

# **City Of Albany**

## **Board of Estimate & Apportionment**

**Tuesday, January 5, 2021**

**1:30 P.M.**

### **Regular Meeting via Zoom Video Conference**

Peatros Haile  
Deputy Chief City Auditor

Darius Shahinfar - **MOVED**  
Treasurer

Michael Wheeler - **SECONDED**  
Budget Director

Marisa Franchini  
Corporation Counsel

**PASSED (4-0)**

*The next regular meeting of the Board of Estimate & Apportionment will be on Friday, January 22, 2021*

Offered the following:

**Budget Transfers** **2020**

Department	Transfer From Account	Transfer From Amount	Transfer To Account	Transfer To Amount	Explanation
Law	Contracted Services A.1420.7440	\$ 2,000.00	Miscellaneous A.1420.7460	\$ 1,000.00	To cover outstanding 2020 invoices
	Fees & Services A.1420.7450	\$ 1,000.00		\$ 1,000.00	
	<b>Total</b>	<b>\$ 2,000.00</b>	<b>Total</b>	<b>\$ 2,000.00</b>	
Budget	Judgments and Claims A.1900.7432	\$ 500.00	Unallocated Insurance A.1900.7431	\$ 500.00	To cover the final Amsure insurance invoice for 2020
Budget	Bond and Note Expense A.1900.7447	\$ 46,389.00	State Unemploy. Insurance A.9000.7850	\$ 60,539.00	To cover costs for remaining 2020 NYS Unemployment invoices
	Supplies & Materials A.1900.7410	\$ 14,150.00			
	<b>Total</b>	<b>\$ 60,539.00</b>	<b>Total</b>	<b>\$ 60,539.00</b>	

**Budget Transfers** **2021**

Department	Transfer From Account	Transfer From Amount	Transfer To Account	Transfer To Amount	Explanation
Recreation	Hospital & Medical Ins. (Rec Summer Program) A.7140.0600.7804	\$ 46,886.00	Hospital & Medical Ins. (Rec Center Program) A.7140.0400.7804	\$ 46,886.00	Permanent full time program personnel removed from Summer Program account and organized into Center Program account

CITY OF ALBANY  
BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Law Department  
Contact Person: \_\_\_\_\_  
Budget Year for this Transfer: 2020  
Date Submitted: 12/28/2020

**TRANSFER FROM:**  
Account Name: Contracted Services ✓  
Account Number: A. 1420.7440 ✓  
Amount to Transfer: \$ 1,000  
Current Account Balance: \$ 5,018.51

**TRANSFER TO:**  
Account Name: Miscellaneous ✓  
Account Number: A. 1420.7460 ✓  
Amount to Receive in Transfer: 1,000  
Current Account Balance: \$ 137.65

**TRANSFER FROM:**  
Account Name: Contracted Services  
Account Number: A. 1420.7440  
Amount to Transfer: \$ 1,000  
Current Account Balance: \$ 5,018.51

**TRANSFER TO:**  
Account Name: Fees & Services ✓  
Account Number: A. 1420.7450 ✓  
Amount to Receive in Transfer: \$ 1,000  
Current Account Balance: \$ 7.74 ✓

**TRANSFER FROM:**  
Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Amount to Transfer: \_\_\_\_\_  
Current Account Balance: \_\_\_\_\_

**TRANSFER TO:**  
Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Amount to Receive in Transfer: \_\_\_\_\_  
Current Account Balance: \_\_\_\_\_

**TRANSFER FROM:**  
Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Amount to Transfer: \_\_\_\_\_  
Current Account Balance: \_\_\_\_\_

**TRANSFER TO:**  
Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Amount to Receive in Transfer: \_\_\_\_\_  
Current Account Balance: \_\_\_\_\_

TOTAL TRANSFER AMOUNT \$ 2,000 \$0 = \$ 2,000 \$0

Reason for Transfer: \_\_\_\_\_

Back-up information included?  
Is this a Salary Change Request?

*If this is a salary change, fill out the below information:*

**SALARY CHANGE INFORMATION**  
Title of Employee Receiving Salary Change: \_\_\_\_\_  
Reason for Salary Change: \_\_\_\_\_

Department Head e-Signature: [Signature]

Budget Office e-Signature: [Signature]

Date: \_\_\_\_\_

Please return this form to: [budgettransfers@albanyny.gov](mailto:budgettransfers@albanyny.gov)

CITY OF ALBANY  
BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Budget  
Contact Person: Mike Wheeler  
Budget Year for this Transfer: 2020  
Date Submitted: 1/4/2021

**TRANSFER FROM:**  
Account Name: Judgements and Claims  
Account Number: A.1900.7432  
Amount to Transfer: \$500  
Current Account Balance: \$71,092.00

**TRANSFER TO:**  
Account Name: Unallocated Insurance  
Account Number: A.1900.7431  
Amount to Receive in Transfer: \$500  
Current Account Balance: \$8,604.00

**TRANSFER FROM:**  
Account Name:  
Account Number:  
Amount to Transfer:  
Current Account Balance:

**TRANSFER TO:**  
Account Name:  
Account Number:  
Amount to Receive in Transfer:  
Current Account Balance:

**TRANSFER FROM:**  
Account Name:  
Account Number:  
Amount to Transfer:  
Current Account Balance:

**TRANSFER TO:**  
Account Name:  
Account Number:  
Amount to Receive in Transfer:  
Current Account Balance:

**TRANSFER FROM:**  
Account Name:  
Account Number:  
Amount to Transfer:  
Current Account Balance:

**TRANSFER TO:**  
Account Name:  
Account Number:  
Amount to Receive in Transfer:  
Current Account Balance:

TOTAL TRANSFER AMOUNT \$500 = \$500

Reason for Transfer: To cover the final Amsure insurance invoice for 2020.

Back-up information included?  
Is this a Salary Change Request?

*If this is a salary change, fill out the below information:*

**SALARY CHANGE INFORMATION**

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature:

Budget Office e-Signature:

Michael Wheeler

Date:

1/4/2021

Please return this form to: [budgettransfers@albanyny.gov](mailto:budgettransfers@albanyny.gov)

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department:

Contact Person:

Budget Year for this Transfer:

Date Submitted:

<b>TRANSFER FROM:</b> Account Name: <input type="text" value="Bond and Note Expense"/> ✓ Account Number: <input type="text" value="A.1900.7447"/> ✓ Amount to Transfer: <input type="text" value="\$46,389"/> ✓ Current Account Balance: <input type="text" value="\$46,389.00"/> ✓	<b>TRANSFER TO:</b> Account Name: <input type="text" value="State Unemployment Insurance"/> ✓ Account Number: <input type="text" value="A.9000.7850"/> ✓ Amount to Receive in Transfer: <input type="text" value="\$60,539"/> ✓ Current Account Balance: <input type="text" value="\$70,409.00"/> ✓
<b>TRANSFER FROM:</b> Account Name: <input type="text" value="Supplies and Materials"/> ✓ Account Number: <input type="text" value="A.1900.7410"/> ✓ Amount to Transfer: <input type="text" value="\$14,150"/> ✓ Current Account Balance: <input type="text" value="\$14,150.00"/> ✓	<b>TRANSFER TO:</b> Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/>
<b>TRANSFER FROM:</b> Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/>	<b>TRANSFER TO:</b> Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/>
<b>TRANSFER FROM:</b> Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/>	<b>TRANSFER TO:</b> Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/>

TOTAL TRANSFER AMOUNT  =

Reason for Transfer:

Back-up information included?  
 Is this a Salary Change Request?

*If this is a salary change, fill out the below information:*

**SALARY CHANGE INFORMATION**

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature:

Budget Office e-Signature:

Date:

Please return this form to: [budgettransfers@albanyny.gov](mailto:budgettransfers@albanyny.gov)

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department:

Contact Person:

Budget Year for this Transfer:

Date Submitted:

<b>TRANSFER FROM:</b>		<b>TRANSFER TO:</b>	
Account Name:	<input type="text" value="REC Summer Programs HMI"/>	Account Name:	<input type="text" value="REC Center Programs HMI"/>
Account Number:	<input type="text" value="7140.0600.7804"/>	Account Number:	<input type="text" value="7140.0400.7804"/>
Amount to Transfer:	<input type="text" value="\$46,886"/>	Amount to Receive in Transfer:	<input type="text" value="\$46,886"/>
Current Account Balance:	<input type="text" value="\$46,886.00"/>	Current Account Balance:	<input type="text" value="\$71,000.00"/>
<b>TRANSFER FROM:</b>		<b>TRANSFER TO:</b>	
Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Amount to Transfer:	<input type="text"/>	Amount to Receive in Transfer:	<input type="text"/>
Current Account Balance:	<input type="text"/>	Current Account Balance:	<input type="text"/>
<b>TRANSFER FROM:</b>		<b>TRANSFER TO:</b>	
Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Amount to Transfer:	<input type="text"/>	Amount to Receive in Transfer:	<input type="text"/>
Current Account Balance:	<input type="text"/>	Current Account Balance:	<input type="text"/>
<b>TRANSFER FROM:</b>		<b>TRANSFER TO:</b>	
Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Amount to Transfer:	<input type="text"/>	Amount to Receive in Transfer:	<input type="text"/>
Current Account Balance:	<input type="text"/>	Current Account Balance:	<input type="text"/>

TOTAL TRANSFER AMOUNT  =

Reason for Transfer:

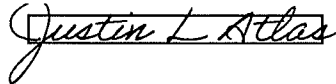
Back-up information included?

Is this a Salary Change Request?  *If this is a salary change, fill out the below information:*

**SALARY CHANGE INFORMATION**

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature: 

Budget Office e-Signature:  Date:

Please return this form to: [budgettransfers@albanyny.gov](mailto:budgettransfers@albanyny.gov)