

County of Albany

112 State Street
Albany, NY 12207



Meeting Agenda

Thursday, May 28, 2020

6:30 PM

Held Remotely

Audit and Finance Committee

CURRENT BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES
2. A RESOLUTION AMENDING RESOLUTION 283 FOR 1992, AS SUBSEQUENTLY AMENDED, TO RESTORE THE COMMITTEE TO FILL VACANCIES IN RESPONSE TO THE COVID-19 RELATED HEALTH EMERGENCY AND UNCERTAINTY IN THE BUDGETARY REALITIES CAUSED BY CURRENT THE GLOBAL PANDEMIC.
3. AMENDING RESOLUTION NO. 35 FOR 2020 REGARDING THE ALBANY COUNTY STOP-DWI PLAN
4. AMENDING THE 2020 SHERIFF'S OFFICE BUDGET: CORONAVIRUS FUNDING
5. AMENDING THE 2020 ALBANY COUNTY BUDGET REGARDING MEDICAL ASSISTED TREATMENT SERVICES AT THE ALBANY COUNTY CORRECTIONAL FACILITY
6. AMENDING RESOLUTION NO. 517 FOR 2017 REGARDING THE PROJECT LABOR AGREEMENT FOR THE ALBANY COUNTY NURSING HOME PROJECT
7. AMENDING RESOLUTION NO. 284 FOR 2019 REGARDING THE PURCHASE OF FURNITURE FOR THE SHAKER PLACE REHABILITATION AND NURSING CENTER
8. AUTHORIZING AN AGREEMENT WITH GUARDIAN CONSULTING SERVICES REGARDING PHARMACY CONSULTANT SERVICES AT THE SHAKER PLACE REHABILITATION AND NURSING CENTER
9. AUTHORIZING A LICENSE AGREEMENT WITH THE ALBANY COUNTY AIRPORT AUTHORITY AND THE FEDERAL AVIATION ADMINISTRATION REGARDING THE REMOVAL OF PROBLEMATIC VEGETATION
10. AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES REGARDING THE STATE HOMELAND SECURITY AND LAW ENFORCEMENT TERRORISM PREVENTION PROGRAMS

11. AUTHORIZING THE REFUND OF REAL PROPERTY TAXES IN THE TOWN OF GUILDERLAND - 225 BELL COURT
12. AUTHORIZING THE REFUND OF REAL PROPERTY TAXES IN THE TOWN OF GUILDERLAND - 45 NORTH BRIDGE DRIVE
13. AUTHORIZING A CORRECTION TO THE TAX ROLL FOR THE TOWN OF NEW SCOTLAND
14. AUTHORIZING THE APPROVAL OF A COURT ORDERED SETTLEMENT STIPULATION REGARDING REAL PROPERTY TAXES

RESOLUTION NO. 194

A RESOLUTION AMENDING RESOLUTION 283 FOR 1992, AS SUBSEQUENTLY AMENDED, TO RESTORE THE COMMITTEE TO FILL VACANCIES IN RESPONSE TO THE COVID-19 RELATED HEALTH EMERGENCY AND UNCERTAINTY IN THE BUDGETARY REALITIES CAUSED BY CURRENT THE GLOBAL PANDEMIC.

Introduced: 5/11/20

By Mr. A. Joyce:

WHEREAS, By Resolution No. 283 for 1992, the Albany County Legislature created a Committee to Fill Vacancies, consisting of a representative from the County Executive's Office, County Comptroller's Office and Office of Employee Relations to determine whether vacant positions then existing or coming into existence should be filled while the County faced a substantial shortfall in revenues generated from local sales taxes due to a national recession, and

WHEREAS, Those same harrowing economic realities exist today as a result of the COVID-19 related global pandemic, and

WHEREAS, As recently as last year, the County and nation were on better economic footing, which caused the previous review of the Committee to Fill Vacancies to lapse, and

WHEREAS, At this critical time, this Honorable Body believes it necessary to take into consideration potential revenue shortfalls prior to the filling of any vacant County positions, and

WHEREAS, This Honorable Body recognizes the need to hire employees to fill critical and necessary positions, however, before a position is available to be filled, the decision to hire needs to be reviewed and approved by the Committee to Fill Vacancies for its approval, and

WHEREAS, Meaningful review of salary lines can occur without the need to place an official freeze on hiring within the County, and

WHEREAS, To sensibly effect such a review and approval process, the Committee to Fill Vacancies, as originally envisioned and set forth, needs to be expanded to include oversight so that the Legislature might perform its budgetary responsibilities to determine whether continued funding of vacant positions is appropriate, now, therefore, be it

RESOLVED, By the Albany County Legislature that the Committee to Fill Vacancies as established in Resolution No. 283 for 1992, and as subsequently amended, is

hereby reestablished to include a representative from the County Executive's Office, County Comptroller's Office and Office of Employee Relations, as voting members, in addition to the Chair of the Legislature and Chairs of the Personnel and Audit & Finance Committees of the Legislature (or their designees) as ex officio non-voting members, so that they may report to their respective bodies the fiscal impact of any vacant positions being filled within the County, and be it further

RESOLVED, That the Committee to Fill Vacancies shall be charged with the review all County Employee line items, except those of the office(s) of elected official(s), regardless of departmental budget location, and be it further

RESOLVED, That the Committee to Fill Vacancies shall take into consideration the fiscal consequences of filling any vacant position until the realities of this economic restlessness are able to be realized, and be it further

RESOLVED, That within sixty days of the adoption of this resolution, the Committee to Fill Vacancies be and hereby is requested to report to the County Legislature the steps taken to reduce the fiscal impact associated with filling vacant positions, 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.



MICHAEL S. MONTELEONE
EXECUTIVE UNDERSHERIFF

ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400

WWW.ALBANYCOUNTYSHERIFF.COM

CRAIG D. APPLE, SR.
SHERIFF



WILLIAM M. RICE
UNDERSHERIFF

LEON A. BORMANN
CHIEF DEPUTY

May 4, 2020

Honorable Andrew Joyce
Legislative Clerk's Office
112 State Street, Room 710
Albany, New York 12207

Andrew
Dear Mr. Joyce:

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

Legislative approval is requested to amend resolution #35 regarding the 2020 Albany County STOP-DWI Plan. The previous request failed to mention while the STOP-DWI Plan follows the New York State Fiscal year October 1, 2019 – September 30, 2020 the payable vendor contracts are authorized for the Albany County Fiscal Year of January 1, 2020 – December 31, 2020.

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

Sincerely,

[Signature]
Craig D. Apple, Sr.
Sheriff

cc: Hon. Daniel P. McCoy, County Executive
Hon. William Clay, Public Safety Chairman
Hon. Wanda Willingham, Audit & Finance
Kevin Cannizzaro, Esq., Majority Counsel
Hon. Arnis Zilgme, Esq., Minority Counsel

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY	
DATE:	_____
RECEIVED:	_____
RECEIVED BY:	_____
METHOD:	<u>HAND</u> _____
	<u>COURIER</u> _____
	<u>MAIL</u> _____

DATE : MAY 1, 2020

DEPARTMENT: ALBANY COUNTY SHERIFF'S DEPT

CONTACT PERSON: CRAIG D. APPLE SR
 TELEPHONE: 487-5438

DEPT. REPRESENTATIVE ATTENDING COMMITTEE MEETING: _____

PURPOSE OF REQUEST:

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

WE NEED TO CHANGE THE TERM (DATES) ON RESOLUTION # 35

CONCERNING BUDGET AMENDMENTS

STATE, THE FOLLOWING

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

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

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

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

CONCERNING CONTRACT AUTHORIZATION (CONT'D)

STATE THE FOLLOWING:

CONTRACT TERMS/CONDITIONS: _____ PARTY (NAME/ADDRESS): _____

AMOUNT/RATE SCHEDULE/FEE: _____

TERM: _____

SCOPE OF SERVICES: _____

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET: YES _____ NO _____
 FUNDING SOURCE: _____
 COUNTY BUDGET ACCOUNTS: _____
 REVENUE: _____
 APPROPRIATION: _____
 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 _____ NO X
 IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS: _____

FISCAL IMPACT - FUNDING: _____ (DOLLARS OR PERCENTAGES)

FEDERAL _____
 STATE _____
 COUNTY 100%
 TERM/LENGTH OF FUNDING _____

PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:

RESOLUTION/LAW NUMBER: 35 OF 2020 (COPY ATTACHED)
 DATE OF ADOPTION: 2/10/2020

JUSTIFICATION: _____ (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

**THE ALBANY COUNTY SHERIFF'S OFFICE RESPECTFULLY REQUESTS LEGISLATIVE APPROVAL
 TO AMEND PRIOR RESOLUTION 35, ADOPTED ON 2/10/20. THE TERM NEEDS TO BE AMENDED.
 THE TERM SHOULD BE FROM JANUARY 1, 2020 THRU DECEMBER 31, 2020.**

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 LETTER

SUBMITTED BY: CRAIG D APPLE SR
 TITLE: SHERIFF

9

RESOLUTION NO. 35

**APPROVING THE 2020 ALBANY COUNTY STOP DWI PLAN AND
AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE
GOVERNOR'S TRAFFIC SAFETY COMMITTEE**

Introduced: 2/10/20

By Public Safety Committee:

WHEREAS, The Coordinator of the Albany County Stop DWI Program has prepared a Stop-DWI Plan pursuant to the New York State Vehicle and Traffic Law, and

WHEREAS, The proposed STOP-DWI Plan for 2020 must be certified by the Albany County Legislature and approved by the New York State Department of Motor Vehicles (DMV), and

WHEREAS, Upon approval by NYS DMV the County will receive \$763,992 for multi-agency police enforcement, prosecution, probation, rehabilitation, public information, and education in an effort to reduce alcohol related crashes, injuries and deaths, now, therefore be it

RESOLVED, By the Albany County Legislature that the 2020 Albany County Stop DWI Plan is hereby ratified and approved, and, be it further

RESOLVED, That the County Executive is authorized to enter into any and all necessary agreements regarding the implementation of the approved 2020 Stop-DWI Plan including agreements for the receipt of \$763,992 from NYS DMV for a term commencing October 1, 2019 and ending September 30, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreements associated with the aforementioned approved plan as to form and content, 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 - 2/10/20



MICHAEL S. MONTELEONE
EXECUTIVE UNDERSHERIFF

ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400

WWW.ALBANYCOUNTYSHERIFF.COM

CRAIG D. APPLE, SR.
SHERIFF



WILLIAM M. RICE
UNDERSHERIFF

LEON A. BORMANN
CHIEF DEPUTY

May 4, 2020

Honorable Andrew Joyce
Legislative Clerk's Office
112 State Street, Room 710
Albany, New York 12207

Andrew
Dear Mr. Joyce:

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

Legislative approval is required in order to allow the Albany County Sheriff's Office to enter into a grant application, accept an award and make a budget adjustment based on funding through the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for the Coronavirus Emergency Supplemental Funding Program Solicitation FY2020 Formula Grant Solicitation.

These processes have already taken place following the directives in the Albany County State of Emergency order issued on March 14, 2020.

Awarded funds were a predetermined amount as set by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice. This amount was set at \$58,008.00 with no match. These funds will be utilized to prevent, prepare for and respond to the Coronavirus.

As such this request is being presented to make formal the notification to the Albany County Legislature of such proceedings.

The performance period for this grant is January 20, 2020 through January 19, 2022.

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

Sincerely,

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

cc: Hon. Daniel P. McCoy, County Executive
Hon. William Clay, Public Safety Chairman
Hon. Wanda Willingham, Audit & Finance
Kevin Cannizzaro, Esq., Majority Counsel
Hon. Arnis Zilgme, Esq., Minority Counsel

REQUEST FOR LEGISLATIVE ACTION

FOR COUNSEL USE ONLY

DATE: _____
RECEIVED: _____
RECEIVED BY: _____
METHOD: HAND _____
COURIER _____
MAIL _____

DATE : MAY 1, 2020

DEPARTMENT: ALBANY COUNTY SHERIFF'S DEPT

CONTACT PERSON: CRAIG D APPLE SR

TELEPHONE: 487-5440

DEPT. REPRESENTATIVE ATTENDING

COMMITTEE MEETING:

SHERIFF CRAIG D APPLE SR

PURPOSE OF REQUEST:

ADOPTION OF LOCAL LAW

AMENDMENT OF PRIOR LEGISLATION

APPROVAL/ADOPTION OF PLAN/PROCEDURE

BOND APPROVAL

BUDGET AMENDMENT(SEE BELOW)

CONTRACT AUTHORIZATION (SEE BELOW)

ENVIRONMENTAL IMPACT

HOME RULE REQUEST

PROPERTY CONVEYANCE

OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE)

TO AMEND OUR 2020 BUDGET AS A RESULT OF BEING AWARDED \$58,008 IN GRANT FUNDS

FROM THE DEPT. OF JUSTICE TO HELP OFFSET COSTS ASSOCIATED WITH FIGHTING THE

CORONAVIRUS

CONCERNING BUDGET AMENDMENTS

STATE, THE FOLLOWING

INCREASE ACCOUNT/LINE NO.

A33110.03305 (CIVIL DEFENSE)

SOURCE OF FUNDS:

THE US DEPT. OF JUSTICE

TITLE CHANGE:

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

CHANGE ORDER/CONTRACT AMENDMENT

PURCHASE (EQUIPMENT/ SUPPLIES)

LEASE (EQUIPMENT/SUPPLIES)

REQUIREMENTS

PROFESSIONAL SERVICES

EDUCATIONAL/TRAINING

GRANT: NEW

RENEWAL

SUBMISSION DEADLINE DATE

SETTLEMENT OF A CLAIM

RELEASE OF LIABILITY

OTHER: (STATE BRIEFLY)

CONCERNING CONTRACT AUTHORIZATION (CONT'D)**STATE THE FOLLOWING:**CONTRACT TERMS/CONDITIONS:PARTY (NAME/ADDRESS):US DEPT. OF JUSTICEOFFICE OF JUSTICE PROGRAMSWASHINGTON, DCAMOUNT/RATE SCHEDULE/FEE:\$ 58,008.00 NO MATCHTERM: 1/20/2020 -1/19/2022SCOPE OF SERVICES:THESE FUNDS WILL BE USED TO HELP PREVENT, PREPARE FOR, AND
RESPOND TO THE CORONAVIRUSCONTRACT FUNDING:ANTICIPATED IN CURRENT BUDGET: YES _____ NO XFUNDING SOURCE: U.S. DEPT. OF JUSTICECOUNTY BUDGET ACCOUNTS:REVENUE:APPROPRIATION:BOND(RES. NO. & DATE OF ADOPTION)**CONCERNING ALL REQUESTS:**MANDATED PROGRAM/SERVICE: YES _____ NO XIF MANDATED CITE: AUTHORITYANTICIPATED IN CURRENT ADOPTED BUDGET: YES _____ NO XIF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS:FISCAL IMPACT - FUNDING: (DOLLARS OR PERCENTAGES)FEDERAL 100%STATECOUNTYTERM/LENGTH OF FUNDING 1/20/2020 -1/19/2022PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:RESOLUTION/LAW NUMBER:DATE OF ADOPTION:JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)THIS GRANT WILL HELP US OFFSET SOME OF THE EXPENSES INCURRED FROM THE
CORONAVIRUSBACK-UP MATERIAL SUBMITTED (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE,
BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS
AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)SUBMITTED BY: CRAIG D APPLE SRTITLE: SHERIFF

Attn: Comptrollers Office - project code - COV20 (Description "COVID GRANT")



Department of Justice (DOJ)
Office of Justice Programs

Office of the Assistant Attorney General

Washington, D.C. 20531

April 22, 2020

Mr. Daniel McCoy
County of Albany
112 State Street, Suite 200
Albany, NY 12207-2013

Dear Mr. McCoy:

On behalf of Attorney General William P. Barr, it is my pleasure to inform you that the Office of Justice Programs (OJP), U.S. Department of Justice (DOJ), has approved the application by County of Albany for an award under the OJP funding opportunity entitled "BJA FY 20 Coronavirus Emergency Supplemental Funding Program." The approved award amount is \$58,008. These funds are for the project entitled 2020 Caronavirus Emergency Supplemental Funding Program.

The award document, including award conditions, is enclosed. The entire document is to be reviewed carefully before any decision to accept the award. Also, the webpage entitled "Legal Notices: Special circumstances as to particular award conditions" (ojp.gov/funding/Explore/LegalNotices-AwardReqs.htm) is to be consulted prior to an acceptance. Through that "Legal Notices" webpage, OJP sets out -- by funding opportunity -- certain special circumstances that may or will affect the applicability of one or more award requirements. Any such legal notice pertaining to award requirements that is posted through that webpage is incorporated by reference into the award.

Please note that award requirements include not only award conditions, but also compliance with assurances and certifications that relate to conduct during the period of performance for the award. Because these requirements encompass financial, administrative, and programmatic matters, as well as other important matters (e.g., specific restrictions on use of funds), it is vital that all key staff know the award requirements, and receive the award conditions and the assurances and certifications, as well as the application as approved by OJP. (Information on all pertinent award requirements also must be provided to any subrecipient of the award.)

Should County of Albany accept the award and then fail to comply with an award requirement, DOJ will pursue appropriate remedies for non-compliance, which may include termination of the award and/or a requirement to repay award funds.

Please direct questions regarding this award as follows:

- For program questions, contact Ania M. Dobrzanska, Program Manager at (202) 598-7476; and
- For financial questions, contact the Customer Service Center of OJP's Office of the Chief Financial Officer at (800) 458-0786, or at ask.ocfo@usdoj.gov.

We look forward to working with you.

Sincerely,

Katharine T. Sullivan
Principal Deputy Assistant Attorney General

Encl.



Department of Justice (DOJ)
Office of Justice Programs
Office of Civil Rights

Washington, DC 20531

April 22, 2020

Mr. Daniel P. McCoy
County of Albany
112 State Street
Suite 200
Albany, NY 12207-2013

Dear Mr. McCoy :

Congratulations on your recent award. The Office for Civil Rights (OCR), Office of Justice Programs (OJP), U.S. Department of Justice (DOJ) has been delegated the responsibility for ensuring that recipients of federal financial assistance from the OJP, the Office of Community Oriented Policing Services (COPS), and the Office on Violence Against Women (OVW) are not engaged in discrimination prohibited by law. Several federal civil rights laws, such as Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, require recipients of federal financial assistance to give assurances that they will comply with those laws. In addition to those civil rights laws, many grant program statutes contain nondiscrimination provisions that require compliance with them as a condition of receiving federal financial assistance. For a complete review of these civil rights laws and nondiscrimination requirements, in connection with OJP and other DOJ awards, see <https://ojp.gov/funding/Explore/LegalOverview/CivilRightsRequirements.htm>

Under the delegation of authority, the OCR investigates allegations of discrimination against recipients from individuals, entities, or groups. In addition, the OCR conducts limited compliance reviews and audits based on regulatory criteria. These reviews and audits permit the OCR to evaluate whether recipients of financial assistance from the Department are providing services in a non-discriminatory manner to their service population or have employment practices that meet equal-opportunity standards.

If you are a recipient of grant awards under the Omnibus Crime Control and Safe Streets Act or the Juvenile Justice and Delinquency Prevention Act and your agency is part of a criminal justice system, there are two additional obligations that may apply in connection with the awards: (1) complying with the regulation relating to Equal Employment Opportunity Programs (EEOPs); and (2) submitting findings of discrimination to OCR. For additional information regarding the EEOP requirement, see 28 CFR Part 42, subpart E, and for additional information regarding requirements when there is an adverse finding, see 28 C.F.R. §§ 42.204(c), .205(c)(5). Please submit information about any adverse finding to the OCR at the above address.

We at the OCR are available to help you and your organization meet the civil rights requirements that are associated with OJP and other DOJ grant funding. If you would like the OCR to assist you in fulfilling your organization's civil rights or nondiscrimination responsibilities as a recipient of federal financial assistance, please do not hesitate to let us know.

Sincerely,

Michael L. Alston
Director

cc: Grant Manager
Financial Analyst

 Department of Justice (DOJ) Office of Justice Programs Bureau of Justice Assistance		Grant		PAGE 1 OF 16																	
1. RECIPIENT NAME AND ADDRESS (Including Zip Code) County of Albany 112 State Street Suite 200 Albany, NY 12207-2013		4. AWARD NUMBER: 2020-VD-BX-0153																			
		5. PROJECT PERIOD: FROM 01/20/2020 TO 01/31/2022 BUDGET PERIOD: FROM 01/20/2020 TO 01/31/2022																			
		6. AWARD DATE 04/22/2020		7. ACTION Initial																	
2a. GRANTEE IRS/VENDOR NO. 166002600		8. SUPPLEMENT NUMBER 00																			
2b. GRANTEE DUNS NO. 060536653		9. PREVIOUS AWARD AMOUNT \$ 0																			
3. PROJECT TITLE 2020 Caronavirus Emergency Supplemental Funding Program		10. AMOUNT OF THIS AWARD \$ 58,008																			
		11. TOTAL AWARD \$ 58,008																			
12. SPECIAL CONDITIONS THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH ON THE ATTACHED PAGE(S).																					
13. STATUTORY AUTHORITY FOR GRANT This project is supported under FY20(BJA - CESF) Pub. L. No. 116-136, Div. B; 28 U.S.C. 530C																					
14. CATALOG OF DOMESTIC FEDERAL ASSISTANCE (CFDA Number) 16.034 - Coronavirus Emergency Supplemental Funding Program																					
15. METHOD OF PAYMENT GPRS																					
AGENCY APPROVAL		GRANTEE ACCEPTANCE																			
16. TYPED NAME AND TITLE OF APPROVING OFFICIAL Katharine T. Sullivan Principal Deputy Assistant Attorney General		18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL Daniel P. McCoy County Executive																			
17. SIGNATURE OF APPROVING OFFICIAL 		19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL		19A. DATE																	
AGENCY USE ONLY																					
20. ACCOUNTING CLASSIFICATION CODES <table border="1"> <thead> <tr> <th>FISCAL YEAR</th> <th>FUND CODE</th> <th>BUD. ACT.</th> <th>DIV. OFC.</th> <th>REG.</th> <th>SUB.</th> <th>POMS</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>X</td> <td>B</td> <td>VD</td> <td>80</td> <td>00</td> <td>00</td> <td></td> <td>58008</td> </tr> </tbody> </table>				FISCAL YEAR	FUND CODE	BUD. ACT.	DIV. OFC.	REG.	SUB.	POMS	AMOUNT	X	B	VD	80	00	00		58008	21. VVDUGT0191	
FISCAL YEAR	FUND CODE	BUD. ACT.	DIV. OFC.	REG.	SUB.	POMS	AMOUNT														
X	B	VD	80	00	00		58008														



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

Daniel P. McCoy
County Executive

Daniel C. Lynch, Esq.
Deputy County Executive

Stephen J. Giordano, Ph.D.
Director of Mental Health

Susan H. Daley
Deputy Director

February 26, 2020

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

Dear Chairman Joyce,

The Department of Mental Health is requesting to transfer \$50,000 in OASAS (Office of Addiction Services and Supports) Jail MAT Service funding to the Albany County Correctional Facility. The Jail MAT (Medication Assisted Treatment) service program connects people detained in the Albany County Jail with evidence based treatment and care. The program allows people entering the Correctional Facility who have been prescribed medications to continue treatment through release. The \$50,000 OASAS funding, part of \$525,148 received by the Department of Mental Health on December 31, 2019, is specifically earmarked to cover the cost of medications associated with this program. There is no County share associated with this budget amendment.

Feel free to contact me or Mark Gleason if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
 Director

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



Legislation Text

File #: TMP-1559, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Transfer of Jail Based MAT (Medication Assisted Treatment) Service Funds from Albany County Department of Mental Health to Albany County Correctional Facility

Date: 2/26/2020
Submitted By: Mark Gleason
Department: Mental Health
Title: Operations Analyst
Phone: 518-447-3014
Department Rep.
Attending Meeting: Dr. Stephen Giordano

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) Transfer Jail MAT (Medication Assisted Treatment) Funds from Department of Mental Health to the Albany County Correctional Facility

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe

- ☐ Personnel
☐ Personnel Non-Individual
☒ Revenue

Increase Account/Line No.: A33150.02264 Jail Facilities -Other
Source of Funds: OASAS NY Office of Addiction Services and Supports
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 ☒

County Budget Accounts:

Revenue Account and Line: A33150.02264 Jail Facilities-Other
Revenue Amount: \$50,000

Appropriation Account and Line: A44230.04486
Appropriation Amount: \$50,000

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) 1/1/2020-12/31/2020
Length of Contract: 12 months

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: N/A
Date of Adoption: N/A

Justification: (state briefly why legislative action is requested)

The Department of Mental Health is requesting to transfer \$50,000 in OASAS (Office of Addiction Services and Supports) Jail MAT Service funding to the Albany County Correctional Facility. The Jail MAT (Medication Assisted Treatment) service program connects people detained in the Albany County Jail with evidence based treatment and care. The program allows people entering the Correctional Facility who have been prescribed medications to continue treatment through release. The \$50,000 OASAS funding, part of \$525,148 received by the Department of Mental Health on December 31, 2019, is specifically earmarked to cover the cost of medications associated with this program.

[illegible]



**Office of Addiction
Services and Supports**

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner

December 26, 2019

Albany County Department of Mental Health
ATTN: Stephen J. Giordano, Ph.D., Director
175 Green Street
Albany, New York 12202

Dear Dr. Giordano:

Attached is the worksheet(s) that has been used to develop your advance calculation.

If you have questions regarding your Total State Aid Budgeted Amounts or Restricted Programs, please contact your Regional Office Representative. Questions concerning the payment of your advance may be addressed with the Bureau of Provider Monitoring and Funding at: 518-457-5553.

Up to date payment information is available to all payees within the NYS Statewide Financial System (SFS). For additional information about the Statewide Financial System (SFS) please visit their website at: <http://www.sfs.ny.gov/>.

Sincerely,

A handwritten signature in cursive script that reads "Amiee Addison".

Amiee Addison
Provider Monitoring & Funding

Attachment

cc: Susan Daley
Michael F. Connors, II
Kelle Roberts
Deborah A. Czubak
Jeff Ray

NYS Office of Addiction Services and Supports
 Provider Monitoring and Funding 518-457-5553
 State Aid Advance Calculation Worksheet
 Budget Period: 01/01/20-12/31/20

County: Albany
 Region: Hudson
 Chartfield 2: 12055
 Supplier ID: 1000002428
 Advance Detail:
 013S, E & G Funds 01/20 - 03/20 ADV
 013F Funds 01/20 - ADV FED

DEPT: 3670230 ACCOUNT: 60301	State - General Fund (013S) 10000												ESSHI (013E) 33050	Gambling (013G) 23703
	FUND:	PROGRAM:	11853	11916	11913	11914	11897	11917	11868	11869	11877	11915	80246	11877
			Occupation & Offender Treatment	Treatment Support	Treatment Support: Jail-Based Program 4080	Recovery	LGU Admin	Jail-Based MAT Services Program 4773	Residential Treatment	Crisis Treatment	Prevention	Program Support	Empire State Supportive Housing Initiative	Problem Gambling
CALCULATION OF APPROVED STATE AID AMOUNT														
Total State Aid Funding Authority	7,880,061		1,235,320	270,000	155,000	167,525	121,568	50,000	1,932,472	0	0	98,100	0	0
Less Restrictions - see State Aid Funding Authorization	0		0	0	0	0	0	0	0	0	0	0	0	0
Revised State Aid Funding Authority	7,880,061		1,235,320	270,000	155,000	167,525	121,568	50,000	1,932,472	0	0	98,100	0	0
Applicable Advance Payment Percentage			25%	25%	25%	25%	25%	100%	25%	0%	25%	25%	0%	0%
Amount Eligible For Advance	1,953,001		308,830	67,500	38,750	41,881	30,302	50,000	483,118	0	0	24,625	0	0
Less Advance Previously Paid	0		0	0	0	0	0	0	0	0	0	0	0	0
Advance Amount Due	1,953,001		308,830	67,500	38,750	41,881	30,302	50,000	483,118	0	0	24,625	0	0
Less Prior Year Carry In 2019	(827,851)		(544,071)	(43,072)	0	0	851	0	(359,856)	0	(1,610)	0	0	0
Less Missing Final Claims	0		0	0	0	0	0	0	0	0	0	0	0	0
Less Audit Recoupment	0		0	0	0	0	0	0	0	0	0	0	0	0
Less Adjustment to Payment Amount (Adjustment Worksheet Attached)	0		0	0	0	0	0	0	0	0	0	0	0	0
Calculated Advance Payment Amount	525,148		(235,041)	24,428	38,750	41,881	31,243	50,000	(76,738)	0	(1,610)	24,625	0	0
SPEED CHARTS: 01/01/20-03/31/20														
Bud Ref: 2019-20 (01/20-06/20) Bud Ref: 2020-21 (07/20-12/20) Note: Bud Ref for suballocated funds could differ														
PREPARED BY: <u>abb</u> PREPARED'S INITIALS: <u>abb</u> REVIEWER'S INITIALS: <u>REDA</u>														

Org: A44230 Object: 04486

Narcotics Addiction Control A -04-43-4230-000-04486 -

YEAR	PER JOURNAL	EFF DATE	SRC T	PO/REF2	REFERENCE	AMOUNT	P	CHECK NO	WARRANT	VDR NAME/ITEM	DESC	COMMENTS
2019 12	1648	12/31/2019	GEN 1		AD	-525,148.00	Y		0			01/20-03/
2019 12	1350	12/24/2019	GCR 1		12/24/2019	-1,074.00	Y		0			ALBANY DI
2019 10	2195	10/31/2019	GEN 1		AD	-282,575.00	Y		0			11/19 ADV
2019 09	1698	09/30/2019	GEN 1		SNY ACH	-1,285,481.00	Y		0			10/19-12/
2019 08	1521	08/30/2019	GEN 1		AD	-154,003.00	Y		0			09/19 ADV
2019 07	2670	07/01/2019	GEN 1		AD	231,375.00	Y		0			CORRECT O
2019 07	39	07/01/2019	GEN 1		AD	-202,314.00	Y		0			ADJ PER K
2019 06	104	06/03/2019	GEN 1		AD	-308,007.00	Y		0			06/19 ADV
2019 04	1634	04/30/2019	GEN 1		AD	-346,507.00	Y		0			05/19 ADV
2019 03	3	03/01/2019	GRV 1		19030000002	308,006.00	Y		0			CORRECTIO
2019 03	2	03/01/2019	GEN 1		AD	-308,006.00	Y		0			03/19 ADV
2019 02	1028	02/28/2019	GEN 1		AD	-308,006.00	Y		0			03/19 ADV
2019 01	1119	01/31/2019	GEN 1		AD	-356,317.00	Y		0			02/19 ADV

Total Amount:

-3,538,057.00



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

April 1, 2020

The Honorable Andrew Joyce
Chairman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Suite 710
Albany, New York 12207

Dear Chairman Joyce:

Shaker Place Rehabilitation and Nursing Center respectfully requests to extend the Greater Capital Region Building and Construction Trades Council Project Labor Agreement (PLA).

This agreement was created over two years ago with the anticipation that this project would be concluded by the Summer of 2020. Since the project will not end until the Fall, we are asking that the PLA agreement be extended through June 30, 2021 to ensure that it will be in place throughout the balance of the project.

We thank you for your consideration.

Sincerely,

Larry I. Slatky
Executive Director

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Arnis Zilgme, Minority Counsel





County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1629, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Greater Capital Region Building and Construction Trades Council (PLA)

Date: April 1, 2020
Submitted By: Larry I. Slatky
Department: Shaker Place Rehabilitation and Nursing Center
Title: Executive Director
Phone: 518-213-8940
Department Rep.
Attending Meeting: Larry I. Slatky

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

☐ 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):

Greater Capital Region Building and Construction Trades Council

890 3rd Street

Albany, New York 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: N/A

Scope of Services: Greater Capital Region Building and Construction Trades Council entered into a Project Labor Agreement (PLA) with Albany County Nursing Home, now Shaker Place Rehabilitation and Nursing Center. The scope of the agreement is outlined in the PLA. (see attachments)

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: N/A

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2018 - 6/30/2021

Length of Contract: 42 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: 512

Date of Adoption: 12/4/2017

Justification: (state briefly why legislative action is requested)

Shaker Place Rehabilitation and Nursing Center is requesting an extension of our PLA by 12 months to ensure it is in place throughout the entire renovation and new construction project. I have attached the previous submission, cover letter, approvals and Resolution.

Slatky, Larry

From: Albany County Contract Management System <Sharepoint_admin@albanycounty.com>
Sent: Wednesday, April 1, 2020 12:01 AM
To: CMS_ExpirationDate; Slatky, Larry
Subject: Notice of Pending Expired Contract - 90 Days From Now

This is to notify you that a contract will expire 90 days from today.

Expiration Date: 6/30/2020 12:00:00 AM
Date Submitted: 12/18/2017 12:00:00 AM

Department: NH6020 - Nursing Home
Contact Person: ALBANYCOUNTY\lslatky
Contact Phone: (518) 869-2231

Contract Type: C) County Legislative Contracts
Vendor Name: Greater Capital Region Building and Construction Trades Council

Contract ID #: 3897

Scope of Service:
See PLA Article 3 for full scope of work

To view the contract click [here](#)



This email has been checked for viruses by AVG antivirus software.
www.avg.com



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF RESIDENTIAL HEALTH CARE FACILITIES
ALBANY COUNTY NURSING HOME
ALBANY SHAKER ROAD
ALBANY, NEW YORK 12211-1089
PHONE: (518) 869-2231 FAX: (518) 869-1713
www.albanycounty.com

LARRY I. SLATKY
ACTING EXECUTIVE DIRECTOR
THOMAS COFFEY
ADMINISTRATOR

October 10, 2017

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

Dear Chairman Ward:

The Albany County Department of Residential Healthcare Facilities respectfully requests the approval of our Project Labor Agreement (PLA) with the Greater Capital Region Building and Construction Trades Council.

Through the evaluation by Seeler, it has been determined that entering into a PLA will save overall project cost. This agreement will also prevent favoritism, fraud and corruption, prevent the impact of delay, avoid labor unrest and gain measurable management flexibility and benefits.

There is no cost to this Project Labor Agreement.

We thank you for your consideration.

Sincerely,

Larry I. Slatky
Executive Director

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

FOR COUNSEL USE ONLY

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

REQUEST FOR LEGISLATIVE ACTION

RLA #2551: Project Labor Agreement for Albany County Nursing Home

DATE: Thursday, October 05, 2017

DEPARTMENT: Nursing Home

Contact Person: Larry Slatky, Executive Director

Telephone: _____

Dept. Representative Attending
Committee Meeting:

Larry Slatky, Director

PURPOSE OF REQUEST:

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

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING:

Increase Account/Line No. _____

Source of Funds: _____

Title Change: _____

CONCERNING CONTRACT AUTHORIZATION

STATE THE FOLLOWING:

TYPE OF CONTRACT:

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

CONCERNING CONTRACT AUTHORIZATION (Cont'd)**STATE THE FOLLOWING:****Contract Terms/Conditions:**

Party (Name/Address)	Greater Capital Region Building and Construction Trades Council 890 3rd Street Albany, New York 12206
Amount/Raise Schedule/Fee	\$0.00
Scope of Services	This Agreement shall only apply to Project Work as defined in this Article.

Subject to the exclusions in this Article, Project Work means that work defined as the Albany County Residential Health Care Facility Renovations as delineated by construction contract documents, and includes (i) on-site work performed at the physical location where the final building or structure will remain; (ii) work performed for the Project at an off-site facility, preparation area, staging area, batch plant or assembly yard, regardless of location, provided that (a) the work performed at the off-site location is normally or customarily done at the project site; or (b) the off-site location is designed exclusively or nearly exclusively to serve the needs of the project, and the work performed at the off-site location is critical to the needs of the project.

(see PLA Article 3 for full scope of work)

Contract Funding:

Bond Res. No.: _____

Date of Adoption: _____

CONCERNING ALL REQUESTS:

Mandated Program/Service:	Yes
If Mandated Cite: Authority	New York State Department of Health
Anticipated in Current Adopted Budget	Yes

County Budget Accounts:

Revenue

Appropriation

Account Code	Line	Amount
NH6020	HNN	\$0.00

Fiscal Impact - Funding: (Dollars or Percentages)

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

Term/Length of Funding: 36 Months (11/1/2017 - 10/31/2020)

Impact on Pending Litigation No

If yes, please explain: _____

Previous Requests for Identical or Similar Action

Resolution/Law Number _____

Date of Adoption _____

Justification: (State briefly why legislative action is requested)

Albany County has carefully reviewed and considered Seeler's Report (see attachment) and will pass a

duly authorized resolution in November 2017, which finds, among other things, that County's interest in obtaining the best work at the lowest possible price, preventing favoritism, fraud and corruption, preventing the impact of delay, avoiding labor unrest, and gaining measurable management flexibility and benefits are best met by requiring a Project Labor Agreement and, therefore, directs that a Project Labor Agreement be made part of the Project; and

This Project Labor Agreement will foster the achievement of these goals, inter alia, by:

- (1) providing a mechanism for achieving the most cost efficient means of construction, including direct labor cost savings;
- (2) avoiding the costly delays of potential strikes, slowdowns, walkouts, picketing and other disruptions arising from work disputes and promoting labor harmony and peace for the duration of the Project;
- (3) standardizing the terms and conditions governing the employment of labor on the Project;
- (4) permitting wide flexibility in work scheduling and shift hours and times;
- (5) providing comprehensive and standardized mechanisms for the settlement of work disputes, including those relating to jurisdiction;
- (6) furthering public policy objectives as to improved employment opportunities for minorities, women and the economically disadvantaged in the construction industry; and
- (7) ensuring a reliable source of skilled and experienced labor and,

WHEREAS, the signatory Unions desire the stability, security and work opportunities afforded by a Project Labor Agreement; and

WHEREAS, the Parties desire to maximize Project safety conditions relating to the Project.

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

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2551/Albany County Nursing Home Project Labor Agreement.pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2551/Albany%20County%20Nursing%20Home%20Project%20Labor%20Agreement.pdf)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2551/RLA PLA Cvr Ltr 10-17.docx](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2551/RLA%20PLA%20Cvr%20Ltr%2010-17.docx)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2551/NYS Building and Construction Trades Council PLA Determination.pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2551/NYS%20Building%20and%20Construction%20Trades%20Council%20PLA%20Determination.pdf)

[http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2551/Seeler Residential Health Care Facility PLA Due Diligence Study Report 2017-10-05.pdf](http://acvsp2010/sites/CALM/Lists/RLA/Attachments/2551/Seeler%20Residential%20Health%20Care%20Facility%20PLA%20Due%20Diligence%20Study%20Report%202017-10-05.pdf)

Submitted by: Larry Slatky

Title: Director



**NEW YORK STATE
BUILDING AND CONSTRUCTION TRADES COUNCIL**
 AFFILIATED WITH BUILDING AND CONSTRUCTION TRADES DEPARTMENT AFL-CIO
 50 State Street, Third Floor, Albany, NY 12207 • Phone 518/435-9108 • Fax 518/435-9204

PLA Determination

PLA: Albany County Nursing Home

Submitted by: Jeff Stark, Greater Capital Region Building & Construction Trades Council

Date: October 10, 2017

Please be advised that the NYS Building & Construction Trades Council has reviewed the above-referenced Project Labor Agreement and has made the following determination:

- ☒ The PLA is APPROVED
- ☐ The PLA will be approved once the following changes are made:
- ☐ The PLA cannot be approved at this time. Please refer to concerns listed below:

Sincerely,

James W. Cahill
President

RESOLUTION NO. 512

AUTHORIZING A PROJECT LABOR AGREEMENT FOR THE ALBANY COUNTY NURSING HOME PROJECT

Introduced: 12/4/17

By Public Works Committee and Mr. Clenahan:

WHEREAS, The County Executive has submitted and recommended approval of a proposed Project Labor Agreement (the "PLA") for the Albany County Nursing Home Project (the "Project"), and

WHEREAS, A study by Seeler Engineering, P.C. undertook an analysis of project labor considerations relevant to the project and concluded that a PLA could be beneficial for the Project by creating uniformity in work rules and staffing requirements, uniformity in the settlement of any work disputes, a reliable source of skilled and experienced labor, and obtaining the best work at the lowest prices, and

WHEREAS, The PLA could provide cost savings through avoidance of costly delays associated with potential strikes, slow-downs, walk-outs or other labor disputes and a no strike provision increasing the likelihood of completing the project on a timely basis, flexibility in work hours rather than overtime, increased use of apprentices working at lower rates, the use of working foreman and supervisors, and

WHEREAS, A PLA for the Project would be in the public interest based on the unique features of the Project and as a means of obtaining the best work at the lowest possible price, and

WHEREAS, The proposed PLA requires the Unions to use their best efforts to recruit Albany County residents for the project and to recruit and refer minority and female applicants to its apprenticeship programs and establishes goals for Minority Business Participation (15%), Women Owned Business Participation (8%), Minority and Female Labor Participation (15%) for aggregate hours worked and each craft shall individual use its best efforts to achieve the goal, now, therefore be it

RESOLVED, That the Albany County Legislature finds that entering the proposed PLA for the Project is warranted by the unique features of the Project and is in the best interests of the public since it will facilitate the completion of the Project with as little delay, disruption and inconvenience as is possible and will result in significant savings of Project costs, and, be it further

RESOLVED, That the Albany County Executive is authorized to execute a Project Labor Agreement on behalf of Albany County for the Albany County Nursing Home Project, and, be it further

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

RESOLVED, That the Clerk of the County Legislature is directed forward certified copies of this resolution to the appropriate County officials.

Adopted by unanimous vote. 12/4/17

IN WITNESS WHEREOF the parties have caused this Agreement to be executed and effective as of the 16 day of October, 2017

For: The Construction Manager

BY: _____
(Name/Title)

For: Greater Capital Region Building Trades

BY: _____
(Name/Title)

Approved National Building Trades October 5, 2017

Approved NYS B&CTC October 10, 2017

FOR THE LOCAL UNIONS

INTERNATIONAL ASSOCIATION OF BRICKLAYERS & MASONS, LOCAL NO.2

BY: _____
(Name/Title)

NORTHEAST REGIONAL COUNCIL OF CARPENTERS, LOCAL 291

BY: _____
(Name/Title)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL NO. 236

BY: _____
(Name/Title)

INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS, LOCAL 35

BY: _____
(Name/Title)

INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL
AND REINFORCING IRON WORKERS LOCAL NO. 12

BY: _____
(Name/Title)

LABORERS INTERNATIONAL UNION OF NORTH AMERICA, LOCAL NO. 190

BY: [Signature]
(Name/Title)

INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 158

BY: Michl Rys - District Manager
(Name/Title)

INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES, GLAZERS,
ARCHITECTURAL METAL AND GLASS WORKERS DISTRICT COUNCIL NO. 9

BY: [Signature]
(Name/Title)

UNITED ASSOCIATION OF JOURNEY AND APPRENTICES OF THE PLUMBING
AND PIPEFITTING INDUSTRY LOCAL NO. 7

BY: [Signature]
(Name/Title)

UNITED UNION OF ROOFERS, WATERPROOFERS AND ALLIED WORKERS
LOCAL NO. 241

BY: [Signature] Business Manager
(Name/Title)

SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION LOCAL NO. 83

BY: Mark E. Landon Bus. Mgr. & President
(Name/Title)

INTERNATIONAL BROTHERHOOD OF TEAMSTERS, CHAUFFEURS,
WAREHOUSEMEN AND HELPERS LOCAL NO. 294

BY: [Signature]
(Name/Title)

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND
ALLIED WORKERS, LOCAL 40

BY: [Signature]
(Name/Title)

INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIPBUILDERS,
BLACKSMITHS, FORGERS AND HELPERS LOCAL 5

BY: [Signature] Assistant Business Manager
(Name/Title)

By [Signature] Business Agent
(Name/Title)
Sprinklerfitters Local 608

MILLWRIGHTS LOCAL UNION 1163

By [Signature] Regional Director
(Name/Title)

OPERATIVE PLASTERERS LOCAL 9 & CEMENT MASONS INTERNATIONAL
ASSOCIATION LOCAL 780

BY: [Signature] Business Manager
(Name/Title) Plasterers Local #9



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

April 1, 2020

The Honorable Andrew Joyce
Chairman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Suite 710
Albany, New York 12207

Dear Chairman Joyce:

Shaker Place Rehabilitation and Nursing Center respectfully requests to extend the contract end date with TC Equipment, LLC until December 31, 2020.

Since the resident furniture that has already been ordered cannot be delivered until the renovation and new construction is complete, we are requesting this extension to ensure that the contract is in place through the end of the project.

We thank you for your consideration.

Sincerely,

Larry I. Slatky
Executive Director

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Arnis Zilgme, Minority Counsel





County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1630, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

TC Equipment, LLC Contract Extension

Date: April 1, 2020
Submitted By: Larry I. Slatky
Department: Shaker Place Rehabilitation and Nursing Center
Title: Executive Director
Phone: 518-213-8940
Department Rep.
Attending Meeting: Larry I. Slatky

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

☐ 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):

TC Equipment, LLC

326 Osborne Road

Loudonville, New York 12211

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$354,415.00

Scope of Services: TC Equipment will provide and delivery resident dressers, bedside cabinets, wardrobes, mattresses and foot and headboards as per RFP 2019-067 Resident furniture. THIS CONTRACT AMENDMENT IS FOR AN EXTENSION OF THE CONTRACT END DATE ONLY.

Bond Res. No.: 136

Date of Adoption: 4/13/2017

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☒ No ☐

If Mandated Cite Authority: NYSDOH

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: 100%

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 7/1/2019 - 12/31/2020

Length of Contract: 18 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: 284

Date of Adoption: 7/8/2019

Justification: (state briefly why legislative action is requested)

TC Equipment, LLC has a contract with Shaker Place Rehabilitation and Nursing Center to purchase, deliver and setup resident furniture. Since the resident furniture cannot be delivered until the renovation and new construction project has been completed, we need to extend the end date of this contract. WE ARE NOT REQUESTING ANY ADDITIONAL FUNDING. We have attached the previous submission and Resolution.

Slatky, Larry

From: Albany County Contract Management System <Sharepoint_admin@albanycounty.com>
Sent: Wednesday, April 1, 2020 12:01 AM
To: CMS_ExpirationDate; Slatky, Larry
Subject: Notice of Pending Expired Contract - 90 Days From Now

This is to notify you that a contract will expire 90 days from today.

Expiration Date: 6/30/2020 12:00:00 AM
Date Submitted: 7/10/2019 12:00:00 AM

Department: NH6020 - Nursing Home
Contact Person: ALBANYCOUNTY\lslatky
Contact Phone: 5188692231

Contract Type: C) County Legislative Contracts
Vendor Name: TC Equipment, LLC

Contract ID #: 4990

Scope of Service:

The purchase of dressers, bedside tables, wardrobes, mattresses and foot and head boards, that will be delivered and installed as per the direction of nursing home staff.

To view the contract click [here](#)



This email has been checked for viruses by AVG antivirus software.
www.avg.com



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF RESIDENTIAL HEALTH CARE FACILITIES
ALBANY COUNTY NURSING HOME
780 ALBANY SHAKER ROAD
ALBANY, NEW YORK 12211-1089
PHONE: (518) 869-2231 FAX: (518) 869-1713
www.albanycounty.com

LARRY I. SLATKY
EXECUTIVE DIRECTOR
THOMAS COFFEY
ADMINISTRATOR

May 29, 2019

The Honorable Andrew Joyce
Chairman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Suite 710
Albany, New York 12207

Dear Chairman Joyce:

The Albany County Nursing Home respectfully requests Legislative approval to purchase dressers, bedside tables, wardrobes, mattresses and head and foot boards for our existing beds from TC Equipment, LLC.

Through RFB #2019-067, Resident Furniture, we requested bids for the above mentioned furnishings. There were three (3) proposals (see attached tabulation) and TC Equipment was the lowest and responsible bidder. The amount required for this purchase is \$354,415.00 that was anticipated in our renovation budget and will be paid through Bond HNN8, Bond Resolution #136, adopted April 13, 2017. It should be noted that this expenditure will be capitalized and reimbursed through the New York State Department of Health Medicaid Reimbursement System.

We respectfully request that the above purchase be approved.

Sincerely,

Larry I. Slatky
Executive Director

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Arnis Zilgme, Minority Counsel



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-0921, Version: 1

REQUEST FOR LEGISLATIVE ACTION

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

TC Equipment to Provide Dressers, Bedside Cabinets, Wardrobes, Mattresses and Foot and Headboards for Beds

Date: May 29, 2019
Submitted By: Larry I. Slatky
Department: Albany County Nursing Home
Title: Executive Director
Phone: 518-869-2231
Department Rep.
Attending Meeting: Larry I. Slatky

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) Purchase of Furniture

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

File #: TMP-0921, 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):

TC Equipment LLC
 326 Osborne Road
 Loudonville, New York 12211

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$354,415.00
 Scope of Services: TC Equipment will purchase and delivery dressers, bedside cabinets, wardrobes, mattresses and foot and headboards as per RFP 2019-067 Resident Furniture.

Bond Res. No.: 136
 Date of Adoption: 4/13/2017

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☒ No ☐
 If Mandated Cite Authority: NYSDOH

File #: TMP-0921, **Version:** 1

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: HNN8

Appropriation Amount: \$354,415.00

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) 7/1/2019 through 12/31/2020

Length of Contract: 18 months

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: 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)

Albany County Nursing Home is in the process of completing the renovation and new construction of the nursing home. This project included the purchase of furniture as part of the renovation project. Through the RFP process, TC Equipment was the lowest responsible bidder and was recommended to receive this award. (See attached tabulation and concurrence letter)



DANIEL P. McCOY
COUNTY EXECUTIVE

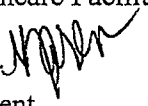
COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 820
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Andy Lucarelli/ Larry Slatky
Resident Healthcare Facility

FROM: Karen Storm 
Purchasing Agent

DATE: May 28, 2019

RE: RFB #2019-067 Resident Furniture

I am in receipt of your recommendation to award the aforementioned Request for Bids to TC Equipment LLC in the amount of \$354,415.00.

As TC Equipment LLC is the low responsive and responsible bidder, I concur with your recommendation.

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

Tabulation

Freight/inside

RESOLUTION NO. 284

AUTHORIZING AN AGREEMENT WITH TC EQUIPMENT, LLC
REGARDING THE PURCHASE OF FURNITURE FOR THE ALBANY
COUNTY NURSING HOME

Introduced: 7/8/19

By Audit and Finance Committee:

WHEREAS, The Executive Director of the Albany County Residential Healthcare Facility has requested authorization to enter into an agreement with TC Equipment, LLC in the amount of \$354,415 for a term commencing July 1, 2019 and ending June 30, 2020 regarding the provision of residential furniture related to the ongoing renovation of the facility, and

WHEREAS, The Executive Director has indicated that the agreement will facilitate the purchase of dressers, bedside tables, wardrobes, mattresses, and head and foot boards which will update the amenities available to residents at the facility, and

WHEREAS, Pursuant to the County procurement policy, an RFP was issued soliciting proposals for certain residential furniture and after three (3) proposals were received and reviewed the Albany County Purchasing Agent recommended awarding the contract to TC Equipment, LLC, who was the lowest responsible bidder, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with TC Equipment, LLC, Loudonville, NY 12211 in the amount not to exceed \$354,415 for a term commencing July 1, 2019 and ending June 30, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, 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 – 7/8/19

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 8th day of July, 2019, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 9th day of June, 2019.

A handwritten signature in black ink, appearing to read "Paul V. Deenun", is written over a horizontal line.

Clerk, Albany County Legislature



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

April 28, 2020

The Honorable Andrew Joyce
Chairman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Suite 710
Albany, New York 12207

Dear Chairman Joyce:

Shaker Place Rehabilitation and Nursing Center respectfully requests to enter into a three (3) year agreement with Guardian Consulting Services who will perform on a monthly basis, Drug Regimen Reviews, Nursing Unit Inspections, Medication Administration Audits, Observation of Medication Pass, attend Quarterly Meetings and follow Federal and State regulatory requirements as delineated for Pharmacy Consultants.

In addition, the Pharmacy Consultant shall follow regulatory requirements as outlined in F-756, that mandates that all new admissions and re-admissions receive a Drug Regimen Review at the time of admission.

We are requesting that this contract be approved for a three (3) year period commencing on August 1, 2020 at a not to exceed amount of \$144,372. This fee is representative of four (4) components over the thirty-six (36) month period. The Base fee is \$125,103.50; \$25,000.00 for Admission and Re-Admission Reviews; \$1,000.00 for Significant Change Medication Reviews; and Consultation that may be required over the three (3) year period at a not to exceed cost of \$2,500.00.

Guardian Consulting Services was the sole bidder and met all of the requirements of the RFP and was recommended by Purchasing to receive this award. We, therefore, concur with Purchasing and respectfully request approval of this contract.

Thank you for your consideration.

Sincerely,

Larry I. Slatky
Executive Director

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Arnis Zilgme, Minority Counsel





County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1656, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Guardian Consulting Services, Inc. to Provide Drug Regimen Reviews

Date: April 28, 2020
Submitted By: Larry I. Slatky
Department: Shaker Place Rehabilitation and Nursing Center
Title: Executive Director
Phone: 518-213-8940
Department Rep.
Attending Meeting: Larry I. Slatky

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

☐ 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):

Guardian Consulting Services, Inc.

William C. Hallett, Pharm.D, MBA, CGP, C-MTM

3333 New Hyde Park Road, Suite 202

New Hyde Park, New York 11042

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$144,372.00

Scope of Services: Guardian Consulting Services will provide monthly drug regimen reviews, nursing unit inspections, medication administration record audits, medication pass audits, quarterly attendance at the Quality Assurance, Infection Control and Pharmacy Committee meetings, all necessary quality assurance performance improvement reports and provide as directed new admission medication regimen review services for all newly admitted and readmitted residents in accordance with F756 and the MDS Section and similarly will provide the required supplemental medication regimen reviews for residents who experience significant, unexplained changes in conditions (as specified in F756 upon the request of the nursing home and or additional consultation as directed by the Executive Director or his/her designee.

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: New York State Department of Health (NYSDOH) and the Centers for
Medicare and Medicaid Services (CMS)

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: NH6020 44250
Appropriation Amount: \$144,372.00

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) 8/1/2020 - 7/31/2023
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: 232
Date of Adoption: 6/12/2017

Justification: (state briefly why legislative action is requested)

Shaker Place Rehabilitation and Nursing Center is required to retain the services of an independent pharmacy consultant to provide drug regimen reviews, nurse station audits, medication usage evaluations and recommendations for alternatives, quality assurance audits, review of physician orders, review of medication records, medication pass reviews, attendance at specified committee meetings as per the mandates of the NYSDOH and CMS. Through the RFP process Guardian Consulting Services was the sole bidder and met all the requirements of the RFP and was recommended to receive the award by purchasing (see attachment).



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Thomas Coffey/ Larry Slatky
Shaker Place Rehabilitation and Nursing Center

FROM: Karen Storm *Karen*
Purchasing Agent

DATE: April 27, 2020

RE: RFP #2020-054 Pharmacy Consultant

I am in receipt of your recommendation to award the aforementioned Request for Proposals to Guardian Consulting Services Inc. This includes the yearly fee for the three (3) years, and in addition \$25000.00 for new admission and readmission reviews; \$1000.00 for Condition Change reviews and \$2500.00 for Additional Services not covered by the contract for a grand total of \$144,372.00.

Since this is the only submitted proposal I believe that you have performed a thorough evaluation of the proposal(s) submitted. I have no objection to the selection of Guardian Consulting Services LLC for an award.

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

**Proposal For Services for
Shaker Place
Rehabilitation and Nursing Center
RFP #2020-054 - Pharmacy Consultant**

**Submitted by:
Guardian Consulting Services, Inc.
William C. Hallett, Pharm.D, MBA, CGP, C-MTM
3333 New Hyde Park Road – Suite 202
New Hyde Park, NY, 11042
(516) 775-6235 (518) 708-8101**

Section I

Table of Contents

Section II: Qualifications/Experience	Page 2-8
Section III: References	Pages 9-12
Section IV: Plan Implementation	Pages 13-31
Section V: Cost Proposal	Page 32-35
Section VI: Mandatory Documents	Pages 36-42

Section II:

Qualifications of Proposer

Guardian Consulting Services, Inc. is a New York State S-Corporation that has provided Consultant Pharmacist services to Long Term Care facilities continuously since 1990. The founder is Dr. William C. Hallett, Pharm.D., MBA, CGP, C-MTM. Dr. Hallett serves as the President and Chief Executive Officer. The firm currently provides Consultant Pharmacist services to over 100 Long Term Care facilities in New York State.

Professional Staff Members who will be involved in the County Engagement are William C. Hallett, Pharm.D., Julie Cross-Briggs, BS Pharm, and Krystal Scofield, Pharm.D.. Dr. Hallett and the firm possess well over 30 years of Long Term Care experience. (Please see attached resumes.) On site services will be performed at Shaker Place Nursing and Rehabilitation Center, however Guardian Consulting Services, Inc. maintains business offices in New Hyde Park, NY and a satellite office at 90 State Street, Suite 700, Albany, NY. A reference list of similar projects currently under contract with Guardian Consulting Services, Inc. is attached.

Dr. William C. Hallett is authorized to bind the Proposer. All correspondence should be directed to Guardian Consulting Services, Inc. 3333 New Hyde Park Road, Suite 202, New Hyde Park, NY 11042.

William C. Hallett, Pharm. D., MBA, CGP
403 Littleworth Lane
Sea Cliff, New York 11579
(516) 775-6235

Curriculum Vitae

Education: Doctor of Pharmacy, 2003
Bernard J. Dunne College of Pharmacy
Shenandoah University, Winchester, Virginia.

Master's Degree in Business Administration, 1988.
Adelphi University, Garden City, New York.

Bachelor of Science in Pharmacy, 1983.
St. John's University College of Pharmacy and Allied Health Professions,
Jamaica, New York.

Licensure: New York, License #035415, Connecticut, License #7611

Academic
Appointments: Preceptor – Advanced Rotations, 1996-Present
St. John's University
College of Pharmacy and Allied Health Professions
Jamaica, New York

Adjunct Clinical Instructor, 2003 - 2010
Mercy College
Division of Health Professions
Dobbs Ferry, New York

Board Certifications: Board Certified Geriatric Pharmacist
Commission for Certification in Geriatric Pharmacy
Certification #0037 January, 1998. Re-certification January 2003, February 2011,
June 2016

Experience:
1989-Present **President, Guardian Consulting Services, New Hyde Park, New York.**
Responsibilities include:

- Day to Day Direction and Long Range Planning of Corporate Operations
- Coordination of provision of Pharmacy Consulting Services to Nursing Homes, Assisted Living Facilities, Adult Homes, Adult Day Health Care Centers and Hospitals

- Design, Development, and Implementation of Clinical Investigative Studies for Industry
- Chairman, Pharmacy and Therapeutics Board (Corporate Level)
- Member, Pharmacy and Therapeutics Committee (Facility Level)
- Performance of Medication Regimen Review (Facility Level)

1986-89:

Assistant Director of Pharmacy, Yonkers General Hospital, Yonkers, New York.

- Responsible for supervising all dispensing activities and personnel in the Pharmacy Department, as well as coordination of scheduling, hiring of personnel, and maintaining Quality Assurance criteria as per JCAHO requirements.
- Member of the Pharmacy and Therapeutics Committee and Pharmacy/Nursing Committee.

1983-86:

Satellite Pharmacist, Mercy Hospital, Rockville Centre, New York.

- Responsible for providing comprehensive Pharmacy Services to the O.R., R.R., D.R. and E.R., including participation on Code Response Team.
- Extensive involvement in the Unit dose and IV Additive programs.

Professional Organizations:

American Society of Consultant Pharmacists

- Member, 1988 – present
- New York State Chapter Downstate Director, 1998 – 2015

1 / 2

JULIE CROSS-BRIGGS

3101 Lone Pine Rd, Schenectady, NY 12303 (518)881-8300

jcrossbriggs@gmail.com

I anticipate the next chapter of my career to broaden my scope of practice, putting me on the leading edge of pharmacy. I hope to practice in an environment that strives for progressive and patient-driven healthcare.

EXPERIENCE

05/2018-PRESENT

SUPERVISING PHARMACIST, ALBANY MEDICAL CENTER PHARMACY

Supervising a staff of 3 pharmacists, 5 technicians and 2 cashiers in performance of their duties. Non-sterile compounding especially pediatric compounding. Communication with providers, case managers, staff and patients to prepare and provide discharge planning support. Special patient population support including HIV and pediatric addiction recovery services.

11/2017-05/2018

SUPERVISING PHARMACIST, WINDHAM PHARMACY

Effectively navigated takeover from previous owners. Including monitoring all legal and regulatory compliance issues. Supervised all staff in performance of their duties. Formed relationships with local providers and re-established immunization program.

04/17-11/17

PHARMACIST, PORT EWEN PHARMACY

Supervised technicians in the performance of their duties. Prepared and verified approximately 400 prescriptions per day. Became proficient in preparing and packaging comingled medications.

11/14-04/17

PHARMACIST, HOERNING PHARMACY

Received and prepared prescriptions, verifying accuracy with 8 point check. Established a monitoring program for dispensing of C-2 medications. Provided clear and concise information for patients and providers. Pharmacy closed in April of 2017.

09/14-11/17

LINCOLN PHARMACY

Participated in the implementation of a "pass-pack" system that allows for co-mingling of patient medications. MTM therapy consultations with MIRIXA. Assisted in the instruction of IPPE and APPE students.

2 / 2

09/92-06/14

PHARMACY MANAGER, RITE AID PHARMACY

Directly managed all aspects of the pharmacy. Held shrink to less than 1% for 3 years. Growth in the pharmacy averaged 2 to 3 percent above plan. Founded lasting professional relationships with area providers, becoming a valuable resource for information. Oversaw all aspects of the dispensing process. Created and enforced policies and procedures to streamline workflow and minimize errors. MTM consultations using both MIRIXA and outcomes. Exemplified patient-oriented, comprehensive clinical pharmacy services. Established a primary role in the employment of pharmacy staff.

Education

JUNE 1992

B.S PHARMACY, ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

Graduated with a degree in pharmacy.

SKILLS

Ability to work both independently and

With supervision

- * Experience managing a busy pharmacy
- * With a diverse patient population.
- * Dedicated to profession
- * Team-player

ACTIVITIES

Volunteer at Capital City Rescue Mission free clinic.

Emergency Medical Technician (1992-2004) recognized by REMO for successful resuscitation of a 3 month old baby.

Working with elementary school students in a reading program.

Working with AMC Volunteers to provide hand-made items for NICU patients

Krystal Scofield, PharmD, AE-C

Email: kay403@yahoo.com

Mailing Address: 1005 Di Bella Drive Schenectady, NY 12303

Phone: 518-522-7263

NY-licensed pharmacist with 11 years of experience in delivering high-quality pharmaceutical care in retail and community settings. Combine clinical skills with patient engagement to increase patient outcomes, with a focus on medication adherence and management. Dedicated to providing the highest quality patient care possible and maintaining positive relationships with customers, medical professionals and insurance providers.

EDUCATION:

University at Buffalo, School of Pharmacy and Pharmaceutical Sciences, Buffalo, New York

Doctor of Pharmacy, May 2008

Strength and Capabilities:

Retail Pharmacy Operations • Drug Utilization Review • Final Quality Assurance Checks and Inventory Control • APhA MTM certified • Pharmacy Marketing and Promotions • Patient Counseling • Database Management • HIPAA Trained • Team Leadership & Development • Microsoft: Word, Excel, PowerPoint, & Outlook • Creative Problem Solving • Knowledge of Medicare and Medicaid Regulations • Excellent Communication/Customer Service Skills • CPR Certification • Immunization Certified • Certified Asthma Educator

PROFESSIONAL EXPERIENCE:

The Collaboratory @ Albany College of Pharmacy

(Oct 2018-Oct 2019)

Public Health Pharmacist

- Leads and manages the public health pharmacy team
- Supervises two certified pharmacy technicians and supports their professional development
- Participated in community education events to optimize health outcomes
- Conducted health and wellness screenings and provided advice on healthy lifestyle
- Served as a liaison and advocate for clients and their health
- Researched for and helped produce a South Ends healthcare needs assessment
- Maintain clinical pharmacy services in a medically underserved population
- Became an AE-C to provide and bill for the services aligned with the Asthma Initiative of ACPHS while working at the Collaboratory
- Developed an asthma education program and provider seminar in collaboration with ACPHS students
- Facilitated an asthma labeling initiative for AMC with multiple chains engaged and participating
- Certified trainer of Narcan delivery for NYS' Opioid Overdose Prevention Program
- Drafted a Grant Proposal for A Transdisciplinary Approach to Asthma Care in the South End of Albany
- Implemented medication review and education in collaboration with LifePath at its meal centers
- APhA certified Medication therapy management provided to 65 patients on a monthly basis and others as needed.
- Investigated and implemented an MTM platform and services for clients at the Collaboratory
- Documented all patient interactions for continuum of care and collaborative efforts
- Did HIV education and ART high leverage compliance in partnership with the Damien Center.
- Developed and ran a MedaCube deployment program into the community to high risk patients.
- Preceptor of two PGY-2 residents in Ambulatory Care
- Prepared and presented for Public Health Live! Pharmacists: Indispensable in Managing Chronic Disease Jan 2019
- Collaborated with AMC, DOH, Lincoln Pharmacy, CVS, Price Chopper, Wal-Mart, Damien Center, and CDPHP for initiatives

Rite Aid/Walgreens, Albany, New York

Staff Pharmacist

(Aug 2008 – Oct 2018)

- Extended patient engagement with extra counseling and follow-up adherence calls.
- Assisted customers for over-the-counter products and provided healthcare counseling.
- Complied with state and federal laws and regulations while performing routine tasks.
- Handled and resolved customer issues, questions and complaints.
- Built lasting customer trust and loyalty.
- Increased customer compliance through performed MTM services and addressing patient concerns.
- Provided excellent community outreach to increase sales and decrease deleted/abandoned prescriptions
- Championed staff morale through 3 manager and 1 corporate transitions
- Preceptor to multiple ACP students over tenure in position

- proficiently executed mandatory monthly monitoring programs into the overall daily workflow
- Conduct drug utilization reviews, drug interventions, and therapy management.
- Efficiently answered multi-line phone and processed high volume of order requests from nurses and doctors.
- Manage ancillary staff in fulfilling high volume prescriptions weekly.
- Dispensed prescriptions as per established operating procedures.
- Identified and corrected medical-related problems.
- Assisted manager with staff scheduling and personnel conflict resolution
- Manage drug inventory levels, order medications and supplies for replenishment, verify deliveries against purchase orders, and resolve any discrepancies.
- Trained and guided 6 pharmacy technicians, improving overall performance for faster turnaround time
- Implemented new guidelines and process workflow that minimized administrative errors
- Oversee the pharmacy technician's drug preparation and distribution activities to provide safe, efficient care for patients.
- Collaborate closely with healthcare professionals to monitor and assess the quality and effectiveness of drugs or drug regime.
- Direct operations to increase efficiency and minimize patient wait times.
- Safely administer immunizations, medication therapy management and other specialty programs.
- Consulted with physicians and patients regarding medication dosage, drug interactions, medical equipment, disease management and potential side effects of prescription and OTC medications.
- Dispensed and compounded prescriptions, and maintained accurate patient records, dosing information and directions for use.
- Maintained proper pharmacy and general safety procedures and standards, including department cleanliness.

GUARDIAN CONSULTING SERVICES, INC.
References

A. Holly Patterson Extended Care Facility (599 beds)
875 Jerusalem Avenue
Uniondale, New York 11553
(516) 572-1400
Fax # (516) 572-1762
Mr. Robert Heatley, Administrator
Karen McGlynn, DNS

Beach Gardens Rehab. & Nursing Center (163)
1711 Brookhaven Avenue
Far Rockaway, NY 11691
(718) 869-8037
Israel Wulliger, Administrator
Pam Quintana, DNS

Beach Terrace Care Center (182)
640 West Broadway
Long Beach, NY 11561
(516) 431-4400
Fax # (516) 431-1622
Mr. Zwick, Administrator
Ms. Alice Mironovsky, DNS

Beacon Rehabilitation & Nursing Center (125) **(Formerly Ocean Promenade)**
140 Beach 113th Street
Rockaway Park, New York 11694
(718) 945-6350
Fax # (718) 945-1206
Miriam Kessler, Administrator
Ms. Mary Ryan, DNS

Bedford Center for Nursing & Rehab. **(formerly KESER)** (200)
40 Hayward Street
Brooklyn, New York 11249
(718) 858-6200
Fax # (718) 858-2375 – 834-0417
Abraham Tyberg, Administrator
Maria Badajor, DNS

Beechtree Center for Rehabilitation & Nursing (120)
318 South Albany Road
Ithaca, New York 14850
(607) 273-4166

Mark Williams, Administrator
Valery Lynch, DNS

Belair Care Center (102)
2478 Jerusalem Avenue
North Bellmore, New York 11710
(516) 826-1160
Fax # (516) 826-1163 – 826-1500
Andrew Yandoli, Administrator
Theresa Paganini, DNS

Beth Abraham Health Services (448)
612 Allerton Avenue
Bronx, New York 10467
(718) 519-4125
Fax # (718) 519-4010
Moshe Blackstein, Administrator
Kayanne Tayloe, DNS

Bishop Rehabilitation & Nursing Center (450)
918 James Street
Syracuse, NY 13203
315-474-1561
Fax 315-476-6435
Theresa Bulone, Administrator
Chris Bumpus, DNS

Bove Health Center LTC & Asst. Living (120)
500 Mather Drive
South Setauket, New York 11720
(631) 650-2600 & (631) 650-2700 (LTC)
Fax # (631) 650-3254
Anthony Comerford, Administrator
Richelle Rugolo, DNS

Bridgewater Center for Rehabilitation & Nursing (356)
159-163 Front Street
Binghamton, New York 13905
(607) 722-7225
Brendan Maloney, Administrator
Casey Rivera, DNS

Bronx Gardens Rehab. & Nursing Center (199)
2175 Quarry Road
Bronx, New York 10457

(718) 960-3910
Abdul Abubakar, Administrator
Sherry Cruz-Flores, DNS

Bronx Park Rehabilitation & Nursing Center (240)
3845 Carpenter Avenue
Bronx, NY 10467
(718) 798-1100
Fax # (718) 798-3549
Mr. Steven Freifeld Administrator
Ms. Adel Busante, DNS

Brookhaven Rehabilitation & Health Care Center (298)
250 Beach 17th Street
Far Rockaway, New York 11691
(718) 471-7500
Fax # (718) 327-2097
Leslie Mason, Administrator
Ms. Esther Agpalo, DNS

Brookhaven Health Care Facility (160)
801 Gazzola Drive
Patchogue, New York 11772
(631) 447-8800
Fax # (631) 447-8830
Alexandra LaMothe, Administrator
Ms. Kellie Burrige, DNS

Brookside MultiCare Nursing Center (**Formerly Avalon Gardens**) (350)
7 Route 25 A
Smithtown, New York 11787
(631) 724-2200
Kevin Cahill, Admin.
Karen Irwin, DNS

Buena Vida Continuing Care & Rehab. Center (240)
48 Cedar Street
Brooklyn, New York 11221
718-928-3500
Fax 718- 452-7681
David Blumenkrantz, Administrator
Joneb Alday, DNS

Caring Family Nursing & Rehab. Center (**Formerly New Surfside**) (183)
22-41 New Haven Avenue
Far Rockaway, NY 11691

(718) 471-3400
Fax # (718) 471-0799
Mitchell Wechter, Administrator
Ellaine Tangapa, DNS

Cayuga Ridge (160)
1229 Trumansburg Road
Ithaca, New York 14850
(607) 273-8072
Fax (607) 273-0373
Maureen Cerniglia, Administrator
Dawn Fox, DNS

Central Island Healthcare (202)
825 Old Country Road
Plainview, New York 11803-4979
(516) 433-0600
Fax (516) 433-5512
Arthur Boden, Administrator
Rose Gilles, DNS

Cliffside Rehabilitation & Residential Health Care Center (220)
11919 Graham Court
Flushing, New York 11354-1047
(718) 886-0700
Shmuel Freedman, Administrator
Cherly Phoenix, DNS

Cobble Hill Health Center (364 beds)
380 Henry Street
Brooklyn, New York 11201
(718) 855-6789
Fax (718) 247-5285
Donny Tuchman, Administrator
Menucha Ackerman, DNS

Crown Heights Center (**Formerly Marcus Garvey**). (220)
810 St. Marks Avenue
Brooklyn, New York 11213
(718) 467-7300
Fax # (718) 467-0103
Kevin Carey, Administrator
Lourdes Isidro, DNS

Additional References available upon request.

Section IV – Plan Implementation/Scope of Services

Guardian Consulting Services, Inc. proposes to provide on-site Consultant Pharmacist Services to Shaker Place Rehabilitation and Nursing Center with specifically assigned NYS licensed Pharmacist, supported by the full team of Guardian Pharmacists, including 24 hour availability. All required New Admission Drug Regimen Reviews will be performed by specifically assigned and specially trained NYS licensed Pharmacist. All reports shall be produced using our proprietary Guardian-PharmPro Consulting Software. All reports shall be provided to the facility Medical Director, Attending Physicians, Director of Nursing, and facility Administration as required.

Attached please find examples of our reports, including:

- Nursing Unit Inspection form
- Nursing Referral Findings form
- Medication Regimen Review-Physician Referral Findings form
- Nursing Unit Inspection 12 Month Summary Report
- Quarterly QA Summary Report
- Psychotropic Medication Use 12 Month Trending Report
- Monthly Psychotropic Unit Line Listing Report
- Psychotropic Comparative Statistics Report

In addition, we intend to fulfill the bid requirements and our professional obligations through attendance at facility meetings; review of current and proposed policies and procedures related to medication use, control, and accountability as necessary; as well as the provision of inservice education and performance of Medication Pass Observations. Please see the accompanying examples, as follows:

- Inservice Education Outline: “Appropriate Use, Monitoring, and Tapering of Antipsychotic Drugs in LTC”
- Medication Pass Observation Form

It is important to note that we work diligently on assisting facilities in survey preparation, and will continuously keep the facility administration and staff updated on the latest Pharmacy related survey trends and findings.

Also, in addition to making all necessary recommendations to prescribers regarding unnecessary medications, we work equally hard at streamlining the medication pass and medication pass technique education, in order to minimize the med pass burden and assist nursing in the timely and accurate completion of this important task.

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

MEDICATION AREA INSPECTION

Metro Area Healthcare Facility (Sample)

Unit/Location: 5 Date: 2/25/15

I. MEDICATION ROOM CARTS AND CABINETS

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Medication Room locked?	<u>✓</u>	<u> </u>	<u> </u>
B. Medication cart(s) locked when not in use?	<u>✓</u>	<u> </u>	<u> </u>
C. Medication carts, cabinets, and floor stock clean and orderly?	<u>✓</u>	<u> </u>	<u> </u>
D. Expired medications present in cart(s), cabinets, or other medication storage areas?	<u>x</u>	<u> </u>	<u> </u>
E. Discontinued medications present in cart(s), cabinets, or other medication storage areas?	<u>x</u>	<u> </u>	<u> </u>
F. Medications appropriately packaged and labeled?	<u>✓</u>	<u> </u>	<u> </u>
G. Internal medications stored separately from external preparations?	<u>✓</u>	<u> </u>	<u> </u>

Comments: *Expired sorbitol liquid on cart, I removed and discarded.
Discontinued blisterpacks noted in cart, removed and returned to
nursing office.*

II. MEDICATION REFRIGERATOR

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Refrigerator clean and orderly?	<u>✓</u>	<u> </u>	<u> </u>
B. Expired medications present in refrigerator?	<u> </u>	<u>✓</u>	<u> </u>
C. Discontinued medications present in refrigerator?	<u> </u>	<u>✓</u>	<u> </u>
D. Unauthorized food products present in refrigerator?	<u> </u>	<u>✓</u>	<u> </u>
E. All open PPD vials indicate date of opening?	<u>✓</u>	<u> </u>	<u> </u>
F. Any open and dated PPD vials available for use beyond 30 day expiration?	<u>x</u>	<u> </u>	<u> </u>
G. All open Lantus vials indicate date of opening?	<u>✓</u>	<u> </u>	<u> </u>
H. Any open and dated Lantus vials available for use beyond 28 day expiration?	<u> </u>	<u>✓</u>	<u> </u>
I. All other multiple dose injection vials indicate date of opening?	<u>✓</u>	<u> </u>	<u> </u>
J. Any open/dated multidose vials available for use beyond specifications for expiration after opening?	<u> </u>	<u>✓</u>	<u> </u>
K. Any partially used open single dose vials available for use?	<u> </u>	<u>✓</u>	<u> </u>
L. Any medications in refrigerator that should be stored at room temperature?	<u> </u>	<u>✓</u>	<u> </u>
M. Thermometer available and working?	<u>✓</u>	<u> </u>	<u> </u>
N. Refrigerator between 36-46 degrees F? (Indicate Temp)	<u>✓</u>	<u> </u>	<u> </u>

Comments: *PPD Vial open beyond 30 day expiration, I removed/discarded.
40 deg F*

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Date: 2/25/15

Unit: 5

III. EMERGENCY BOX

	Yes	No	N/A
A. Emergency Box available on unit?	☒	☐	☐
B. Emergency Box locked?	☒	☐	☐
C. Are any medications listed as expired? (If yes list all. If no list first to expire/exp date.)	☐	☒	☐
D. More than 5 non-injectable medications plus Nitroglycerin sublingual available in box?	☐	☒	☐
E. More than a 24 hour supply of each non-injectable medication available?	☐	☒	☐

Comments: First to expire: Diphenhydramine Inj 9/2015

IV. CONTROLLED SUBSTANCE STORAGE AND ACCOUNTABILITY

	Yes	No	N/A
A. Controlled Substance cabinet(s) locked?	☒	☐	☐
B. Cabinet made of metal construction with two doors and two different keys?	☒	☐	☐
C. Expired medications in cabinet(s)? (If YES list all.)	☒	☐	☐
D. Discontinued medications in cabinet(s)? (If YES list all.)	☐	☒	☐
E. If expired or d/c'd meds present nurse reminded to send meds to nursing office as soon as possible?	☒	☐	☐
F. Items other than controlled substances in cabinet(s)? (If YES list all.)	☐	☒	☐
G. Spot check three controlled substance counts. Does inventory match descending count sheet total?	☒	☐	☐
H. Are any change of shift signatures missing? (If YES list all.)	☐	☒	☐
I. Inspect each blisterpack. Integrity intact with no tape or evidence of tampering?	☒	☐	☐
J. Refrigerated controlled substances under double lock with an affixed interior lock box?	☒	☐	☐

Comments: Diluadid for resident MR discontinued, please return to Nursing Office as soon as possible.

V. REFERENCES

	Yes	No	N/A
A. Current drug reference sources available?	☒	☐	☐
B. Poison Control telephone number posted?	☒	☐	☐

Grid Score: 89%

Legend: ☒ Criteria met ☒ Criteria not met

Digitally Signed

and Submitted by: William C. Hallett, Pharm.D.

Date: 2/25/2015

Charge Nurse:

Date:

Director of Nursing:

Date:

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Drug Regimen Review: *Nursing Referrals/Findings*

Facility: Metro Area Healthcare Facility (Sample)

Unit: 5

Medication Charting Omission Summary

Resident	Bed	Consultant's Comments	Follow-up Comments
Towsen, Joan	501A	Sertraline 02/07/2018 9A	
Harrison, William	503A	Amlodipine 02/08/2018 5A	
Harrison, William		Quetiapine 02/08/2018 5P	
Ferrante, Elizabeth	504A	Risedronate 02/06/2018 6A	
Ferrante, Elizabeth		Allopurinol 02/02/2018 9A	

Vital Sign Charting Omission Summary

Resident	Bed	Consultant's Comments	Follow-up Comments
Towsen, Joan	501A	Fingersticks (FS) 02/05/2018 4P	
Harrison, William	503A	Orthostatic BP 02/04/2018 9A	
Ferrante, Elizabeth	504A	Blood Pressure (BP) 02/02/2018 9A	

Labwork Unavailable

Resident	Bed	Consultant's Comments	Follow-up Comments
Towsen, Joan	501A	Digoxin Level was ordered on 02/01/2018, results not located on chart. Please follow up and obtain a duplicate copy, or consider reordering, if necessary.	

Medication(s) Unavailable

Resident	Bed	Consultant's Comments	Follow-up Comments
Harrison, William	503A	Epoetin Alfa was noted as unavailable on MAR for 2/2/2018, without documentation of actions taken. Please investigate, document actions taken, and initiate a medication incident report if necessary.	

Digitally Signed and
Submitted by:

William C. Hallett, Pharm.D.

Date: 2/9/2018

Reviewed by:

Date: _____

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Medication Regimen Review

Physician Referrals/Findings

Facility: Metro Area Healthcare Facility (Sample)

Unit: 5

Dear Dr. Ronald Fine:

The Medication Regimen Review performed for the resident(s) listed below has identified the following potential medication irregularities or other medication concerns. Your follow-up on these recommendations are required.

Resident / Room #	Consultant Pharmacist Recommendations	Physician/Prescriber Response
Harrison, William 503A	Currently receiving Amlodipine (Norvasc) 2.5mg twice daily. Please consider consolidate to 5mg once a day, if appropriate. Package insert and clinical studies indicate equivalent efficacy, and this dosing strategy is less expensive, and provides greater ease of administration.	☐ Agree; Will do ☐ <i>Disagree; State Reason:</i>
Harrison, William 503A	Currently receiving Meloxicam (Mobic). Also noted to be receiving Warfarin. Please note: concurrent use is not recommended long term due to increased risk of bleed. Please evaluate and discontinue Meloxicam (Mobic), if appropriate.	☐ Agree; Will do ☐ <i>Disagree; State Reason:</i>
Harrison, William 503A	Currently receiving Donepezil (Aricept) with recent, documented falls. Please note, cholinesterase inhibitors may increase risk for falls by slowing the heart rate. Please evaluate possible causal relationship. Consider trial taper and discontinue Donepezil (Aricept), if appropriate.	☐ Agree; Will do ☐ <i>Disagree; State Reason:</i>

Digitally Signed and

Submitted by: William C. Hallett, Pharm.D.

Date: 2/9/2018

License and Prescriber

Title: _____

Date: _____

DO NOT DISCARD: Per Federal Regulations, this form with the prescriber response is part of the resident's permanent medical record.

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Medication Regimen Review

Physician Referrals/Findings

Psychoactive Medication Use Recommendations

Facility: Metro Area Healthcare Facility (Sample)

Unit: 5

Dear Dr. Ronald Fine:

The Medication Regimen Review performed for the resident(s) listed below has identified the following potential medication irregularities or other medication concerns. Your follow-up on these recommendations are required.

Resident / Room #	Consultant Pharmacist Recommendations	Physician/Prescriber Response
Harrison, William 503A	Currently receiving Quetiapine (Seroquel) 25mg twice daily for behaviors associated with dementia. No recent behavior problems or recent attempt at gradual dose reduction (GDR) noted. Please evaluate current dosing, consider trial GDR taper to 25mg once daily, if appropriate, or document inability to do so.	☐ Agree; Will do ☐ <i>Disagree; State Reason:</i>

Digitally Signed and

Submitted by: William C. Hallett, Pharm.D.

Date: 2/9/2018

License and Prescriber

Title: _____

Date: _____

76

DO NOT DISCARD: Per Federal Regulations, this form with the prescriber response is part of the resident's permanent medical record.



**Guardian
Consulting
Services, Inc.**

Consultant Pharmacists for Healthcare Organizations, Industry, and the Community.

Metro Area LTC Facility (Sample)

**Quarterly Quality Improvement Summary
Consultant Pharmacist Actions and Findings**

April 1, 2019

Period: 01/19 - 03/19

Actions and Findings:

1. Drug Regimen Reviews. Drug Regimen Reviews for each resident were performed monthly to assess compliance with Federal Indicators, appropriate laboratory monitoring of medication use, and opportunities to taper or discontinue unnecessary medications. The reviews resulted in 287 comments to the Physicians by the Consultant Pharmacist for follow-up or evaluation for the quarter, compared with 249 for the prior quarter. Any comments not responded to were referred to the Medical Director for follow-up. A breakdown of the comments is as follows:

Consultant Pharmacist Recommendations	1Qtr19	4Qtr18	3Qtr18	2Qtr18
Recommended Labwork Monitoring:	26	36	28	29
Recommendation to D/C Standing Order	59	53	56	50
Recommendation to D/C PRN Med	25	16	16	14
Recommendation to Taper Medication:	55	30	21	24
Recommendation to Switch Admin Times:	15	16	19	16
Rec to Use Alternative Med, Clinical	51	46	45	44
Cost Containment/Formulary Compliance	46	38	46	38
Taper lab or Vital Sign	7	10	3	6
Other Recommendations:	3	4	2	2

2. Psychotropic Medication Use Monitoring. Monitoring of all residents receiving antipsychotic and anxiolytic medications continued during this quarter. Charts for each resident receiving psychoactive medications were reviewed for documentation of continued need, the ability or lack of ability to taper dosages, and documentation of the presence or absence of side effects. Recommendations for additional documentation, AIMS testing, or attempts at tapering were made, where necessary. This area will continue to be monitored on a regular basis.

3. Nursing Unit Inspections. Nursing Unit Inspections were performed each month by the Consultant Pharmacist on all Units. 33 specific criteria were reviewed on each unit each month, including such items as: Monitoring for food in medication refrigerators, a review for expired/expiring medications in carts, cabinets, and refrigerators; and a review of Emergency Box and Narcotic Cabinet contents and expirations.

a. Summary of Nursing Unit Inspection Grid Scores

Each monthly Nursing Unit Inspection is assigned a “grid score” upon completion, based on the identified criteria. A summary of scores is presented below.

Nursing Unit Inspections

Unit	January	February	March	Avg 1Qtr19	Avg 4Qtr18	Avg 3Qtr18	Avg 2Qtr18
1	88%	100%	100%	96%	99%	99%	99%
2	91%	91%	100%	94%	97%	100%	99%
3	97%	91%	82%	90%	92%	89%	92%
4	100%	100%	100%	100%	99%	99%	99%

b. Summary of Frequently Cited Criteria on Nursing Unit Inspections

The five most frequently cited missed criteria are presented below. Please see individual monthly Nursing Unit Inspection forms for specific details.

5 Most Frequently Cited Criteria (*past three months*)

Criteria	# Citations
1. Medications appropriately packaged and labeled? (I,F)	11
2. Expired medications present in cart(s), cabinets, or other medication storage areas? (I,D)	4
3. Discontinued medications present in refrigerator? (II,C)	4
4. Discontinued medications present in cart(s), cabinets, or other medication storage areas? (I,E)	3
5. All open PPD vials indicate date of opening? (II,E)	2

4. Medication Administration Record Audits.

a. Medication Charting Omissions

All active medication administration records (MAR's) are assessed each month for medication charting omissions. There were 62 charting omissions noted for the quarter, compared with 65 for the prior quarter. A breakdown of the findings is as follows:

Medication Charting Omissions (# Residents with at least one)

Unit	January	February	March	Total 1Qtr19	Total 4Qtr18	Total 3Qtr18	Total 2Qtr18
1	1	5	6	12	11	13	6
2	3	7	0	10	13	4	5
3	11	13	11	35	31	30	38
4	2	3	0	5	10	12	9

b. Vital Sign Charting Omissions

All active medication administration records (MAR's) are assessed each month for vital sign charting omissions. Each instance is documented and line listed for the facility by the consultant pharmacist. There were 36 vital sign charting omissions noted for the quarter, compared with 25 for the prior quarter. A summary of the findings is as follows:

Vital Sign Charting Omissions (# Residents with at least one)

Unit	January	February	March	Total 1Qtr19	Total 4Qtr18	Total 3Qtr18	Total 2Qtr18
1	1	2	1	4	5	4	2
2	2	5	2	9	14	7	8
3	9	5	0	14	6	4	4
4	3	5	1	9	0	2	8

All findings regarding charting omissions and other Nursing concerns were referred to the DNS for evaluation and follow-up. Please see individual monthly reports for specific details.

5. Monitoring of Lab and Consult Orders. In the course of performing Medication Regimen Review, the consultant Pharmacist looks for lab orders related to medication use as well as consults related to medication use. The following charts present the number of instances where either labwork or consults were ordered by the physician where results or finding could have been available, but were not available at the time Medication Regimen Review was performed. *Please note: The availability of labs or consults unrelated to medication use is neither audited nor reflected in these statistics.*

a. Labwork Related to Medication Use Unavailable (# of Residents with at least one)

Unit	Jan	Feb	Mar	1Qtr2019	4Qtr2018	3Qtr2018	2Qtr2018
1	0	0	2	2	1	1	0
2	0	0	0	0	2	2	5
3	1	0	1	2	0	0	0
4	3	2	2	7	7	3	1

b. Consult Related to Medication Use Unavailable (# of Residents with at least one)

Unit	Dec	Jan	Feb	1Qtr2019	4Qtr2018	3Qtr2018	2Qtr2018
1	0	0	0	0	0	2	0
2	2	1	2	5	3	2	0
3	1	0	1	2	2	1	0
4	0	2	3	5	0	0	0

6. Medication Pass Observations. On going Med Pass observations were performed this quarter, in coordination with facility in-service educator. Please see individual reports on file in the nursing office for specific details.

7. Adverse Drug Reaction Reports. Two Adverse Drug Reactions were identified and documented by the Consultant Pharmacist for the prior three months. A breakdown is as follows:

Drug / Unit / Month	Suspected Reaction
Bactrim DS/42B/April	Rash all over body
Nitrofurantoin/423A/May	Rash and vomiting

All reports were forwarded to the nursing office and pharmacy for follow-up and evaluation.

8. Supplemental Medication Reviews . Eight Supplemental Medication Regimen Reviews were performed this quarter. Please see individual reports on file in the nursing office for specific details.

9. Medication Regimen Reviews for Newly Admitted Residents . 82 recommendations were made for newly admitted residents this quarter. Please see individual reports on file in the nursing office for specific details.

Respectfully submitted,

Dr. William C. Hallett, Pharm.D., MBA, BCGP
Guardian Consulting Services, Inc.
gcs\qtr.mtg\Sample QARreport2019

Grid of Missed Criteria on Nursing Unit Inspection, by Unit - Last 12 Months

Time Period: January 2018 - December 2018

Unit Name: 4- Olakino

X=Criteria Missed, Blank = Criteria Met

MEDICATION ROOM CARTS AND CABINET:	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Medication Room locked?												
Medication cart(s) locked when not in use?												
Medication carts, cabinets, and floor stock clean and orderly?												
Expired medications present in cart(s), cabinets, or other medication storage areas?	X	X										
Discontinued medications present in cart(s), cabinets, or other medication storage areas?												X
Medications appropriately packaged and labeled?			X							X		
Internal medications stored separately from external preparations?												

MEDICATION REFRIGERATOR	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Refrigerator clean and orderly?												
Expired medications present in refrigerator?												
Discontinued medications present in refrigerator?			X	X					X			
Unauthorized food products present in refrigerator?												
All open PPD vials indicate date of opening?					X							
Any open and dated PPD vials available for use beyond 30 day expiration?	X											
All open Lantus vials indicate date of opening?			X									X
Any open and dated Lantus vials available for use beyond 28 day expiration?					X							
All other multiple dose injection vials indicate date of opening?								X		X		X
Any open/dated multidose vials available for use beyond specifications for expiration after opening?	X		X			X						
Any partially used open single dose vials available for use?												
Any medications in refrigerator that should be stored at room temperature?												
Thermometer available and working?												
Refrigerator between 36-46 degrees F? (Indicate Temp)												

Grid of Missed Criteria on Nursing Unit Inspection, by Unit - Last 12 Months

Time Period: January 2018 - December 2018

Unit Name: 4- Olakino

X=Criteria Missed, Blank = Criteria Met

EMERGENCY BOX	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Emergency Box available on unit?												
Emergency Box locked?			X									
Are any medications listed as expired? (If yes list all. If no list first to expire/exp date.)												
More than 5 non-injectable medications plus Nitroglycerin sublingual available in box?												
More than a 24 hour supply of each non-injectable medication available?												
CONTROLLED SUBSTANCE STORAGE AND	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Controlled Substance cabinet(s) locked?												
Cabinet made of metal construction with two doors and two different keys?												
Expired medications in cabinet(s)? (If YES list all.)												
Discontinued medications in cabinet(s)? (If YES list all.)					X							
If expired or d/c'd meds present nurse reminded to send meds to nursing office as soon as possible?												
Items other than controlled substances in cabinet(s)? (If YES list all.)												
Spot check three controlled substance counts. Does inventory match descending count sheet total?												
Are any change of shift signatures missing? (If YES list all.)	X	X	X									
Inspect each blisterpack. Integrity intact with no tape or evidence of tampering?												
Refrigerated controlled substances under double lock with an affixed interior lock box?												
REFERENCES	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Current drug reference sources available?												
Poison Control telephone number posted?												

Psychotropic Medication Use Comparative Statistics

September 2019

Methodology: Presented below are the facility's psychotropic medication use statistics as collected by the Consultant Pharmacist during the monthly drug regimen review. The most recently available State and National averages as published by CMS are presented for comparison purposes, as well as data for similarly sized facilities currently being serviced by Guardian

Facility Size	Comparator Grouping	State
156 Beds	121 to 239 Beds	CT

Antipsychotics: CMS calculates the Long Stay Quality Measure on Antipsychotic Medication Use by the following formula:

Number of residents on antipsychotics in the absence of schizophrenia, divided by the total number of residents in house greater than 100 days. Statistics are presented both as a total use percentage (meaning all residents regardless of diagnosis) as well as current percentage when use for schizophrenia is removed.

Antipsychotics	Percentage
Facility percentage, excluding Schizophrenia*	7.69%
Comparator Group percentage, excluding Schizophrenia	11.47%
State Average (excludes Schizophrenia)	16.31%
National Average (excludes Schizophrenia)	14.33%
Facility TOTAL USE %, including Schizophrenia	11.54%
Comparator Group TOTAL USE %, Including Schizophrenia	19.92%

Antianxiety/Hypnotic Medications: CMS calculates the Long Stay Quality Measure on Antianxiety and Hypnotic medications by the following formula: *Number of residents on antianxiety and/or hypnotic medications divided by the total number of residents in house greater than 100 days.* There are no exclusions for any diagnosis.

Antianxiety/Hypnotic Medications	Percentage
Facility percentage*	11.54%
Comparator Group percentage	19.49%
State Average	18.93%
National Average	20.18%

Other Psychotropics: Although all psychotropics must be evaluated for possible gradual dose reductions under F758, CMS does not publish statistics on the use of "Other Psychotropics" such as Divalproex, Gabapentin, and other medications that are being used as psychotropics for the purposes of controlling mood or behaviors. The percentage below is calculated by the following formula: *Number of residents on other psychoactive medications divided by the facility total number of beds.* Antidepressants for the treatment of Major Depressive Disorder are excluded.

Other Psychoactives	Percentage
Facility percentage	12.18%
Comparator Group percentage	17.29%

*Please note that facility and comparator group percentages presented above are unofficial tabulations.
Your CMS reported statistics on your current Quality Measures Report may differ.



3333 New Hyde Park Road
Suite 202
New Hyde Park, NY 11042
Tel: 516.775.6235 Fax: 516.775.627

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Total Residents with Orders for Psychoactives - Last 12 Months

Time Period: February 2018 - January 2019

Facility Totals:

Category	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18
Antipsychotic	38	38	42	40	44	44	42	48	43	45	44	51
Anxiolytic	28	29	28	27	30	31	24	25	25	26	24	26
Sedative/Hypnotic/Sleep Induction	1	1	1	1	1	3	2	4	3	4	4	6
Other Psychoactive	21	21	22	21	22	22	19	23	22	23	24	25

Unit: Amber

Category	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18
Antipsychotic	1	2	1	2	3	3	4	4	3	3	2	4
Anxiolytic	4	2	2	2	5	3	1	0	2	2	1	1
Sedative/Hypnotic/Sleep Induction	1	1	1	1	1	2	1	2	1	1	1	2
Other Psychoactive	2	1	2	2	2	2	2	3	2	2	2	1

Unit: Brantly

Category	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18
Antipsychotic	7	8	9	9	9	9	8	10	8	8	9	11
Anxiolytic	5	7	7	8	8	9	7	8	5	6	6	7
Sedative/Hypnotic/Sleep Induction	0	0	0	0	0	0	1	2	2	2	2	4
Other Psychoactive	5	5	5	5	5	5	4	5	4	5	4	6

Unit: Crystal

Category	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18
Antipsychotic	6	5	5	4	6	7	7	8	8	9	9	8
Anxiolytic	6	7	7	7	7	7	6	5	7	6	5	7
Sedative/Hypnotic/Sleep Induction	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychoactive	6	7	7	6	7	7	6	7	7	6	7	7

Quality Assurance: Psychoactive Medication Use Monthly Summary December, 2018

UNIT: 3

The following residents had active orders for antipsychotics on the date(s) during which Medication Regimen review was performed for this unit in the month listed above.

CATEGORY: Antipsychotic

Resident/Rm#	Medication	Dx On Physicians Order	Status/Date	Last Psych Eval
Armstrong, Alsidro / 314A	Haloperidol	Schizophrenia	New Admission and/or Start of Tracking / 04-27-17	12-01-18
Atresino, Lucy / 312A	Quetiapine	Schizoaffective Disorder	Dose Increase / 08-12-18	10-06-18
Confessor, Maria / 306B	Quetiapine	Schizophrenia	New Admission and/or Start of Tracking / 03-07-16	12-01-18
Diaz, Mario / 307	Quetiapine	Bipolar Disorder	New Admission and/or Start of Tracking / 09-12-18	11-03-18
Gorman, John / 308	Quetiapine	Bipolar Disorder	Dose Taper / 10-06-18	11-03-18
Gutierrez, Mireya / 319C	Quetiapine	Bipolar Disorder	Dose Taper / 11-03-18	11-03-18
Lang, Jeanette / 304A	Olanzapine	Schizophrenia	New Admission and/or Start of Tracking / 03-07-16	10-06-18
Marrero, Francisco / 302A	Haloperidol	Dementia with behavioral disturbances	Dose Taper / 11-04-18	11-03-18

CATEGORY: Anxiolytic

Resident/Rm#	Medication	Dx On Physicians Order	Status/Date	Last Psych Eval
Atresino, Lucy / 312A	Buspirone	Anxiety	New Start of Medication / 07-15-18	10-06-18
Walsh, Sheila / 304B	Buspirone	Anxiety	Dose Taper / 08-12-18	12-01-18

CATEGORY: Other Psychoactive

Resident/Rm#	Medication	Dx On Physicians Order	Status/Date	Last Psych Eval
Atresino, Lucy / 312A	Trazodone (For Psy Use other than Depression)	Dementia with behavioral disturbances	Dose Increase / 08-12-18	10-06-18
Confessor, Maria / 306B	Divalproex-ER (for psy/behaviors)	Schizophrenia	New Admission and/or Start of Tracking / 03-07-16	12-01-18
Duman, Rafael / 316A	Divalproex (for Psy/Behaviors)	Bipolar Disorder	New Admission and/or Start of Tracking / 01-04-18	11-18-18
Gutierrez, Mireya / 319C	Divalproex (for Psy/Behaviors)	Mood Disorder	New Admission and/or Start of Tracking / 09-28-18	11-03-18
Natale, Mabel / 312B	Divalproex (for Psy/Behaviors)	Bipolar Disorder	Dose Taper / 07-29-18	11-18-18

CATEGORY: Sedative/Hypnotic/Sleep Induction

Resident/Rm#	Medication	Dx On Physicians Order	Status/Date	Last Psych Eval
Wu, Nancy / 315B	Ramelteon	Insomnia	New Admission and/or Start of Tracking / 09-23-18	12-01-18



Antipsychotic Medication Use in LTC

Presented By: Dr. William C. Hallett, Pharm.D., MBA, CGP, C-MTM

- I. Introduction
 - a. Antipsychotics – Overview
 - i. Why do these meds remain the focus of the surveyors
 - 1. Side Effect Profile/History of overuse
 - 2. Misuse: Significant Cost to the system
 - ii. Regulatory Guidance on Antipsychotics
 - 1. Major Focus since OBRA 89 guidance first issued
 - a. Multiple revisions with an ever increasing focus on use and misuse in dementia
 - 2. Most recent CMS guidance updated November, 2017
 - a. Key Tags: F757 and F758
 - iii. Reporting, and Impact on Nursing Home Reimbursement
 - 1. Antipsychotic Drug Use, Long Stay and Short Stay
 - a. Available to Consumers on CMS “Nursing Home Compare” website
 - b. Factored in to a facility’s “5 Star” Quality Rating!
- II. Evaluating Survey Risk: When and where the F758 Gradual Dose Reduction (GDR) guidance applies
 - a. Must differentiate: Use in Behaviors associated with Dementia vs. Use for Chronic or Acute Psychiatric Conditions
 - 1. Use in Chronic Conditions: Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Bipolar Mania, Severe Depression; Delusional Disorder – GDR does NOT apply
 - a. Must only monitor for clinical effectiveness and the development of side effects
 - 2. Use in Acute Psychiatric Conditions: Acute delirium (secondary to medical illness or treatment related psychosis; e.g. high dose steroid use); Psychosis *in the absence of Dementia*
 - a. GDR guidelines apply: Must monitor for resolution of the acute condition and taper/discontinue accordingly
 - 3. Use in Behaviors Associated with Dementia (aka: BPSD: Behavioral or Psychological Symptoms of Dementia)
 - a. GDR Guidelines apply.

- b. The TRUE target of CMS: Use is “off-label”, “black boxed”, and is costly!
- c. Agitation is an acute condition!
 - i. Are we (and have we been) treating acute conditions as if they are chronic?
 - ii. What happens to a dementia resident who has a bad night/weekend?

III. Strategies for reducing and eliminating Antipsychotic use in dementia residents:

- a. Identify your population
 - i. Separate out Behavior/Dementia uses from Acute and Chronic Psychiatric Uses.
 - 1. Insure for psychiatric uses, that the DX on the MAR MATCHES the Dx on the psych consult!
 - 2. For “mixed” diagnoses, always list the chronic diagnosis FIRST
 - 3. Look for “Low Dose” as a marker!
- b. For “Long Term” use in behaviors associated with dementia
 - i. Identify residents that have been behavior free for more than 30 days – consider tapering
 - ii. Identify Residents that have shown no improvement – consider making a change
- c. For Newly Emergent Behaviors
 - i. Implement a program of non-drug interventions to be tried BEFORE calling the physician – and INSIST on documentation.
 - 1. CLEAR survey Target!
 - ii. Consider using a “Behavioral Intervention Log” prior to calling physician for medication orders (See attached)
 - 1. Insist that when the physician is called, that orders for a medical and psychosocial workup are taken at the same time!
 - 2. Insist that med orders for newly emergent behaviors be short TIME LIMITED orders (either a stat dose or up to 7 days MAX.)
 - iii. Routinely evaluate ALL new orders for antipsychotics started on evenings and weekends in morning report for guideline adherence!
- d. Use of Antipsychotics in New Admissions
 - i. Must evaluate and make a determination of ability or lack of ability to taper within 2 weeks of admission
- e. AVOID “PRN” Antipsychotic Medication Use!
 - i. CLEAR, easy survey target
 - ii. Promotes lack of communication
 - iii. Opens the door for lack of documentation of what was tried first

IV. Latest Continued Focus/Enforcemet: Anxiolytics and Sedatives



**Guardian
Consulting
Services, Inc.**

Consultant Pharmacists for Healthcare Organizations, Industry, and the Community.

MEDICATION PASS AUDIT TOOL

Facility Name: _____

Date: _____

Nurse Observed: _____

I. Preparation for Medication Distribution

Yes No N/A

- A. Cart clean and orderly? _____
- B. Checks supplies prior to start of med pass. _____
- C. Washes hands prior to start of med pass. _____
- D. Sharps container available? _____

Comments: _____

II. Technique Assessment: General

Yes No N/A

- A. Introduces self to resident/knocks prior to entering room. _____
- B. Identifies resident by name and arm band. _____
- C. Compares each medication label to M.A.R., insures each order is correct for: medication, strength, route and time prior to pouring medication. _____
- D. Does not touch medication with hands. _____
- E. Observes that each resident has swallowed meds/Does not leave meds at bedside. _____
- F. Unlocked cart kept within view at all times. _____
- G. Informs resident of medications being administered. _____
- H. Medication given before, with, or after meals when so ordered by physician. _____
- I. Observes proper hand washing intervals and techniques. _____
- J. Prepares each med just prior to administration. (Has not prepoired medications.) _____
- K. Completes med pass within allotted 2-hour time frame. _____

Comments: _____

III. Technique Assessment: Oral Medications

Yes No N/A

- A. Measures liquid medications at eye level. _____
- B. Shakes suspensions well prior to administration. _____
- C. Individually prepares and administers each crushed medication. _____
- D. Only products suitable for crushing are crushed. (Enteric coated, sustained release and sublingual products are not to be crushed). _____
- E. Dilutes or administers meds with proper amount of fluid, where needed. _____

Comments: _____

IV. Technique Assessment: Ophthalmic Medications

Yes No N/A

- A. Washes hands before and after each administration. _____
- B. Cleans eyelids/lashes prior to administration when necessary. _____
- C. Allows 3-5 minutes between drops in the same eye. _____



**Guardian
Consulting
Services, Inc.**

Consultant Pharmacists for Healthcare Organizations, Industry, and the Community.

IV. Technique Assessment: Ophthalmic Medications, *continued*.

- D. Insures dropper tip does not touch eye.

Comments: _____

V. Technique Assessment: Injectable Medications

Yes No N/A

- A. Dates multiple dose vials when opened. _____
- B. Disinfects rubber stopper on vial prior to withdrawing medication. _____
- C. Mixes product properly to avoid bubble formation. (Vial rolled, not shaken.) _____
- D. Rotates and charts injection site. _____
- E. Checks site of previous injection for reaction. _____
- F. Disposes of needles/syringes in sharps container. (Needles MUST NOT be recapped prior to disposal). _____
- G. If administration requires adjusting resident's clothing to expose site (abdomen, buttocks, upper thigh), privacy is provided. _____

Comments: _____

VI. Technique Assessment: Medications via Gastric Tube

Yes No N/A

- A. Checks tube for placement and patency. _____
- B. Administers each medication individually. _____
- C. Administers Phenytoin separately from enteral feeding. _____
- D. Flushes tube before, between, and after medications. _____
- E. Administers meds in private room/area (i.e. curtain drawn). _____

Comments: _____

VII. Technique Assessment: Metered Dose Inhalers

Yes No N/A

- A. Shakes well prior to administration. _____
- B. Instructs resident to exhale prior to activation. _____
- C. Allows at least one minute between puffs. _____
- D. Gloves worn when in contact with respiratory secretions. _____

Comments: _____

VIII. Charting and Documentation

Yes No N/A

- A. Initials M.A.R. immediately after administration. _____
- B. Takes and records vital signs where required prior to med administration. _____
- C. Documents need/effect of each PRN dose administered on back of M.A.R. _____

Comments: _____

Audit performed by: _____ Date: _____

Results reviewed and discussed with Nurse: _____ Date: _____

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Pharmacy Consultant

RFP Number: 2020-054

THIS PROPOSAL IS SUBMITTED TO:

Karen A. Storm, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date

Number

NONE .

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

- (c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
- (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")

7. Communication concerning this Proposal shall be addressed to:

WILLIAM C. HALLETT
GUARDIAN CONSULTING SERVICES, INC
3333 NEW HIDE PARK RD, NEW HIDE PARK, NY 11042
Phone: 516 775-6235

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Pharmacy Consultant

RFP Number: 2020-054

COMPANY: GUARDIAN CONSULTING SERVICES, INC.
ADDRESS: 3333 NEW HIDE PARK ROAD-SUITE 202
CITY, STATE, ZIP: NEW HIDE PARK, NY 11042
TEL. NO.: 516 775-6235
FAX NO.: 516 775-6273
FEDERAL TAX ID NO.: 11-3008315
REPRESENTATIVE: WILLIAM C. HALLETT
E-MAIL: WHALLETT@GUARDIANCONSULTING.COM
SIGNATURE AND TITLE W.C. Hallett, PRES/CEO
DATE 4/13/2020

Cost Proposal

Monthly Drug Regimen Review
New Admission and Readmission Medication Regimen Reviews
Nursing Unit Inspections
Medication Administration Record Review Audits
Medication Pass Audits
QA/Pharmacy Committee Meeting Attendance and Participation
Quality Assurance Performance Improvement Reports
Monthly Psychotropic Medication Use Reports

Guardian Consulting Services, Inc. proposes to provide Monthly Drug Regimen Reviews, Monthly Nursing Unit Inspections, Monthly Medication Administration Record Review Audits, up to 2 Medication Pass Audits per month, quarterly attendance at the QA/Pharmacy Committee meetings, and all necessary quality assurance performance improvement reports for the following fee schedule:

Year 1: \$3139.50 per month

(Note: This represents no proposed increase from current contract year's rate)

Year 2: \$3218.00 per month

Year 3: \$3298.50 per month

**New Admission Medication Regimen Reviews and
Supplemental Medication Regimen Reviews**

Guardian Consulting Services, Inc. proposes to provide New Admission Medication Regimen Review Services for all newly admitted and readmitted residents in accordance with F756 and MDS Section a cost of \$24 per occurrence. Reviews shall be conducted within the first 1 to 3 days of admission, and submitted to the facility electronically in the usual and customary format, as identified in the previous section of this RFP.

Guardian Consulting Services, Inc. similarly will provide the required Supplemental Medication Regimen Reviews for residents experience significant, unexplained changes in conditions (as specified in F756) upon the request of the facility at \$24 per occurrence. Reviews shall be conducted promptly with finding submitted to the facility electronically in the usual and customary format, as identified in the previous section of this RFP.

Additional Services

Additional services that are not covered under the terms of this contract will be billed at \$125 per hour, and will only commence upon the express approval of the administration of Shaker Place Rehabilitation and Nursing Center.

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

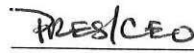
(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

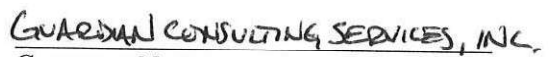
A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

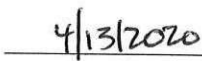
The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation


Signature


Title


Company Name


Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF NASSAU) SS.:

On this 16 day of April, 2020, before me personally appeared William C Hallett to me known, who, being by me sworn, did say that he resides at (give address) 3333 New Hyde Park, New Hyde Park, NY 11042; that he is the (give title) President of the (name of corporation) Guardian Consulting Services Inc., the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

GERARD DeGREGORIS, JR.
Notary Public, State of New York
No. 30-4671570
Qualified in Nassau County
Commission Expires March 30, 2022

Gerard DeGregoris, Jr.
Notary Public, State of New York

Qualified in NASSAU

Commission Expires MARCH 30, 2022

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____, 20____, before me personally came _____ to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: ☒ PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME GUARDIAN CONSULTING SERVICES, INC.		3. IDENTIFICATION NUMBERS a) FEIN # 11-3008315 b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIRM:		5. WEBSITE ADDRESS (if applicable) GUARDIANCONSULTING.COM	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 3333 NEW HYDE PARK ROAD, SUITE 202 NEW HYDE PARK, NY 11042		7. TELEPHONE NUMBER 516 775-6235	8. FAX NUMBER 516 775-6273
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name WILLIAM C. HALLETT Title PRES/CEO Telephone Number 516 775-6235 Fax Number 516 775-6273 e-mail			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME WILLIAM C. HALLETT	TITLE PRES/CEO	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. ☐ Yes ☒ No 			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i> ☐ Yes ☒ No b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i> ☐ Yes ☒ No			

16.	WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:	
a)	1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles; 5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; 7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract; 8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.	☐ Yes ☒ No
b)	been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?	☐ Yes ☒ No
c)	been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: 1. federal, state or local health laws, rules or regulations.	☐ Yes ☒ No
17.	IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES ¹ HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."	☐ Yes ☒ No
18.	DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO: a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i> b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i> c) Property Tax <i>Indicate the years the vendor failed to file.</i>	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No
19.	HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES ¹ WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING? Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.	☐ Yes ☒ No
20.	IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.	☐ Yes ☒ No

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES¹ : ☐ Yes ☒ No
- a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

**ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

State of: NEW YORK)
County of: NASSAU) ss:

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business
GUARDIAN CONSULTING SERVICES, INC.
Address
3333 NEW WIDE PARK ROAD - SUITE 202
City, State, Zip
NEW HYDE PARK, NY 11042

Signature of Owner William C. Halper
Printed Name of Signatory WILLIAM C. HALPERT
Title PRESIDENT / CEO

Sworn before me this 16 day of April, 2020.

Notary Public
Gerard DeGregoris, Jr.

GERARD DeGREGORIS, JR.
Notary Public, State of New York
No. 30-4671570
Qualified in Nassau County
Commission Expires March 30, 192022

Printed Name

Signature

Date

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

RESOLUTION NO. 232**AUTHORIZING AN AGREEMENT WITH GUARDIAN CONSULTING SERVICES REGARDING PHARMACY CONSULTANT SERVICES AT THE NURSING HOME**

Introduced: 6/12/17

By Social Services Committee:

WHEREAS, The Department of Residential Health Care Facilities, through the County Purchasing Agent, issued a Request for Proposals regarding the provision of mandated pharmacy consultant services at the Albany County Nursing Home (ACNH), and

WHEREAS, The Executive Director of the Department of Residential Health Care Facilities has indicated Guardian Consulting Services was the sole bidder for pharmacy consulting services, medication/drug regimen review, and review of policies and procedures regarding the control and accountability of medications throughout the nursing home to better ensure compliance with Federal, State and local government agencies, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into a three-year agreement with Guardian Consulting Services, New Hyde Park, NY in an amount not to exceed \$126,399 for the term August 1, 2017 to July 31, 2020 regarding the provision of pharmacy consultant services at the ACNH, and, be it further

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

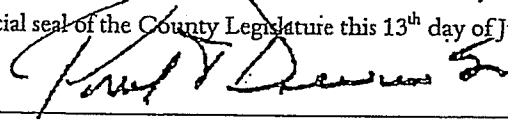
RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote. 6/12/17

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 12th day of June, 2017, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.

IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 13th day of June, 2017.



Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET, ROOM 1200
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

DANIEL C. LYNCH, ESQ.
DEPUTY COUNTY EXECUTIVE

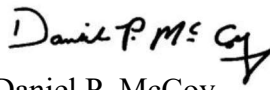
March 4, 2020

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

Dear Chairman Joyce:

I am requesting authorization to enter into a license agreement with the Albany County Airport Authority and the Federal Aviation Administration to allow the removal of vegetation and trees in the immediate vicinity of the aviation radar tower near the airport. This type of vegetation removal and control has not been performed for many years and there is a concern that if left unchecked it will begin impacting the functions of the radar tower itself.

Sincerely,


Daniel P. McCoy

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1560, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization for License Agreement with the Albany County Airport Authority and the Federal Aviation Administration for removal of problematic vegetation and trees surrounding radar tower.

Date: March 4, 2020
Submitted By: Mike McLaughlin
Department: County Executive's Office
Title: Director of Policy and Research
Phone: 518-447-7040
Department Rep.
Attending Meeting: Mike McLaughlin

Purpose of Request:

- ☐ 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
☐ 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) License Agreement

Contract Terms/Conditions:

Party (Name/address):

Albany County Airport Authority
Albany Shaker Road
Colonie, NY

Additional Parties (Names/addresses):

Federal Aviation Administration

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: Federal Aviation Administration

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 FAA has contacted the County and Airport Authority with the need to undertake some vegetation removal and tree trimming in the area immediately adjacent to the existing radar tower installation near the County Airport. It has been 30 years since tree control trimming was completed and there is a need to undertake this again to prevent further encroachment and possible interference by the vegetation surrounding the tower. We will achieve the necessary permissions through the execution of a license agreement with the involved parties to allow the necessary vegetation control to occur.

AIRPORT AREA COUNTY-OWNED PROPERTY ASSESSMENT

PROPERTY PROFILES

PROPERTY: Air Surveillance Radar Property

MAP REFERENCE NUMBER: 1

TOWN OF COLONIE TAX MAP PARCEL NUMBER: part of 18.00-2-52.1

AREA: 33.9 acres

ROAD FRONTAGE: Watervliet-Shaker Road

TOWN OF COLONIE ZONING DISTRICT: Commercial-Office (CO)

PROPERTY DESCRIPTION: this property is somewhat compromised by the presence of an Air Surveillance Radar (ASR-9) facility located in the approximate center of the parcel. The radar structure and approximately 3 acres of land, including an access road along the west boundary from Watervliet-Shaker Road, is secured by a lease between the County and the Federal Aviation Administration. The northern half of this otherwise undeveloped property is occupied by mixed deciduous forest, and the southern half is predominantly open field with some wooded areas in the southwest corner.

CHECKLIST OF DEVELOPMENT CONSTRAINTS:

- State Wetlands – not applicable
- Federal Wetlands – U.S. Fish and Wildlife Service wetland maps do not indicate Federal wetlands on this property; however, the presence of hydric soils along the west property line and in the northwest corner suggests at least the possibility of small isolated wetlands under Federal jurisdiction, which would require field mapping for verification.
- Flood Zone – not applicable
- Historic/Archaeological – this property is entirely within the National/State registered Watervliet-Shaker Historic District.
- Airport Height Limitations – notwithstanding height limitations attributed to runway approach zone clearance, use of this property is further restricted due to height and other limitations associated with the Air Surveillance Radar system. According to Airport Authority planning staff, any development proposal on this property would, therefore, be subject to FAA approval based on an Airspace Jurisdictional Study.
- Airport Noise Contours – ≤ 60 dBA
- Agricultural District – this property is adjacent to Albany County Agricultural District No. 3.
- Surface Water – no surface water occurs on this property; however, a small pond is located along the west property boundary.
- Soils – the dominant soils on the property include Stafford loamy find sand (St), Nunda silt loam 3-8% slope (NuB), Colonie loamy fine sand 8-15% slope (CoC), and Chenango gravelly silt loam 3-8% slope (ChB). Smaller areas of Ilion silt loam 0-3% slope (In), Granby loamy fine sand 0-2% slope (Gr), and Burdett silt loam 3-8% slope (BuB) are also present. Gr and In are classified as hydric soils for the purpose of mapping Federal wetlands.





DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET, ROOM 1200
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

DANIEL C. LYNCH, ESQ.
DEPUTY COUNTY EXECUTIVE

April 8, 2020

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

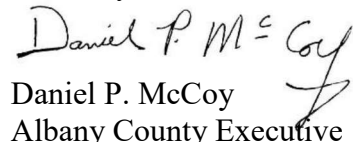
Dear Chairman Joyce:

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 FY2020 State Homeland Security Program (SHSP) and State Law Enforcement Terrorism Prevention Program (SLETPP) Funding. The County is eligible for \$536,244 in FY2020 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; and (5) to strengthen counter terrorism and law enforcement. 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



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1640, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Permission to Apply for Department of Homeland Security SHSP/SLETPP 2020 Funding

Date: 4/8/2020
Submitted By: Michael Lalli
Department: County Executive's Office
Title:
Phone: 518-447-5642
Department Rep.
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

109

☐ 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 4/15/2020

☐ 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: \$536,244.00

Scope of Services: This SHSP/SLETPP grant from NYS DHSES provides funding for the Department of Health, Division of Information Services and the Sheriff's Office. Funding covers a wide array of areas including cyber security, public health, and election security.

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) 08/01/2020 - 07/31/2023

Length of Contract: 3 Years

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: 18-303, 19-245

Date of Adoption: 7/9/18, 6/10/19

Justification: (state briefly why legislative action is requested)

This application includes the Department of Health, Division of Information Service and the Albany County Sheriff. Albany County DIS will receive \$184,679.00 of the total, utilized for the enhancement of Cyber Security within the county infrastructure. DOH will receive \$321,565 of the total, utilized to coordinate and sustain of citizen preparedness, public health planning, COOP and training / exercise programs. The second contract will be with the Albany County Sheriff's Office under SLETPP in the amount of \$30,000.00, utilized for target hardening specifically for election sites.

NYS Division of Homeland Security and Emergency Services Local Application for FY2020 State Homeland Security Program (SHSP) and State Law Enforcement Terrorism Prevention Program (SLETPP) Funding	
DIRECTIONS: Sub-recipients are required to complete the "Federal Documentation" criteria below. As outlined in the Federal Funding Accountability and Transparency Act (FFATA), DHSES must report information regarding subawards \$25,000 or greater in the FFATA Subaward Reporting System (FSRS).	
Federal Documentation	
Sub-Recipient/Entity Name (i.e. Empire County):	Albany County (Dept. of Health, Division of Info Services, Sheriff, Albany Police Department)
Primary Contact (Name/Title):	Michael Lalli, Director of Civil Service (Albany County) Doug Miller, Grants Manager (Sheriff) Lt. Josiah Jones (Albany Police Department)
Agency:	Office of the County Executive, Albany County Sheriff, Albany Police Department
Address:	112 State Street (Albany County) 16 Eagle Street (Sheriff) 24 Eagle Street (Albany Police Department)
City:	Albany
Zip + 4 (note that zip + 4 is required):	12207-2077 (Albany County) 12207-2205 (Albany Police Department)
Phone Number:	518-447-5642 (Albany County) 518-487-5022 (Sheriff) 518-462-8659 (Albany Police Department)
DUNS # (You must maintain the currency of your information in the System for Award Management (SAM) throughout the performance period @ https://www.sam.gov)	60536653 (Albany County) 181533670 (Albany Police Department)
Question 1: In the preceding fiscal year, did your entity receive 80 percent or more of its annual gross revenues from Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards?	NO (You have completed this section and can move on to rest of application)
Question 2: If you answered "YES" to question #1, does the public have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15 (d) of the Securities Exchange Act of 1934 {15 U.S.C. Subsection 78m(a), 78o(d)} or section 6104 of the Internal Revenue Code of 1986. See FFATA Section 2(b)(1)?	Please Select an Answer
Question 3: If you answered "NO" to question #2, please provide the names and total compensation of the five most highly compensated officers of the entity.	
Name:	Total Compensation:
Name:	Total Compensation:
Name:	Total Compensation:
Name:	Total Compensation:
Name:	Total Compensation:

Coordination and Integration

A: Stakeholder Participation Summary - To advance the "Whole Community" Approach to Security and Emergency Management as well as integral Collaboration among various stakeholders within the jurisdictions, sub-recipients must describe in their application for funding how they coordinated with appropriate stakeholders both at the county level of government as well as with town, village, and city governments within the county to develop their application for FY2020 SHSP/SLETPP funding.

Please use the drop down lists below to identify those stakeholders that were involved in the development of your application. In the description box below, please detail how this coordination occurred (Meetings, Conference Calls, etc.) and what jurisdictions were involved. – Please provide specific details when possible.

Emergency Management	YES	Law Enforcement	YES	Fire Service/HazMat	YES
Public Health	YES	EMS	YES	Local & County Elected Officials	YES
Information Technology Officer (IT) / Chief Information Officer	YES	Educational Institutions	YES	Citizen Corp/Volunteer Groups	YES
Public Works	YES	Tribal	NO	Other (Please Specify in the Description Box)	NO

Description: The stakeholders listed above are solicited to determine their needs. Meetings are then held with involved parties to discuss allocation of funding and opportunities for collaboration. These meetings include representatives from the Counties of Albany, Schenectady, and Rennselaer, as well as the Cities of Albany, Schenectady and Troy. The Albany County Sheriff's Office holds weekly/monthly/quarterly meetings with its partners in order to maintain an up to date assessment of the status and needs within Albany County, surrounding communities and their perspective partners.

The City of Albany is an active member of the Capitol region UAWG and as part, the members of the UAWG have met to form a consensual agreement on the allocation and expenditures of the SHSP/LETPP FY2020 award. The Albany-Schenectady-Troy urban area will continue to take a collaborative approach between the counties and cities in the furtherance of New York States' priorities with regards to investments made under the SHSP/LETPP guidance.

Law Enforcement Terrorism Prevention Activities (SLETPP Projects)

A: Involvement of Local Law Enforcement (SLETPP projects only)- For State Law Enforcement Terrorism Prevention Program (SLETPP) applications, sub-recipients should demonstrate how they coordinated with local law enforcement in the development of their FY2020 SLETPP projects (e.g. participation of town and city police departments with a county sheriff's office in establishing law enforcement projects).

Description: The Albany County Sheriff's Office holds weekly/monthly/quarterly meetings with it's partners in order to maintain an up to date assessment on the status of the needs within and surrounding Albany County and its perspective partners. The law enforcement partners include the New York State Police, Albany PD, Colonie PD, Bethlehem PD, Guilderland PD, Cohoes PD, Green Island PD, Watervliet PD, Coeymans/Ravena PD, Altamont PD as well as other state and federal agencies.

The City of Albany will require one contract with DHSES for the administration of funds under SLETPP in the amount of \$254,300.00 Albany will apply these funds to enhance our existing fiber route between Albany and Schenectady. Upgrading and replacing the network switches will allow for critical data, video and intelligence to be shared throughout the UAWG via the Albany County Crime Analysis Center. The City of Albany will also seek to utilize a portion of funding to support Operational Overtime costs incurred by members of the Albany Police CAAT (Critical Asset Assessment Team) for increased security at soft targets and mass gathering event sites within the City. The City will also seek to better equip responding officers to an active shooter at a mass gathering by procuring ballistic shields, additional P25 Radios and an L-RAD 300X to address emerging threats.

NYS SHSP/SLETPP Priorities and Preparedness Objectives	
A: Engagement with NYS SHSP/SLETPP Priorities and Preparedness Objectives - NYS has identified a series of specific priorities for the FY2020 SHSP/SLETPP grants. All sub-recipients are highly encouraged to engage these priorities, where it is appropriate to do so, with their project investments. Please articulate how your proposed projects will meet the following NYS Priorities. For any NYS Priorities that your application will not directly address, please describe how you are doing so through compliance with the NYS Preparedness Objectives and/or with alternative funding streams (e.g. a targeted grant) or local revenues.	Description: In March of 2008, the mayors of the Cities of Schenectady, Albany and Troy met together with their counterparts from the counties of Schenectady, Albany and Rensselaer. At that meeting, it was decided that the initial governing body of the Urban Area Working Group (UAWG) would consist of the CEO's of the six jurisdictions, or their designees. It was agreed that decisions would be made by consensus, which was defined essentially, as unanimity. This simple mechanism was not further refined, as the focus became the rapid development of the Investment Justification, the Strategy, and then the project budgets. Each of these milestones was reached with the ad hoc structure created in March of 2008. These achievements have been widely viewed as an unprecedented example of inter-municipal cooperation. Although the Capital Region Urban Area is no longer classified by FEMA as a Tier II UASI as of 2011, the partners continue to work together in a regional approach to prevent, protect, mitigate, respond to and recover from acts of terrorism and other catastrophic events.
Priority #1 - Advancement of Regional Partnerships: DHSES continues to promote the advancement of multi-disciplinary, multi-jurisdictional regional partnerships across New York State. These partnerships allow capabilities to be developed in a coordinated and cost-effective way. Over the past 10-12 years, effective regional partnerships have been developed in a number of different areas, including regional Counter Terrorism Zones (CTZs), HazMat Partnerships, Interoperable Communications Consortiums, Tactical Team Partnerships (formalized via Inter-municipal Agreements), Bomb Squad Regional coordination efforts, etc. Under the FY2019 SHSP/SLETPP grants, support for these (and other) regional partnerships and programs are strongly encouraged.	
Preparedness Objective #1: Ensure the lead law enforcement agency in the County/City maintains active participation in Counter Terrorism Zone (CTZ) activities, including the Operation Safeguard Program. The County's/City's lead law enforcement agency must attend at least one (1) CTZ meeting per quarter, support Operation Safeguard related tasks, and participate in Red Team exercises as requested by DHSES.	

Priority #2 - Maturation of Citizen Preparedness Efforts: The presence of an active, engaged citizenry is a critical component of the State's preparedness posture. While several jurisdictions in the State have developed innovative citizen preparedness programs, the CEPA Program (along with other capability assessments) has found that this remains one of the lowest rated capabilities across the State. Under Governor Cuomo's leadership, the State has worked to address this issue through the State's Citizen Preparedness Corps Program, however, there is still additional work that local jurisdictions can do, building on and in support of existing models in the State. SHSP funds can be used for a variety of Citizen Preparedness projects, including the development (or sustainment) of citizen preparedness campaigns, training/outreach efforts involving Citizen Corps Councils and Community Emergency Response Teams, and for citizen preparedness kits and supplies.	Description: Five subcommittees have been formed to plan and implement the UAWGs Investment Justifications. Members are selected for subject matter expertise while maintaining jurisdictional representation. Sub-committee chairs are appointed by the Co-chairs. The following sub-committees have been formed: • Critical Infrastructure Protection • Data Sharing/Interoperability • CBRNE/ HAZMAT • Med Surge/Public Health • Training & Exercise
Preparedness Objective #2: Maintain a Citizen Preparedness Coordinator to collaborate Citizen Preparedness efforts with New York State. Priority #3 - Development of Effective Cyber Security Programs and Policies: All levels of government, the private sector, and the general public have been impacted by the dramatic increase in cyber attacks over the past five years. The proper detection, interdiction, and remediation of cyber vulnerabilities is critical. Through the CEPA program, DHSES has found that counties tend to be very concerned about the threat of cyber attacks, however, their capabilities to prevent and address these attacks are often underdeveloped. As such, DHSES is emphasizing the importance of cyber security in the FY2019 SHSP and SLETPP grant programs. Grant funds can be used for cyber security planning, cyber security enhancement equipment (including encryption software, malware protection, intrusion/detection prevention systems, and vulnerability scanning), cyber security training (which may require pre-approval; please consult with your Program Representative at DHSES); and cyber security exercises.	Description: Through our joint applications and regional partnerships the Capital Region UAWG addresses the 6 NYS Priorities to prevent, protect, mitigate, respond to and recover from acts of terrorism and other catastrophic events. At the present time both Albany County and the City of Albany are recipients of the DHSES 2019 Cyber Security Grant to implement it security upgrades as outlined the program narrative. Both will continue to develop a robust cyber security program, to ensure residents information, public safety and tax revenues are secure against hackers.
Preparedness Objective #3: Maintain an Information Security Officer (ISO) to coordinate cyber security efforts with New York State.	

Priority #4 - Enhancement of Law Enforcement Information-Sharing Capabilities: Since 9/11, the enhancement of law enforcement information-sharing capabilities has been a top priority in New York State. The importance of this mission remains unchanged this year, as jurisdictions are encouraged to sustain and enhance their information-sharing efforts with the New York State Intelligence Center (NYSIC) and their local CTZ. Within this area, support for major outreach programs is prioritized, including participation in the Field Intelligence Officer (FIO) Program, and the engagement of Fire/EMS personnel in information-sharing activities through the Intelligence Liaison Officer (ILO) Program.	Description: The Albany Crime Analysis Center, which originally opened in 2009 to serve Albany County agencies, now operates six days a week and provides real-time analysis and support to police and prosecutors in the four Capital Region counties. It has also assisted agencies in neighboring counties south to Dutchess, west to Fulton, and north to Warren and Washington. The expanded facility is located at Albany Police Department's South Station and features a video wall measuring 4.5-feet high by 12-feet wide that displays multiple sources of data and information in real time, including the Albany Police computer aided dispatch log and public surveillance cameras. The Center also has improved crime mapping capabilities, allowing analysts to better track crime in specific geographic areas. The Albany Center has roughly tripled the area it serves since it opened and now has data sharing agreements with 33 police departments and sheriffs' offices, which is nearly all of the agencies in the four county service area. The Center has 19 staff, including crime analysts and field intelligence officers.
Preparedness Objective #4A: Maintain participation in the Field Intelligence Officer (FIO) Program (to ensure information sharing between the New York State Intelligence Center and local law enforcement within your jurisdiction).	
Preparedness Objective #4B: Maintain participation in the Intelligence Liaison Officer (ILO) Program (to ensure information sharing between the NYSIC and local Fire and Emergency Medical Services agencies within your jurisdiction). All counties are required to conduct at least six (6) course deliveries during the three-year performance period of this grant.	
Priority #5 - Continued Coordination of Emergency Management Planning Efforts: Proper Emergency Management planning provides the foundation for effective response, recovery, and mitigation activities. Jurisdictions are encouraged to utilize their grant awards to maintain and update critical plans including Comprehensive Emergency Management Plans (CEMPs), HazMat Response Plans, COOP/COG plans, and Fatality Management Plans. Planning gaps identified during your county's CEPA process can often be addressed by leveraging SHSP (or SLETPP) funding.	Description: Both the City of Albany and the County of Albany have documented Comprehensive Emergency Management Plans that are updated regularly and disseminated to their personnel. The City and County along with our regional partners actively participate in drills and exercises to test and evaluate our emergency response plans.
Preparedness Objective #5A: Develop and maintain a Comprehensive Emergency Management Plan or basic emergency plan in accordance with Article 2-B of Executive Law. The plan should be reviewed annually and submitted by December 31 each year to the DHSES Office of Emergency Management.	

<u>Preparedness Objective #5B:</u> Participate in the Emergency Management Certification and Training (EMC & T) Program, to include the County Chief Elected Official (Tier 1) and the County Emergency Manager (Tier 2).	
<u>Preparedness Objective #5C:</u> Maintain a County Hazardous Materials Response Plan that is updated every three years and submitted to the DHSES Office of Fire Prevention and Control. <u>Priority #6 - Sustainment of Effective Programs and Existing Capabilities:</u> In the last decade, New York State has effectively leveraged homeland security grant program funds to build critical programs to enhance our prevention, protection, response, recovery, and mitigation capabilities. Under the FY2020 SHSP/SLETPP grants, the sustainment and advancement of effective programs is a top priority, in order to ensure that core capabilities are maintained statewide. Emphasis will be placed on building, maintaining, and assessing sustainable programs, rather than simply purchasing disparate pieces of equipment.	Description: Albany County, and by extension the City of Albany, has a robust public health emergency preparedness program that conducts annual trainings and exercises to advance capabilities to prepare for and respond to public health emergencies. Physical security will be continued as cameras, servers, storage, software and licensing are updated to enhance monitoring and recording of critical events that include threats to infrastructure, County employees and the public. Additionally this funding will sustain the capabilities of our Explosive Detection Canine Teams and Hazardous Materials response Teams. The portable x-ray machine previously purchased for the forensic hazardous materials team is no longer servicable and must be replaced. This piece of equipment will allow suspicious packages to be inspected on site rather than having to move the item to inspect the contents.
<u>Preparedness Objective #6A:</u> Participate in updates to the County Emergency Preparedness Assessment (CEPA) process every three years or as otherwise directed by DHSES.	

Project Information and Linkages		
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and the Core Capabilities List. Applicants MUST submit at least one project under this Investment Justification that represents at LEAST five (5) percent of their Highest Target Allocation amount.		
Investment Justification:	Intelligence and Information Sharing	
Minimum Investment	\$39,527	
Sub-Recipient (Grantee):	City of Albany	Zip Code (Primary Location of Project Execution) 12207
State Strategy Goal:	Goal 1: Strengthen Intelligence and Information Sharing Capabilities	
Project Title:	Goal 1: Intelligence Analysis Technology Support	
Core Capability:	Intelligence and Information Sharing	
G & T Code:	02. Establish/enhance agro-terrorism preparedness capabilities.	
Construction Activity Involved?	No	
Is this an SLETPP Project	YES	
Project Description/Budget Plan (10%)		
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction. Description: The City of Albany will purchase portable/ mobile P25 radios that will operate on the Albany County Communications System that serves all first responders and support services inclusive of State, Federal and Local agencies in Albany County. Project 2. \$90k for PoE ethernet switches and related equipment. – necessary to restore the fiber connection which carries data to and from multiple agencies, as well permits functionality of our citywide fixed camera surveillance systems along one the City’s primary arterials. These cameras are centrally coordinated and generate information which is broadcast to multiple local, state, and federal agencies via the CRCAC.		

Project Budget Plan							
DIRECTIONS: Applicants must provide clear budget descriptions, with a justification for each budget item identified in the budget plan. Please use the "Budget Item Description and Justification" column to provide this information. When completing this worksheet, please fill out each column for every row you complete. Incomplete columns will result in the "Totals" not being calculated correctly.							
Item #	Budget Item Description	Budget Item Justification	Federal Spending Category	NYS Budget Category	Total Cost	Authorized Equipment List (AEL) Number	Discipline
1	Portable radios	to operate on the county wide 800 digital p25 communications system	Equipment	Equipment	\$30,000	06CP-01-PORT	Public Safety Communications
2	PoE Ethernet switches and related equipment	necessary to restore the fiber connection which carries data to and from multiple agencies in three counties	Equipment	Equipment	\$100,000	04HW-01-1NHW	Public Safety Communications
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Equipment Subtotal					\$130,000	100.0%	
Exercise Subtotal					\$0	0.0%	
M&A Subtotal					\$0	0.0%	
Organization Subtotal					\$0	0.0%	
Planning Subtotal					\$0	0.0%	
Training Subtotal					\$0	0.0%	
PROJECT TOTAL					\$130,000		

Project Information and Linkages		
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and the Core Capabilities List. Applicants MUST submit at least one project under this Investment Justification that represents at LEAST five (5) percent of their Highest Target Allocation amount.		
Investment Justification:	Cyber Security	
Minimum Investment	\$39,527	
Sub-Recipient (Grantee):	Albany County Division of Information Services	Zip Code (Primary Location of Project Execution) 12207
State Strategy Goal:	Goal 4: Enhance Cyber Security Capabilities	
Project Title:	Goal 4: Cyber Security Program Management	
Core Capability:	Cyber Security	
G & T Code:	03. Establish/enhance cyber security program.	
Construction Activity Involved?	No	
Is this an SLETPP Project	NO	
Project Description/Budget Plan (10%)		
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.		
Description: Albany County has identified multiple areas in its cyber security that can be improved or need sustainment. The County's firewall (Palo Alto), which is currently funded through a DHSES Cyber Security Grant, requires a renewed subscription to ensure the county is separated from outsiders jurisdictions and municipalities in case of a cyber attack. Varionis Edge and Classification provide cyber security software and network protection from outside activity while additionally monitoring for internal and external attacks. Finally, KnowBe4 software provides training for all Albany County employees to reduce the human error that so commonly results in successful cyber attacks.		

Project Budget Plan							
DIRECTIONS: Applicants must provide clear budget descriptions, with a justification for each budget item identified in the budget plan. Please use the "Budget Item Description and Justification" column to provide this information. When completing this worksheet, please fill out each column for every row you complete. Incomplete columns will result in the "Totals" not being calculated correctly.							
Item #	Budget Item Description	Budget Item Justification	Federal Spending Category	NYS Budget Category	Total Cost	Authorized Equipment List (AEL) Number	Discipline
1	Varonis Edge	Monitors activity from outside sources including web servers and vpn	Equipment	All Other	\$18,700	05NP-00-IDPS	Cyber Security
2	Varonis Classification	Identifies sensitive data and audit's file protections	Equipment	All Other	\$17,000	04AP-04-RISK	Cyber Security
3	Palo Alto 3250 Rep	Redundent firewall that connects police agencies sharing and accessing data	Equipment	All Other	\$33,000	05NP-00FWAL	Cyber Security
4	KnowBe4 Security Awareness	Cyber security Awareness Training	Equipment	All Other	\$12,000	04AP-04-RISK	Cyber Security
5	CoreBTS	Cisco Catalyst 9500+ accoutrements	Equipment	Equipment	\$48,000	04HW-01-INHW	Cyber Security
6	Lenovo	Lenovo SR650 Gold	Equipment	Equipment	\$26,385	04HW-01-INHW	Cyber Security
7	CoreBTS	Meraki MX68	Equipment	Equipment	\$4,920	04HW-01-INHW	Cyber Security
8	CoreBTS	Meraki MX100	Equipment	Equipment	\$4,698	04HW-01-INHW	Cyber Security
9	EclipseNS	Ocularis License Renewal	Equipment	All Other	\$19,976	14SW-01-VIDA	Cyber Security
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Equipment Subtotal					\$184,679	100.0%	
Exercise Subtotal					\$0	0.0%	
M&A Subtotal					\$0	0.0%	
Organization Subtotal					\$0	0.0%	
Planning Subtotal					\$0	0.0%	
Training Subtotal					\$0	0.0%	
PROJECT TOTAL					\$184,679		

Project Information and Linkages		
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and the Core Capabilities List. Applicants MUST submit at least one project under this Investment Justification that represents at LEAST five (5) percent of their Highest Target Allocation amount.		
Investment Justification:	Emerging Threats	
Minimum Investment	\$39,527	
Sub-Recipient (Grantee):	City of Albany	Zip Code (Primary Location of Project) 12207
State Strategy Goal:	Goal 7: Strengthen CBRNE Preparedness and Response Capabilities	
Project Title:	Goal 7: CBRNE and HazMat Planning	
Core Capability	Planning	
G & T Code:	04. Establish/enhance emergency operations center.	
Construction Activity Involved?	No	
Is this an SLETPP Project	YES	
Project Description/Budget Plan (10%)		
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.		
Description: The City of Albany will seek to invest \$25,000 for the procurement of a L RAD 300X. The L RAD 300X is a vehicle or man portable, mobile communications system, that allows for the broadcasting of critical information up to 900 meters, when normal means of conveying information has been disrupted by a cyber attack. The LRAD will allow the police department to broadcast alerts and updates to neighborhoods or during events when Cellular and Internet Services has been rendered inoperable or when in areas that are not normally covered. The L RAD would be beneficial in broadcasting Amber or Silver Alerts, providing emergency instructions on egress routes for natural and/or manmade disasters or general information to the public.		

Project Budget Plan

DIRECTIONS: Applicants must provide clear budget descriptions, with a justification for each budget item identified in the budget plan. Please use the "Budget Item Description and Justification" column to							Discipline
Item #	Budget Item Description	Budget Item Justification	Federal Spending Category	NYS Budget Category	Total Cost	Authorized Equipment List (AEL) Number	
1	City of Albany- L-RAD 300X	To address Emerging Threats	Equipment	Equipment	\$25,000	06CP-03-ICOM	Public Safety Communications
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
					Equipment Subtotal	\$25,000	100.0%
					Exercise Subtotal	\$0	0.0%
					M&A Subtotal	\$0	0.0%
					Organization Subtotal	\$0	0.0%
					Planning Subtotal	\$0	0.0%
					Training Subtotal	\$0	0.0%
					PROJECT TOTAL	\$25,000	

Project Information and Linkages	
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and the Core Capabilities List. Applicants MUST submit at least one project under this Investment Justification that represents at LEAST five (5) percent of their Highest Target Allocation amount.	
Investment Justification:	Soft Target/Crowded Places
Minimum Investment	\$39,527
State Strategy Goal:	Goal 2: Strengthen Counter-Terrorism and Law Enforcement Capabilities
Project Title:	Goal 2: Operational Overtime for Counter-Terrorism Missions
Core Capability:	Operational Coordination
G & T Code:	05. Establish/enhance regional response teams.
Construction Activity Involved?	No
Is this an SLETPP Project	YES
Project Description/Budget Plan (10%)	
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.	
Description: The Albany County Sheriff's Office provides security for a host of large scale events including primary and general elections, parades, convention center events with over 20,000 guests, and community events. Sheriff Deputies' duties include providing primary security for these events as well as supplement security for municipal police departments. This security is essential to sustain the safety of county residents and proper functioning of these events. All jurisdictions within Albany County will benefit from this additional security provided by the Sheriff's Office.	

Project Budget Plan							
DIRECTIONS: Applicants must provide clear budget descriptions, with a justification for each budget item identified in the budget plan. Please use the "Budget Item Description and Justification" column to provide this information. When completing this worksheet, please fill out each column for every row you complete. Incomplete columns will result in the "Totals" not being calculated correctly.							
Item #	Budget Item Description	Budget Item Justification	Federal Spending Category	NYS Budget Category	Total Cost	Authorized Equipment List (AEL) Number	Discipline
1	Overtime and backfill	Security at election polls and mass gatherings	Exercises	Personnel	\$22,500		Law Enforcement
2	fringe	Security at election polls and mass gatherings	Exercises	Fringe	\$7,500		Law Enforcement
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
	Equipment Subtotal				\$0		0.0%
	Exercise Subtotal				\$30,000		100.0%
	M&A Subtotal				\$0		0.0%
	Organization Subtotal				\$0		0.0%
	Planning Subtotal				\$0		0.0%
	Training Subtotal				\$0		0.0%
PROJECT TOTAL					\$30,000		

Project Information and Linkages	
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and the Core Capabilities List. Applicants MUST submit at least one project under this Investment Justification that represents at LEAST five (5) percent of their Highest Target Allocation amount.	
Investment Justification:	Soft Target/Crowded Places
Minimum Investment	\$39,527
State Strategy Goal:	
Project Title:	Goal 2: Strengthen Counter-Terrorism and Law Enforcement Capabilities
Core Capability:	Goal 2: Operational Overtime for Counter-Terrorism Missions
G & T Code:	Operational Coordination
Construction Activity Involved?	05. Establish/enhance regional response teams.
Is this an SLETPP Project	No
	YES
Project Description/Budget Plan (10%)	
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.	
Description. <u>The City of Albany</u> : will invest \$59,300k – for 18 Pointblank Bellator 24” x 36” Level IIIA+ Shields – These will be placed inside all Patrol SUV’s as front line protection for officer responding to active shooters. Additionally the <u>City of Albany</u> : will request \$40k for CAA1/EST operational OT – to provide security at soft targets including mass gatherings (Lark Fest, Tulip Fest, etc.) and election polling stations within the City of Albany.	

Project Budget Plan

DIRECTIONS: Applicants must provide clear budget descriptions, with a justification for each budget item identified in the budget plan. Please use the "Budget Item Description and Justification" column to provide this information. When completing this worksheet, please fill out each column for every row you complete. Incomplete columns will result in the "Totals" not being calculated correctly.

Item #	Budget Item Description	Budget Item Justification	Federal Spending Category	NYS Budget Category	Total Cost	Authorized Equipment List (AEL) Number	Discipline
1	City of Albany operational OT	Increased security at mass gatherings	Planning	Personnel	\$40,000	n/a	Law Enforcement
2	City of Albany ballistic shields	response to active shooter at a mass gathering site	Equipment	Equipment	\$59,300	011E-01-SHLD	Law Enforcement
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
					Equipment Subtotal	\$59,300	59.7%
					Exercise Subtotal	\$0	0.0%
					M&A Subtotal	\$0	0.0%
					Organization Subtotal	\$0	0.0%
					Planning Subtotal	\$40,000	40.3%
					Training Subtotal	\$0	0.0%
					PROJECT TOTAL	\$99,300	

Project Information and Linkages		
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and NYS Critical Capabilities List.		
Sub-Recipient (Grantee):	Albany County Department of Health	Zip Code (Primary Location of Project Execution) 12202
Investment Justification:	IJ#7: Enhance Citizen and Community Preparedness	
State Strategy Goal:	Goal 5: Enhance Citizen and Community Preparedness Activities	
Project Title:	Goal 9: Training Program Support (Health)	
Core Capability	Planning	
G & T Code:	09. Establish/enhance citizen awareness of emergency preparedness, presentation and response.	
Construction Activity Involved?	No	
Is this an SLETPP Project	NO	
Project Description, Outcomes, and Impacts		
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.		
Description: Public Health Planner and Public Health Educator will conduct bi-monthly Citizen Corps meetings to continue to recruit emergency response volunteers as well as increase individual and community preparedness within Albany County.		
COUNTRY EMERGENCY PREPAREDNESS ASSESSMENT (CEPA): The CEPA serves as a beneficial tool to help guide the sustainment of your current capabilities or inform those areas where it's appropriate to build or enhance capabilities. Please describe how you have utilized your CEPA to guide project investments through this grant opportunity. In addition to the CEPA, please select any additional assessment tools you may have used through the drop-down lists below (if other, please specify below).		
Description: Albany County scored a 4.0 for its citizen awareness and preparedness capability assessment. Sustaining the Albany County Citizen Corps will allow continued preparedness trainings for general and vulnerable populations, emergency response volunteer recruitment, distribution of preparedness resources and planning for continued resiliency in the event of a large-scale emergency.		
Additional Assessment Tool(s) Utilized to Help Select Project:	Sustaining a Project That Was Previously Assessed and Identified as a Priority	
	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu	
	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu	

NIMS TYPED RESOURCE LINKAGE: Please use the following link for more detailed information on the federal NIMS Typed Resource construct and how your project may support a typed resource: https://www.fema.gov/national-incident-management-system/nims-doctrine-supporting-guides-tools				
Does this Project Support a federal NIMS Typed Resource(s):	This Project DOES NOT Support a NIMS Typed Resource			
	Please Select a "NIMS Typed Resource" Supported by this Project			
	Please Select a "NIMS Typed Resource" Supported by this Project			
CAPABILITY DEVELOPMENT: As you complete your application, it is important to distinguish the type of investment you are making. DHS has identified two project types: 1) Build Capabilities - building refers to activities that start a new capability or increase a capability; 2) Sustain Capabilities - sustaining refers to activities that maintain a capability at its current level. When assessing the project type, if your project is both sustaining and building capabilities, please select the project type that best represents the majority of your project.				
Please also identify whether this project supports a "Previously Awarded Investment." You may select the most recent grant fiscal year that is being supported through the proposed project. Finally, for each fiscal grant year that is supported, please select the "Last Completed Milestone" for each applicable federal spending category. (We recommend that you review the last quarterly progress report that was submitted to determine the most recently completed milestone)				
		Are you "Sustaining" or "Building" Capabilities through this project?		Sustain
Does this Project Support a Previously Awarded Project:	YES	If Yes, from Which Year:	FY2018	Planning: Form collaborative planning team
				Planning: Develop goals and objectives
				Exercise: Evaluate exercise through an AAR/IP
Anticipated Project Completion Date: For each project, DHS requires the anticipated completion date. Please select which quarter you anticipate completing the proposed project within the period of performance.		July 1, 2022 - August 30, 2022 (End of Period of Performance)		
Future Project Sustainment: Please identify whether additional funding would be required to sustain this project beyond the period of performance of this grant.		YES, this project will require additional funding after the Period of Performance to sustain it		
DEPLOYABILITY OF CAPABILITIES - DHS is seeking more information on whether capabilities supported through this grant opportunity are either deployable or shareable outside of the host jurisdiction. When assessing the deployability of the capabilities supported through this project, please assess this at the "core capability" level (e.g. HazMat Team capability or mass sheltering capability) rather than at the individual budget item level. For example, if you are making an investment to support the ability of your HazMat Team to perform its core functions, are these core functions by and large deployable or shareable.				
Additionally, per DHS, new capabilities should not be built at the expense of maintaining current and critically needed core capabilities. If you are developing new capabilities, they must be deployable outside of the community to support regional and national efforts or otherwise shareable with regional partners.				
Note: FEMA identifies a deployable asset as any capability that is physically mobile and can be used anywhere in the United States. Examples would include response teams (e.g. HazMat, Tactical or CERT), mobile radios, CBRNE detection equipment, sheltering supplies, etc.		Is the core capability supported by this project deployable to other jurisdictions?		NO
Note: FEMA identifies a shareable asset as any non-deployable capability that can be utilized to augment and sustain reinforced response at the regional, state or national level. Examples would include a fusion center, emergency operations center, etc.		Is the core capability supported by this project shareable (if it cannot be physically deployed) with other jurisdictions?		NO

Project Information and Linkages		
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and NYS Critical Capabilities List.		
Sub-Recipient (Grantee):	Albany County Department of Health	Zip Code (Primary Location of Project Execution) 12202
Investment Justification:	IJ#7: Enhance Citizen and Community Preparedness	
State Strategy Goal:	Goal 9: Support Health Emergency Preparedness	
Project Title:	Goal 9: Health Preparedness Planning	
NYS Critical Capability:	Planning	
G & T Code:	06. Establish/enhance sustainable homeland security training program.	
Construction Activity Involved?	NO	
Is this an SLETPP Project	NO	
Project Description, Outcomes, and Impacts		
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.		
Description: Conduct trainings as identified in multi-year training/exercise plan, training assessments and HSEEP after-action reports.		
COUNTY EMERGENCY PREPAREDNESS ASSESSMENT (CEPA): The CEPA serves as a beneficial tool to help guide the sustainment of your current capabilities or inform those areas were it's appropriate to build or enhance capabilities. Please describe how you have utilized your CEPA to guide project investments through this grant opportunity. In addition to the CEPA, please select any additional assessment tools you may have used through the drop-down lists below (if other, please specify below).		
Description: Albany County CEPA scored a 4.6 for its health emergency preparedness capability assessment. Sustaining the ACDOH multi-year training and exercise plan will enable ACDOH to provide appropriate trainings to staff and MRC volunteers to increase capabilities.		
Additional	Multi-Year Training and Exercise Plan	

Assessment Tool(s) Utilized to Help Select Project:	Sustaining a Project That Was Previously Assessed and Identified as a Priority			
	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu			
NIMS TYPED RESOURCE LINKAGE: Please use the following link for more detailed information on the federal NIMS Typed Resource construct and how your project may support a typed resource: https://www.fema.gov/national-incident-management-system/nims-doctrine-supporting-guides-tools				
Does this Project Support a federal NIMS Typed Resource(s):	This Project DOES NOT Support a NIMS Typed Resource			
	Please Select a "NIMS Typed Resource" Supported by this Project			
	Please Select a "NIMS Typed Resource" Supported by this Project			
CAPABILITY DEVELOPMENT: As you complete your application, it is important to distinguish the type of investment you are making. DHS has identified two project types: 1) Build Capabilities - building refers to activities that start a new capability or increase a capability; 2) Sustain Capabilities - sustaining refers to activities that maintain a capability at its current level. When assessing the project type, if your project is both sustaining and building capabilities, please select the project type that best represents the majority of your project.				
Please also identify whether this project supports a "Previously Awarded Investment." You may select the most recent grant fiscal year that is being supported through the proposed project. Finally, for each fiscal grant year that is supported, please select the "Last Completed Milestone" for each applicable federal spending category. (We recommend that you review the last quarterly progress report that was submitted to determine the most recently completed milestone)				
Are you "Sustaining" or "Building" Capabilities through this project?				Sustain
Does this Project Support a Previously Awarded Project:	YES	If Yes, from Which Year:	Last Milestone(s) Completed:	Training: Develop training Training: Deliver training Training: Evaluate training
Anticipated Project Completion Date: For each project, DHS requires the anticipated completion date. Please select which quarter you anticipate completing the proposed project within the period of performance.				
July 1, 2022 - August 30, 2022 (End of Period of Performance)				
Future Project Sustainment: Please identify whether additional funding would be required to sustain this project beyond the period of performance of this grant.				
YES, this project will require additional funding after the Period of Performance to sustain it				
DEPLOYABILITY OF CAPABILITIES - DHS is seeking more information on whether capabilities supported through this grant opportunity are either deployable or shareable outside of the host jurisdiction. When assessing the deployability of the capabilities supported through this project, please assess this at the "core capability" level (e.g. HazMat Team capability or mass sheltering capability) rather than at the individual budget item level. For example, if you are making an investment to support the ability of your HazMat Team to perform its core functions, are these core functions by and large deployable or shareable.				
Additionally, per DHS, new capabilities should not be built at the expense of maintaining current and critically needed core capabilities. If you are developing new capabilities, they must be deployable outside of the community to support regional and national efforts or otherwise shareable with regional partners.				
Is the core capability supported by this project deployable to other jurisdictions?				
Note: FEMA identifies a deployable asset as any capability that is physically mobile and can be used anywhere in the United States. Examples would include response teams (e.g. HazMat, Tactical or CERT), mobile radios, CBRNE detection equipment, sheltering supplies, etc.				
NO				
Is the core capability supported by this project shareable (if it cannot be physically deployed) with other jurisdictions?				
Note: FEMA identifies a shareable asset as any non-deployable capability that can be utilized to augment and sustain reinforced response at the regional, state or national level. Examples would include a fusion center, emergency operations center, etc.				
NO				

Project Information and Linkages		
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and NYS Critical Capabilities List.		
Sub-Recipient (Grantee):	Albany County Department of Health	Zip Code (Primary Location of Project Execution) 12202
Investment Justification:	IJ#7: Enhance Citizen and Community Preparedness	
State Strategy Goal:	Goal 9: Support Health Emergency Preparedness	
Project Title:	Goal 9: Exercise Program Support (Health)	
NYS Critical Capability:	Community Resilience	
G & T Code:	20. Establish/enhance sustainable homeland security exercise program.	
Construction Activity Involved?	No	
Is this an SLETPP Project	No	
Project Description, Outcomes, and Impacts		
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.		
Description: Conduct exercises as indicated in ACDOH multi-year training/exercise plan and HSEEP After-Action Reports .		
COUNTY EMERGENCY PREPAREDNESS ASSESSMENT (CEPA): The CEPA serves as a beneficial tool to help guide the sustainment of your current capabilities or inform those areas where it's appropriate to build or enhance capabilities. Please describe how you have utilized your CEPA to guide project investments through this grant opportunity. In addition to the CEPA, please select any additional assessment tools you may have used through the drop-down lists below (if other, please specify below).		
Description: Albany County CEPA scored a 4.5 for its health emergency preparedness capability assessment. Sustaining the ACDOH multi-year training and exercise plan will enable ACDOH to plan and perform exercises to identify strengths and areas of improvement in response plans and/or test identified improvement strategies identified in the department's Improvement Plan.		

Additional Assessment Tool(s) Utilized to Help Select Project:	Multi-Year Training and Exercise Plan				
	Real-World Events: After Action Report/Improvement Plan (AAR/IP)				
	Sustaining a Project That Was Previously Assessed and Identified as a Priority				
NIMS TYPED RESOURCE LINKAGE: Please use the following link for more detailed information on the federal NIMS Typed Resource construct and how your project may support a typed resource: https://www.fema.gov/national-incident-management-system/nims-doctrine-supporting-guides-tools					
Does this Project Support a federal NIMS Typed Resource(s):	This Project DOES NOT Support a NIMS Typed Resource				
	Please Select a "NIMS Typed Resource" Supported by this Project				
	Please Select a "NIMS Typed Resource" Supported by this Project				
CAPABILITY DEVELOPMENT: As you complete your application, it is important to distinguish the type of investment you are making. DHS has identified two project types: 1) Build Capabilities - building refers to activities that start a new capability or increase a capability; 2) Sustain Capabilities - sustaining refers to activities that maintain a capability at its current level. When assessing the project type, if your project is both sustaining and building capabilities, please select the project type that best represents the majority of your project. Please also identify whether this project supports a "Previously Awarded Investment." You may select the most recent grant fiscal year that is being supported through the proposed project. Finally, for each fiscal grant year that is supported, please select the "Last Completed Milestone" for each applicable federal spending category. (We recommend that you review the last quarterly progress report that was submitted to determine the most recently completed milestone)					
Are you "Sustaining" or "Building" Capabilities through this project?					
Does this Project Support a Previously Awarded Project:	NO	If Yes, from Which Year:	FY2018	Last Milestone(s) Completed:	
					Exercises: Identify exercise needs
					Exercise: Evaluate exercise through an AAR/IP
Exercise: Deliver exercise					
January 1, 2021 - March 31, 2021					
Anticipated Project Completion Date: For each project, DHS requires the anticipated completion date. Please select which quarter you anticipate completing the proposed project within the period of performance.					
Future Project Sustainment: Please identify whether additional funding would be required to sustain this project beyond the period of performance of this grant.					
DEPLOYABILITY OF CAPABILITIES - DHS is seeking more information on whether capabilities supported through this grant opportunity are either deployable or shareable outside of the host jurisdiction. When assessing the deployability of the capabilities supported through this project, please assess this at the "core capability" level (e.g. HazMat Team capability or mass sheltering capability) rather than at the individual budget item level. For example, if you are making an investment to support the ability of your HazMat Team to perform its core functions, are these core functions by and large deployable or shareable.					
Additionally, per DHS, new capabilities should not be built at the expense of maintaining current and critically needed core capabilities. If you are developing new capabilities, they must be deployable outside of the community to support regional and national efforts or otherwise shareable with regional partners.					
Is the core capability supported by this project deployable to other jurisdictions? Is the core capability that is physically mobile and can be used anywhere in the United States. Examples would include response teams (e.g. HazMat, Tactical or CERT), mobile radios, CBRNE detection equipment, sheltering supplies, etc.					
NO					

Is the core capability supported by this project shareable (if it cannot be physically deployed) with other jurisdictions? Note: FEMA identifies a shareable asset as any non-deployable capability that can be utilized to augment and sustain reinforced response at the regional, state or national level. Examples would include a fusion center, emergency operations center, etc.	NO
---	-----------

Project Information and Linkages		
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and NYS Critical Capabilities List.		
Sub-Recipient (Grantee):	Albany County Department of Health	Zip Code (Primary Location of Project Execution) 12202
Investment Justification:	IJ#7: Enhance Citizen and Community Preparedness	
State Strategy Goal:	Goal 9: Support Health Emergency Preparedness	
Project Title:	Goal 9: Healthcare Facility Continuity of Operations Support	
NYS Critical Capability:	Fatality Management Services	
G & T Code:	30. Enhance capabilities to response to all hazards events.	
Construction Activity Involved?	No	
Is this an SLETPP Project	NO	
Project Description, Outcomes, and Impacts		
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.		
Description: Albany County CEPA scored a 4.0 for its COOP capability assessment. ACDOH plans to leverage previous SHSP funds to sustain generator maintenance and mifi services to ensuer COOP capabilities.		
COUNTY EMERGENCY PREPAREDNESS ASSESSMENT (CEPA): The CEPA serves as a beneficial tool to help guide the sustainment of your current capabilities or inform those areas were it's appropriate to build or enhance capabilities. Please describe how you have utilized your CEPA to guide project investments through this grant opportunity. In addition to the CEPA, please select any additional assessment tools you may have used through the drop-down lists below (if other, please specify below).		
Description: Albany County scored a 4.0 for its citizen awareness and preparedness capability assessment. Sustaining the Albany County Citizen Corps will allow continued preparedness trainings for general and vulnerable populations, emergency response volunteer recruitment, distribution of preparedness resources and planning for continued resiliency in the event of a large-scale emergency.		
Additional	Sustaining a Project That Was Previously Assessed and Identified as a Priority	

Assessment Tool(s) Utilized to Help Select Project:	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu			
	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu			
NIMS TYPED RESOURCE LINKAGE: Please use the following link for more detailed information on the federal NIMS Typed Resource construct and how your project may support a typed resource: https://www.fema.gov/national-incident-management-system/nims-doctrine-supporting-guides-tools				
Does this Project Support a federal NIMS Typed Resource(s):	Incident Management: Incident Management Team			
	Please Select a "NIMS Typed Resource" Supported by this Project			
	Please Select a "NIMS Typed Resource" Supported by this Project			
CAPABILITY DEVELOPMENT: As you complete your application, it is important to distinguish the type of investment you are making. DHS has identified two project types: 1) Build Capabilities - building refers to activities that start a new capability or increase a capability; 2) Sustain Capabilities - sustaining refers to activities that maintain a capability at its current level. When assessing the project type, if your project is both sustaining and building capabilities, please select the project type that best represents the majority of your project. Please also identify whether this project supports a "Previously Awarded Investment." You may select the most recent grant fiscal year that is being supported through the proposed project. Finally, for each fiscal grant year that is supported, please select the "Last Completed Milestone" for each applicable federal spending category. (We recommend that you review the last quarterly progress report that was submitted to determine the most recently completed milestone)				
Are you "Sustaining" or "Building" Capabilities through this project?				Sustain
Does this Project Support a Previously Awarded Project:	YES	If Yes, from Which Year:	FY2018	Planning: Implement and/or Maintain plan
				Please Select the Last Completed "Project Milestone"
				Please Select the Last Completed "Project Milestone"
Anticipated Project Completion Date: For each project, DHS requires the anticipated completion date. Please select which quarter you anticipate completing the proposed project within the period of performance.				July 1, 2022 - August 30, 2022 (End of Period of Performance)
Future Project Sustainment: Please identify whether additional funding would be required to sustain this project beyond the period of performance of this grant.				YES, this project will require additional funding after the Period of Performance to sustain it
DEPLOYABILITY OF CAPABILITIES - DHS is seeking more information on whether capabilities supported through this grant opportunity are either deployable or shareable outside of the host jurisdiction. When assessing the deployability of the capabilities supported through this project, please assess this at the "core capability" level (e.g. HazMat Team capability or mass sheltering capability) rather than at the individual budget item level. For example, if you are making an investment to support the ability of your HazMat Team to perform its core functions, are these core functions by and large deployable or shareable. Additionally, per DHS, new capabilities should not be built at the expense of maintaining current and critically needed core capabilities. If you are developing new capabilities, they must be deployable outside of the community to support regional and national efforts or otherwise shareable with regional partners.				
Is the core capability supported by this project deployable to other jurisdictions? Note: FEMA identifies a deployable asset as any capability that is physically mobile and can be used anywhere in the United States. Examples would include response teams (e.g. HazMat, Tactical or CERT), mobile radios, CBRNE detection equipment, sheltering supplies, etc.				NO
Is the core capability supported by this project shareable (if it cannot be physically deployed) with other jurisdictions? Note: FEMA identifies a shareable asset as any non-deployable capability that can be utilized to augment and sustain reinforced response at the regional, state or national level. Examples would include a fusion center, emergency operations center, etc.				NO

Project Information and Linkages	
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and NYS Critical Capabilities List.	
Sub-Recipient (Grantee):	Zip Code (Primary Location of Project Execution)
Investment Justification:	Please Select a "Investment Justification" from the Drop-Down Menu
State Strategy Goal:	Please Select a "State Strategy Goal" from the Drop-Down Menu
Project Title:	Please Select a "Project Title" (These are Based off of State Strategy Goal Objectives)
NYS Critical Capability:	Please Select a DHS/FEMA "Core Capability" from the Drop-Down Menu
G & T Code:	Please Select a "G & T Code" that corresponds to this project
Construction Activity Involved?	No
Is this an SLETPP Project	Please Select an Answer
Project Description, Outcomes, and Impacts	
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.	
Description:	
COUNTY EMERGENCY PREPAREDNESS ASSESSMENT (CEPA): The CEPA serves as a beneficial tool to help guide the sustainment of your current capabilities or inform those areas were it's appropriate to build or enhance capabilities. Please describe how you have utilized your CEPA to guide project investments through this grant opportunity. In addition to the CEPA, please select any additional assessment tools you may have used through the drop-down lists below (if other, please specify below).	
Description:	
Additional	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu

Assessment Tool(s) Utilized to Help Select Project:	Sustaining a Project That Was Previously Assessed and Identified as a Priority				
	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu				
NIMS TYPED RESOURCE LINKAGE: Please use the following link for more detailed information on the federal NIMS Typed Resource construct and how your project may support a typed resource: https://www.fema.gov/national-incident-management-system/nims-doctrine-supporting-guides-tools					
Does this Project Support a federal NIMS Typed Resource(s):	This Project DOES NOT Support a NIMS Typed Resource Please Select a "NIMS Typed Resource" Supported by this Project Please Select a "NIMS Typed Resource" Supported by this Project				
CAPABILITY DEVELOPMENT: As you complete your application, it is important to distinguish the type of investment you are making. DHS has identified two project types: 1) Build Capabilities - building refers to activities that start a new capability or increase a capability; 2) Sustain Capabilities - sustaining refers to activities that maintain a capability at its current level. When assessing the project type, if your project is both sustaining and building capabilities, please select the project type that best represents the majority of your project. Please also identify whether this project supports a "Previously Awarded Investment." You may select the most recent grant fiscal year that is being supported through the proposed project. Finally, for each fiscal grant year that is supported, please select the "Last Completed Milestone" for each applicable federal spending category. (We recommend that you review the last quarterly progress report that was submitted to determine the most recently completed milestone)					
	Are you "Sustaining" or "Building" Capabilities through this project?				Please Select a "Project Type"
Does this Project Support a Previously Awarded Project:		If Yes, from Which Year:	Last Milestone(s) Completed:	Please Select the Last Completed "Project Milestone"	
	Please Select an Answer			Please Select the Last Completed "Project Milestone"	
				Please Select the Last Completed "Project Milestone"	
Anticipated Project Completion Date: For each project, DHS requires the anticipated completion date. Please select which quarter you anticipate completing the proposed project within the period of performance.					
Please Select the Anticipated Completion Period for this Project					
Future Project Sustainment: Please identify whether additional funding would be required to sustain this project beyond the period of performance of this grant.					
Please Select an Answer					
DEPLOYABILITY OF CAPABILITIES - DHS is seeking more information on whether capabilities supported through this grant opportunity are either deployable or shareable outside of the host jurisdiction. When assessing the deployability of the capabilities supported through this project, please assess this at the "core capability" level (e.g. HazMat Team capability or mass sheltering capability) rather than at the individual budget item level. For example, if you are making an investment to support the ability of your HazMat Team to perform its core functions, are these core functions by and large deployable or shareable. Additionally, per DHS, new capabilities should not be built at the expense of maintaining current and critically needed core capabilities. If you are developing new capabilities, they must be deployable outside of the community to support regional and national efforts or otherwise shareable with regional partners.					
	Is the core capability supported by this project deployable to other jurisdictions?				Please Select an Answer
Note: FEMA identifies a deployable asset as any capability that is physically mobile and can be used anywhere in the United States. Examples would include response teams (e.g. HazMat, Tactical or CERT), mobile radios, CBRNE detection equipment, sheltering supplies, etc.					
	Is the core capability supported by this project shareable (if it cannot be physically deployed) with other jurisdictions?				Please Select an Answer
Note: FEMA identifies a shareable asset as any non-deployable capability that can be utilized to augment and sustain reinforced response at the regional, state or national level. Examples would include a fusion center, emergency operations center, etc.					

Project Information and Linkages		
DIRECTIONS: Please complete the following drop-down menus in order to make the appropriate linkages to the New York State Strategy and NYS Critical Capabilities List.		
Sub-Recipient (Grantee):	Albany County Sheriff's Office	Zip Code (Primary Location of Project Execution) 12207
Investment Justification:	Please Select a "Investment Justification" from the Drop-Down Menu	
State Strategy Goal:	Please Select a "State Strategy Goal" from the Drop-Down Menu	
Project Title:	Please Select a "Project Title" (These are Based off of State Strategy Goal Objectives)	
NYS Critical Capability:	Please Select a DHS/FEMA "Core Capability" from the Drop-Down Menu	
G & T Code:	Please Select a "G & T Code" that corresponds to this project	
Construction Activity Involved?	No	
Is this an SLETPP Project	Please Select an Answer	
Project Description, Outcomes, and Impacts		
PROJECT DESCRIPTION - Please provide a description of your project, clearly highlighting what capabilities will be sustained or developed and the impacts on your jurisdiction.		
Description:		
COUNTY EMERGENCY PREPAREDNESS ASSESSMENT (CEPA): The CEPA serves as a beneficial tool to help guide the sustainment of your current capabilities or inform those areas were it's appropriate to build or enhance capabilities. Please describe how you have utilized your CEPA to guide project investments through this grant opportunity. In addition to the CEPA, please select any additional assessment tools you may have used through the drop-down lists below (if other, please specify below).		
Description:		
Additional	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu	

Assessment Tool(s) Utilized to Help Select Project:	Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu Please Select an "Assessment Tool" Used to Inform this Investment from the Drop-Down Menu			
NIMS TYPED RESOURCE LINKAGE: Please use the following link for more detailed information on the federal NIMS Typed Resource construct and how your project may support a typed resource: https://www.fema.gov/national-incident-management-system/nims-doctrine-supporting-guides-tools				
Does this Project Support a federal NIMS Typed Resource(s):	Please Select a "NIMS Typed Resource" Supported by this Project			
	Please Select a "NIMS Typed Resource" Supported by this Project			
	Please Select a "NIMS Typed Resource" Supported by this Project			
CAPABILITY DEVELOPMENT: As you complete your application, it is important to distinguish the type of investment you are making. DHS has identified two project types: 1) Build Capabilities - building refers to activities that start a new capability or increase a capability; 2) Sustain Capabilities - sustaining refers to activities that maintain a capability at its current level. When assessing the project type, if your project is both sustaining and building capabilities, please select the project type that best represents the majority of your project. Please also identify whether this project supports a "Previously Awarded Investment." You may select the most recent grant fiscal year that is being supported through the proposed project. Finally, for each fiscal grant year that is supported, please select the "Last Completed Milestone" for each applicable federal spending category. (We recommend that you review the last quarterly progress report that was submitted to determine the most recently completed milestone)				
Are you "Sustaining" or "Building" Capabilities through this project?				Please Select a "Project Type"
Does this Project Support a Previously Awarded Project:	Please Select an Answer	If Yes, from Which Year:	Please Select a "Year" this Project Supports	Please Select the Last Completed "Project Milestone"
				Please Select the Last Completed "Project Milestone"
				Please Select the Last Completed "Project Milestone"
Anticipated Project Completion Date: For each project, DHS requires the anticipated completion date. Please select which quarter you anticipate completing the proposed project within the period of performance.				
Future Project Sustainment: Please identify whether additional funding would be required to sustain this project beyond the period of performance of this grant.				
DEPLOYABILITY OF CAPABILITIES - DHS is seeking more information on whether capabilities supported through this grant opportunity are either deployable or shareable outside of the host jurisdiction. When assessing the deployability of the capabilities supported through this project, please assess this at the "core capability" level (e.g. HazMat Team capability or mass sheltering capability) rather than at the individual budget item level. For example, if you are making an investment to support the ability of your HazMat Team to perform its core functions, are these core functions by and large deployable or shareable. Additionally, per DHS, new capabilities should not be built at the expense of maintaining current and critically needed core capabilities. If you are developing new capabilities, they must be deployable outside of the community to support regional and national efforts or otherwise shareable with regional partners.				
Is the core capability supported by this project deployable to other jurisdictions? Note: FEMA identifies a deployable asset as any capability that is physically mobile and can be used anywhere in the United States. Examples would include response teams (e.g. HazMat, Tactical or CERT), mobile radios, CBRNE detection equipment, sheltering supplies, etc.				Please Select an Answer
Is the core capability supported by this project shareable (if it cannot be physically deployed) with other jurisdictions? Note: FEMA identifies a shareable asset as any non-deployable capability that can be utilized to augment and sustain reinforced response at the regional, state or national level. Examples would include a fusion center, emergency operations center, etc.				Please Select an Answer

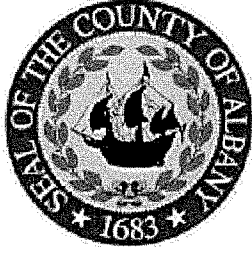
		II MAX TOTAL MET	X
Cost Effectiveness: In addition to the budget items depicted above, please explain how you will maximize the cost effectiveness of this grant expenditure. This can include information such as "This project will be regional in nature and benefit multiple disciplines and jurisdictional boundaries in an effort to close XYZ gap identified through XYZ capability assessment within the county." Description:			
Implementation Plan (30%)			
Please explain in detail how your project under this National Priority area will support the program objectives of preventing, preparing for, protecting against and responding to acts of terrorism and otherwise reduce the overall identified risk to your jurisdiction. Description:			
Impacts and Outcomes (30%)			
Please explain how this investment will help your jurisdiction close capability gaps identified in your County Emergency Preparedness Assessment (CEPA) and what your estimated improvement will be to this National Priority area and how you will measure and/or evaluate results. Description:			
Collaboration (30%)			
Collaboration is a key component to implementing successful projects. Please articulate how your jurisdiction collaborated and coordinated this specific project (e.g., who was involved, etc.) and how this investment will be used to overcome any existing impediments to fostering a culture of national preparedness with federal, state, and local government under this National Priority area. Description:			

Federal Programmatic Reporting Requirements

Data Element Summary and Instructions

Instructions: The following provides some summary background on the federal programmatic reporting requirements that grant recipients are required to report on in order for DHS/ES to satisfy its reporting obligations to DHS/FEMA. Please refer to the associated instructions to appropriately complete the requirements through the application process.	
NIMS Resource Typing	
I. <u>NIMS Resource Typing:</u> For all projects that support a NIMS Resource, recipients must identify the typed asset being supported through the investment. At this point, only one typed asset can be identified in the BSIR; therefore, if multiple typed assets are being support, please identify the asset with the largest budget.	
Project Support to Previously Awarded Investment and Project Milestones	
I. <u>Sustain vs Build:</u> As you complete your application, it is important to distinguish the type of investment you are making. DHS/FEMA has identified two project types: 1) Build Capabilities - building refers to activities that start a new capability or increase a capability; 2) Sustain Capabilities - sustaining refers to activities that maintain a capability at its current level.	
When assessing the project type, if your project is both sustaining and building capabilities, please select the project type that best represents the majority of your project.	
Sustain =	Sustain a Current Capability: Applicants who are utilizing a resource to sustain a capability previously developed through homeland security grant funding or local revenues should select "Sustain" from the drop-down. An example would be purchasing Personal Protective Equipment (PPE) to replace PPE that was purchased several years ago and is no longer safe to use at an incident.
Build =	Increases a Current Capability: Applicants who are utilizing a resource to improve a capability previously developed through homeland security grant funding or local revenues should select "Build" from the drop-down menu. An example of improving a current capability would be the purchase of communications equipment for first responders, in order for them to communicate off of an interoperable communications system previously developed by the sub-recipient.
	Builds a New Capability: Applicants who are utilizing a resource to build a new capability should select "Build" from the drop-down menu. An example of a new capability would be a sub-recipient developing an explosive detection canine team to enhance explosive device response operations capabilities in their jurisdiction, where they presently have no ability to perform this capability and/or currently rely on regional or State partners to perform the capability in their jurisdiction.
II. <u>Previously Supported Fiscal Year:</u> DHS requires that for any current project investment which supports a previously awarded investment, that the most recent fiscal year of that prior investment be identified. Presently, this goes back 4 years from the current fiscal year (i.e. for FY2020, please identify the most recent fiscal year supported between FY2016-FY2019)	
III. <u>Last Completed Milestone for Previously Awarded Investment:</u> DHS/FEMA requires that the recipient identify the last completed milestone of the previously awarded investment that is being supported through the current fiscal year. These milestones align with the federal POETE (i.e. Planning, Organization, Equipment, Training, and Exercises), and follow the performance metrics utilized in your E-Grants workplan.	
IV. <u>Anticipated Project Completion Date:</u> For each project, DHS/FEMA requires the anticipated completion date. Please select which quarter you anticipate completing the proposed project within the period of performance.	

Project Details	
I. <u>Construction, Renovation, and Retrofits to Existing Structures:</u> DHS/FEMA requires prior approval, and often an EHP review, of any project that will involve construction, renovation, retrofits, and modifications to existing structures. If this project requires any such activities, please select "Yes."	
II. <u>Deployability of Capabilities:</u> DHS/FEMA is seeking more information on whether capabilities supported through this grant opportunity are either deployable or shareable outside of the host jurisdiction. When assessing the deployability of the capabilities supported through this project, please assess this at the "core capability" level (e.g. HazMat Team capability or mass sheltering capability) rather than at the individual budget item level. For example, if you are making an investment to support the ability of your HazMat Team to perform its core functions, are these core functions by and large deployable and/or shareable.	
Deployable =	Is the core capability supported by this project deployable to other jurisdictions? DHS identifies a deployable asset as any capability that is physically mobile and can be used anywhere in the United States. Examples would include response teams (e.g. HazMat, Tactical or CERT), mobile radios, CBRNE detection equipment, sheltering supplies, etc.
Shareable =	Is the core capability supported by this project shareable (if it cannot be physically deployed) with other jurisdictions? DHS identifies a shareable asset as any non-deployable capability that can be utilized to augment and sustain reinforced response at the regional, state or national level. Examples would include a fusion center, emergency operations center, etc.



DANIEL P. McCOY
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

February 26, 2020

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

Re: Applications for Refund of Real Property Taxes – Town of Guilderland
225 Bell Court, Guilderland, NY 12303

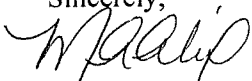
Dear Chairman Joyce:

Enclosed is an Application for Refund of Real Property Taxes, submitted by Karen VanWagenen, Assessor for the Town of Guilderland.

Property owners, Patrick and Laura Russell, had the alternative veteran and disabled veteran exemption on 303 Millingstone Way, Guilderland, NY. In September 2019, the owners sold 303 Millingstone Way and purchased 225 Bell Court, Guilderland, NY. According to Real Property Tax Law 458a(8), if a veteran already receiving the exemption sells the property receiving the exemption and purchases property within the same county, the assessor shall transfer and prorate the exemption for the remainder of the fiscal year.

In October 2019, the property owners submitted an application to obtain the veteran exemption on 225 Bell Court. The assessor removed the exemptions from 303 Millingstone Way at the time of the sale. Due to clerical error, the office failed to apply the veteran exemptions to 225 Bell Court prior to the 2020 property tax billing. The property owners appear to be eligible for the alternative veteran exemption and a 10% disabled veteran exemption (50% of the disability rating). The owners paid the 2020 property tax; therefore, I recommend a refund in the amount for \$416.58.

Sincerely,


Maggie A. Alix



Legislation Text

File #: TMP-1567, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization for Refund of Real Property Taxes - Town of Guilderland

Date: 02/26/2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.
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 Taxes - Town of Guilderland.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ 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 ☒

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)

Property owners, Patrick and Laura Russell, had the alternative veteran and disabled veteran exemption on 303 Millingstone Way, Guilderland, NY. In September 2019, the owners sold 303 Millingstone Way and purchased 225 Bell Court, Guilderland, NY. According to Real Property Tax Law 458a(8), if a veteran already receiving the exemption sells the property receiving the exemption and purchases property within the same county, the assessor shall transfer and prorate the exemption for the remainder of the fiscal year.

In October 2019, the property owners submitted an application to obtain the veteran exemption on 225 Bell Court. The assessor removed the exemptions from 303 Millingstone Way at the time of the sale. Due to clerical error, the office failed to apply the veteran exemptions to 225 Bell Court prior to the 2020 property tax billing. The property owners appear to be eligible for the alternative veteran exemption and a 10% disabled veteran exemption (50% of the disability rating). The owners paid the 2020 property tax; therefore, I recommend a refund in the amount for \$416.58.



Application for Refund or Credit of Real Property Taxes

151
RP-556
(12/19)

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

Names of owners Patrick and Laura D. Russell		
Mailing address of owners (number and street or PO box) 225 Bell Ct.		Location of property (street address) 225 Bell Ct
City, village, or post office Schenectady	State NY	ZIP code 12303
City, town, or village Guilderland	State NY	ZIP code 12303
Daytime contact number (518)542-2557	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 013089 40.05-2-42
Account number (as appears on tax bill) 006513	Amount of taxes paid or payable 4,052.58	Date of payment 01-22-2020
Reasons for requesting a refund or credit: Patrick Russell had an Alternate Vet 41120 and Disable Vet 41140 on property at 303 Millingstone Way for 2019. September 26, 2019 sold 303 Millingstone Way and purchased 205 Bell Ct. Both properties are located in the Town of Guilderland. According to RPTL Sect 458a 8., an exemption may be removed from a previous parcel and applied to a new parcel which was not done before 2020 tax bill.		

I hereby request a refund or credit of real property taxes levied by Albany Co & Town Guilderland for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant <i>Karen M. Van Wageningen, Assessor</i>	Date 02-18-2020
--	--------------------

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.

Date application received <i>2/21/2020</i>	Date warrant annexed <i>3/31/2020</i>
Last day for collection of taxes without interest <i>1/31/2020</i>	Recommendation Approve application* ☒ Deny application ☐
Signature of official <i>M. A. Ali</i>	Date <i>2/26/2020</i>

* 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 _____:
(insert number or date, if applicable)

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

Clerical error ☒ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes paid 4,052.58	Amount of taxes due 3,636.00	Amount of refund or credit 416.58
----------------------------------	---------------------------------	--------------------------------------

Application denied (reason): _____ _____
--

Signature of chief executive officer or official designated by resolution	Date
---	------

Fiscal Year 01/01/2020 to 12/31/2020

Warrant Date 12/31/2019

Bank # 046

Bill #006513

Mail Payments/Checks payable to:**In Person Payment:****Collection information:****Property Description and Location**

LYNNE M. BUCHANAN
RECEIVER OF TAXES
PO BOX 339
GUILDERLAND, NY 12084-0339

GUILDERLAND TOWN HALL
5209 WESTERN TURNPIKE
518-356-1980

AT G'LAND TOWN HALL
MONDAY Through FRIDAY
9:00AM - 4:30PM
EXTRA JANUARY HOURS:
WEDNESDAYS ONLY
9:00am to 6:00pm

Town 013089 School 013002
Location: 225 Bell Ct
Class 210 Roll Sect. 1
Account No. 2020
Mortgage No. CL
Front 0.00 Depth 0.00
Acres 1.20

ONLINE TAX PAYMENT
www.TownofGuilderland.org

Russell Patrick
Russell Laura D
225 Bell Ct
Schenectady, NY 12303

40.05-2-42

Property Taxpayer's Bill of Rights

The Assessor estimates the FULL MARKET VALUE OF THIS PROPERTY as of 07/01/2018 was 538,000
The assessed value of this property as of 03/01/2019 was 538,000. The UNIFORM PERCENTAGE OF VALUE to establish assessments was 100.0 %. If You feel your assessment is inequitable, you have the right to seek a review. A publication entitled 'Contesting Your Assessment' is available at www.tax.ny.gov. Please note that the period for filing complaints on the above assessment has passed.
Est County Aid 91,269,848 Est State Aid 135,398

(STAR exemptions apply only to school taxes.)

Exemption/Purpose	Value	Full Value	Exemption/Purpose	Value	Full Value	Exemption/Purpose	Value	Full Value
Levy Description								
Taxable Value*								
Tax Rate								
Tax Levy								
% Levy Change								
Tax Amount								
County	538000.00	3.47654700M	15189491	6.500	1,870.38			
Town General	538000.00	0.18571700M	816142	0.000	99.92			
Guilderland	538000.00	0.08787000M	314538	2.000	47.27			
NYS Retirement	538000.00	0.11036400M	485000	131.300	59.38			
Highway	538000.00	0.85144900M	3612135	9.100	458.08			
Alb Co Election	538000.00	0.01489000M	65436	58.000	8.01			
Guilderland f.d.	538000.00	1.50443100M	858271	2.100	809.38			
Prorated tax	43.34	1.00000000U	0	0.000	43.34			
Guild sewer zone a	5.00	11.44660000U	0	0.000	57.23			
Sewer oper & maint	3.00	79.06650000U	0	0.000	237.20			
Guilderland water	538000.00	0.67358200M	2641668	-7.900	362.39			

Total Tax Due 4052.58

cut here

cut here

School 013002

Bank 046

(for receipt, check the box [] and return entire bill with payment)

GUILDERLAND 2020 PROPERTY TAX

006513

Tax Map ID #40.05-2-42

Check _____ Cash _____ Town 013089 Bill # 006513

*** Checks Subject to Collection ***

Paid by _____ circle amount paid

Returned Check Fee 20.00

Russell Patrick
Russell Laura D
225 Bell Ct
Schenectady, NY 12303

Tax	Penalty	2ND NOTICE Svc Chg Fees	Pay on or before	Pay This Amount
4052.58	0.00	0.00	01/31/2020	4052.58
4052.58	40.53	0.00	03/02/2020	4093.11
4052.58	81.05	0.00	03/31/2020	4133.63

TOWN OF GUILDERLAND

Payment is made to: Lynne M. Buchanan, Receiver of Taxes
 PO Box 339, Guilderland, NY 12084
 518-356-1980 x1059
 buchananl@togny.org

Property Address: 225 Bell Ct **Account #:** 2020 **SWIS Code:** 013089
Bill #: 6513 **School Code:** 013002
Tax Map #: **School District:**
 40.05-2-42

Land Assessment: **Front:** 0 **Book #:** 2019
 \$108,000.00 **Depth:** 0 **Page #:** 20545
Total Assessment: **Acreage:** 1.2 **Roll Section:** 1
 \$538,000.00 **Bank:** 046 **Class:** 210
Tax Before Star: \$4,052.58
Star Savings: \$0.00

Exemptions: There are currently no exemptions applied to this property.

Levy Description	Tax Value	Tax Rate	Tax Amount
County	538000.00	3.476547	\$1,870.38
Town General	538000.00	0.185717	\$99.92
NYS Retirement	538000.00	0.110364	\$59.38
Highway	538000.00	0.851449	\$458.08
Alb Co Election	538000.00	0.01489	\$8.01
Guilderland	538000.00	0.08787	\$47.27
Guilderland f.d.	538000.00	1.504431	\$809.38
Prorated tax	43.34	1	\$43.34
Guild sewer zone a	5.00	11.4466	\$57.23
Sewer oper & maint	3.00	79.0665	\$237.20
Guilderland water	538000.00	0.673582	\$362.39

Total Tax: \$4,052.58

Payment History

(Payments made to the county directly may not be reflected on this site.)

Date	Comments	Amount	Paid By
12/31/2019	Tax Bill	\$4,052.58	
01/22/2020		(\$4,052.58)	SEFCU

Tax Due: \$0.00 *

* Does not include penalties or fees, if any.

Penalty Schedule

This table shows the penalties that will be due for late payments on this property.

013089 40.05-2-42 225 Bell Ct
Patrick & Laura D Russell

Patrick & Laura D Russell				Correct	Incorrect	
		Taxable	Rate	Amount	Amount	Difference
Albany Co		448200	3.4765470	1558.19	1870.38	-312.19
Town General		448200	0.1857170	83.24	99.92	-16.68
Guilderland Amb	AD502	538000	0.0878700	47.27	47.27	0.00
NYS Retirement		448200	0.1103640	49.47	59.38	-9.91
Highway		448200	0.8514490	381.62	458.08	-76.46
Alb Co Election		448200	0.0148900	6.67	8.01	-1.34
Guilderland Fire Dist	FD502	538000	1.5044310	809.38	809.38	0.00
Prorated Tax	PT001			43.34	43.34	0.00
Guild Sewer Zone A	SW501	5	11.4466000	57.23	57.23	0.00
Sewer Oper & Maint	SW505	3	79.0665000	237.20	237.20	0.00
Guilderland Water	WD501	538000	0.6735820	362.39	362.39	0.00
Total				3636.00	4052.58	-416.58

15% alt vet - capped at \$36,000

20% disability rate = 10% exemption

Total Assessed value $538,000 \times 10\% = 53,800$

\$ 538,000 - total assessed value
- \$ 36,000 - alt. vet
\$ 53,800 - dis. vet

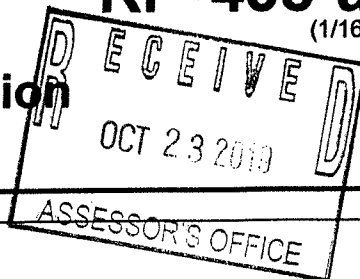
\$448,200 - taxable value



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Alternative Veterans Exemption from Real Property Taxation

RP-458-a¹⁵⁵
(1/16)



See instructions, Form RP-458-a-1, for assistance in completing this form.

1. Name(s) of owner(s) <u>Patrick Russell, Laura D. Russell</u>		
2. Mailing address of owner(s) (number and street or PO box) <u>225 Bell Court</u>		3. Location of property (street address) <u>225 Bell Court</u>
City, village, or post office <u>Schenectady</u>	State <u>NY</u>	ZIP code <u>12303</u>
Daytime contact number <u>518-542-2557</u>	Evening contact number <u>same</u>	
E-mail address <u>Patrick.Russell4@gmail.com</u>		Date of purchase of real property <u>9/26/19</u>
Name(s) of any non-owner spouse(s) <u>n/a</u>		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)
Address(es) of primary residence(s) if different from above: <u>n/a</u>		

4. Is the owner a veteran who served in the active military, naval, or air service of the United States? Yes ☒ No ☐
If No, indicate the relationship of the owner to veteran who rendered such service: _____
If Yes, is the veteran also the unremarried surviving spouse of a veteran? Yes ☐ No ☒
5. Indicate branch of veteran's service and dates of active service: USAF 7/96-4/07
If Yes, attach written evidence.
6. Was the veteran discharged or released from the active service under honorable conditions? Yes ☒ No ☐
Attach written evidence.
7. Did the veteran serve in a combat zone or combat theater? Yes ☒ No ☐
If Yes, where did the veteran serve and when was such service performed? _____
Attach written evidence.
8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? Yes ☒ No ☐
If Yes, what is (was) the veteran's compensation rating? 45%
Attach written evidence showing the date such rate was established.
Mark an X in the box if the rating is permanent: ☒
If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime; if Yes, attach written evidence Yes ☐ No ☐
9. Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran, or Gold Star parent? Yes ☒ No ☐
If No, is the veteran, unremarried surviving spouse of the veteran, or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? Yes ☐ No ☐
Explain: _____

cu

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) RUSSELL PATRICK JOHN		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE - REG AF		3. SOCIAL SECURITY NUMBER					
4.a. GRADE, RATE OR RANK SRA	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 780121		6. RESERVE OBLIG. TERM. DATE Year 2003 Month Sep Day 27					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY Salt Lake City, UT		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) Henderson, NV							
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 494 FS (USAFE)		8.b. STATION WHERE SEPARATED RAF Lakenheath							
9. COMMAND TO WHICH TRANSFERRED USAFR			10. SGLI COVERAGE ☐ None Amount: \$ 250,000						
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 2S051-Supply Management Journeyman 4 years, 9 months		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)			
		a. Date Entered AD This Period		1996	Jul	10			
		b. Separation Date This Period		2001	Jun	09			
		c. Net Active Service This Period		04	11	00			
		d. Total Prior Active Service		00	00	00			
		e. Total Prior Inactive Service		00	09	12			
		f. Foreign Service		03	03	18			
		g. Sea Service		00	00	00			
h. Effective Date of Pay Grade		1999	Jul	10					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Achievement Medal with 2 devices, Air Force Longevity Service Award, Air Force Training Ribbon, Air Force Outstanding Unit Award with 2 devices, Air Force Good Conduct Medal, Air Force Overseas Long Tour Ribbon.									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Basic Military Training, 6 wks, Sep 96.									
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID	
			X			X		0.0	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION							☒	Yes	No
18. REMARKS Member completed first full term of active service. Subject to recall to active and/or annual screening. *****NOTHING FOLLOWS*****									
Data herein are subject to computer matching within DoD or with other agencies for verification purposes and determining eligibility or compliance for Federal benefits.									
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 6B circle Dr Rensseler, NY 12144				19.b. NEAREST RELATIVE (Name and address - Include Zip Code) John Russell 508 Church St. Odesa, NY 14869					
20. MEMBER REQUESTS COPY 4 BE SENT TO NY DIR. OF VET AFFAIRS ☒ Yes ☐ No				22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) DONALD L. WARREN, TSgt, USAF NCOIC, Separations & Retirements					
21. SIGNATURE OF MEMBER BEING SEPARATED <i>John Russell</i>									

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE
25. SEPARATION AUTHORITY AFI 36-3208	26. SEPARATION CODE MBK	27. REENTRY CODE 1J
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials

2019
Russell
39.00-2-120

Dis 41140 207.



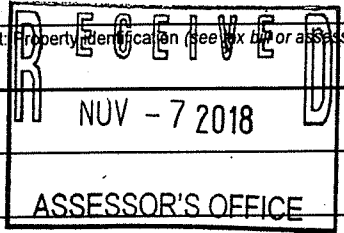
Department of Taxation and Finance
Office of Real Property Tax Services

157
RP-458-a
(1/16)

Application for Alternative Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-a-I, for assistance in completing this form.

1. Name(s) of owner(s) Patrick Russell			3. Location of property (street address) 303 Millingstone Way		
2. Mailing address of owner(s) (number and street or PO box) 303 Millingstone Way			City, town, or village Altamont		
City, village, or post office Altamont		State NY	ZIP code 12009		State NY
Daytime contact number 518-542-2557		Evening contact number 518-542-2557		Date of purchase of real property 12-05-2012	
E-mail address patrickrussell4@gmail.com			Tax map number of section/block/lot 39.00-2-120		
Name(s) of any non-owner spouse(s)					
Address(es) of primary residence(s) if different from above:					



4. Is the owner a veteran who served in the active military, naval, or air service of the United States? Yes ☒ No ☐
If No, indicate the relationship of the owner to veteran who rendered such service: _____
If Yes, is the veteran also the unremarried surviving spouse of a veteran? Yes ☐ No ☒
5. Indicate branch of veteran's service and dates of active service: USAF 07/96 - 6/01
If Yes, attach written evidence.
6. Was the veteran discharged or released from the active service under honorable conditions? Yes ☒ No ☐
Attach written evidence.
7. Did the veteran serve in a combat zone or combat theater? Yes ☒ No ☐
If Yes, where did the veteran serve and when was such service performed? Kuwait 2000-2001- On file already
Attach written evidence.
8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? Yes ☒ No ☐
If Yes, what is (was) the veteran's compensation rating? 20%
Attach written evidence showing the date such rate was established.
Mark an X in the box if the rating is permanent: ☒
If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime; if Yes, attach written evidence Yes ☐ No ☐
9. Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran, or Gold Star parent? Yes ☒ No ☐
If No, is the veteran, unremarried surviving spouse of the veteran, or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? Yes ☐ No ☐
Explain: _____

Sold to Senus CJ

10. Is the property used exclusively for residential purposes? Yes ☒ No ☐

If No, describe the non-residential use of this property and state what portion is so used: _____

11. Date title to this property was acquired: ____ / ____ / ____ Attach copy of deed.

12. Has the owner(s) ever received, or is the owner(s) now receiving a veterans exemption based on eligible funds on property in New York State? Yes ☒ No ☐

If Yes, the amount of eligible funds used in the purchase was \$ _____

Does that eligible funds exemption cover the same property listed on page 1? Yes ☐ No ☐

If No, enter the location:

Street address		
Village	City/Town	School district

If Yes, are you submitting this application only because you are seeking a school tax exemption?
(Check Yes if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; check No if you want your existing eligible funds exemption to be replaced with the alternative veterans exemption.) Yes ☐ No ☐

Certification

I (we) hereby certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the penalties prescribed therefore in the Penal Law.

All Owners Must Sign Application

Signature of owner(s) <i>Robert J. Russell</i>	Date 10-31-2018
Signature of owner(s) <i>Laura Digger Russell</i>	Date 10-31-2018

Signature of owner(s)	Date
Signature of owner(s)	Date

For Assessor's Use Only

Alternative veterans exemption (RP-458-a)	Assessment	Period of war, active service, or expeditionary medal recipient (15% or ceiling max.) approved ☐ Yes ☐ No	Combat zone service (including expeditionary medal) (10% or ceiling max.) approved ☐ Yes ☐ No	Service connected disability rating <u>50</u> (× 50% or ceiling max.) approved ☒ Yes ☐ No	Total <u>41140-2090</u>
Village					
Town/City					
County					
School district					

Name of assessor	Date
<i>Karen M. Van Wageningen</i>	<i>3/16/19</i>



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

159

July 30, 2018

Patrick John Russell
303 Millingstone Way
Altamont, NY 12009

In Reply Refer to:
xxx-xx-2542
27/eBenefits

Dear Mr. Russell:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx-2542

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Air Force	Honorable	July 10, 1996	June 09, 2001

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:	Yes
Your combined service-connected evaluation is:	20%
Your current monthly award amount is:	\$269.3
The effective date of the last change to your current award was:	July 01, 2018
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	No

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.

7. (a) As used in this subdivision, "Gold Star Parent" shall mean the parent of a child who died in the line of duty while serving in the United States armed forces during a period of war.

(b) A county, city, town, village or school district may adopt a local law to include a Gold Star Parent within the definition of "qualified owner", as provided in paragraph (c) of subdivision one of this section, and to include property owned by a Gold Star Parent within the definition of "qualifying residential real property" as provided in paragraph (d) of subdivision one of this section, provided that such property shall be the primary residence of the Gold Star Parent.

(c) The additional exemption provided for in paragraph (c) of subdivision two of this section shall not apply to real property owned by a Gold Star Parent.

→ 8. Notwithstanding the provisions of paragraph (c) of subdivision one of this section and subdivision three of this section, the governing body of any municipality may, after public hearing, adopt a local law, ordinance or resolution providing that where a veteran, the spouse of the veteran or unremarried surviving spouse already receiving an exemption pursuant to this section sells the property receiving the exemption and purchases property within the same county, or in the case of a city having a population of one million or more persons, within the same city, the assessor shall transfer and prorate, for the remainder of the fiscal year, the exemption received. The prorated exemption shall be based upon the date the veteran, the spouse of the veteran or unremarried surviving spouse obtains title to the new property and shall be calculated by multiplying the tax rate or rates for each municipal corporation which levied taxes, or for which taxes were levied, on the appropriate tax roll used for the fiscal year or years during which the transfer occurred times the previously granted exempt amount times the fraction of each fiscal year or years remaining subsequent to the transfer of title. Nothing in this section shall be construed to remove the requirement that any such veteran, the spouse of the veteran or unremarried surviving spouse transferring an exemption pursuant to this subdivision shall reapply for the exemption authorized pursuant to this section on or before the following taxable status date, in the event such veteran, the spouse of the veteran or unremarried surviving spouse wishes to receive the exemption in future fiscal years.

9. The commissioner shall develop in consultation with the director of the New York state division of veterans' services a listing of documents to be used to establish eligibility under this section, including but not limited to a certificate of release or discharge from active duty also known as a DD-214 form or an Honorable Service Certificate/Report of Causality from the department of defense. Such information shall be made available to each county, city, town or village assessor's office, or congressional chartered veterans service officers who request such information. The listing of acceptable military records shall be made available on the internet websites of the division of veterans' services and the office of real property tax services.

* 10. A county, city, town, village or school district may adopt a local law or resolution to include those military personnel who served in the Reserve component of the United States Armed Forces that were deemed on active duty under Executive Order 11519 signed March twenty-third, nineteen hundred seventy, 35 Federal Register 5003, dated March twenty-fourth, nineteen hundred seventy and later designated by the United States Department of Defense as Operation Graphic Hand, if such member was discharged or released therefrom under honorable

40.05-2-42

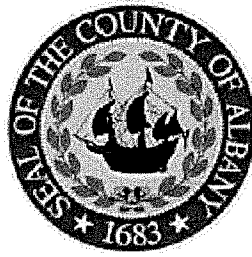
225 Bell Ct.

Patrick and Laura D. Russell owned 303 Millingstone Dr. in the Town of Guilderland. They had an Alternate Veterans Exemption and a Disabled Veterans Exemption for 20%. Mr. and Mrs. Russell sold the property at 303 Millingstone Dr. and purchased 225 Bell Ct. on September 26, 2019. 225 Bell Ct. is also in the Town of Guilderland. An application for the Veterans Exemptions was submitted on October 23, 2019.

According to RPTL 458a 8., the Veterans exemptions may be removed from the previously owned property and applied to the currently owned parcel without any time gap in its application. Although the exemptions were removed from the 2019 roll for the 303 Millingstone Dr. property, the exemptions were not applied to the 2019 roll for 225 Bell Ct.

The owners paid the 2020 Town and County tax bill without the benefit of the Veterans exemptions. I request that Mr. and Mrs. Russell receive a refund equivalent to the benefit of the Alternate Veterans and 20% Disabled Veterans exemption.

Please note that Mr. and Mrs. Russell are not entitled to a refund of any School taxes since the sale and purchase occurred after the Guilderland School Tax bills were sent. The school tax bills would have been settled at the closing on September 26th. Also, Mr. Russell submitted an amended application for the Disabled Veterans exemption on June 12, 2019. The increased percentage will be applied to the 2020 Tentative Roll. It does not apply to any of the 2019 rolls.



Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

February 26, 2020

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

Re: Application for Refund of Real Property Taxes – Town of Guilderland
45 North Bridge Drive, Guilderland, NY 12203

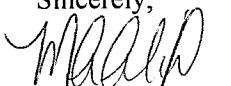
Dear Chairman Joyce,

Enclosed is an Application for Refund of Real Property Taxes, submitted by Karen VanWagenen, Assessor for the Town of Guilderland.

The owner of the aforementioned property applied for a senior citizen – aged exemption. The property owner submitted the exemption application prior to the taxable status date. Due to clerical error, the office failed to enter the exemption in the property dataset. According to the supporting documentation, it appears the property owner meets the eligibility requirements for the exemption. The exemption is income based; the property owner is subject to a 10% exemption.

The property owner paid the 2020 tax bill in full; therefore, I recommend a refund for \$130.73.

Sincerely,


Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1570, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization for Refund of Real Property Taxes - Town of Guilderland

Date: February 26, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.
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 in the Town of Guilderland

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ 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 ☒

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 owner of 45 North Bridge Drive applied for a senior citizen - aged exemption. The property owner submitted the exemption application prior to the taxable status date. Due to clerical error, the office failed to enter the exemption in the property dataset. According to the supporting documentation, it appears the property owner meets the eligibility requirements for the exemption. The exemption is income based; the property owner is subject to a 10% exemption.

The property owner paid the 2020 tax bill in full; therefore, I recommend a refund for \$130.73.



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Refund or Credit of Real Property Taxes

RP-556¹⁶⁶
(12/19)

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

Names of owners Eleanor Decker			Location of property (street address) 45 North Bridge Dr		
Mailing address of owners (number and street or PO box) 45 North Bridge Drive			City, town, or village Guilderland		
City, village, or post office Albany		State NY	State NY		ZIP code 12203
Daytime contact number 518-489-3427		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 013089 63.12-2-43	
Account number (as appears on tax bill) 012221		Amount of taxes paid or payable 2,071.52		Date of payment 01-14-2020	
Reasons for requesting a refund or credit: Aged Exemption 41800 was approved for 10% for 2019. The exemption was not entered into RPS and was not applied to the 2020 Town and County tax bill #12221.					

I hereby request a refund or credit of real property taxes levied by Alb. Co., Town of Guilderland for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant <i>Karen M. Van Wageningen, Assessor</i>	Date 02-11-2020
--	---------------------------

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.

Date application received 2/21/2020	Date warrant annexed 3/31/2020
Last day for collection of taxes without interest 1/31/2020	Recommendation Approve application* ☒ Deny application ☐
Signature of official <i>M. Adali</i>	Date 2/26/2020

* 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 _____ :
(insert number or date, if applicable)

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

Clerical error ☒ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes paid 2,071.52	Amount of taxes due 1,940.79	Amount of refund or credit 130.73
---	--	---

Application denied (reason):

Signature of chief executive officer or official designated by resolution	Date
---	------

GUILDERLAND 2020 PROPERTY TAX

167

Fiscal Year 01/01/2020 to 12/31/2020

Warrant Date 12/31/2019

Bank #

Bill #01222

Mail Payments/Checks payable to:**In Person Payment:****Collection information:****Property Description and Location**

LYNNE M. BUCHANAN
RECEIVER OF TAXES
PO BOX 339
GUILDERLAND, NY 12084-0339

GUILDERLAND TOWN HALL
5209 WESTERN TURNPIKE
518-356-1980

AT G'LAND TOWN HALL
MONDAY Through FRIDAY
9:00AM - 4:30PM
EXTRA JANUARY HOURS:
WEDNESDAYS ONLY
9:00am to 6:00pm

Town 013089 School 013002
Location: 45 North Bridge Dr
Class 210 Roll Sect. 1
Account No. 74-452
Mortgage No.
Front 100.00 Depth 90.00
Acres 0.00

ONLINE TAX PAYMENT

www.TownofGuilderland.org

Decker Eleanor
45 North Bridge Dr
Albany, NY 12203

63.12-2-43

Property Taxpayer's Bill of Rights

The Assessor estimates the FULL MARKET VALUE OF THIS PROPERTY as of 07/01/2018 was 241,000
The assessed value of this property as of 03/01/2019 was 241,000 The UNIFORM PERCENTAGE OF VALUE to establish assessments was 100.0 %. If You feel your assessment is inequitable, you have the right to seek a review. A publication entitled 'Contesting Your Assessment' is available at www.tax.ny.gov. Please note that the period for filing complaints on the above assessment has passed.
Est County Aid 91,269,848 Est State Aid 135,398

(STAR exemptions apply only to school taxes.)

Exemption/Purpose	Value	Full Value	Exemption/Purpose	Value	Full Value	Exemption/Purpose	Value	Full Value
Levy Description	Taxable Value*	Tax Rate	Tax Levy	% Levy Change	Tax Amount			
County	241000.00	3.47654700M	15189491	6.500	837.85			
Town General	241000.00	0.18571700M	816142	0.000	44.76			
Guilderland	241000.00	0.08787000M	314538	2.000	21.18			
NYS Retirement	241000.00	0.11036400M	485000	131.300	26.60			
Highway	241000.00	0.85144900M	3612135	9.100	205.20			
Alb Co Election	241000.00	0.01489000M	65436	58.000	3.59			
Elmwood pk fire dist	241000.00	1.97334300M	121989	8.800	475.58			
Guild sewer zone a	5.00	11.44660000U	0	0.000	57.23			
Sewer oper & maint	3.00	79.06650000U	0	0.000	237.20			
Guilderland water	241000.00	0.67358200M	2641668	-7.900	162.33			

Total Tax Due	2071.52
----------------------	----------------

cut here

cut here

School 013002

Bank

(for receipt, check the box [] and return entire bill with payment)

GUILDERLAND 2020 PROPERTY TAX

012221

Tax Map ID #63.12-2-43

Check _____ Cash _____ Town 013089 Bill # 012221

Paid by _____ circle amount paid

*** Checks Subject to Collection ***

Returned Check Fee 20.00

Decker Eleanor
45 North Bridge Dr
Albany, NY 12203

Tax	Penalty	2ND NOTICE Svc Chg Fees	Pay on or before	Pay This Amount
2071.52	0.00	0.00	01/31/2020	2071.52
2071.52	20.72	0.00	03/02/2020	2092.24
2071.52	41.43	0.00	03/31/2020	2112.95

TOWN OF GUILDERLAND

Payment is made to: Lynne M. Buchanan, Receiver of Taxes
 PO Box 339, Guilderland, NY 12084
 518-356-1980 x1059
 buchananl@togny.org

Property Address: 45 North
 Bridge Dr

Account #: 74-452
Bill #: 12221
Tax Map #:
 63.12-2-43

SWIS Code: 013089
School Code: 013002
School District:

Land Assessment:

\$48,000.00

Total Assessment:

\$241,000.00

Tax Before Star: \$2,071.52

Star Savings: \$0.00

Front: 100

Depth: 90

Acreage: 0

Bank:

Book #:

Page #:

Roll Section: 1

Class: 210

Exemptions: There are currently no exemptions applied to this property.

Levy Description	Tax Value	Tax Rate	Tax Amount
County	241000.00	3.476547	\$837.85
Town General	241000.00	0.185717	\$44.76
NYS Retirement	241000.00	0.110364	\$26.60
Highway	241000.00	0.851449	\$205.20
Alb Co Election	241000.00	0.01489	\$3.59
Guilderland	241000.00	0.08787	\$21.18
Elmwood pk fire dist	241000.00	1.973343	\$475.58
Guild sewer zone a	5.00	11.4466	\$57.23
Sewer oper & maint	3.00	79.0665	\$237.20
Guilderland water	241000.00	0.673582	\$162.33

Total Tax: \$2,071.52

Payment History

(Payments made to the county directly may not be reflected on this site.)

Date	Comments	Amount	Paid By
12/31/2019	Tax Bill	\$2,071.52	
01/14/2020	Payment	(\$2,071.52)	OWNER

Tax Due: \$0.00 *

* Does not include penalties or fees, if any.

Penalty Schedule

This table shows the penalties that will be due for late payments on this property.

Pay By	Penalty	Fee	Total Due
--------	---------	-----	-----------

013089 63.12-1-43 45 North Bridge Dr

Decker, Eleanor

			Correct Amount	Incorrect Amount	Difference
	Taxable	Rate			
Albany Co	216900	3.4765470	754.06	837.85	-83.79
Town General	216900	0.1857170	40.28	44.76	-4.48
Guilderland Amb	AD502 241000	0.0878700	21.18	21.18	0.00
NYS Retirement	216900	0.1103640	23.94	26.60	-2.66
Highway	216900	0.8514490	184.68	205.20	-20.52
Alb Co Election	216900	0.0114890	2.49	3.59	-1.10
Elmwood Pk Fire Dist	FD505 241000	1.9733430	475.58	475.58	0.00
Guild Sewer Zone A	SW501 5	11.4466000	57.23	57.23	0.00
Sewer Oper & Maint	SW505 3	79.0665000	237.20	237.20	0.00
Guilderland Water	WD501 214000	0.6735820	144.15	162.33	-18.18
Total			1940.79	2071.52	-130.73

Total Assessed Value - \$241,000

 $\$241,000 \times 10\% = \$24,100$

\$241,000

- \$24,100

\$216,900



63.12-2-43
Decker, Eleanor
45 North Bridge Dr

013089 Guilderland **Active** **R/S: 1** **School: Guilderland 2**
 Roll Year: **2019** Prior Year: **1 Family Res** Land AV: **48,000**
 Land Size: **100.00 x 90.00** Total AV: **241,000**



- Parcel 63.12-2-43
 - History
 - Assessment
 - Exempt(s)**
 - Spec Dist(s)
 - Description
 - Owner(s)
 - Images
 - Gis
 - Site (1) Res
 - Land(s)
 - Bldg
 - Imprvmt(s)
 - Valuation

Total 1 Exemptions (Right Click to Add)					
Exemption Code	Amount	Pct	Init Year	Term Year	Own Pct
41834 ENH STAR	74,880		1820	2049	
Exemption was not applied					

Calc Sr. Exempts...

Code: **41834 ENH STAR** Term Yr: **2049**
 Amount: **74,880** Init Year: **1820**
 Percent: Own Pct:

Misc:
 Res Pct:
 Eq Rate: **100.00**
 Spec Rate: **0**

Exemption Amounts:	
County:	
Muni:	
School:	74,880

Taxable Values:	
County:	241,000
Muni:	241,000
School:	241,000
Schl after STAR:	166,120

2019 Incorrect

Prints the screen





**NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**

**NOTICE AND PETITION OF ASSESSOR TO THE BOARD OF ASSESSMENT
REVIEW FOR THE Town of Guilderland (assessing unit) FOR
CORRECTION OF THE 2019 FINAL ASSESSMENT ROLL**

To be completed in duplicate by assessor, or designated member of the Board of Assessors. Assessor is to transmit copy by certified mail, return receipt requested, to individual named in Part 2, item 1, EXCEPT where the proposed correction will result in a lower assessment. Transmit original to Chairman of Board of Assessment Review

PART 1: NOTICE OF PETITION

You are hereby notified that the Board of Assessment Review for Town of Guilderland will convene at 1:00 (a.m./p.m.) on 02/12/2020 at Guilderland Town Hall Assessing Unit for the purpose of acting on the Assessor's or Board of Assessor's petition (see below) to correct the 2019 final assessment roll.
Year

Note: You may appear at the meeting and present any information relevant to the petition below. The Board of Assessment Review will notify the tax levying body of any changes to be made. The tax levying body will then notify you of any such change.

PART 2: PETITION

<u>Eleanor Decker</u>	<u>Day (518) 489-3427</u> Evening ()
1a. Name of Owner	2. Telephone Number
<u>45 North Bridge Dr.</u>	
<u>Albany, NY 12203</u>	<u>45 North Bridge Dr</u>
1b. Mailing Address	3. Parcel Location (if different than 1b.)
<u>013089 63.12-2-43</u>	
1c. E-mail Address (optional)	

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. _____

6a. Entry appearing on final assessment roll:

Land Value 48,000
Total Value 241,000
Exempt Value 41800 0.00

6b. Entry on final assessment roll should be:

Land Value 48,000
Total Value 241,000
Exempt Value 41800 24,100

7. Type of error (see definitions on reverse side):

☒ Clerical error, as defined in Sec. 550 (2), para. a
☐ Error in essential fact, as defined in Sec. 550 (3), para. _____
☐ Unlawful entry, as defined in Sec. 550(7), para. _____
☐ Omitted parcel of taxable real property or an omitted improvement on current or preceding year's assessment roll.
☐ Incorrect grant of partial exemption on preceding year's assessment roll; no transfer of title has occurred.

_____ An entry of assessed valuation of taxable State-owned land on current or preceding year's roll which is less than amount approved by the Office of Real Property Tax Services.

_____ An entry of assessed valuation of a special franchise on current or preceding year's roll which is less than final assessment thereof made by the Office of Real Property Tax Services or the full value of that special franchise as determined by the Office of Real Property Tax Services adjusted by the final state equalization rate established by the Office of Real Property Tax Services for the assessment roll upon which that value appears.

8. Describe how error occurred (Be specific; do not repeat definitions on reverse side; attach documentation) Aged Exemption 41800 was approved for 10% for 2019. The exemption was not entered into RPS and was not applied to the 2019-20 GCSD tax bill nor the 2020 Town and County tax bill.

(Use additional sheets if necessary)

I, Karen M. Van Wagenen, Assessor or designated member of the majority of the Board of Assessors of the Town of Guilderland, hereby petition the Board of Assessment Review to correct the 2019 final assessment roll as indicated above.
Assessing Unit

02/11/2020
Date

Karen M. Van Wagenen
Assessor's signature



63.12-2-43
Decker, Eleanor
45 North Bridge Dr

013089 **Guilderland** **Active** **R/S: 1** **School: Guilderland 2**
Roll Year: 2019 **Prior Year** **1 Family Res**
Land Size: 100.00 x 90.00

Land AV: 48,000
Total AV: 241,000



- Parcel 63.12-2-43
 - History
 - Assessment
 - Exempt(s)
 - Spec Dist(s)
 - Description
 - Owner(s)
 - Images
 - Gis
 - Site (1) Res
 - Land(s)
 - Bldg
 - Imprvmnt(s)
 - Valuation

Total 2 Exemptions (Right Click to Add)					
Exemption Code	Amount	Pct	Init Year	Term Year	Own Pct
41800 AGED	24,100	10	2019		
41834 ENH STAR	74,880		1820	2049	

Calc Sr. Exempts...

Code: **41800 AGED**
 Amount: **24,100**
 Percent: **10**

Term Yr:
 Init Year: **2019**
 Own Pct:

Misc:
 Res Pct:
 Eq Rate: **100.00**
 Spec Rate: **0**

Exemption Amounts:
 County: **24,100**
 Muni: **24,100**
 School: **24,100**

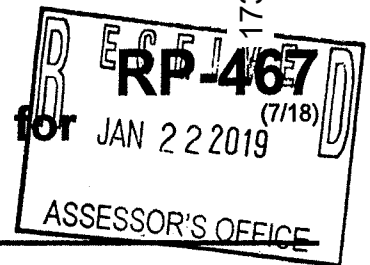
Taxable Values:
 County: **216,900**
 Muni: **216,900**
 School: **216,900**
 Schl after STAR: **142,020**

2019 Corrected

Prints the screen



Application for Partial Tax Exemption for
Real Property of Senior Citizens



For help completing this application, see Form RP-467-I, *Instructions for Form RP-467*. You must file this application with your local assessor by the taxable status date. Do not file this form with the Office of Real Property Tax Services.

New for 2019. This form no longer serves as the application for the Enhanced STAR exemption. This form may only be used to apply for the partial tax exemption for real property of senior citizens. It may not be used to apply for the Enhanced STAR exemption, which is a separate exemption.

To apply for the Enhanced STAR exemption, you must file Forms RP-425-E, *Application for Enhanced STAR Exemption for the 2019-2020 School Year*, and RP-425-IVP, *Supplement to Forms RP-425-E and RP-425-Rnw*, with your assessor by taxable status date. You may obtain those forms from your assessor or download them from www.tax.ny.gov. Note: If you do not already have a STAR exemption you may not apply for a new STAR exemption, but you may be eligible for a STAR credit, which is provided in the form of a check. For more information about the STAR credit, visit www.tax.ny.gov/STAR or call 518-457-2036.

Name(s) of owner(s) Eleanor J Decker			
Mailing address of owner(s) (number and street or PO box) 45 N Bridge Dr		Location of property (street address) Same	
City, village, or post office Albany	State NY	ZIP code 12203	City, town, or village State ZIP code
Daytime contact number 518 489 3427	Evening contact number		School district
E-mail address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 63.12-2-43	
Name(s) of any non-owner spouse(s)			
Address(es) of primary residence(s) if different from above:			

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

☐ Driver license ☒ Birth certificate ☐ Other (specify) _____

2 Date you acquired ownership of property (see instructions): _____

3 Indicate document included with application as proof of ownership (see instructions):

☒ Deed ☐ Other (specify) _____

4 Do all the owners of the property presently occupy the premises as their legal primary residence? Yes ☒ No ☐

4a If the answer to 4 is No, is an owner receiving medical care as an in-patient in a residential health care facility? Yes ☐ No ☐

4b If the answer to 4a is Yes, specify name and location of the facility: _____

4c If the answer to 4 is No, is the non-resident owner the spouse or former spouse of the resident owner? Yes ☐ No ☐

4d If the answer to 4c is Yes, is he or she absent from the residence due to divorce, legal separation, or abandonment? Yes ☐ No ☐

5 Is any portion of the property used for other than residential purposes (commercial, professional office, etc.)? ... Yes ☐ No ☒

5a If answer is Yes, explain such use and describe the portion that is so used. _____

2020 ✓

- 6 List the income of each owner and spouse of each owner for the calendar year immediately preceding date of application. If you have more than one owner or spouse, list all on additional sheets if necessary. (See instructions for income to be included.)

Name of owner(s)	Source of Income	Amount of Income
Eleanor Decker	SS	18,624
	Pensions	17,610
	Interest	136
6a Total income of owner(s)		6a 36,370

Name of spouse(s) if not owner of property	Source of Income of spouse(s)	Amount of Income of spouse(s)

6b Total income of spouse(s)	6b
6c Total income of owner(s) and spouse(s) (add line 6a and line 6b)	6c

- 7 Of the income specified in line 6c how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter 0 if not applicable. (see instructions)

7	
7a	

- 8 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions), complete the following:

8a Unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance).

8a	
8b	

- 9 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following (see instructions):

9a Veteran's disability compensation received (attach proof, enter 0 if not applicable)

9a	
9b	36,370

9b Total income of owner(s) and spouse(s) (subtract line 9a from line 8b)

- 10 Did the owner or spouse file a federal or New York State income tax return for the preceding year? If answer is Yes, attach copy of such return or returns (see instructions). Yes ☒ No ☐

- 11 Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades pre-K through 12? Yes ☐ No ☒

11a If the answer to 11 is Yes, list name and location of school(s):

- 11b If the answer to 11 is Yes, was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? Yes ☐ No ☐

Amount of income
of application
1024

I certify that all statements made on this application are true and correct to the best of my (our) belief and I (we) understand that a false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine not more than \$100.

Signature (If more than one owner, all must sign)	Marital status	Phone number	Date
<i>Eleanor J. Decker</i>	<i>W</i>	<i>518-4893487</i>	<i>1-22-19</i>

This Area for Assessor's Use Only

Date application filed 1/22/19

Exemption applies to taxes levied by or for:

- ☒ Proof of age submitted
- ☒ Proof of ownership submitted
- ☒ Proof of income submitted
- ☐ Application approved
- ☐ Application disapproved

- ☒ Town 10 %
- ☒ County 10 %
- ☒ School 10 %
- ☐ Village _____ %

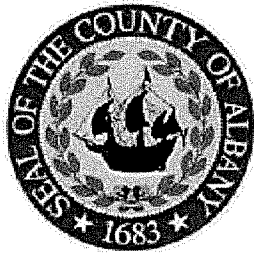
Assessor's signature <i>Karen M. Van Wageningen</i>	Date <u>4/24/19</u>
--	------------------------

63.12-2-43

45 North Bridge Dr.

Eleanor Decker submitted an exemption form for the "Partial Tax Exemption for Real Property of Senior Citizens" on January 22, 2019. The exemption application was approved for 10% on April 24, 2019. The exemption was not applied to the RPS program for the 2019 Tentative Roll, 2019 Final Roll, the 2019-2020 Guilderland School Tax Roll or the 2020 Town of Guilderland and Albany County Tax Roll. The error was discovered when Eleanor Decker submitted her renewal application for 2021.

I am requesting that the taxes paid which should have been exempted be refunded to Eleanor Decker.



Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

February 26, 2020

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

Re: Application for Corrected Tax Roll – Town of New Scotland
33 Upper Flat Rock Road, Delmar, NY 12054

Dear Chairman Joyce,

Enclosed is an Application for Corrected Tax Roll, submitted by Michael McGuire, Assessor for the Town of New Scotland.

The owner of the aforementioned property submitted a senior citizen – aged renewal exemption application prior to the taxable status date. A husband and wife owned the property. The wife passed away shortly before the submission of the renewal application. Unknowingly the husband provided the income of his deceased wife because typically the exemption requires the income of all owners for the year preceding taxable status date. However, there is a provision in RPTL 467 that allows the assessor to use the income of the surviving spouse in the computation of the exemption.

The assessor granted a 10% exemption on the 2019 final assessment roll. Based on the supporting documentation it appears the property owner was eligible for a 50% exemption. I recommend correcting the Town of New Scotland tax roll to reflect an amount due of \$947.10.

Sincerely,

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1571, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization for Corrected Tax Roll - Town of New Scotland

Date: February 26, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Services
Title: Director
Phone: 518-487-5291
Department Rep.
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 the Town of New Scotland Tax Roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ 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 ☒

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 LitigationYes ☐ 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 owner of the 33 Upper Flat Rock Road submitted a senior citizen - aged renewal exemption application prior to the taxable status date. A husband and wife owned the property. The wife passed away shortly before the submission of the renewal application. Unknowingly the husband provided the income of his deceased wife because typically the exemption requires the income of all owners for the year preceding taxable status date. However, there is a provision in RPTL 467 that allows the assessor to use the income of the surviving spouse in the computation of the exemption.

The assessor granted a 10% exemption on the 2019 final assessment roll. Based on the supporting documentation it appears the property owner was eligible for a 50% exemption. I recommend correcting the Town of New Scotland tax roll to reflect an amount due of \$947.10.



Application for Corrected Tax Roll

RP-554

(12/19)

181

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

Names of owners Thomas Monroe		
Mailing address of owners (number and street or PO box) 33 Upper Flat Rock Rd		Location of property (street address) Same
City, village, or post office Delmar	State NY	ZIP code 12054
Daytime contact number 518-768-8051	Evening contact number 518-768-8051	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 106.-1-27
Account number (as appears on tax bill)		Amount of taxes currently billed 1,457.59
Reasons for requesting a correction to tax roll: Due to a clerical error the percentage of the AGED exemption was incorrectly calculated. The property owner should have received a 50% exemption and not a 10% exemption. The applicants spouse passed away before taxable status date and her income was incorrectly included in calculating the level of exemption.		

I hereby request a correction of tax levied by County and Town for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant 	Date 01-14-2020
----------------------------	--------------------

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.

Date application received 1/15/2020	Period of warrant for collection of taxes 1/1/2020
Last day for collection of taxes without interest 1/31/2020	Recommendation Approve application ☒ Deny application ☐
Signature of official 	Date 1/29/2020

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 New Scotland 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 _____ :
(insert number or date, if applicable)

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

Clerical error ☒ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed 1,457.59	Corrected tax \$947.10
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
--	------

Collection: Town & County 2020

Fiscal Year Start: 1/1/2020

Fiscal Year End: 12/31/2020

Warrant Date: 12/31/2019

Total Tax Due (minus penalties & interest) \$1,457.59

\$1,472.17

Pay Full

Tax Bill #	SWIS	Tax Map #	Status
003500	013489	106.-1-27	Unpaid
Address	Municipality	School	
33 Upper Flat Rock Rd	Town of New Scotland	Bethlehem Central	

Owners

Monroe Thomas B
 Monroe Lucille
 33 Upper Flat Rock Rd
 Delmar, NY 12054

Property Information

Roll Section: 1
 Property Class: 1 Family Res
 Lot Size: 1.00

Assessment Information

Full Market Value: 242283.00
 Total Assessed Value: 222900.00
 Uniform %: 92.00

Exemption	Amount
AGED - C/T 50%	111,450 22290.00
AGED - C/T 50%	111,450 22290.00

Description	Tax Levy	Percent Change	Taxable Value	Rate	Tax Amount
County Purposes	3808070	4.6000	111,450 200610.000	3.84127000	\$720.60
Town	1463780	4.2000	111,450 200610.000	1.47654200	\$296.21
Town Outside	307700	4.7000	111,450 200610.000	0.40763400	\$81.78
Special EMT	80233	14.0000	222900.000	0.08536900	\$19.03
OnesqFire/Amb/LOSAP	375258	2.0000	222900.000	1.30089700	\$289.97

Total Taxes: \$1,457.59

\$947.10

FULL PAYMENT OPTION

From:	To:	Tax Amount	Penalty	Notice Fee	Total Due
Jan 01	Jan 31, 2020	\$1,457.59	\$0.00	\$0.00	\$1,457.59
Feb 01	Feb 29, 2020	\$1,457.59	\$14.58	\$0.00	\$1,472.17
Mar 01	Mar 31, 2020	\$1,457.59	\$29.15	\$0.00	\$1,486.74

Estimated State Aid - Type	Amount
County	91269848.00
Town	267704.00

Mail Payments To:

Diane Deschenes
 Town Clerk
 2029 New Scotland Rd Slingerlands, NY 12159

Alix, Maggie

From: Michael McGuire <MMcGuire@townofnewscotland.com>
Sent: Wednesday, January 22, 2020 3:33 PM
To: Alix, Maggie
Subject: back up for Monroe correction
Attachments: DOC012220.pdf

Maggie,

I have attached a copy of the death certificate of Mrs. Monroe and the income information supplied by the application for the 2019 RY AGED renewal. Mrs. Monroe's income was \$10,535. I should have subtracted the \$10,535 from the total, but I did not.

Mike McGuire
Assessor
Town of New Scotland
518-439-9020

Income does not include:

- gifts
- inheritances
- a return of capital
- proceeds of a reverse mortgage (although interest or dividends realized from the investment of such proceeds are income)
- reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program

Name of Owner(s)	Source of Income	Amount of Income
Thomas B. Monroe	Retired SS (person)	10,535.11 (3850)
Lozelle Monroe (DECEASED)	SS & part time job	10,535.11 (6685.21)

4a Total income of owner(s) 4a 21,070.22 (10,535.11)

Name of spouse(s) if not owner of property	Source of Income of spouse(s)	Amount of Income of spouse(s)

4b Total income of spouse(s) 4b 33,335.21

4c Total income of owner(s) and spouse(s) (add all income sources) 4c 33,335.21

4d Of the income on line 4c, how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter 0 if not applicable (see instructions) 4d

4e Subtract line 4d from line 4c 4e 33,335.21

5 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

5a Unreimbursed medical and prescription drug costs (be sure to deduct any amounts reimbursed by insurance) 5a

5b Subtotal income of owner(s) and spouse(s) (line 4e minus line 5a) 5b 33,335.21

6 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following: Veteran's disability compensation received. Attach proof; enter 0 if not applicable. 6

7 Total income of owner(s) and spouse(s) (line 5b subtotal minus line 6) 7 33,335.21

8 Certification -10,535.11

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

Signature	Marital Status	Phone Number	Date
Thomas B. Monroe	married	(518) 968-8051	12/30/18
Lozelle Monroe (DECEASED)			

This Area for Assessor's Use Only

Date renewal application filed Approved ☒ Disapproved ☐
 Exemption applies to taxes levied by or for City/Town % ☐ County % ☐
 School % ☐ Village % ☐ 150T
 Assessor's Signature Date 2/2/19

RESIDENCE

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

(COPY) 185
STATE FILE NUMBER

1. NAME: FIRST Lucille		MIDDLE		LAST Monroe		2. SEX: MALE ☐ 1 FEMALE ☒ 2		3A. DATE OF DEATH: MONTH DAY YEAR 12 18 2018			3B. HOUR: 3:47p.m.	
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ☐ ER ☐ HOSPITAL OUTPATIENT ☐ HOSPITAL INPATIENT ☐ NURSING HOME ☐ PRIVATE RESIDENCE ☒ HOSPICE FACILITY ☐ OTHER (Specify): ☒		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR		4C. NAME OF FACILITY: (If not facility, give address) 33 Upper Flat Rock Road		4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN ☐ ☐ ☒ New Scotland		4E. COUNTY OF DEATH: Albany				
4F. MEDICAL RECORD NO. None		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ YES ☐										
5. DATE OF BIRTH:		6A. AGE IN YEARS:		6B. IF UNDER 1 YEAR ENTER:		6C. IF UNDER 1 DAY ENTER:		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province)			7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	

RPTL 467 3(b)

(b) unless the owner shall have held an exemption under this section for his previous residence or unless the title of the property shall have been vested in the owner or one of the owners of the property for at least twelve consecutive months prior to the date of making application for exemption, provided, however, that in the event of the death of either a husband or wife in whose name title of the property shall have been vested at the time of death and then becomes vested solely in the survivor by virtue of devise by or descent from the deceased husband or wife, the time of ownership of the property by the survivor and such ownership shall be deemed also a time of ownership by the transferor spouse and such ownership shall be deemed continuous for the purposes of computing such period of twelve consecutive months. In the event of a transfer by either a husband or wife to the other spouse of all or part of the title to the property, the time of ownership of the property by the transferee spouse shall be deemed also a time of ownership by the transferor spouse and such ownership shall be deemed continuous for the purposes of computing such period of twelve consecutive months. Where property of the owner or owners has been acquired to replace property formerly owned by such owner or owners and taken by eminent domain or other involuntary proceeding, except a tax sale, the period of ownership of the former property shall be combined with the period of ownership of the property for which application is made for exemption and such periods of ownership shall be deemed to be consecutive for purposes of this section. Where a residence is sold and replaced with another within one year and both residences are within the state, the period of ownership of both properties shall be deemed consecutive for purposes of the exemption from taxation by a municipality within the state granting such exemption. Where the owner or owners transfer title to property which as of the date of transfer was exempt from taxation under the provisions of this section, the reacquisition of title by such owner or owners within nine months of the date of transfer shall be deemed to satisfy the requirement of this paragraph that the title of the property shall have been vested in the owner or one of the owners for such period of twelve consecutive months. Where, upon or subsequent to the death of an owner or owners, title to property which as of the date of such death was exempt from taxation under such provisions, becomes vested, by virtue of devise or descent from the deceased owner or owners, or by transfer by any other means within nine months after such death, solely in a person or persons who, at the time of such death, maintained such property as a primary residence, the requirement of this paragraph that the title of the property shall have been vested in the owner or one of the owners for such period of twelve consecutive months shall be deemed satisfied;