.

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-7792.

Sincerely,


Gail Geohagen-Pratt
Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

4127

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
Received by:	<u>PM</u>
Method: Hand:	<u>✓</u>
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1996: Budget Amendment to accept additional RHYA funding

DATE: Wednesday, September 07, 2016

DEPARTMENT: Children, Youth and Families

Contact Person: Beth O'Neil, Director of Accounts

Telephone: 518-447-5541

Dept. Representative Attending Committee Meeting: Gail Geohagen, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law	_____
Amendment of Prior Legislation	_____
Approval/Adoption of Plan/Procedure	_____
Bond Approval	_____
Budget Amendment (see below)	<u>X</u>
Contract Authorization (see below)	_____
Environmental Impact	_____
Home Rule Request	_____
Property Conveyance	_____
Other: (State briefly if not listed above)	_____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. Contractual; Revenue

Source of Funds: NYSOCFS

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment	_____
Purchase (Equipment/Supplies)	_____
Lease (Equipment/Supplies)	_____
Requirements Professional Services	_____
Education/Training	_____
Grant:	_____
New	_____
Renewal	_____
Submission Deadline Date	_____
Settlement of a Claim	_____
Release of Liability	_____
Other: (State briefly)	_____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: Yes _____

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget No _____

County Budget Accounts:

Revenue

Account Code	Line	Amount
AA6119	03820	\$72,898.00

Appropriation

Account Code	Line	Amount
AA6119	44406	\$72,898.00

Fiscal Impact - Funding: (Dollars or Percentages)

OCFS - RHYA1&2

Federal

0%

State

100%

County

0%

Local

0%

Term/Length of Funding:

12 Months (1/1/2016 - 12/31/2016)

Impact on Pending Litigation

No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number

15-406

Date of Adoption

10/13/15

Justification: (State briefly why legislative action is requested)

Please see attached

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1996/2016 Cover Letter RHYA Budget Amendment.docx](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1996/2016%20Cover%20Letter%20RHYA%20Budget%20Amendment.docx)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1996/2016 RHYA Budget Amend RLA justification.docx](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1996/2016%20RHYA%20Budget%20Amend%20RLA%20justification.docx)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1996/Budget Amendment -YB RHYA 2016.xls](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1996/Budget%20Amendment%20-YB%20RHYA%202016.xls)

Submitted by:

Gail Geohagen

Title:

Commissioner

Back Up Material for Amending the 2016 Albany County Department for Children, Youth and Families Budget for Youth Bureau Funding

The Department for Children, Youth and Families is seeking legislative authorization to amend the 2016 Albany County Adopted Budget by increasing Division for Youth line by \$72,898 with funds that will be received due to an increased allocation of state funding.

The Runaway and Homeless Youth Allocation (RHYA) in the amount of \$148,841 (RHYA I \$55,188 and RHYA II \$93,653) from NYS OCFS to Albany County DCYF Youth Bureau in 2016 is intended to support runaway and homeless youth services within Albany County. These funds are intended to be distributed to community-based organizations providing emergency shelter and transitional living services to runaway and homeless youth within Albany County for the purpose of reimbursement of expenses directly related to program operation and service delivery.

This funding for program year 2016 increased Albany County DCYF Youth Bureau's allocation from the original anticipated allocation of \$75,943. The increased allocation was caused by statewide advocacy for an increase in funding to address unavailable shelter space. Although a RHYA funding was first increased in 2015, there was no guarantee that the level of funding would remain in subsequent years. Therefore an increase was not included in the 2016 Adopted Budget necessitating our request for this \$72,898 adjustment.

APPROPRIATIONS

ACCOUNT	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
AA 6119 4 4406 000	Division for Youth	72,898	0		DCYF
TOTAL APPROPRIATIONS		72,898	0		

ESTIMATED REVENUES

ACCOUNT	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
AA 6119 0 3820 000	Division for Youth	0	72,898		DCYF
TOTAL ESTIMATED REVENUES		0	72,898		
GRAND TOTALS		72,898	72,898		



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER
MOIRA MANNING
DEPUTY COMMISSIONER

September 13, 2016

Hon. Sean E. Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

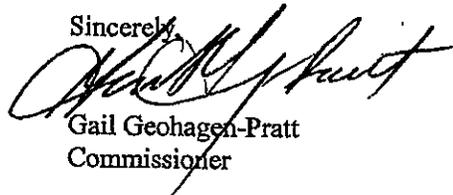
Dear Chairman Ward:

Enclosed is our Request for Legislative Action for permission to amend the 2016 Department of Children, Youth, and Families Adopted budget to transfer funding from the Department of Mental Health (DMH) for the New York State Office of Mental Health- Health information Technology (OMH HIT) grant funding.

This is a one-time grant opportunity in the amount of \$49,850 to cover technological needs related to compliance with electronic health records to prepare for the Medicaid managed Care transition.

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-7792.

Sincerely,



Gail Geohagen-Pratt
Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Pat Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

428

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
Received by:	<u>PM</u>
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	<input type="checkbox"/>
Mail:	<input type="checkbox"/>

REQUEST FOR LEGISLATIVE ACTION

RLA #1997: Budget Amendment to accept OMH HIT funding through MH

DATE: Wednesday, September 07, 2016
DEPARTMENT: Children, Youth and Families
 Contact Person: Beth ONEil, Director of Accounts
 Telephone: 518-447-5541
 Dept. Representative Attending Committee Meeting: Gail Geohagen, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law	<input type="checkbox"/>
Amendment of Prior Legislation	<input type="checkbox"/>
Approval/Adoption of Plan/Procedure	<input type="checkbox"/>
Bond Approval	<input type="checkbox"/>
Budget Amendment (see below)	<input checked="" type="checkbox"/>
Contract Authorization (see below)	<input type="checkbox"/>
Environmental Impact	<input type="checkbox"/>
Home Rule Request	<input type="checkbox"/>
Property Conveyance	<input type="checkbox"/>
Other: (State briefly if not listed above)	<input type="checkbox"/>

CONCERNING BUDGET AMENDMENTS
STATE THE FOLLOWING:

Increase Account/Line No. Equipment;#1;#Contractual
 Source of Funds: NYS Office of Mental Health by way of Albany County Mental Health
 Title Change: _____

CONCERNING CONTRACT AUTHORIZATION
STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment	<input type="checkbox"/>
Purchase (Equipment/Supplies)	<input type="checkbox"/>
Lease (Equipment/Supplies)	<input type="checkbox"/>
Requirements Professional Services	<input type="checkbox"/>
Education/Training	<input type="checkbox"/>
Grant:	<input type="checkbox"/>
New	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Submission Deadline Date	<input type="checkbox"/>
Settlement of a Claim	<input type="checkbox"/>
Release of Liability	<input type="checkbox"/>
Other: (State briefly)	<input type="checkbox"/>

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget No

County Budget Accounts:

Revenue

	Account Code	Line	Amount
Appropriation	AA4322	44432	(\$49,850.00)
Appropriation	AA6119	22001	\$49,850.00

Fiscal Impact - Funding: (Dollars or Percentages)

	NYS OMH
Federal	0%
State	100%
County	0%
Local	0%

Term/Length of Funding: 12 Months (1/1/2016 - 12/31/2016)

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number 16-201

Date of Adoption 5/9/16

Justification: (State briefly why legislative action is requested)

Please see attached.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

- <http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1997/HIT MC Kids Payment Letter.docx>
- <http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1997/OMHHITgrant Budget Amendment Justification.docx>
- <http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1997/OMHHIT Cover letter.doc>
- <http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1997/OMH HIT 2016.xls>

Submitted by: Gail Geohagen
Title: Commissioner

APPROPRIATIONS

ACCOUNT	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
AA 6119 2 2001 000	Office Equipment	\$ 49,850.00	\$ -		DCYF
AA 4322 4 4432 000	Albany County DCYF	\$ -	\$ 49,850.00		Mental Health Contract
	TOTAL APPROPRIATIONS	<u>\$ 49,850.00</u>	<u>\$ 49,850.00</u>		

ESTIMATED REVENUES

ACCOUNT	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
	TOTAL ESTIMATED REVENUES	\$ -	\$ -		
	GRAND TOTALS	<u>\$ 49,850.00</u>	<u>\$ 49,850.00</u>		



Office of Mental Health

ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MARTHA SCHAEFER
Executive Deputy Commissioner

March 25, 2016

RE: One-time Funding

Dear Provider,

Per the recent letter dated March 18, 2016, the New York State Offices of Mental Health (OMH) and Alcoholism and Substance Abuse Services (OASAS) are providing targeted one time funding to certain agencies with limited or no Medicaid billing infrastructure who have a license, certification, funding or designation from OMH/OASAS for direct provision of children's services. This funding is intended to help providers with the general startup and Health Information Technology (HIT) costs related to the transition to Medicaid Managed Care.

Accordingly, a voucher in the amount of \$49,850 has been forwarded to the Office of the State Comptroller for payment. These funds must be spent in accordance with the terms outlined in the March 18th letter and must be spent by December 31, 2016.

OMH and OASAS providers filing a Consolidated Fiscal Report (CFR) should report these revenues and expenses on schedule CFR-2, in Column 7 (Other Programs).

Please direct any fiscal questions to Kim Page at hcbs_grant@omh.ny.gov or by phone (518-474-5968).

Sincerely,

Nancy P. Splonskowski
Director, Contracts & Claims
OMH Community Budget & Financial Management

cc: Kim Page



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER
MOIRA MANNING
DEPUTY COMMISSIONER

September 13, 2016

Hon. Sean E. Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

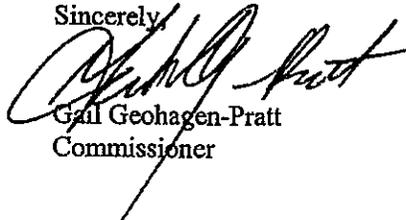
Dear Chairman Ward:

Enclosed is our Request for Legislative Action for permission to amend the 2016 Department of Children, Youth, and Families Adopted budget to eliminate a part-time Special Education Evaluator position and replace it with a part-time Special Education Itinerant Teacher position due to changing needs of the Department.

The change will result in a cost savings while providing direct teaching services to Special Needs children as well as representation for the County at school district Committee on Preschool Special Education (CPSE) meetings within the County.

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-7792.

Sincerely,



Gail Geohagen-Pratt
Commissioner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Pat Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

429

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Date Received:	<u>9-14-16</u>
Received by:	<u>PM</u>
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1998: Budget Amendment for SEIT Teacher

DATE: Wednesday, September 07, 2016

DEPARTMENT: Children, Youth and Families

Contact Person: Beth O'Neil, Director of Accounts

Telephone: 518-447-5541

Dept. Representative Attending Committee Meeting: Gail Geohagen, Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) X
- Contract Authorization (see below) _____
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. Personnel

Source of Funds: Albany County

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
- New _____
- Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget No

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA2960	03278	\$4,448.00
Appropriation	AA4059	12824	\$29,652.00

Fiscal Impact - Funding: (Dollars or Percentages)

	NYS Ed 4410 Admin
Federal	0%
State	15%
County	85%
Local	0%

Term/Length of Funding: 12 Months (1/1/2016 - 12/31/2016)

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

Please see attached.

Back-up Material Submitted: (*i.e.*, application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1998/SEIT Teacher Cover letter.doc>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1998/SEIT Teacher Budget Amendment.xls>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1998/SEIT Teacher Budget Amendment.xls>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1998/SEIT Teacher Budget Amendment.xls>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1998/SEIT Teacher Budget Amendment justification.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1998/SEIT Teacher Budget Amendment>

Department for Children, Youth and Families

Back Up Materials to Amend the Budget to Eliminate a Special Education Evaluator line and Create SEIT Teacher PT line

The Department for Children, Youth and Families respectfully requests legislative authorization to amend the 2016 Adopted Budget to eliminate a part time vacant Special Education Evaluator line (# 4059-1-2821-002 with position control # 410026) and create a part time SEIT Teacher line. The funding for this position will be transferred from the Special Education Evaluator line (\$38,425) to the newly created part time (17.5 hours) SEIT Teacher line (\$29,652).

The SEIT teacher will provide direct teaching of children birth to five years of age in the home and/or early care setting. Duties include the administration of diagnostic assessments and provision of special education teaching and behavioral management intervention. The individual will also serve as the County's representative to school district Committees on Preschool Special Education (CPSE) within the County. The CPSE is the regulatory entity that is responsible for determining services needed for preschool children who have been identified as having disabilities, or suspected of having a disability.

SEIT Teacher: Org/ Object code: A 4059 12824 Position control # 410059 Line # 001

APPROPRIATIONS

ACCOUNT	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME	ANNUAL
AA 4059 1 2824 001	SEIT Teacher	7,413			DCYF	29,652
AA 4059 1 2821 002	Special Education Evaluator		7,413		DCYF	39,193
TOTAL APPROPRIATIONS		7,413	7,413			

ESTIMATED REVENUES

ACCOUNT	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
AA 0000 0 0000 000		0	0		
TOTAL ESTIMATED REVENUES		0	0		
GRAND TOTALS		7,413	7,413		

DANIEL P. MCCOY
COUNTY EXECUTIVE



COUNTY OF ALBANY
DEPARTMENT OF ECONOMIC DEVELOPMENT CONSERVATION AND PLANNING
112 STATE STREET - ROOM 800
ALBANY, NEW YORK 12207-2021
(518) 447-5670 - FAX (518) 447-5662

August 30, 2016

Hon. Sean E. Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Ward:

Please find enclosed a Request for Legislative Action to be considered at the September Conservation and Improvements Committee meeting.

The County has been awarded a \$50,000 grant from NYS Department of Agriculture and Markets to update the County's Agricultural and Farmland Protection Plan. This grant requires a \$10,000 cash match and \$40,000 in-kind match. The \$10,000 cash match will come from the Department's Farmland Protection line 8020 44465 as shown in the 2017 proposed budget.

If you have any questions please feel free to contact me at 447-5670.

Sincerely,

Laura DeGaetano
Sr. Natural Resource Planner

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Pat Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

430

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
Received by:	<u>PM</u>
Method: Hand:	<u>✓</u>
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1985: Contract authorization for grant from NYS Department of Agriculture and Markets

DATE: Thursday, September 01, 2016

DEPARTMENT: Planning

Contact Person: Laura DeGaetano, Sr. Natural Resource Planner

Telephone: 518-447-5670

Dept. Representative Attending Committee Meeting: Laura DeGaetano, Sr. Natural Resource Planner

PURPOSE OF REQUEST:

Adopting of Local Law _____

Amendment of Prior Legislation _____

Approval/Adoption of Plan/Procedure _____

Bond Approval _____

Budget Amendment (see below) X

Contract Authorization (see below) X

Environmental Impact _____

Home Rule Request _____

Property Conveyance _____

Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS
STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION
STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____

Purchase (Equipment/Supplies) _____

Lease (Equipment/Supplies) _____

Requirements Professional Services _____

Education/Training _____

Grant: X

 New _____

 Renewal _____

 Submission Deadline Date _____

Settlement of a Claim _____

Release of Liability _____

Other: (State briefly) X

Grant Acceptance _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	NYS Department of Agriculture and Markets 10B Airline Dr. Albany, NY 12235
Amount/Raise Schedule/Fee	\$50,000.00
Scope of Services	Prepare updated Agricultural and Farmland Protection Plan including updating statistics, public involvement, developing economic development initiatives.

Contract Funding:

Bond Res. No.:	_____
Date of Adoption:	_____

CONCERNING ALL REQUESTS:

Mandated Program/Service:	No
If Mandated Cite: Authority	_____
Anticipated in Current Adopted Budget	No

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA8020	03903	\$50,000.00
	Account Code	Line	Amount
Appropriation	AA8020	44465	\$50,000.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	0%
State	100%
County	0%
Local	0%

Term/Length of Funding: _____

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number	28
Date of Adoption	02/14/00

Justification: (State briefly why legislative action is requested)

The County has been awarded a \$50,000 grant from NYS Department of Agriculture and Markets to update the County's Agricultural and Farmland Protection Plan. This grant requires a \$10,000 cash match and \$40,000 in-kind match. The \$10,000 cash match will come from the Department's Farmland Protection line 8020 44465 as shown in the 2017 proposed budget.



Agriculture and Markets

ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

May 17, 2016

Honorable Daniel P. McCoy
County Executive
Albany County
112 State Street
Albany, NY 12207

Dear County Executive McCoy:

I am pleased to inform you that the NYS Department of Agriculture and Markets has awarded Albany County the sum of \$50,000 to assist the county in its agricultural and farmland protection planning program. Based upon your application, the Department is providing funding for your county to develop a County Agricultural and Farmland Protection Plan.

Before state funds can be provided for the development of a local agricultural and farmland protection plan, a contract between the Department and the county is necessary. This contract must contain, at a minimum, an agreed upon plan of work and budget. Any project expenditures which occur prior to the approval of the contract by the Department might not be reimbursed. Therefore, we advise that you not incur any expenses for which state reimbursement will be sought until the contract is approved. Once the contract is approved by both parties, a one-time advance of up to twenty-five percent (25%) of the total state award may be requested.

John Brennan, Farmland Protection Specialist, Division of Land and Water Resources, will be your principal contact for both contract and plan development. He can be reached at 518-457-5606, fax at 518-457-3412 or at john.brennan@agriculture.ny.gov. In order to initiate the contract process, please fill out the enclosed contract information sheet and return the signed form to Mr. Brennan in the enclosed envelope. Also enclosed are instructions for submitting proof of workers' compensation and disability benefits coverage along with a blank state voucher for your use when requesting grant payments.

Honorable Daniel P. McCoy
Page 2.
May 17, 2016

The Department looks forward to working with you in developing a successful agricultural and farmland protection plan.

Sincerely,



Richard A. Ball
Commissioner

cc: Sean E. Ward, Chairman, Albany County Legislature
Howard Zimmer, Chairman, County Agricultural and Farmland Protection Board
Tom Gallagher, Agriculture Leader, County Cornell Cooperative Extension
Laura DeGaetano, Senior Planner, County Economic Development Office

Enclosed: Contractor Information Checklist, Instruction Sheet for Workers'
Compensation and Disability Benefits Insurance Coverage and a Blank
State Voucher

IIID PROGRAM BUDGET AMENDMENT

APPROPRIATIONS

ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A 8020 4 4465	Farmland Protection Plan	50,000.00			EDCP

TOTAL APPROPRIATIONS 50,000.00 0.00

ESTIMATED REVENUES

ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
A 8020 0 3903	Agricultural Grant		50,000.00		EDCP

TOTAL ESTIMATED REVENUES 0.00 50,000.00

GRAND TOTALS 50,000.00 50,000.00



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET, ROOM 900
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

September 13, 2016

Hon. Sean Ward
Chair, Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

RE: Request for Legislative Authorization to enter into a License Agreement with Capital Roots for the Provision of a "Fix-It" Station at the South Pearl Street Rail Trail Head

Dear Chairman Ward:

My office was recently contacted by the Capital Roots organization in regards to installing a bicycle "fix-it" station on the Albany County Rail Trail at the South Pearl Street trail head. This would be a component of the Creating Healthy Schools and Communities Grant awarded to Capital Roots by the NYS Department of Health. Similar projects are taking place throughout the City of Albany at various locations including several of the Albany Public Library branches.

We feel this is a unique opportunity to partner with a community organization to offer a useful and convenient service to our residents and visitors who utilize the Rail Trail. As such, I would respectfully request Legislative authorization to draft, and subsequently enter into, a license agreement with Capital Roots for the installation and maintenance of a "Fix-It" Station amenity at the South Pearl Street trail head of the Rail Trail.

Please find attached documents describing the project components and please feel free to contact my office with any questions. In addition, a staff member will be present at the next series of committee meetings to address any inquiries.

Thank you in advance for your consideration of this matter.

Respectfully Submitted,

Daniel P. McCoy
Albany County Executive

CC: Hon. Frank Comissö, Legislative Majority Leader
Hon. Frank Mauriello, Legislative Minority Leader
Patrick Jeffers, Legislative Majority Counsel
Arnis Zilgme, Legislative Minority Counsel

431

**FOR COUNSEL USE
ONLY**

Date Received: 9-14-16
Received by: P.M.
Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #2004: Authorization to enter in to a license agreement with Capital Roots for the provision of a "Fix-It" Station on the Albany County Rail Trail

DATE: Tuesday, September 13, 2016
DEPARTMENT: County Executive
Contact Person: Scott Siegel, Senior Policy Analyst
Telephone: 518-447-5669
Dept. Representative Attending
Committee Meeting: Scott Siegel, Senior Policy Analyst

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
 - New _____
 - Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) X
- License Agreement _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Capital Roots 594 River Street Troy, NY 12180
Amount/Raise Schedule/Fee	\$0.00
Scope of Services	Installation and maintenance of a "Fix-It" bicycle repair station at the South Pearl Street trail head

Contract Funding:

Bond Res. No.:	_____
Date of Adoption:	_____

CONCERNING ALL REQUESTS:

Mandated Program/Service:	No
If Mandated Cite: Authority	_____
Anticipated in Current Adopted Budget	No

County Budget Accounts:

Revenue	_____
Appropriation	_____

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	_____
State	_____
County	_____
Local	_____

Term/Length of Funding:	_____
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<u>Impact on Pending Litigation</u>	No
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If yes, please explain:	_____
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Previous Requests for Identical or Similar Action

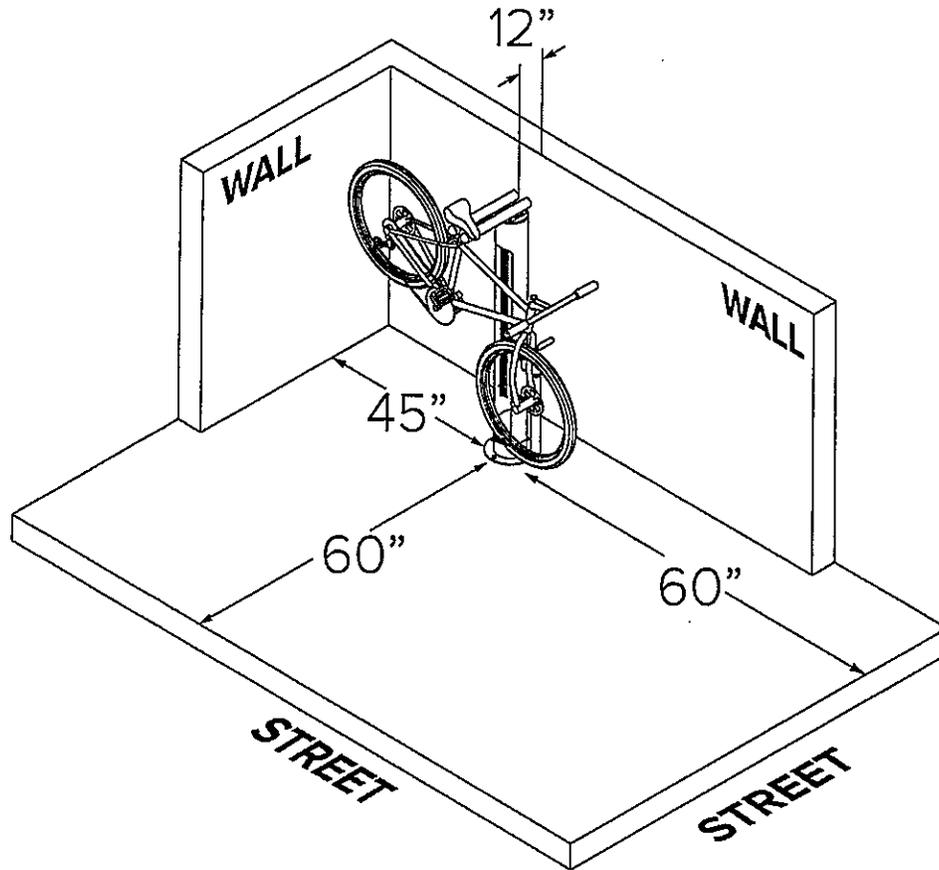
Resolution/Law Number	_____
Date of Adoption	_____

Justification: (State briefly why legislative action is requested)

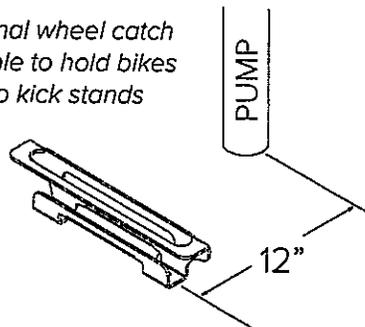
My office was recently contacted by the Capital Roots organization in regards to installing a bicycle "fix-it" station on the Albany County Rail Trail at the South Pearl Street trail head. This would be a component of the Creating Healthy Schools and Communities Grant awarded to Capital Roots by the NYS Department of Health. Similar projects are taking place throughout the City of Albany at various locations including several of the Albany Public Library branches.

We feel this is a unique opportunity to partner with a community organization to offer a useful and convenient service to our residents and visitors who utilize the Rail Trail. As such, I would respectfully request Legislative authorization to draft, and subsequently enter into, a license agreement with Capital Roots for the installation and maintenance of a "Fix-It" Station amenity at the South Pearl Street trail head of the Rail Trail.

FIXIT Setbacks



An optional wheel catch is available to hold bikes with no kick stands



DERO
A PLAYCORE company

www.dero.com | 1-888-337-6729



TIMOTHY CAVANAUGH
PAUL MARRA
JOHN KEEGAN
CHARLES SMOOT
CORONERS

COUNTY OF ALBANY
OFFICE OF CORONERS
112 STATE STREET - SUITE 735
ALBANY, NEW YORK 12207
(518) 445-7604
FAX: (518) 447-5699

DR. JOHN LEN
DR. JEFFREY HUBBARD
DR. MICHAEL SIKIRICA
DR. BALASUBRAMANIAM
CORONERS PHYSICIANS

HELEN BUDKA
CONFIDENTIAL SECRETARY

June 14, 2016

Hon. Shawn Ward, Chairman
Albany County Legislature
Albany, New York 12207

Hon. Frank J. Commisso
Majority Counsel
112 State Street,
Albany, New York 12207

Hon. Frank A. Mauriello
Minority Counsel
112 State Street
Albany, New York 12207

Re: Request for Legislative Action

Dear Sirs:

Enclosed please find the Albany County Coroner's request for legislative action seeking to renew a contract with Albany Medical Center Hospital. The term of the contract will be for five years. The current contract ended May 31, 2016.

Also a new contract with Ellis Hospital. Both contracts for morgue, histology, x-rays and toxicology laboratory services needed to conduct death investigations.

Sincerely,

Timothy J. Cavanaugh
Senior Coroner
TJC/attachment

432

FOR COUNSEL USE ONLY

Date Received: 6-17-16
Received by: PM
Method: Hand:
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1863: Contract authorization for laboratory and morgue services

DATE: Wednesday, June 08, 2016
DEPARTMENT: Coroners
Contact Person: Helen Budka, Confidential Secretary
Telephone: 518-447-3069
Dept. Representative Attending
Committee Meeting: Timothy J Cavanaugh

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) _____
Contract Authorization (see below) X
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services X
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Albany Medical Center Hospital 43 New Scotland Avenue Albany, NY 12205
Amount/Raise Schedule/Fee	\$860.00 per case Approx. 250 + per year Term 5 years
Scope of Services	morgue and laboratory services for the coroner's office toxicology and autopsy facilities
<u>Contract Funding:</u>	
Bond Res. No.:	
Date of Adoption:	

CONCERNING ALL REQUESTS:

Mandated Program/Service:	Yes
If Mandated Cite: Authority	
Anticipated in Current Adopted Budget	Yes

County Budget Accounts:

Revenue	
Appropriation	

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	
State	
County	100%
Local	
Term/Length of Funding:	5 years

Impact on Pending Litigation

If yes, please explain:

Previous Requests for Identical or Similar Action

Resolution/Law Number	302
Date of Adoption	7/11/11

Justification: (State briefly why legislative action is requested)

services required for death certification

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1863/Albany Med Resumes part II 2016 \(1\).pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1863/Albany Med Resumes part II 2016 (1).pdf)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1863/Albany Med Resumes part II 2016 \(4\).pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1863/Albany Med Resumes part II 2016 (4).pdf)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1863/Albany Med Resumes part II 2016 \(3\).pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1863/Albany Med Resumes part II 2016 (3).pdf)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1863/Albany Med Resumes part II 2016 \(2\).pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1863/Albany Med Resumes part II 2016 (2).pdf)

§ 671

Note 1

owed them special duty in identifying remains of child, who died as result of fire, and that coroner's failure to carry out his duties involved ministerial acts, rather than discretionary acts; father and grandparents alleged that coroner misidentified family's pet rabbit's remains as those of child and that, after fire, child's remains had been mutilated by animals. *Rotondo v. Reeves*, 1992, 153 Misc.2d 769, 583 N.Y.S.2d 739, reversed in part on other grounds 192 A.D.2d 1086, 596 N.Y.S.2d 272, leave to appeal dismissed 82 N.Y.2d 706, 601 N.Y.S.2d 585, 619 N.E.2d 663. Coroners § 23

Absent any of the exceptions set forth in § 670, the county medical examiner is required to conduct inquests into unnatural deaths within his county. 1970, Op. Atty.Gen. (Inf.) 150.

The coroner or the coroner and a coroner's physician or the medical examiner, shall make inquiry into unnatural deaths within his county as prescribed by law. 1966, Op. Atty.Gen. (Inf.) 86.

An investigation into the death of any person is to be conducted by the coroner or medical examiner of the county in which that person died and at the expense of that county and the fact that the decedent resided in and received his injuries in an adjacent county do not alter this responsibility. Op.State Compl. 68-521.

2. Duties and powers of coroner

A coroner has no authority to issue burial permits. 1903, Op. Atty.Gen. 417.

§ 673. Deaths concerning which a coroner, coroner and coroner's physician or medical examiner has jurisdiction to investigate

1. A coroner or medical examiner has jurisdiction and authority to investigate the death of every person dying within his county, or whose body is found within the county, which is or appears to be:

- (a) A violent death, whether by criminal violence, suicide or casualty;
- (b) A death caused by unlawful act or criminal neglect;
- (c) A death occurring in a suspicious, unusual or unexplained manner;
- (d) A death caused by suspected criminal abortion;

CORONER; PHYSICIAN; EXAMINER

Art. 17-A

A medical examiner may not delegate to a licensed physician's assistant that portion of his duties which consists of taking charge of and the removing of bodies. Op. Atty.Gen. (Inf.) 83-30.

A lay coroner may pronounce a person dead but must act jointly with a coroner's physician in executing a death certificate, in investigating deaths, and in ordering the removal of a body when an investigation is required. 1981, Op. Atty.Gen. (Inf.) June 1.

3. Compatibility of office

The positions of coroner and part-time corrections officer are incompatible. Op. Atty.Gen. (Inf.) 92-35.

The positions of coroner and county director of public health may not be simultaneously held by the same individual. Op. Atty.Gen. (Inf.) 92-32.

The positions of coroner and town police officer are incompatible. Op. Atty.Gen. (Inf.) 87-30.

The two public offices of member of a county board of health and associate medical examiner of that county may be held by the same person at the same time. 1972, Op. Atty.Gen. (Inf.) 125.

The two offices of deputy sheriff and coroner are incompatible and may not be held by the same person at the same time. 1968, Op. Atty.Gen. (Inf.) 63.

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TIMOTHY CAVANAUGH
PAUL MARRA
JOHN KEEGAN
CHARLES SMOOT
CORONERS

COUNTY OF ALBANY
OFFICE OF CORONERS
112 STATE STREET - SUITE 735
ALBANY, NEW YORK 12207
(518) 445-7604
FAX: (518) 447-5699

DR. JOHN LEN
DR. JEFFREY HUBBARD
DR. MICHAEL SIKIRICA
DR. BALASUBRAMANIAM
CORONERS PHYSICIANS

HELEN BUDKA
CONFIDENTIAL SECRETARY

June 14, 2016

Hon. Shawn Ward, Chairman
Albany County Legislature
Albany, New York 12207

Hon. Frank J. Commisso
Majority Counsel
112 State Street,
Albany, New York 12207

Hon. Frank A. Mauriello
Minority Counsel
112 State Street
Albany, New York 12207

Re: Request for Legislative Action

Dear Sirs:

Enclosed please find the Albany County Coroner's request for legislative action seeking to renew a contract with Albany Medical Center Hospital. The term of the contract will be for five years. The current contract ended May 31, 2016.

Also a new contract with Ellis Hospital. Both contracts for morgue, histology, x-rays and toxicology laboratory services needed to conduct death investigations.

Sincerely,

Timothy J. Cavanaugh

Timothy J. Cavanaugh
Senior Coroner
TJC/attachment

433

**FOR COUNSEL USE
ONLY**

Date Received: 6-14-16
Received by: P.M.
Method: Hand:
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1863: Contract authorization for laboratory and morgue services

DATE: Wednesday, June 08, 2016
DEPARTMENT: Coroners
Contact Person: Helen Budka, Confidential Secretary
Telephone: 518-447-3069
Dept. Representative Attending
Committee Meeting: Timothy Cavanaugh

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

**CONCERNING BUDGET AMENDMENTS
STATE THE FOLLOWING:**

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

**CONCERNING CONTRACT AUTHORIZATION
STATE THE FOLLOWING:**

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services X
- Education/Training _____
- Grant: _____
 - New _____
 - Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address) Ellis Hospital
1101 Nott Street, Schenectady, New York 12308

Amount/Raise Schedule/Fee \$815.00 per case
Term 5 Years

Scope of Services morgue and laboratory services for the coroner's office
toxicology and autopsy facilities

Contract Funding:

Bond Res. No.: _____
Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: Yes
If Mandated Cite: Authority _____
Anticipated in Current Adopted Budget Yes

County Budget Accounts:

Revenue _____
Appropriation _____

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____
State _____
County 100%
Local _____

Term/Length of Funding: 5 Years

Impact on Pending Litigation

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____
Date of Adoption _____

Justification: (State briefly why legislative action is requested)

services required for death certification

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

Submitted by: Helen Budka
Title: coroner

§ 671

Note 1

CORONER; PHYSICIAN; EXAMINER

Art. 17-A

owed them special duty in identifying remains of child, who died as result of fire, and that coroner's failure to carry out his duties involved ministerial acts, rather than discretionary acts; father and grandparents alleged that coroner mis-identified family's pet rabbit's remains as those of child and that, after fire, child's remains had been mutilated by animals. Rotondo v. Reeves, 1992, 153 Misc.2d 769, 583 N.Y.S.2d 739, reversed in part on other grounds 192 A.D.2d 1086, 596 N.Y.S.2d 272, leave to appeal dismissed 82 N.Y.2d 706, 601 N.Y.S.2d 585, 619 N.E.2d 663. Coroners 23

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- (b) A death caused by unlawful act or criminal neglect;
- (c) A death occurring in a suspicious, unusual or unexplained manner;
- (d) A death caused by suspected criminal abortion;

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SECTION III:

References

1. Coroner James Bertram (Columbia County), 85 Industrial Tract, Hudson, NY 12534. (518) 965-3971
2. Coroner Angelo Nero (Columbia County), PO Box 434, Valatie, NY 12184. (518) 755-3063
3. Michael Sikirica, MD, Forensic Medical Services 50 Broad St Ste 1, Waterford, NY 12188. (518) 237-3211

SECTION IV:

Plan Implementation

Ellis' Laboratory Services provides comprehensive morgue services as identified in *Section 4: Scope of Services* in RFP #2016-064R. Its work with existing relationship with Schenectady, Greene, Columbia and Schoharie Counties provide efficiencies and expertise to care for Albany County for one week per month. Additionally, the current, state-of-the-art laboratory and morgue have capacity to see all cases during the week of Dr. Ng's coverage. Ellis proposes to provide coverage for Albany County for \$700 per case.

SECTION V:

Cost Proposal

Ellis proposes to provide coverage for Albany County for \$700 per case. The expense of Ellis' providing such services is \$115 per case.

SECTION VI:

Non-Collusive Bidding Certificate [Enclosed]
Acknowledgement by Proposer [Enclosed]
Vendor Responsibility Questionnaire [Enclosed]
Iranian Energy Divestment Certification [Enclosed]



DANIEL P. McCOY
County Executive

ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

September 6, 2016

Honorable Sean Ward, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, New York 12207

Dear Chairman Ward:

Enclosed is a Request for Legislative Action (RLA) for the October meeting of the Legislature. The Health Department is requesting permission to apply for funding for an initiative entitled, "Linking Interventions for Total Population Health (LIFT Population Health)" in the amount of \$750,000. The anticipated start date would be November 1, 2016 through January 31, 2019.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH
Commissioner of Health

cc: Hon. Frank Commisso, Majority Leader
Hon. Frank Mauriello, Minority Leader
Mr. Patrick Jeffers, Majority Counsel
Mr. Arnis Zilgme, Minority Counsel

Enclosures

434

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
Received by:	<u>PR</u>
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1988: Request to apply for funding for an initiative entitled "Linking Interventions for Total Population Health (LIFT Population Health)."

DATE: Tuesday, September 06, 2016

DEPARTMENT: Health Department

Contact Person: Elizabeth Whalen, Commissioner of Health

Telephone: 518-447-4655

Dept. Representative Attending Committee Meeting: Elizabeth Whalen, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____

Amendment of Prior Legislation _____

Approval/Adoption of Plan/Procedure _____

Bond Approval _____

Budget Amendment (see below) _____

Contract Authorization (see below) X

Environmental Impact _____

Home Rule Request _____

Property Conveyance _____

Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____

Purchase (Equipment/Supplies) _____

Lease (Equipment/Supplies) _____

Requirements Professional Services _____

Education/Training _____

Grant: X

 New X

 Renewal _____

Submission Deadline Date 1/31/2019

Settlement of a Claim _____

Release of Liability _____

Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address) New York State Department of Health through Health Research Inc.
Office of Quality and Patient Safety
New York State Department of Health
Corning Tower, Room 2084
Empire State Plaza
Albany, New York 12237

Amount/Raise Schedule/Fee \$750,000.00

Scope of Services New York State Department of Health (NYSDOH) and Health Research Inc. (HRI) are seeking applications for an initiative entitled Linking Interventions For Total Population Health (LIFT Population Health) to support prevention activities and strategies to, among other things, address obesity and diabetes (i.e. traditional clinical prevention, innovative clinical prevention and total population or community-wide prevention). The application deadline is September 30, 2016.

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget No

County Budget Accounts:

Revenue _____

Appropriation _____

Fiscal Impact - Funding: (Dollars or Percentages)

NYSDOH

Federal 0%

State 100%

County 0%

Local 0%

Term/Length of Funding: 27 Months (11/1/2016 - 1/31/2019)

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

LIFT Population Health awardees will be expected to implement a spectrum of coordinated and linked prevention activities (i.e. traditional clinical, innovative clinical and total population or community-wide interventions) that focus on the Prevent Chronic Disease priority area of the New York State Prevention Agenda 2013-18.

Albany County would anticipate developing a twenty-seven (27) month total grant budget of \$750,000

to implement prevention activities that focus on the prevention and control of obesity and diabetes. The application deadline is September 30, 2016. The anticipated start date would be November 1, 2016 through January 31, 2019.

LIFT will be integrated with the Albany County Strategic Alliance for Health (ACSAH) to plan, manage, and implement activities. Formed in 2008, ACSAH is a coalition of diverse community partners established to create healthier communities through chronic disease prevention interventions in disadvantaged Albany County communities. ACSAH specifically targets poor nutrition, lack of physical activity, and tobacco use as the underlying risk factors for a variety of chronic diseases (diabetes, obesity, and cardiovascular disease).

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1988/LIFT_RLA_WardCoverLtr_9-6-16.pdf

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1988/LIFT Population Health.pdf>

Submitted by:	<u>Elizabeth Whalen</u>
Title:	<u>Commissioner</u>



DANIEL P. McCOY
County Executive

ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

September 6, 2016

Honorable Sean Ward, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, New York 12207

Dear Chairman Ward:

Enclosed is a Request for Legislative Action (RLA) for the October meeting of the Legislature. The Health Department is requesting permission to reset the Ebola contract term date with Health Research, Inc. from September 30, 2016 to December 31, 2016.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH
Commissioner of Health

cc: Hon. Frank Commisso, Majority Leader
Hon. Frank Mauriello, Minority Leader
Mr. Patrick Jeffers, Majority Counsel
Mr. Arnis Zilgme, Minority Counsel

Enclosures

435

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ONLY**

Date Received: 9-14-16
 Received by: DM
 Method: Hand:
 Courier: _____
 Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1982: Extend grant contract term date.

DATE: Wednesday, August 31, 2016
DEPARTMENT: Health Department
 Contact Person: Elizabeth Whalen, Commissioner of Health
 Telephone: 518-447-4655
 Dept. Representative Attending
 Committee Meeting: Elizabeth Whalen, Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
 Source of Funds: _____
 Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment X
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
- New _____
- Renewal X
- Submission Deadline Date 12/31/2016
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Health Research Inc. Riverview Center 150 Broadway, Ste. 560 Menands, NY 12204
Amount/Raise Schedule/Fee	\$200,000.00
Scope of Services	The initial purpose of the Ebola grant was to provide data to the NYSDOH that supports the CDC Ebola Virus Disease (EVD) related performance measures, progress reports; participate in regional Health Emergency Preparedness Coalition table top exercise; plan for and support local EVD monitoring activities; maintain and update County Isolation & Quarantine plans; coordinate non-healthcare facility inspection, assessment and EVD clean-up efforts with NYSDOH Center for Environmental Health; ensure all appropriate local health department staff receive appropriate personal protective equipment. The CDC has since expanded the grant scope of services to include other infectious diseases, specifically Zika preparedness and response planning.

Contract Funding:

Bond Res. No.: _____
Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No
If Mandated Cite: Authority _____
Anticipated in Current Adopted Budget No

County Budget Accounts:

Revenue _____
Appropriation _____

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____
State _____
County _____
Local _____

Term/Length of Funding: _____

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number 231 of 2015
Date of Adoption 6/8/2015

Justification: (State briefly why legislative action is requested)

The Health Department is respectfully requesting to amend the current contract period end date from Sept. 30, 2016 to December 31, 2016. The revised term date was offered by the CDC to accommodate continuing Zika Preparedness and Response Planning activities that are also covered under Ebola grant funding. The additional four month extension will allow for further educational and training opportunities with the Health Department's community partners.

AMENDMENT #1

This Agreement, made this 10th day of Aug, 2016 by and between HEALTH RESEARCH, INC., hereinafter referred to as "HRI," a domestic not-for-profit corporation, and ALBANY COUNTY DEPARTMENT OF HEALTH, hereinafter referred to as "Contractor."

WHEREAS, heretofore on or about the 1st day of May, 2015, the parties hereto entered into a certain agreement regarding "Ebola Preparedness and Response Activities", HRI Contract Number 5009-01; and,

WHEREAS it is now desired to amend that provision of such contract designated as "Contract End Date", and to substitute Exhibit "D" Revised.

NOW THEREFORE, it is mutually agreed by both parties that "Contract End Date" of Agreement HRI Contract Number 5009-01 will be 12/31/16.

It is further agreed, by and between the parties hereto, that said Agreement in all portions thereof, as heretofore and herein amended, shall remain in full force and effect in accordance with the terms thereof.

IN WITNESS WHEREOF, the parties hereto have agreed and executed this amendment.

HEALTH RESEARCH, INC.

ALBANY COUNTY DEPARTMENT OF
HEALTH

Michelle Coyne

Michelle Coyne
Director, Subcontract Unit

Name: _____
Title: _____



COOPERATIVE AGREEMENTS
Department of Health and Human Services
Centers for Disease Control and Prevention

Notice of Award

EXHIBIT D

Issue Date: 03/17/2016



COORDINATING OFFICE FOR TERRORISM PREPAREDNESS AND EMERGENCY RESPONSE

Grant Number: 3U90TP000515-03S2 REVISED
FAIN: U90TP000515

Principal Investigator(s):
MICHAEL PRIMEAU

Project Title: TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS

MS. THERESA DEHM
HEALTH RESEARCH INC
RIVERVIEW CENTER
150 BROADWAY, SUITE 560
MENANDS, NY 12204

Award e-mailed to: hringa@healthresearch.org

Budget Period: 04/01/2015 - 06/30/2017
Project Period: 04/01/2015 - 06/30/2017

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HEALTH RESEARCH, INC - ALBANY DIVISION in support of the above referenced project. This award is pursuant to the authority of SEC391(A)317(K)OPHS42U.S.C.SEC241A 247B and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Shloann Phillips
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I - AWARD DATA - 3U90TP000515-03S2 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$161,683
Fringe Benefits	\$68,198
Personnel Costs (Subtotal)	\$229,881
Equipment	\$336,825
Supplies	\$273,439
Travel Costs	\$4,480
Consortium/Contractual Cost	\$3,024,853
Other	\$93,050
Federal Direct Costs	\$3,962,528
Federal F&A Costs	\$52,873
Approved Budget	\$4,015,401
Federal Share	\$4,015,401
TOTAL FEDERAL AWARD AMOUNT	\$4,015,401

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

04 \$0
05 \$0

Fiscal Information:

CFDA Number: 93.074
EIN: 1141402155A1
Document Number: TP00051515

IC	CAN	2015
TP	83902YK	\$4,015,401

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$4,015,401	\$4,015,401
4	\$0	\$0
5	\$0	\$0

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: N / OC: 4151 / Processed: PHILLIPSS0 03/17/2016

SECTION II - PAYMENT/HOTLINE INFORMATION - 3U90TP000515-03S2 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhsstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

STEPHEN GIORDANO, PH.D.
DIRECTOR

September 9, 2016

Hon. Sean E. Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Ward,

The Department of Mental Health is requesting permission to apply to NYS Division of Criminal Justice Services for a grant that will allow us to continue to contract for re-entry services that will serve to coordinate rehabilitation and educational services for inmates recently exiting the State Corrections system in order to reduce recidivism.

To briefly point to the program's success and desire for its continuity here in Albany County, during the 2015-2016 program years, the Albany County Re-entry Task Force delivered services to 250 people returning to Albany County. Of the 250 program participants 208 remained engaged in program services at 45 days, with over 150 of those 208 securing permanent housing and over 100 gaining healthful employment. A person's ability to remain free and engaged in services at 45 days post release is a critical outcome measure used by DCJS which predicts how successful one's reintegration to society will be. The centerpiece of the rationale to request continuity of this important social justice driven initiative has been the program's success of social determinant outcomes that has been felt locally among those enrolled in this program.

Most recently under the current DCJS re-entry grant award which was approved for a 3 month extension through September 30, 2016, the County received an additional \$48,960 for use by HATAS for case management re-entry services (\$25,000) and ACDMH for coordination activities performed by the Re-Entry Coordinator Position (\$23,960).

436

*** Please be advised that due to grant deadlines, this request shall be for retroactive authorization since the Legislative meeting does not fall until the 1st week in October, 2016.*

Feel free to contact me or Matt Reuter if you have any additional questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Frank Commisso, Legislative Majority Leader
Hon. Frank Mauriello, Legislative Minority Leader
F. Patrick Jeffers, Legislative Majority Counsel
Arnis Zilgme, Legislative Minority Counsel

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
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Method: Hand:	<input checked="" type="checkbox"/>
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1989: Requesting to apply for DCJS Re-Entry Grant

DATE: Tuesday, September 06, 2016

DEPARTMENT: Mental Health

Contact Person: Matthew Reuter, Operations Analyst

Telephone: 518-447-3014

Dept. Representative Attending Committee Meeting: Stephen Giordano, Director

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: X
- New X
- Renewal _____
- Submission Deadline Date 9/30/2016
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address) Albany County
112 State Street
Albany, NY 12207

Amount/Raise Schedule/Fee

Scope of Services

Seeks permission to apply for the DCJS Re-Entry grant in order to allow for continuity of re-entry services that prospectively would fund one re-entry coordinator position at ACDMH and case management services at Homeless and Traveler's Aid Society in Albany, NY.

Contract Funding:

Bond Res. No.:

Date of Adoption:

CONCERNING ALL REQUESTS:

Mandated Program/Service: No

If Mandated Cite: Authority

Anticipated in Current Adopted Budget No

County Budget Accounts:

	Account Code	Line	Amount
Revenue	AA4322	03490	\$12,500.00

	Account Code	Line	Amount
Appropriation	AA4322	44479	\$12,500.00

Fiscal Impact - Funding: (Dollars or Percentages)

	NYS DCJS
Federal	0%
State	100%
County	0%
Local	0%

Term/Length of Funding: 12 Months (10/1/2016 - 9/30/2017)

Impact on Pending Litigation No

If yes, please explain:

Previous Requests for Identical or Similar Action

Resolution/Law Number 284

Date of Adoption July 11, 2016

Justification: (State briefly why legislative action is requested)

The Department of Mental Health is requesting permission to apply to NYS Division of Criminal Justice Services for a grant that will allow us to continue to contract for re-entry services that will serve to coordinate rehabilitation and educational services for inmates recently exiting the State Corrections system in order to reduce recidivism of rearrest and parole violations, effect offender behavioral change, enhance offender accountability and promote public safety.

To briefly point to the program's success and desire for its continuity here in Albany County, during the 2015-2016 program years, the Albany County Re-entry Task Force delivered services to 250 people returning to Albany County. Of the 250 program participants 208 remained engaged in program services at 45 days, with over 150 of those 208 securing permanent housing and over 100 gaining healthful employment. A person's ability to remain free and engaged in services at 45 days post

release is a critical outcome measure used by DCJS which predicts how successful one's reintegration to society will be. The centerpiece of the rationale to request continuity of this important social justice driven initiative has been the program's success of social determinant outcomes that has been felt locally among those enrolled in this program.

Most recently under the current DCJS re-entry grant award which was approved for a 3 month extension through September 30, 2016, the County received an additional \$48,960 for use by HATAS for case management re-entry services (\$25,000) and ACDMH for coordination activities performed by the Re-Entry Coordinator Position (\$23,960).

** Please be advised that due to grant deadlines, this request shall be for retroactive authorization since the Legislative meeting does not fall until the 2nd week in October, 2016.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1989/2016 Budget Amendment - Request to Apply for DCJS Re-Entry Grant Funding 10.1.16 through 9.30.17.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1989/HATAS Re-Entry Contract - RLA Worksheet September 2016.xlsx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1989/2016 Budget Amendment - Request to Apply for DCJS Re-Entry Grant Funding 10.1.16 through 9.30.17.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1989/2016 Budget Amendment - Request to Apply for DCJS Re-Entry Grant Funding 10.1.16 through 9.30.17.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1989/2016 Budget Amendment - Request to Apply for DCJS Re-Entry Grant Funding 10.1.16 through 9.30.17.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1989/2016 Budget Amendment - Request to Apply for DCJS Re-Entry Grant Funding 10.1.16 through 9.30.17.docx>

Submitted by:	<u>Stephen Giordano</u>
Title:	<u>Director</u>



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

STEPHEN GIORDANO, PH.D.
DIRECTOR

September 7, 2016

Hon. Sean E. Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Ward,

The Department of Mental Health requests Legislative approval in order to authorize an award based on the 2016 RFP #2016-089 issued by ACDMH and to also amend the budget and prior legislation, Resolution 281, as it pertains to NYS OASAS pass through funding for the Addictions Care Center of Albany. This amendment shall fund one Addiction and Recovery Family Support Navigator position.

Please be advised that the successful bid that has been selected for this award is the **Addictions Care Center of Albany** which shall receive funding in the amount of \$100,000 for an Addiction and Recovery Family Support Navigator on a per annum basis.

This position will focus on helping individuals navigate substance abuse disorder treatments, support services and other local resources. Family Support Navigators will also develop relationships with local prevention, treatment and recovery services, managed care organizations, local addiction councils and community stakeholders that will also aim to improve access to local treatment and support services.

Feel free to contact me or Matt Reuter if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Frank Commisso, Legislative Majority Leader
Hon. Frank Mauriello, Legislative Minority Leader
F. Patrick Jeffers, Legislative Majority Counsel
Arnis Zilgme, Legislative Minority Counsel

437

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ONLY**

Date Received: 9-14-16
 Received by: PJM
 Method: Hand:
 Courier:
 Mail:

REQUEST FOR LEGISLATIVE ACTION

RLA #1995: To Authorize and Award Addiction and Recovery Family Support Navigator at ACCA

DATE: Wednesday, September 07, 2016
DEPARTMENT: Mental Health
 Contact Person: Matthew Reuter, Operations Analyst
 Telephone: 518-447-3014
 Dept. Representative Attending
 Committee Meeting: Stephen Giordano, Director

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) X
- Contract Authorization (see below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. Contractual
 Source of Funds: NYS OASAS
 Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment X
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
- New _____
- Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Addictions Care Center of Albany 90 McCarty Avenue, Albany, NY 12202
Amount/Raise Schedule/Fee	\$100,000.00
Scope of Services	The Addiction and Recovery Family Support Navigator will assist families and individuals with navigating substance abuse treatment, support services, and local resources. Family Support Navigators will develop relationships with local prevention, treatment, and recovery services, managed care organizations, local addiction services councils and community stakeholders to assist with accessing local treatment and support services. The Family Support Navigator will develop and engage families in informational, supportive and recovery based activities including but not limited to: Support groups; the science of addiction and recovery training and education; community forums, parenting classes/supports etc.

Contract Funding:

Bond Res. No.:	_____
Date of Adoption:	_____

CONCERNING ALL REQUESTS:

Mandated Program/Service:	No
If Mandated Cite: Authority	_____
Anticipated in Current Adopted Budget	No

County Budget Accounts:	Account Code	Line	Amount
Revenue	AA4230	03486	\$100,000.00
	Account Code	Line	Amount
Appropriation	AA4230	44428	\$100,000.00

Fiscal Impact - Funding: (Dollars or Percentages)

	NYS OASAS
Federal	0%
State	100%
County	0%
Local	0%

Term/Length of Funding:	12 Months (1/1/2016 - 12/31/2016)
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<u>Impact on Pending Litigation</u>	No
If yes, please explain:	_____

Previous Requests for Identical or Similar Action

Resolution/Law Number	_____
Date of Adoption	_____

Justification: (State briefly why legislative action is requested)

The Department of Mental Health requests Legislative approval in order to award and authorize recently approved State Pass-through funding from NYS OASAS that will fund one Addiction and Recovery Family Support Navigator position based on an RFP #2016-089 issued by ACDMH. Please be advised that the successful bid that has been selected for this award is the Addictions Care Center of Albany which shall receive funding, given the necessary authorization, in the amount of \$100,000 for an

Addiction and Recovery Family Support Navigator on a per annum basis. This position will focus on helping individuals navigate substance abuse disorder treatments, support services and other local resources. Family Support Navigators will also develop relationships with local prevention, treatment and recovery services, managed care organizations, local addiction councils and community stakeholders that will also aim to improve access to local treatment and support services.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1995/2016 Contract Auth and Budget Amendment - ACCA Family Support Navigator Award No. 2016-089.docx](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1995/2016%20Contract%20Auth%20and%20Budget%20Amendment%20-%20ACCA%20Family%20Support%20Navigator%20Award%20No.%202016-089.docx)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1995/2016 Contract Auth and Budget Amendment - ACCA Family Support Navigator Award No. 2016-089.docx](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1995/2016%20Contract%20Auth%20and%20Budget%20Amendment%20-%20ACCA%20Family%20Support%20Navigator%20Award%20No.%202016-089.docx)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1995/ACCA RLA Worksheet September 2016.xlsx](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1995/ACCA%20RLA%20Worksheet%20September%202016.xlsx)

Submitted by:	<u>Stephen Giordano</u>
Title:	<u>Director</u>

Budget Amendment Spreadsheet - 2016

ACCOUNT NO.	RESOLUTION DESCRIPTION	ORIGINAL BUDGET	INCREASE	DECREASE	REVISED BUDGET	DEPARTMENT NAME
A 4230	4 4428 Additions Care Center Albany	\$ 909,264.00	\$ 100,000.00		\$ 1,009,264.00	ACDMH
TOTAL APPROPRIATIONS			\$ 100,000.00	\$ -		

ESTIMATED REVENUES

ACCOUNT NO.	RESOLUTION DESCRIPTION	ORIGINAL BUDGET	DECREASE	INCREASE	REVISED BUDGET	DEPARTMENT NAME
A 4230	03486 Narcotics Addictions Control	\$ 3,063,926.00		\$ 100,000.00	\$ 3,163,926.00	ACDMH
TOTAL ESTIMATED REVENUES			\$ -	\$ 100,000.00		
GRAND TOTALS			\$ 100,000.00	\$ 100,000.00		



ALBANY COUNTY SHERIFF'S OFFICE

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



WILLIAM C. COX
UNDERSHERIFF

CRAIG D. APPLE, SR.
SHERIFF

PAUL M. COURCELLE
CHIEF DEPUTY

MICHAEL S. MONTELEONE
CHIEF DEPUTY

KERRY B. THOMPSON
CHIEF DEPUTY

August 23, 2016

Honorable Sean E. Ward
Legislative Clerk's Office
112 State Street, Room 710
Albany, New York 12207

SEW
Dear Mr. Ward:

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

Respectfully request a resolution authorizing the County Executive to enter into an Agreement with the NYS Governor's Traffic Safety Committee in the amount of \$19,000.00 for the 2017 Police Traffic Services Grant (PTS-2017-Albany TSB-00166-(001)). Monies funded will be used solely for the Albany County Sheriff's Office to target enforcement in reported problem areas.

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

Sincerely,

Craig D. Apple, Sr.
Craig D. Apple, Sr.
Sheriff

Hon. Daniel P. McCoy, County Executive
Hon. Gilbert Ethier, Public Safety Chairman
Hon. G. Domalewicz, Chair, Audit & Finance Committee
Hon. F. Patrick Jeffers, Esq., Majority Counsel
Brandon Russell, Esq., Majority Counsel
Arnis Zilgme, Esq., Minority Counsel

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY	
DATE:	
RECEIVED:	<u>9-14-16</u>
RECEIVED BY:	<u>PM</u>
METHOD:	<u>HAND</u>
	<u>COURIER</u> <input checked="" type="checkbox"/>
	<u>MAIL</u>

DATE: August 22, 2016

DEPARTMENT: ALBANY COUNTY SHERIFF'S DEPT

CONTACT PERSON: CRAIG D APPLE SR
 TELEPHONE: 518-447-5440
 DEPT. REPRESENTATIVE ATTENDING
 COMMITTEE MEETING: CRAIG D APPLE SR

PURPOSE OF REQUEST:

- ADOPTION OF LOCAL LAW _____
- AMENDMENT OF PRIOR LEGISLATION _____
- APPROVAL/ADOPTION OF PLAN/PROCEDURE _____
- BOND APPROVAL _____
- BUDGET AMENDMENT(SEE BELOW) _____
- CONTRACT AUTHORIZATION (SEE BELOW) _____
- ENVIRONMENTAL IMPACT _____
- HOME RULE REQUEST _____
- PROPERTY CONVEYANCE _____
- OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE) X

AUTHORIZING AN AGREEMENT WITH THE NYS GTSC REGARDING 2017 POLICE TRAFFIC SERVICES GRANT - CONTRACT (PTS-2017-ALBANY TSB-00166-(001)

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING

INCREASE ACCOUNT/LINE NO. _____
 SOURCE OF FUNDS: _____
 TITLE CHANGE: _____

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

- CHANGE ORDER/CONTRACT AMENDMENT _____
- PURCHASE (EQUIPMENT/ SUPPLIES) _____
- LEASE (EQUIPMENT/SUPPLIES) _____
- REQUIREMENTS _____
- PROFESSIONAL SERVICES _____
- EDUCATIONAL/TRAINING _____
- GRANT: NEW X
- RENEWAL _____
- SUBMISSION DEADLINE DATE _____

SETTLEMENT OF A CLAIM _____
 RELEASE OF LIABILITY _____
 OTHER: (STATE BRIEFLY) _____

CONCERNING CONTRACT AUTHORIZATION (CONT'D)

STATE THE FOLLOWING:

CONTRACT TERMS/CONDITIONS:

PARTY (NAME/ADDRESS):

STATE OF NY GOVERNORS TRAFFIC SAFETY COMMITTEE
6 EMPIRE STATE PLAZA, ALBANY NY 12228

AMOUNT/RATE SCHEDULE/FEE:

\$ 19,000.00 CONTRACT # 3700393

TERM: 10/1/2016 THRU 9/30/2017

SCOPE OF SERVICES: PARTICIPATION IN THE STATEWIDE

POLICE TRAFFIC SERVICES GRANT

CONTRACT FUNDING:

2017 BUDGET

ANTICIPATED IN CURRENT BUDGET: YES X NO

FUNDING SOURCE:

COUNTY BUDGET ACCOUNTS:

REVENUE: A33189.03327

APPROPRIATION: A93189.4046

BOND(RES. NO. & DATE OF ADOPTION)

CONCERNING ALL REQUESTS:

MANDATED PROGRAM/SERVICE: YES NO X

IF MANDATED CITE: AUTHORITY

ANTICIPATED IN CURRENT ADOPTED BUDGET: YES X NO

IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS:

FISCAL IMPACT - FUNDING: (DOLLARS OR PERCENTAGES)

FEDERAL

STATE

100%

COUNTY

TERM/LENGTH OF FUNDING

PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:

RESOLUTION/LAW NUMBER: 15-444

DATE OF ADOPTION: 11/19/2015

JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

PERMISSION TO ENTER INTO AGREEMENT (PTS-2017-ALBANY TSB-00166-(001)) WITH THE
NYS GTSC

BACK-UP MATERIAL SUBMITTED (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE,
BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS
AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)

SUBMITTED BY: CRAIG D APPLE SR

TITLE: SHERIFF

ANDREW M. CUOMO
Governor



Governor's Traffic Safety Committee

6 EMPIRE STATE PLAZA • ALBANY, NY 12228 • SafeNY.ny.gov

CHUCK DEWEESE
Assistant Commissioner

Ph: (518) 474-5111
Ph: (518) 474-5777
Fx: (518) 473-6946

August 16, 2016

Tracy Mance
First Sergeant
Albany County Traffic Safety Board
Albany County Sheriff's Dept. 16 Eagle St., Room 79
Albany, NY 12207-1089

Re: PTS-2017-Albany TSB-00166-(001)
Police Traffic Services
DMV01-T006075 -3700393
CFDA #: 20.600
EFFECTIVE DATE: October 1, 2016

Dear First Sergeant Tracy Mance:

On behalf of Governor Andrew M. Cuomo, I am pleased to notify you that the Albany County Traffic Safety Board has been awarded \$19,000.00 to participate in the statewide Police Traffic Services Program. Our goal is to increase seat belt usage and reduce dangerous driving behaviors in an effort to reduce serious injury and death from traffic crashes. Please note all grants will be effective only upon final approval by the New York State Office of the State Comptroller.

Before incurring any project related expenses, login to eGrants to review your approved budget as it may have been reduced or otherwise changed from what was requested.

Thank you for participating in this very important statewide enforcement program. I wish you success in your efforts. If you have any questions, please contact the Governor's Traffic Safety Committee at (518) 474-5111.

Sincerely,

Charles R. DeWeese
Assistant Commissioner

CRD:lo
Enclosure
cc: Kerry Thompson



Department of
Motor Vehicles



ALBANY COUNTY SHERIFF'S OFFICE

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



WILLIAM C. COX
UNDERSHERIFF

CRAIG D. APPLE, SR.
SHERIFF

PAUL M. COURCELLE
CHIEF DEPUTY

MICHAEL S. MONTELEONE
CHIEF DEPUTY

KERRY B. THOMPSON
CHIEF DEPUTY

September 9, 2016

Honorable Sean Ward, Chairman
Albany County Legislature
Legislative Clerk's Office
112 State Street, Room 710
Albany, New York 12207

SSOU
Dear Mr. Ward:

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

Legislative approval is required in order to allow Albany County to enter into an agreement with the State of New York Unified Court System for Court Security in Albany Supreme, County and Family Courts. This is the third year of a five year contact commencing on April 1, 2016 and terminating on March 31, 2017.

This agreement shall not exceed \$1,894,640.00.

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

Sincerely,

[Handwritten Signature]
Craig D. Apple, Sr.
Sheriff

Att.

- Cc: Honorable Daniel P. McCoy, County Executive
- Honorable G. Ethier, Public Safety Chairman
- Honorable G. Domalewicz, Chair, Audit & Finance Committee
- Honorable F. Patrick Jeffers, Esq., Majority Counsel
- Brandon Russell, Esq., Majority Counsel
- Arnis Zilgme, Minority Leader

439

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY	
DATE:	
RECEIVED:	<u>9-14-16</u>
RECEIVED BY:	<u>PM</u>
METHOD:	<u>HAND</u>
	<u>COURIER</u> <input checked="" type="checkbox"/>
	<u>MAIL</u>

DATE : SEPTEMBER 6, 2016

DEPARTMENT: ALBANY COUNTY SHERIFF'S DEPT

CONTACT PERSON: CRAIG D APPLE SR
 TELEPHONE: 518-447-5440
 DEPT. REPRESENTATIVE ATTENDING
 COMMITTEE MEETING: CRAIG D APPLE SR

PURPOSE OF REQUEST:

- ADOPTION OF LOCAL LAW _____
- AMENDMENT OF PRIOR LEGISLATION _____
- APPROVAL/ADOPTION OF PLAN/PROCEDURE _____
- BOND APPROVAL _____
- BUDGET AMENDMENT(SEE BELOW) _____
- CONTRACT AUTHORIZATION (SEE BELOW) X
- ENVIRONMENTAL IMPACT _____
- HOME RULE REQUEST _____
- PROPERTY CONVEYANCE _____
- OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING

INCREASE ACCOUNT/LINE NO. _____
 SOURCE OF FUNDS: _____
 TITLE CHANGE: _____

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

- CHANGE ORDER/CONTRACT AMENDMENT _____
- PURCHASE (EQUIPMENT/ SUPPLIES) _____
- LEASE (EQUIPMENT/SUPPLIES) _____
- REQUIREMENTS _____
- PROFESSIONAL SERVICES X
- EDUCATIONAL/TRAINING _____
- GRANT: NEW _____
- RENEWAL _____
- SUBMISSION DEADLINE DATE _____

SETTLEMENT OF A CLAIM _____
 RELEASE OF LIABILITY _____
 OTHER: (STATE BRIEFLY) _____

AUTHORIZING AGREEMENT WITH THE

NYS UNIFIED COURT SYSTEM FOR COURT SECURITY FOR THE FAMILY, SUPREME & COUNTY

COURTS FOR YEAR 3 OF A 5 YEAR CONTRACT. APRIL 1, 2016 THRU MARCH 31, 2017

CONCERNING CONTRACT AUTHORIZATION (CONT'D)

STATE THE FOLLOWING:

CONTRACT TERMS/CONDITIONS: **PARTY (NAME/ADDRESS):**
NEW YORK STATE UNIFIED COURT SYSTEM
2500 POND VIEW, SUITE 210
CASTLETON-ON HUDSON NY 12033
AMOUNT/RATE SCHEDULE/FEE:
\$ 1,894,640.00 (3RD YR OF 5 YEAR CONTRACT)
TERM: **4/1/2016-3/31/2017**
SCOPE OF SERVICES: **COURT SECURITY PROVIDED BY THE ALBANY COUNTY**
SHERIFF'S DEPT FOR FAMILY, SUPREME & COUNTY COURTS

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET: YES NO
FUNDING SOURCE: **NYS**

COUNTY BUDGET ACCOUNTS:

REVENUE: **A33110.03331 - SECURITY SERVICE UNIFIED COURTS**

APPROPRIATION: **VARIOUS PERSONNEL AND FRINGE BENEFITS**

BOND (RES. NO. & DATE OF ADOPTION)

CONCERNING ALL REQUESTS:

MANDATED PROGRAM/SERVICE: YES NO
IF MANDATED CITE: AUTHORITY
ANTICIPATED IN CURRENT ADOPTED BUDGET: YES NO
IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS:

FISCAL IMPACT - FUNDING: (DOLLARS OR PERCENTAGES)

FEDERAL
STATE **100%**
COUNTY
TERM/LENGTH OF FUNDING **4/1/2016-3/31/2017**

PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:

RESOLUTION/LAW NUMBER: **15-446**
DATE OF ADOPTION: **11/9/2015**

JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

AUTHORIZING AN AGREEMENT WITH THE NYS UNIFIED COURT SYSTEM REGARDING COURT
SECURITY FOR FAMILY, SUPREME, AND COUNTY COURTS - FOR YEAR 3 OF A 5-YEAR CONTRACT
MAXIMUM COMPENSATION FOR 4/1/16-3/31/17 TO BE \$1,894,640 .

BACK-UP MATERIAL SUBMITTED (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE, BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)

SUBMITTED BY: **CRAIG D APPLE SR**
TITLE: **SHERIFF**



STATE OF NEW YORK
UNIFIED COURT SYSTEM
THIRD JUDICIAL DISTRICT
2500 POND VIEW, SUITE 210
CASTLETON-ON-HUDSON, NY 12033
(518) 285-8300
FAX (518) 285-6169

LAWRENCE K. MARKS
Chief Administrative Judge

MICHAEL V. COCCOMA
Deputy Chief Administrative Judge
Courts Outside New York City

THOMAS A. BRESLIN
District Administrative Judge
Third Judicial District

BETH A. DIEBEL, ESQ.
District Executive

CHRISTY Q. BASS
Deputy District Executive

August 30, 2016

Craig D. Apple, Sheriff
Albany County Sheriff Department
Albany County Courthouse -16 Eagle Street
Albany, New York 12207

Re: Third Period (Fiscal Year 2016-17) of Agreement between the UCS and the County of Albany
(UCS05-C200448-5000279)

Dear Sheriff Apple:

Section I(B) of the above-referenced Agreement provides that the term of the Agreement shall consist of an initial one-year period commencing on April 1, 2014 and terminating on March 31, 2015, and four subsequent one-year periods commencing on April 1st and terminating on March 31st in each succeeding year of the Agreement (Periods). Section I(B) of the Agreement further provides that each Period shall have its own maximum amount of monetary reimbursement and its own staffing schedule (Appendices B and B-1). Section I(D) of the Agreement provides that both the maximum monetary reimbursement amount and the staffing schedule are to be established by mutual written agreement of the parties.

The maximum monetary reimbursement amount for the Period commencing on April 1, 2016 and terminating on March 31, 2017 (Current Period) shall not exceed \$1,894,640. The staffing schedule for the Current Period is set forth in the new Appendices B and B-1 attached hereto. The new Appendices B and B-1 are made a part of this letter and a part of the Agreement, and they replace the previous Appendices B and B-1 for the Current Period.

Except as expressly provided otherwise herein, all terms and conditions of the Agreement shall remain in full force and effect and shall apply to this Period. The signatures of the parties below shall constitute the mutual written agreement of the parties to the terms and conditions set forth herein. The original of this letter should be signed by an authorized representative of the Contractor and the acknowledgment page should be notarized. Please return the signed original letter, the appendices and the acknowledgment page to my office and retain a copy for your files.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Beth A. Diebel".

Beth A. Diebel
District Executive

Encls.

STAFFING SCHEDULE

DESIGNATED COURT	TITLE	AVERAGE ANNUAL SALARY*	AVERAGE ANNUAL FRINGE BENEFITS*	ESTIMATED FTE	MAXIMUM COST
Albany Supreme County Fam	Sergeant	\$68,378	\$48,548	2.00	\$233,852
Albany Supreme County Fam	Deputy	\$43,917	\$35,353	17.00	\$1,347,590
Albany Supreme County Fam	Court Attendants	\$31,998	\$19,346	6.10	\$313,198
					\$0
					\$0
					\$0
Maximum Annual Contract Amount					\$1,894,640

*Average annual salary and average annual fringe benefits must include all allowable reimbursable costs as specified in Section III(B) of the Agreement.

FRINGE BENEFITS

Fringe benefits pursuant to collective bargaining agreement for 2016 year. All applicable benefit categories must be listed below to be eligible for reimbursement.

Type	% of Salary (or Amount)	
	Deputies	Court Attendants
Retirement	25.90	15.80%
FICA/Medicare Rate	7.65%	7.65%
Health Insurance	37.80%	34.97%
Longevity	4.46%	2.04%
Lineup Rate	4.69%	0.0%
	TOTAL:	
	80.50%	60.46%



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET, ROOM 900
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

September 14, 2016

Hon. Bruce A. Hidley
Office of the Albany County Clerk
Albany County Courthouse
Albany, NY 12207

Hon. Paul T. Devane, Clerk
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

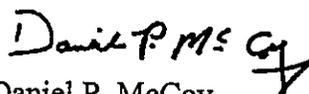
Dear Messrs. Hidley and Devane:

I write to advise that I am appointing Stephen W. Herrick as Albany County Public Defender in, subject to confirmation by the County Legislature. My authority to make this appointment lies in the County Charter under Sections 302(c) and 2301. Given the size, scope and importance of the Public Defender's Office within Albany County, I anticipate the County Legislature will take up this appointment in an expedient fashion.

I have enclosed a resume for review by the legislature.

Please advise if there are any questions.

Sincerely,


Daniel P. McCoy

cc: Sean Ward, Chairman
Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
F. Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

440

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
Received by:	<u>DM</u>
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	<input type="checkbox"/>
Mail:	<input type="checkbox"/>

REQUEST FOR LEGISLATIVE ACTION

RLA #2003: Appointment of Albany County Public Defender

DATE: Monday, September 12, 2016

DEPARTMENT: County Executive

Contact Person: Michael McLaughlin, Director of Policy and Research

Telephone: 518-447-3043

Dept. Representative Attending Committee Meeting: Michael McLaughlin, Director of Policy and Research

PURPOSE OF REQUEST:

Adopting of Local Law

Amendment of Prior Legislation

Approval/Adoption of Plan/Procedure

Bond Approval

Budget Amendment (see below)

Contract Authorization (see below)

Environmental Impact

Home Rule Request

Property Conveyance

Other: (State briefly if not listed above)

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment

Purchase (Equipment/Supplies)

Lease (Equipment/Supplies)

Requirements Professional Services

Education/Training

Grant:

 New

 Renewal

 Submission Deadline Date

Settlement of a Claim

Release of Liability

Other: (State briefly)

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: Yes _____

If Mandated Cite: Authority New York State _____

Anticipated in Current Adopted Budget Yes _____

County Budget Accounts:

Revenue _____

Appropriation

Account Code	Line	Amount
AA1170	11042001	

Fiscal Impact - Funding: (Dollars or Percentages)

	Albany County Appropriation
Federal	0%
State	0%
County	100%
Local	0%

Term/Length of Funding: _____

Impact on Pending Litigation No _____

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

The County Executive's Office is seeking approval from the Legislature to appoint Stephen W. Herrick to the position of Albany County Public Defender. The candidate's experience in Albany County uniquely qualifies him for this position. The attached resume is included for your review.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2003/Pub Defender Appt Letter.pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2003/Pub%20Defender%20Appt%20Letter.pdf)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2003/Herrick Resume, No Contact .pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2003/Herrick%20Resume,%20No%20Contact.pdf)

Submitted by:

Michael McLaughlin

Title:

Director of Policy and Research

HON. STEPHEN W. HERRICK

EXPERIENCE:

- Albany County Court Judge, 2002 - present
- Albany County Drug Treatment Court Judge, 2002 - present
- VetTrak, 2010 - present
- Albany City Court, Criminal Part Judge, 1995 - 2001
- Albany County Drug Court Judge, 2000 - 2001
Multi-Jurisdictional "Hub" Drug Court
- Attorney at Law, Albany, New York, 1972 - 1994
- Girvin and Ferlazzo, P.C., 1994 (of Counsel)
- City School District of the City of Albany, New York, 1976 - 1994
Counsel to Board of Education - Chief Labor Negotiator
- McDermott & Cheeseman, Esqs., 1975 - 1982
- Assistant County Public Defender, 1973-1975

EDUCATION:

- National College for the Judiciary
Adult Drug Court Judicial Training Program, Reno, Nevada - 2000/2012
- Albany Law School, Albany, New York.
Degree J.D., 1972
- State University of New York at Albany, New York
Non-Degree Graduate Program in Political Science - 1972
- Union College, Schenectady, New York
Degree: B.A. - 1969 - Major: Political Science, Minor: History

JUDICIAL HONORS:

Supervising Judge, Criminal Courts, Third Judicial District, 2014 + 2015

Chair, New York State Drug Court Best Practices Committee, 2001 - 2005

Board Member, New York State Association of Drug Court Professionals 2004-2014

Member, Statewide Local Court Advisory Committee, 1998 - 2001

PRESENT AND/OR FORMER AFFILIATIONS: Professional

Albany County Bar Association;
Capitol District Women's Bar Association;
County Judges Association of New York State;
New York State Drug Court Higher Education Initiative Planning Committee, 2011
New York State Association of Drug Treatment Court Professionals;
New York State Local Court Advisory Committee, 1997-2002
Albany County Committee on Alternatives to Incarceration, 1999 - present
Capitol District Trial Lawyer's Association, Board of Directors, 1995 - 1996
Hudson Valley Community College Advisory Committee on Criminal Justice,
1998 - 2005;
New York State Association of City School District Attorneys;
Industrial Relations Research Association;
School Board Association Council of School Attorneys

Charitable and Civic

Capitol District M.S. Society, Board of Directors, 1992 - 1995
M.S. Bike Tour, Committee Chair, 1992 - 1993
Historic Cherry Hill, Advisory Board Member, 1992
Center Square Neighborhood Association, Inc., past President
Washington Park Neighborhood Association, past President
Mayor's Committee on Youth and Violence, 1994
NAACP Legal Redress Committee - Lawyer Referral Program

Other

University Club of Albany; Albany Institute of History and Art; Adirondack Museum,
Adirondack Conservancy; Adirondack Architecture Heritage; Friends of Camp
Santanoni; Adirondack Mountain Club; Nature Conservancy; Appalachian Mountain
Club; Volunteer: Best Friends Animal Sanctuary (Dogtown) Kanab, Utah, 2007; Albany
City Mission, 2009-2010.



DANIEL P. MCCOY
COUNTY EXECUTIVE

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
112 STATE STREET, SUITE 1220
ALBANY, NEW YORK 12207
(518) 447-7210 FAX (518) 447-7747

DAVID M. LATINA
COMMISSIONER

MARTIN V. MCCLUNE
DEPUTY COMMISSIONER

August 10, 2016

Hon. Sean Ward, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Re: Amending the 2016 Capital Plan - Transformer and Switch Gear Replacement Project at the TUC

Dear Chairman Ward:

The Department of General Services respectfully requests legislative approval for an amendment to the 2016 Capital Plan.

In December of 2015 the Department of General Services requested a resolution authorizing \$1,100,000 for the transformer and switchgear replacement project at the Times Union Center. Which was approved unanimously by the Albany County Legislature on December 7, 2015. We are now requesting that Resolution No. 521 for 2015 be amended to include an additional \$900,000 to bring the entire amount to \$2,000,000.

Recently the Purchasing Department released RFB# 2016-94 requesting bids for the above referenced project as developed by Albany County Facilities Engineering Division and the County's Electrical/Mechanical Engineering Consultant. Unfortunately the project bids received were higher than originally estimated during the development of the Capital Plan. Upon in-depth evaluation and review of existing conditions, the scope of the project increased to include relocation of underground utilities and improvements to storm water drainage essential to the project, subsequently increasing the overall project costs.

This project has been included in the 2016 Capital Plan and a SEQR has been completed.

If you should have any questions on this matter, please do not hesitate to contact me.

Sincerely,

David M. Latina
Commissioner
Department of General Services

DML:pl
Enclosures

cc: Honorable Frank Commisso, Majority Leader
Honorable Frank Mauriello, Minority Leader
F. Patrick Jeffers, Esq., Majority Counsel
Arnis Zilgme, Minority Counsel

441

**FOR COUNSEL USE
ONLY**

Date Received: 8-10-16
Received by: PM
Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1967: Amending the 2016 Capital Plan: Transformer and Switchgear Replacement Project at the Times Union Center

DATE: Tuesday, August 09, 2016
DEPARTMENT: General Services
Contact Person: David Latina, Commissioner of General Services
Telephone: 518-447-7207
Dept. Representative Attending
Committee Meeting: David Latina, Commissioner

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation X
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) _____
Contract Authorization (see below) _____
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____
Source of Funds: _____
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services _____
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service:

No _____

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget Yes _____

County Budget Accounts:

Revenue _____

Appropriation _____

Account Code	Line	Amount
HK	UH	\$900,000.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____

0%

State _____

0%

County _____

100%

Local _____

0%

Term/Length of Funding:

12 Months (9/1/2016 - 8/31/2016) _____

Impact on Pending Litigation

No _____

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Bond Resolution No. 521 for 2015

Date of Adoption _____

December 12, 2015

Justification: (State briefly why legislative action is requested)

The Department of General Services respectfully requests legislative approval for an amendment to the 2016 Capital Plan.

In December of 2015 the Department of General Services requested a bond resolution authorizing \$1,100,000 for the transformer and switchgear replacement project at the Times Union Center. Which was approved unanimously by the Albany County Legislature on December 7, 2015. We are now requesting that Bond Resolution No. 521 for 2015 be amended to include an additional \$900,000 to bring the entire amount to \$2,000,000.

Recently the Purchasing Department released RFB# 2016-94 requesting bids for the above referenced project as developed by Albany County Facilities Engineering Division and the County's Electrical/Mechanical Engineering Consultant. Unfortunately the project bids received were higher than originally estimated during the development of the Capital Plan. Upon in-depth evaluation and review of existing conditions, the scope of the project increased to include relocation of underground utilities and improvements to storm water drainage essential to the project, subsequently increasing the overall project costs.

This project has been included in the 2016 Capital Plan and a SEQR has been completed.

Albany County
Department of Economic Development, Conservation and Planning
112 State Street, Room 720
Albany, NY 12207-2021
Telephone: (518) 447-5670 Fax: (518) 447-5662
<http://www.albanycounty.com>

MEMORANDUM

TO: George Penn - Commissioner, Department of General Services
David Friedfel – Commissioner, Department of Management and Budget

CC: Robert Belber - General Manager Times Union Center

FROM: Laura DeGaetano, Sr. Natural Resource Planner

DATE: September 8, 2015

RE: Times Union Center energy upgrades

SUBJECT: SEQR compliance for Bond Resolution

I have reviewed the documentation provided describing the various components of the referenced project as it relates to State Environmental Quality Review (SEQR). As I understand it, a number of upgrades and improvements to the Times Union Center are proposed as part of an extension/expansion of energy saving upgrade at the facility including:

- Expansion of LED ribbon boards
- Installation of additional LED lights
- Retrofit of purge fans and heat recovery in air handling units
- Installation of a new, larger capacity emergency generator
- Electrical system upgrades including building transformer and switch gear replacement.

As described above, the proposed building improvement project meets the criteria established for SEQR Type II actions pursuant to 6 NYCRR 617.5 (c) subdivisions (1), (2), and (25). Based on these facts, this action has been determined not to have a significant impact on the environment, and as such, no procedural compliance with SEQR beyond this determination is required at this time.

Should you have any questions or require additional information, please feel free to call me (447-5665) at your convenience.



DANIEL P.
MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF RESIDENTIAL HEALTH CARE FACILITIES
ALBANY COUNTY NURSING HOME
ALBANY SHAKER ROAD
ALBANY, NEW YORK 12211-1089
PHONE: (518) 869-2231 FAX: (518) 869-1713
www.albanycounty.com

LARRY I. SLATKY
EXECUTIVE DIRECTOR
THOMAS COFFEY
ADMINISTRATOR

September 12, 2016

Hon. Sean Ward
Chair, Albany County Legislature
112 State Street, 7th Floor
Albany, NY 12207

Dear Chairman Ward:

The Albany County Nursing Home respectfully requests approval to retain the services of a construction manager to monitor and supervise the renovation and construction project of the Albany County Nursing Home.

Albany County Nursing Home has completed its preliminary design to renovate this facility. The project will require numerous RFPs and the management of sub-contractors through the construction process. In addition, the construction manager will assist the nursing home in implementing its approved 2016 and 2017 Capital Plan and will coordinate with Angerame Architects, who have been contracted with.

I have attached the analysis from the internal committee who is recommending Gilbane to receive the award. It should be noted that the Gilbane not to exceed cost for the project is \$1,537,104.00, which is \$220,798.00 more than the lowest bidder. However, the committee felt that Gilbane had many more years of experience in long term care and construction management than the lowest bidder.

We respectfully request that this contract with Gilbane be approved and it should be noted that the construction manager expense is partially reimbursed under the Medicaid Reimbursement System. We thank you for your consideration.

Respectfully,

Larry I. Slatky
Executive Director
Albany County Residential Healthcare Facility

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
F. Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

442

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Date Received:	_____
Received by:	_____
Method: Hand:	_____
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1961: Contract Authorization for Construction Manager for ACNH Renovation

DATE: Thursday, August 04, 2016

DEPARTMENT: Nursing Home

Contact Person: Larry Slatky, Executive Director

Telephone: _____

Dept. Representative Attending Committee Meeting: Larry Slatky, Director

PURPOSE OF REQUEST:

Adopting of Local Law _____

Amendment of Prior Legislation _____

Approval/Adoption of Plan/Procedure _____

Bond Approval _____

Budget Amendment (see below) _____

Contract Authorization (see below) X

Environmental Impact _____

Home Rule Request _____

Property Conveyance _____

Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS
STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION
STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____

Purchase (Equipment/Supplies) _____

Lease (Equipment/Supplies) _____

Requirements Professional Services _____

Education/Training _____

Grant: _____

 New _____

 Renewal _____

 Submission Deadline Date _____

Settlement of a Claim _____

Release of Liability _____

Other: (State briefly) X

Construction Management and Oversight of Sub-Contractors

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Gilbane 7 Southwood Boulevard 3rd Floor Albany, New York 12211
Amount/Raise Schedule/Fee	\$1,537,104.00
Scope of Services	To work with the architect in implementing his working drawings and monitoring of the sub-contractors during the renovation/construction of the Albany County Nursing Home. The CM will participate in the RFP and award process. They will manage the installation for the HVAC system, that will include the replacement of the boiler plant, resident room HVAC system, central station fan coil unit and cooling plant, the step down transformers, water conservation project, electrical power distribution upgrade, kitchen redesign and renovation, resident room renovations and new construction, ancillary and therapy area renovations, lobby renovation, interior and exterior LED lighting replacement, new front canopy, facility window replacement, redesign of basement and repaving of parking facilities.

Contract Funding:

Bond Res. No.:	524 and 60
Date of Adoption:	12/7/2015 12:00:00 AM

CONCERNING ALL REQUESTS:

Mandated Program/Service:	Yes
If Mandated Cite: Authority	New York State Department of Health
Anticipated in Current Adopted Budget	Yes

County Budget Accounts:

Revenue

Appropriation

Appropriation

Account Code	Line	Amount
NH6020	HNN5	\$537,104.00
NH6020	HNN6	\$1,000,000.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	0%
State	0%
County	100%
Local	0%

Term/Length of Funding: 36 Months (10/3/2016 - 10/2/2019)

Impact on Pending Litigation No

If yes, please explain:

Previous Requests for Identical or Similar Action

Resolution/Law Number

Date of Adoption

Justification: (State briefly why legislative action is requested)

Construction Manager required for the oversight of the renovation and energy efficiency projects

**Construction Management Services for Renovations at the Albany County Nursing Home
RFP #2016-088**

Cost Proposal Tabulation

	C & S	Sano-Rubin	Gilbane	BCI Construction	BBL Construction
Pre-Construction Phase	\$225,024.00	\$40,000.00	\$75,000.00	\$167,000.00	\$99,500.00
Construction Phase	\$1,091,282.00	\$1,910,000.00	\$1,462,104.00	\$1,798,000.00	\$1,988,675.00
Not to Exceed Lump Sum Fee	\$1,316,306.00	\$1,950,000.00	\$1,537,104.00	\$1,965,000.00	\$2,088,175.00



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF RESIDENTIAL HEALTH CARE FACILITIES
ALBANY COUNTY NURSING HOME
ALBANY SHAKER ROAD
ALBANY, NEW YORK 12211-1089
PHONE: (518) 869-2231 FAX: (518) 869-1713
www.albanycounty.com

LARRY I. SLATKY
EXECUTIVE DIRECTOR
THOMAS COFFEY
ADMINISTRATOR

August 30, 2016

Hon. Sean Ward
Chair, Albany County Legislature
112 State Street, 7th Floor
Albany, NY 12207

Dear Chairman Ward:

The Albany County Department of Health Care Facilities respectfully requests the approval of the contract with Horan, Martello and Morrone (HMM) to provide ongoing accounting and consulting services to the Albany County Nursing Home. HMM was chosen through the RFP process (see attached).

HMM has provided accounting services in the past for the Certificate of Need application for the New York State Department of Health and the Medicaid and Medicare cost reports, which are filed annually. In an effort to expand our accounting governance over receivables and payables to budget, we are now including monthly financial statements, variances reports, reconciliation of receivables, payables and payroll and the training of our staff that will include administration, and financial reviews to budget. We are requesting a transfer from vacant position Central Supply Supervisor in the amount of \$35,714.49 to increase appropriations in Consulting Services to cover this year's costs and will request appropriations for this service in our 2017 and 2018 budget. This will be a three (3) year engagement for a total cost of \$133,500.00.

We thank you for your consideration in approval of this contract.

Respectfully,

Larry I. Slatky
Executive Director
Albany County Residential Healthcare Facility

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
F. Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

443

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Date Received: _____
Received by: _____
Method: Hand: _____
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1972: Contract Authorization for Accounting, Professional and Consulting Services

DATE: Tuesday, August 23, 2016
DEPARTMENT: Nursing Home
Contact Person: Thomas Coffey, Administrator
Telephone: _____
Dept. Representative Attending
Committee Meeting: Larry Slatky, Director

PURPOSE OF REQUEST:

Adopting of Local Law _____
Amendment of Prior Legislation _____
Approval/Adoption of Plan/Procedure _____
Bond Approval _____
Budget Amendment (see below) X
Contract Authorization (see below) X
Environmental Impact _____
Home Rule Request _____
Property Conveyance _____
Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS
STATE THE FOLLOWING:

Increase Account/Line No. Contractual; Personnel
Source of Funds: Albany County
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION
STATE THE FOLLOWING:

TYPE OF CONTRACT:

Change Order/Contract Amendment _____
Purchase (Equipment/Supplies) _____
Lease (Equipment/Supplies) _____
Requirements Professional Services X
Education/Training _____
Grant: _____
 New _____
 Renewal _____
 Submission Deadline Date _____
Settlement of a Claim _____
Release of Liability _____
Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address)	Horan, Martello and Morrone (HMM) 527 Townline Road Suite 203 Hauppauge, New York 11788
Amount/Raise Schedule/Fee	\$133,500.00
Scope of Services	To provide ongoing accounting and consulting services to the Albany County Nursing Home on a monthly basis as it relates to the RHCF-4 Medicaid Cost Report, Medicare Cost Report, monthly financial statements, variance reports, reconciliation of receivables, payables and payroll, Certificate of Need applications for renovations and new construction for the NYSDOH, staff training and administrative financial reviews to budget.

Contract Funding:

Bond Res. No.:	_____
Date of Adoption:	_____

CONCERNING ALL REQUESTS:

Mandated Program/Service:	Yes
If Mandated Cite: Authority	New York State Department of Health
Anticipated in Current Adopted Budget	No

County Budget Accounts:
Revenue

	Account Code	Line	Amount
Appropriation	NH6020	44049	\$133,500.00

Fiscal Impact - Funding: (Dollars or Percentages)

Federal	0%
State	0%
County	100%
Local	0%

Term/Length of Funding:	36 Months (10/3/2016 - 10/2/2019)
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<u>Impact on Pending Litigation</u>	No
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If yes, please explain:	_____
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Previous Requests for Identical or Similar Action

Resolution/Law Number	_____
Date of Adoption	_____

Justification: (State briefly why legislative action is requested)

Albany County Nursing Home is required to submit Certificate of Need Applications for specific renovation projects and new construction in order to receive reimbursement on capital expenditures and maintain monthly record keeping, financial statements and revenue to expense to analysis budget that is utilized in completing the mandated cost reports for Medicare and Medicaid. HMM has been chosen through the RFP process and was recommended for the award (see attachments) and accepted by our purchasing department(see attachment).



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1208
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Thomas Coffey
Albany County Nursing Home

FROM: Karen Storm *[Signature]*
Purchasing Agent

DATE: August 18, 2016

RE: RFP #2016-092R Financial Consulting Services

I am in receipt of your recommendation to award the aforementioned Request for Proposals to the Albany County Nursing Home in the amount of \$133,500.00.

I have reviewed your scoring sheets and believe that you have performed a thorough evaluation of the proposal(s) submitted. I have no objection to the selection of \$133,500.00 for an award.

Please obtain the necessary contract approval of the County Legislature, so that we may issue a Notice of Award to the successful proposer.

**Albany County Nursing Home
RFP #2016-092R
Financial Consulting Service**

Albany County Nursing Home received a total of three (3) proposals in response to the RFP for Financial Consulting Service. The proposals were reviewed by ACNH staff members, Thomas Coffey, Administrator, Ralph Grant, Finance and Laura Vartanian, RN, Administration. The criterion that was established to evaluate the proposals was utilized by each individual to rank each firm's ability to effectively and efficiently meet the Scope of Services.

Comments:

1. HMM, CPAs LLP - Total Average Rating Score: 5

HMM has a history of providing financial consulting services to skilled nursing facilities of a similar size. All aspects of the scope of services were addressed comprehensively. The proposed cost for the entire three (3) year contract was slightly lower than the other two (2) responding firms.

2. Loeb & Troper LLP - Total Average Rating Score: 4.67

Loeb & Troper's response to the RFP demonstrated quality and comprehensiveness for all areas of the scope of services. The proposed cost for the entire three (3) year contract was slightly higher than one other responding firm.

3. The Bonadio Group – Total Average Rating Score: 4.25

The Bonadio Group has an extensive history of providing financial consulting to skilled nursing facilities. The firm demonstrated the capability and professional qualifications necessary to fulfill all aspects of the scope of services. The proposed cost for the entire three (3) year contract exceeded the other two (2) responding firms.

Recommendation:

All three (3) respondents demonstrated the capabilities and qualifications necessary to fulfill the facility's expectations in relation to the scope of services, as well as a demonstrated history in providing financial consulting services to skilled nursing facilities. The deciding factor in our selection came down to the proposed cost for the duration of the contract.

HMM, CPAs LLP was rated the highest, and is the committee's recommended selection.

RFP #2016-092R- Financial Consulting Service

Proposal Rating Worksheet

Proposer: HMM

	Tom Coffey		Ralph Grant		Laura Yartanian				
	Weight	Rate	Rate	Score	Rate	Score			
Prior experience in providing professional and consulting financial services to skilled nursing facilities.	25%	5	5	1.25	5	1.25	5	1.25	
Proposed cost of the entire one year contract	25%	5	5	1.25	5	1.25	5	1.25	
Demonstrated history of providing financial consulting services to skilled nursing facilities of similar size	10%	5	5	0.5	5	0.5	5	0.5	
Proposer's demonstrated capabilities and professional qualifications including, but not limited to, evaluation of the firm's financial solvency and length of time in business	10%	5	5	0.5	5	0.5	5	0.5	
Quality and comprehensiveness of all aspects of the consulting services as it relates to the stated scope of services.	20%	5	5	1	5	1	5	1	
Client references	10%	5	5	0.5	5	0.5	5	0.5	
TOTALS:							5	5	5

RFP #2016-092R- Financial Consulting Service

Proposal Rating Worksheet

Proposer: Loeb & Troper LLC

	Tom Coffey		Ralph Grant		Laura Vartanian		TOTALS:
	Weight	Rate	Rate	Score	Rate	Score	
Prior experience in providing professional and consulting financial services to skilled nursing facilities.	25%	5	5	1.25	5	1.25	
Proposed cost of the entire one year contract	25%	4	3	0.75	4	1	
Demonstrated history of providing financial consulting services to skilled nursing facilities of similar size	10%	5	5	0.5	5	0.5	
Proposer's demonstrated capabilities and professional qualifications including, but not limited to, evaluation of the firm's financial solvency and length of time in business	10%	5	5	0.5	5	0.5	
Quality and comprehensiveness of all aspects of the consulting services as it relates to the stated scope of services.	20%	5	5	1	5	1	
Client references	10%	5	5	0.5	5	0.5	
				4.75		4.75	4.67

RFP #2016-092R- Financial Consulting Service

Proposal Rating Worksheet

Proposer: The Bonadio Group

	Tom Coffey		Ralph Grant		Laura Vartanian				
	Weight	Rate	Rate	Score	Rate	Score			
Prior experience in providing professional and consulting financial services to skilled nursing facilities.	25%	5	5	1.25	5	1.25	5	1.25	
Proposed cost of the entire one year contract	25%	3	1	0.75	1	0.25	2	0.5	
Demonstrated history of providing financial consulting services to skilled nursing facilities of similar size	10%	5	5	0.5	5	0.5	5	0.5	
Proposer's demonstrated capabilities and professional qualifications including, but not limited to, evaluation of the firm's financial solvency and length of time in business	10%	5	5	0.5	5	0.5	5	0.5	
Quality and comprehensiveness of all aspects of the consulting services as it relates to the stated scope of services.	20%	5	5	1	5	1	5	1	
Client references	10%	5	5	0.5	5	0.5	5	0.5	
TOTALS:				4.5		4		4.25	4.25

Budget Amendment Spreadsheet - 2016

ACCOUNT NO.	RESOLUTION DESCRIPTION	ORIGINAL BUDGET	INCREASE	DECREASE	REVISED BUDGET	DEPARTMENT NAME
NH 6020 44047	Administrative	\$ 285,000.00	\$ 35,714.49		\$ 320,714.49	Nursing Home
NH 6020 16501	Central Supply Supervisor	\$ 40,442.00		\$ 35,714.49	\$ -	Nursing Home

TOTAL APPROPRIATIONS 35,714.49 35,714.49

ESTIMATED REVENUES

ACCOUNT NO.	RESOLUTION DESCRIPTION	ORIGINAL BUDGET	DECREASE	INCREASE	REVISED BUDGET	DEPARTMENT NAME
	TOTAL ESTIMATED REVENUES	\$ -		\$ -		
	GRAND TOTALS		<u>\$ 35,714.49</u>	<u>\$ 35,714.49</u>		



DANIEL P. McCOY
County Executive

ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

September 6, 2016

Honorable Sean Ward, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, New York 12207

Dear Chairman Ward:

Enclosed is a Request for Legislative Action (RLA) for the October meeting of the Legislature. The Health Department is requesting permission to amend the 2016 Health Department budget by reallocating \$25,000 from the Contractual Line: Fees for Services to the Personnel Non-individual Overtime Line.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH
Commissioner of Health

cc: Hon. Frank Commisso, Majority Leader
Hon. Frank Mauriello, Minority Leader
Mr. Patrick Jeffers, Majority Counsel
Mr. Arnis Zilgme, Minority Counsel

Enclosures

444

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Date Received: 9-16-16
Received by: P.M.
Method: Hand: ✓
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

RLA #1981: Request to amend 2016 Health Department budget by reallocating funds.

DATE: Wednesday, August 31, 2016
DEPARTMENT: Health Department
Contact Person: Elizabeth Whalen, Commissioner of Health
Telephone: 518-447-4655
Dept. Representative Attending
Committee Meeting: Elizabeth Whalen, Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) X
- Contract Authorization (see below) _____
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. Contractual; Personnel Non-Individual
Source of Funds: Albany County
Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
 - New _____
 - Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: _____

No _____

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget No _____

County Budget Accounts:

Revenue _____

Appropriation _____

Appropriation _____

Account Code	Line	Amount
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AA4010	19900	\$25,000.00
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AA4010	44046	(\$25,000.00)
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Fiscal Impact - Funding: (Dollars or Percentages)

Albany County

Federal _____

0% _____

State _____

0% _____

County _____

100% _____

Local _____

0% _____

Term/Length of Funding: _____

4 Months (9/1/2016 - 12/31/2016) _____

Impact on Pending Litigation

No _____

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

The Health Department is respectfully requesting to amend the 2016 Health Department budget by reallocating \$25,000 from the Contractual line: Fees for Services (44046) to the Personnel Non-individual Overtime line: (19900). There is a shortfall in the Overtime line resulting from a)current staff assuming additional responsibilities related to PHAB accreditation, and b) an individual's change in job title and increased responsibilities related to Zika/Disease Control activities.

a)Additional PHAB accreditation responsibilities will be assumed by staff who are currently working in Public Health Emergency Preparedness (PHEP) and are 100% grant funded. The accreditation responsibilities are separate from the PHEP duties.

b)Due to increased activities and reporting requirements from Zika/Disease Control monitoring, a more targeted civil service position was developed to meet the enhanced responsibilities.

Overtime Reallocation Sept. 2016

ACCOUNT		APPROPRIATIONS RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
AA	4010	1 9900 000 Overtime	25,000			Health
AA	4010	4 4046 000 Fees for Services		25,000		Health
		TOTAL APPROPRIATIONS	25,000	25,000		
		ESTIMATED REVENUES				
		RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
		TOTAL ESTIMATED REVENUES	0	0		
		GRAND TOTALS	25,000	25,000		

RESOLUTION NO. 365

ESTABLISHING A POLICY REGARDING TAX LIEN PROPERTIES
TRANSFERRED TO ALBANY COUNTY AND APPROVALS REGARDING
DEMOLITIONS

Introduced: 9/13/10

By Mr. Morse, Audit and Finance Committee, Messrs. Higgins, Nichols and Joyce:

WHEREAS, Historically, Albany County has accepted the administrative burden of collecting past due property taxes from most of the municipalities within the County, and

WHEREAS, Municipalities attempt to collect property taxes before sending the collection duties to the County and, in turn, the County makes the municipalities whole on the amounts due for each uncollected property, and

WHEREAS, In addition to the amount for back taxes, the County reimburses the municipalities for other incurred costs including the cost of demolishing unsafe tax delinquent buildings, and

WHEREAS, In the event that demolition costs are part of the tax liability that is transferred to the County, it is very unlikely that the County will recoup that cost through disposal of the property at public auction, and

WHEREAS, While it is easy to understand the need to keep people safe by removing a dangerous situation, there is no policy currently in place that provides the County with a verification that each demolition is required to protect the safety of the residents, and

WHEREAS, A policy is needed to verify that Albany County tax dollars are spent wisely and that there has been an appropriate accounting of the costs associated with tax delinquent properties, now, therefore be it

RESOLVED, By the Albany County Legislature that a policy is hereby established requiring prior approval by the County for the demolition of any property that will be transferred to the County as a result of delinquent taxes, and, be it further

RESOLVED, That in the event the County does not grant approval to demolish a building, the County of Albany will not reimburse the municipality for the costs associated with said demolition, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Referred to Audit and Finance Committee. 9/13/10

Adopted by unanimous vote. 2/14/11

445

RESOLUTION NO. 465a(2013)

ADOPTING A POLICY REQUIRING DETAILED ACCOUNTING AND RESERVING THE RIGHT TO REFUSE TO LEVY UNMETERED UNPAID WATER AND SEWER CHARGES

Introduced: 4/14/14

By Messrs. Higgins, Bullock, Nichols, O'Brien, Law Committee, Ms. Chapman, Messrs. Clay, Clenahan, Commisso, Ms. Connolly, Messrs. Corcoran, Cotrofeld, Dawson, Domalewicz, Ethier, Feeney, Jacobson, Joyce, Ms. Kinsch, Mr. Mackey, Ms. Maffia-Tobler, Mr. Mayo, Mss. McLean Lane, McKnight, Messrs. Morse, Rahm, Reilly and Simpson:

WHEREAS, The Albany County Legislature recognizes that Albany County is currently expending significant amounts of badly needed taxpayer funds solely for the purpose of making local municipalities whole for delinquent real property taxes largely comprised of unpaid water and sewer charges, and

WHEREAS, It is the intent and desire of the Albany County Legislature and Albany County government that those funds be redirected to positive purposes that have the effect of decreasing the numbers of tax-delinquent properties, revitalizing communities and increasing the tax rolls to the benefit of all its citizens, and

WHEREAS, The Legislature recognizes that unpaid water and sewer charges accumulate on vacant properties taken through its delinquent real property tax foreclosure process, which in many cases exceed the real property taxes on those properties, thereby making it difficult to sell and return them to the tax rolls, and

WHEREAS, Many times the buildings on these foreclosed properties have been vacant for several years and consequently have no metered water and sewer usage or these properties are vacant lots having no water or sewer usage ability whatsoever, but nonetheless have been charged an arbitrary unmetered usage rate which is not legally authorized and therefore unenforceable by the County, and

WHEREAS, It would be in the financial best interests of all Albany County taxpayers to have a legislative policy established to contain these costs by restricting the accumulation of returned unpaid water and sewer charges on tax delinquent property and refuse the levy of water and sewer charges on vacant lots and unmetered properties, now, therefore be it

RESOLVED, By the Albany County Legislature that a policy is hereby established whereas the County will no longer levy and continue remunerating payments to any local municipality, water board or water district for unmetered water charges and vacant land charges on properties that Albany County would otherwise levy onto the tax rolls, and, be it further

RESOLVED, That the Albany County Legislature reserves the right to in any event refuse to levy any such unpaid water and/or sewer charges it determines to have been imposed unlawfully, arbitrarily, or without having taken reasonable, timely action to terminate future water and sewer service to the properties having been provided with such unpaid services, and, be it further

RESOLVED, That where a local municipality, water board or water district has water and sewer charges imposed within its respective jurisdiction, which have gone unpaid for three (3) consecutive billing cycles such municipality, water board or water district shall provide prior to its annual tax levy detailed information necessary for the Albany County Department of Management and Budget to verify what action, if any, was taken to terminate future water and sewer service to the properties provided with such services as well as whether any of said properties are registered on its municipal vacant properties registry, and, be it further

RESOLVED, That the Albany County Department of Management and Budget shall recoup from any local municipality, water board or water district any and all unmetered water and sewer charges levied by the Albany County Legislature and any charges on properties that no action was taken to terminate future water and sewer service which have gone unpaid for three (3) consecutive billing cycles for any local municipality, water board or water district which provided the County with a real property tax levy request for tax year 2014, and, be it further

RESOLVED, That the Clerk of the Albany County Legislature is directed to forward certified copies of this resolution to the appropriate Albany County Officials and to every local municipality which provided the County with a real property tax levy request for tax year 2014.

Adopted by unanimous vote. 4/14/14



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF MANAGEMENT AND BUDGET
FINANCE DIVISION
112 STATE STREET, ROOM 800
ALBANY, NEW YORK 12207-2021
(518) 447-7070 - FAX (518) 447-5516
www.albanycounty.com

M. DAVID REILLY
ACTING COMMISSIONER
OF MANAGEMENT AND BUDGET

JEFFREY NEAL
DIRECTOR OF FINANCE

September 13, 2016

Honorable Sean E. Ward
Chair, Albany County Legislature
112 State Street, Rm. 710
Albany, NY 12207

Dear Chairman Ward:

Pursuant to provisions in 15-453 a request for reacquisition of the property at 485 Hale Road in Rensselaerville (7738-10-17) is requested. The former owner has provided certified funds for the August 2016 amount due.

I have included his payment history for review. Mr. Moak had paid most of the delinquent taxes due pre-foreclosure in 2016. If you have any questions, please feel free to contact me. I will also be available to answer any questions in the next meeting of the Audit and Finance Committee.

Sincerely,

M. David Reilly
Acting Commissioner
of Management and Budget

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

446

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
Received by:	<u>PM</u>
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #1977: Reacquisition of Tax Foreclosed Parcel at 485 HALE RD in Rensselaerville by former owner

DATE: Tuesday, August 30, 2016

DEPARTMENT: Finance

Contact Person: Jeff Neal, Director of Finance

Telephone: 518-447-4912

Dept. Representative Attending Committee Meeting: David Reilly, Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) _____
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance X
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
 - New _____
 - Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service:

No _____

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget No _____

County Budget Accounts:

Revenue _____

Appropriation _____

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____

State _____

County _____

Local _____

Term/Length of Funding: _____

Impact on Pending Litigation

No _____

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

The former owner, Mr. Perry John Moak, provided a certified funds check for the amount due after the County had foreclosed on the parcel at 485 Hale Road in the Town of Rensselaerville. Private sale to Mr. Moak to reacquire the parcel is requested.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1977/485_HALE_AUG_2016.pdf

http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1977/485_HALE_RD_MOAK_REACQUIRE.pdf

http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1977/485_HALE_RD_PAYMENT_HISTORY.pdf

http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1977/COVER_LETTTER_485_HALE_MOAK.docx

http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1977/485_HALE_RD_MOAK_BACKUP.pdf

Submitted by:

David Reilly

Title:

Commissioner

08/24/2016 15:16
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 1
txtaxstm

PARCEL: 14900000010100230000

LOCATION: 485 HALE RD

CURRENT OWNER:
MOAK PERRY JOHN
485 HALE RD
RENSSELAERVILLE NY 12147

CURRENT STATUS:
ACRES: 2.620
LAND VALUATION: 30,000
BUILDING VALUATION: 0
EXEMPTIONS: 0
TAXABLE VALUATION : 30,000

LEGAL DESCRIPTION:

DEED DATE:			BOOK/PAGE:		INTEREST DATE: 08/24/2016		
YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE	
2016	RE-B 1	39571 RENSSELAER	1,087.05	1,087.05	76.09	1,163.14	
			1,087.05	1,087.05	76.09	1,163.14	
2015	RE-B 1	859 RENSSELAER MAILING CH	503.24 1.00	.00 .00	.00 .00	PAID PAID	
			504.24	.00	.00	.00	
			504.24	.00	.00	.00	
2014	RE-B 1	553 RENSSELAER	1,037.53	.00	.00	PAID	
			1,037.53	.00	.00	.00	
2013	RE-B 1	995 RENSSELAER MAILING CH LEGAL CHAR	1,014.70 1.00 150.00	.00 .00 .00	.00 .00 .00	PAID PAID PAID	
			1,165.70	.00	.00	.00	
			1,165.70	.00	.00	.00	
2012	LIEN 1	226 RENSL TL LEGAL CHAR	996.16 150.00	996.16 150.00	547.89 .00	1,544.05 150.00	
			1,146.16	1,146.16	547.89	1,694.05	
			1,146.16	1,146.16	547.89	1,694.05	

08/24/2016 15:16
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 2
txtaxstm

YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE
2011	RE-B	706				
	1	RENSSELAER MAILING CH	966.14 1.00	.00 .00	.00 .00	PAID PAID
			967.14	.00	.00	.00
			967.14	.00	.00	.00
2010	RE-B	762				
	1	RENSSELAER	916.64	.00	.00	PAID
			916.64	.00	.00	.00
2009	LIEN	525				
	1	RENSL TL TITLE SEAR MAIL CHARG	946.61 195.00 30.00	946.61 195.00 30.00	795.42 .00 .00	1,742.03 195.00 30.00
			1,171.61	1,171.61	795.42	1,967.03
			1,171.61	1,171.61	795.42	1,967.03
2008	RE-B	1962				
	1	RENSSELAER MAILING CH	436.95 1.00	.00 .00	.00 .00	PAID PAID
			437.95	.00	.00	.00
			437.95	.00	.00	.00
2007	RE-B	901				
	1	RENSSELAER MAIL CHARG 5 PERCENT	591.63 1.00 29.58	.00 .00 .00	.00 .00 .00	PAID PAID PAID
			622.21	.00	.00	.00
			622.21	.00	.00	.00
2006	RE-B	396				
	1	RENSSELAER 5 PERCENT	612.00 30.60	.00 .00	.00 .00	PAID PAID
			642.60	.00	.00	.00
			642.60	.00	.00	.00

08/24/2016 15:16
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 3
txtaxstm

YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE
2005	RE-B	459				
	1	RENSELAER	569.94	.00	.00	PAID
		LEGAL CHAR	150.00	.00	.00	PAID
		MAIL CHARG	1.00	.00	.00	PAID
		5 PERCENT	28.50	.00	.00	PAID
			749.44	.00	.00	.00
			749.44	.00	.00	.00
2004	RE-B	68487				
	1	RENSELAER	387.41	.00	.00	PAID
		LEGAL CHAR	150.00	.00	.00	PAID
		MAIL CHARG	1.00	.00	.00	PAID
		5 PERCENT	19.37	.00	.00	PAID
			557.78	.00	.00	.00
			557.78	.00	.00	.00
2003	RE-B	90056				
	1	RENSELAER	404.02	.00	.00	PAID
		5 PERCENT	20.20	.00	.00	PAID
			424.22	.00	.00	.00
			424.22	.00	.00	.00
2002	RE-B	348				
	1	RENSELAER	393.91	.00	.00	PAID
		5 PERCENT	19.70	.00	.00	PAID
			413.61	.00	.00	.00
			413.61	.00	.00	.00
2001	LIEN	916				
	1	RENSL TL	694.49	.00	.00	PAID
			694.49	.00	.00	.00
2000	LIEN	2586				
	1	RENSL TL	494.88	.00	.00	PAID
			494.88	.00	.00	.00

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jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 4
txtaxstm

YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE
1999	RE-B	78375				
	1	RENSSELAER	933.18	.00	.00	PAID
		5% CHARGE	46.65	.00	.00	PAID
			979.83	.00	.00	.00
			979.83	.00	.00	.00
1998	RE-B	78374				
	1	RENSSELAER	465.60	.00	.00	PAID
			465.60	.00	.00	.00
1997	LIEN	78373				
	1	RENSL TL	490.71	.00	.00	PAID
		CLERK FEE	5.00	.00	.00	PAID
		LEGAL CHAR	150.00	.00	.00	PAID
			645.71	.00	.00	.00
			645.71	.00	.00	.00
1996	RE-B	78372				
	1	RENSSELAER	424.60	.00	.00	PAID
		5% CHARGE	21.23	.00	.00	PAID
			445.83	.00	.00	.00
			445.83	.00	.00	.00
GRAND TOTALS			15,570.22	3,404.82	1,419.40	4,824.22

PARTIAL PAYMENTS ARE NOT ACCEPTED WITHOUT AN INSTALLMENT AGREEMENT
IF ANY PARCEL REMAINS SUBJECT TO ONE OR MORE DELINQUENT TAX LIENS,
THE PAYMENT YOU HAVE MADE WILL NOT POSTPONE THE ENFORCEMENT OF THE
OUTSTANDING LIEN OR LIENS. CONTINUED FAILURE TO PAY THE ENTIRE
AMOUNT OWED WILL RESULT IN THE LOSS OF THE PROPERTY(IES).
PAYMENT MADE TO:

ALBANY COUNTY DIVISION OF FINANCE
112 STATE ST. ROOM 1340
ALBANY, NY 12207
TEL: 447-7082

\$35.00 WILL BE CHARGED FOR ANY RETURNED CHECK
INTEREST WILL INCREASE ON THE 1ST OF THE MONTH



OWNERSHIP INFORMATION

MOAK, PERRY JOHN
485 HALE RD
RENSSELAERVILLE NY00000-0000

PARCEL NO: 149,-1-10.23

Mail: 485 HALE RD
12147-0000

PHONE NUMBER:

COUNTY: ALBANY
PROPERTY CLASS: 210 - ONE FAMILY YEAR-ROUND RESIDENCE

CENSUS TRACT: 0148.02

SALE INFORMATION

Arms Length	Sale Date	Price \$	Deed Date
Arms Length	Libre	Page	# Total Parcels
Seller	Buyer	Personal Property	

PRIOR SALES	PRICE	DATE	ARMS LENGTH	SELLER	BUYER
-------------	-------	------	-------------	--------	-------

No sale history in database for this parcel.

STRUCTURAL INFORMATION

Square Feet 480
Sqft. 1st Floor 480
Sqft. 2nd Floor 0
Fin. Basement Sqft. 0
Year Built 1986
Bldg Style COTTAGE
Units 1
Stories 1.00
Baths 1 FULL
Bedrooms 1
Fireplaces 0
Kitchens 1
Garage Type
Garage Bays 0
Cooling Detail NONE
Heat Type HEAT: (HOT WATER/STEAM)
FUEL: (OIL)
Exterior WOOD
Condition FAIR
Basement Type SLAB/PIER

LOT INFORMATION

Lot Size Dim.: 0.00x0.00
Land SQFT 114,127
Lot Size Acres 2.62
Zoning 07
Nbhd Code 36002
School District 193201 - GREENVILLE
Desirability SUPERIOR
Water Front N
Sewer PRIVATE
Water PRIVATE
Utilities ELECTRIC
Nbhd. Rating AVERAGE
Nbhd. Type RURAL
Res. Sites 1
Comm. Sites 0
Swis Code 013600

TAX INFORMATION

Tax ID# 149,-1-10.23
Assessed Value \$ 30,000
Land Assesment \$ 27,100
School Tax \$ 983
County/Town Tax \$ 417
City/Village Tax \$
Total Tax \$ 1,400
Full Tax Value \$ 51,282
Equalization Rate 0.59
Prior Tax ID# 3.-128-37.2/1
Full Land Value \$ 46,324

*The calculated tax amounts are not exact. No special district tax amounts or exemptions have been included. All numbers are estimated based on town values. Taxes should be verified directly from the local tax collector.

Updated:03/04/2015 9:53 am

EXEMPTIONS:

BASIC STAR 1999-2000

IMPROVEMENTS:

- (1) SHED-MACHINE, BUILT 1984, 0 SQFT, CONDITION FAIR
- (1) PORCH-ENCLSD, BUILT 1986, 0 SQFT, CONDITION FAIR
- (1) SHED-MACHINE, BUILT 1984, 0 SQFT, CONDITION FAIR

Note: Display indicates first residential site and up to four improvements.

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LIST OF DELINQUENT TAXES
FOR
TOWN OF RENSSELEARVILLE, ALBANY
COUNTY

PARCEL FORCLOSURE NO: 0000017
FORECLOSURE PROCEEDING INDEX NO: 7738-10
PARCEL LOCATION: 485 HALE RD, TOWN OF RENSSELEARVILLE
PARCEL TAX MAP NUMBER: 14900000010100230000
PARCEL PROPERTY CLASS CODE: 210
OWNER LISTED ON DELINQUENT TAX BILL: MOAK PERRY JOHN
REPUTED PARCEL OWNER(S): MOAK PERRY JOHN
AS OF 11/19/2010
MAILING ADDRESS: 485 HALE RD
RENSSELAERVILLE, NY 12147

DELINQUENT TAXES

<u>YEAR</u>	<u>TYPE OF TAX</u>	<u>AMOUNT DUE</u>
2009	PROPERTY	832.46



NIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF MANAGEMENT AND BUDGET
FINANCE DIVISION
112 STATE STREET, ROOM 1340
ALBANY, NEW YORK 12207-2021
7738-10-0000017

Finance Director
1340
3rd floor

DAVID REILLY
ACTING COMMISSIONER

JEFFREY NEAL
DIRECTOR OF FINANCE

10-DAY NOTICE TO QUIT PROPERTY (RPAPL, SECTION 713)

To: All persons occupying, in whole or in part, the real property hereinafter described.
Please Take Notice that the real property, commonly known and described as

485 HALE RD

Tax Map Number: 14900000010100230000

FORMER OWNER: MOAK, PERRY JOHN

in the County of Albany, State of New York, has been foreclosed by the County of Albany, New York for unpaid real property taxes; that the foreclosure proceeding terminated the right, title and interest, tenancy, rights of occupancy and possession, claim, lien or equity of redemption of all persons in and to said real property; that pursuant to the judgment of foreclosure a deed to said real property has been executed and delivered to the County of Albany, New York; and, that by virtue of said deed the County of Albany, New York has full title to said real property with the right to have any occupants thereof removed and to have exclusive possession and occupancy of said real property delivered to the County of Albany, New York upon 10 days written notice and demand.

Please Take Further Notice that it is hereby demanded that you remove your personal belongings from, vacate, quit, and surrender possession and occupancy of said real property to the County of Albany, New York on or before the 10th day following the date of service upon you of a copy of this Notice and Demand.

Please Take Further Notice that, if you fail to comply with this demand, a Court Proceeding will be brought to evict you from said real property without further notice.

Date: August 24 2016
Month and Day Year

The County of Albany, New York

By: J Moore Foreclosure Inspector
Name Title

Please Contact Jeff Neal, Director of Finance at 447-4912 or jeff.neal@albanycountyny.gov



08/30/2016 11:05
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 1
txtaxstm

PARCEL: 14900000010100230000

LOCATION: 485 HALE RD

CURRENT OWNER:
MOAK PERRY JOHN
485 HALE RD
RENSSELAERVILLE NY 12147

CURRENT STATUS:
ACRES: 2.620
LAND VALUATION: 30,000
BUILDING VALUATION: 0
EXEMPTIONS: 0
TAXABLE VALUATION : 30,000

LEGAL DESCRIPTION:

DEED DATE:			BOOK/PAGE:		INTEREST DATE: 08/30/2016		
YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE	
2016	RE-B	39571					
	1	RENSSELAER	1,087.05	1,087.05	76.09	1,163.14	
			1,087.05	1,087.05	76.09	1,163.14	
2015	RE-B	859					
	1	RENSSELAER	503.24	.00	.00	PAID	
		MAILING CH	1.00	.00	.00	PAID	
			504.24	.00	.00	.00	
			504.24	.00	.00	.00	
2014	RE-B	553					
	1	RENSSELAER	1,037.53	.00	.00	PAID	
			1,037.53	.00	.00	.00	
2013	RE-B	995					
	1	RENSSELAER	1,014.70	.00	.00	PAID	
		MAILING CH	1.00	.00	.00	PAID	
		LEGAL CHAR	150.00	.00	.00	PAID	
			1,165.70	.00	.00	.00	
			1,165.70	.00	.00	.00	
2012	LIEN	226					
	1	RENSL TL	996.16	996.16	547.89	1,544.05	
		LEGAL CHAR	150.00	150.00	.00	150.00	
			1,146.16	1,146.16	547.89	1,694.05	
			1,146.16	1,146.16	547.89	1,694.05	



08/30/2016 11:05
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 2
txtaxstm

YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE
2011	RE-B 1	706 RENSSELAER MAILING CH	966.14	.00	.00	PAID
			1.00	.00	.00	PAID
			967.14	.00	.00	.00
			967.14	.00	.00	.00
2010	RE-B 1	762 RENSSELAER	916.64	.00	.00	PAID
			916.64	.00	.00	.00
2009	LIEN 1	525 RENSL TL TITLE SEAR MAIL CHARG	946.61	946.61	795.42	1,742.03
			195.00	195.00	.00	195.00
			30.00	30.00	.00	30.00
			1,171.61	1,171.61	795.42	1,967.03
			1,171.61	1,171.61	795.42	1,967.03
2008	RE-B 1	1962 RENSSELAER MAILING CH	436.95	.00	.00	PAID
			1.00	.00	.00	PAID
			437.95	.00	.00	.00
			437.95	.00	.00	.00
2007	RE-B 1	901 RENSSELAER MAIL CHARG 5 PERCENT	591.63	.00	.00	PAID
			1.00	.00	.00	PAID
			29.58	.00	.00	PAID
			622.21	.00	.00	.00
			622.21	.00	.00	.00
2006	RE-B 1	396 RENSSELAER 5 PERCENT	612.00	.00	.00	PAID
			30.60	.00	.00	PAID
			642.60	.00	.00	.00
			642.60	.00	.00	.00



08/30/2016 11:05
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 3
txtaxstm

YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE
2005	RE-B	459				
	1	RENSSELAER	569.94	.00	.00	PAID
		LEGAL CHAR	150.00	.00	.00	PAID
		MAIL CHARG	1.00	.00	.00	PAID
		5 PERCENT	28.50	.00	.00	PAID
			749.44	.00	.00	.00
			749.44	.00	.00	.00
2004	RE-B	68487				
	1	RENSSELAER	387.41	.00	.00	PAID
		LEGAL CHAR	150.00	.00	.00	PAID
		MAIL CHARG	1.00	.00	.00	PAID
		5 PERCENT	19.37	.00	.00	PAID
			557.78	.00	.00	.00
			557.78	.00	.00	.00
2003	RE-B	90056				
	1	RENSSELAER	404.02	.00	.00	PAID
		5 PERCENT	20.20	.00	.00	PAID
			424.22	.00	.00	.00
			424.22	.00	.00	.00
2002	RE-B	348				
	1	RENSSELAER	393.91	.00	.00	PAID
		5 PERCENT	19.70	.00	.00	PAID
			413.61	.00	.00	.00
			413.61	.00	.00	.00
2001	LIEN	916				
	1	RENSL TL	694.49	.00	.00	PAID
			694.49	.00	.00	.00
2000	LIEN	2586				
	1	RENSL TL	494.88	.00	.00	PAID
			494.88	.00	.00	.00

08/30/2016 11:05
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 4
txtaxstm

YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE
1999	RE-B	78375				
	1	RENSSELAER	933.18	.00	.00	PAID
		5% CHARGE	46.65	.00	.00	PAID
			979.83	.00	.00	.00
			979.83	.00	.00	.00
1998	RE-B	78374				
	1	RENSSELAER	465.60	.00	.00	PAID
			465.60	.00	.00	.00
1997	LIEN	78373				
	1	RENSL TL	490.71	.00	.00	PAID
		CLERK FEE	5.00	.00	.00	PAID
		LEGAL CHAR	150.00	.00	.00	PAID
			645.71	.00	.00	.00
			645.71	.00	.00	.00
1996	RE-B	78372				
	1	RENSSELAER	424.60	.00	.00	PAID
		5% CHARGE	21.23	.00	.00	PAID
			445.83	.00	.00	.00
			445.83	.00	.00	.00
GRAND TOTALS			15,570.22	3,404.82	1,419.40	4,824.22

PARTIAL PAYMENTS ARE NOT ACCEPTED WITHOUT AN INSTALLMENT AGREEMENT
IF ANY PARCEL REMAINS SUBJECT TO ONE OR MORE DELINQUENT TAX LIENS,
THE PAYMENT YOU HAVE MADE WILL NOT POSTPONE THE ENFORCEMENT OF THE
OUTSTANDING LIEN OR LIENS. CONTINUED FAILURE TO PAY THE ENTIRE
AMOUNT OWED WILL RESULT IN THE LOSS OF THE PROPERTY(IES).

PAYMENT MADE TO:
ALBANY COUNTY DIVISION OF FINANCE
112 STATE ST. ROOM 1340
ALBANY, NY 12207
TEL: 447-7082

\$35.00 WILL BE CHARGED FOR ANY RETURNED CHECK
INTEREST WILL INCREASE ON THE 1ST OF THE MONTH



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF MANAGEMENT AND BUDGET
FINANCE DIVISION
112 STATE STREET, ROOM 800
ALBANY, NEW YORK 12207-2021
(518) 447-7070 - FAX (518) 447-5516
www.albanycounty.com

M. DAVID REILLY
ACTING COMMISSIONER
OF MANAGEMENT AND BUDGET

JEFFREY NEAL
DIRECTOR OF FINANCE

September 13, 2016

Honorable Sean E. Ward
Chair, Albany County Legislature
112 State Street, Rm. 710
Albany, NY 12207

Dear Chairman Ward:

Pursuant to provisions in 15-453 a request for private sale to the abutting owner of the tax foreclosed parcel at 10 Frantone Lane in Colonie for the sum of \$50.00 is requested. The abutting owner will merge this .03 acre site into their existing tax map.

If you have any questions, please feel free to contact me. I will also be available to answer any questions in the next meeting of the Audit and Finance Committee.

Sincerely,

M. David Reilly
Acting Commissioner
of Management and Budget

cc: Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

447

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
Received by:	<u>PK</u>
Method: Hand:	<input checked="" type="checkbox"/>
Courier:	<input type="checkbox"/>
Mail:	<input type="checkbox"/>

REQUEST FOR LEGISLATIVE ACTION

RLA #1978: Property Conveyance of 10 Frantone Lane in Colonie to abutting owner, portion of front yard.

DATE: Tuesday, August 30, 2016

DEPARTMENT: Finance

Contact Person: Jeff Neal, Director of Finance

Telephone: 518-447-4912

Dept. Representative Attending Committee Meeting: David Reilly, Commissioner

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) _____
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____ **X**
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
- New _____
- Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No _____

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget No _____

County Budget Accounts:

Revenue _____

Appropriation _____

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____

State _____

County _____

Local _____

Term/Length of Funding: _____

Impact on Pending Litigation No _____

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

This small piece is landlocked between the front yard of 8 Frantone Lane and the roadway. Owner of 8 Frantone Lane states they were unaware that 10 Frantone existed. Authorization to sell this .03 acre piece to Kevin and Margaret Stackman for the sum of \$50.00 is requested.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1978/COVER LETTTER 10 FRANTONE.docx>

<http://acvsp2010/sites/CALM/Lists/RLA/Attachments/1978/10 FRANTONE LANE COLONIE.pdf>

Submitted by: David Reilly

Title: Commissioner

7/14/16

Daniel McCoy
County Executive
Room 900
112 State Street
Albany, NY 12207

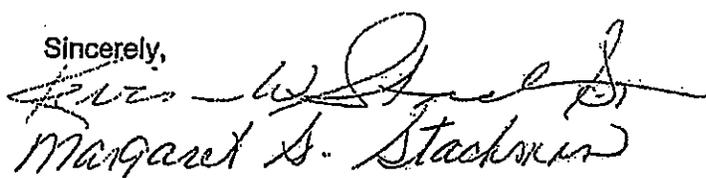
Dear Mr. McCoy,

I am writing to you regarding parcel 04300300040560000000 located at 10 Frantone Lane. We would like to buy this parcel to merge with our property at 8 Frantone Lane.

Enclosed please find the e-mails between myself and Jeff Neal.

Please let me know how we can purchase this property. Thank you in advance for your help with this matter.

Sincerely,



Kevin W. Stackman, Sr.
Margaret S. Stackman

8 Frantone Lane
Loudonville, NY 12211
(518)482-0506
mstac84417@aol.com

8 Frantone Ln
Loudonville, NY 12211
April 09, 2015

Jeffrey Neal
Director of Finance
County of Albany
Department of Management & Budget
Finance Division
112 State Street, Room 800
Albany, New York 12207

RE: 10 Frantone Lane
Loudonville, NY 12211

Add to File

Dear Mr. Neal,

Per our phone conversation of 4/08/15, I am enclosing all the paperwork that was posted on my front lawn.

Thank you so much for taking the time to explain to me what the problem was regarding my front lawn.

When your office is finished with the foreclosure of this piece of property, my husband and I are interested in purchasing it.

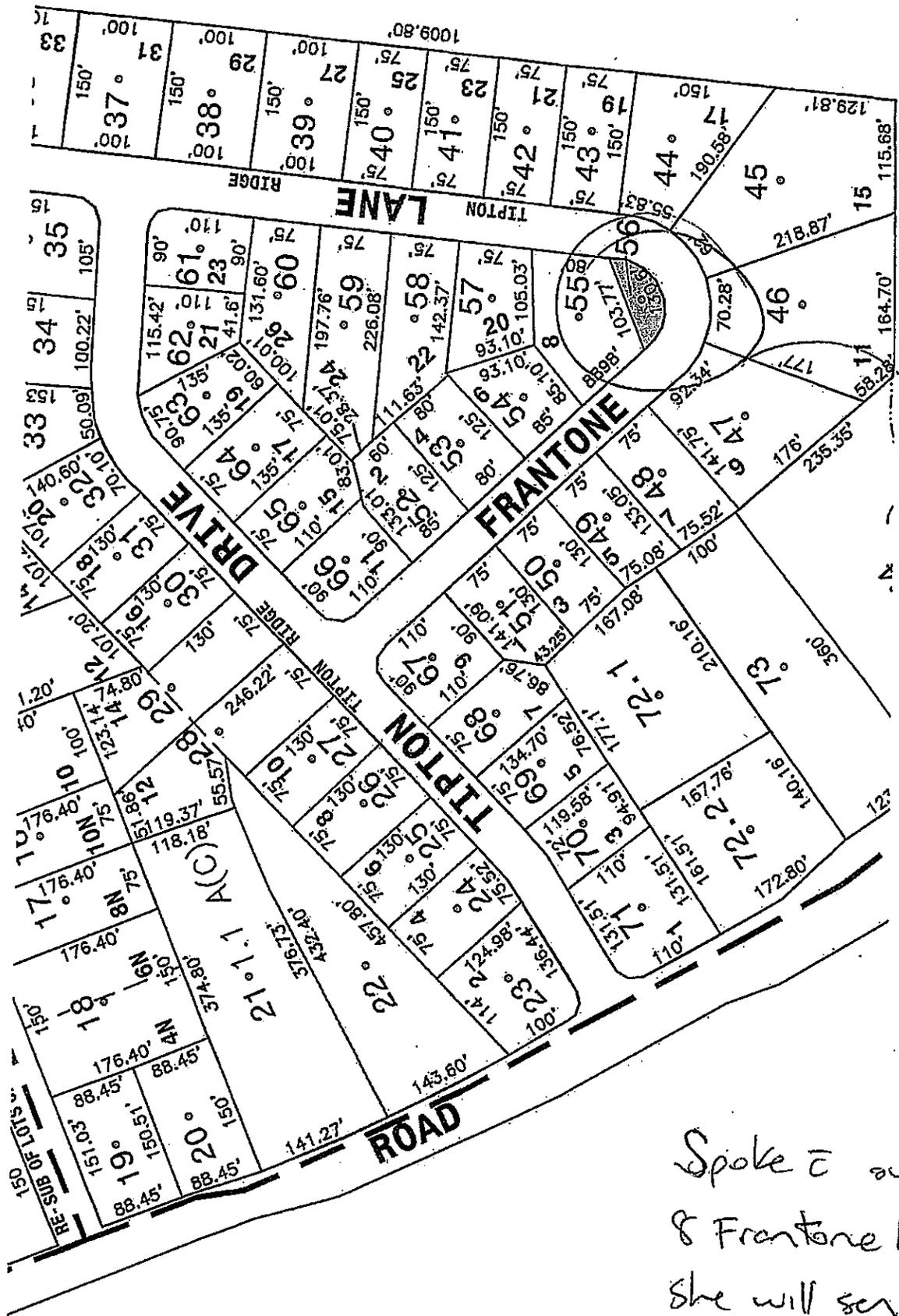
Our information is as follows:

Kevin & Margaret Stackman
8 Frantone Ln
Loudonville, NY 12211
PH: 518-482-0506
E-mail: mstac84417@aol.com

Again, I would like to thank you for your assistance in this matter.

Sincerely,

Margaret Stackman



Spoke to owner of
 8 Frantone Lane
 she will send letter
 requesting parcel
 @ county foreclosure



04/02/2015 14:20
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 1
txtaxstm

PARCEL: 0430030004056000000

LOCATION: 10 FRANTONE LN

CURRENT OWNER:
UNKNOWN
COLONIE,

CURRENT STATUS:
SQ FT: 1,306
LAND VALUATION: 100
BUILDING VALUATION: 0
EXEMPTIONS: 0
TAXABLE VALUATION : 100

LEGAL DESCRIPTION:

DEED DATE:			BOOK/PAGE:		INTEREST DATE: 04/02/2015		
YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE	
2014	RE-5	2299					
	1	COLONIE TO	4.08	4.08	.61	4.69	
			4.08	4.08	.61	4.69	
2013	RE-5	2419					
	1	COLONIE TO MAILING CH	3.95	3.95	1.07	5.02	
			1.00	1.00	.00	1.00	
			4.95	4.95	1.07	6.02	
			4.95	4.95	1.07	6.02	
2012	LIEN	661					
	1	COLONIE TL LEGAL CHAR	3.80	3.80	1.48	5.28	
			150.00	150.00	.00	150.00	
			153.80	153.80	1.48	155.28	
			153.80	153.80	1.48	155.28	
2011	LIEN	526					
	1	COLONIE TL	154.71	154.71	48.70	203.41	
			154.71	154.71	48.70	203.41	
2010	LIEN	465					
	1	COLONIE TL	153.63	153.63	48.79	202.42	
			153.63	153.63	48.79	202.42	



04/02/2015 14:20
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 2
txtaxstm

YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE
2009	LIEN	343				
	1	COLONIE TL	153.56	153.56	49.17	202.73
		TITLE SEAR	195.00	195.00	.00	195.00
		MAIL CHARG	30.00	30.00	.00	30.00
			378.56	378.56	49.17	427.73
			378.56	378.56	49.17	427.73
GRAND TOTALS			849.73	849.73	149.82	999.55

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OUTSTANDING LIEN OR LIENS. CONTINUED FAILURE TO PAY THE ENTIRE
AMOUNT OWED WILL RESULT IN THE LOSS OF THE PROPERTY(IES).

PAYMENT MADE TO:
ALBANY COUNTY DIVISION OF FINANCE
112 STATE ST. ROOM 800
ALBANY, NY 12207
TEL: 447-7082

\$35.00 WILL BE CHARGED FOR ANY RETURNED CHECK
INTEREST WILL INCREASE ON THE 1ST OF THE MONTH
WATER/SEWER LISTED ON THE 2005 THRU 2008 ALBANY PROPERTY TAX BILLS
WERE RETURNED TO THE WATER BOARD FOR COLLECTION
A "PAID" TEXT APPEARS TO NOTE TRANSACTION



FRANK J. COMMISSO
Majority Leader

OFFICE OF THE MAJORITY
ALBANY COUNTY LEGISLATURE
HAROLD L. JOYCE OFFICE BUILDING
112 STATE STREET, ROOM 700
ALBANY, NEW YORK 12207
(518) 447-7117 FAX (518) 447-5695

F. PATRICK JEFFERS
Majority Counsel

BRANDON D. RUSSELL
Deputy Majority Counsel

To: Hon. Sean Ward, Chairman
Albany County Legislature

From: F. Patrick Jeffers 
Majority Counsel

Re: Request made by Legislator Touchette
Proposal for Sale of Property
Town of Coeymans – 69 Main Street
Map Number 168.12-1-40.2

Date: September 13, 2016

Per a request made by Legislator Touchette.

The Town of Coeymans is requesting a parcel of property in the town known as 69 Main Street. The Town will use this property for their sewer infrastructure upgrade. The specifications of the property is described as:

69 Main Street
Map# 168.12-1-40.2
Vacant Lot with Mobile Home
Lot Size Approx.: 40 X 100

Pursuant to the County Disposition Plan adopted per Resolution #453 of 2015, this property sale meets the condition of being a "Benefit to the Community". In that regard, our recommendation is to transfer 69 Main Street in the Town of Coeymans for \$1.00.

CC: Hon. Frank Commisso, Majority Leader
Hon. Frank Mauriello, Minority Leader
F. Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

448

TOWN OF COEYMANS
18 RUSSELL AVENUE
RAVENA, NEW YORK 12143
(518) 756-6006 FAX (518) 756-1991

PHILIP A. CRANDALL
SUPERVISOR

THOMAS E. DOLAN
GEORGE E. LANGDON
COUNCIL MEMBERS

JAMES C. YOUMANS
KENNETH A. BURNS
COUNCIL MEMBERS

September 9, 2016

Chairman Sean Ward
Albany County Legislature
112 State St., Room 710
Albany, NY 12207

Dear Chairman Ward:

I am writing you in reference to 69 Main St., Coeymans, NY. Albany County currently owns the aforementioned property. This is a small parcel with an uninhabitable mobile home on it. The Town is interested in acquiring this property for use in our current sewer infrastructure upgrade and would like to run new sewer and stormwater piping through it.

We are requesting the transfer of 69 Main St. to the town in consideration of \$1. Owning this property would greatly help with our current sewer project. Thank you for your time and consideration.

Sincerely,



Philip A. Crandall
Supervisor

PC:cr

Cc: Rick Touchette

09/16/2016 10:15
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

P 1
txtaxstm

PARCEL: 16801200010400020000

LOCATION: 69 MAIN ST

CURRENT OWNER:

COEYMANS MAIN ST PROP. LAND
ATTN: CAPITAL ASSESS MGMNT INC
PO BOX 568
TROY NY 12181

CURRENT STATUS:

SQ FT: 3,920
LAND VALUATION: 21,400
BUILDING VALUATION: 0
EXEMPTIONS: 0
TAXABLE VALUATION : 21,400

LEGAL DESCRIPTION:

DEED DATE:			BOOK/PAGE:		INTEREST DATE: 09/16/2016		
YEAR	TYPE	BILL INST CHARGE	BILLED	PRIN DUE	INT DUE	TOTAL DUE	
2016	RE-4	20001	1,631.95	1,631.95	130.56	1,762.51	
		1 COEYMANS T	1,631.95	1,631.95	130.56	1,762.51	
2015	RE-4	459	1,648.04	1,648.04	329.61	1,977.65	
		1 COEYMANS T	1.00	1.00	.00	1.00	
		MAILING CH	1,649.04	1,649.04	329.61	1,978.65	
			1,649.04	1,649.04	329.61	1,978.65	
2014	RE-4	154	1,615.19	1,615.19	516.86	2,132.05	
		1 COEYMANS T	150.00	150.00	.00	150.00	
		LEGAL CHAR	1,765.19	1,765.19	516.86	2,282.05	
			1,765.19	1,765.19	516.86	2,282.05	
2013	LIEN	54	1,518.99	1,518.99	668.36	2,187.35	
		1 COEYMAN TL	150.00	150.00	.00	150.00	
		LEGAL CHAR	1.00	1.00	.00	1.00	
			1,669.99	1,669.99	668.36	2,338.35	
			1,669.99	1,669.99	668.36	2,338.35	
2012	LIEN	109	1,494.45	1,494.45	836.89	2,331.34	
		1 COEYMAN TL	150.00	150.00	.00	150.00	
		LEGAL CHAR	1,644.45	1,644.45	836.89	2,481.34	

09/16/2016 10:15
jneal

COUNTY OF ALBANY
Real Estate Tax Statement

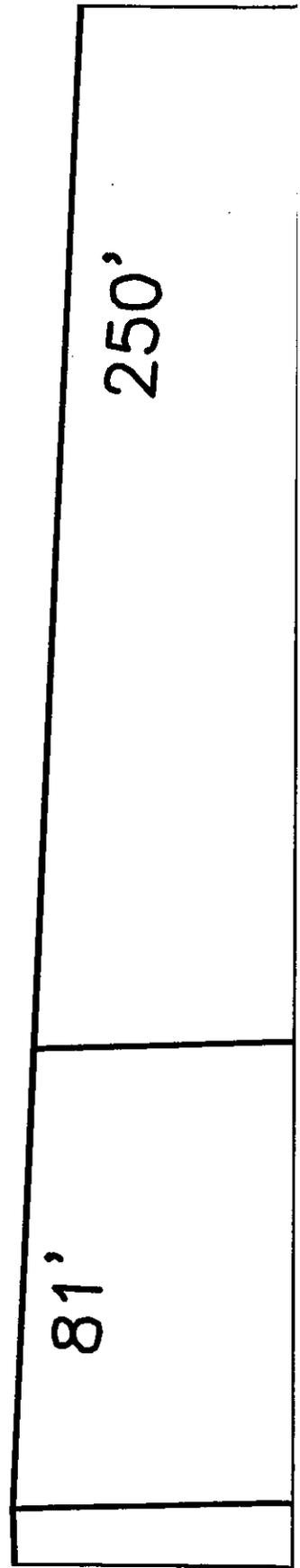
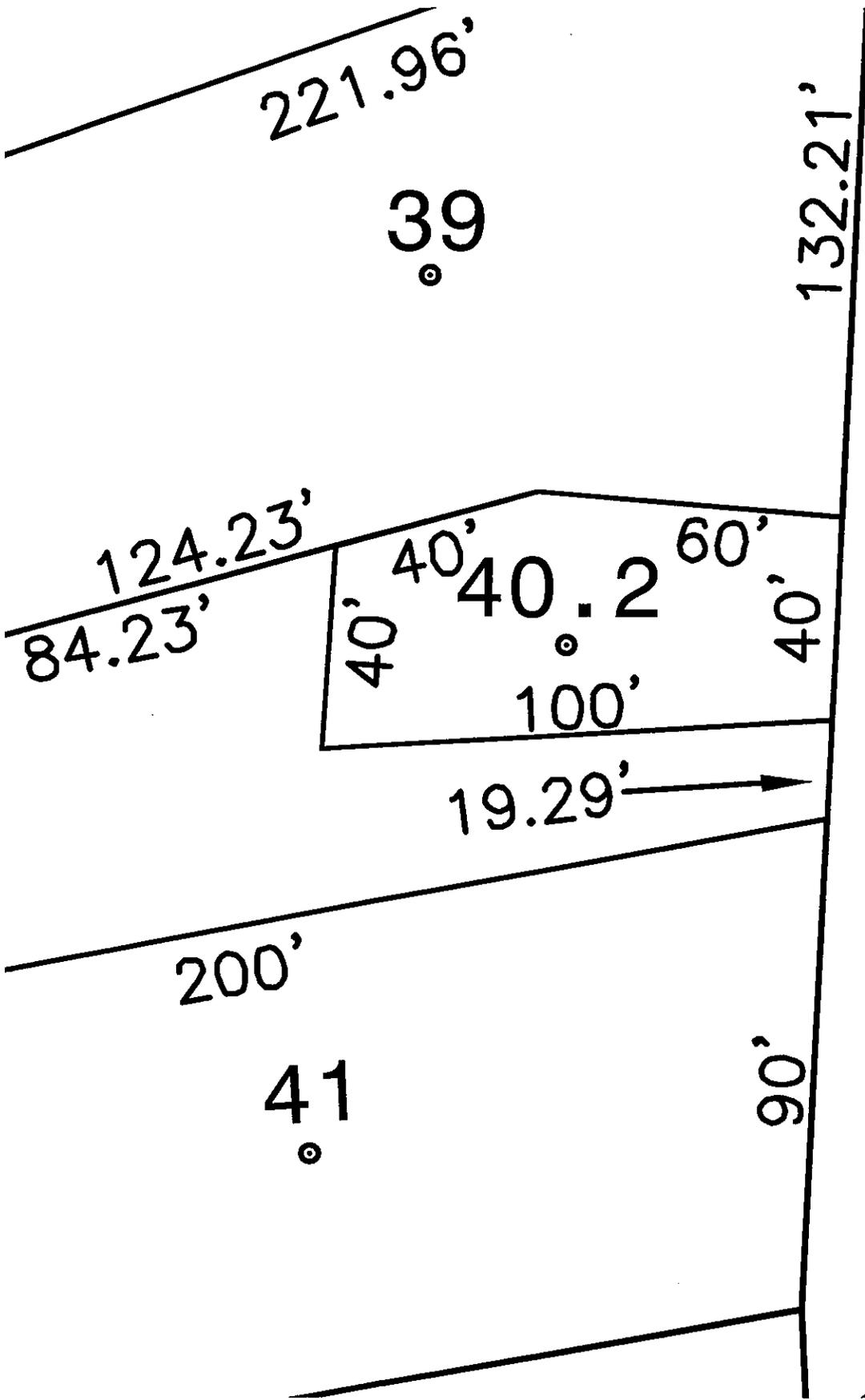
P 2
txtaxstm

YEAR	TYPE	BILL	BILLED	PRIN DUE	INT DUE	TOTAL DUE
	INST	CHARGE				
			1,644.45	1,644.45	836.89	2,481.34
2011	LIEN	86				
	1	COEYMAN TL	1,755.79	1,755.79	1,163.74	2,919.53
			1,755.79	1,755.79	1,163.74	2,919.53
2010	LIEN	157				
	1	COEYMAN TL	945.64	945.64	708.51	1,654.15
		TITLE SEAR	195.00	195.00	.00	195.00
		MAIL CHARG	30.00	30.00	.00	30.00
			1,170.64	1,170.64	708.51	1,879.15
			1,170.64	1,170.64	708.51	1,879.15
GRAND TOTALS			11,287.05	11,287.05	4,354.53	15,641.58

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OUTSTANDING LIEN OR LIENS. CONTINUED FAILURE TO PAY THE ENTIRE
AMOUNT OWED WILL RESULT IN THE LOSS OF THE PROPERTY(IES).

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112 STATE ST. ROOM 1340
ALBANY, NY 12207
TEL: 447-7082

\$35.00 WILL BE CHARGED FOR ANY RETURNED CHECK
INTEREST WILL INCREASE ON THE 1ST OF THE MONTH



From: Hermides@nycap.rr.com [mailto:hermides92@gmail.com]

Sent: Wednesday, September 14, 2016 9:37 AM

To: Gary Domalewicz

Cc: harry@graceland-cemetery.org

Subject: Graceland Cemetery access

Hi Gary,

I have attached the map and tax status documents of the properties that we spoke about on Sunday. Graceland Cemetery (Not for Profit Corp) was unfortunately land-locked when the Thruway was built in the 60's, after they took a swath of Graceland property that extended across all lanes to Southern Blvd. Graceland has since not been able to access the flat lands that are available on the Thruway side of property it owns.

We are now working with a company looking to put a 2 megawatt solar array on 7 acres we own at Exit 23. Again, we have no easy access to this land, nor the means to develop such access. So, if we could acquire some of the lots (apparently available 57-73), possibly the first 3 on Oriole towards the Thruway --57,59,61 or all if the County can convey them to us without cost (see NYS municipal law, Chap 69 below) we could develop new access to flat lands.

Please let me know if you need any further information. While the access to our land behind Oriole is not perfect and would require road construction, it is the only land adjacent to a public road that provides access to Graceland Cemetery property other than our Delaware Ave. front gate.

Thanks for any help you can give us on this. Call if you have any questions.

449

McKinney's Consolidated Laws of New York Annotated
General Municipal Law (Refs & Annos)
Chapter 24. Of the Consolidated Laws
Article 8. Cemeteries (Refs & Annos)

McKinney's General Municipal Law § 165-a

§ 165-a. Voluntary municipal assistance to public cemetery corporations

Effective: May 5, 2010

Currentness

Any municipal corporation may appropriate and provide funding to a public cemetery corporation as defined in article fifteen of the not-for-profit corporation law. In lieu of or in addition to providing funding to a public cemetery corporation, any municipal corporation may provide goods and/or services to a public cemetery corporation as defined in article fifteen of the not-for-profit corporation law.

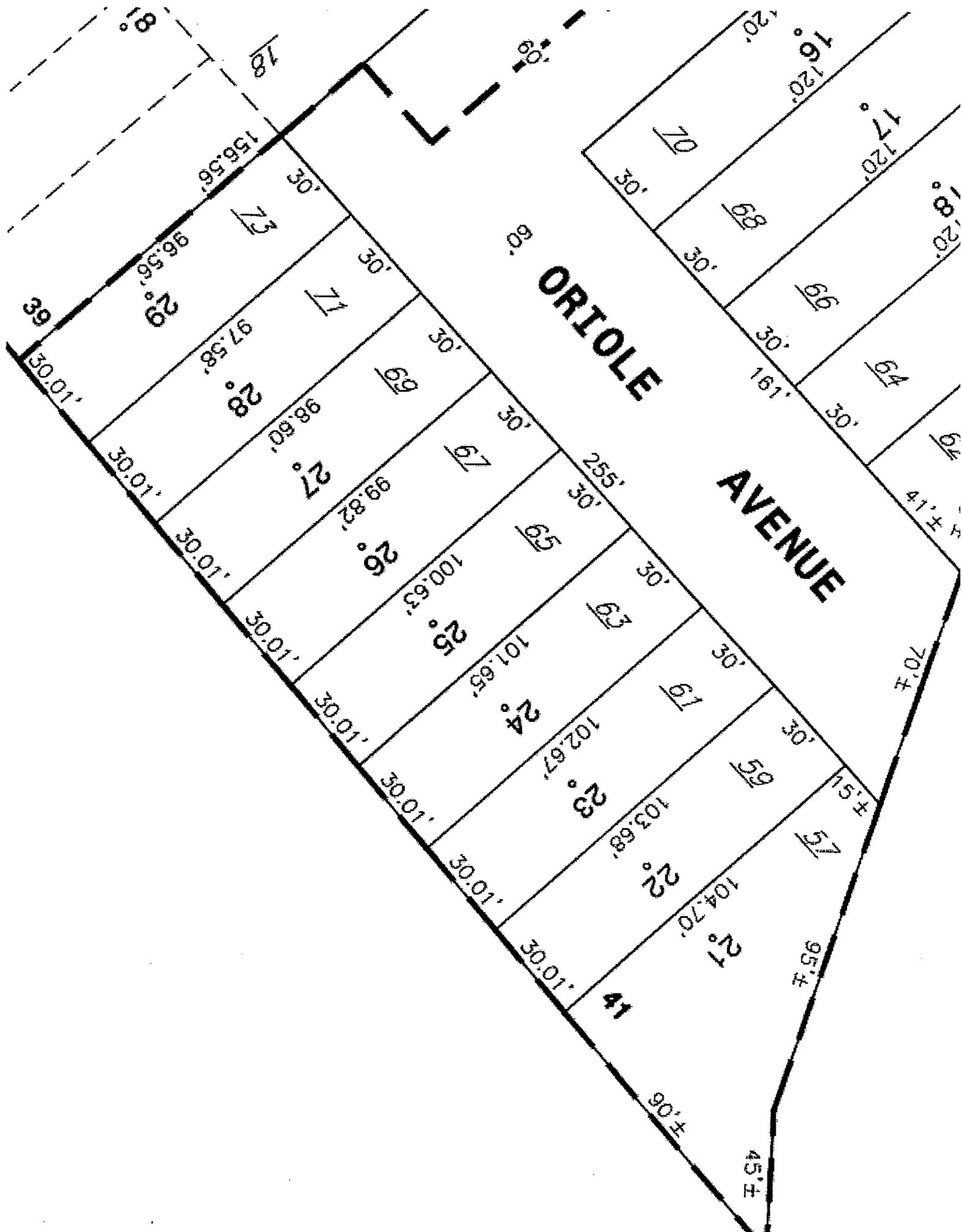
Credits

(Added L.2010, c. 69, § 1, eff. May 5, 2010.)

McKinney's General Municipal Law § 165-a, NY GEN MUN § 165-a
Current through L.2016, chapters 1 to 328.

End of Document

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ORIOLE AVENUE

Lot No.	Area (Acres)	Dimensions (ft)
39	0.18	30.01' x 156.56'
29	0.29	30.01' x 96.56'
28	0.28	30.01' x 97.58'
27	0.27	30.01' x 98.60'
26	0.26	30.01' x 99.82'
25	0.25	30.01' x 100.63'
24	0.24	30.01' x 101.65'
23	0.23	30.01' x 102.67'
22	0.22	30.01' x 103.68'
21	0.21	30.01' x 104.70'
41	0.41	30.01' x 90.6'
57	0.57	30' x 95.4'
59	0.59	30' x 51'
61	0.61	30' x 70.4'
63	0.63	30' x 255'
65	0.65	30' x 41.5'
67	0.67	30' x 70.4'
69	0.69	30' x 99.82'
71	0.71	30' x 98.60'
73	0.73	30' x 97.58'
75	0.75	30' x 96.56'
77	0.77	30' x 156.56'
64	0.64	30' x 161'
66	0.66	30' x 161'
68	0.68	30' x 161'
70	0.70	30' x 161'
16	0.16	18'20" x 17'20"
17	0.17	18'20" x 17'20"
18	0.18	18'20" x 17'20"



P. DAVID SOARES
DISTRICT ATTORNEY

COUNTY OF ALBANY
OFFICE OF THE DISTRICT ATTORNEY
COUNTY COURT HOUSE
ALBANY, NEW YORK 12207
(518) 487-5460
(518) 487-5093 - FAX

DAVID M. ROSSI
CHIEF ASSISTANT DISTRICT ATTORNEY

CHERYL K. FOWLER
DEPUTY CHIEF ASSISTANT DISTRICT
ATTORNEY

September 13, 2016

F. Patrick Jeffers, Majority Counsel
Majority Counsel, Albany County Legislature
112 State Street, Rm. 700
Albany, N.Y. 12207

Arnis Zilgme, Minority Counsel
Albany County Legislature
112 State Street, Rm. 1360
Albany, N.Y. 12207

Dear Sirs:

I am requesting legislative action to further the mission of the Office of the Albany County District Attorney. The attached resolution seeks permission to:

- Apply for and accept funding from the New York State Division of Criminal Justice Services for the Motor Theft and Insurance Fraud Program;
- Apply for and accept funding from the New York State Division of Criminal Justice Services for the Crimes Against Revenue Program; and
- Apply for and accept funding from the New York State Division of Criminal Justice Services for the Aid to Prosecution Program

Attached is the request for legislative action and supporting documents. If you have any questions, please feel free to contact me at 275-4706.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "P. David Soares", is written over a horizontal line.

P. David Soares
Albany County District Attorney

FOR COUNSEL USE ONLY	
Date Received:	<u>9-14-16</u>
Received By :	<u>PM</u>
Method: Hand:	_____
Courier:	<input checked="" type="checkbox"/>
Mail :	_____

REQUEST FOR LEGISLATIVE ACTION

DATE: September 13, 2016

DEPARTMENT: Office of the District Attorney

Contact Person: Heather Orth

Telephone: 275-4704

Dept. Representative Attending
Committee Meeting: District Attorney David Soares and/or Heather Orth

PURPOSE OF REQUEST:

Adopting of Local Law	_____
Amendment of prior Legislation	_____
Approval/Adoption of Plan/Procedure	_____
Bond Approval	_____
Budget Amendment (See Below)	_____
Contract Authorization (See below)	<u>X</u>
Environmental Impact	_____
Home Rule Request	_____
Property Conveyance	_____
Other: (State briefly if not listed above)	<u>X Permission to submit an application for state funds</u>

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING: N/A

TYPE OF CONTRACT

Change Order/Contract Amendment	_____
Purchase (Equipment/Supplies)	_____
Lease (Equipment/Supplies)	_____
Requirements	_____
Professional Services	_____
Education/Training	_____
Grant	
New	_____
Renewal	<u>X</u>
Settlement of a Claim	_____
Release of Liability	_____
Other: (State briefly)	_____

STATE THE FOLLOWING :N/A

Contract Terms/Conditions:

Party (Name/Address):

Division of Criminal Justice Services, Office of Program Development and Funding,
80 South Swan Street, NY 12207

Amount/Raise Schedule/Fee: _____

Term: January 1, 2017 – December 31, 2017

Scope of Services: These funds will support the Motor Vehicle Theft and Insurance Fraud
Prevention program.

Contract Funding:

Anticipated in Current Budget: Yes Yes X No _____

Funding Source: State Funds

County Budget Accounts

Revenue: A31165.0.3498

Appropriation: A91165, 22050, 44039, 12010; 89010; 89030; 89060

Bond (Res.No. & Date of Adoption) _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: Yes _____ No X

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget: Yes X No _____

If yes indicate Revenue/Appropriation Account: A31165.0.3498

A91165 22050, 44039, 12010; 89010; 89030; 89060

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____

State \$65,825

County _____

Term/Length of Funding One Year

Other Reimbursement: _____

Previous Requests for Identical or Similar Action:

Resolution /Law Number 16-15

Date of Adoption: February 9, 2016

Justification: (State briefly why legislative action is requested)

This resolution is requested to provide the authority to apply, accept and enter into the contract with the Department of Criminal Justice Services for the Motor Vehicle Theft and Insurance Fraud Prevention Program.

Back-up Material Submitted: Grant Award Letter, and Resolution 16-15.

Submitted By: Heather Orth

Title: Confidential Assistant to the District Attorney

Orth, Heather

From: dcjs.sm.LawEnforcementLegalServicesUnit
<dcjs.sm.LawEnforcementLegalServicesUnit@dcjs.ny.gov>
Sent: Friday, September 2, 2016 2:33 PM
To: Soares, David; Orth, Heather
Subject: MOTOR VEHICLE THEFT AND INSURANCE FRAUD PREVENTION PROGRAM AWARD LETTER
Attachments: 2016-17 MVTIFP Award Letter Instruction Sheet.docx; MV15-1022-D01 ALB CO 2016 MVTIFP AWARD LTR.pdf

Sent on behalf of

**Michael C. Green
Executive Deputy Commissioner
NYS Division of Criminal Justice Services**

On behalf of Executive Deputy Commissioner Michael C. Green, please see the attached Motor Vehicle Theft and Insurance Fraud Prevention Program award letter for the contract period of January 1, 2017- December 31, 2017.

Your Criminal Justice Program Representative will be contacting you to assist you with the next steps for the implementation of your contract.

Congratulations on your award and we look forward to working with you on this important initiative!

INSTRUCTION SHEET FOR CONTRACT DEVELOPMENT OF THE MVTIFP AWARDS -
August 2016

The 2016-2017 award will be processed as a renewal of your 2015-2016 MVTIFP contract and will appear in GMS as an amendment to that contract. Please note and/or complete the following within 30 days of receiving this notice to further facilitate the development of your contract:

- Reporting deadlines for both program and fiscal reports are due 30 days after the end of each calendar quarter.
- Ensure that all prior year contracts are in compliance with contract conditions (up-to-date progress reports, vouchers, fiscal cost reports and detailed itemization forms).
- Grantees receiving in excess of \$25,000 must submit:
 - Local Assistance MWBE Subcontractor/Supplier Utilization Proposal Form (DCJS- 3301)
 - Local Assistance MWBE NPS Discretionary Budget Determination Worksheet (DCJS-3309)

All of these forms can be located at:

<http://www.criminaljustice.ny.gov/ofpa/mwbe/mwbe-forms.htm>

- Grantees receiving in excess of \$250,000 must also submit the Local Assistance MWBE Equal Employment Opportunity Staffing Plan (DCJS-3300).

This form can be located at: <http://www.criminaljustice.ny.gov/ofpa/mwbe/mwbe-forms.htm>

- Vendor Prequalification: Prequalification is required prior to contract approval for all Not-for-Profit organizations. To review your documentation status, please go to the Grants Reform website at <http://www.grantsreform.ny.gov/grantees>.
 - Vendor Responsibility: Not-for-Profit organizations that are receiving an award of \$100,000 or greater are required to complete an *updated* Vendor Responsibility Questionnaire on-line. The questionnaire and additional information are available on the NYS OSC website at http://www.osc.state.ny.us/vendrep/vendor_index.htm.
 - Charities Registration: Not-for-Profit organizations must ensure that their filing status is up to date with the Charities Bureau of the NYS Attorney General's Office. Requirements may be obtained at <http://www.charitiesnys.com/home.jsp>.
 - Proof of Workers Compensation **and** proof of Disability Insurance are required for all Not-for-Profit entities. Both of these insurance documents must list DCJS as the certificate holder. Please attach a copy of these two documents to your contract record in GMS.
-
-



**Division of Criminal
Justice Services**

ANDREW M. CUOMO
Governor

MICHAEL C. GREEN
Executive Deputy Commissioner

September 1, 2016

The Honorable David Soares
Albany County District Attorney
County Judicial Center
6 Lodge St.
Albany, NY 12207

**Re: 2016 Motor Vehicle Theft and Insurance Fraud
Prevention Program
Project ID # MV15-1022-D01**

Dear District Attorney Soares:

I am pleased to announce that the Albany County District Attorney's Office will receive a grant award in the amount of \$65,825 from the Motor Vehicle Theft and Insurance Fraud Prevention (MVTIFP) program for the contract period beginning January 1, 2017 to December 31, 2017. This award will be processed as a renewal of your current MVTIFP grant contract.

Please see the attached *Contract Instruction Sheet* for additional information and note that items are required within 30 days of receiving this letter to further facilitate the development of your contract.

Should you have any questions, please contact Joann Tierney-Daniels at (518) 457-8404 or by email at Joann.Tierney-Daniels@dcjs.ny.gov. Congratulations on your award. We look forward to working with you on this important project.

Very truly yours,

Michael C. Green
Executive Deputy Commissioner

MCG:jtd:kaf
Attachment (1)

FOR COUNSEL USE ONLY	

Date Received:	<u>9-14-16</u>
Received By :	<u>RAE</u>
Method: Hand:	_____
Courier:	<u>✓</u>
Mail :	_____

REQUEST FOR LEGISLATIVE ACTION

DATE: September 13, 2016

DEPARTMENT: Office of the District Attorney

Contact Person: Heather Orth

Telephone: 275-4704

Dept. Representative Attending
Committee Meeting: District Attorney David Soares and/or Heather Orth

PURPOSE OF REQUEST:

Adopting of Local Law	_____
Amendment of prior Legislation	_____
Approval/Adoption of Plan/Procedure	_____
Bond Approval	_____
Budget Amendment (See Below)	_____
Contract Authorization (See below)	<u>X</u>
Environmental Impact	_____
Home Rule Request	_____
Property Conveyance	_____
Other: (State briefly if not listed above)	<u>X Permission to submit an application for state funds</u>

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING: N/A

TYPE OF CONTRACT

Change Order/Contract Amendment	_____
Purchase (Equipment/Supplies)	_____
Lease (Equipment/Supplies)	_____
Requirements	_____
Professional Services	_____
Education/Training	_____
Grant	
New	_____
Renewal	<u>X</u>
Settlement of a Claim	_____
Release of Liability	_____
Other: (State briefly)	_____

451

STATE THE FOLLOWING :N/A

Contract Terms/Conditions:

Party (Name/Address):

Division of Criminal Justice Services, Office of Program Development and
Funding, Alfred E. Smith Building, 80 S. Swan Street. Albany NY 12210

Amount/Raise Schedule/Fee: _____

Term: January 1, 2017 – December 31, 2017

Scope of Services: These funds will support the Crimes Against Revenue Program.

Contract Funding:

Anticipated in Current Budget: Yes Yes X No _____

Funding Source: State Funds

County Budget Accounts

Revenue: A31165.0.3335

Appropriation: A91165 12010; 89010; 89030; 89060

Bond (Res.No. & Date of Adoption) _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: Yes _____ No X

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget: Yes X No _____

If yes indicate Revenue/Appropriation Account: A31165.0.3335

A91165 19954; 44046; 22050; 44039; 12010; 89010;

89030; 89060

Fiscal Impact - Funding: (Dollars or Percentages)

Federal _____

State \$286,700

County _____

Term/Length of Funding One Year

Other Reimbursement: _____

Previous Requests for Identical or Similar Action:

Resolution /Law Number 15-130

Date of Adoption: 4/13/2015

Justification: (State briefly why legislative action is requested)

This resolution is requested to provide the authority to apply, accept and enter into the contract with the Department of Criminal Justice Services for the Crimes Against Revenue Program.

Back-up Material Submitted: Grant Award Letter, Certification, MOU and Resolution 15-130.

Submitted By: Heather Orth

Title: Confidential Assistant to the District Attorney



**Division of Criminal
Justice Services**

ANDREW M. CUOMO
Governor

MICHAEL C. GREEN
Executive Deputy Commissioner

August 26, 2016

The Honorable David Soares
Albany County District Attorney
County Justice Building
Albany, NY 12207

**Re: 2016 Crimes Against Revenue Program (CARP)
Contract Number: C444446**

Dear District Attorney Soares:

I am pleased to announce that the Albany County District Attorney's Office will receive a grant award in the amount of \$286,700 from the Crimes Against Revenue Program (CARP) for the contract period beginning January 1, 2017 to December 31, 2017. The CARP program is administered jointly by the NYS Division of Criminal Justice Services (DCJS) and the NYS Department of Taxation and Finance (DTF). This award will be processed by DCJS as a renewal of your current CARP grant contract.

Please see the attached *Contract Instruction Sheet* for additional information and note that items are required within 30 days of receiving this letter to further facilitate the development of your contract.

Should you have any questions, please contact Joann Tierney-Daniels at (518) 457-8404 or by email at Joann.Tierney-Daniels@dcjs.ny.gov. Congratulations on your award. We look forward to working with you on this important project.

Very truly yours,

Michael C. Green
Executive Deputy Commissioner

MCG:jtd:kaf

Attachment (3)



**Division of Criminal
Justice Services**

**Department of
Taxation and Finance**

ANDREW M. CUOMO
Governor

MICHAEL C. GREEN
Executive Deputy Commissioner

JERRY BOONE
Commissioner

August 26, 2016

The Honorable David Soares
Albany County District Attorney
County Justice Building
6 Lodge Street
Albany, NY 12207

Dear District Attorney Soares:

Thank you for your office's partnership with the Department of Taxation and Finance (DTF) and the Division of Criminal Justice Services (DCJS) in administering the State's Crimes Against Revenue Program (CARP), through which your office received a 2016 grant award of \$286,700. We write this letter to inform you of our thoughts on how we intend to assess CARP grantee performance during the next CARP grant solicitation (i.e., Request for Proposals (RFP) process), which we expect to take place two years from now.

The purpose of the CARP program is to facilitate the investigation and prosecution of those who commit crimes that result in the loss of State revenues, such as criminal failure to pay tax obligations associated with both legal and illegal activities. The program's primary goals include the specific and general deterrence of such revenue related crimes and the payment of restitution to the State of New York. CARP is a self-sustaining program, funded by proceeds from prosecutions that result in tax revenues, fines, and restitution being returned to the State.

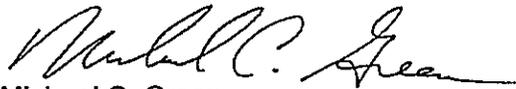
As with the RFP issued last year to determine 2016 CARP grant recipients and amounts, eligibility and performance evaluation criteria for future CARP RFPs will strongly emphasize historic revenue generation by individual applicants, more stringently comparing prior grant funding to CARP revenue generation. For your reference, the most recent CARP revenue report is attached, which reflects the most up to date eligible revenue collected by grant recipients, as of June 30.

Each individual grantee's prior program performance will also be assessed in future RFPs based on the achievement of contract work plan goals and performance measures, as indicated by the qualitative and quantitative data included in Quarterly Progress Reports and CARP Quarterly Program Summary Worksheets that are regularly submitted through the DCJS grants management system (GMS). Of course, each grantee's prosecution of cases that have significant indirect value beyond revenue collection will also be considered. Such cases may include, for example, prosecutions of corrupt tax preparers. Finally, compliance with grantees' Memorandum of Understanding with DTF will also be considered in the performance assessment process.

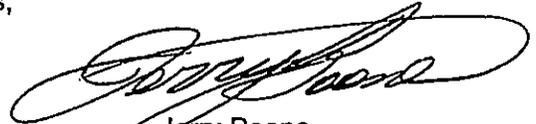
In the interest of directly supporting grantee efforts to improve or sustain strong CARP program performance, in October DTF and DCJS will again co-host an annual CARP Symposium. This will provide an opportunity to review and discuss promising practices being used by CARP grantees and DTF to successfully investigate and/or prosecute CARP cases, and other potential means by which DTF and/or DCJS might assist CARP grantees in improving their CARP program performance. In the meantime, you should feel free to contact DTF or DCJS with any CARP related questions or suggestions you may have.

DTF and DCJS remain deeply committed to the continued success of the Crimes Against Revenue Program. We believe significant opportunities exist to increase not just the number of revenue crime cases that can be jointly developed by DTF and CARP grantees, but also to advance the type of cases that support the State's overall objectives of tax compliance and fairness. We look forward to our continued collaboration on this important initiative and to seeing you at the October symposium.

Very truly yours,



Michael C. Green
Executive Deputy Commissioner



Jerry Boone
Commissioner

Attachment (1)

FOR COUNSEL USE ONLY

Date Received: 9-14-16
Received By: AM
Method: Hand: _____
Courier: _____
Mail: _____

REQUEST FOR LEGISLATIVE ACTION

DATE: September 13, 2016

DEPARTMENT:

Contact Person: Heather Orth
Telephone: 275 4704
Dept. Representative Attending
Committee Meeting: Heather Orth and/or David Soares, District Attorney

PURPOSE OF REQUEST:

- Adoption of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure _____
- Bond Approval _____
- Budget Amendment (See below) _____
- Contract Authorization (See below) X
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____

Other: (State briefly if not listed above) X Authorization to submit an application and accepts funds from the NYS Division of Criminal Justice Services to continue the Aid to Prosecution Program.

**CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:**

Contract Terms/Conditions:

Party (Name/Address):
NYS DCJS
80 South Swan Street
Albany, NY 12210

Amount/Rate Schedule/Fee:
\$126,100

Term: 10/1/16 – 9/30/17

Scope of Services: Funds will be used to enhance the prosecution of repeat violent and serious felony offenders

Contract Funding:

Anticipated in Current Budget: Yes X No _____

Funding Source: State Funds

County Budget Accounts:

Revenue: A9116503325

Appropriation: A91165 12010; 89010; 89030; 89060

Bond (Res. No. & Date of Adoption) _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: Yes _____ No X

452

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget: Yes X No _____

If yes, indicate Revenue/Appropriation Accounts:

Revenue: A9116503325

Appropriation: A91165 12010; 89010; 89030; 89060

Fiscal Impact – Funding: (Dollars or Percentages)

Federal _____

State 100%

County _____

Term/Length of Funding 10/1/16 – 9/30/17 - 12 months

Previous Requests for Identical or Similar Action:

Resolution/Law Number: 15-248

Date of Adoption: 7/13/15

Justification: (State briefly why legislative action is requested)

The Office of the District Attorney requests legislative authority to seek funds from NYS DCJS to continue the Aid to Prosecution program.

Back-up Material Submitted: 2015/2016 Aid to Prosecution Award Information, previous resolution.

Submitted By: Heather Orth

Title: Confidential Assistant to the District Attorney



**Division of Criminal
Justice Services**

ANDREW M. CUOMO
Governor

MICHAEL C. GREEN
Executive Deputy Commissioner

August 25, 2016

The Honorable David Soares
Albany County District Attorney
County Justice Building
6 Lodge Street
Albany, NY 12207

Dear District Attorney Soares:

The NYS Division of Criminal Justice Services (DCJS) is pleased to advise you of the 2016-2017 Aid to Prosecution (ATP) award to your office in the amount of \$126,100 for the contract period October 1, 2016 to September 30, 2017. As always, this grant is contingent upon the availability of state funds for the entirety of the contract term.

A DCJS Office of Program Development and Funding (OPDF) Program Representative will contact your office to assist in the development of the grant contract. Please see the attached *Contract Instruction Sheet* for additional contract information and note that items are required within 30 days of receiving this letter.

Should you have any questions, please contact Joann Tierney-Daniels at (518) 457-8404 or email at Joann.Tierney-Daniels@dcjs.ny.gov. We look forward to working with your office throughout this year. Thank you for your continued efforts to make New York the safest state in the nation.

Very Truly Yours,

A handwritten signature in black ink that reads "Michael C. Green".

Michael C. Green
Executive Deputy Commissioner

MCG:jtd:nb
Attachment – Contract Instruction Sheet

Orth, Heather

From: Bernard, Nancy (DCJS) <Nancy.Bernard@dcjs.ny.gov>
Sent: Thursday, August 25, 2016 2:40 PM
To: Soares, David; Orth, Heather
Subject: ALBANY COUNTY AID TO PROSECUTION AWARD LETTER
Attachments: Contract Instruction Sheet - August 2016.docx; ATP AWARD LTR ALBANY.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Sent on behalf of

Michael C. Green
Executive Deputy Commissioner
NYS Division of Criminal Justice Services

On behalf of Executive Deputy Commissioner Michael C. Green, please see the attached Aid to Prosecution Program Grant award letter for the contract period of October 1, 2016- September 30, 2017.

Your Criminal Justice Program Representative will be contacting you to assist you with the next steps for the implementation of your contract.

Congratulations on your award and we look forward to working with you on this important initiative!

Nancy Bernard
Law Enforcement Legal Services Unit
Office of Program Development and Funding

New York State Division of Criminal Justice Services
80 South Swan St., Albany, NY 12210
(518) 457-8404 office
Nancy.Bernard@dcjs.ny.gov
www.criminaljustice.ny.gov



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET, ROOM 900
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

September 14, 2016

Hon. Bruce A. Hidley
Office of the Albany County Clerk
Albany County Courthouse
Albany, NY 12207

Hon. Paul T. Devane, Clerk
Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

Dear Messrs. Hidley and Devane:

I write to advise that I am appointing Matthew Cannon as Albany County Director of Economic Development, Conservation and Planning, subject to confirmation by the County Legislature. My authority to make this appointment lies in the County Charter under Sections 302(c) and 1101. Given the importance of the Department of Economic Development, Conservation and Planning within Albany County, I anticipate the County Legislature will take up this appointment in an expedient fashion.

I have enclosed a resume for review by the legislature.

Please advise if there are any questions.

Sincerely,

Daniel P. McCoy
Daniel P. McCoy

cc: Sean Ward, Chairman
Frank Commisso, Majority Leader
Frank Mauriello, Minority Leader
F. Patrick Jeffers, Majority Counsel
Arnis Zilgme, Minority Counsel

FOR COUNSEL USE ONLY	

Date Received:	_____
Received by:	_____
Method: Hand:	_____
Courier:	_____
Mail:	_____

REQUEST FOR LEGISLATIVE ACTION

RLA #2007: Appointment of Albany County Director of Economic Development, Conservation and Planning

DATE: Tuesday, September 13, 2016

DEPARTMENT: County Executive

Contact Person: Michael McLaughlin, Director of Policy and Research

Telephone: 518-447-3043

Dept. Representative Attending Committee Meeting: Michael McLaughlin, Director of Policy and Research

PURPOSE OF REQUEST:

- Adopting of Local Law _____
- Amendment of Prior Legislation _____
- Approval/Adoption of Plan/Procedure X
- Bond Approval _____
- Budget Amendment (see below) _____
- Contract Authorization (see below) _____
- Environmental Impact _____
- Home Rule Request _____
- Property Conveyance _____
- Other: (State briefly if not listed above) _____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

- Change Order/Contract Amendment _____
- Purchase (Equipment/Supplies) _____
- Lease (Equipment/Supplies) _____
- Requirements Professional Services _____
- Education/Training _____
- Grant: _____
- New _____
- Renewal _____
- Submission Deadline Date _____
- Settlement of a Claim _____
- Release of Liability _____
- Other: (State briefly) _____

CONCERNING CONTRACT AUTHORIZATION (Cont'd)
STATE THE FOLLOWING:

Contract Terms/Conditions:

Amount/Raise Schedule/Fee _____

Scope of Services _____

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service: No _____

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget Yes _____

County Budget Accounts:

Revenue _____

Appropriation

Account Code	Line	Amount
AA8020	11022	

Fiscal Impact - Funding: (Dollars or Percentages)

	Albany County Appropriation
Federal	0%
State	0%
County	100%
Local	0%

Term/Length of Funding: _____

Impact on Pending Litigation No _____

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

The County Executive's Office is seeking approval from the Legislature to appoint Matthew Cannon to the position of Albany County Director of Economic Development, Conservation and Planning. The candidate's experience uniquely qualifies him for this position. The attached resume is included for your review.

Back-up Material Submitted: (i.e., application/approval notices from funding source, bid tabulation sheet, civil service approval notice, program announcement, contracts and/or any materials which explain or support the request for legislative action.)

Submitted by:

Michael McLaughlin

Title:

Director of Policy and Research

MATTHEW CANNON

PROFESSIONAL EXPERIENCE

Time Warner Cable Media (Latham, NY) | *Upstate New York Political and News Manager* | Oct. 2015 – Present

- Serve as political and news expert for media sales team across Upstate New York, including major markets: Albany, Binghamton, Buffalo, Rochester, Syracuse, Utica, and Watertown.
- Educate local sales teams on Upstate New York's political landscape and how to best align the Time Warner Cable Media product suite with campaigns at the federal, state, and local levels.
- Coordinate editorial programming with news directors to best fit with existing and prospective clients.
- Act as communication liaison between news departments and media sales teams across Upstate New York during a high-profile public merger.

Gramercy Communications (Troy, NY) | *Director of Public Affairs* | Nov. 2014 – Sept. 2015

- Work centered on statewide public affairs in New York State, issue advocacy public relations, marketing and advertising, campaigns, and corporate public relations to centers of influence.
- Exhibited thought leadership on professional and industry topics to advance firm's ability to serve its clients.
- Participated in strategic grassroots effort of more than 50 Upstate New York CEOs to successfully call for economic development funding in 2014-2015 New York State Budget.
- Managed account for medical marijuana applicant that successfully won one of the five licenses awarded in New York State.

New York State Senate (Albany, NY) | *Director of Correspondence* | Jan. 2014 – Oct. 2014

- Served on the senior communications staff for Co-President of the New York State Senate and the Independent Democratic Conference, working in a bipartisan, coalition form of government.
- Oversaw all constituent communications, including district mail plan and budget, social media, and new media platforms for district representing communities in the Bronx and Westchester.
- Organized press events in the State Capitol, including press materials, senator talking points, advocate participation, and media outreach.

Gramercy Communications (Troy, NY) | *Director of Integrated Media* | Oct. 2011 – Dec. 2013

- Managed diverse client list including Fortune 500 and start-up companies; statewide associations and regional not-for-profits; public colleges and private schools; public authorities and municipal entities. Combined, clients represented more than \$5 billion in active economic development projects.
- Oversaw multiple client projects related to economic development, ensuring strategic plans were carried out from initial introduction through completion of project, including follow-up opportunities.
- Acted as main contact for multiple clients, providing public relations, marketing, and public affairs services.

New York State Assembly (Albany, NY) | *Assistant Regional Coordinator* | Mar. 2011 – Oct. 2011

- Outlined and edited press releases, constituent correspondence materials, media talking points, and website content for designated Assembly members.
- Created communications plans for Assembly members to use for constituent outreach efforts, media strategies, and legislative goals.

Democratic Assembly Campaign Committee (New York State) | *Campaign Aide* | Sept. 2010 – Oct. 2011

- Provided strategic, public relations, and administrative support for Assembly elections in: Staten Island/Bay Ridge (fall 2010); Queens (summer 2011); and Utica (summer 2011).
- Evaluated and managed voter data and walking lists to maximize constituent outreach.
- Coordinated event schedule with candidate's district office to ensure daily community exposure.

New York State Assembly (Albany, NY) | *Researcher* | Apr. 2010 – Mar. 2011

- Executed investigative and research-intensive duties for the Research Services Unit within the Department of Communication and Information Services.
- Prepared bill summaries and organized relevant information to brief select Assembly officials for committee meetings and floor debates.

MATTHEW CANNON

EDUCATION & SKILLS

Northeastern University (Boston, MA) | BA in Communications Studies, Minor in Business | May 2007

Awards: City & State 40 Under 40 (2015); Knickerbocker Ledger 30 Under 30 (2013).

Community Involvement: Co- President, Shaker All Sports Booster Club (Current); Income and Development Chair for Best Buddies Friendship Walk (2015); North Colonie Pop Warner, Volunteer Coach.

Technical: PC and Mac proficient; MS Office; Legislative Retrieval System (LRS); NGP VAN; Social Media; Final Cut Pro; Video Production.

*References available upon request