AGENDA BACK-UP

ALBANY COUNTY LEGISLATURE

JUNE 10, 2019

PART II
May 13, 2019

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Joyce,

The Albany County Department of Mental Health (ACDMH) requests permission to apply for New York State Opioid Response Grant funds. The funds will be used to increase access to addiction treatment services countywide. The Grant will result in the development of plans that will allow for a quicker and stronger response to the Opioid crisis.

Feel free to contact me or Kelle Roberts if you have any questions concerning this request.

Sincerely,

[Signature]

Stephan Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Authorization to apply for NYS Opioid Response Grant
Click or tap here to enter text.

Date: May 8, 2019
Submitted By: Mark Gleason
Department: Mental Health
Title: Operations Analyst
Phone: 518-447-3014
Department Rep.
Attending Meeting: Dr. Stephen Giordano, Director

Purpose of Request:

☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☐ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☒ Other: (state if not listed) Apply for Additional State Opioid Grant Funding

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
☐ Personnel Non-Individual
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☒ Grant

Choose an item. Submission Date Deadline Rolling
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed)

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee:
Scope of Services: Provide increased access to opioid services in rural communities to
individuals with opioid use disorders

Bond Res. No.:
Date of Adoption:
Click or tap here to enter text.
Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority:
Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☐ No ☒
Anticipated in Current Budget: Yes ☐ No ☒
### County Budget Accounts:

- **Revenue Account and Line:** Click or tap here to enter text.
- **Revenue Amount:** Click or tap here to enter text.
- **Appropriation Account and Line:** Click or tap here to enter text.
- **Appropriation Amount:** Click or tap here to enter text.

### Source of Funding - (Percentages)

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<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
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<td>County</td>
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<tr>
<td>Local</td>
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### Term

- **Term:** (Start and end date)
- **Length of Contract:** Click or tap here to enter text.

### Impact on Pending Litigation

- **Impact:** Yes ☐ No ☒
- **If yes, explain:** Click or tap here to enter text.

### Previous requests for Identical or Similar Action:

- **Resolution/Law Number:** Resolution #90
- **Date of Adoption:** March 11, 2019

### Justification: (state briefly why legislative action is requested)

Additional Federal grant funding has been made available through the NYS Office of Alcoholism and Substance Abuse Services (OASAS) to combat opioid addiction and improve treatment access countywide. DMH is requesting permission to apply for $250,000 in additional grant funding. The funding will be used to develop outreach and engagement services in order to reach historically difficult to engage populations (e.g., residents of rural areas of Albany County; veterans; etc.); and, to build partnerships with the provider community to enhance services countywide. The funding will result in the development of services that will allow for a quicker and stronger response to the opioid epidemic, particularly in the rural areas of Albany County. Additionally, funding will be used for community education and improved access to resources for individuals with an opioid use disorder.
May 8, 2019

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to join the Capital Behavioral Health Care Collaborative, a network of local behavioral health providers, to prepare for entering into Managed Medicaid contracts with Value Based Payment arrangements. In the Value Based Payment model, healthcare providers are paid based on the health outcomes of their patients as contrasted to the current fee for service model which providers are reimbursed based on the amount of healthcare services that are delivered to their patients. This is a New York State Department of Health, Office of Mental Health and Office of Alcoholism and Substance Abuse Services initiative to ensure adequate services for the region. Authorization was received on December 4, 2017 by the County Legislature to sign a letter of intent to become a member of the Capital Behavioral Health Care Collaborative. There is no County share associated with this contract.

Feel free to contact me or Kelle Roberts if you have any questions concerning this request.

Sincerely,

[Signature]
Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Kevin Cavazzaro, Majority Counsel
Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Intergovernmental Agreement to participate in the Capital Behavioral Health Care Collaborative
Click or tap here to enter text.

Date: Monday May 5
Submitted By: Mark Gleason
Department: Mental Health
Title: Operations Analyst
Phone: 518-447-3014
Department Rep.
Attending Meeting: Dr. Stephen Giordano, Director

Purpose of Request:
☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☒ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☐ Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
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☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant
  Choose an item.
  Submission Date Deadline Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed)
  Network Provider in Capital Behavioral Health Care Collaborative (BHCC)

Contract Terms/Conditions:

Party (Name/address):
  Capital Behavioral Health Care Collaborative, Inc. (BHCC)
  255 Washington Ave Extension
  Suite 100
  Albany NY 12206

Additional Parties (NamesAddresses):
  Click or tap here to enter text.

Amount/Raise Schedule/Fee: 0
Scope of Services: Join the Capital Behavioral Health Care Collaborative as a network provider to prepare for Value Based Payment contracting for Medicaid Managed Care Services.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS
**Mandated Program/Service:** No

**Is there a Fiscal Impact:** Yes

**Anticipated in Current Budget:** Yes

**County Budget Accounts:**
- **Revenue Account and Line:**
- **Revenue Amount:**
- **Appropriation Account and Line:**
- **Appropriation Amount:**

**Source of Funding - (Percentages):**
- Federal: Click or tap here to enter text.
- State: Click or tap here to enter text.
- County: Click or tap here to enter text.
- Local: Click or tap here to enter text.

**Term:**
- **Term: (Start and end date):** July 1, 2019 to June 30, 2022
- **Length of Contract:** 3 years

**Impact on Pending Litigation**
- **Yes □ No ☒**

**Previous requests for Identical or Similar Action:**
- **Resolution/Law Number:** #487
- **Date of Adoption:** December 4, 2017

**Justification:** (state briefly why legislative action is requested)
The Albany County Department of Mental Health (ACDMH) seeks permission to join the Capital Behavioral Health Care Collaborative, a network of 44 non-profits, for profit and governmental agencies that offer mental health, substance abuse and other support services to the community. The goal of the network is to negotiate and manage value-based payment contracts for Medicaid services on behalf of the member agencies. In the value-based payment model, healthcare providers are paid based on the health outcomes of their patients as contrasted to the current fee-for-service model which providers are reimbursed based on the amount of healthcare services that are delivered to their patients. ACDMH is joining as a class C member with no economic interest or risk. This is a New York State Department of Health, Office of Mental Health and Office of Alcoholism and Substance Abuse Services initiative to ensure adequate services for the region.
ABOUT US

Who we are
- A network of 44 nonprofit, for profit and government agencies that offer mental health, substance abuse and other support services to the communities they serve in nine NE NY counties
- Not a direct service provider
- Incorporated in July 2018 as an LLC
- Funded by a three-year grant from OMH
- Office located at 255 Washington Ave Extension, Suite 100, Albany

Goals
Negotiate and manage value-based payment contracts for Medicaid services on behalf of its member agencies

What Value Based Payment is...and is not
- Replacement for traditional fee for service payments with a contracted fee that will be based on patient care outcomes. The goal of NYS is to have 80% of Medicaid payments in a VBP payment arrangement by April 2020
- Not a three-year project
- Does not include private insurance payers at this time

Why CBHN is important
- Creates the critical mass of services that is needed to successfully negotiate rates with third parties
- Creates a coordinated network of providers with common purpose and standards, reducing fragmentation of services for clients
- Will have the legal structure (Independent Practice Association or IPA) needed to legally negotiate rates on behalf of the group

What does CBHN do
- Establish data collection infrastructure
- Collect and analyze data to determine outcomes and costs
- Share data with members
- Negotiate group contracts for its members based on value of services
- Work with members to establish common standards of care as part of contracts
CBHN Legal Considerations

Affiliate/Network members
- Affiliate or network “member” designation applies to VBP Readiness project only
- Separate corporation was established to create necessary legal structure for contracting

Structure
- Capital Behavioral Health Collaborative is the nonprofit parent of CBHN
  - Consists of the founding 8 founding agencies
  - Assumes risk for losses
- Capital Behavioral Health Network (CBHN) is the for profit (LLC) subsidiary

Membership in CBHN
- Level A members
  - CBH Collaborative is the sole Level A member
  - Each agency on CBH Collaborative board has one CBHN board seat (8)
  - Have already made significant contributions in resources
  - Shares in profit and losses
  - Would make capital contribution if needed to cover losses
- Level B members
  - Shares in profit and losses
  - May be required to make capital contribution if needed to cover losses
  - No initial membership fee is required
  - All level B members will select up to three members for board seats
- Level C Members
  - Do not share in profit or loss
  - Will not be asked for a capital contribution to cover losses
  - No initial membership fee is required
  - All Level C members will select up to three members for board seats

Documents
- Joinder agreement
- Business Associate Agreement- pick one:
  - BAA/QSOA- for substance abuse service providers
  - BAA- All other providers
BUSINESS ASSOCIATE AGREEMENT

THIS AGREEMENT (the "Agreement"), effective on the First day of July, 2019, between Albany County Department of Mental Health (hereinafter referred to as the "Covered Entity") and CAPITAL BEHAVIORAL HEALTH NETWORK LLC (hereinafter referred to as the "Business Associate").

WITNESSETH:

WHEREAS, Business Associate is a Behavioral Health Care Collaborative as contemplated by the New York State Office of Mental Health and Office of Alcoholism and Substance Abuse Services;

WHEREAS, Covered Entity intends to be or is part of the Behavioral Health Care Collaborative and Business Associate intends to provide certain services to the Covered Entity as part of the Behavioral Health Care Collaborative, which may include population health management, utilization review, quality assessment and improvement activities, and payment activities;

WHEREAS, Business Associate’s provision of such services qualifies it as a “business associate” of Covered Entity, as defined in the Privacy and Security Standards; and

WHEREAS, Covered Entity and Business Associate do hereby desire to enter into this Agreement as required under the Privacy and Security Standards.

NOW, THEREFORE, for the reasons set forth above and in consideration of the mutual promises and agreements set forth herein, Covered Entity and Business Associate do hereby contract and agree as follows:

1. **Definitions.** Terms used, but not otherwise defined in this Agreement, shall have the same meaning as those terms in 45 CFR §§ 160.103 and 164.501.

   (a) **Business Associate.** “Business Associate” shall mean the entity defined above.

   (b) **Covered Entity.** “Covered Entity” shall mean the entity defined above.

   (c) **Data Aggregation.** “Data Aggregation” shall have the same meaning as the term “Data Aggregation” in 45 CFR § 164.501.

   (d) **Individual.** “Individual” shall have the same meaning as the term “individual” in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

(f) **Privacy and Security Rules.** “Privacy and Security Rules” shall mean the Standards for Privacy and Security of Individually Identifiable Health Information at 45 CFR Parts 160, 162 and 164.

(g) **Privacy Standards.** “Privacy Standards” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

(h) **Protected Health Information.** “Protected Health Information” shall have the same meaning as the term “Protected Health Information” in 45 CFR § 164.501, limited to the information created, received, maintained or transmitted by Business Associate from or on behalf of Covered Entity.

(i) **Required by Law.** “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR § 164.501.

(j) **Secretary.** “Secretary” shall mean the Secretary of the Department of Health and Human Services or his or her designee.

2. **Obligations and Activities of Business Associate.**

(a) **Confidentiality.** Business Associate agrees to hold Protected Health Information confidentially and shall not use or disclose it other than as permitted or required by this Agreement, 45 CFR § 164.504(e), the Privacy Standards or as Required by Law.

(b) **Safeguard Protected Health Information.** Business Associate agrees to use appropriate safeguards to prevent use or disclosure of Protected Health Information other than as provided for by this Agreement. Business Associate shall secure all Protected Health Information such that it cannot be accessed or viewed by those who do not have a need to know the information. Business Associate shall comply with 45 CFR §§ 164.308, 164.310, 164.312 and 164.316 and relevant provisions of Subtitle D of the American Recovery and Reinvestment Act and its related regulations, as such provisions and regulations become effective and as applicable to business associates, as defined by 45 CFR § 160.103.

(c) **Mitigation.** Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

(d) **Subcontractors.** Business Associate agrees to take commercially reasonable steps to ensure that any agent, including a subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of the Business Associate agrees in writing enforceable in favor of Covered Entity to the same restrictions, conditions, and requirements that apply throughout this Agreement to Business Associate with respect to such information. Business Associate shall implement and maintain sanctions against agents and subcontractors that violate
such conditions and restrictions and shall mitigate the effects of any such violation of which Business Associate becomes aware, at the direction of Covered Entity.

(e) **Access.** Business Associate agrees to make available to Covered Entity, at the request of Covered Entity, within five (5) days of any such request, the Protected Health Information of Individuals, within the control of Business Associate or any agent or subcontractor of Business Associate, to enable Covered Entity to provide access to, or a copy of such Protected Health Information, to an individual in order to meet the requirements under 45 CFR § 164.524.

(f) **Amendments.** Business Associate agrees to make any amendment(s) to Protected Health Information maintained by Business Associate or its agents or subcontractors that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 at the request of Covered Entity within five (5) days of receipt of such request.

(g) **Internal Books and Records.** Business Associate agrees to make internal practices, books, and records, including policies and procedures, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary, in a time and manner designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

(h) **Accounting for Disclosures.** Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528. Business Associate agrees to provide to Covered Entity or, as directed by the Covered Entity, directly to an Individual, all required information in response to such request for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528 and relevant provisions of Subtitle D of the American Recovery and Reinvestment Act and its related regulations.

(i) **Business Associate Carrying Out Covered Entity Obligations.** To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, Business Associate shall comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s).

(j) **Other Privacy Laws.** Business Associate agrees to follow other relevant laws and regulations related to protecting health information, including, but not limited to, requirements in New York State Mental Hygiene Law § 33.13 and related regulations, New York State Public Health Law Article 27-F and related regulations, and 42 CFR Part 2.

3. **General Use and Disclosure Provisions.**

   Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of,
Covered Entity, provided that such use or disclosure would not violate the Privacy Standards if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

4. **Specific Use and Disclosure Provisions**

   (a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of Business Associate.

   (b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and be used or further disclosed only as Required by Law or for the purpose for which it was disclosed, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

   (c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information as specifically requested by Covered Entity to provide Data Aggregation services to Covered Entity as permitted by 45 CFR § 164.504(e)(2)(i)(B).

   (d) Except as otherwise limited in this Agreement, Business Associate may de-identify any and all Protected Health Information provided that the de-identification conforms to the requirements of the Privacy Standards. The parties acknowledge and agree that de-identified data does not constitute Protected Health Information and is not subject to the terms of this Agreement.

   (e) Business Associate, and its agents or subcontractors, shall only request, use and disclose the minimum amount of Protected Health Information necessary to accomplish the purpose of the request, use or disclosure.

5. **Obligations of Covered Entity**

   (a) Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 CFR § 164.520, as well as any changes to such notice, to the extent that such changes may affect Business Associate’s use or disclosure of Protected Health Information.

   (b) Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose Protected Health Information, if such changes affect Business Associate’s permitted or required uses and disclosures.

   (c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with
45 CFR § 164.522, to the extent that such restriction may affect Business Associate’s use or disclosure of Protected Health Information.

6. **Permissible Requests by Covered Entity.**

   Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Standards if done by Covered Entity, except as permitted in Section 4(c) of this Agreement.

7. **Term and Termination.**

   (a) **Term.** The Term of this Agreement shall be effective July 1, 2019 and terminate on June 30, 2022.

   (b) **Termination for Cause.** Upon Covered Entity’s knowledge of a material breach, as determined by Covered Entity, by Business Associate under this Agreement, Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. If Business Associate does not cure the breach or end the violation within the commercially reasonable time specified by the Covered Entity, then Covered Entity may terminate this Agreement. If Business Associate has breached a material term of this Agreement and cure is not possible, Covered Entity may immediately terminate this Agreement.

   (c) **Effect of Termination.**

      (1) Except as provided in subparagraph (2) of this paragraph, upon termination of this Agreement, for any reason, Business Associate shall, as directed by Covered Entity, return to Covered Entity, or a third party designated in writing by Covered Entity, or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

      (2) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon agreement by Covered Entity that return or destruction of the Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information, which shall be the amount of time required by statute, law or regulation.
8. **Miscellaneous.**

(a) **Regulatory References.** A reference in this Agreement to a section in the Privacy or Security Standards means the section as in effect or as amended, and for which compliance is required.

(b) **Amendment.** The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Standards and the Health Insurance Portability and Accountability Act, Public Law 104-191 and other applicable laws relating to the security or confidentiality of Protected Health Information.

(c) **Survival.** The respective rights and obligations of the parties under Section 7(c) of this Agreement shall survive the termination of this Agreement.

(d) **Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the Privacy Standards.

(e) **Third Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors and assigns of the parties any rights, remedies, obligations, or liabilities whatsoever.

(f) **Disclaimer.** Covered Entity makes no warranty or representation that compliance by Business Associate with this Agreement, HIPAA or the HIPAA Regulations will be adequate or satisfactory for Business Associate’s own purposes. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of Protected Health Information.

(g) **Choice of Law.** This Agreement shall be governed by the laws of the State of New York without regard to conflict of laws principles thereof.

(h) **Severability.** If any section or portion of this Agreement shall be determined to be invalid, such determination shall not affect the enforceability or validity of the remainder of this Agreement.

(i) **No Waiver.** No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision of this Agreement or of any later breach of the same provision. No delay in action with regard to any breach of any provision of this Agreement shall be construed to be a waiver of such breach.

(j) **Notices.** Any notices to be given hereunder to a party shall be made via certified U.S. Mail or express courier to such party’s address given below.
To Covered Entity, to:

Albany County Department of Mental Health
175 Green Street
Albany NY 12202
Attn: Dr. Stephen Giordano, Ph.D.

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be executed as of the First day of July 2019.

Covered Entity

By: Albany County

Name: 

Title: 

Business Associate

By: ______________________

Name: 

Title: 
CAPITAL BEHAVIORAL HEALTH NETWORK LLC
JOINDER AGREEMENT

THIS JOINDER AGREEMENT (the "Joinder Agreement"), effective as of the First day of July, 2019 ("Effective Date"), by and among CAPITAL BEHAVIORAL HEALTH NETWORK LLC (the "Network"), a New York limited liability company, the sole member of which is CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC., a New York not-for-profit corporation, and Albany County Department of Mental Health, ("New Member"), a New York Government Entity, are collectively referred to herein as the "Parties" and individually as a "Party."

RECITALS

WHEREAS, CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC., a New York State not-for-profit corporation, is the sole Member of Network (the "Collaborative"); and

WHEREAS, eight founding members of Network (the "Founders") have equal capital accounts and percentage interests in Network indirectly through their membership the Collaborative;

WHEREAS, New Member wishes to become a Member of Network; and

WHEREAS, the Board of Managers of Network have approved the admission of New Member on the terms and conditions set forth herein; and

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual promises, representations, warranties, and covenants hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. New Member is hereby admitted as a Class C Member of Network.

2. It is intended that each Class B Member and each Founder have equal economic interests in Network. If New Member is admitted as Class B Member, New Member shall be credited with a capital account and percentage interest in Network equal to the aggregate of (a) the Founders indirect capital accounts and percentage interests (through the Collaborative), and (b) the capital accounts and percentage interests of all other Class B Members.

3. It is intended that each Class C Member shall participate in the governance of Network but will have no economic interest therein. If New Member is admitted as a Class C Member, such member shall not be credited with a capital account and percentage interest in Network.

4. Network hereby waives the requirement in Section 3.12(b) of Network's Operating Agreement (the "Operating Agreement"), that New Member execute and deliver a participating provider agreement to Network as a condition to admission. New Member agrees to cooperate with Network to develop a standard form of participating provider agreement for all
participating providers, and to execute and deliver a participating provider agreement to Network substantially in the form approved by the Board of Managers of Network.

5. Network hereby waives the requirement in Section 3.12(c) of the Operating Agreement that New Member make an initial capital contribution to Network, if admitted as a Class B Member. New Member acknowledges that Class B Members may be called upon to make capital contributions as approved by the Board of Managers.

6. Network hereby waives the requirement in Section 3.12(d) of the Operating Agreement that New Member pay an initiation or membership fee to Network, if admitted as a Class C Member. New Member agrees to pay such membership fees to Network as may be approved from time to time by the Board of Managers.

7. By execution of this Joinder Agreement, New Member (a) shall be deemed a party to the Operating Agreement as if New Member were identified as a Class B or C Member of Network as reflected in Section 1 above as of the Effective Date; and (b) hereby agrees to be bound by the terms and conditions of the Operating Agreement, as the same may be amended or modified in accordance with its terms, as if New Member were an original party to the Operating Agreement.

8. MISCELLANEOUS PROVISIONS.

8.1. Amendments. No amendment to this Joinder Agreement shall be effective unless made in a writing duly executed by the Parties and specifically referring to each provision of this Agreement being amended.

8.2. Application of New York Law. This Joinder Agreement, and the application or interpretation hereof, shall be governed exclusively by its terms and by the laws of the State of New York, and specifically the Limited Liability Company Act.

8.3. Further Assurances: Execution of Additional Instruments. The Parties shall execute and deliver all documents, provide all information and take or forbear from all such action as may reasonably be necessary or appropriate to carry out the terms and conditions of this Joinder Agreement.

8.4. Construction. Whenever the singular number is used in this Joinder Agreement and when required by the context, the same shall include the plural, and the masculine gender shall include the feminine and neuter genders and vice versa; and the word “person” or “party” shall include a corporate firm, partnership, proprietorship or other form of association.

8.5. Headings. The headings in this Joinder Agreement are inserted for convenience only and are in no way intended to describe, interpret, define or limit the scope, extent or intent of this Joinder Agreement or any provision hereof.

8.6. Waivers.
(a) Any consent or waiver executed in writing by a Party shall be binding upon such party from and after the date of execution thereof unless a later or earlier date is specified therein.

(b) No delay or failure to exercise any remedy or right occurring upon any default shall be construed as a waiver of such remedy or right, or an acquiescence in such default, nor shall it affect any subsequent default of the same or a different nature.

8.7. Rights and Remedies Cumulative. The rights and remedies provided by this Joinder Agreement are cumulative and the use of any one right or remedy by any party shall not preclude or waive the right to use any or all other remedies. Said rights and remedies are given in addition to any other rights the parties may have by law, statute, ordinance or otherwise.

8.8. Severability. If any provision of this Joinder Agreement or the application of any provision hereof to any person or circumstances is held to be legally invalid, inoperative or unenforceable, then the remainder of this Joinder Agreement shall not be affected unless the invalid provision substantially impairs the benefit of the remaining portions of this Joinder Agreement to the other Party or Parties.

8.9. Successors and Assigns. This Joinder Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective heirs, executors, administrators, successors and assigns, but this section shall not be construed or deemed to authorize any Transfer or assignment not expressly permitted under this Joinder Agreement.

8.10. Venue and Acceptance of Service of Process.

(a) Each party to this Joinder Agreement hereby agrees and consents that any legal action or proceedings with respect to this Joinder Agreement shall only be brought in the courts of the State of New York and in the County of Albany. By execution and delivery of this Joinder Agreement, each such party hereby (i) accepts the jurisdiction of the aforesaid courts; (ii) agrees to be bound by any judgment of any such court with respect to this Joinder Agreement; (iii) waives, to the fullest extent permitted by law, any objection which it may now or hereafter have to the venue set forth above; and (iv) further waives any claim that any such suit, action or proceeding brought in any such court has been brought in an inconvenient forum.

(b) At the option of any party bringing such action, proceeding or claim, service of legal process may be made upon any other party by transmitting a copy of such process by registered or certified mail, return receipt requested, postage prepaid, to such other party at the address set forth above. Such mailing shall be deemed personal service and shall be legal and binding upon the party so served in any such action, proceeding or claim.

8.11. No Third Party Rights. Except as expressly provided in this Joinder Agreement, this Joinder Agreement is intended solely for the benefit of the Parties hereto and is not intended to confer any benefits upon, or create any rights in favor of, any Person other than the Parties hereto.
8.12. **Counterparts.** This Joinder Agreement may be executed in counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument.

8.13. **Arm's Length Negotiations; Drafting.** Each Party herein expressly represents and warrants to the other Parties hereto that before executing this Joinder Agreement, said Party has fully informed itself of the terms, contents, conditions, and effects of this Joinder Agreement; said Party has relied solely and completely upon its own judgment in executing this Joinder Agreement; and said Party has had the opportunity to seek and has obtained the advice of counsel before executing this Joinder Agreement, which is the result of arm's length negotiations conducted by and among the Parties and their respective counsel. This Joinder Agreement shall be deemed drafted jointly by the Parties and nothing shall be construed against one Party or another as the drafting Party.

8.14. **Attorneys' Fees.** The prevailing party in any proceeding shall be entitled to recover its reasonable attorneys' fees and costs of collection to enforce any provision of this Joinder Agreement.

Each of the Parties has executed this Joinder Agreement as of the day and year first written above.

CAPITAL BEHAVIORAL HEALTH NETWORK LLC

By: ____________________________
   Dorothy Cucinelli, Chief Executive Officer

CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC., Class A Member

By: ____________________________
   Kevin Connally, Chairperson of the Board

Albany County Department of Mental Health
[New Member]

By: ____________________________
   Name: __________________________
   Title: __________________________

17454153.1
April 22, 2019

Hon. Andrew Joyce
Chairman, Albany County Legislature
112 State Street, Room 710
Albany, NY 12207

RE: Request for Legislative Action

Dear Chairman Joyce,

The Department of Children, Youth and Families is respectfully requesting a partial waiver of the Albany County residency requirement for new employees. We request that the current policy be amended as it pertains to Caseworker, Staff Social Worker and Special Education Evaluator positions in order to allow for a time period of up to 1 year for new employees to obtain residency within Albany County.

The Department of Children, Youth and Families has found the current policy of requiring applicants to reside within the County to be severely limiting and it has restricted our ability to hire qualified candidates for these positions. The Department has had ongoing difficulty in hiring and training qualified Caseworkers, Staff Social Workers and Special Education Evaluator. While we can more often find and hire caseworkers for entry-level positions because of the proximity to local universities, it has been increasingly difficult to find, hire and retain caseworkers with competition from adjacent municipal and state agencies.

Adjacent municipalities, including Rensselaer and Schenectady counties, both waive the residency requirement for the initial year of employment. This allows the candidate to move within the perspective county during their probationary period rather than having to find a home prior to accepting the position. Non-local applicants can apply to these municipalities easier than applying to Albany County. Along with higher pay at these two counties, Albany County is at a disadvantage when it comes to recruiting caseworkers. Positions at the state are similar in that the applicant can reside anywhere in New York and their pay is often times higher.

The Department of Children, Youth and Families requests that a partial waiver of the current residency requirement be approved for an initial period of one year, and that it be reviewed annually by the Legislature. We will continue to give priority to qualified Albany County residents.
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,

[Signature]

Gail Geohagen-Pratt
Commissioner

cc:  Dennis Feeney, Majority Leader
     Frank Mauriello, Minority Leader
     Kevin Cannizzaro, Majority Counsel
     Arnis Zilgme, Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Partial Waiver of the Albany County Residency Requirement for New Employees

Date: 4/15/2019
Submitted By: Gail Geohagen
Department: Children, Youth and Families
Title: Commissioner
Phone: 518-447-7792
Department Rep.
Attending Meeting: Gail Geohagen

Purpose of Request:

☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☐ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☒ Other: (state if not listed) Request for Partial Residency Waiver

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**
- □ Change Order/Contract Amendment
- □ Purchase (Equipment/Supplies)
- □ Lease (Equipment/Supplies)
- □ Requirements
- □ Professional Services
- □ Education/Training
- □ Grant
  
  Choose an item.
  
  Submission Date Deadline Click or tap to enter a date.

- □ Settlement of a Claim
- □ Release of Liability
- □ Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

Party (Name/address): Click or tap here to enter text.

Additional Parties (Names(addresses)):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services:
Click or tap here to enter text.

Bond Res. No.:
Click or tap here to enter text.
Date of Adoption:
Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes □ No ✗
If Mandated Cite Authority:
Click or tap here to enter text.

Is there a Fiscal Impact: Yes □ No ✗
Anticipated in Current Budget: Yes □ No □
**Justification:** (state briefly why legislative action is requested)
The Department of Children, Youth and Families is seeking a partial waiver of the residency requirement for new Caseworker, Staff Social Worker and Special Education Evaluator positions. Adjacent municipalities, including Rensselaer and Schenectady counties, both waive the residency requirement for the initial year of employment, giving an advantage to these counties. A partial waiver would keep Albany County competitive with these neighboring municipalities.
May 13, 2019

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Joyce,

The Albany County Department of Mental Health (ACDMH) is seeking a partial waiver of the residency requirements for new critical clinical positions to include Psychologist, Staff Social Worker and Psychiatric Nurse positions. ACDMH has made numerous attempts to find Albany County residents to fill these positions. ACDMH has used the employment website Indeed and sought out ACDMH staff referrals without success. Adjacent municipalities, including Rensselaer and Schenectady counties waive the residency requirements for the initial year of employment, giving an advantage to these counties. The waiver would be for one year, after which the employees would be required to live within Albany County. There is no County share associated with this contract.

Feel free to contact me or Kelle Roberts if you have any questions concerning this request.

Sincerely,

[Signature]
Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Request Partial Waiver of the Albany County Residency Requirement for New Employees

Date: 5/13/19
Submitted By: Mark Gleason
Department: Mental Health
Title: Operations Analyst
Phone: 518-447-3014
Department Rep.
Attending Meeting: Dr. Stephen Giordano, Director

Purpose of Request:
☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☐ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☒ Other: (state if not listed) Request for Partial Residency Waiver

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant

Choose an item.
Submission Date Deadline Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address): Click or tap here to enter text.

Additional Parties (Names-addresses): Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☐ No ☒
Anticipated in Current Budget: Yes ☐ No ☐
County Budget Accounts:
Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.
Appropriation Account and Line: Click or tap here to enter text.
Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)
Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term
Term: (Start and end date) Click or tap here to enter text.
Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation
Yes ☐ No ☐
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:
Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)
The Albany County Department of Mental Health (ACDMH) is seeking a partial waiver of the residency requirement for new critical clinical positions to include Psychologist, Staff Social Worker and Psychiatric Nurse positions. Adjacent municipalities, including Rensselaer and Schenectady Counties, both waive the residency requirement for the initial year of employment, giving an advantage to these counties. A partial waiver would keep Albany County competitive with these neighboring municipalities.
May 15, 2019

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

Dear Chairman Joyce,

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

We are requesting the ability to hire RNs who do not reside in Albany County as we have been unsuccessful in recruiting and hiring any candidates within the County.

The Albany County Department of Social Services has been attempting to recruit RNs since October 2018 but have been unsuccessful in securing RN candidates who are residents within Albany County. These R.N. positions are critical for our Adult Services Department to conduct the required Medicaid personal care assessments and ensure we are complying with the timelines set forth Title 18 Article Part 505.14 Personal Care Services to have an R.N. conduct new assessments and annual reassessments within 30 days of receiving MD orders.

Albany County DSS has worked with Human Resources to post the RN position openings both internally and externally and we have shared the job postings with our contracted home care provider agencies, as well as other RN entities to encourage applicants for these positions. Due to our unsuccessful attempts to secure applicants, for RN positions, we are requesting a waiver to seek potential applicants outside of Albany County so we can get into compliance with regulatory requirements.

Sincerely,

Michele McClave
Commissioner

cc: Dennis A. Feeney, Majority Leader
Frank A. Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Residency waiver to hire registered nurses outside of Albany County

Date: 5/6/2019
Submitted By: Joseph J DeAngells
Department: Social Services
Title: Contract Administrator
Phone: 518-447-7583
Department Rep.: Erin Stachewicz
Attending Meeting:

Purpose of Request:
- [ ] Adopting of Local Law
- [ ] Amendment of Prior Legislation
- [ ] Approval/Adoption of Plan/Procedure
- [ ] Bond Approval
- [ ] Budget Amendment
- [ ] Contract Authorization
- [ ] Countywide Services
- [ ] Environmental Impact/SEQR
- [ ] Home Rule Request
- [ ] Property Conveyance
- [ ] Other: (state if not listed)

Requesting residency waiver to hire RNs outside of Albany County

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
- [ ] Contractual
- [ ] Equipment
- [ ] Fringe
- [ ] Personnel
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant
   Choose an item.
   Submission Date Deadline Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☒ Other: (state if not listed) Requesting residency waiver to hire RNs outside of Albany County

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee:
Scope of Services:
Click or tap here to enter text.
Click or tap here to enter text.

Bond Res. No.:
Date of Adoption:
Click or tap here to enter text.
Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:
If Mandated Cite Authority:
Yes ☒ No ☐ Title 18 Article Part 505.14

Is there a Fiscal Impact:
Anticipated in Current Budget:
Yes ☒ No ☐ Yes ☒ No ☐
County Budget Accounts:
Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.
Appropriation Account and Line: Click or tap here to enter text.
Appropriation Amount: Click or tap here to enter text.
Source of Funding - (Percentages)
Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term
Term: (Start and end date) 7/1/2019-6/30/2020
Length of Contract: 12 months

Impact on Pending Litigation
If yes, explain: Yes □ No ☒

Previous requests for Identical or Similar Action:
Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)
The Albany County Department of Social Services has been attempting to recruit RNs since October 2018 but have been unsuccessful in securing RN candidates who are residents within Albany County. These R.N. positions are critical for our Adult Services Department to conduct the required Medicaid personal care assessments and ensure we are complying with the timelines set forth Title 18 Article Part 505.14 Personal Care Services to have an R.N. conduct new assessments and annual reassessments within 30 days of receiving MD orders. The regulation does require a nurse conducting these personal care assessments have a license and current registration to practice as a registered professional nurse in New York State; and have at least two years of satisfactory recent experience in home health care.

Albany County DSS has worked with Human Resources to post the RN position openings both internally and externally and we have shared the job postings with our contracted home care provider agencies, as well as other RN entities to encourage applicants for these positions. Due to our unsuccessful attempts to secure applicants for RN positions we are requesting a waiver to seek potential applicants outside of Albany County so we can get into compliance with regulatory requirements we need to comply with.

The budget lines associated with this request are 6010.2128.001 and 6010.2128.004.
REGISTERED PROFESSIONAL NURSE

DISTINGUISHING FEATURES OF THE CLASS: This is a professional nursing position involving responsibility for coordinating individual patient care and for performing nursing services requiring substantial specialized judgment and skills. Work is performed under the general direction of a supervisory level nursing position and in accordance with a prescribed nursing care plan. Supervision may be exercised over the work of Licensed Practical Nurses and related auxiliary nursing personnel. Does related work as required.

TYPICAL WORK ACTIVITIES:
- Assesses patient nursing care needs and prepares and carries out a nursing care plan;
- As assigned, provides professional nursing services in a TB health clinic and follows up on treatment and examination of potential patients and their families;
- Supervises sub-professional nursing personnel;
- Is responsible for the care of patients and their quarters, including making beds, changing linens, keeping order, lifting and moving patients, giving baths and rubs, and caring for personal effects;
- Is responsible for observing symptoms and carrying out diagnostic procedures ordered by the physician;
- Prepares and applies dressings, gives medication and nursing and therapeutic treatment as prescribed by physicians;
- Instructs patient or members of patient's family in regard to patient's diet, health habits, the carrying out of treatments at home and rehabilitative measures as authorized by the physician;
- Performs related services for patients in the prevention of illness and the attainment of maximum health;
- Makes contact with appropriate social services or health agencies as necessary to assure patient needed service or follow-up care;
- Maintains a variety of records and prepares reports.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:
- Good knowledge of nursing principles and techniques and their relation to medical and surgical practices and skill in their application;
- Working knowledge of materia medica, hospital dietetics, sanitation, and personal hygiene;
- Skill in the application of nursing techniques and practices;
- Ability to understand and follow technical oral and written instructions;
- Ability to keep records and makes reports;
- Ability to get along well with patients, physicians and others;
- Ability to carry out successfully the therapeutic measures prescribed;
- Ability to plan and supervise the work of sub-professional and non-technical personnel;
- Good observation, mental alertness; firmness; initiative; cheerfulness; patience;
- Emotional stability; sympathetic attitude toward the sick; good moral character;
- Physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:
Graduation from a school of nursing approved by the State Education Department from a course approved by such department as qualifying for Registered Professional Nurse.

SPECIAL REQUIREMENT:
Eligibility for a license issued by the State of New York to practice as a Registered Professional Nurse. Possession of the license at the time of appointment.

Juris. Class: Non-Competitive (All Civil Divisions)
ACCS Adopted: 05/01
Revised: 10/89
Brandon Russell, Majority Counsel
Albany County Legislature
112 State Street, Rm. 700
Albany, N.Y. 12207

Aris Zilgme, Minority Counsel
Albany County Legislature
112 State Street, Rm. 1360
Albany, N.Y. 12207

May 15, 2019

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:

- Accept funding and amend our budget for the DCJS for the Crimes Against Revenue Program Grant;
- Apply and accept funding from DCJS for the Gun Involved Violence Elimination Partnership; and
- Amend the salary of the District Attorney in accordance with Judiciary Law §183-a.

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,

P. David Soares
Albany County District Attorney
REQUEST FOR LEGISLATIVE ACTION

DATE: January 16, 2019

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) X
- Contract Authorization (See below) X
- Environmental Impact
- Home Rule Request
- Property Conveyance
- Other: (State briefly if not listed above) X Permission to submit an application for state funds

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 X
- Settlement of a Claim
- Release of Liability
- Other: (State briefly)

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

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/Reserve Schedule/Fee:

Term: January 1, 2019 – December 31, 2019
Scope of Services: These funds will support the Crimes Against Revenue Program.

Contract Funding:
Anticipated in Current Budget: 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 X No
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 $299,710
County
Term/Length of Funding: One Year
Other Reimbursement:

Previous Requests for Identical or Similar Action:
Resolution /Law Number: 18-449
Date of Adoption: 10/9/2018

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, Budget Amendment Spreadsheet and Resolution 18-449.

Submitted By: Heather Orth
Title: Confidential Assistant to the District Attorney
Grant Award Notice

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<td>Albany County District Attorney</td>
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<th>Program Name:</th>
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<td>Crimes Against Revenue Program (CARP)</td>
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<th>Term Dates:</th>
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<td>David Soares, District Attorney</td>
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Additional Information:

Your Program Representative will contact your office to assist in the development of the grant contract. Please see the CARP Contract Instruction Sheet for additional contract information and note that items are required within 30 days of receiving this letter.

The Crimes Against Revenue Program (CARP) is managed by the New York State Division of Criminal Justice Services (DCJS) in coordination with the Department of Taxation and Finance (DTF). The award amount listed above is contingent on the availability of grant funds. If you have any questions on this award, please contact the contract specialist listed below:

Jamie Spina  
Criminal Justice Program Representative  
NYS Division of Criminal Justice Services  
Office of Program Development and Funding  
(518) 457-3776 or jamie.spina@dcjs.ny.gov

Congratulations on your award. DCJS, in coordination with DTF, looks forward to working with you on this important project.
CRIMES AGAINST REVENUE CERTIFICATION

By signing the certification at the bottom of this document, the grantee agrees that CARP funds will be used to supplement1, and not supplant, existing funds and services, and that all personnel supported by this contract will work on CARP activities for the percentage of time that is commensurate with the portion of their salary that is paid by this grant.

Please answer the following questions:

✓ How many positions (including full- and part-time positions and consultants) will be supported under this grant (total)? ____________________________

✓ How many of these positions were supported under your most recent CARP contract? ____________________________

✓ How many of these positions will be used:
  a) to hire new, additional people (including to fill existing vacancies that are no longer funded in your agency’s budget) ____________________________
  b) to rehire people who have already been laid off (by January 1, 2019) as a result of state, local, or federal budget reductions ____________________________
  c) to rehire people who are (by January 1, 2019) currently scheduled to be laid off on a specific future date as a result of state, local, or federal budget reductions ____________________________
  d) to continue the same staff currently funded under existing or most recent CARP contract ____________________________

"I certify that all funds received under this contract will not be used to supplant state, local or federal funds, but will be used to increase the amounts of such funds that would, in the absence of state funds, be made available for CARP activities. Furthermore, daily time records will be maintained for each individual paid under this contract, documenting the percentage of their time devoted to CARP activities."

______________________________
Signature

---

1 What is Supplanting?

**General Definition.** For a unit of local government to reduce local or federal funds for an activity specifically because state funds are available (or expected to be available) to fund that same activity. State funds must be used to supplement existing state, local or federal funds for program activities and may not replace state, local or federal funds that have been appropriated or allocated for the same purpose. In those instances, where a question of supplanting arises, the grantee will be required to substantiate that the reduction in non-state resources occurred for reasons other than the receipt or expected receipt of state funds.

As a practical matter, the non-supplanting requirement means that all positions supported under this grant that were not paid for under the previous CARP contract must either be new hires (on or after the official contract start date); rehires of people who have already been laid off prior to the effective date of this contract; or rehires of people who are (at the start date of the contract) currently scheduled to be laid off on a future date as a result of state, local, or federal budget cuts.
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<td>13,010.00</td>
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<tr>
<td></td>
<td>GRAND TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Brandon Russell, Majority Counsel  
Albany County Legislature  
112 State Street, Rm. 700  
Albany, N.Y. 12207

Amis 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:

- Accept funding and amend our budget for the DCJS for the Crimes Against Revenue Program Grant;
- Apply and accept funding from DCJS for the Gun Involved Violence Elimination Partnership; and
- Amend the salary of the District Attorney in accordance with Judiciary Law §183-a.

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,

[Signature]

P. David Soares  
Albany County District Attorney
REQUEST FOR LEGISLATIVE ACTION

DATE: May 15, 2019

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

Permission to submit an application and receive funds from the Division of Criminal Justice Services for the Gun Involved Violence Elimination Partnership.

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:
$236740

Scope of Services: The funds will be used to fight gun crime in Albany County.

Contract Funding:
Anticipated in Current Budget: Yes X No
Funding Source: State Funds

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: A91165 – 03330, 12010, 89010, 89030, 89060, 44039, 22999, 44046
<table>
<thead>
<tr>
<th>Fiscal Impact – Funding: (Dollars or Percentages)</th>
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<tbody>
<tr>
<td>Federal</td>
</tr>
<tr>
<td>State  100%</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Term/Length of Funding 1 year</td>
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</tbody>
</table>

Previous Requests for Identical or Similar Action:
Resolution/Law Number: 18-168
Date of Adoption: May 14, 2018

Justification: (State briefly why legislative action is requested)
This RLA covers the fourth year of the Gun Involved Violence Elimination partnership for the Office of the District Attorney.

Back-up Material Submitted:
Award letter and prior resolution for similar action (18-186).

Submitted By: Heather Orth
Title: Confidential Assistant to the District Attorney
March 4, 2019

The Honorable David Soares  Chief Eric Hawkins
Albany County District Attorney's Office Albany City Police Department
6 Lodge Street, 4th Floor 165 Henry Johnson Boulevard
Albany, NY 12207 Albany, NY 12210

Re: Gun Involved Violence Elimination (GIVE)

Dear District Attorney Soares and Chief Hawkins:

I am pleased to advise you that Albany County is eligible to receive an award of up to $759,829 from the NYS Division of Criminal Justice Services (DCJS) for the Gun Involved Violence Elimination (GIVE) initiative for the contract period July 1, 2019 to June 30, 2020. DCJS utilizes a deliberate process to make GIVE award determinations with a focus on awarding funds to support the successful implementation of evidence-based crime reduction strategies. County award amounts were determined based on uniform crime data, your jurisdiction's prior adherence to prescribed GIVE strategies and best practices, and historical compliance with GIVE contract requirements.

As previously described in my correspondence from February 15, 2019, DCJS will not be issuing a competitive Request for Applications (RFA) for the 2019-20 funding. Instead, existing GIVE jurisdictions are receiving this notice of a direct award along with a Guidance and Funding Requirements document providing instructions on how to develop and submit the required GIVE Comprehensive Plan proposals. Under this direct award approach, DCJS is no longer restrained from providing immediate guidance and technical assistance to GIVE grantees as they develop their GIVE Comprehensive Plan proposals, and grantees are encouraged to collaborate with DCJS on the development of their strategies and proposals.

To receive funding, grantees must submit their GIVE Comprehensive Plan proposals to DCJS no later than Noon (12:00 PM) on Monday, April 8, 2019. Please see the attached GIVE Guidance Document and Funding Requirements for further information. Additionally, a webinar on the 2019-20 GIVE Comprehensive Plan proposal development and approval process will be held for all grantees on Wednesday, March 12, 2019. Access information to this webinar is provided in the attached document as well.

Upon approval of your county's GIVE Comprehensive Plan proposal by DCJS, local participating agencies will receive final grant award notifications, and the associated contracts will be developed and executed effective July 1, 2019. Please contact the DCJS Office of Public

______________________________
Andrew M. Cuomo  Michael C. Green
Governor Executive Deputy Commissioner

______________________________
David Soares  Eric Hawkins
District Attorney Chief
Albany County Police Department

______________________________
6 Lodge Street, 4th Floor 165 Henry Johnson Boulevard
Albany, NY 12207 Albany, NY 12210
Safety (OPS) at GIVE@dcis.ny.gov for information and assistance in preparing the GIVE Comprehensive Plan proposal. If you have any contract-related questions, please contact David Martin in the DCJS Office of Program Development and Funding (OPDF) at (518) 485-9607, or by e-mail at David.Martin@dcis.ny.gov.

The GIVE initiative is a critical component of New York's shooting and homicide reduction strategy and we look forward to continuing our strong partnerships to maintain New York's standing as the safest large state in the nation.

Very truly yours,

Michael C. Green
Executive Deputy Commissioner

Attachment(s)
- 2019-20 GIVE Guidance Document and Funding Requirements
- GIVE Tracker – Used for GIVE-funded overtime details
- GIVE Initiative Budget Worksheet

cc: Dave Martin, DCJS
    Raymond Neves, DCJS
    Craig Apple, Albany County Sheriff's Office
    William Connors, Albany County Probation
Albany County - 759,829

### Police Department Budget

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Requested Budget</th>
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</thead>
<tbody>
<tr>
<td><strong>Anti-Violence Coordinator</strong></td>
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<tr>
<td><strong>Youth Aide</strong></td>
<td>$34,611</td>
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<tr>
<td><strong>Crime Analyst</strong></td>
<td>$45,704</td>
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<tr>
<td><strong>Focused Deterrence Service Provider</strong></td>
<td>$25,500</td>
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<tr>
<td><strong>Fringe Benefits Total</strong></td>
<td>$160,659</td>
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**TOTAL PERSONNEL** $218,844

### Hot Spot Policing

<table>
<thead>
<tr>
<th>Overtime</th>
<th>$24,700</th>
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</thead>
</table>

**TOTAL HOT-SPOT** $64,700

### Focused Deterrence

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<thead>
<tr>
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<th>$65,000</th>
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</thead>
<tbody>
<tr>
<td><strong>Neutral Space for DVI Cell (1000 x 2 Call-ins)</strong></td>
<td>$2,000</td>
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<tr>
<td><strong>Foot for DVI Call-ins (approx 100 attendees each $250 per event x 2)</strong></td>
<td>$5,000</td>
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<tr>
<td><strong>APD Overhead Funds</strong></td>
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### CPTED

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**TOTAL CPTED** $5,000

### Street Outreach

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### Travel & Training

| **TOTAL TRAVEL & TRAINING** | $0 |

**POLICE DEPARTMENT TOTAL** $286,684

### District Attorney's Office Budget

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<tr>
<th>Personnel</th>
<th>Requested Budget</th>
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</table>

5/15/2019
<table>
<thead>
<tr>
<th>Job Title / Position</th>
<th>Requested Budget</th>
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</thead>
<tbody>
<tr>
<td>Assistant District Attorney (0.8 FTE)</td>
<td>$72,500</td>
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<tr>
<td>Investigator (8 FTE)</td>
<td>$54,400</td>
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<tr>
<td>Information Technician</td>
<td>$45,049</td>
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<table>
<thead>
<tr>
<th>Fringe Benefits for Positions</th>
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</thead>
<tbody>
<tr>
<td>Assistant District Attorney (0.8 FTE)</td>
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</tr>
<tr>
<td>Investigator (8 FTE)</td>
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<tr>
<td>Information Technician</td>
<td>$12,151</td>
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| Job Title / Position Total | $177,649 |

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<thead>
<tr>
<th>HOT-SPOET POLICING</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
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<table>
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<tbody>
<tr>
<td>TOTAL CPTED</td>
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</table>

<table>
<thead>
<tr>
<th>STREET OUTREACH</th>
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<tbody>
<tr>
<td>TOTAL STREET OUTREACH</td>
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<thead>
<tr>
<th>TRAVEL &amp; TRAINING</th>
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</thead>
<tbody>
<tr>
<td>TOTAL TRAVEL &amp; TRAINING</td>
<td>$0</td>
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</tbody>
</table>

| DISTRICT ATTORNEY'S OFFICE TOTAL | $236,740 |

9. Please list each individual position and salary that the eligible District Attorney's Office is requesting funding for. The position should be listed in Column C and the salary should be entered in Column D labeled "Requested Budget". DO NOT include Fringe Benefits or Overtime in this category. Please do not list positions with the same titles together as a single item (e.g., "2 Field Intelligence Officers"). List each individual position separately. Please note that requests for newly funded positions must also include a job description as a separate attachment.

10. Please list the fringe benefits for each position that the eligible District Attorney's Office is requesting funding for. The positions will automatically appear in Column C after they are entered above. The fringe amount should be entered in Column D labeled "Requested Budget".

11. Please list all funding that the eligible District Attorney's Office is requesting to support the Hot-Spot Policing element of the strategy. The description should clearly reflect the initiative or equipment the funding will be used for, and, when applicable, should be listed individually. The funding requests should be entered in Column C and the requested amount should be entered in Column D.

12. Please list all funding that the eligible District Attorney's Office is requesting to support the Focused Deterrence element of the strategy. The description should clearly reflect the initiative or equipment the funding will be used for, and, when applicable, should be listed individually. The funding requests should be entered in Column C and the requested amount should be entered in Column D.

13. Please list all funding that the eligible District Attorney's Office is requesting to support the CPTED element of the strategy. The description should clearly reflect the initiative or equipment the funding will be used for, and, when applicable, should be listed individually. The funding requests should be entered in Column C and the requested amount should be entered in Column D.

14. Please list all funding that the eligible District Attorney's Office is requesting to support the Street Outreach element of the strategy. The description should clearly reflect the initiative or equipment the funding will be used for, and, when applicable, should be listed individually. The funding requests should be entered in Column C and the requested amount should be entered in Column D.

15. Please list all requests for Travel & Training for the District Attorney's office. Funding to support travel costs to attend meetings, trainings, and conferences sponsored by DCIS is acceptable requests. DFE funded personnel are required to make every effort to attend appropriate DCIS sponsored events.

16. Please list each individual position and salary that the eligible Sheriff's Office is requesting funding for. The position should be listed in Column C and the salary should be entered in Column D labeled "Requested Budget". DO NOT include Fringe Benefits or Overtime in this category. Please do not list positions with the same titles together as a single item (e.g., "2 Field Intelligence Officers"). List each individual position separately. Please note that requests for newly funded positions must also include a job description as a separate attachment.

5/15/2019
<table>
<thead>
<tr>
<th>Fringe Benefits for Positions</th>
<th>Job Title/Position Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Fringe Benefits Total** $0

### HOT-SPOT POUCHING

**TOTAL HOT-SPOT POUCHING** $0

### FOCUSED DETERRENCE

**TOTAL FOCUSED DETERRENCE** $0

### CPTED

**TOTAL CPTED** $0

### STREET OUTREACH

**TOTAL STREET OUTREACH** $0

### TRAVEL & TRAINING

**TOTAL TRAVEL & TRAINING** $0

**SHERIFF'S OFFICE TOTAL** $0

### COUNTY PROBATION BUDGET

#### PERSONNEL

<table>
<thead>
<tr>
<th>Job Title / Position</th>
<th>Requested Budget</th>
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</thead>
<tbody>
<tr>
<td>1/2 Time Field Intelligence Officer</td>
<td>$26,268</td>
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<tr>
<td>Probation Officer</td>
<td>$55,315</td>
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**Fringe Benefits for Positions**

<table>
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<tbody>
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<td>1/2 Time Field Intelligence Officer</td>
<td>$50,467</td>
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<tr>
<td>Probation Officer</td>
<td>$20,034</td>
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</table>

23. Please list each individual position and salary that the eligible Probation Office is requesting funding for. The position should be listed in Column C and the salary should be entered in Column D labeled "Requested Budget." DO NOT include Fringe Benefits or Overtime in this category. Please do not list positions with the same titles together as a single item (e.g., "2 Field Intelligence Officers"). List each individual position separately. Please note that requests for newly funded positions must include a job description as a separate attachment.

24. Please list all funding that the eligible Probation Office is requesting to support the Hot-Spot policing element of the strategy. The description should clearly reflect the initiative or equipment the funding will be used for and, when applicable, should be listed individually. The funding requests should be entered in Column C and the requested amount should be entered in Column D.
<table>
<thead>
<tr>
<th>Initiative</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>TOTAL PERSONNEL</td>
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**HOT-SPOT POLICING**

<table>
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<tr>
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<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Active Breach Activation and Monitoring</td>
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<tr>
<td>Overtime</td>
<td>$10,000</td>
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<td>TOTAL PERSONNEL</td>
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**FOCUSED DETERRENCE**

<table>
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**CPTED**

<table>
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<tr>
<th>Initiative</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>$0</td>
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<tr>
<td>TOTAL CPTED</td>
<td>$0</td>
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**STREET OUTREACH**

<table>
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<tr>
<th>Initiative</th>
<th>Amount</th>
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<tbody>
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<td></td>
<td>$0</td>
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<tr>
<td>TOTAL STREET OUTREACH</td>
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**TRAVEL & TRAINING**

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<tr>
<td>TOTAL TRAVEL &amp; TRAINING</td>
<td>$0</td>
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</tbody>
</table>

**COUNTY PROBATION TOTAL**  $137,005

**COUNTY GRAND TOTAL**  $759,829

*** If your County has a second police agency that is eligible for funding, please use the "Additional Agencies" tab (located on the bottom toolbar) to enter the budget for those agencies. ***

5/19/2019
### APPROPRIATIONS

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<thead>
<tr>
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<th>ANNUAL</th>
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<td>1 4923 002 Community Prosecution Coordinator</td>
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<td>8 9010 State Retirement</td>
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### ESTIMATED REVENUES

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<th>INCREASE</th>
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<th>DEPARTMENT NAME</th>
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<tr>
<td>A9 1165</td>
<td>0 3334 Operation GIVE</td>
<td></td>
<td>29,856.50</td>
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<tr>
<td></td>
<td>GRAND TOTALS</td>
<td>29,856.50</td>
<td>29,856.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Brandon Russell, 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:
- Accept funding and amend our budget for the DCJS for the Crimes Against Revenue Program Grant;
- Apply and accept funding from DCJS for the Gun Involved Violence Elimination Partnership; and
- Amend the salary of the District Attorney in accordance with Judiciary Law §183-a.

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,

[Signature]
P. David Soares
Albany County District Attorney
REQUEST FOR LEGISLATIVE ACTION

DATE: May 15, 2019
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) 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. A91165.10113
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
Settlement of a Claim
Release of Liability
Other: (State briefly)
The New York State Commission on Legislative, Judicial, & Executive Compensation is assigned with making recommendations with respect to compensation for New York State's judges. The recommendations take effect unless modified or abrogated by legislation prior to taking effect (See Part E of Chapter 60 of the Laws of 2015). The primary implication of the judicial pay raise for counties is the state law that links judicial salaries with county district attorneys' (DA's) salaries (See Judicial Law 183-a). On December 24, 2015 the Commission voted/recommended increasing all state judge salaries in 2016 and 2018 and again in 2019, thus increasing DA's salaries. This budget adjustment allows for 14 weeks at the current rate of $3,846.15 and 38 weeks at the new rate of $3,900, or $202,800 annually.

This resolution is requested to amend the salary of the District Attorney in accordance with Judiciary Law §183-a. This adjustment is retroactive, beginning on April 1, 2019.

April 1, 2019 DISTRICT ATTORNEY SALARY INCREASES
(For the 57 Counties Outside of New York City)

From the December 2015 Final Report on Judicial Compensation by the Commission On Legislative, Judicial And Executive Compensation, here are the new salaries:

1. For District Attorneys¹ whose salaries are tied to the NYS Supreme Court Justice salary, your salary as of April 1, 2019 is $210,900. Beginning April 2019 Supreme Court justices' salaries are $210,900².

2. For District Attorneys whose salaries are tied to the County Court judge salary, your salary as of April 1, 2019 is $200,400 or greater.³ Formula is 95% of the 2019 Supreme Court Justice salary. So, .95 x $210,900 = $200,355, which gets rounded up to the nearest $100 to $200,400.

3. For counties that in 2015 had County Court Judges' pay fixed at more than 95% of the Supreme Court Justice Salary (Albany, Putnam, Ulster) the 2015 Commission decided that the percentage should remain the same and not be reduced to 95%. Your pay should be $202,717. (.9612 x $210,900 = $202,717, which gets rounded up to the nearest $100, to $202,800)

¹ Erie, Monroe, Nassau, Suffolk, and Westchester, under Judiciary Law 183-a (populations exceeding 500,000)
² http://www.uscourts.gov/judges-judgeships/judicial-compensation
³ County may set your salary higher.
### Appropriations

<table>
<thead>
<tr>
<th>ACCOUNT</th>
<th>RESOLUTION DESCRIPTION</th>
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<th>DECREASE</th>
<th>UNIT COST</th>
<th>DEPARTMENT NAME</th>
<th>ANNUAL</th>
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<tbody>
<tr>
<td>A9 1165</td>
<td>District Attorney</td>
<td>2,047.00</td>
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<td>District Attorney</td>
<td>202,800.00</td>
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### Estimated Revenues

<table>
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<tr>
<th>ACCOUNT</th>
<th>RESOLUTION DESCRIPTION</th>
<th>INCREASE</th>
<th>DECREASE</th>
<th>UNIT COST</th>
<th>DEPARTMENT NAME</th>
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<td>2,047.00</td>
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<tr>
<td></td>
<td>GRAND TOTALS</td>
<td>2,047.00</td>
<td>2,047.00</td>
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</tbody>
</table>
May 3, 2019

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, New York 12207

Dear Chairman Joyce:

The Office of the Albany County Executive and the Office of the Albany County Sheriff respectfully request authorization to apply for NYS Division of Homeland Security and Emergency Services Local FY2019 State Homeland Security Program (SHSP) and State Law Enforcement Terrorism Prevention Program (SLETPP) Funding. The County is eligible for $561,571.00 in FY2019 funding.

The SHSP and SLETPP annual funding opportunities support sustainment of existing capabilities and development of new capabilities. The funding will be used to support (1) sustainment of the Albany County Citizen Corps; (2) sustainment of Health Preparedness Planning; (3) enhancements to County cyber security; (4) to strengthen intelligence and information sharing capabilities; (5) to strengthen counter terrorism and law enforcement; and (6) furtherance of interoperable communication for the region. The County Executive and Sheriff will require separate contracts with NYS DHSES.

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

Sincerely,

Daniel P. McCoy
Albany County Executive

cc: Hon. Craig Apple, Albany County Sheriff
Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Arnis Zilgme, Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Permission to Apply for the SHSP FY19 Homeland Security Grant

Date: 4/24/2019
Submitted By: Michael Lalli
Department: County Executive's Office
Title: Senior Policy Analyst
Phone: 518-447-5642
Department Rep.: Michael Lalli
Attending Meeting: Michael Lalli

Purpose of Request:
☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☒ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☐ Other: (state if not listed)

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
☐ Personnel Non-Individual
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☒ Grant

New
Submission Date Deadline 5/15/2019

☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
NYS Division of Homeland Security and Emergency Services
1220 Washington Avenue
State Office Campus
Building 7A Suite 710
Albany, NY 12242

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: $561,571
Scope of Services: The SHSP and SLETTP annual funding opportunities support sustenance of existing capabilities and development of new capabilities. The funding will be used to support (1) sustenance of the Albany County Citizen Corps; (2) sustenance of Health Preparedness Planning; (3) enhancements to County cyber security; (4) to strengthen intelligence and information sharing capabilities; (5) to strengthen counter terrorism and law enforcement; and (6) furtherance of interoperable communication for the region. Items 1 to 3 pertain to County Executive Departments and items 4 to 6 pertain to the Sheriff’s Office.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.
CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Current Budget: Yes ☐ No ☐

County Budget Accounts:
Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.
Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)
Federal: Click or tap here to enter text.
State: 100%
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term
Term: (Start and end date) TBD
Length of Contract: 36 months

Impact on Pending Litigation
Yes ☐ No ☒
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:
Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)
The Office of the Albany County Executive respectfully requests authorization to apply for NYS Division of Homeland Security and Emergency Services Local Application for FY2019 State Homeland Security Program (SHSP) and State Law Enforcement Terrorism Prevention Program (SLETPP) Funding. The County is eligible for $651,571 in FY2019 funding.

Funding will be used for a variety of homeland security initiatives as has been the case for the past several years.
Good Afternoon,

FEMA has released the FY2019 Homeland Security Grant Program (HSGP) Notice of Funding Opportunity (NOFO), to include the State Homeland Security Grant Program (SHSP). I am pleased to inform you that the Albany/Schenectady/Troy Urban Area is allocated $1,682,851 under the FY2019 SHSP (to include SLETPP). Funding for this grant is provided by the U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA). The New York State Division of Homeland Security and Emergency Services (DHSES) will administer this funding on behalf of FEMA. New York State’s application to FEMA is due by May 29, 2019.

The allocation and expenditure of these funds is for the benefit and protection of all residents in the region; therefore, an inclusive and collaborative approach between counties and cities is required. Once consensus is reached, individual partners should develop their own applications for submission to DHSES. Please remember, Federal guidelines require that 25 percent ($420,713) of your total allocation be directed to law enforcement terrorism prevention activities. These activities should be consistent with the efforts of your local Counter Terrorism Zone (CTZ).

Please find attached the FY2019 SHSP-SLETPP Program Guidance and associated application worksheet. Your application for the FY2019 SHSP-SLETPP grant programs will be due to DHSES on May 15, 2019. Please send your completed application to grant.info@dhses.ny.gov. DHSES will issue formal award letters once we have completed our application to FEMA.

If you have any initial questions regarding this process, please don’t hesitate to reach out.

Thank you in advance for your assistance and we appreciate your patience given the time table FEMA has set.

Shelley Wahrlich
Director of Grants Program Administration

NYS Division of Homeland Security & Emergency Services
1220 Washington Avenue, State Campus Building 7a
Albany, New York 12242
(518) 402-2123 (secretary Christine Houck) | shelley.wahrlich@dhses.ny.gov
www.dhses.ny.gov
May 15, 2019

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, New York 12207

Dear Chairman Joyce:

The County of Albany has received a $125,000 New York State Department of Transportation Multi-Modal Grant to support the installation of a new traffic signal at the intersection of Albany Shaker Road and Shaker El, as well as coordination of adjacent signals on Albany Shaker Road. Intersection improvements at Shaker El, including the addition of a traffic signal, were recommended to address safety and traffic concerns in the recently completed Albany Shaker Road Corridor Study. The signal will address safety and congestion issues related to school traffic while maintaining traffic flow on Albany Shaker Road.

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

Sincerely,

Daniel P. McCoy
County Executive

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Kevin Cannizzaro, Acting Majority Counsel
Arnis Zilgme, Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Requesting Authorization to Enter into an Agreement with NYS Department of Transportation to receive Multi-Modal Funding

Date: 4/5/19
Submitted By: Lucas Rogers
Department: Office of the County Executive
Title: Senior Policy Analyst
Phone: 518-447-7040
Department Rep.: Lucas Rogers/Lisa Ramundo
Attending Meeting:

Purpose of Request:

☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☒ Budget Amendment
☒ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☐ Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☒ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☒ Grant
  Acceptance
  Submission Date Deadline Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
  NYSDOT
  50 Wolf Road
  Albany, NY 12232

Additional Parties (Names/addresses):
  Click or tap here to enter text.

Amount/Raise Schedule/Fee: $125,000
Scope of Services: Install Traffic Signal at Albany Shaker Road and Shaker El

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.
Is there a Fiscal Impact: Yes ☒ No ☐
File #: TMP-0786, Version: 1

Anticipated in Current Budget: Yes ☐ No ☐

County Budget Accounts:
Revenue Account and Line: D5110 - 02770
Revenue Amount: $125,000

Appropriation Account and Line: D5110 - 44046
Appropriation Amount: $308,120

Source of Funding - (Percentages)
Federal: Click or tap here to enter text.
State: 40.5
County: 59.5
Local: Click or tap here to enter text.

Term:
Term: (Start and end date) 5/15/2019 - 5/14/2020
Length of Contract: One Year

Impact on Pending Litigation:
Yes ☐ No ☐
Click or tap here to enter text.

Previous requests for Identical or Similar Action:
Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)
The County of Albany has received a $125,000 New York State Department of Transportation Multi-Modal Grant to support the installation of a new traffic signal at the intersection of Albany Shaker Road and Shaker E1, as well as coordination of adjacent signals on Albany Shaker Road. Intersection improvements at Shaker E1, including the addition of a traffic signal, were recommended to address safety and traffic concerns in the recently completed Albany Shaker Road Corridor Study. The signal will address congestion issues related to school traffic while maintaining traffic flow on Albany Shaker Road.
March 19, 2019

Lisa Ramundo
Commissioner Albany County DPW
449 New Salem Road
Voorheesville, NY 12186

RE: Master Multi-Modal Agreement,
1MA405.30A, D025878

Dear Ms. Ramundo,

Enclosed is the proposed Master Multi-Modal agreement required for enactment by your municipality.

Instructions:

(A) We have provided you with a single copy of the standardized Federal Local Agreement language. Please keep this document for your records.

(B) We have provided you with and 5 (five) copies) of the relevant Schedule A, please sign and return all 5 (five) original signature copies to this office.

(C) We have provided you with 5 (five) copies of the necessary signature page. Please return all 5 (five) original signature copies to this office. You will get a single original of this page returned to you once the contract is executed by the necessary State officials.

If you have any questions regarding this correspondence, please contact me at 518-485-1715 or Lorenzo.DiStefano@dot.ny.gov.

Sincerely,

[Signature]

Lorenzo DiStefano, P.E.
Regional Local Project Liaison
Program Development and Management
Region One

LD:ddl
Enclosures
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<tr>
<th>ACCOUNT NO.</th>
<th>RESOLUTION DESCRIPTION</th>
<th>ORIGINAL BUDGET</th>
<th>INCREASE</th>
<th>DECREASE</th>
<th>REVISED BUDGET</th>
<th>DEPARTMENT NAME</th>
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<td>D 5110 44046</td>
<td>Fees for Services</td>
<td>$50,000</td>
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<td>$175,000</td>
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TOTAL APPROPRIATIONS

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<th>ACCOUNT NO.</th>
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<th>ORIGINAL BUDGET</th>
<th>DECREASE</th>
<th>INCREASE</th>
<th>REVISED BUDGET</th>
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<td>D 5110 02770</td>
<td>Other Unclassified Revenues</td>
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<td>Maint. Roads &amp; Buildings</td>
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</table>

TOTAL ESTIMATED REVENUES

GRAND TOTALS

|            |               | $125,000        | $125,000 |
May 15, 2019

Honorable Andrew Joyce  
Chair, Albany County Legislature  
112 State St., Rm. 710  
Albany, NY 12207

Chairman Joyce:

Legislative authorization is requested to make several administrative adjustments to salary lines, as shown on the attached spreadsheet. Some of these changes are necessary because they reflect contractually obligated step increases that were not requested during the budget approval process, the remainder are to aid with staff retention and ensure equitable compensation in our workforce.

I look forward to discussing this at the next round of Legislative Committee meetings, if you have any questions before then, please contact myself or Dave Reilly.

Sincerely yours,

Shawn A. Thelen

cc:  
Hon. Dennis Feeney, Majority Leader  
Hon. Frank Mauriello, Minority Leader  
Majority Counsel  
Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Budget Amendment - Salary Adjustments

Date: 05/14/2019
Submitted By: David Reilly
Department: Management & Budget
Title: Deputy Commissioner
Phone: 447-7034
Department Rep.:
Attending Meeting: Shawn Thelen

Purpose of Request:

☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☒ Budget Amendment
☐ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☐ Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☒ Fringe
☒ Personnel
☐ Personnel Non-Individual
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant

Choose an item.
Submission Date Deadline Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact:
Yes ☒ No ☐
Anticipated in Current Budget:
Yes ☐ No ☒

County Budget Accounts:
**Justification:** (state briefly why legislative action is requested)

This request is asking to change several salary lines across three different departments. Some of changes are necessary because they reflect contractually obligated step increases that were not requested during the budget approval process, the remainder are to aid with staff retention and ensure equitable compensation.
### Appropriations

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<td>460272  Eligibility Examiner II</td>
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<td>1 3501</td>
<td>210018  Specification Technician</td>
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<td>$ 42,150</td>
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<td>1 1141</td>
<td>210002  Deputy Purchasing Agent</td>
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<td>170002  Special Assistant</td>
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<td>210018  State Retirement</td>
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**Total Appropriations**  
$ 22,906  $ 24,700

### Estimated Revenues

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<th>RESOLUTION DESCRIPTION</th>
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<th>INCREASE</th>
<th>DEPARTMENT NAME</th>
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<td>Social Services Admin - State</td>
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<td>Social Services Admin - Federal</td>
<td>$ 2,606</td>
<td>$ 12,461,295</td>
<td>Social Services</td>
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**Total Estimated Revenues**  
$ 2,606  $ 812

**Grand Totals**  
$ 25,512  $ 25,512
May 15, 2019

Honorable Andrew Joyce
Chair, Albany County Legislature
112 State Street, Rm. 710
Albany, NY 12207

Dear Chairman Joyce:

In May of 2017 the St. Catherine's Center for Children (SCCC) was authorized, via Resolution 212 of 2017, as a preferred recipient of the property located at 543 North Pearl Street in the City of Albany. They were given this special status as a means for St. Catherine's to begin working with NYS Office of Temporary and Disability Assistance (OTDA) to acquire funding for the development of a supportive housing facility to meet the increased need within our community.

St. Catherine's has been successful in all their efforts, including receiving an award of $5,689,841.00 for the development of a program at that location. They have also achieved the necessary local permitting and held multiple public meetings to solicit public input. At this time St. Catherine's is returning for approval of the option agreement which would allow them to close on the property and begin the project during the 2019 construction season. I will have a representative from my office present at your committee meetings to answer any questions you may have.

Sincerely,

[Signature]

Daniel P. McCoy

cc: Dennis A. Feeney, Majority Leader
     Frank A. Mauriello, Minority Leader
     Majority Counsel
     Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Request authorization to exercise option for purchase of property located at 543 North Pearl Street in the City of Albany

Date: 5/15/19
Submitted By: Mike McLaughlin
Department: County Executive's Office
Title: Director of Policy and Research
Phone: 518-447-7040
Department Rep.: Mike McLaughlin
Attending Meeting: Mike McLaughlin

Purpose of Request:
☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☐ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☒ Property Conveyance
☐ Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant

Choose an item.
Submission Date Deadline: Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
St. Catherine’s Center for Children
40 North Main Ave.
Albany, NY 12203

Additional Parties (Names/addresses): Click or tap here to enter text.

Amount/Raise Schedule/Fee: 0
Scope of Services: Click or tap here to enter text.
Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.
Is there a Fiscal Impact: Yes ☐ No ☒
Anticipated in Current Budget: Yes □ No □

County Budget Accounts:
Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.

 Appropriation Account and Line: Click or tap here to enter text.
 Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)
Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term
Term: (Start and end date) Click or tap here to enter text.
Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation
Yes □ No □
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:
Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)
As authorized via Resolution 212 of 2017, St. Catherine Center for Children was given preferred status to acquire the property located at 543 North Pearl Street in the City of Albany, which has been acquired by the County through the tax foreclosure process. St. Catharine’s undertook a significant process of full structural assessment of the existing building and application for funding to NYS Office of Temporary and Disability Assistance (OTDA). They have concluded that process with the successful award of $5,689,841.00 for the development of a program on the location. This process has also involved significant outreach to local representatives as well as a public hearing process. St. Catherine’s is now in a position to close of the property and begin the project.
October 25, 2018

Mr. Frank Pindiak
Executive Director
St. Catherine's Center for Children
40 North Main Avenue
Albany, NY 12203

Re: HHAP# 2018-001

Dear Mr. Pindiak:

On behalf of Governor Cuomo, I am pleased to inform you that the Homeless Housing and Assistance Corporation (the "Corporation") has reserved up to $5,689,841.00 for the development of the project proposed in your recent application for funding under the Homeless Housing and Assistance Program.

Please note that the reservation of this award does not constitute final approval of the proposed project design, the development and operating budgets, or any other aspect of your application. You may be requested to modify these items based on a review by staff of the Bureau of Housing and Support Services and the members of the Corporation. The disbursement of funds under this award will be contingent upon the execution of a contract between your organization and the Corporation. If the project is determined to be feasible at a cost lower than the amount reserved, the Corporation may reduce the award accordingly.

You will be receiving additional information regarding the contract development process from Dana Greenberg of the Bureau of Housing and Support Services. You may be required to satisfy certain conditions before proceeding with contract negotiations. In the interim, should you have any questions, please feel free to contact Dana Greenberg at (518) 473-2587.

Thank you for your efforts and commitment on behalf of New York's homeless. We look forward to working with you in this important endeavor.

Sincerely,

[Signature]

Samuel D. Roberts
Commissioner
April 16, 2019

Daniel C. Lynch,
Albany County Attorney
112 State Street
Albany, New York 12207

Re: 543 North Pearl Street
Albany, New York

Dear Mr. Lynch,

As you know, I represent St. Catherine’s Center for Children (“SCCC”) in relation to their acquisition and redevelopment of 543 North Pearl Street, Albany, New York (the “Property”). This letter follows my email exchanges with Michael McLaughlin and my last conversation with him on April 12, 2019 regarding SCCC’s License and Option Agreement with the County dated July 24, 2017 as amended (the “Option Agreement”). I enclose a copy of the Option Agreement, the Amendment dated January 9, 2019, and the ratifying resolutions of the County Legislature for your ready reference.

Pursuant to Paragraph 3 of the Option Agreement, I am writing to notify you of SCCC’s election to exercise its option to acquire title to the Property. As I have advised Mr. McLaughlin, SCCC has obtained approval from the City of Albany to demolish the existing structure on the Property and to construct and operate a supportive housing facility on it (the “Project”). Additionally, SCCC has obtained the capital funding for the Project from the New York State Office of Temporary and Disability Assistance (“OTDA”). Also enclosed, are copies of the City of Albany approval and the OD TA award letter.

We are now coordinating with counsel for OD TA for an early June closing and will need to take title to the Property at that time.

As set forth in the enclosed summary, SCCC has interacted a great deal with the community and their local elected representatives extending back at least two years. Support has been strong for repurposing this long vacant and decrepit property with new facilities and program. We look forward to our closing and the commencement of construction during the current building season. Please place me in touch with the person in your office with whom I should be coordinating.

Very truly yours,

Charles B. Dumas, Esq.

cc. Michael McLaughlin
Frank Pindiak
Enc.

LG 00322737 1
LICENSE AND OPTION AGREEMENT

This License and Option Agreement (the “Agreement”) dated as of July 4, 2017 (the “Effective Date”) is made by and between:

The County of Albany, a governmental entity, having an address of 112 State Street, Albany New York 12207 (the “Seller”); and

St. Catherine’s Center for Children, a not-for-profit corporation duly organized and validly existing in accordance with the laws of the State of New York, having an address of 40 North Main Avenue, Albany, New York 12203 (the “Purchaser”).

RECITALS:

The Seller is the owner of that certain real property located in the City and County of Albany, New York commonly known and referred to as 543 North Pearl Street, Albany, New York, [SBL# 65.44-1-4] (the “Property”).

The Purchaser is interested in acquiring the Property for the purpose of supportive housing and ancillary community programs on the terms and conditions hereinafter appearing.

It is necessary for the Purchaser to have “site control” to apply for and obtain necessary governmental approvals and grant funding all as contemplated by the New York Office of Temporary and Disability Assistance Homeless Housing and Assistance Program (“HHAP”).

In recognition and consideration of the foregoing, the Seller has authorized the making of this Agreement by Resolution No. 212 of the Albany County Legislature adopted on May 8, 2017 (the “Resolution”), which Resolution is incorporated herein by reference and made part hereof.

NOW, THEREFORE, the other good, valuable and mutual promises, agreements and undertakings contained herein, and other good and valuable consideration, the receipt and sufficiency of which the Seller and the Purchaser hereby acknowledge, the parties hereto covenant and agree as follows:

1. Option. In consideration of the payment by Purchaser to Seller of Ten Dollars ($10.00) (the “Option Price”) and other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the Seller grants to the Purchaser an exclusive right and option (hereinafter the “Option”) to purchase the Property upon the following terms and conditions.

2. Term. Unless sooner terminated as set forth in Paragraph 9 below, Purchaser’s Option shall run from the Effective Date for twelve (12) months (the “Term”), unless extended by mutual written agreement of the parties executed with the same formalities of this Agreement.
3. Exercise. In the event Purchaser shall elect to exercise the Option, it shall do so by notifying Seller in accordance with the notice provisions of Paragraphs 10 and 11 herein within the Term.

4. Purchase Terms.

(a) Price. The purchase price for the Property (the “Purchase Price”) shall be One Hundred and 00/100 Dollars ($100.00). The Option Price shall be applied as a credit against the Purchase Price at Closing (hereinafter defined).

(b) Method of Payment. The Purchase Price, as determined above, shall be payable at Closing in cash, certified or bank check, or by wire transfer of immediately available funds.

5. Contingencies.

(a) The parties’ obligations hereunder are conditioned upon:

i. Purchaser obtaining, at its sole cost and expense, from the City of Albany and/or any other governmental board or agency having jurisdiction over the Property, all approvals necessary to develop and operate the Property as a supportive housing facility with community serving ancillary programs consistent with the mission of St. Catherine’s Center for Children (the “Project”);

ii. Purchaser obtaining funding necessary to support the Project through grants, loans or other funding mechanisms, at or prior to the Closing, including, but limited to those through HHAP; and

iii. Seller obtaining any necessary approvals or authorization including but not limited to approval by vote of the Albany County Legislature.

6. Closing.

(a) In the event Purchaser shall exercise the Option, the transfer of title to the Property (the “Closing”) shall occur within thirty (30) days of the exercise date of the Option, at such date, time and location as the parties shall mutually agree.

(b) At Closing:

i. Seller shall execute, acknowledge and deliver a quitclaim deed to the Property in proper form for recording in the Albany County Clerk’s Office, describing the Property by tax section, block and lot number, so as to convey title thereto, “as-is, where is”, without warranty or representation of any kind whatsoever; and
ii. Purchaser shall deliver the Purchase Price as set forth above, less the Option Price. Seller shall pay the applicable New York State transfer tax and shall join in the execution of the TP-584 Form and RP-5217 Form required by New York State.

7. Seller’s Covenants. Seller covenants that, from and after the date this Agreement, until the Closing, Seller will not:

(a) cause or permit any dumping or depositing of any hazardous materials on the Property; or

(b) enter into any agreements with third parties affecting the title to the Property or the possession thereof.

Seller shall promptly cure, at Seller’s sole cost and expense, each and every intentional breach or intentional default of any covenant set forth in this Paragraph 7.

8. License: During the Term hereof the Purchaser shall have and the Seller hereby grants a license (the “License”) to the Purchaser, and the Purchaser’s employees, agents, contractors, and other persons authorized by the Purchaser, to access the Property for the purpose of conducting surveys, tests, and inspections of the Property further to the purposes hereinabove stated (the “License Rights”).


(a) The Purchaser shall hold harmless, defend, and indemnify the Seller from and against any and all suits, actions, losses, liabilities, claims, demands, damages, costs and expenses of any kind whatsoever (including, but not limited to reasonable attorneys’ fees), arising from, as a result of, or in connection with the exercise by Purchaser of its License Rights hereunder. All other risk of loss shall remain with Seller until Closing.

(b) The Purchaser shall, at all times, maintain comprehensive general public liability insurance for the benefit of the Seller insuring against the losses and liabilities encompassed by the indemnity in the immediately preceding sub paragraph 9(a) in the amount of not less than Five Hundred Thousand and 00/100 Dollars ($500,000.00) per occurrence and One Million and 00/100 Dollars ($1,000,000.00) in the aggregate. Upon the Effective Date and from time-to-time upon request of the Seller, the Purchaser shall provide to the Seller evidence of such insurance, in form and substance satisfactory to the Seller, naming the Seller as additional insured under such policy of insurance.

(c) In the event the Property is destroyed or damaged prior to Closing through no fault of the Purchaser, Purchaser shall have the right at its option to (i) terminate this Agreement by written notice to Seller, and thereafter the parties shall no further obligation or liabilities toward each other; or, alternatively; (ii) accept the
Property in the condition as is then and there existing, together with and subject to any and all policies of property and casualty insurance covering the Property, together with an assignment of any and all claims thereunder.

10. Notices. All notices contemplated by this Contract shall be in writing, delivered by: (a) certified or registered mail, return receipt requested, postmarked no later than the required date; (b) confirmed facsimile transmission; (c) personal service by such date; or (d) electronic mail. Notice to the parties’ respective attorneys shall be deemed adequate for all purposes hereunder.

11. Purchaser’s Attorney:
Charles B. Dumas, Esq.
Lemery Greisler LLC
50 Beaver Street
Albany, NY 12207
Phone: (518) 433-8800 ext. 332
Fax: (518) 433-8823
Email: CDumas@LemeryGreisler.com

Seller’s Attorney:
Daniel C. Lynch, Esq.
Albany County Attorney
112 State Street
Albany, NY 12207
Phone: (518) 447-7110
Fax: (518) 447-5564
Email: Daniel.Lynch@albanycountyny.gov

12. The parties acknowledge that no broker brought about this agreement or the sale contemplated herein.

13. Binding on Successors. This Agreement shall be binding not only upon the parties but also upon their assigns, and other successors in interest, if any. This Agreement and all rights and responsibilities hereunder may not be assigned by the Purchaser without the express written consent of the Seller.

14. Additional Documents, Seller and Purchaser agree to execute such additional documents as may be reasonable and necessary to carry out the provisions of this Agreement.

15. Entire Agreement: Modification: Waiver. This Agreement constitutes the entire agreement between Purchaser and Seller pertaining to the subject matter contained in it and supersedes all prior and contemporaneous agreements, representations, and understandings. No supplement modification, waiver or amendment of this Agreement shall be binding unless specific and in writing executed by the party against whom such supplement, modification, waiver or amendment is sought to be enforced. No waiver of any of the provisions of this Agreement shall be deemed or shall constitute a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver.

16. Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original and which together shall constitute one and the same agreement.
17. Severability. Each provision of this Agreement is severable from any and all other provisions of this Agreement. Should any provision(s) of this Agreement be for any reason unenforceable, the balance shall nonetheless be of full force and effect.

18. Governing, Law. This Agreement shall be governed by and construed in accordance with the laws of the State of New York.

[Signatures appear on the next page]
IN WITNESS WHEREOF, the parties have executed and delivered this Agreement as of the date first set forth above:

Seller: 

Purchaser: 

County of Albany

By: 

St. Catherine's Center for Children

By: Frank Pindiak, 
Executive Director

State of New York ss.: 
County of Albany

On the ___ day of June in the year 2017 before me, the undersigned, personally appeared Frank Pindiak, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned.

Notary Public

JEAN C. RYAN
Notary Public, State of New York
Qualify in Albany Co., No. 01RY6237144

State of New York ss.: 
County of Albany

On the ____ day of July in the year 2017 before me, the undersigned, personally appeared Philip Caldarone, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned.

Notary Public

MICHAEL A. LALLI
NOTARY PUBLIC - STATE OF NEW YORK
No. 01LA63222912
Qualified in Albany County
My Commission Expires March 30, 2019
RESOLUTION NO. 212

RESCINDING RESOLUTION 403 FOR 2016 AND AUTHORIZING A LICENSE AGREEMENT AND AN OPTION AGREEMENT TO CONVEY 543 NORTH PEARL STREET TO SAINT CATHERINE'S CENTER FOR CHILDREN FOR SUPPORTIVE HOUSING

Introduced: 5/8/17
By Messrs Ward, Commisso and Ms. Willingham:

WHEREAS, By Resolution 403 for 2016, this Honorable Body previously authorized an option agreement for the purchase of 543 North Pearl Street, in the City of Albany which resolution must be rescinded, and

WHEREAS, Saint Catherine's Center for Children has expressed an interest in purchasing 543 North Pearl Street in the City of Albany for the purpose of supportive housing and ancillary community programs, and

WHEREAS, It is necessary for Saint Catherine's Center for Children to have site control to apply for funding and obtain the necessary government approvals, now, therefore be it

RESOLVED, That Resolution 403 for 2016 is hereby rescinded, and, be it further

RESOLVED, That the Albany County Legislature authorizes the County Executive to execute a license agreement for ten ($10) dollars to Saint Catherine's Center for Children to enter 543 North Pearl Street for the purpose of evaluating said property, and, be it further

RESOLVED, That the Albany County Legislature authorizes the County Executive to execute an option agreement for ten ($10) dollars giving Saint Catherine's Center for Children an option to purchase 543 North Pearl Street in the City of Albany for the purpose of supportive housing and ancillary community programs, and, be it further

RESOLVED, That both the license agreement and the option agreement shall be for a term of twelve (12) months with an option to extend the term upon consent of both parties and the option agreement shall provide for a purchase price of one hundred ($100) dollars upon execution of the option to purchase, and, be it further
RESOLVED, That the exercise of the option shall be subject to Saint Catherine's obtaining the necessary financing and government approvals for supportive housing and ancillary community programs at the site, and, be it further

RESOLVED, That the County Attorney is authorized to approve said option agreement as to form and content prior to the execution thereof, and, be it further

RESOLVED, That the Clerk of the Legislature is hereby directed to forward certified copies of this resolution to Saint Catherine's Center for Children and the appropriate County Officials.

Adopted by unanimous vote. 5/8/17.
AMENDMENT TO THE
LICENSE AND OPTION AGREEMENT
BETWEEN THE COUNTY OF ALBANY
AND ST. CATHERINE'S CENTER FOR CHILDREN
RE: 543 NORTH PEARL STREET

Amendment Authorized by Resolution No. 153 of 2018, passed on April 4, 2018

(Original Agreement Authorized by Resolution 212 of 2017, passed)

This is an Agreement made by and between the County of Albany, a municipal corporation, acting by and through its County Executive, with a principal place of business located at 112 State Street, Albany, New York 12207 (hereinafter called the "Seller") and St. Catherine's Center for Children, a not-for-profit corporation duly organized and validly existing in accordance with the laws of the State of New York, whose principal place of business is located at 40 North Main Avenue, Albany, New York, 12203 (hereinafter called the "Purchaser," and, together with the Seller, may be referred to as a [p]arty and collectively as the "[P]arties").

WHEREAS, the Seller is the owner of certain real property located in the City and County of Albany, New York commonly known and referred to as 543 North Pearl Street, Albany, New York [SBL #65.44 1-4]; and

WHEREAS, the Parties have reached a previous Agreement, authorized by Resolution No. 212 of 2017, for the Purchaser to acquire the exclusive option to purchase the property;

WHEREAS, to satisfy the capital funding requirements for the New York State Office of Temporary Disability Assistance, the Parties wish to conduct an amendment that extends the date on when the Purchaser is required to purchase the property; and

WHEREAS, the County Legislature, through Resolution No. 153 of 2018, has authorized the County Executive to enter into an Agreement on behalf of the Seller to amend the date of the option for the Purchaser to acquire 543 North Pearl Street;

NOW, THEREFORE, THE PARTIES HERETO DO MUTUALLY COVENANT AND AGREE AS FOLLOWS:
A. That the Agreement at Paragraph 2. Term be amended to read as follows:

2. Term. Unless sooner terminated as set forth in Paragraph 9 below, Purchaser's Option shall run from the Effective date until July 31, 2019.

B. That all other articles, paragraphs, terms, conditions, and provisions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date(s) hereunder set forth.

SELLER:                                      COUNTY OF ALBANY

DATED: ________________________________  BY: ________________________________

Daniel P. McCoy
Albany County Executive
or
Philip F. Calderone, Esq.
Deputy County Executive

PURCHASER:                                   ST. CATHERINE'S CENTER FOR CHILDREN

DATED: 1/3/2019                               BY: ________________________________
STATE OF NEW YORK  )
COUNTY OF ALBANY  ) SS.:  

On the __ day of __________________, 2019, before me, the undersigned, a notary public in and for the state, personally appeared Daniel P. McCoy, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

__________________________
NOTARY PUBLIC

STATE OF NEW YORK  )
COUNTY OF ALBANY  ) SS.:  

On the __ day of ____________, 2019, before me, the undersigned, a notary public in and for the state, personally appeared Philip Calderone personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument the individual, or the person upon behalf of which the individual acted, executed the instrument.

__________________________
NOTARY PUBLIC

MICHAEL A. LALI
NOTARY PUBLIC - STATE OF NEW YORK
No. 01LA6322012
Qualified in Albany County
My Commission Expires March 30, 2019
On the 3rd day of January, 2019, before me, the undersigned, a notary public in and for the state, personally appeared Frank Pinch, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon whose behalf the individual acted, executed the instrument.

[Signature]

NOTARY PUBLIC

ALICIA M. POLVERELLI
Notary Public, State of New York
Registration No. 01P09384613
Qualified in Albany County
Commission Expires 12/17/2022
RESOLUTION NO. 153

AMENDING RESOLUTION NO. 212 FOR 2017 WITH ST. CATHERINE'S CENTER FOR CHILDREN REGARDING A HOMELESS HOUSING ASSISTANCE PROGRAM

Introduced: 4/9/18
By Social Services Committee, Mss. Chapman and Willingham:

WHEREAS, By Resolution No. 212 for 2017, this Honorable Body authorized an agreement with St. Catherine's Center for Children regarding a license agreement with an option to convey 543 North Pearl Street in the City of Albany, and

WHEREAS, The County Executive has requested an amendment to the agreement in order to extend the term of the agreement to indicate an ending date of July 31, 2019 rather than July 22, 2018 to satisfy the capital funding requirements of New York State Office of Temporary Disability Assistance, now, therefore be it

RESOLVED, By the Albany County Legislature that Resolution No. 212 for 2017 regarding a license agreement with an option to convey 543 North Pearl Street in the City of Albany is amended to indicate an ending date of July 31, 2019 rather than July 23, 2018, 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.

Adopted by unanimous vote. 4/9/18
Mr. Drake abstained
PROJECT NUMBER: PD0253
CASE NUMBER(S): DPR #0044
ADDRESS: 543 North Pearl Street
TAX ID #: 65.44-3-4
ZONING DISTRICT: MU-NE (Mixed-Use, Neighborhood Edge)
TOTAL ACREAGE: 0.53 Acres (23,086 square feet)
REQUEST: Major Development Plan Review - 5375-5(E)(14)
PROJECT DESCRIPTION: Construction of a three (3)-story, +/- 21,925 square foot multi-family dwelling with 20 dwelling units.
PROJECT APPLICANT: St. Catherine's Center for Children, 40 North Main Avenue, Albany, NY 12203
PROJECT ENGINEER: Hershberg & Hershberg, 18 Locust Street, Albany, NY 12203
DATE OF DECISION: February 26, 2019
DECISION: APPROVED WITH CONDITION
CONDITION: Applicant must receive approval from the City of Albany Water Department.

FACTS:
1. Application documents and supplemental filings of the applicant as of the date of this decision, as evidenced in the digital record for Project #00253
2. All plans, renderings, analyses and reports received as of the date of this decision, as evidenced in the digital record for Project #00253
3. All written correspondence received as of the date of this decision, as evidenced in the digital record for Project #00253
4. Content and testimony of the January 22, 2019 and February 26, 2019 meetings of the City of Albany Planning Board, as well as corresponding workshop sessions.

FINDINGS:
Based upon review of the complete record for DPR #0044, the Board finds that the proposed development:
1. Will not create significant adverse impacts on the surrounding neighborhood, or any significant adverse impacts will be limited to a short period of time;
2. Will not create risks to public health or safety;
3. Is not subject to any prior approvals or conditions;
4. Is consistent with the Comprehensive Plan;
5. Is consistent with any provisions of this Unified Sustainable Development Ordinance and the Albany City Code; and
6. Is not subject to any requirements or conditions of any prior development permits or approvals related to the property.
VOTE:

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I, Albert R. Desalvo representing the Planning Board of the City of Albany, hereby certify that the foregoing is a true copy of a decision of the Planning Board made at a meeting thereof duly called and held on the day of February 26, 2013.

Signature: 

Albert R. Desalvo

Important Notes: 1. This approval is subject to the approved plan set as stamped and approved by the Chair of the Planning Board. 2. This is not a building permit. All building permits must be approved and issued by the Division of Building & Regulatory Compliance prior to the start of any construction. Unless otherwise specified by the Board, this decision shall expire and become null and void if the applicant fails to obtain any necessary zoning, building, or other permits or comply with the conditions of such decision within one (1) year of the date of signature.
CITY OF ALBANY
NEW YORK

NOTIFICATION OF LOCAL ACTION
DECISION OF THE PLANNING BOARD

PROJECT NUMBER: P00253
CASE NUMBER: DR #0066
ADDRESS: 543 North Pearl Street
TAX ID #: 65.44-1-4
ZONING DISTRICT: MU-NE (Mixed-Use, Neighborhood Edge)
TOTAL ACREAGE: 0.53 Acres (23,086 square feet)
REQUEST: Demolition Review - §375-5(E)(17)
PROJECT DESCRIPTION: Demolition of an existing +/- 21,826 square foot structure.
PROJECT APPLICANT: St. Catherine’s Center for Children, 40 North Main Avenue, Albany, NY 12203
DATE OF APPLICANT: February 26, 2019
DECISION: APPROVED

FACTS:
1. Application documents and supplemental filings of the applicant as of the date of this decision, as evidenced in the digital record for Project #00253
2. All plans, renderings, analyses and reports received as of the date of this decision, as evidenced in the digital record for Project #00253
3. All written correspondence received as of the date of this decision, as evidenced in the digital record for Project #00253
4. Content and testimony of the January 22, 2019 and February 26, 2019 meetings of the City of Albany Planning Board, as well as corresponding workshop sessions.

FINDINGS:
Based upon review of the complete record for DR #0066, the Board finds that the proposed demolition:

1. The demolition is consistent with the planning objectives of this USDO;
2. The structures do not have significant historical, architectural, aesthetic or cultural value in its present or restored condition; and
3. The relationship of the buildings is not essential to the character of the neighborhood.

VOTE:

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I, Albert R. DeSalvo representing the Planning Board of the City of Albany, hereby certify that the foregoing is a true copy of a decision of the Planning Board made at a meeting thereof duly called and held on the day of February 26, 2019.

Signature: [Signature]

Important Note: This is not a demolition permit. A demolition permit must be approved and issued by the Division of Building & Regulatory Compliance prior to the start of any demolition. Unless otherwise specified by the Board, this decision shall expire and become null and void if the applicant fails to obtain any necessary demolition, building or other permits or comply with the conditions of such decision within one (1) year of the date of signature.
October 25, 2018

Mr. Frank Pindiak
Executive Director
St. Catherine's Center for Children
40 North Main Avenue
Albany, NY 12203

Re: HHAP# 2018-001

Dear Mr. Pindiak:

On behalf of Governor Cuomo, I am pleased to inform you that the Homeless Housing and Assistance Corporation (the "Corporation") has reserved up to $5,689,841.00 for the development of the project proposed in your recent application for funding under the Homeless Housing and Assistance Program.

Please note that the reservation of this award does not constitute final approval of the proposed project design, the development and operating budgets, or any other aspect of your application. You may be requested to modify these items based on a review by staff of the Bureau of Housing and Support Services and the members of the Corporation. The disbursement of funds under this award will be contingent upon the execution of a contract between your organization and the Corporation. If the project is determined to be feasible at a cost lower than the amount reserved, the Corporation may reduce the award accordingly.

You will be receiving additional information regarding the contract development process from Dana Greenberg of the Bureau of Housing and Support Services. You may be required to satisfy certain conditions before proceeding with contract negotiations. In the interim, should you have any questions, please feel free to contact Dana Greenberg at (318) 473-2587.

Thank you for your efforts and commitment on behalf of New York’s homeless. We look forward to working with you in this important endeavor.

Sincerely,

[Signature]

Samuel D. Roberts
Commissioner
November 13, 2018

Frank Pindiak
Executive Director
St. Catherine's Center for Children
40 N. Main Avenue
Albany, New York 12203

RE: Empire State Supportive Housing Initiative (ESSHI) Award

Dear ESSHI Awardee:

On behalf of the Empire State Supportive Housing Initiative (ESSHI) Interagency Workgroup, I am pleased to inform you that your agency has met the requirement of the conditional ESSHl award by demonstrating that the capital funds necessary to develop the proposed supportive housing project have been secured.

Therefore, this letter will serve as notification of the commitment of ESSHI funds in support of the twenty (20) units to be developed as described in application #2018-060 (Unit Sequence # 122-141). The project site will be located at 543 North Pearl Street, Albany, NY (Albany County). The approved award provides a maximum of $25,000 per unit or $500,000 annually. The ESSHI award will increase by a two (2) percent escalation factor, subject to the availability of State funds.

Please note that your assigned ESSHI State Contracting Agency (SCA) is the Office of Temporary and Disability Assistance (OTDA). You should continue to maintain frequent communication with the SCA in order to keep the Interagency Workgroup apprised of the status of the project in development and to develop the services and operating contract. The projected funding need date of the project is 4/1/2020. Note that this commitment may be rescinded if any of the committed capital funds are withdrawn.

Note that the specifics of a resulting ESSHl contract, including but not limited to the work plan, staffing plan and budget, are subject to the review, modification and approval of the State Contracting Agency. The contract is further subject to review and approval by the Division of Budget, Office of the Attorney General, and Office of the State Comptroller, as well as the availability of State funds.

As a reminder, the ESSHI contract is designed to be a multi-year contract with an initial 5-year term, intended to be renewable for additional 5-year terms.

Congratulations and we wish you well in your endeavors in developing and providing needed supportive housing for homeless New Yorkers.

Sincerely,

Moira Tashjian, MPA
Associate Commissioner
Adult Community Care Group – Office of Mental Health

Chair, Interagency Workgroup

cc: Jason Harper, OTDA
Re: Low-rise Residential New Construction Program incentives for St. Catherine's Center for Children - 543 North Pearl Street - Application #174263

Dear Frank Pindia:

NYSERDA has received and accepted the Low-rise Residential New Construction Program Project for St. Catherine's Center for Children - 543 North Pearl Street - Application #174263, located at 543 North Pearl Street. Based on your submission, this housing project includes 1 building, with a total of 20 dwelling units. The incentive identified below anticipates the project will meet Tier 2 requirements, including the US Environmental Protection Agency's ENERGY STAR® Certified Homes Program Version 3.1 requirements.

Anticipated incentives are as follows:

<table>
<thead>
<tr>
<th>Tier Level</th>
<th>No. of Units</th>
<th>Unit Incentive Amount</th>
<th>Total Estimated Tier Incentive Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2/Multi-family LMI 2019 (0-50 Units)</td>
<td>20</td>
<td>$1000</td>
<td>$20,000</td>
</tr>
<tr>
<td>TOTAL ESTIMATED INCENTIVE AMOUNT</td>
<td></td>
<td></td>
<td>$20,000</td>
</tr>
</tbody>
</table>

1Access to the support associated with Tier 1 (non-monetary) may be available, if the Home Energy Rating for any dwelling unit indicates the Tier 2 requirements were not met but the Tier 1 requirements have been met.

NYSERDA will make available a total not-to-exceed incentive of $20,000 through the Low-rise Residential New Construction Program. Additional incentives may be considered, if justified, subject to NYSERDA review, approval, and the availability of funds. Eligibility to receive any incentive payment is contingent upon the project complying with all program requirements as published in NYSERDA’s Program Opportunity Notice (PON) 3717. By submitting an LRCNP Project Application and accepting Incentive payments, you agree to be bound by the terms and conditions of PON 3717 which can be found on the NYSERDA website. Construction is already underway, and the confirmed Home Energy Rating for eligible dwelling units must be completed by 8/1/2020. Incentives are subject to change without notice based on NYSERDA’s Program goals and statutory requirements. To allow NYSERDA to accurately process requests for incentive payments, the Contract ID 137168 must be specified in those submissions.

Thank you again for your interest and participation in NYSERDA’s program. Should you have any further questions, please feel free to contact Rebecca Moore, at (518) 207-4514.

Sincerely,

Cheryl M. Glanton
Director of Contract Management

cc: Melanie Hamilton, Patrick Fitzgerald, NYSERDA
NewConstructionProgram@nysenera.ny.gov
Greg Downing
James Moriarty
Outlined below are St. Catherine’s efforts at relationship building and to keep the community and mostly the neighborhood informed and up-to-date regarding the Project at 543 North Pearl Street.

There are many examples of organizations that have looked to develop housing projects in the city of Albany, but have met with delays or rejection because of the lack of community support for the project. St. Catherine’s understands that it is critically important to engage the community and get support for the project.

In June 2016, St. Catherine’s arranged to do a walk-through of the building at 543 North Pearl Street. At the walk-through, 4th Ward Common Counsel member Kelly Kimbrough was present, along with planning officials from the City of Albany. The supportive housing project was explained to Councilman Kimbrough. By the end of the building tour, Mr. Kimbrough fully supported moving forward with the project. He thought that attending the upcoming North Albany Neighborhood Association meeting scheduled in July 2016 was an appropriate next step. St. Catherine’s staff attended the meeting, discussed where the project would be located, explained supportive housing, and St. Catherine’s role in the project. Attending the neighborhood association meeting was Wanda Willingham, who represents the 3rd Legislative District, and in whose district the project is based. Mrs. Willingham requested and received a personal briefing on St. Catherine’s plans at 543 North Pearl Street. By the end of the meeting, Legislative Leader Willingham was in full support of the project. At the next North Albany Neighborhood Association meeting held in November 2016, St. Catherine’s again attended the meeting. A review of the project was provided to community members. At the end of the presentation, the North Albany Neighborhood Association President, Alexandra Carver, and community members present, fully supported the supportive housing project.

Since November of 2016, St. Catherine’s has met with Councilman Kimbrough, Legislative Leader Willingham, and the North Albany Neighborhood Association, to update them on project developments. Every Neighborhood Association meeting is attended by St. Catherine’s Executive Director and the Director of Housing and Homeless Services, to discuss project updates and the timeline. Concerns and questions presented by the neighbors are answered when possible or brought back as follow up at the next meeting. Prior to the meeting being held in March 2019 flyers were distributed throughout the neighborhood to inform people that St. Catherine’s would be providing an update on the project. The practice of distributing flyers will continue, since the March meeting was well attended. The next meeting of the Neighborhood Association is scheduled for May 14. Communication on the progress of the project with the neighborhood will continue throughout the life of the project, until the building is finished. Once the project is complete, St. Catherine’s will continue to engage members of the neighborhood, attending Neighborhood Association meetings and partnering with neighbors to ensure a vibrant and thriving community.

National Night Out is a community-police awareness-raising event that St. Catherine’s has attended in Hackett Park for the past two years. We have actively participating by setting up fun activities for the children, and to bring awareness to supports and programming St. Catherine’s can provide to parents.

Beyond the immediate neighborhood, St. Catherine’s has met with the Mayor of Albany, Kathy Sheehan, and members of the city zoning department, Chris Spencer and Brad Glass. St. Catherine’s has also met with the Albany County Executive, Dan McCoy, and members of his team, Phil Calderone and Mike McLaughlin, as well as the Albany County DSS Commissioner, Michele McClave, and her team, Valerie Sacks and David Bradley. All have been briefed and are supportive of the project. As in the case of local community leaders, St. Catherine’s will provide city and county officials with regular updates on project developments as they occur.
### PROJECT # 00242

**Applications**
- CUP #0014, WDA #002

**Property Address**
- 251-255 North Pearl Street

**Applicant**
- Capital Repertory Theatre

**Representing Agent**
- CSARCH

**Zoning District**
- MU-CU (Mixed-Use Community Urban)

**Request**
- Conditional Use Permit - §375-5(E)(16)
- Wall Display Application -

**Proposal**
- Conversion of a +/- 28,200 SF warehouse to a performing arts venue with seating for a total of +/- 410 spectators and the installation of three (4) LED sign displays.

**SEQRA – Negative Declaration**
- Vote: 4-0-0 (Albert DeSalvo recused himself)

**Conditional Use Permit - Approved**
- Vote: 4-0-0 (Albert DeSalvo recused himself)

**Wall Display Application – Approved**
- Vote: 3-0-1 (Albert DeSalvo recused himself)

### PROJECT # 00253

**Applications**
- DPR # 0044

**Property Address**
- 543 North Pearl Street

**Applicant**
- St. Catherine's Center for Children

**Zoning District**
- MU-NE (Mixed-Use Neighborhood Edge)

**Request**
- Major Development Plan Review - §375-5(E)(14)
- Demolition Review - §375-5(E)(17)

**Proposal**
- Construction of a three (3)-story, +/- 21,925 square foot multi-family dwelling with 20 dwelling units. An existing +/- 21,825 square foot structure at the site will be demolished.

**SEQRA – Negative Declaration**
- Vote: 5-0-0

**Major Development Plan Review – Approved with Conditions**
- Vote: 5-0-0

**Demolition Review - Approved**
- Vote: 5-0-0

**Conditions:**
1. The Applicant must receive approval from the City of Albany Water Department.
2. The Applicant must include at least two (2) covered bicycle parking spaces on the site.
May 15, 2019

Honorable Andrew Joyce
Chair, Albany County Legislature
112 State St., Room 710
Albany, NY 12207

Chairman Joyce,

We respectfully request Legislative authorization to enter into a Memorandum of Understanding between the County and the Albany County Land Bank. The MOU will allow the County to utilize Land Bank software licenses for the eProperty+ software platform. This will allow the County and Land Bank to share information regarding tax foreclosed properties prior to their transfer to the Land Bank. This will increase efficiency between the two entities, allowing the Land Bank to close on properties faster, thus reducing the cost to the County in terms of property management during a reduced period of County control over the properties.

If you have any questions regarding this request, please contact myself or Dave Reilly.

Sincerely yours,

Shawn Theelen

Cc:
Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Majority Counsel
Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Memorandum of Understanding with Albany County Land Bank for eProperty+

Date: 05/15/2019
Submitted By: David Reilly
Department: Management & Budget
Title: Deputy Commissioner
Phone: 518-447-7034
Department Rep.
Attending Meeting: Shawn Thelen

Purpose of Request:

☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☒ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☐ Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
☐ Personnel Non-Individual
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant

Choose an item.
Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim
☐ Release of Liability
☒ Other: (state if not listed) Memorandum of Understanding

Contract Terms/Conditions:

Party (Name/address):
Albany County Land Bank, 69 State St., 8th Fl., Albany, NY 12207

Additional Parties (Names(addresses)):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: $6077.75
Scope of Services:
The Land Bank utilizes eProperty+ as their software platform for documenting property inspections, managing multimedia files related to each property, etc. The County has reviewed this software and decided to utilize it for our property management needs. Entering into an MOU with the Land Bank to be on a shared platform will facilitate sharing of information on parcels, increase efficiencies and decrease costs for both parties.

Bond Res. No.:
Date of Adoption:
Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:
Yes ☐ No ☒
If Mandated Cite Authority:
Click or tap here to enter text.
Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:
Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.
Appropriation Account and Line: A1310 44046
Appropriation Amount: $6077.75

Source of Funding - (Percentages)
Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: 100
Local: Click or tap here to enter text.

Term
Term: (Start and end date) 6/18/2019-1/18/2020
Length of Contract: 7 months

Impact on Pending Litigation
Yes ☐ No ☒
If yes, explain:

Previous requests for Identical or Similar Action:
Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)
The MOU will allow the County to utilize Land Bank software licenses for the eProperty+ software platform. This will allow the County and Land Bank to share information regarding tax foreclosed properties prior to their transfer to the Land Bank.
Memorandum of Understanding Between
the Albany Land Bank Corporation and Albany County
For ePropertyPlus Subscription Services

THIS AGREEMENT, made as of the _____ day of __________, 2019 by and between the Albany County Land Bank Corporation (hereinafter “ACLB”), a New York Land Bank and not-for-profit corporation of the State of New York, with offices at 69 State Street, Albany, New York 12207 and the County of Albany, a municipal corporation of the State of New York having its principal office and place of business at 112 State Street, Albany, New York 12207.

WITNESSETH:

WHEREAS the ACLB is a party to a Master Subscription Agreement for ePropertyPlus Services with STR.GRANTS, LLC (hereinafter “Master Services Agreement”); and

WHEREAS, Albany County wishes to have access to the data and information available on ePropertyPlus in order to provide certain preclosing and post-closing information to the Albany County Land Bank; and

WHEREAS, the Albany County Land Bank Corporation may add subscribers to its current Master Subscription Agreement with ePropertyPlus for an additional cost; and

WHEREAS, Albany County wishes to be able to subscribe to ePropertyPlus by and through the ACLB’s Master Subscription Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties;

1. That the ACLB shall add Five (5) User Licenses to the Master Subscription Agreement; and
2. Albany County shall allocate funds in the amount of $868.25 per month for the User Licenses to be paid to the ACLB upon presentation of an invoice for the cost of the same; and
3. Albany County shall abide by the terms and conditions of the Master Service Agreement, attached hereto as Appendix A, which terms and conditions are hereby incorporated herein by reference;

This Agreement shall not be enforceable until signed by both parties.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals as of the day and year first written above.
Adam Zaranko
Albany County Land Bank Corporation
69 State Street, 8th Floor
Albany, New York 12207

By:____________________
County of Albany
112 State Street
Albany, New York 12207
May 16, 2019

Honorable Andrew Joyce  
Chair, Albany County Legislature  
112 State St., Rm. 710  
Albany, NY 12207

Dear Chairman Joyce:

Pursuant to Resolution No. 29 of 2019, legislative authorization is requested to transfer the attached list of foreclosed properties acquired through the “In Rem” process to the Albany County Land Bank Corporation.

If you have any questions regarding this request I can make myself available at your earliest convenience. Thank you for your consideration.

Sincerely Yours,

Shawn A. Thelen

cc:  
Hon. Dennis Feeney, Majority Leader  
Hon. Frank Mauriello, Minority Leader  
Majority Counsel  
Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Transfer Properties to the Albany County Land Bank Corporation

Date: May 16, 2019
Submitted By: Shawn Thelen
Department: Management and Budget
Title: Commissioner
Phone: 518-447-7040
Department Rep.: Anthony Dilella
Attending Meeting: Michael McLaughlin

Purpose of Request:

☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☐ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☒ Property Conveyance
☐ Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
☐ Personnel Non-Individual
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant
  Choose an item.
  Submission Date Deadline Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
  Click or tap here to enter text.

Additional Parties (Names/addresses):
  Click or tap here to enter text.

Amount/Raise Schedule/Fee:
  Click or tap here to enter text.
Scope of Services:
  Click or tap here to enter text.

Bond Res. No.:
  Click or tap here to enter text.
Date of Adoption:
  Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:
  Yes ☐ No ☐
If Mandated Cite Authority:
  Click or tap here to enter text.

Is there a Fiscal Impact:
  Yes ☐ No ☐
Anticipated in Current Budget:
  Yes ☐ No ☐

County Budget Accounts:
Revenue Account and Line:  
Revenue Amount:  

Appropriation Account and Line:  
Appropriation Amount:  

Source of Funding - (Percentages)  
Federal:  
State:  
County:  
Local:  

Term  
Term: (Start and end date)  
Length of Contract:  

Impact on Pending Litigation  
If yes, explain:  

Previous requests for Identical or Similar Action:  
Resolution/Law Number:  
Date of Adoption:  

Justification: (state briefly why legislative action is requested)  
Pursuant to ABL Resolution No. 29 of 2019 authorization is requested to transfer the attached list of foreclosed properties to the Albany County Land Bank Corporation. These properties were acquired by the County through the “In Rem” foreclosure process.
May 14, 2019

Honorable Andrew Joyce
Chair, Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Joyce:

Legislative authorization is requested to rescind the sale of 182 Brevator Street, located in the City of Albany to the Albany County Land Bank Corporation pursuant to ABL Resolution No. 271 of 2018 and in accordance with ABL Resolution No. 29 of 2019, authorization is also requested to transfer 182 Brevator Street to the immediate former owner Spiritual Center for Human Development C/O Reverend Clara Galus.

Reverend Clara Galus has placed on deposit the amount of $8,214.93 which represents the full amount of delinquent and current taxes owed to and paid by the County for 182 Brevator Street.

If you have any questions regarding this request I can make myself available at your earliest convenience. Thank you for your consideration.

Sincerely Yours,

[Signature]

Shawn A. Thelen

cc:
Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Majority Counsel
Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Rescind the sale of 182 Brevator St to the Albany County Land Bank per ABL Resolution No. 271 of 2018 and authorize property reacquisition-City of Albany-182 Brevator St - Tax Map # 53.82-1-9

Date: May 8, 2019
Submitted By: Shawn Thelen
Department: Management And Budget
Title: Commissioner
Phone: 447-7040
Department Rep.: Anthony Dilella
Attending Meeting: Michael Mc Laughlin

Purpose of Request:

☐ Adopting of Local Law
☒ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☐ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☒ Property Conveyance
☐ Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant

Choose an item.
Submission Date Deadline: Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed)

Contract Terms/Conditions:
Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee:
Scope of Services:

Click or tap here to enter text.
Click or tap here to enter text.

Bond Res. No.:
Date of Adoption:

Click or tap here to enter text.
Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:
Yes ☐ No ☒

If Mandated Cite Authority:
Click or tap here to enter text.

Is there a Fiscal Impact:
Yes ☐ No ☒
Anticipated in Current Budget: Yes □ No ☒

County Budget Accounts:
Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.
Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)
Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term
Term: (Start and end date) Click or tap here to enter text.
Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation
If yes, explain: Yes □ No ☐ Click or tap here to enter text.

Previous requests for Identical or Similar Action:
Resolution/Law Number: 519
Date of Adoption: November 13, 2018

Justification: (state briefly why legislative action is requested)

182 Brevator St located in the City of Albany was the domicile and the place of ministry for Reverend Clara Galus, this parcel was foreclosed by the county and intern was authorized by resolution for transfer to the Albany County Land Bank. Reverend Clara Galus has placed on deposit the amount of $8,214.93 which represents the full amount of delinquent and current taxes paid by the County for 182 Brevator St. Authorization is needed to rescind the sale of 182 Brevator St, tax map No. 53.82-1-9 located in the City of Albany to the Albany County Land Bank per Resolution No. 271 of 2018 and in accordance with ABL Resolution No. 29 of 2019, authorization is also requested to transfer 182 Brevator St to the immediate former owner Spiritual Center for Human Development C/O Reverend Clara Galus, 182 Brevator St, Albany N.Y. 12206.
May 1, 2019

Daniel P. McCoy, Albany County Executive
Office of the Albany County Executive
112 State Street — Room 1200
Albany, New York 12207

c/o Michael McLaughlin, Director of Policy and

Re: 182 Brevator Street, Albany, NY 12206
Tax Map No. 53.82-1-9
File No. 5740.32969

Dear Mr. McCoy:

I am Reverend Clara P. Galus. Since September of 1972, I have owned this real property, when I and my late husband, Philip Galus, originally purchased it. The property has recently been classified as tax-exempt, as it was from that which my ministry, The Spiritual Center for Human Development was based.

I am of advanced age and am spending some time away from my home out of state. In the Spring of last year, I made the decision to list my home for sale so that it could be purchased by someone who would be able to care for the property in a manner that is becoming more and more difficult for me to maintain. I eventually entered into a contract of sale, but when a title search was performed, it was determined that the property was no longer owned by me because it had been foreclosed upon by Albany County for non-payment of outstanding water charges. Unfortunately, while I recognize that it is my own responsibility, I did not know that water charges were being incurred and thus did not take any steps to pay them.

In the Summer of 2018, I made inquiries as to whether I would be able to re-purchase the property from the County of Albany. At that time, my attorney was informed that the Albany County Legislature had passed a resolution authorizing the transfer of title to the Albany Land Bank, which transfer to my knowledge has not occurred. When my son recently spoke to Mr. McLaughlin of your office, we were advised that there may be a way where the County could pass new legislation which could bypass the transfer to the Land Bank and instead convey the property to me, provided I pay the full amount of the delinquency for the unpaid water charges. This letter is being sent to request that the County consider this possible option. I am able to affirmatively state that I would be prepared to pay the full amount of taxes owed and paid by the County for 182 Brevator Street which I understand is approximately $8,214.93.

I respectfully ask that you take the steps needed to determine whether this option is available to me.
If you need any additional information, please feel free to contact me.

Thank you and Mr. McLaughlin, for your time and attention.

Very truly yours,

\[ \text{gp-S} \cdot \text{elAOL} \]
Reverend Clara P. Galus

\# 501-C-3
DEPOSIT TRANSMITTAL
Division of Finance, Cash Receipts, 112-State Street, Suite 800, Albany, New York 12207
Office: (518) 447-7070, Fax: (518) 447-5516
PLEASE PRINT OR TYPE INFORMATION

DEPARTMENT: Finance, Division of

ADDRESS: ROOM 1340 112 STATE STREET

Total Number of Checks: 1
Total Amount of Checks: $8,214.93
Total Amount of Cash: $0.00
Total Deposit: $8,214.93

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<th>PROJECT</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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<td>00690</td>
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<td>RLA PENDING MAY 2019</td>
<td>$8,214.93</td>
</tr>
</tbody>
</table>

CASHIER'S CHECK

May 03, 2019

PAY TO THE ORDER OF ***ALBANY COUNTY DEPARTMENT OF MANAGEMENT***
***AND BUDGET***

***Eight thousand two hundred fourteen dollars and 93 cents***

**$8,214.93**

WELLS FARGO BANK, N.A.
2500 MISSION ST
Sан FRANCISCO, CA 94110
FOR INQUIRIES CALL (415) 394-3122

FOR OFFICE USE ONLY: DIVISION OF FINANCE

PAID RECEIPT STAMP

Res 271 of 2018
6/11/2018
ACLB
### COUNTY OF ALBANY
### DIVISION OF FINANCE

**DEPOSIT TRANSMITTAL**

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<th>DEPARTMENT:</th>
<th>Finance, Division of</th>
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<tr>
<td>ADDRESS:</td>
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**Total Number of Checks:** 1  
**Total Amount of Checks:** $8,214.93  
**Total Amount of Cash:** $0.00  
**Total Deposit:** $8,214.93

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<th>ORG</th>
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<td>RLA PENDING MAY 2019</td>
<td>$0.00</td>
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**CASHIER'S CHECK**  
0006405501  
May 03, 2019

**PAY TO THE ORDER OF:**  
***ALBANY COUNTY DEPARTMENT OF MANAGEMENT***  
***AND BUDGET***  

***Eight thousand two hundred fourteen dollars and 93 cents***  

**$8,214.93**

**Payee Address:**  
WELLS FARGO BANK, N.A.  
2555 MISSION ST  
SAN FRANCISCO, CA 94110  
FOR INQUIRIES CALL (415) 394-3122

---

FOR OFFICE USE ONLY: DIVISION OF FINANCE  
Received by (Initial):  
Res 271 of 2018  
01/11/2018  
ACL B
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**Grand Total** $8,214.93
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<td>05/21/2019</td>
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May 7, 2019

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: RP-554 - Application for Corrected Tax Roll
Capital City Gospel Mission
118 Arch Street, Albany, NY 12201
76.57-4-9

Dear Chairman Joyce,

Trey Kingston, the assessor for the City of Albany, submitted an Application for Corrected Tax Roll on behalf of the City Mission. The City Mission purchased 118 Arch Street in December 2017. Pastor Perry Jones filed a renewal application for nonprofit organizations with the city assessor in a timely manner. Unfortunately, Pastor Jones filed the wrong application. This clerical error is merely a technicality. The property was not exempt on the 2018 final assessment roll; therefore, the property received a 2019 property tax bill.

According to RPTL 420-a, the assessor may grant the exemption provided the assessor personally inspects the property and certifies in writing that the property satisfies all the requirements for the exemption. The assessor inspected the property and provided an affidavit, which is included in the back up. It appears the property satisfies the requirements for a nonprofit exemption.

Given the information provided, it is my recommendation to cancel the 2019 property tax on 118 Arch Street, Albany, NY.

Sincerely,

Maggie A. Alix

CC: Dennis Feezey, Majority Leader
    Frank Mauritello, Minority Leader
    Kevin Cannizzaro, Majority Counsel
    Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Correct Tax Roll - City of Albany

Date: May 7, 2019
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.: Maggie A. Alix
Attending Meeting: Maggie A. Alix

Purpose of Request:

- [ ] Adopting of Local Law
- [ ] Amendment of Prior Legislation
- [ ] Approval/Adoption of Plan/Procedure
- [ ] Bond Approval
- [ ] Budget Amendment
- [ ] Contract Authorization
- [ ] Countywide Services
- [ ] Environmental Impact/SEQR
- [ ] Home Rule Request
- [ ] Property Conveyance
- [ ] Other: (state if not listed) Authorization to Correct Tax Roll - City of Albany

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
- [ ] Contractual
- [ ] Equipment
- [ ] Fringe
- [ ] Personnel
File #: TMP-0862, Version: 1

☐ Personnel Non-Individual
☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant

Choose an item.
Submission Date Deadline Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address): Click or tap here to enter text.

Additional Parties (Names-addresses): Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☑
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☑ No ☐
Anticipated in Current Budget: Yes ☑ No ☐
File #: TMP-0862, Version: 1

County Budget Accounts:
Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.
Appropriation Account and Line: Click or tap here to enter text.
Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)
Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term
Term: (Start and end date) Click or tap here to enter text.
Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation
Yes ☐ No ☒
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:
Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)
The City Mission purchased 118 Arch Street in December 2017. Pastor Perry Jones filed a renewal application for nonprofit organizations with the city assessor in a timely manner. Unfortunately, Pastor Jones filed the wrong application. An initial application needed to be filed as opposed to a renewal. This clerical error is merely a technicality. The property was not exempt on the 2018 final assessment roll; therefore, the property received a 2019 property tax bill.

According to RPTL 420-a, the assessor may grant the exemption provided the assessor personally inspects the property and certifies in writing that the property satisfies all the requirements for the exemption. The assessor inspected the property and provided an affidavit, which is included in the back up. It appears the property satisfies the requirements for a nonprofit exemption.

Given the information provided, it is my recommendation to cancel the 2019 property tax on 118 Arch Street, Albany, NY.
Application for Corrected Tax Roll

Part 1 – General Information: To be completed in duplicate by the applicant.

<table>
<thead>
<tr>
<th>Names of owners</th>
<th>Capital City Gospel Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address of owners (number and street or PO box)</td>
<td>259 S Pearl St</td>
</tr>
<tr>
<td>Location of property (street address)</td>
<td>118 Arch St</td>
</tr>
<tr>
<td>City, village, or post office</td>
<td>Albany</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>ZIP code</td>
<td>12201</td>
</tr>
<tr>
<td>City, town, or village</td>
<td>Albany</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>ZIP code</td>
<td></td>
</tr>
<tr>
<td>Daytime contact number</td>
<td>518-462-0459</td>
</tr>
<tr>
<td>Evening contact number</td>
<td>518-469-4844</td>
</tr>
<tr>
<td>Tax map number of section/block/lot</td>
<td>76.57-4-9</td>
</tr>
<tr>
<td>Account number (as appears on tax bill)</td>
<td>03240</td>
</tr>
<tr>
<td>Amount of taxes currently billed</td>
<td>2,159.98</td>
</tr>
</tbody>
</table>

Reasons for requesting a correction to tax roll:
Owner filed exemption application on 1/4/18. For unknown reason (likely clerical error), exemption was not applied.

I hereby request a correction of tax levied by City/County of Albany for the year(s) 2019.

Signature of applicant: 

Date: 1/29/19

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls. If a Directed reinstatement, see instructions.

Date application received: 2/1/19

Period of warrant for collection of taxes: 01/01/2019

Last day for collection of taxes without interest: 01/31/19

Recommendation: 

Approve application □ Deny application □

Signature of official: 

Date: 5/7/19

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Albany who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution

Application approved (mark an X in the applicable box):

- Clerical error X
- Error in essential fact □
- Unlawful Entry □
- Directed reinstatement □

Amount of taxes currently billed: $2,159.98

Corrected tax: -0-

Date notice of approval mailed to applicant: 

Date order transmitted to collecting officer: 

Application denied (reason):

Signature of chief executive officer, or official designated by resolution: 

Date: 

(12/17)
CITY OF ALBANY - 2019 PROPERTY TAXES

FISCAL YEAR: 1/1/2019 to 12/31/2019
WARRANT: 12/31/2018
ESTIMATED COUNTY STATE AID: $90,121,595

BANK  BILL  TAX MAP NUMBER
150316  76.57-4-9

MAKE CHECKS PAYABLE TO:  TO PAY IN PERSON:
CITY OF ALBANY  City Hall Room 110
          24 Eagle Street
          Albany, NY 12207
          (518) 434-5035

PROPERTY INFORMATION:
ACCOUNT #: 03240
DIMENSION: 51.77 X 94.17
ROLL: 1
LOCATION: 118 Arch St
SCHOOL: 010100
FULL MARKET VALUE: 122,600
UNIFORM % OF VALUE: 100.00%
LAND ASSESSMENT: 122,600
TOTAL ASSESSMENT: 122,600

PROPERTY OWNER:
Capital City Gospel Mission
259 So Pearl St
Albany, NY 12202

PROPERTY TAX PAYERS BILL OF RIGHT
If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

<table>
<thead>
<tr>
<th>LEVY DESCRIPTION</th>
<th>TOTAL TAX LEVY</th>
<th>% CHANGE FROM PRIOR YEAR LEVY</th>
<th>TAXABLE VALUE OR UNITS</th>
<th>RATE</th>
<th>TAX AMOUNT</th>
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<tbody>
<tr>
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<td>17,417,764</td>
<td>-1.6%</td>
<td>122,600</td>
<td>3.574759</td>
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<tr>
<td>City Tax</td>
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<td>0.0%</td>
<td>122,600</td>
<td>14.043300</td>
<td>1,721.71</td>
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</tbody>
</table>

TOTAL BASE TAXES DUE: $2,159.98

Date Paid  Amount Paid

$0.00

Tax Amount  Interest  Total Due
Pay By 1/31/2019 $2,159.98  $0.00  $2,159.98

TOTAL DUE: $2,159.98
May 4, 2019

Re: 118 Arch Street

On April 12, 2019, I personally inspected the property owned by the Albany City Gospel Mission located at 118 Arch Street in Albany. The property is being converted into a community room/classroom to be used by the mission located directly across Arch Street.

Being a not-for-profit which is organized to serve the members of the community, the Mission’s property at 118 Arch Street, being converted to a classroom and meeting space used to continue the organizations purpose does qualify as an exempt property pursuant to RPTL 420-a.

Sincerely,

Trey Kingston, Assessor
City of Albany
NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

1 - ORGANIZATION PURPOSE
(See general information and instructions on back form)

1a. Name ________________ d. Name of contact person _________
capital city mission, ____________________________________________
228 S Pearl St
Albany, NY 12201
b. Mailing ____________________________________________

118 Arch St
c. Employer ID no. 56-d6-63290

d. Telephone no. of contact person
Day (518) 462-0451 Evening (518) 469-4844 cell
518 756 7478 home

e. E-mail address (optional)
ccrm259@yahoo.com

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

☐ a. A change has occurred in the purpose(s) of the organization.
☐ b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
☐ c. A change has occurred in the organization’s status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

☐ STATEMENT OF CHANGE — I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☐ STATEMENT OF NO CHANGE — I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

_________________________ /_________________________
Signature Date

Executive Director / Pastor

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):
☐ Form 1023 (Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code)
☐ Form 1024 (Application for Recognition of Exemption under Section 501(a)).
☐ Form 990 (Return of Organization Exempt from Income Tax under Section 501(c) of the Internal Revenue Code)
☐ Schedule A, Form 990 (Organizations Exempt under Section 501(c)(3))
☐ Form 990-PF (Return of Private Foundation Exempt from Income Tax)
☐ Form 990-AR (Annual Report of Private Foundation)
☐ Form 990-T (Exempt Organization Business Income Tax Return)
☐ None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR’S USE

Assessing unit ____________________________
City/Town ____________________________
School District ____________________________

County ____________________________
Village ____________________________
NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
II - PROPERTY USE
(See general information and instructions on back form)

1. a. Name: Capital City Gospel Mission,
   259 S Pearl St
   Albany, NY 12201

   b. Mail line

   c. Employer ID no. 56-26-63390

   d. Name of contact person: Penn Jones

   e. Telephone no. of contact person
   Day (518) 442-4465 Evening (518) 484-4844 cel
   518-756-7478 home

   f. E-mail address (optional): rcvm259@yahoo.com

   g. Property identification (see tax bill or assessment roll)
   Tax map number or section/block/lot: 118 Arch St

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

☐ a. A change has occurred in the ownership of all or part of the property.

☐ b. A change has occurred in the use or uses of the property by the owner.

☐ c. A change has occurred in that all or part of the property is now being offered for sale or lease.

☐ d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).

☐ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.

☐ f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.

☐ g. One of the organization's purposes is hospital, and a change has occurred in the amount of time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

☐ STATEMENT OF CHANGE

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☐ STATEMENT OF NO CHANGE

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Signature: [Signature]

Date: 4/18

Executive Director

FOR ASSESSOR'S USE

Assessing unit
City/Town
School District

County

Village
May 8, 2019

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: RP-556 - Application for Refund
37 Buell Street, Albany, NY 12206
53.82-2-13

Dear Chairman Joyce,

Trey Kingston, the assessor in the City of Albany, submitted an Application for Refund, on behalf of the property owner. According to the assessor’s affidavit, 37 Buell Street is and has been Mr. Flynn’s primary residence since he purchased the property in 2007. Upon acquisition, Mr. Flynn applied for an alternative veteran’s exemption. Mr. Flynn has been receiving a 15% veteran’s exemption since July 1, 2008. Due to a systematical clerical error, the exemption was removed from the 2018 database file. The alternative veteran’s exemption should have been applied to the 2019 property tax.

Please review the enclosed documentation. I recommend a refund for $287.93.

Sincerely,

Maggie A. Alix, Director
Real Property Tax Service Agency

CC: Dennis Feeny, Majority Leader
    Frank Mauriello, Minority Leader
    Kevin Cannizzaro, Majority Counsel
    Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization for Refund of Real Property Tax

Date: May 8, 2019
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.: Maggie A. Alix
Attending Meeting:

Purpose of Request:
- [ ] Adopting of Local Law
- [ ] Amendment of Prior Legislation
- [ ] Approval/Adoption of Plan/Procedure
- [ ] Bond Approval
- [ ] Budget Amendment
- [ ] Contract Authorization
- [ ] Countywide Services
- [ ] Environmental Impact/SEQR
- [ ] Home Rule Request
- [ ] Property Conveyance
- [ ] Other: (state if not listed)

Authorization for Refund of Real Property Tax - City of Albany

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
- [ ] Contractual
- [ ] Equipment
- [ ] Fringe
- [ ] Personnel
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant

Choose an item.
Submission Date Deadline Click or tap to enter a date.
☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed)

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee:
Scope of Services:

Click or tap here to enter text.
Click or tap here to enter text.

Bond Res. No.:
Date of Adoption:

Click or tap here to enter text.
Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:
Yes ☐ No ☒

If Mandated Cite Authority:
Click or tap here to enter text.

Is there a Fiscal Impact:
Yes ☒ No ☐

Anticipated in Current Budget:
Yes ☐ No ☒
Justification: (state briefly why legislative action is requested)
According to the assessor's affidavit, 37 Buell Street is and has been Mr. Flynn’s primary residence since he purchased the property in 2007. Upon acquisition, Mr. Flynn applied for an alternative veteran’s exemption. Mr. Flynn has been receiving a 15% veteran’s exemption since July 1, 2008. Due to a systematical clerical error, the exemption was removed from the 2018 assessment database file. The alternative veteran’s exemption should have been applied to the 2019 property tax.

Please review the enclosed documentation. I recommend a refund to the property owner for $287.93.
Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners
Gary Flynn

Mailing address of owners (number and street or PC box)
37 Buell Street

Location of property (street address)
37 Buell Street

City, village, or post office
Albany

State
NY

ZIP code
12205

City, town, or village
Albany

State
NY

ZIP code
12206

Daytime contact number

Evening contact number

Tax map number of section/block/lot: Property Identification (see tax bill or assessment roll)
53.82-2-13

Account number (as appears on tax bill)
15924

Amount paid or payable
1,919.57

Date of payment
01-30-2019

Reasons for requesting a refund or credit:
Mr. Flynn has had all veterans exemption in the amount of 15% of AV since he purchased 37 Buell in 2007. This is and has been Mr. Flynn's primary residence since 2007. For an unknown reason the exemption was removed prior to the 2018 assessment roll resulting in a taxable value at the full assessed value of $133,000. With exemption, municipal taxable value should have been $113,050.

I hereby request a refund or credit of real property taxes levied by City/County of Albany for the year(s) 2019.

Signature of applicant

Date
4/19/19

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls. If a Directed reinstatement, see instructions.

Date application received
4/10/19

Date warrant annexed
03/31/19

Last day for collection of taxes without interest
01/31/19

Recommendation
Approve application

Deny application

Signature of official

Date
5/7/19

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553).

Part 3 – For use by the tax levying body or official designated by resolution:

Application approved (Mark an X in the applicable box):

Clerical error
X

Error in essential fact

Unlawful Entry

Directed reinstatement

Amount of taxes paid
1,919.57

Amount of taxes due
3,631.64

Amount of refund or credit
287.93

Application denied (reason):

Signature of chief executive officer or official designated by resolution

Date
April 10, 2019

Re: RP-556 for 37 Buell

Attached are RP-556 forms for property located at 37 Buell Street in the City of Albany. The property has been owned by and the primary residence of Gary Flynn since 2007. Mr. Flynn was granted the Basic STAR exemption as well as the alternative veteran’s exemption in the amount of 15%, first appearing on the 2008 assessment roll.

For no known reason, the exemptions were removed from the City’s RPS file sometime between July 3, 2017 and May 1, 2018.

Sincerely,

[Signature]
Trey Kingston, Assessor
City of Albany
CITY OF ALBANY - 2019 PROPERTY TAXES

FISCAL YEAR: 1/1/2019 to 12/31/2019
WARRANT 12/31/2018
ESTIMATED COUNTY STATE AID: $50,121,595

PROPERTY INFORMATION:
ACCOUNT #: 15824
DIMENSION: 52.00 X 100.00
ROLL: 1
LOCATION: 37 Buell St
SCHOOL: 010100
FULL MARKET VALUE: 133,000
UNIFORM % OF VALUE: 100.00
LAND ASSESSMENT: 27,000
TOTAL ASSESSMENT: 133,000

PROPERTY TAX PAYERS BILL OF RIGHT:
If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

LEVY DESCRIPTION | TOTAL TAX LEVY | % CHANGE FROM PRIOR YEAR LEVY | TAXABLE VALUE OR UNITS | RATE | TAX AMOUNT
**HOMESTEAD PARCEL**
COUNTY TAX | 17,417,764 | -1.6 | 133,000.00 | 3.57475900 | 475.44
CITY TAX | 58,550.00 | 0.0 | 133,000.00 | 10.85810000 | 1,444.13
Exempt: 41120 Vet War CTS $19,950 TOTAL BASE TAXES DUE: $1,919.57

RECEIPT:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax:</td>
<td>1,919.57</td>
</tr>
<tr>
<td>Penalty:</td>
<td>0.00</td>
</tr>
<tr>
<td>Remaining Full Tax Payment Due:</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Total Assessed Value: $133,000
Exemption: $19,950
County Tax: $113,050 x 3.57475900 = $404.13
City Tax: $113,050 x 10.85810000 = $1,227.51

Refund: $1,631.04
$287.93
FLYNN, GARY P
37 Buell St

010100 Albany
Active

Roll Year: 2017 (Prior Year: 2016)
Fiscal Year: 2017
Land Use Code: 1
Property Code: 010100
Address: 37 Buell St

Total 2: Exemptions (Right Click to Add)
Exemption Code:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
<th>Percent</th>
<th>Own Pot</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>41120</td>
<td>VET-WAR-LTS</td>
<td>19,950</td>
<td>15%</td>
<td></td>
<td>2008</td>
</tr>
</tbody>
</table>

Calc St. Exempts...

Exemption Amounts:

<table>
<thead>
<tr>
<th>County</th>
<th>19,950</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>6,000</td>
</tr>
</tbody>
</table>

Taxable Value:

<table>
<thead>
<tr>
<th>County</th>
<th>13,950</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>127,000</td>
</tr>
</tbody>
</table>

Prints the screen
May 1, 2019

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Application for Refund of Real Property Tax
Parcel ID: 64.79-1-42

Dear Chairman Joyce,

Mr. Duncan petitioned the Commissioner of Tax & Finance for the STAR exemption during the interest free period. The Commissioner made the determination to grant the BASIC STAR exemption. On December 11, 2018, I received an application to correct the school tax roll. The City School District of Albany approved the correction; however, due to timing the County had taken over the school collection. The County received full payment, including penalty & interest, on December 19, 2018.

It appears Mr. Duncan warrants a refund for $1,365.04, the value of the STAR exemption plus interest and penalty.

Sincerely,

Maggie A. Alix, Director
Real Property Tax Service Agency

CC: Dennis Feeney, Majority Leader
    Frank Mauriello, Minority Leader
    Kevin Cannizzaro, Majority Counsel
    Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services): Authorization for Refund of Real Property Tax

Date: May 1, 2019
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.: Maggie A. Alix
Attending Meeting: Maggie A. Alix

Purpose of Request:

☐ Adopting of Local Law
☐ Amendment of Prior Legislation
☐ Approval/Adoption of Plan/Procedure
☐ Bond Approval
☐ Budget Amendment
☐ Contract Authorization
☐ Countywide Services
☐ Environmental Impact/SEQR
☐ Home Rule Request
☐ Property Conveyance
☒ Other: (state if not listed) Authorization for Refund of Real Property Tax - 8 Harding Street, Albany, NY

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):
☐ Contractual
☐ Equipment
☐ Fringe
☐ Personnel
CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:
☐ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☐ Grant
Choose an item.
Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address): Click or tap here to enter text.

Additional Parties (Names/addresses): Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Current Budget: Yes ☐ No ☒
Justification: (state briefly why legislative action is requested)
The property owner petitioned the Commissioner of Tax & Finance for the STAR exemption during the interest free period (prior to September 30, 2018). The Commissioner made the determination to grant the BASIC STAR exemption. Mr. Duncan misplaced the State's letter; therefore, I did not receive a correction application until December 11, 2018. The City School District of Albany approved the correction; however, due to timing the County had taken over the school collection. The unpaid school tax was levied to the County. The County received full payment, including penalty & interest, on December 19, 2018.

It appears the property owner warrants a refund for $1,365.04, the value of the STAR exemption ($650) plus interest and penalty ($715.04).
# Application for Refund or Credit of Real Property Taxes

## Part 1 – General information

<table>
<thead>
<tr>
<th>Names of owners</th>
<th>David E. Duncan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address of owners (number and street or PO box)</td>
<td>8 Harding Street</td>
</tr>
<tr>
<td>Location of property (street address)</td>
<td>8 Harding Street</td>
</tr>
<tr>
<td>City, village, or post office</td>
<td>Albany</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>ZIP code</td>
<td>12208</td>
</tr>
<tr>
<td>City, town, or village</td>
<td>Albany</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>ZIP code</td>
<td>12208</td>
</tr>
<tr>
<td>Daytime contact number</td>
<td></td>
</tr>
<tr>
<td>Evening contact number</td>
<td></td>
</tr>
<tr>
<td>Tax map number of section/block/lot</td>
<td>64,79-1-42</td>
</tr>
<tr>
<td>Account number (as appears on tax bill)</td>
<td></td>
</tr>
<tr>
<td>Amount of taxes paid or payable</td>
<td>7,150.40</td>
</tr>
<tr>
<td>Date of payment</td>
<td>12-19-2018</td>
</tr>
<tr>
<td>Reasons for requesting a refund or credit:</td>
<td></td>
</tr>
</tbody>
</table>

Per letter from NYS Department of Taxation & Finance, the property owner is

I hereby request a refund or credit of real property taxes levied by City School District of Albany for the year(s) 2018.

(County, city, village, etc.)

**Signature of applicant**

TF K8U

**Date**

4/16/19

## Part 2 – To be completed by the County Director or Village Assessor

| Date application received | 04-16-2019 |
| Date warrant annexed | 11-15-2018 |
| Last day for collection of taxes without interest | 10-01-2018 |
| Recommendation | Approve application [X] Deny application [ ] |

**Signature of official**

Michael

**Date**

4/16/19

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-653).

## Part 3 – For use by the tax levying body or official designated by resolution

Application approved (Mark an X in the applicable box):

- [ ] Clerical error
- [ ] Error in essential fact
- [X] Unlawful Entry
- [ ] Directed reinstatement

| Amount of taxes paid | 7,865.44 |
| Amount of taxes due | 6,500.40 |
| Amount of refund or credit | 1,365.04 |

Application denied (reason):

Signature of chief executive officer or official designated by resolution

**Date**
COUNTY OF ALBANY

TAX BILLING RECEIPT 265585

12/19/18 11:40   2018 REAL ESTATE

CLERK: amrussel

PROPERTY: 0640790000010420000000  CUST #: 125468

LOCATION: 8 HARDING ST

DUNCAN DAVID E

PRINCIPAL INTEREST

ALBANY SCH  7150.40   357.52
5% PERCENT  357.52    0.00

Paid by/Ref: DUNCAN KAY K

# of Checks: 1  Check #: 6975

Check Amount:  7865.44
Cash Amount:   0.00
Total Amount:  7865.44
Change Due:    0.00

New Balance:  .00

RECEIPT OF TAXES .00

IF ANY PARCEL REMAINS SUBJECT TO ONE OR 12/19/18
PAYMENT YOU HAVE MADE WILL NOT 125468
DUNCAN DAVID E
8 HARDING ST

ALBANY, NY 12208
September 21, 2018

E. David Duncan  
Kay Duncan  
8 Harding Street  
Albany, NY 12208

Dear Mr. and Mrs. Duncan:

Your recent correspondence, addressed to Executive Deputy Commissioner Nonie Manion, has been referred to me for reply. You express concerns that your Basic STAR exemption was removed and you seek to have it reinstated.

Your correspondence indicates that you previously received the Enhanced STAR exemption, but missed the renewal application date for 2018. Subsequently, you realized that your income exceeded the eligibility threshold for Enhanced STAR, but is eligible for Basic STAR. When an Enhanced STAR exemption is not renewed, the exemption should be reduced to the Basic STAR exemption.

The STAR exemption for your property was inadvertently removed, rather than reduced to the Basic exemption. We have contacted the City of Albany Assessor's office and advised them that the Basic exemption should be restored to your property.

If you have further questions regarding the status of your Basic STAR exemption, you should contact the City of Albany Assessor's office.

I hope that you find this information to be of assistance.

Sincerely,

Andrew D. Morris
### Part 1 – General Information

**Names of owners**
David E. Duncan

**Mailing address of owners (number and street or P.O. Box)**
8 Harding Street

**Daytime contact number**
23917

**Account number (as appears on tax bill)**
23917

**Reasons for requesting a correction to tax roll:**
Per letter from NYS Department of Taxation and Finance, property owner submitted renewal application after taxable status date and subsequently filed with New York State. Tax and Finance notified owner that they failed to meet the income limit for Enhanced STAR but are granted Basic STAR.

I hereby request a correction of tax levied by **City of Albany School District** for the year(s) **2018**

**Signature of applicant**

**Date**

12/11/18

### Part 2 – To be completed by the County Director or Village Assessor

**Date application received**
12/11/18

**Last day for collection of taxes without interest**
10/11/18

**Period of warrant for collection of taxes**
11/15/18

**Recommendation**
Approve application

**Signature of official**

**Date**
12/12/18

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of **Albany** who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

### Part 3 – For use by the tax levying body or official designated by resolution

**Application approved (mark an X in the applicable box):**
- [X] Directed reinstatement

**Amount of taxes currently billed**
7,150.40

**Corrected tax**
6,500.40

**Date order transmitted to collecting officer**

**Application denied (reason):**

**Signature of tax executive officer or official designated by resolution**

**Date**
12/19
City School District of Albany  
518 - 475 - 6035
Notice of 2018 School Tax
SBL: 64.79-1-42
ADDR: 8 HARDING ST
SWIS: 010100 Albany
Bill #: 2018-011180

MAIL PAYMENT WITH REMITTANCE STUB TO:
City School District of Albany
PO Box 15133
Albany, NY 12212 - 5133

Exemption
41120 VET-WARTIME/NONCOMBAT

Ex Amt $6,000.00

4184 BASIC $30,000

4184 STAR

SEND STUB WITH PAYMENT 2018 - 2019 SCHOOL TAX INSTALLMENT #1 64.79-1-42
Mark here [] for receipt City School District of Albany
DUE WITHOUT PENALTY BY Oct 01, 2018

<table>
<thead>
<tr>
<th>If Paid Between</th>
<th>Penalty Amt</th>
<th>Total Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep 01 - Oct 01</td>
<td>$0.00</td>
<td>$7,150.40</td>
</tr>
<tr>
<td>Oct 02 - Oct 31</td>
<td>$214.51</td>
<td>$7,364.91</td>
</tr>
<tr>
<td>Nov 01 - Nov 15</td>
<td>$286.02</td>
<td>$7,436.42</td>
</tr>
</tbody>
</table>

ASSessment Information
Full Market Value as of July 01, 2018 $309,000.00
Total Assessed Value as of July 01, 2018 $309,000.00
Uniform Percentage of Value 100.00

<table>
<thead>
<tr>
<th>PROPERTY TAXES</th>
<th>Taxable Assessed</th>
<th>Non-Homestead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before STAR</td>
<td>Rate per $1000</td>
<td>Rate per $1000</td>
</tr>
<tr>
<td>Sch</td>
<td>$303,000.00</td>
<td>21.929735</td>
</tr>
<tr>
<td>Lib</td>
<td>$303,000.00</td>
<td>1.668952</td>
</tr>
</tbody>
</table>

STAR SAVINGS $100.00
Total Tax Due $7,150.40

2018-011180-1.

http://tax.neric.org/Print1.aspx?owner=DUNCAN%20DAVID%20E&taxmap=64.79-1-4... 12/11/2018
INTEROFFICE MEMORANDUM

To: Honorable Daniel P. McCoy, County Executive
Honorable Andrew Joyce, Chairman of the County Legislature

From: Bruce A. Hidley, County Clerk

Subject: Request permission for a one (1) year contract extension with Info Quick Solutions Inc. to continue the County Clerk's system for Cashiering, Scanning and Indexing.

Date: April 4, 2019

Attached is a Request for Legislative Approval to renew the contract with Info Quick Solutions for a one (1) year contract extension per Resolution No. 170 of 2015 from June 1, 2019 thru May 31, 2020 per Article V, Term of Agreement of the original contract.

The agreement would allow the Albany County Clerk’s Office and Info Quick Solutions to continue the County Clerk’s system for Cashiering, Scanning and Indexing

We respectfully request to renew this contract for another one (1) year term to further the technological advancement needs of the County of Albany, County Clerk’s Office. There will be no additional charges for this renewal; all terms from the original contract are to remain in effect.

I personally hope that you will give this contract renewal serious consideration. I am very excited to have this opportunity to assist Albany County with the much needed technological advancements of the Cashiering, Scanning and Indexing system for the County Clerk’s Office.

Thank you in advance for your consideration.

CC: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Arnis Zilgme, Minority Counsel
REQUEST FOR LEGISLATIVE ACTION

DATE:
April 12, 2018

DEPARTMENT: County Clerk
Contact Person: Bruce A. Hidley
Telephone: (518) 487-5115
Dept. Representative Attending
Committee Meeting: Bruce Hidley/Geraldine Gould

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) Request for renewal for a one-year period of the Info Quick Solutions Contract per Resolution No. 170 of 2015

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) Request for permission to renew the contract for a one year period, from June 1, 2019 thru May 31, 2020 per Article V. Term of the Agreement of the original contract
CONCERNING CONTRACT AUTHORIZATION (Cont'd)

STATE THE FOLLOWING:

Contract Terms/Conditions:

Party (Name/Address):
Info Quick Solutions Inc., 7460 Morgan Road, Liverpool, New York 13090

Amount/Rate Schedule/Fee:

Term: 1 year renewal of original contract dated
June 1, 2015 thru May 31, 2018

Scope of Services: To provide a cashiering, Scanning and Indexing system for the Albany County Clerk's Office.

Contract Funding:
Anticipated in Current Budget: Yes X No ___
Funding Source: ______________________________
County Budget Accounts:
Revenue: ______________________________
Appropriation: A91410 - 44046 Fees for Services
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: A91410 - 44046 Fees for Services

Fiscal Impact - Funding: (Dollars or Percentages) N/A
Federal __________________
State __________________
County 100% ______
Term/Length of Funding N/A

Previous Requests For Identical or Similar Action:
Resolution/Law Number: __________________
Date of Adoption: __________________

Justification: (State briefly why legislative action is requested) In order to continue the County Clerk's system for Cashiering, Scanning and Indexing, we request to renew this contract for another one year term to further the technological needs of the County of Albany. There will be a charge of $96,000 for this renewal agreement as per Resolution No. 170 of 2015 and all other terms of the original contract are to remain in effect.

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.) See Attached

Submitted By: Bruce A. Hidley
Title: County Clerk
April 1, 2014

Ms. Karen A. Storm
Albany County Purchasing Agent
112 State Street, Room 820
Albany, New York 12207-2021

Dear Ms. Storm:

This letter is to inform you that IQS agrees to the following revenue sharing plan for the search of records on the Internet.

90% Albany County
10% IQS

Please feel free to contact me with any further questions. Thank you.

Sincerely,

[Signature]

Bernard J. Owens
President
IQS
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(s) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Brown & Brown - Empire State
500 Plum Street, Ste. 200
Syracuse NY 13204

INSURED
Info Quick Solutions, Inc.
7460 Morgan Road
Liverpool NY 13090

CERTIFICATE NUMBER: 435174272

COVERAGE

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>INSURED W/O</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A COMMERCIAL GENERAL LIABILITY</td>
<td>Y</td>
<td>S2089209</td>
<td>5/1/2014</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>B AUTOMOBILE LIABILITY</td>
<td>Y</td>
<td>S2089209</td>
<td>5/1/2015</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>C UMBRELLA LIABILITY</td>
<td>N</td>
<td>S2089209</td>
<td>5/1/2015</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>D WORKERS COMPENSATION AND EMPLOYERS LIABILITY</td>
<td>N</td>
<td>WC79599582</td>
<td>5/1/2015</td>
<td>$100,000</td>
</tr>
<tr>
<td>E INSURANCE PROFESSIONAL LIABILITY</td>
<td>N</td>
<td>S2069209</td>
<td>5/1/2015</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See attached Accord 101

See Attached...

CERTIFICATE HOLDER
Albany County Clerk's Office
112 State Street, Room 820
Albany NY 12207

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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### ADDITIONAL REMARKS SCHEDULE

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NAMED INSURED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown &amp; Brown - Empire State</td>
<td>Info Quick Solutions, Inc.</td>
</tr>
<tr>
<td></td>
<td>7460 Morgan Road</td>
</tr>
<tr>
<td></td>
<td>Liverpool NY 13090</td>
</tr>
</tbody>
</table>

#### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following forms apply to the Certificate Holder in affording coverage:

**General Liability:**
Additional Insured, Primary & Non-Contributory, Waiver of Subrogation – ElitePAC Technology Industry General Liability Extension CG 79 78 12 11

**Commercial Automobile:**
Additional Insured & Waiver of Subrogation - Commercial Automobile Extension – CA 77 35NY 03 12
RFP #2314-119
PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

<table>
<thead>
<tr>
<th>1a. Legal Name and address of Insured (Use street address only)</th>
<th>1b. Business Telephone Number of Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFO QUICK SOLUTIONS INC</td>
<td>315-465-1400</td>
</tr>
<tr>
<td>7460 MORGAN ROAD</td>
<td></td>
</tr>
<tr>
<td>LIVERPOOL NY 13090</td>
<td></td>
</tr>
<tr>
<td>13032</td>
<td></td>
</tr>
<tr>
<td>1c. NYS Unemployment Insurance Employer Registration Number of Insured</td>
<td>572039</td>
</tr>
<tr>
<td>1d. Federal Employer Identification Number of Insured or Social Security Number</td>
<td>161573412</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</th>
<th>3a. Name of Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany County Clerk's Office</td>
<td>NATIONAL BENEFITS LIFE INSURANCE COMPANY</td>
</tr>
<tr>
<td>112 State Street, Room 820</td>
<td></td>
</tr>
<tr>
<td>Albany, NY 12207</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3b. Policy Number of entity listed in box &quot;1a&quot;:</th>
<th>3c. Policy effective period</th>
</tr>
</thead>
<tbody>
<tr>
<td>08910-0177438</td>
<td>January 1, 2015 to January 1, 2016</td>
</tr>
</tbody>
</table>

4. Policy covers:
   a. [ ] All of the employer's employees eligible under the New York Disability Benefits Law
   b. [ ] Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits Insurance coverage as described above.

Date Signed: 01/1/15

By: ____________________________

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of the Insurance carrier)

Title: Account Executive

TELEPHONE NO. (315) 474-3374

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD

According to information maintained by the NYS Workers' Compensation Board, the above named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed: ____________________________

By: ____________________________

(Signature of NYS Workers' Compensation Board Employee)

Title: ____________________________

Telephone No. ____________________________

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (5-06)
Section 220 Penalties

8. (a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chairman, chairman that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chairman, that the payment of disability benefits for all employees has been secured as provided by this article.
## STATE OF NEW YORK
## WORKERS' COMPENSATION BOARD
## CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<table>
<thead>
<tr>
<th>1a. Legal Name &amp; Address of Insured (Use street address only)</th>
<th>1b. Business Telephone Number of Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Info Quick Solutions, Inc. 7460 Morgan Road Liverpool, NY 13090</td>
<td>315-463-1400</td>
</tr>
</tbody>
</table>

**Work Location of Insured:** (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

<table>
<thead>
<tr>
<th>1c. NYS Unemployment Insurance Employer Registration Number of Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td># 16-1573412</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1d. Federal Employer Identification Number of Insured or Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</th>
<th>3a. Name of Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany County Clerk's Office 112 State Street, Room 820 Albany, NY 12207</td>
<td>Selective Insurance Company of South Carolina</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3b. Policy Number of entity listed in box &quot;1a&quot;:</th>
<th>3c. Policy effective period</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC7993962</td>
<td>1-Aug-14 1-Aug-15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3d. The Proprietor, Partners or Executive Officers are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ included. (Only check box if all partners/officers included)</td>
</tr>
<tr>
<td>☐ all excluded or certain partners/officers excluded</td>
</tr>
</tbody>
</table>

This certifies that the insurance carrier, indicated above in box "3a" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days if a policy is canceled, due to nonpayment of premiums or within 30 days if there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Nicholas Dereczynski (Signature)  

Title: Account Executive

Approved by: [Signature]  

August 1, 2014
Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.