

City Of Albany

Board of Estimate & Apportionment

Friday, July 9, 2021

1:30 P.M.

Regular Meeting

Peatros Haile
Deputy Chief City Auditor

Darius Shahinfar
Treasurer

Nick Blais
Acting Budget Director

Marisa Franchini
Corporation Counsel

Corey Ellis
Common Council President

The next regular meeting of the Board of Estimate & Apportionment will be on Tuesday, July 20, 2021

Offered the following:

Budget Transfers **2021**

Department	Transfer From Account	Transfer From Amount	Transfer To Account	Transfer To Amount	Explanation
Administrative Services	Contingency Account A.1900.7448	\$ 16,500.00	Temporary Help A.1430.1600.7170	\$ 16,500.00	To cover temp help costs
	Gasoline A.1492.1640.7413	\$ 80,000.00	Contracted Services A.1492.5010.7440	\$ 80,000.00	To cover new projects including the provision of pavement assessment software and related services
DGS	Gasoline A.1492.1640.7413	\$ 30,000.00	Contracted Services A.1492.3600.7440	\$ 30,000.00	To cover upcoming invoices
DGS	Processing Fee A.1493.8160.7475	\$ 85,000.00	Contracted Services A.1493.8160.7440	\$ 40,000.00	To cover the cost of food compost program expenses and increase budget for tree removal
DGS	Gasoline A.1492.1640.7413	\$ 50,000.00	Recycling Education A.1493.8160.7452	\$ 10,000.00	
			Supplies & Materials A.1493.8160.7410	\$ 35,000.00	
			Tree Services A.1492.3600.7453	\$ 50,000.00	
	Total	\$ 135,000.00	Total	\$ 135,000.00	
Police	Furniture & Fixtures A.3120.2960.62.7210	\$ 6,145.00	Contracted Services A.3120.2960.62.7440	\$ 6,145.00	To set up a contracted services account and cover building security updates on South Station
Police	Fees & Services A.3120.2920.23.7450	\$ 160.00	Miscellaneous A.3120.2920.23.7460	\$ 160.00	To set up a miscellaneous account and cover a reimbursement
Police	Supplies & Materials A.3120.3020.7410	\$ 439.00	Miscellaneous A.3120.3020.7460	\$ 439.00	To set up a miscellaneous account and cover food to honor Telecommunications' week
Police	Furniture & Fixtures A.3120.2900.05.7210	\$ 1,769.00	Other Equipment A.3120.2900.05.7250	\$ 1,769.00	To cover purchase of cabinets to secure firearms

Police	Salaries A.3120.3020.7000	\$ 200,000.00	Overtime A.3120.3020.7199	\$ 200,000.00	To cover overtime costs
Fire	Compensation A.3410.7803	\$ 75,000.00	Contracted Services A.3410.7440	\$ 45,000.00	To cover outstanding invoices
			Apparatus Parts/Repairs A.3410.7415	\$ 25,000.00	
			Office Supplies & Forms A.3410.7414	\$ 5,000.00	
	Total	\$ 75,000.00	Total	\$ 75,000.00	

<i>Increase Appropriation Department</i>	<i>Increase Revenue</i>	2021	<i>Increase Expense</i>	<i>Increase Amount</i>	<i>Increase Amount</i>	<i>Explanation</i>
Administrative Services	PEG Access Funds A.1000.2770.01	\$ 30,000.00	PEG Access Equipment A.1420.7223	\$ 30,000.00		To cover Public Educational Government (PEG) equipment costs
Water	Unassigned Fund Balance BW.0917	\$ 356,589.00	Judgments and Claims BW.1900.7432	\$ 356,589.00		To cover a payment to the IRS for rebatable arbitrage on 2011A series tax exempt bonds

Common Council Resolutions & Ordinances

2021

- Local Law H of 2021
- Ordinance 11.32.21
- Ordinance 12.51.21R
- Ordinance 14.52.21
- Ordinance 16.52.21

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

Department:
Contact Person:
Budget Year for this Transfer:
Date Submitted:

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:

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

=

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

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

Department:
 Contact Person:
 Budget Year for this Transfer:
 Date Submitted:

<p>TRANSFER FROM: Account Name: <input type="text" value="Gasoline"/> Account Number: <input type="text" value="1492.1640.7413"/> Amount to Transfer: <input type="text" value="\$80,000.00"/> Current Account Balance: <input type="text" value="\$443,925.86"/></p>	<p>TRANSFER TO: Account Name: <input type="text" value="Contracted Services"/> Account Number: <input type="text" value="1492.5010.7440"/> Amount to Receive in Transfer: <input type="text" value="\$80,000.00"/> Current Account Balance: <input type="text" value="\$57,552.77"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>

TOTAL TRANSFER AMOUNT =

Reason for Transfer:

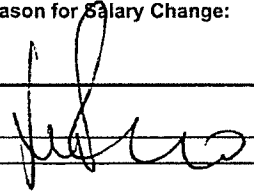
Back-up information included?
 Is this a Salary Change Request?

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@albany.ny.gov

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

Department:
 Contact Person:
 Budget Year for this Transfer:
 Date Submitted:

<p>TRANSFER FROM: Account Name: <input type="text" value="Gasoline"/> Account Number: <input type="text" value="1492.1640.7413"/> Amount to Transfer: <input type="text" value="\$30,000.00"/> Current Account Balance: <input type="text" value="\$543,925.86"/></p>	<p>TRANSFER TO: Account Name: <input type="text" value="Contracted Services"/> Account Number: <input type="text" value="1492.3600.7440"/> Amount to Receive in Transfer: <input type="text" value="\$30,000.00"/> Current Account Balance: <input type="text" value="\$78.75"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>

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

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Department of General Services

Contact Person: Sergio Panunzio

Budget Year for this Transfer: 2021

Date Submitted: 6/28/2021

TRANSFER FROM:
Account Name: Processing Fee
Account Number: 1493.8160.7475
Amount to Transfer: \$85,000
Current Account Balance: \$165,601.83

TRANSFER TO:
Account Name: Contracted Services
Account Number: 1493.8160.7440
Amount to Receive in Transfer: \$40,000
Current Account Balance: \$3,467.75

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

TRANSFER TO:
Account Name: Recycling Education
Account Number: 1493.8160.7452
Amount to Receive in Transfer: \$10,000
Current Account Balance: \$4,586.76

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

TRANSFER TO:
Account Name: Supplies & Materials
Account Number: 1493.8160.7410
Amount to Receive in Transfer: \$35,000
Current Account Balance: -253.93

TRANSFER FROM:
Account Name: Gasoline
Account Number: 1492.1640.7413
Amount to Transfer: \$50,000
Current Account Balance: \$573,928.00

TRANSFER TO:
Account Name: Tree Services
Account Number: 1492.3600.7453
Amount to Receive in Transfer: \$50,000
Current Account Balance: \$59,489.52

TOTAL TRANSFER AMOUNT \$135,000 = \$135,000

Reason for Transfer: 1) To cover the cost of food compost program expenses, reimbursable by the DEC. 2) increase budget for private tree removal contractor.

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: [Date]

Please return this form to: budgettransfers@albanyny.gov

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

Department:
 Contact Person:
 Budget Year for this Transfer:
 Date Submitted:

<p>TRANSFER FROM: Account Name: <input type="text" value="Furniture and Fixtures"/> ✓ Account Number: <input type="text" value="A.3120.2960.62.7210"/> ✓ Amount to Transfer: <input type="text" value="\$6,145.00"/> ✓ Current Account Balance: <input type="text" value="\$8,296.01"/> ✓</p>	<p>TRANSFER TO: Account Name: <input type="text" value="Contracted Services"/> ✓ Account Number: <input type="text" value="A.3120.2960.62.7440"/> ✓ Amount to Receive in Transfer: <input type="text" value="\$6,145.00"/> ✓ Current Account Balance: <input type="text" value="\$0.00"/> ✓</p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>

TOTAL TRANSFER AMOUNT =

Reason for Transfer:
 To set up a contracted services account and transfer funds to install clear, transparent, low-profile reinforcements to be affixed over the windows and door glass on the north side of South Station to compensate for a perceived vulnerability and provide an additional measure of sustained building security which is relatively indistinguishable with an excellent cost/benefit analysis.

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@albany.ny.gov

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

Department:
 Contact Person:
 Budget Year for this Transfer:
 Date Submitted:

<p>TRANSFER FROM: Account Name: <input type="text" value="Fees and Services"/> Account Number: <input type="text" value="A.3120.2920.23.7450"/> Amount to Transfer: <input type="text" value="\$160.00"/> Current Account Balance: <input type="text" value="\$640.50"/></p>	<p>TRANSFER TO: Account Name: <input type="text" value="Miscellaneous"/> Account Number: <input type="text" value="A.3120.2920.23.7460"/> Amount to Receive in Transfer: <input type="text" value="\$160.00"/> Current Account Balance: <input type="text" value="\$0.00"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>
<p>TRANSFER FROM: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p>TRANSFER TO: Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive in Transfer: <input type="text"/> Current Account Balance: <input type="text"/></p>

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

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

Department:
Contact Person:
Budget Year for this Transfer:
Date Submitted:

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:

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:

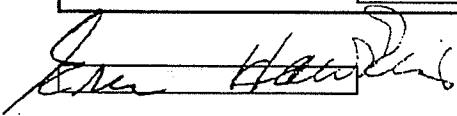
TOTAL TRANSFER AMOUNT =

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

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Police
Contact Person: Bridget Pardo
Budget Year for this Transfer: 2021
Date Submitted: 7/7/2021

TRANSFER FROM: Furniture and Fixtures, Account Number: A.3120.2900.05.7250, Amount to Transfer: \$1,769.00, Current Account Balance: \$1,769.45
TRANSFER TO: Other Equipment, Account Number: A.3120.2900.05.7250, Amount to Receive in Transfer: \$1,769.00, Current Account Balance: \$51,346.35

TOTAL TRANSFER AMOUNT \$1,769 = \$1,769

Reason for Transfer: To transfer funds in order to purchase cabinets to secure firearms.

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:
Date:

Please return this form to: budgettransfers@albany.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department:

Contact Person:

Budget Year for this Transfer:

Date Submitted:

TRANSFER FROM:	TRANSFER TO:
Account Name: <input type="text" value="Salaries"/>	Account Name: <input type="text" value="Overtime"/>
Account Number: <input type="text" value="A.3120.3020.7000"/>	Account Number: <input type="text" value="A.3120.3020.7199"/>
Amount to Transfer: <input type="text" value="\$200,000.00"/>	Amount to Receive in Transfer: <input type="text" value="\$200,000.00"/>
Current Account Balance: <input type="text" value="\$1,140,254.71"/>	Current Account Balance: <input type="text" value="\$21,526.67"/>
TRANSFER FROM:	TRANSFER TO:
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"/>
TRANSFER FROM:	TRANSFER TO:
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"/>
TRANSFER FROM:	TRANSFER TO:
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 =

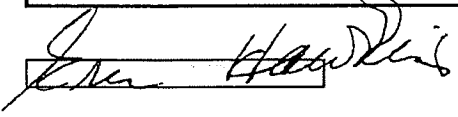
Reason for Transfer:

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

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM

DEPARTMENT: FIRE

ACCOUNT CODE: A 3410.

DATE: July 7, 2021

TRANSFER FROM:
1. Account Number A.3410 .7803 ✓
Amount 75,000.00 ✓

2. Account Number _____
Amount _____

3. Account Number _____
Amount _____

4. Account Number _____
Amount _____

TRANSFER TO:
1. Account Number A.3410 .7440 ✓
Amount 45,000.00 ✓

2. Account Number A.3410 .7415
Amount 25,000.00

3. Account Number A.3410 .7414
Amount 5,000.00

4. Account Number _____
Amount _____

REASON FOR TRANSFER: outstanding invoices.

DEPARTMENT HEAD SIGNATURE Joseph DeLeon
Fire Chief

Approved by: BUDGET OFFICE Nicholas Blais 7-7-21

COMPTROLLER'S OFFICE _____

CITY OF ALBANY

INCREASE APPROPRIATION REQUEST (Revised 6/2018)

Department:

Contact Person:

Budget Year for this Request:

Date Submitted:

INCREASE REVENUE		INCREASE EXPENSE	
Account Name:	<input type="text" value="PEG Access Funds"/>	Account Name:	<input type="text" value="PEG Access Equipment"/>
Account Number:	<input type="text" value="A.1000.2770.01"/>	Account Number:	<input type="text" value="A.1420.7223"/>
Increase Revenue Amount:	<input type="text" value="\$30,000"/>	Amount to Receive from Revenue Acct:	<input type="text" value="\$30,000"/>
Current Account Balance:	<input type="text" value="\$0.00"/>	Current Account Balance:	<input type="text" value="\$40,000.00"/>
INCREASE REVENUE		INCREASE EXPENSE	
Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Increase Revenue Amount:	<input type="text"/>	Amount to Receive from Revenue Acct:	<input type="text"/>
Current Account Balance:	<input type="text"/>	Current Account Balance:	<input type="text"/>
INCREASE REVENUE		INCREASE EXPENSE	
Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Increase Revenue Amount:	<input type="text"/>	Amount to Receive from Revenue Account:	<input type="text"/>
Current Account Balance:	<input type="text"/>	Current Account Balance:	<input type="text"/>
INCREASE REVENUE		INCREASE EXPENSE	
Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Increase Revenue Amount:	<input type="text"/>	Amount to Receive from Revenue Acct:	<input type="text"/>
Current Account Balance:	<input type="text"/>	Current Account Balance:	<input type="text"/>

TOTAL INCREASE REVENUE AMOUNT =

Reason for Transfer:

Back-up information included?

Department Head e-Signature:

Budget Office e-Signature:

Date:

Please return this form to: budgettransfers@albany.gov

CITY OF ALBANY
INCREASE APPROPRIATION REQUEST (Revised 6/2018)

Department:
Contact Person:
Budget Year for this Request
Date Submitted:

<p><u>INCREASE REVENUE</u> Account Name: <input type="text" value="Equity (Reserves)"/> ✓ Account Number: <input type="text" value="BW.0917"/> ✓ Increase Revenue Amount: <input type="text" value="\$356,589"/> Current Account Balance: <input type="text" value="-76,847,675.53"/> ✓</p> <p><u>INCREASE REVENUE</u> Account Name: <input type="text"/> Account Number: <input type="text"/> Increase Revenue Amount: <input type="text"/> Current Account Balance: <input type="text"/></p> <p><u>INCREASE REVENUE</u> Account Name: <input type="text"/> Account Number: <input type="text"/> Increase Revenue Amount: <input type="text"/> Current Account Balance: <input type="text"/></p> <p><u>INCREASE REVENUE</u> Account Name: <input type="text"/> Account Number: <input type="text"/> Increase Revenue Amount: <input type="text"/> Current Account Balance: <input type="text"/></p>	<p><u>INCREASE EXPENSE</u> Account Name: <input type="text" value="Judgments and Claims"/> ✓ Account Number: <input type="text" value="BW.1900.7432"/> ✓ Amount to Receive from Revenue Acct: <input type="text" value="\$356,589"/> ✓ Current Account Balance: <input type="text" value="\$19,340.00"/> ✓</p> <p><u>INCREASE EXPENSE</u> Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive from Revenue Acct: <input type="text"/> Current Account Balance: <input type="text"/></p> <p><u>INCREASE EXPENSE</u> Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive from Revenue Account: <input type="text"/> Current Account Balance: <input type="text"/></p> <p><u>INCREASE EXPENSE</u> Account Name: <input type="text"/> Account Number: <input type="text"/> Amount to Receive from Revenue Acct: <input type="text"/> Current Account Balance: <input type="text"/></p>
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TOTAL INCREASE REVENUE AMOUNT =

Reason for Transfer:

Back-up information included?

Department Head e-Signature: 

Budget Office e-Signature: **Date:**

Please return this form to: budgettransfers@albanyny.gov



City of Albany

BOARD OF ESTIMATE & APPORTIONMENT

July 9, 2021

RESOLVED, that the following Local Laws, Ordinances and/or Resolution passed by the Common Council on July 8, 2021 is hereby approved by the Board of Estimate and Apportionment.

✓ **LOCAL LAW H OF 2021 (As Amended 06/14/2021)**

LOCAL LAW AMENDING CHAPTER 133A (BUILDING CONSTRUCTION AND HOUSING: SPECIAL PROVISIONS) OF PART II OF THE CODE OF THE CITY OF ALBANY IN RELATION TO ISSUANCE OF NOTICE OF VIOLATIONS, PENALTIES, AND ENFORCEMENT OF STOP WORK AND UNSAFE AND UNFIT ORDERS UNDER THE NEW YORK STATE UNIFORM FIRE PREVENTION & BUILDING CODE AND ALBANY CITY CODE

FISCAL IMPACT

Insofar as this provides for administrative fees as a condition of lifting a stop work or unsafe and unfit order, it will result in a modest increase

Affirmative 14 Negative Abstain Present

✓ **ORDINANCE 11.32.21**

AN ORDINANCE OF THE COMMON COUNCIL AUTHORIZING THE SALE TO AUMAND RESTORATIONS, LLC OF 948 BROADWAY (Tax Map Parcel Number 65.16-1-32)

FISCAL IMPACT

No sale price has been determined yet. The property is listed as having a full market value of \$35,011 on the 2020 assessment roll.

Affirmative 14 Negative Abstain Present

✓ **ORDINANCE 12.51.21R**

AN ORDINANCE OF THE COMMON COUNCIL AUTHORIZING THE SALE TO BRENDA ROBINSON OF 256 LIVINGSTON AVENUE (Tax Map Parcel Number 65.65-5-16) AND 258 LIVINGSTON AVENUE (Tax Map Parcel Number 65.65-5-15)

FISCAL IMPACT(S)

No sale price has yet been determined. 256 Lancaster has a full market value of \$2,248 according to the 2020 assessment roll and 258 Livingston has a full market value of \$2,784.

Affirmative 13 Negative 1 Abstain/ Recuse Present

✓ **ORDINANCE 14.52.21**

AN ORDINANCE AUTHORIZING THE SALE TO BURKE COMMUNITY SERVICE CORPORATION OF A PORTION OF THE CITY-OWNED DELAWARE PAPER STREET AND A PORTION OF THE CITY-OWNED ALEXANDER PAPER STREET

FISCAL IMPACT(S)

There will be no direct fiscal impact because of this sale. Two appraisal reports prepared by Conti Appraisal and Consulting are annexed hereto. One report appraises the value of the two paper streets to be sold at a combined \$45,000. The other report ascribes a combined value of \$70,000 to the permanent easement rights the City will obtain.

✓ **Affirmative 13 Negative 1 Abstain/ Recused Present**

✓ **ORDINANCE 16.52.21**

AN ORDINANCE AUTHORIZING THE SALE TO DR. BRENDA ROBINSON OF THE CITY-OWNED PROPERTY LOCATED AT 23 LARK STREET (Tax Map Parcel Number 65.65-5-19)

FISCAL IMPACT(S)

There will be no direct fiscal impact because of this sale. The property is assessed at \$1,500 each and will be sold for that amount.

Affirmative 13 Negative 1 Abstain/ Recused Present

The above items conclude the legislation passed at the July 8, 2021 meeting of the Common Council that either had a fiscal impact or involved the sale of City owned property.