

AGREEMENT

Entered into and effective as of this _____ day of October, 2016, by and between the **TOWN OF SCHODACK**, by and through its Town Board, with its offices located at 265 Schuurman Road, Castleton, New York, hereinafter referred to as the "**TOWN**", and **GOLDBERGER AND KREMER**, with its principal place of business located at 39 North Pearl Street, Suite 201, Albany, New York 12207.

1. The **TOWN** hereby retains and employs **GOLDBERGER AND KREMER** as its Labor Relations Attorneys and Consultants to provide to the **TOWN** the following professional services:
 - a. Comprehensive negotiating services, as may be requested by the Town, for its collective bargaining units in which terms and conditions of employment between the **TOWN** and its employees are negotiated. These services shall include, but not be limited to, preparation of all proposals, participation as principal spokesperson, drafting of the agreement, attendance at meetings of the Town Board, and representation during contract mediation, fact finding, and/or interest arbitration as requested by the Town.
 - b. Provide advice regarding the **TOWN'S** rights and liabilities in connection with:
 - i. Civil Service Law;
 - ii. Taylor Law;
 - iii. Fair Labor Standards Act;
 - iv. Unemployment Insurance Law;
 - v. Workers' Compensation Law;
 - vi. Human Rights/Discrimination;
 - vii. Disability Benefits;
 - viii. Contract Administration and Enforcement;

- ix. Grievances Filed Against Employer;
 - x. Employee Discipline Matters;
 - xi. Work Rules;
 - xii. Layoff Procedures;
 - xiii. General Municipal Law;
 - xiv. Americans With Disabilities Act;
 - xv. Family and Medical Leave Act; and
 - xvi. Omnibus Transportation Employees Testing Act of 1991 (CDL Drug Testing).
- c. Representation in administrative disciplinary proceedings against employees, contract grievance proceedings, and workplace investigations.
 - d. Representation before the Public Employment Relations Board, State and/or Federal Courts in labor-related litigation.
 - e. Advice and representation in such other labor relations/employment law matters as may be requested by the Town.
2. The **TOWN** hereby agrees to compensate **GOLDBERGER AND KREMER** for the services mentioned above as follows:
- a. At the rate of \$225.00 per hour for the first contract year;
 - b. At the rate of \$235.00 per hour for the second contract year (\$10.00 increase); and
 - c. At the rate of \$245.00 per hour for the third contract year (\$10.00 increase).

Travel time shall be charged at the applicable rate. Normal disbursements such as mileage, tolls, telephone charges, filing fees, etc. shall be stated separately on each invoice.

3. The term of this Agreement shall be three years commencing October ____, 2016. The **TOWN** may terminate this Agreement at any time upon thirty (30) days' written notice

from the **TOWN** to **GOLDBERGER AND KREMER**.

IN WITNESSES WHEREOF, the parties have executed this Agreement on the day and year first written above.

TOWN OF SCHODACK

By: _____

GOLDBERGER AND KREMER

By: _____
Bryan J. Goldberger

2016-218

VOUCHER TOWN OF SCHODACK Town Hall 265 Schuurman Road Castleton, NY 12033	(CLAIMANT- DO NOT WRITE IN THIS AREA) VOUCHER NUMBER _____ _____ _____										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">FUND APPROPRIATION</th> <th style="width:50%;">AMOUNT</th> </tr> <tr> <td style="text-align: center;">B8010.4</td> <td style="text-align: right;">112.00</td> </tr> <tr> <td style="text-align: center;">B8020.4</td> <td style="text-align: right;">168.00</td> </tr> <tr> <td style="text-align: center;">B3620.4</td> <td style="text-align: right;">280.00</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">\$560.00</td> </tr> </table>	FUND APPROPRIATION	AMOUNT	B8010.4	112.00	B8020.4	168.00	B3620.4	280.00	TOTAL	\$560.00
FUND APPROPRIATION	AMOUNT										
B8010.4	112.00										
B8020.4	168.00										
B3620.4	280.00										
TOTAL	\$560.00										
Business Automation Services, Inc. 661 Plank Road Clifton Park, , NY 12065											
DETAILED INVOICE MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED.											

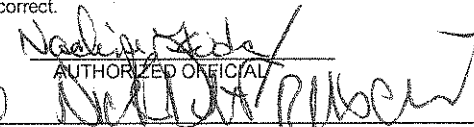
TERMS: _____ P.O. NO.: _____	CHECK NO. _____ DATE: _____
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DATE	INVOICE NUMBER	QUANTITY DESCRIPTION OF MATERIAL OR SERVICES	UNIT PRICE	AMOUNT
9/26/2016	92016	Software Training 4 hours at \$140.00per hour		560.00
Total				\$560.00

CLAIMANT'S CERTIFICATION

I _____ certify that the above account in the amount of \$_____ is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

DATE _____	SIGNATURE _____	TITLE _____
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DEPARTMENT APPROVAL The above services or materials were rendered or furnished to the municipality on the date stated and the changes are correct.	APPROVAL FOR PAYMENT This claim is approved and ordered paid from the appropriatrions indicated above.
9/26/16 DATE	 AUTHORIZED OFFICIAL



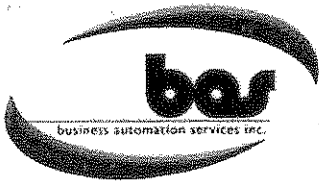
Business Automation Services, Inc
 661 Plank Road
 Clifton Park, NY 12065
 Phone 518-371-6869

DATE	INVOICE #
9/20/2016	092016

BILL TO
Mr. Gary Ziegler Building Dept. Town of Schodack 265 Schuurman Rd Castleton, NY 12033

TERMS
Due on Receipt

SOFTWARE & SERVICES	AMOUNT
Integrated Property System Software Training (4 hours @ \$140/hour - excluding travel expenses) <i>Planning + Zoning \$280.00</i> <i>Building \$280.00</i>	560.00
Thank you for your business.	TOTAL DUE \$560.00



"Transforming the way government works"

661 Plank Road • Clifton Park • New York • 12065 • Phone 518-371-6869 • Fax 518-371-8207

9/14/2016

TOWN OF SCHODACK

IPS SYSTEM QUOTE

SOFTWARE/SERVICES:

COST:

IPS System

\$560

Software Training*
(4 hours @ \$140/hour- excluding travel expenses)

Total Software/Services:

\$560

* Please see Note #4 on the next page.

Approved by:

Nadine Fuda
Nick DeFruscio

Name

Nadine Fuda / Nick DeFruscio

Signature

Director of Planning / C. E. O. / Ass Bldg Insp

Title

9/19/16

Date



Customer Service Log

Client: Schodack

BAS Representative: Sherri Manss

Service Description

IPS Training

Notes

met with Nadine, Nick, Melissa & Martha
Went over entering permits, inspections, basic
searching.

They will need to review forms, permit types,
default inspections so setup can be addressed.

Follow up configurations items will be
needed

Date	Time-In	Time-Out	Total Time On-Site
09/21/2016	9:00	1:00	4 hrs.

Total Travel Time: 1

I hereby acknowledge a BAS representative was present between the times stated above and that all information is true.

Nick DeFrenco

NAME

TITLE

Nadine Loda

SIGNATURE

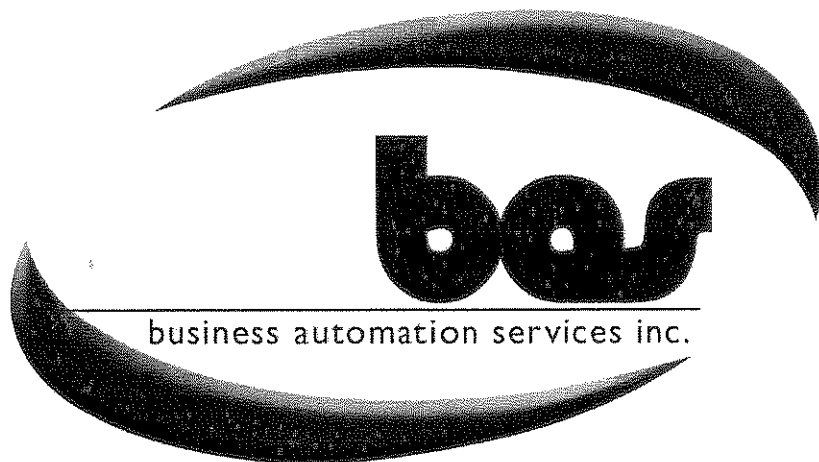
9-21-16

DATE

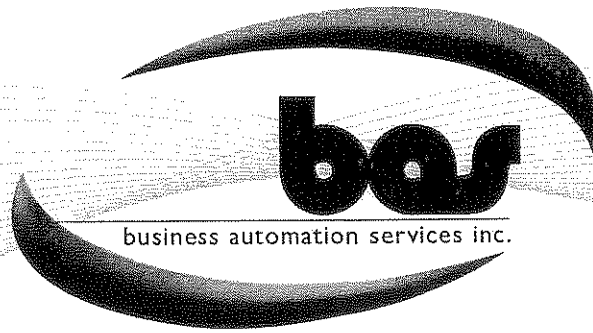
TOWN OF SCHODACK

IPS SOFTWARE TRAINING

QUOTE



SEPTEMBER 2016



INTEGRATED PROPERTY SYSTEM

The Integrated Property System (IPS) is an innovative suite of integrated applications that consolidates property data from every department within a municipality into a shared, centralized database. This provides efficient and easy access for all authorized users, while providing ample security restrictions to tailor the system to your business needs.

PERMITTING

CODE ENFORCEMENT / SERVICE REQUESTS

PLANNING / ZONING

PERIODIC INSPECTIONS

COMPREHENSIVE PARCEL HISTORY

DOCUMENT MANAGEMENT

BATCH PRINTING

MOBILE APPLICATION

CITIZEN WEB PORTAL

WORKFLOW AUTOMATION

ASSESSMENT INTEGRATION

OUTLOOK / EXCHANGE INTEGRATION

ACTIVE DIRECTORY INTEGRATION

GRANULAR SECURITY CONTROLS

What Do Our Customers Think?

"IPS has provided greater productivity for many aspects of the City of Syracuse's operations, for the benefit of citizens, developers, and City staff. The Complaint Module provides Code Enforcement and Public Works a means to more efficiently manage and track high volumes of varied activities, and the Web Portal allows constituents to enter and track complaints and service requests online. Using Workflow for interdepartmental reviews of permit and zoning plans has made review processes transparent and more efficient, automatically notifying the applicant and other reviewers of relevant results. Access to information tracked by multiple departments has made IPS an invaluable tool for planning and resource allocation, and we look forward to working with the BAS team on further IPS integration with BAS Tax, Water Billing, and Public Works software.

- Martha Maywalt
City of Syracuse
Director of Pre-development Neighborhood & Business Development



"Transforming the way government works"

661 Plank Road • Clifton Park • New York • 12065 • Phone 518-371-6869 • Fax 518-371-8207

Notes on IPS Software, Services & Rates:

1. Our proposal assumes that your municipality is using the NYS Real Property System and that the RPSV4 assessment data will be on the same computer/network as the BAS property software; if this is not the case, a custom interface will be required for which estimates will be provided.
2. The Annual Software Maintenance Fee covers any State mandated changes and other BAS initiated software enhancements as well as unlimited telephone and remote assistance support.
3. Implementation services include system configuration which is the custom setup (at BAS) of the software including the various permits and/or inspection types, the forms required (e.g. CO, CC, violations), etc; If the amount of setup work required exceeds the estimate it will be billed at our standard rate of \$1120 per day for each BAS software specialist.
4. Training hours are invoiced at our standard rate of \$1120/day. Training will be conducted at your location, unless otherwise instructed. Travel expenses includes, but is not limited to, personal vehicle transportation at the Federal/State Mileage Rate; train/air fare; lodging; parking; tolls and meal expenses.
5. Installation support and training is normally completed within approximately 30-60 days after receipt of a confirmed order. However, the actual schedule is dependent on receiving confirmation that the client's computer system meets the BAS Windows Software Hardware/Network Guidelines; if conversion of data is required prior to the "live" operation of the system, the implementation schedule will be adjusted accordingly. Any additional training required will be billed at our standard rate.
6. The BAS professional rate for consulting, systems analysis, custom software development or technical support is \$160 per hour; estimates will be provided in advance for client approval before this type of work would be initiated.
7. Internet Access is required for downloading software updates, email support and web-based technical support. BAS utilizes remote connection technology for off-site support; no 3rd party communications software is needed.
8. Due to copyright infringement issues it is necessary for your municipality to have a licensing agreement with your current NY State Code vendor (ICC) for the same number of workstation licenses purchased from BAS; this will allow you to copy and paste the codes into the BAS IPS software.
9. Prospective purchasers should carefully review the BAS Windows Software Hardware/Network Guidelines.
10. To order the software, a 50% down payment is needed along with a signed purchase order or letter of commitment.

2016-220

**TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST**

Pursuant to Resolution # 2008-056, the Supervisor is authorized to approve staff attendance at educational seminars if registration and expenses are deemed to be appropriately budgeted and do not exceed \$100 in the aggregate.

Staff attending educational program: Nick DeFruscio

Name of Seminar/Conf./Course: NYS Building Officials Conference

Location (City, State) Albany, NY 12205

Dates of Seminar: October 24-26, 2016

Cost of Seminar: \$ 310.00

Travel Costs: x 16.4 Estimated Amount
Mileage (\$.55/ mile) \$ 10.12
Train/Bus/Plane \$
Town Vehicle __ Y __ X __ N

Lodging:
of Nights _____
Cost per night \$
Total Lodging Cost \$

Meals:
Included in seminar cost X Y _____ N
Estimated cost if you answered no above \$

Total estimated cost to attend: \$ 310.00

Is the total cost budgeted? X Y _____ N

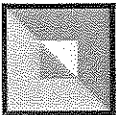
TB Resolution needed?* X Y _____ N

Department Head Approval Nick DeFruscio 9-7-16

Supervisor Approval _____

* Please plan ahead. A resolution is required prior to any town obligation (payment) for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

Note: Please make sure you bring the appropriate tax exemption forms with you. Most restaurants will accept the tax-exempt letter. There is also a special tax-exempt form for hotels.



TOWN OF SCHODACK

VOUCHER

265 Schuurman Road
 Castleton, New York 12033
 Phone: 518-477-7940
 Fax: 518-477-7983

Voucher # _____

General Fund

Date: _____ Check _____

Department: _____

Claimant's Name & Address :

Capital District Building Officials
 9 Herbert Drive
 Latham, NY 12110

FUND- APPROPRIATION

Amount

B 3620.4	\$310.00
TOTAL	\$310.00

Purchase Order Number _____

Date	Invoice #	Quantity	Description of Materials or Service	Unit Price	Total
9/7/16		1	NYSBOC – Educational Conference October 24-26, 2016 – NYS Building Officials Conference -	\$310.00	\$310.00
				Subtotal	\$310.00
				Shipping	
				TOTAL	\$310.00

CLAIMANT'S CERTIFICATION

I, _____, certify that the above account in the amount of \$_____ is true and correct: that the items, services, and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

_____ Date _____ Signature _____ Title _____

(Space Below For Municipal Use)

_____ Department Approval _____ Approval for Payment

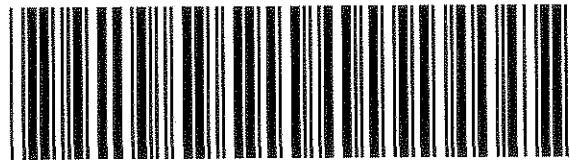
This above service or materials were rendered or furnished
 To the municipality on the dates stated and the charges are correct

This claim is approved and ordered, paid from the
 appropriations indicated above

9-7-16 _____
 Date Authorized Official

_____ Date _____
 Auditing Board

**DE FRUSCIO III , DOMINIC (NICK)
REGISTRATION CONFIRMATION**



NY0056812

PLEASE PRINT ALL PAGES OF

**THIS DOCUMENT IMMEDIATELY
PRINT BEFORE CLICKING PAYMENT**

CREDIT CARD PAYMENT CLICK HERE

DOMINIC (NICK)

**Congratulations. You have been confirmed for Attendance at
The Capital District Conference
YOU ARE REGISTERD FOR ALL 3 DAYS - OCTOBER 24-26, 2016**

**The Conference will be held at:
THE RADISON HOTEL
205 WOLF ROAD
ALBANY NY 12205**

**Pre-Registration will begin Sunday October 23, 2016 @ 6:00PM
Registration will then continue each morning at 7:00am and class starts at 8:00am**

Please carefully review all information below for accuracy.

email any corrections to info@nfboa.com

**Last Name: DE FRUSCIO III
First Name: DOMINIC (NICK)
Middle Initial: A
Job Title: ASSISTANT BLDG INSPECTOR/CODE
Address Line 1: 123 POYNEER RD.
Address Line 2:
City: NASSAU
State: NY
Zip: 12123
email: nick@schodack.org
Municipality or firm: SCHODACK
NY Training Id Num: NY0056812
FDID Num: 42818
Phone Number: 518-424-5450**

Martha Reed

From: Nick DeFruscio
Sent: Wednesday, September 07, 2016 9:18 AM
To: Martha Reed
Subject: FW: Capital District Conference Invitation

From: Capital District NYSBOC [<mailto:info@nfboa.com>]
Sent: Tuesday, September 06, 2016 10:14 PM
To: Nick DeFruscio
Subject: Capital District Conference Invitation



NEW YORK STATE
BUILDING OFFICIALS CONFERENCE INC.
CAPITAL DISTRICT CHAPTER

NYID: NY0056812

FDID: 42818

Dear DOMINIC DE FRUSCIO III,

It is with great pleasure that we invite you to attend the **24th Annual Capital District Building Officials Educational Conference** at The Radisson Hotel (Same Hotel Different Name) on Wolf Road in Colonie, New York on **October 24, 25 & 26, 2016**. Those who have attended this conference in the past are aware of the ideal educational setting that the hotel provides and the quality information provided by the courses that are offered. For those who have not previously attended, you will find excellent food and accommodations, and the absolute best in learning atmosphere and opportunity.

For hotel reservations please [CLICK HERE](#) The Radisson Hotel Registration form - *this completed form must be returned directly to the hotel*. To register for the conference go to www.nfboa.com/cap - all registration for the educational component of the conference must be done electronically. We are confident you will find this process streamlined and convenient, and once you have registered you will receive a confirmation email.

Early Check-In will be available at the hospitality suite on Sunday evening, October 23rd from 6PM – 8PM or you may Check-In on Monday morning, October 24th between 7AM and 8AM. The cost for the entire three days for any NYSBOC Member is \$310 or \$350 for non-members. The cost for a single day's attendance is \$125. These costs include breaks, lunch and dinner on Monday and Tuesday and all course materials as provided by the instructors. *In response to requests by attendees, this year we are offering the ability to pay by credit card –*

we will be accepting MasterCard, Visa, American Express & Discover. In order to pay by credit card you will need to present the card at the conference for payment processing.

All courses have been designed to assist building & fire officials and design professionals in their daily jobs and all courses have been approved and accredited to meet the requirements of Title 19 NYCRR for Code Enforcement In-service Training. Topics covered at this year's conference include:

[Click to Register](#)

This year's conference will include the following topics: Navigating the Code, DOS Update, Fire Extinguishers, Wood Construction, Masonry Construction, Plumbing, Energy Code & Legal Issues.

(Schedule subject to change)

Stay tuned & visit this sight [Click to View Schedule](#) within 2 weeks for a detailed schedule

The Conference Committee believes that the program that has been prepared this year will prove to be the best ever and we hope to see you there!

Annual Educational Conference Committee
Capital District NYSBOC
www.capitaldistrictnysboc.com

Capital District Building Officials Association

24th Annual Educational Conference

Monday, Tuesday & Wednesday October 24 - 26, 2016

Radisson Hotel (formerly the Holiday Inn Turf)

Wolf Road, Albany New York

This year's conference will include the following topics: Navigating the Code, DOS Update, Fire Extinguishers, Wood Construction, Masonry Construction, Plumbing, Energy Code & Legal Issues.

(Schedule subject to change)

Stay tuned & visit this site within 2 weeks for a detailed schedule




265 Schuurman Road to 205 Wolf Road,
Albany, NY

Drive 18.4 miles, 20 min





265 Schuurman Road

Castleton-on-Hudson, NY 12033

Get on I-90 W

- | | | |
|---|--|----------------|
| | | 2 min (0.9 mi) |
|  | 1. Head northeast on Schuurman Rd toward N Old Post Rd | |
| | | 190 ft |
|  | 2. Turn right onto US-20 W/U.S. 9 N | |
| | | 0.6 mi |
|  | 3. Use the right lane to take the ramp onto I-90 W | |
| | | 0.3 mi |

Continue on I-90 W to Colonie. Take exit 4 from I-87 N

- | | | |
|---|---|------------------|
| | | 17 min (17.2 mi) |
|  | 4. Merge onto I-90 W | |
| | | 13.1 mi |
|  | 5. Keep left to stay on I-90 W | |
| | | 0.8 mi |
|  | 6. Use the right 2 lanes to merge onto I-87 N toward Saratoga | |
| | | 3.2 mi |
|  | 7. Take exit 4 toward NY-155 W/Albany Shaker Rd | |
| | | 0.1 mi |

Continue on Wolf Rd to your destination

- | | | |
|---|-----------------------------|----------------|
| | | 1 min (0.3 mi) |
|  | 8. Turn right onto Wolf Rd | |
| | | 0.2 mi |
|  | 9. Turn left at Beltrone Dr | |
| | | 459 ft |

205 Wolf Road

Albany, NY 12205

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

2016-221

TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST

Pursuant to Resolution # 2010-044, the Supervisor is authorized to approve staff attendance at educational seminars if registration and expenses are deemed to be appropriately budgeted and do not exceed \$250 in the aggregate.

Please attach information about the seminar (i.e. agenda) include documentation to support each cost item, so that the Supervisor and/or Town Board can appropriately review.

Staff attending educational program: Nadine Fuda

Name of Seminar/Conf./Course: Capital District Conference

Location (Venue, City): Albany, NY 12205

Dates of Seminar: Oct. 24,25 2016

Cost of Seminar (Registration Fees): \$250.00

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as of 1/1/16</u>	<u>Estimated Amount</u>
Mileage	73.6	\$ 0.54	\$ 39.740
<small>Please include a copy of mapquest to estimate total mileage - this will be used as a guideline when your actual mileage is submitted for reimbursement.</small>			
Train/Bus/Plane		\$	
Town Vehicle		no	

40.48

Lodging:

Name of Hotel/Motel _____

of Rooms _____

of Nights _____

Cost per night _____

Total Lodging Cost _____

Meals:

Included in seminar cost yes

Estimated cost if you answered no above _____

Total estimated cost to attend: _____

Estimated cost per staff member* \$289.74

(total cost divided by # of ppl attending)

Is the total cost budgeted? _____

TB Resolution needed?* _____

If Yes, please document resolution # #2016

Department Head Approval Nadine Fuda

Supervisor Approval _____

* If the estimated cost per staff member is > \$250, then a TB resolution is required. Please plan ahead. A resolution is required prior to any town obligation (payment) for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

Note: Please make sure you bring the appropriate tax exemption forms with you. Most restaurants will accept the tax-exempt letter. There is also a special tax-exempt form for hotels.

VOUCHER TOWN OF SCHODACK Town Hall 265 Schuurman Road Castleton, NY 12033	(CLAIMANT- DO NOT WRITE IN THIS AREA) VOUCHER NUMBER _____ _____ _____		
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FUND APPROPRIATION	AMOUNT		

Capital District Building Officials 11 Herbet Drive Latham , NY 12110 DETAILED INVOICE MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">B8010.4</td> <td style="width:50%; text-align: right;">\$100.00</td> </tr> <tr> <td>B8020.4</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;">TOTAL</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$250.00</td> </tr> </table>	B8010.4	\$100.00	B8020.4	\$150.00	TOTAL		\$250.00	
B8010.4	\$100.00								
B8020.4	\$150.00								
TOTAL									
\$250.00									

TERMS: _____	CHECK NO. _____
P.O. NO.: _____	DATE: _____

DATE	INVOICE NUMBER	QUANTITY DESCRIPTION OF MATERIAL OR SERVICES	UNIT PRICE	AMOUNT
9/7/2016		Capital District Building officials Monday Oct. 24th and Tuesday 25th		250.00
			Total	\$250.00

CLAIMANT'S CERTIFICATION

I _____ certify that the above account in the amount of \$_____ is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

DATE _____	SIGNATURE _____	TITLE _____
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DEPARTMENT APPROVAL The above services or materials were rendered or furnished to the municipality on the date stated and the charges are correct. <div style="text-align: center; margin-top: 10px;"> _____ AUTHORIZED OFFICIAL </div>	APPROVAL FOR PAYMENT This claim is approved and ordered paid from the appropriations indicated above. <div style="text-align: center; margin-top: 10px;"> _____ _____ </div>
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Capital District Conference

INVOICE

September 7, 2016

INVOICE No: NY0004313 - 2016

Payable To:
CAPITAL DISTRICT BUILDING OFFICIALS
11 Herbet Drive
Latham NY 12110
518-573-5088

Attendee:
NADINE FUDA
265 SCHUURMAN RD
CASTLETON NY 12033

ATTENDANCE AT THE Capital District Conference \$250.00

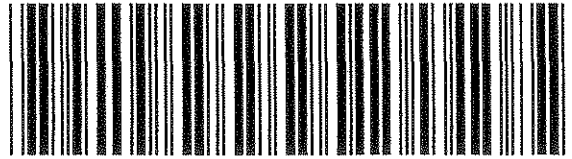
YOU ARE REGISTERD FOR MONDAY AND TUESDAY OCTOBER 24 - 25, 2016 ONLY

PLEASE MAKE CHECKS PAYABLE TO: CAPITAL DISTRICT BUILDING OFFICIALS
TAX ID: 43-1957256
NYS Vendor ID # 1100003647

**FUDA , NADINE
REGISTRATION CONFIRMATION**

PLEASE PRINT ALL PAGES OF

**THIS DOCUMENT IMMEDIATELY
PRINT BEFORE CLICKING PAYMENT**



NY0004313

CREDIT CARD PAYMENT CLICK HERE

NADINE

**Congratulations. You have been confirmed for Attendance at
The Capital District Conference
YOU ARE REGISTERD FOR MONDAY AND TUESDAY OCTOBER 24 - 25, 2016 ONLY**

**The Conference will be held at:
THE RADISON HOTEL
205 WOLF ROAD
ALBANY NY 12205**

**Pre-Registration will begin Sunday October 23, 2016 @ 6:00PM
Registration will then continue each morning at 7:00am and class starts at 8:00am**

Please carefully review all information below for accuracy.

email any corrections to info@nfboa.com

**Last Name: FUDA
First Name: NADINE
Middle Initial: A
Job Title: CEO
Address Line 1: 265 SCHUURMAN RD
Address Line 2:
City: CASTLETON
State: NY
Zip: 12033
email: nadine.fuda@schodack.org
Municipality or firm: TOWN OF SCHODACK
NY Training Id Num: NY0004313
FDID Num: 42818
Phone Number: 518-477-7938**



265 Schuurman Road to 205 Wolf Road,
Albany, NY

Drive 18.4 miles, 20 min

265 Schuurman Road

Castleton-on-Hudson, NY 12033

Get on I-90 W

2 min (0.9 mi)

- ↑ 1. Head northeast on Schuurman Rd toward N Old Post Rd
- ↘ 2. Turn right onto US-20 W/U.S. 9 N
- ⤴ 3. Use the right lane to take the ramp onto I-90 W

190 ft

0.6 mi

0.3 mi

Continue on I-90 W to Colonie. Take exit 4 from I-87 N

17 min (17.2 mi)

- ⤴ 4. Merge onto I-90 W
- ↙ 5. Keep left to stay on I-90 W
- ↘ 6. Use the right 2 lanes to merge onto I-87 N toward Saratoga
- ↘ 7. Take exit 4 toward NY-155 W/Albany Shaker Rd

13.1 mi

0.8 mi

3.2 mi

0.1 mi

Continue on Wolf Rd to your destination

1 min (0.3 mi)

- ↘ 8. Turn right onto Wolf Rd
- ↙ 9. Turn left at Beltrone Dr

0.2 mi

459 ft

205 Wolf Road

Albany, NY 12205

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board

(Page 1 of 2)

1. Date Notice Was Sent: Sep 8, 2016 1a. Delivered by: Personal Delivery with Proof of Receipt

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

- New Application
- Renewal
- Alteration
- Corporate Change
- Removal
- Class Change

RECEIVED
SEP 08 2016
Schodack Town Clerk

For **New** applicants, answer each question below using all information known to date.
 For **Renewal** applicants, set forth your approved Method of Operation only.
 For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s).
 For **Corporate Change** applicants, attach a list of the current and proposed corporate principals.
 For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.
 For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type.

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board: TOWN OF SCHODACK

Applicant/Licensee Information

4. License Serial Number, if Applicable: _____ Expiration Date, if Applicable: _____

5. Applicant or Licensee Name: NAPREDAK LLC

6. Trade Name (if any): PEPPINOS ITALIAN MEXICAN GRILL

7. Street Address of Establishment: 1685 US 9

8. City, Town or Village: CASTLETON ON HUDSON, NY Zip Code: 12033

9. Business Telephone Number of Applicant/Licensee: 518-477-8675

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: TECH7SYSTEMS@GMAIL.COM

12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: RESTAURANT

15. Method of Operation: (Check all that apply)

- Seasonal Establishment
- Juke Box
- Disc Jockey
- Recorded Music
- Karaoke
- Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.): 2 PEICE OR SOLO BAND
- Patron Dancing
- Employee Dancing
- Exotic Dancing
- Topless Entertainment
- Video/Arcade Games
- Third Party Promoters
- Security Personnel
- Other (specify): _____

16. Licensed Outdoor Area: (Check all that apply)

- None
- Patio or Deck
- Rooftop
- Garden/Grounds
- Freestanding Covered Structure
- Sidewalk Cafe
- Other (specify): _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board

(Page 2 of 2)

17. List the floor(s) of the building that the establishment is located on:
18. List the room number(s) the establishment is located in within the building, if appropriate:
19. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.
22. Does the applicant or licensee own the building in which the establishment is located? Yes (If Yes SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name:
24. Building Owner's Street Address:
25. City, Town or Village: State: Zip Code:
26. Business Telephone Number of Building Owner:

Representative or Attorney representing the Applicant in Connection with the application for a license to traffic in alcohol at the establishment identified in this notice

27. Representative/Attorney's Full Name:
28. Street Address:
29. City, Town or Village: State: Zip Code:
30. Business Telephone Number of Representative/Attorney:
31. Business Email Address:

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

32. Printed Name: Title:

Signature: X

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**Town of Schodack
MVP Health Comparison
Effective 12/1/2016**

9/9/2016

Company		CDPHP - Current Plan Unavailable after 11/30/16	MVP Liberty Platinum 3	MVP Liberty HDHP Gold 2
Plan		HA14L15 - HMO In-Network	NY-EPO-SP-003-N In-Network	NY-EPOH-SG-002-N In-Network
Deductible	Single Family Single Family	N/A N/A	N/A N/A	\$1,400 \$2,800
Maximum Out of Pocket (Includes Deductible)		\$6,600 \$13,200	\$4,400 \$8,800	\$6,350 \$12,700
Office Visits - Primary Doctor		\$25 Copayment	\$30 Copayment	\$5 Copayment after deductible is met
Office Visits - Specialist		\$25 Copayment	\$40 Copayment	\$15 Copayment after deductible is met
Preventive		Covered in Full	Covered in Full	Covered in Full
Inpatient Services		Covered in Full	\$150 Copayment	\$200 Copayment after deductible is met
Outpatient Services		\$25 Copayment	\$50 Copayment	\$100 Copayment after deductible is met
Emergency Room / Ambulance		\$100 Copayment each	\$100 Copayment each	\$75 Copayment each after deductible is met
Urgent Care Center		\$35 Copayment	\$40 Copayment	\$15 Copayment after deductible is met
Durable Medical Equipment		20% Coinsurance	50% Coinsurance	50% Coinsurance after deductible is met
Diabetic Services/DME		\$15 Copayment	\$30 Copayment	\$5 Copayment after deductible is met
Physical Therapy		\$25 Copayment (120 visits per benefit period)	\$40 Copayment (54 (PT/OT/SP) visits per condition, per lifetime combined therapies)	\$15 Copayment after deductible is met (54 (PT/OT/SP) visits per condition, per lifetime combined therapies)
Speech Therapy		\$25 Copayment (60 visits per benefit period)	\$40 Copayment (54 (PT/OT/SP) visits per condition, per lifetime combined therapies)	\$15 Copayment after deductible is met (54 (PT/OT/SP) visits per condition, per lifetime combined therapies)
Occupational Therapy		\$25 Copayment (120 visits per benefit period)	\$40 Copayment (54 (PT/OT/SP) visits per condition, per lifetime combined therapies)	\$15 Copayment after deductible is met (54 (PT/OT/SP) visits per condition, per lifetime combined therapies)
Vision Exam Routine	Adult	\$25 Copayment - One Routine Exam every 24 months	Not Covered	Not Covered
	Child	\$25 Copayment - One Routine Exam every 24 months	\$40 Copayment (every 12 months) - 50% Coinsurance for Lenses, Frames and/or Contact Lenses	\$15 Copayment after deductible is met (every 12 months) - 50% Coinsurance after deductible is met for Lenses, Frames and/or Contact Lenses
Diagnostic Testing		\$25 Copayment	PCP \$30 Copayment / Specialists \$40 Copayment	PCP \$5 Copayment after deductible is met Specialists \$15 Copayment after deductible is met
Mammogram		Covered in Full	Covered in Full	Covered in Full
Prostate Screening		Covered in Full	PCP \$30 Copayment / Specialists \$40 Copayment	PCP \$5 Copayment after deductible is met Specialists \$15 Copayment after deductible is met
Maternity				
Physician Services (billed separately from facility)		Covered in Full	Covered in Full	\$25 Copayment after deductible is met*
Inpatient Hospital Services		Covered in Full	\$150 Copayment	\$200 Copayment after deductible is met
Newborn Nursery		Covered in Full	\$150 Copayment	\$200 Copayment after deductible is met
Chiropractic Benefits		\$25 Copayment	\$40 Copayment	\$15 Copayment after deductible is met
Home Health Care		Covered in Full	\$40 Copayment (60 visits per plan year)	\$15 Copayment after deductible is met (60 visits per plan year)
Skilled Nursing Facility		Covered in Full (90 days per benefit period)	\$150 Copayment (200 days per plan year)	\$200 Copayment after deductible is met (200 days per plan year)
Mental Health Services		\$25 Copayment - Outpatient Covered in Full - Inpatient	\$30 Copayment - Outpatient \$150 Copayment - Inpatient	\$5 Copayment after deductible is met - Outpatient \$200 Copayment after deductible is met - Inpatient
Chemical Abuse and Dependency Services		\$25 Copayment - Outpatient Covered in Full - Inpatient	\$30 Copayment - Outpatient (up to 20 visits) \$150 - Inpatient	\$5 Copayment after deductible is met - Outpatient (up to 20 visits) \$200 Copayment after deductible is met - Inpatient
Acupuncture		\$25 Copayment (10 visit limit)	50% Coinsurance (12 visits per plan year)	50% Coinsurance (12 visits per plan year)
Domestic Partner Coverage		Included	Included	Included
Dependent Coverage		age 26	age 26	age 26
Life points participation / Wellness		up to \$160 per contract	up to a \$325 allowance	up to a \$325 allowance
Prescription Drugs	Retail/30 Day Supply Tier 1 Tier 2 Tier 3 Mail Order/90 Day Supply	\$5 Copayment \$25 Copayment \$40 Copayment 2.5x Copayment	\$5 Copayment \$15 Copayment \$25 Copayment 2.5x Copayment	*Ded waived for some preventive drugs \$5 Copayment after deductible is met * \$15 Copayment after deductible is met * \$25 Copayment after deductible is met * 2.5x Copayment after deductible is met *

This summary is intended to be a brief outline of coverage for discussion purposes only.

Provider Search Links

CDPHP <https://findadoc.cdphp.com/>
MVP <http://mvp.prismisp.com/index.php>

**Town of Schodack
CDPHP Health Comparison
Effective 12/1/2016**

9/9/2016

Company		CDPHP - Current Plan Unavailable after 11/30/16	CDPHP EPO Plan 120	CDPHP HDEPO Plan 320
Plan		HA14L15 - HMO In-Network	SUPF 1212 In-Network	SUSF 3247 In-Network
Deductible	Single	N/A	N/A	\$1,500
	Family	N/A	N/A	\$3,000
Maximum Out of Pocket (Includes Deductible)	Single	\$6,600	\$6,850	\$6,550
	Family	\$13,200	\$13,700	\$13,100
Office Visits - Primary Doctor		\$25 Copayment	\$15 Copayment	\$25 Copayment after deductible is met
Office Visits - Specialist		\$25 Copayment	\$15 Copayment	\$40 Copayment after deductible is met
Preventive		Covered in Full	Covered in Full	Covered in Full
Inpatient Services		Covered in Full	\$500 Copayment	Covered in Full after deductible is met
Outpatient Services		\$25 Copayment	\$100 Copayment	\$100 Copayment after deductible is met
Emergency Room / Ambulance		\$100 Copayment each	\$100 Copayment each	\$50 Copayment each after deductible is met
Urgent Care Center		\$35 Copayment	\$25 Copayment	\$50 Copayment after deductible is met
Durable Medical Equipment		20% Coinsurance	50% Coinsurance	50% Coinsurance after deductible is met
Diabetic Services/DME		\$15 Copayment	\$15 Copayment	\$25 Copayment after deductible is met
Physical Therapy		\$25 Copayment (120 visits per benefit period)	\$15 Copayment (60 combined therapies - (PT/OT/SP), per condition, per lifetime)	\$40 Copayment (60 combined therapies - (PT/OT/SP), per condition, per lifetime)
Speech Therapy		\$25 Copayment (60 visits per benefit period)	\$15 Copayment (60 combined therapies - (PT/OT/SP), per condition, per lifetime)	\$40 Copayment (60 combined therapies - (PT/OT/SP), per condition, per lifetime)
Occupational Therapy		\$25 Copayment (120 visits per benefit period)	\$15 Copayment (60 combined therapies - (PT/OT/SP), per condition, per lifetime)	\$40 Copayment (60 combined therapies - (PT/OT/SP), per condition, per lifetime)
Vision Exam Routine	Adult	\$25 Copayment - One Routine Exam every 24 months	\$15 Copayment - One Routine Exam every benefit period	\$40 Copayment after deductible is met - One Routine Exam every benefit period
	Child	\$25 Copayment - One Routine Exam every 24 months	\$15 Copayment - One Routine Exam per plan year- 50% Coinsurance is met for Lenses, Frames and/or Contact Lenses	\$25 Copayment after deductible is met - One Routine Exam per plan year - 50% Coinsurance after deductible is met for Lenses, Frames and/or Contact Lenses
Diagnostic Testing		\$25 Copayment	\$15 Copayment	\$40 Copayment after deductible is met
Mammogram		Covered in Full	Covered in Full	Covered in Full
Prostate Screening		Covered in Full	Covered in Full	Covered in Full
Maternity				
Physician Services (billed separately from facility)		Covered in Full	Covered in Full	Covered in Full after deductible is met
Inpatient Hospital Services		Covered in Full	\$500 Copayment	Covered in Full after deductible is met
Newborn Nursery		Covered in Full	Covered in Full	Covered in Full after deductible is met
Chiropractic Benefits		\$25 Copayment	\$15 Copayment	\$40 Copayment after deductible is met
Home Health Care		Covered in Full	\$15 Copayment (40 visits per benefit period)	\$25 Copayment after deductible is met (40 visits per benefit period)
Skilled Nursing Facility		Covered in Full (90 days per benefit period)	\$500 Copayment (365 days per plan year)	Covered in Full after deductible is met (365 days per plan year)
Mental Health Services		\$25 Copayment - Outpatient Covered in Full - Inpatient	\$15 Copayment - Outpatient \$500 Copayment - Inpatient	\$25 Copayment after deductible is met - Outpatient Covered in Full after deductible is met - Inpatient
Chemical Abuse and Dependency Services		\$25 Copayment - Outpatient Covered in Full - Inpatient	\$15 Copayment - Outpatient (up to 20 visits) \$500 - Inpatient	\$25 Copayment after deductible is met - Outpatient (up to 20 visits) Covered in Full after deductible is met - Inpatient
Acupuncture		\$25 Copayment (10 visit limit)	\$15 Copayment (10 visit limit)	\$40 Copayment after deductible is met (10 visit limit)
Domestic Partner Coverage		Included	Included	Included
Dependent Coverage		age 26	age 26	age 26
Life points participation / Wellness		up to \$180 per contract	up to \$180 per contract	up to \$180 per contract
Prescription Drugs	Retail/30 Day Supply			
	Tier 1	\$5 Copayment	\$4 Copayment	*Ded waived for some preventive drugs \$10 Copayment after deductible is met *
	Tier 2	\$25 Copayment	\$30 Copayment	50% Copayment after deductible is met *
	Tier 3	\$40 Copayment	\$60 Copayment	50% Copayment after deductible is met *
	Mail Order/90 Day Supply	2.5x Copayment	2.5x Copayment	2.5x Copayment after deductible is met *

This summary is intended to be a brief outline of coverage for discussion purposes only.

Provider Search Links

CDPHP <https://findadoc.cdphp.com/>
MVP <http://mvp.prismisp.com/index.php>