

PREMIUM SUMMARY

Named Insured: Town of Schodack

Proposed Coverage Date: 1/1/2018

Policy Type	Expiring Carrier Name	Expiring Annualized Premium	Proposed Carrier Name	Proposed Premium
Property	NYMIR	\$14,160.30	NYMIR	\$13,844.31
General Liability	NYMIR	\$25,771.90	NYMIR	\$26,821.30
Crime	NYMIR	\$361.90	NYMIR	\$493.90
Business Auto	NYMIR	\$20,900.60	NYMIR	\$20,714.10
Public Officials	NYMIR	\$19,330.30	NYMIR	\$22,041.80
Law Enforcement	NYMIR	\$26,737.70	NYMIR	\$26,635.40
OCP	NYMIR	\$275.00	NYMIR	\$275.00
Inland Marine	NYMIR	\$10,475.20	NYMIR	\$10,461.00
Umbrella	NYMIR	\$12,519.20	NYMIR	\$12,027.40
Total Premium		\$130,532.10		\$133,314.21

****Terrorism coverage must be accepted or declined prior to binding of policy.**

****Higher limits of liability may be available to you. If you would like a quotation for higher limits, please let us know.**

****Coverages described on the Coverage Options Available page may be available for an additional premium after completing additional applications.**

Proposal accepted as presented:

Authorized Signature Date

Proposal accepted as amended per changes noted on pages:

Authorized Signature Date

2017-288



18 CORPORATE WOODS BOULEVARD, SUITE 8
ALBANY, NEW YORK 12211

WILLIAM F. RYAN, JR.
WILLIAM J. KENIRY*
ERIC N. DRATLER**
TRACY L. BULLETT
THOMAS R. FALLATI
BRIAN M. QUINN***
KEITH M. GOLDSTEIN****

TRKLAW.COM

PHONE: (518) 465-9500
FAX: (518) 465-5112
ELECTRONIC SERVICE NOT ACCEPTED

JOHN W. TABNER
OF COUNSEL
HON. WILLIAM H. KENIRY
RETIRED JUSTICE OF THE SUPREME COURT OF NY
OF COUNSEL

*ALSO ADMITTED IN THE STATE OF MASSACHUSETTS
**ALSO ADMITTED IN THE STATE OF FLORIDA
***ALSO ADMITTED IN THE STATES OF CONNECTICUT & CALIFORNIA & DISTRICT OF COLUMBIA
****ALSO ADMITTED IN THE STATE OF CONNECTICUT

November 10, 2017

By E-Mail Only

Dawne Kelly
Town of Schodack
265 Schuurman Road
Castleton-on-Hudson, NY 12033

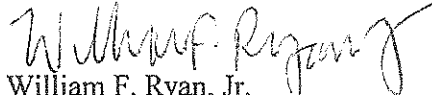
**Re: Sewer District No.1, Ext. No.1
Our File Number: 72898**

Dear Dawne:

Transmitted with this letter you will find the Proposed Resolution Order and Determination to be adopted by the town board on December 14, 2017 with respect to the above captioned sewer district extension. If you have questions about the proposed resolution please contact me.

Very truly yours,

TABNER, RYAN AND KENIRY, LLP


William F. Ryan, Jr.
Direct Dial: (518) 512-5303
wfr@trklaw.com

WFR:mcm
Enclosure

cc: Dennis Dowds, Supervisor (w/enc. and by e-mail only)
Debra Curtis, Town Clerk (w/enc. and by e-mail only)

I:\Schodack, Town of\72898\LTCLADawne Kelly_20171110_MCM.docx

AFFIDAVIT OF POSTING

**RESOLUTION ORDER AND DETERMINATION OF THE TOWN BOARD
OF THE TOWN OF SCHODACK, RENSSELAER COUNTY, NEW YORK
ESTABLISHING THE TOWN OF SCHODACK SEWER DISTRICT NO. 1,
EXTENSION NO. 1, IN THE TOWN OF SCHDACK, COUNTY OF
RENSSELAER, STATE OF NEW YORK PURSUANT TO ARTICLE 12A
OF THE TOWN LAW OF THE STATE OF NEW YORK**

STATE OF NEW YORK)
COUNTY OF RENSSELAER)
TOWN OF SCHODACK)ss.:

DEBRA L. CURTIS, being duly sworn, deposes and says that she resides in the Town of Schodack, County of Rensselaer, State of New York and is the Town Clerk of the said Town; deponent further says that on the day of October, 2017, she posted on the signboard of the Town, maintained pursuant to Section 30 of the Town Law, at the Town Hall Offices, Town of Schodack, New York, a copy duly certified by the Town Clerk, of the annexed Resolution and Determination authorizing establishment of Town of Schodack Sewer District No. 1, Extension No. 1.

That said Resolution and Determination was posted within ten (10) days of October 12, 2017, the date of adoption of the Resolution and Determination.

DEBRA L. CURTIS

Sworn to before me this _____
day of November, 2017

Notary Public

Town Board Order and Determination
Establishing the Town of Schodack
Sewer District No. 1, Extension No. 1

Resolution No. 2017-

**A RESOLUTION ORDER AND DETERMINATION OF THE TOWN BOARD
OF THE TOWN OF SCHODACK, RENSSELAER COUNTY, NEW YORK
ESTABLISHING THE TOWN OF SCHODACK SEWER DISTRICT NO. 1,
EXTENSION NO. 1 IN THE TOWN OF SCHODACK, COUNTY OF
RENSSELAER, STATE OF NEW YORK PURSUANT TO ARTICLE 12A OF
THE TOWN LAW OF THE STATE OF NEW YORK**

WHEREAS, a map, plan and report relating to the establishment of Town of Schodack Sewer District No. 1, Extension No. 1, prepared by Laberge Group, competent engineers, duly licensed by the State of New York, in manner and detail as determined by the Town Board of Schodack has been filed with the Town Clerk of Schodack in accordance with the requirements of the Town Law; and,

WHEREAS, an Order was adopted by the Town Board of the Town of Schodack on September 14, 2017, reciting the filing of the map, plan and report, the boundaries of the proposed sewer district extension, the improvements proposed, the estimated expense thereof, the proposed method of financing, the fact that the map, plan and report are on file in the Town Clerk's office in said Town for public inspection, and all other matters required by law to be stated; and

WHEREAS, the order set October 12, 2017 at 7:10 p.m. at the Schodack Town Hall, 265 Schuurman Road, Castleton, New York as the date, time and place of the public meeting to consider the map, plan and report, and to hear all persons interested in the subject, and to take action as required and authorized by law; and,

WHEREAS, such order was published and posted as required by law; and,

WHEREAS, a hearing on the matter was held by the Town Board on the 12th day of October, 2017 beginning at 7:10 p.m. and the matter being fully discussed and all interested persons having been duly heard; and

WHEREAS, it having been duly resolved and determined following such hearing, that the Notice of Public Hearing was published and posted as required by law and is otherwise sufficient, that all property and property owners within the limits of the proposed district are benefitted thereby, that all property and property owners benefitted are included within the limits of the proposed district, and that it was in the public interest to establish said TOWN OF SCHODACK SEWER DISTRICT NO. 1, EXTENSION NO. 1, and to grant, in whole, the relief sought, and it having been then and there duly resolved that establishment of said Sewer District No. 1, Extension No. 1, be approved, and that the permission of the New York State Comptroller is not required for the Sewer District No. 1, Extension No. 1, and that the aforesaid Town Board resolution of October 12, 2017 having been adopted subject to permissive referendum, and no petition for a referendum having been filed;

NOW THEREFORE, IT IS ORDERED, RESOLVED AND DETERMINED that the TOWN OF SCHODACK SEWER DISTRICT NO. 1, EXTENSION NO. 1, be created so as to include therein the following lands which are hereby established as the Town of Schodack Sewer district No. 1, Extension No. 1 and which lies wholly within the Town of Schodack, County of Rensselaer, State of New York, and is bounded and described in Schedule "A" attached hereto, and it is further,

ORDERED, RESOLVED AND DETERMINED that the Town Clerk is directed to cause a certified copy of this Order, Resolution and Determination to be recorded in the Office of the Clerk of the County of Rensselaer within ten (10) days after the adoption thereof, and a certified copy thereof to be submitted to the Department of Audit and Control at Albany, New York as provided by §209-g of the Town Law; and it is further,

ORDERED, RESOLVED AND DETERMINED, that the establishment of the Town of Schodack Sewer District No. 1, Extension No. 1, as set forth in the map, plan and report be approved; and it is further,

ORDERED, RESOLVED AND DETERMINED, the requested improvement shall constructed, and the necessary easements and lands be acquired, upon the required funds being made available and provided for, and such sewer district extension shall be known and designated as the Town of Schodack Sewer District No. 1, Extension No. 1, in the Town of Schodack and shall be bounded and described as set forth in Schedule "A" annexed hereto.

Roll Call:	<u>YES</u>	<u>NO</u>	<u>ABSENT</u>
Supervisor Dowds	_____	_____	_____
Councilperson Butt	_____	_____	_____
Councilperson Kenney	_____	_____	_____
Councilperson Swartz	_____	_____	_____
Councilperson Rex	_____	_____	_____

Carried:

CERTIFICATION OF TOWN CLERK

STATE OF NEW YORK)
COUNTY OF RENSSELAER) ss.:

I, DEBRA CURTIS, the undersigned Clerk of the Town of Schodack, Rensselaer County, New York, DO HEREBY CERTIFY:

That I have compared the foregoing copy of the minutes of the meeting of the Town Board of said Town, including the resolution contained therein, held on the 14th day of December, 2017, with the original thereof on file in my office, and that the same is a true and correct copy of said original and of the whole of said original so far as the same relates to the subject matters therein referred to.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Town this day of December, 2017.

Debra Curtis, Town Clerk

AFFIDAVIT OF POSTING

**RESOLUTION ORDER AND DETERMINATION OF THE TOWN BOARD
OF THE TOWN OF SCHODACK, RENSSELAER COUNTY, NEW YORK
ESTABLISHING THE TOWN OF SCHODACK SEWER DISTRICT NO. 1,
EXTENSION NO. 1, IN THE TOWN OF SCHDACK, COUNTY OF
RENSSELAER, STATE OF NEW YORK PURSUANT TO ARTICLE 12A
OF THE TOWN LAW OF THE STATE OF NEW YORK**

STATE OF NEW YORK)
COUNTY OF RENSSELAER)
TOWN OF SCHODACK)ss.:

DEBRA L. CURTIS, being duly sworn, deposes and says that she resides in the Town of Schodack, County of Rensselaer, State of New York and is the Town Clerk of the said Town; deponent further says that on the day of October, 2017, she posted on the website of the Town, maintained pursuant to Section 30 of the Town Law, at the Town Hall Offices, Town of Schodack, New York, a copy duly certified by the Town Clerk, of the annexed Resolution and Determination authorizing establishment of Town of Schodack Sewer District No. 1, Extension No. 1.

That said Resolution and Determination was posted within ten (10) days of October 12, 2017, the date of adoption of the Resolution and Determination.

DEBRA L. CURTIS

Sworn to before me this _____
day of November, 2017

Notary Public

I- GRANT COVER LETTER TO EMPIRE STATE DEVELOPMENT

Place on your letterhead. Please feel free to change it in any way you believe more appropriately represents your sentiments regarding the project. Return letter to Laberge Group by November 30, 2017. C/O Matthew Rogers – Laberge Group, 4 Computer Drive West, Albany, NY 12205. FAX– 518-458-1879; E-mail - mrogers@labergegroup.com.

December 15, 2017

Mr. Howard Zemsky, Commissioner
Empire State Development
625 Broadway
Albany, New York 12245

Re: **2017 RESTORE NY Grant**
A. Servidone, Inc.
Town of Schodack, New York

Dear Commissioner Zemsky:

The Town of Schodack is proud and excited to submit the enclosed 2017 RESTORE NY Grant application to help fund construction of the Northeast Regional Headquarters for A. Servidone, Inc. in the Town of Schodack. The \$1 million in requested funds will facilitate the removal of vacant, dilapidated and condemnable structures along US Route 9 and the construction of a new office building for A. Servidone, Inc.

A. Servidone, Inc., a construction company, has offices in both New Jersey and New York and would like to establish their Northeast Regional Headquarters in the Town of Schodack, thereby increasing their presence in Upstate New York. This project provides the ideal opportunity for continued economic development in the Capital Region through a public-private partnership between A. Servidone, Inc. and the Town of Schodack, which will also facilitate compatible commercial infill development along US Rt. 9 in the vicinity of Exit 12 of Interstate I-90, a major redevelopment goal for the Town.

The Town of Schodack recognizes the value of this public-private partnership, and believes the construction of the Northeast Regional Headquarters for A. Servidone, Inc. will stimulate further investment in this area of Town and result in future job creation for the entire Capital Region.

We look forward to working with you and hope that our grant gains your favorable review. Should you need anything further in support of this application, please do not hesitate to contact me.

Sincerely,

Dennis Dowds
Town Supervisor

CC Mark Servidone, President

TOWN OF SCHODACK

RESOLUTION AUTHORIZING THE SUPERVISOR TO APPLY FOR AND RECEIVE FUNDING UNDER THE RESTORE NY GRANT PROGRAM 2017 - ROUND 5

WHEREAS, The Town Board, after due consideration, has determined that it is desirable and in the public interest to submit an application to Empire State Development for a Round 5 Restore NY Communities Initiative Program grant; and

WHEREAS, the proposed project is in accordance with Town and Regional planning objectives; and

WHEREAS, the proposed financing is appropriate for the specific project; and

WHEREAS, the proposed project facilitates effective and efficient use of existing and future public resources so as to promote both economic development and preservation of community resources; and

WHEREAS, where applicable, the project seeks to attract, create, and sustain employment opportunities; and

WHEREAS, the Town Board hereby authorizes and directs the Supervisor to submit an application for financial assistance under Round 5 Restore NY Communities Initiative Program; and

WHEREAS, a public hearing is required pursuant to the Restore NY Grant; and

NOW, THEREFORE, IT IS RESOLVED, by the Members of the Town Board: That the Town Clerk is hereby authorized to publish a Notice of Public Hearing to be held on December 14, at _____ P.M. at the Town Hall to provide an opportunity for the Town of Schodack to accept comment on the property listed in the Property Assessment List, whereon the existing structures are proposed to be demolished and a new building constructed.

BE IT FURTHER RESOLVED, that the Supervisor by and hereby is authorized to execute and file an application on behalf of the Town of Schodack with the Empire State Development for a Restore NY Round 5 grant on behalf of the Town; and

BE IT FURTHER RESOLVED, that the Supervisor is hereby authorized and designated as the representative and to act as such in connection with the application to provide additional information as may be required including all understandings and assurances contained in the application; and

BE IT FURTHER RESOLVED, that the Supervisor is hereby authorized and directed to execute any contract and/or agreement with the Empire State Development in connection with

the Application and his designee is further authorized to request and expend funds from New York State to said contract and/or agreement; and

BE IT FURTHER RESOLVED, to the extent all or any actions hereby authorized have been executed and/or performed by the Supervisor all are hereby ratified and confirmed and this Resolution take affect immediately.

On a motion by _____ seconded by _____, the foregoing Resolution was adopted on a vote of _____ Ayes, _____ Nays and _____ Absents. The Supervisor declared the Resolution adopted.

DATED:

**MINUTES OF THE COMMON COUNCIL
NOVEMBER 8, 2017**

A regular meeting of the Common Council of the City of Oneida, NY was held on the eighth day of November, 2017 at 6:30 o'clock P.M. in Council Chambers, Oneida Municipal Building, 109 N. Main Street, Oneida, NY.

Meeting was called to order by Mayor Leo Matzke

PRESENT: Councilors Alan Cohen, Mike Bowe, Erwin Smith, Helen Acker, James Chamberlain, and Thomas Simchik

ALSO PRESENT: City Attorney Nadine Bell
City Clerk Susan Pulverenti
City Engineer Jon Rauscher
Comptroller Lee Ann Wells
Fire Chief Kevin Salerno
Assistant Fire Marshal Dennis Fields
Recreation Director Luke Griff
Supervisor Margaret Milman Barris
Supervisor Joseph Magliocca

PUBLIC HEARING

RESOLUTION 17-296

Moved by Councilor Acker
Seconded by Councilor Chamberlain

RESOLVED, that the Public Hearing regarding the proposed grant application to NYS Office of Homes and Community Renewal (HCR) for an Economic Community Development Block Grant (CDBG) for an economic development activity to assist a local business in retaining 57 jobs and creating 11 additional positions be hereby opened at 6:31 p.m.

Ayes: 6
Nays: 0

MOTION CARRIED

APPEARANCES

Planning Director Cassie Rose said that this is an economic development grant in the amount of \$162K for a company in the City, who meets the grant qualifications to expand creating eleven additional positions. She said that if the City is successful in receiving this grant, the Planning Department will be allotted \$16K from the grant funds to cover the costs of administering the grant. Director Rose said that per the grant objectives, a percentage of the jobs created must be made available to persons from low and moderate income households. Director Rose stated the recipients of these new positions would be paid more than current minimum wage and have full benefits including health insurance, paid vacation and sick days, along with the opportunity to continue to move up in the company. Councilor Cohen said he would like some assurance, and the Mayor said that he would be provided with further information. Councilor Acker commented that this company has grown very quickly, and the Planning Director said that this is the third expansion for All Seasonings since relocating in Oneida. Mayor Matzke said that this is a win-win for all of us.

CLOSE PUBLIC HEARING

RESOLUTION 17-297

Moved by Councilor Smith
Seconded by Councilor Chamberlain

RESOLVED, that the Public Hearing regarding proposed grant application be hereby closed at 6:37 p.m.

Ayes: 6
Nays: 0

MOTION CARRIED

I, Susan Pulverenti, Clerk of the City of Oneida and ex-officio Clerk of the Common Council, do hereby certify that the above is a true and accurate copy of a Resolution approved at a regular meeting of the Common Council held on November 9, 2017.

Susan Pulverenti 11-9-17

**Town of Schodack
Notice of Public Hearing**

LEGAL NOTICE

Notice of Public Hearing
Town of Schodack, New York

The Town of Schodack will hold a public hearing on December 14, 2017 at PM at the Town Hall, 265 Schuurman Road, Castleton, NY for the purpose of hearing public comments on the Town of Schodack's Restore NY Round 5 grant application for the 2017 program year. The Restore NY program is administered by Empire State Development. The hearing will provide further information about the Restore NY grant program and will allow for citizen participation in the development of the proposed grant application.

The Town of Schodack will submit an application for funding to the Empire State Development Corporation's Restore New York Communities Initiative program. If awarded, up to \$1 million in Empire State Development funds will go toward the construction of the Northeast Regional Headquarters for A. Servidone, Inc.

The Project site is located at 1344 Route 9 in Castleton, NY, and is owned by A. Servidone, Inc. The property is 4.13 acres in size, is identified as Parcel 210-7-41.12, and has a total assessed value of \$125,000.

Any costs incurred by the Town as a result of this project will be covered by the developer, A. Servidone, Inc. In sponsoring the project, the Town of Schodack stands to gain a great deal in terms of job creation, increase tax base, and opportunities for economic development.

For more information, interested parties are encouraged to attend the public hearing to be held at Town Hall on December 14, 2017 at _____ PM. Attendees will have the opportunity to discuss and to comment on the proposed Property Assessment List. Written and verbal comments and questions will be considered and included with the grant application.

Dated: _____

RENSSELAER COUNTY WORKERS' COMPENSATION PLAN

New Participants

If an eligible entity is interested in joining the County's Plan their initial premium is established at 80% of the cost of their most recent renewal from their current carrier. This rate is guaranteed for a period of two years.

A certified copy of a resolution from their governing body electing to join the Plan is required along with a completed application. Upon acceptance, the County's TPA (Benetech) is notified and they file the necessary information with the WCB. Benetech then contacts the new member to arrange for a meeting to familiarize them with the claims filing procedure.

Annual Premiums

Annual premiums are established using projected claims experience and expenses for the pool as a whole. The current surplus/deficit position of the Plan is also considered. Loss ratios are maintained for each member as well as for the class of membership. Separate classes include the County, HVCC, Towns & Villages and Fire Districts. Different percentage increases may apply to different classes dependent upon their loss ratio. Loss ratios are compiled using fully incurred expenses following application of completion factors from the most recent actuarial review.

Exit From the Plan

If a member decides to leave the Plan and it is in a deficit position the member is responsible for a pro rata share of the deficit according to their premium vs total premium. They have up to three years to make full payment.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

APPLICATION FOR PARTICIPATION IN GROUP SELF-INSURANCE PLAN					
Submit this form to the Workers' Compensation Board, Self-Insurance Office, 20 Park Street, Albany, New York 12207					
1. NAME OF EMPLOYER GROUP: <i>Rensselaer County Workers' Compensation Plan</i>					
2. NAME OF EMPLOYER:					
3. DBA (if applicable):					
4. ADDRESS (Principal Office):					
5. PHONE NO. (including Area Code):			6. FAX NO. (including Area Code):		
7. FEDERAL EMPLOYER IDENTIFICATION NUMBER:		8. NYS U.I. EMPLOYER REGISTRATION NUMBER:		9. REQUESTED EFFECTIVE DATE OF PARTICIPATION:	
10. NATURE OF BUSINESS:			STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)		
11. WHAT COMPANY NOW IS CARRYING YOUR COMPENSATION INSURANCE?					
Report full payrolls for all employees. Include interstate, maritime, homeworkers, value of meals and lodging, etc., received by employees and sub-contractors' employee's payrolls unless compensation is definitely provided by sub-contractors. No payroll caps are to be applied when developing annual contributions.					
12. CLASS NO.	13. DESCRIPTION	14. NO. OF EMPLOYEES	15. FULL ANNUAL PAYROLL	16. GRS MANUAL RATE PER \$100 PAYROLL	17. GRS MANUAL PREMIUM ((15-\$122) x 1.8)
TOTAL		18.	19.	TOTAL GRS MANUAL PREMIUM	20.
				EXPERIENCE MOD	21.
				SUBTOTAL (20 X 21)	22.
23a. DESCRIPTION OF ADJUSTMENTS TO PROPOSED CONTRIBUTIONS:				RATE	AMOUNT
NYS WCB ASSESSMENTS (PAID BY TRUST FUNDS)					
TRUST DISCOUNT					
OTHER (SPECIFY)					
OTHER (SPECIFY)					
TOTAL ADJUSTMENTS TO CONTRIBUTIONS				23b.	23c.
TOTAL ANNUAL CONTRIBUTIONS (23c APPLIED TO 22)					24.
25. IF A CORPORATION...		a. Enter date when incorporated		b. Under laws of what state?	
				c. If not a New York Corporation, enter date of registration in New York State.	
d. IF APPLICANT HAS ANY OF THE FOLLOWING (CHECK ALL THAT APPLY)					
PARENT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	PARENT'S PERCENTAGE OF STOCK OWNERSHIP _____%		
AFFILIATE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES TO ANY, PLEASE SPECIFY AND ENTER NAME AND ADDRESS.		
SUBSIDIARIES	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
SUCCESSOR TO ANOTHER BUSINESS	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
CERTIFICATIONS ON REVERSE SIDE TO BE COMPLETED BY AUTHORIZED OFFICIAL OF EMPLOYER AND GROUP SELF-INSURER.					

26. IF A PARTNERSHIP ... (a) Name all partners and designate whether they are General (G), Special (S), Limited (L), Other.

Name	G	S	L	Specify Other

(b) Enter date when partnership was established: / / Record additional partners on an attached sheet.

27. IF A SOLE PROPRIETORSHIP Indicate home address of proprietor.



CERTIFICATION BY PARTICIPATING EMPLOYER

The undersigned hereby affirms, under the penalties of perjury, that (s)he is _____ Title
of _____, the participating employer named above; that the entity does not
Name of Employer
lease or is the lessor of any person(s) or is a member of any Professional Employee Organization, Leasing Company or
other entity; that the number of employees, payroll information and all other information submitted on this application is
true and accurate.

Printed or Typed Name of Company Official	Signature	Date Signed / /
---	-----------	--------------------

CERTIFICATION BY GROUP SELF-INSURER

STATE OF NEW YORK
COUNTY OF _____, being duly sworn, says:
Name of Authorized Official

That (s)he is the _____ of the Rensselaer County All Plan
Name of Employer Group

and is duly authorized to execute this affidavit of certification on behalf of said Group Self-Insurer.

That this EMPLOYER'S participation will continue to be effective until ten days after a written notice of termination is served on the EMPLOYER and filed with the Chair, Workers' Compensation Board, by the Self-Insurer. That the adjustments to the annual contributions listed on the front accurately reflect the contributions to be billed and collected from the participating employer. That (s)he acknowledges that the listed adjustments to the participating employer's contributions may be subject to an audit of the group self-insurer and/or the participating employer's records. That all employees of this EMPLOYER will be covered under the Workers' Compensation Law by the Group Self-Insurer.

Sworn to before me this _____ day of _____ 20 _____

FOR WORKERS' COMPENSATION BOARD ONLY USE

Approved
 Disapproved

Director of Licensing

Date

2017-297

Dawne Kelly

From: Laberge, Richard F. <rflaberge@labergegroup.com>
Sent: Tuesday, December 05, 2017 4:51 PM
To: Dennis Dowds; Jim Bult; Mike Kenney; Scott Swartz (scottswar@gmail.com); Tracey Rex
Cc: Nadine Fuda; Laura Palmer; Dawne Kelly; Paul Harter; Ken Holmes; Koziol, Philip E.
Subject: Fuel Spill Contract Addendum
Attachments: Fuel Spill Investigation Update 11_21_2017.pdf; WQIP Addendum No. 2017-09.pdf

Good Evening:

I hope everyone had a pleasant Thanksgiving. Work on the coordination and evaluation of the fuel spill is progressing. Attached is a copy of our November update letter for your information.

Last week we spoke with Laura Palmer and she has determined that it would be best for her tracking purposes if our costs for ongoing assistance were authorized by the Board in the form of an addendum rather than trying to utilize other unused budgets as discussed at your October meeting. As such we have prepared an addendum to cover the following:

Spill Management & Coordination	\$8 - \$10,000
Spill Prevention Control & Countermeasure (SPCC) Plan	\$9,000

A cover letter explaining this further and an addendum is also attached for your review.

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

Rich

Richard F. Laberge - P.E.

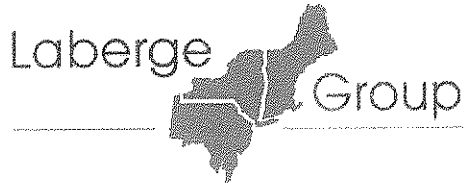
President

(518) 458-7112 x107



Laberge Group
4 Computer Drive West
Albany, New York 12205
LabergeGroup.com





ENGINEERING • ARCHITECTURE • SURVEYING • PLANNING

November 21, 2017

VIA EMAIL & MAIL

Nadine Fuda, Stormwater Management Officer
Town of Schodack
Town Hall
265 Schuurman Rd.
Castleton, NY 12033

Re: **Investigation Update**
STIP #R4-473 / Spill #1704922
Town of Schodack, New York

Dear Ms. Fuda:

As you know the investigation phase of the spill clean up has commenced in accordance with the New York State Department of Environmental Conservation (DEC) Petroleum Spill Stipulation Agreement (STIP) corrective action plan.

On November 13, 2017, the Town's environmental consultant Northeast Environmental Technologies (NE Env. Tech), with our oversight, completed the initial on-site investigations. This included the performance of ten soil probes and the recovery of soils for subsequent laboratory testing. These soils were also analyzed on site using a hand held photoionization detection meter (PID) to determine if soil contamination was present at the probe location and if so at what concentrations.

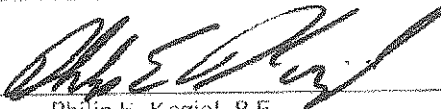
On site sampling enabled us to adjust the locations of soil probes to more accurately define the area extent of the contaminated soils. Five of the probe holes were converted to observation and sampling wells. Water samples were collected from these for further laboratory testing. Laboratory analysis will further define the nature of the contamination and thus remediation protocol.

From the data in the field, it appears that the extents of the contaminated soils appears to be limited to the general area of the former fueling area and adjacent stormwater pond to a depth of approximately 6 to 8 feet.

We anticipate that the soils and water laboratory analysis will be available within two weeks. Upon receipt we will consult with NE Env Tech and the NYS DEC in order to further define the remediation plan. The plan will approximately outline the limits of soils removal, method of disposal of soils and treatment required for water resulting from associated dewatering activities.

It is still anticipated that the most cost effective means of cleaning up this limited soil contamination will be by direct removal and hauling away to an approved disposal site. Any contaminated water requiring treatment prior to discharge depending on quantity would also be hauled or treated on site.

Very truly yours,
LABERGE GROUP

By: 
Philip E. Koziol, P.E.
Project Manager

PEK: lap

C: Supervisor Dowds & Town Board Members (via mail & email)
Ken Holmes, Highway Department Superintendent (via email)

J:\2016018\Reports\CONSTRUCTION\FUEL SPILL related Spill No1704922\Fuel Spill Investigation Update 11_21_2017.docx

4 Computer Drive West • Albany, New York 12205 • (518) 458-7112 • Fax (518) 458-1879
www.labergegroup.com

December 4, 2017
VIA EMAIL & MAIL

Dennis Dowds, Supervisor
& Town Board Members
Town of Schodack
Schodack Town Hall
265 Schuurman Road
Castleton, New York 12033

Re: Contract Addendum
WQIP Grant - Fuel Canopy
Town of Schodack, New York


Dear Supervisor & Town Board Members:

Work on the coordination and evaluation is progressing. Since the Town Board meeting in October where we discussed the process, we have spoken with Laura Palmer of the Controller's office, and she has determined that it would be best for tracking purposes if our fees for on going assistance were authorized by the Board in the form of an addendum(s). As such we have prepared an addendum to cover the following:

Spill Management & Coordination	\$8 - \$10,000
Spill Prevention Control & Countermeasure (SPCC) Plan	\$9,000

The Spill Management & Coordination task is as previously discussed and variable in nature. The \$8 - \$10,000 discussed is a budget we are currently utilizing on an hourly basis. The SPCC plan is required to complete NYSDEC regulation of the new facility. An SPCC plan for the old fuel facility could not be found in Town or on file with the NYSDEC. As such, a new plan is required to be prepared for the Town. An addendum is attached for your use in authorizing the above, as requested by Ms. Palmer. Please contact us if you have any questions.

Very truly yours,
LABERGE GROUP

By: 
Carol J. Burometto
Assistant to the President

RFL: cjb
Enc.

C: Town Board Members w/enc. (via email only)
Dawne Kelly, Supervisor's Secretary w/enc. (via email only)
Paul Harter, Controller w/enc. (via email only)

I:\2016018\Correspondence\Dowds WQIP Addendum Cover 12-04-17.doc

CONTRACT ADDENDUM NO. 2017 – 09
(WQIP Grant Fuel Canopy – Spill Management & SPCC)

DATED: December 4, 2017

TO
Agreement for Professional Services
(Original agreement date: January 3, 2011)

The original Agreement, between Town of Schodack, Rensselaer County, New York, the OWNER and Laberge Group, the ENGINEER is hereby amended as follows:

This Addendum authorizes additional services for the WQIP Fuel Canopy Project for the Town of Schodack (previously authorized under Contract Addendum 2016-06) as follows:

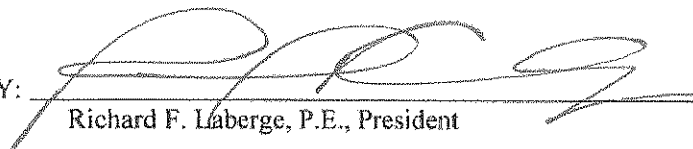
- | | |
|---|---|
| 1. Spill Management & Coordination | Hourly of Reimbursable Expenses with a budget of \$8,000 - \$10,000 |
| 2. Spill Prevention, Control & Countermeasure (SPCC) Plan | \$9,000 inclusive of reimbursable expenses. |

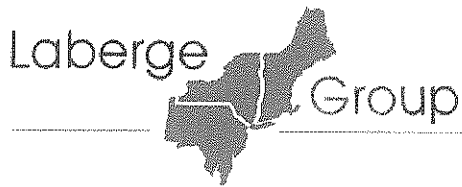
This Addendum shall be attached to and form a part of the Contract Documents.

TOWN OF SCHODACK

BY: _____
Dennis Dowds, Supervisor

LABERGE GROUP

BY: 
Richard F. Laberge, P.E., President



2017-298



ENGINEERING • ARCHITECTURE • SURVEYING • PLANNING

December 6, 2017
Via Email & Mail

Dennis Dowds, Supervisor and
Town Board Members
Town of Schodack
265 Schuurman Road
Castleton, New York 12033

Re: Professional Services Proposal
Battiste Water Improvements
Town of Schodack, New York

Dear Supervisor Dowds and Town Board Members:

This letter serves as our professional services proposal to assist the Town of Schodack with the preparation of a Map, Plan and Report water system improvements presently served by the Battiste Water Company. A connection to the existing water main on Van Hosen Road will be studied along with replacement of water mains in the Battiste Water Company service area.

PROPOSED SCOPE OF SERVICES

Project Initiation. It is recommended that prior to starting the study, Laberge Group meet with the Supervisor and Water Department to clearly define the study area and discuss any issues the Town is aware of which may affect the proposed project. At this meeting the Town should provide any relevant plans and/or previous studies regarding the Clearview Water District that may be of use for this project.

Review of Existing Information

Laberge Group will review any existing information regarding the Town water system in the study area and make a determination if any additional information is required. We have assumed that no additional field information will be required other than general field observation of the area and review of the existing facilities. An instrument survey is not expected to be required.

Draft Map, Plan and Report

Laberge Group will prepare a draft map, plan and report for the study area. In addition to the required engineering information normally presented in such documents, the report shall include a general plan of the proposed improvements, preliminary opinion of cost, estimated tax rates and user costs. Laberge Group shall meet with designated Town representatives to review the findings contained in the report.

Informational Meeting

Laberge Group shall attend an informational meeting with the Town and the property owners in the study area. The purpose of the meeting is to gauge interest in pursuing the establishment of a Water District.

Dennis Dowds, Supervisor
December 6, 2017
Page 2 of 2

Final Map, Plan and Report

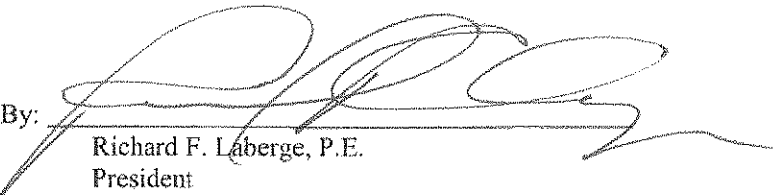
Based upon the interest expressed and comments received at the informational meeting, Laberge Group shall modify the draft report as required.

FEE PROPOSAL

Based upon the above scope of service, Laberge Group proposes a lump sum fee of \$13,600 including reimbursable expenses to prepare the required report and attend the listed meetings.

We look forward to working with the Town on this project. As always, please do not hesitate to call with any questions or comments you may have regarding the information provided herein.

Very truly yours,
LABERGE GROUP

By: 
Richard F. Laberge, P.E.
President

RFL: ahb

C: David Gruenberg, Esq.

TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST

2017-299

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: Joseph Tremblay

Name of Seminar/Conf./Course: Northern Adirondack Code Enforcement Officials Association

Location (Venue, City): Lake Placid, NY

Dates of Seminar: March 4-8, 2018

Cost of Seminar (Registration Fees): \$260.00

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as of 1/1/16</u>	<u>Estimated Amount</u>
Mileage	294	.53.5	\$ 157.290
<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			

Lodging:

Name of Hotel/Motel Crowne Plaza

of Rooms 1

of Nights 4

Cost per night \$107.00

Total Lodging Cost \$ 428.00

Meals:

Included in seminar cost two per day

Estimated cost if you answered no above \$100.00

Total estimated cost to attend: _____

Estimated cost per staff member* \$945.29

(total cost divided by # of ppl attending)

Is the total cost budgeted?

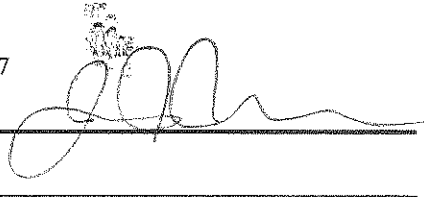
TB Resolution needed?*

If Yes, please document resolution #

yes
#2017

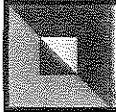
Department Head Approval

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.



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: Building Department

Claimant's Name & Address:

Northern Adirondack Code Enforcement Officials Association
 101 Olympic Drive
 Lake Placid, NY 12946

FUND- APPROPRIATION

Amount

B 3620.4	260.00
TOTAL	260.00

Purchase Order Number _____

Date	Invoice #	Quantity	Description of Materials or Service	Unit Price	Total
11/22/17	NY0056812-2016	1	Northern Adirondack Code Enforcement Officials Education Conference	260.00	260.00
			March 4th-8th, 2018		
			Registration Fee- \$260.00		
			Attendee: Joseph Tremblay		
			Resolution #		
CLAIMANT'S CERTIFICATION				Subtotal	260.00
				Shipping	
				TOTAL	260.00

I, _____, certify that the above account in the amount of \$_____ 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

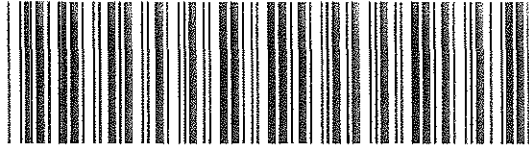
11/22/17
Date

Authorized Official

Date

Auditing Board

TREMBLAY , JOSEPH
REGISTRATION CONFIRMATION



CE1001201

PLEASE PRINT ALL PAGES OF

THIS DOCUMENT IMMEDIATELY
BRING THIS PAGE WITH YOU TO REGISTRATION

JOSEPH

Congratulations. You have been confirmed for Attendance at
The Northern Adirondack Educational Conference
March 4 - March 8, 2018

The Conference will be held at:
The Crowne Plaza Resort
101 Olympic Drive
Lake Placid NY 12946

Registration will begin Sunday March 4, 2018 from 2 - 5 pm
Registration will continue Monday March 5, 2018 at 7:30 am
Class starts at 9:00AM sharp

Please carefully review all information below for accuracy.

email any corrections to info@nfboa.com

Last Name: TREMBLAY
First Name: JOSEPH
Middle Initial:
Address Line 1: 265 SCHUURMAN ROAD
Address Line 2:
City: SCHODACK
State: NY
Zip: 12033
email: joe@schodack.org
Municipality or firm: TOWN OF SCODACK
Title: BUILDING INSPECTOR
NY Training Id Num: CE1001201
FDID Num: 42818
Phone Number: 518-477-7918
Fax Number:
Meal Choice: Beef

NORTHERN ADIRONDACK CODE ENFORCEMENT OFFICIALS ASSOCIATION

(Members from Clinton, Essex, Franklin, Hamilton, Lewis, St. Lawrence, Saratoga, Warren, and Washington Counties)

INVOICE

November 27, 2017

INVOICE No: CE1001201 - 2018

NOTE NEW MAILING ADDRESS

Payable To:

NORTHERN ADIRONDACK CODE ENFORCEMENT OFFICIALS ASSOCIATION

P O Box 704

Lake Placid NY 12946

Phone: 518-523-9518

Fax: 518-523-9277

Attendee:

JOSEPH TREMBLAY
265 SCHUURMAN ROAD
SCHODACK NY 12033

Attendance at The
Northern Adirondack Educational Conference
March 4 - March 8, 2018

\$260.00

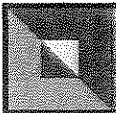
TOTAL AMOUNT DUE

\$260.00

PLEASE MAKE CHECKS PAYABLE TO:
NORTHERN ADIRONDACK CODE ENFORCEMENT OFFICIALS ASSOCIATION

TAX ID: 14-1802502

NYS VENDOR ID: 1000027924



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 :

Crowne Plaza Lake Placid Golf Club
 101 Olympic Drive
 Lake Placid, New York 12946

FUND- APPROPRIATION

Amount

B3620.4	\$428.00
TOTAL	\$428.00

Purchase Order Number _____

Date	Invoice #	Quantity	Description of Materials or Service	Unit Price	Total
11/22/17	-	4	Nights-Accommodations @ Crowne Plaza	107.00	428.00
			Northern Adirondack Code Enforcement Officials Association Education Conference- March 4th-8th, 2018 Lake Placid, New York		
			Resolution#		
			<i>Joe to bring payment to Crowne Plaza</i>		
Subtotal					428.00
Shipping					
TOTAL					\$ 428.00

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

11/27/17 Date _____  Authorized Official _____ Date _____ Auditing Board _____

First Preventer Institute - Adirondack Code Enforcement Officials Association



CROWNE PLAZA
LAKE PLACID

LODGING RESERVATION FORM

Arrival: Sunday, March 4, 2018 Departure: Thursday, March 8, 2018

Room Type	Single	Double
Traditional		
1 Night Package	\$107.00	\$120.00

Room rates are quoted on a per room, per day basis
 Administrative Fee & Gratuity included
 8.00% NYS Tax and 3% Essex County Tax is Additional
 (unless exempt)

The Nightly Package includes:
 1 Night's Lodging and Breakfast on the following morning

To confirm your room reservation a one night's deposit in the form of a check or a major Credit Card is required.

Check \$ 428.00 - (AT TIME OF CHECK IN)
 CC# [REDACTED] Exp: [REDACTED]

Name: JOSEPH T. TREMBLAY

Affiliation: TOWN OF SCHODACK

Billing Address: 265 SCHOURMAN RD

City/State/Zip: CASTLETON, NY 12833

E-mail: JOER.SCHODACK.ORG

Tele#: (518) 477-7940

Fax#: (518) 477-7983

Arrival Date: 03/04/18 Departure Date: 03/08/18

- Traditional Family Unit King Lake King Fireplace
 ADK King Jacuzzi ADK King Suite ADK King Exec Suite
 Single (1per) Double (2 ppl)

Roommate: N/A
 Crowne Plaza is not responsible for assigning roommates.

ROOM DESCRIPTIONS

- Traditional Rooms: 2 Queen beds or 1 King Bed in the Main Hotel.
- Two-Room Family Units in Main Hotel: (additional \$100/nt) overlook lake, King bed, 2 Double beds & full bathroom
- King Bed Lake View (additional \$30/nt)
- King Bed w/ Fireplace: (additional \$50/nt)
- Adk Wing-King Bed Fireplace Jacuzzi: (additional \$150/nt)
- Adk Wing-King Suite: (additional \$250/nt) Adirondack Décor, King Bedroom, Jacuzzi Tub, Full Kitchen and Living Room with Fireplace
- Adk Wing-Tower Suite: (Additional \$300/nt) Adirondack Décor, King Bedroom, 2 Baths, Kitchen, Living Room w/ Fireplace & Murphy Bed
- Rates quoted above are subject to 8.00% NYS Tax, and 3% Essex County Tax (on Room portion), unless exempt
- *NOTE: Specialty Rooms are subject to availability & guaranteed only upon receipt of a written confirmation from the Crowne Plaza Lake Placid.
- Rollaway beds are available upon request at a nightly charge of \$15.00 plus tax

RESERVATION POLICIES

- Reservations received after the conference room block is full or after Sunday, February 4, 2018 will be accepted on an availability basis.
- Cancellations must be received by Sunday, 2/18/18.
- Deposits will not be refunded after Sunday, 2/18/18.
- Check in time is 4PM - Check out time is 11AM.
- Telephone reservations will not be accepted.
- Faxed reservations must be guaranteed by a major Credit Card.
- Reservations will be guaranteed from date of arrival to date of departure, as confirmed and Credit will not be given for Early Check-outs or missed meals.
- Payment arrangements for your stay will be required upon arrival in the form of Cash or major Credit Card.
- Rates for Early Arrival before Sunday, March 4, 2018 or for Late Departures after Thursday, March 8, 2018 quoted upon request, subject to availability and cannot be guaranteed at the Conference Rate.
- Confirmation of your Reservation will be e-mailed, faxed, or mailed using the information provided on this form.

I have read and agree with the above Reservation Policies

[Signature] 11/22/12
 Please sign and date

Submit form and deposit to:
 Crowne Plaza Lake Placid
 101 Olympic Drive, Lake Placid, New York 12946
 Telephone: 518-523-2556 Fax: 518-523-9410

Confirmation #: _____
 Res. Agent: _____ Date: _____

EXEMPTION CERTIFICATE - TAX ON OCCUPANCY OF HOTEL ROOMS

STATE OF NEW YORK-Operators of hotels, etc. should not accept this certificate unless the officer or employee presenting it shows satisfactory credentials.
 TO BE RETAINED BY VENDOR AS EVIDENCE OF EXEMPT OCCUPANCY

Vendor: Crowne Plaza Lake Placid, 101 Olympic Dr., Lake Placid, New York 12946 Date: 201
 This is to certify that I, the undersigned, am a representative of the United States Government department, agency or instrumentality indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been or will be paid for by such governmental unit; and that such charges are incurred in the performance of my official duties as a representative or employee of such governmental unit.
 Dates of Occupancy: 3/4/18 to 3/8/18 Signature: [Signature]
 Governmental Unit: _____ Title: CEO Building Inspector

NOTE: A SEPARATE EXEMPTION CERTIFICATE IS REQUIRED FOR EACH OCCUPANCY AND FOR EACH REPRESENTATIVE OR EMPLOYEE.



28-NOV-2017

Joseph Tremblay
265 Schuurman Road
Castleton on Hudson NY 12033
United States

Thank you for making your reservation at the Crowne Plaza Lake Placid. We have reserved the following accommodations for you:

Arrival Date	Departure Date	Nightly Rate	Room Type
03-04-18	03-08-18	107.00 USD	TDBN

Your Confirmation Number is 67206643, and you are guaranteed for late arrival.

If you find it necessary to cancel or change plans, please inform us 14 days prior to 03-04-18 to avoid a charge of one night's room and tax.

Again, thank you for choosing the Crowne Plaza Lake Placid. We look forward to having you as our guest.

Best regards,

Reservations Office

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: Northern Adirondack Code Enforcement Officials Association

Location (Venue, City): Lake Placid, NY

Dates of Seminar: March 4-8, 2018

Cost of Seminar (Registration Fees): \$260.00

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as of 1/1/16</u>	<u>Estimated Amount</u>
Mileage	294	.53.5	\$ 157.290

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.

Train/Bus/Plane \$

Town Vehicle \$

Lodging:

Name of Hotel/Motel Crowne Plaza

of Rooms 1

of Nights 4

Cost per night \$107.00

Total Lodging Cost \$ 428.00

Meals:

Included in seminar cost two per day

Estimated cost if you answered no above \$100.00

Total estimated cost to attend:

Estimated cost per staff member* \$945.29

(total cost divided by # of ppl attending)

Is the total cost budgeted?

TB Resolution needed?* yes

If Yes, please document resolution # #2017

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 _____ _____ _____
Crown Plaza Resort and Golf Club Lake Placid 101 Olympic Drive Lake Placid, NY 12946 <p style="font-size: x-small; text-align: center;">DETAILED INVOICE MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED.</p>		FUND APPROPRIATION	AMOUNT	
		B8010.4 B8020.4	\$172.00 256.00	
TERMS: _____ P.O. NO.: _____		CHECK NO. _____ DATE: _____		TOTAL \$428.00
DATE	INVOICE NUMBER	QUANTITY DESCRIPTION OF MATERIAL OR SERVICES	UNIT PRICE	AMOUNT
1/8/2015		Crowne Plaza , Lake Placid NY March 2-5 2015 for Code Class <div style="font-family: cursive; font-size: 1.2em; margin-top: 20px;"> Nadine to Bring Payment to Crowne Plaza </div>		428.00
			Total	\$428.00
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 _____
DEPARTMENT APPROVAL The above services or materials were rendered or finished to the municipality on the date stated and the changes are correct.			APPROVAL FOR PAYMENT This claim is approved and ordered paid from the appropriations indicated above.	
11/27/17 DATE		 AUTHORIZED OFFICIAL		



22-NOV-2017

Nadine Fuda
265 Schuurman Rd
Castleton-On-Hudson NY 12033-3223
United States

Thank you for making your reservation at the Crowne Plaza Lake Placid. We have reserved the following accommodations for you:

Arrival Date	Departure Date	Nightly Rate	Room Type
03-04-18	03-08-18	107.00 USD	KNGN

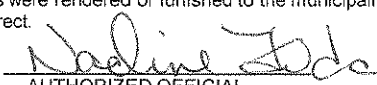
Your Confirmation Number is 63296503, and you are guaranteed for late arrival.

If you find it necessary to cancel or change plans, please inform us 14 days prior to 03-04-18 to avoid a charge of one night's room and tax.

Again, thank you for choosing the Crowne Plaza Lake Placid. We look forward to having you as our guest.

Best regards,

Reservations Office

VOUCHER TOWN OF SCHODACK Town Hall 265 Schuurman Road Castleton, NY 12033		(CLAIMANT- DO NOT WRITE IN THIS AREA)		VOUCHER NUMBER _____ _____ _____	
Northern Adirondack Code Enforcement Officials Association 2693 Main Street Lake Placid NY 12946 DETAILED INVOICE MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED.		FUND APPROPRIATION		AMOUNT	
		B8010.4 B8020.4		\$104.00 \$156.00	
TERMS: _____ P.O. NO.: _____		CHECK NO. _____ DATE: _____		TOTAL \$260.00	
DATE	INVOICE NUMBER	QUANTITY DESCRIPTION OF MATERIAL OR SERVICES	UNIT PRICE	AMOUNT	
11/27/2017		NACEOA Conference 3/4/18 to 3/8/18 <div style="text-align: center; font-size: 1.5em; font-family: cursive;"> <i>Mail Payment</i> </div>		260.00	
			Total	\$260.00	
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	
DEPARTMENT APPROVAL			APPROVAL FOR PAYMENT		
The above services or materials were rendered or furnished to the municipality on the date stated and the changes are correct.			This claim is approved and ordered paid from the appropriations indicated above.		
11/27/17 DATE		 AUTHORIZED OFFICIAL			

NORTHERN ADIRONDACK CODE ENFORCEMENT OFFICIALS ASSOCIATION

(Members from Clinton, Essex, Franklin, Hamilton, Lewis, St. Lawrence, Saratoga, Warren, and Washington Counties)

INVOICE

November 21, 2017

INVOICE No: NY0004313 - 2018

Payable To:

NORTHERN ADIRONDACK CODE ENFORCEMENT OFFICIALS ASSOCIATION
2693 Main Street
Lake Placid NY 12946
Phone: 518-523-9518
Fax: 518-523-9277

Attendee:

NADINE FUDA
265 SCHUURMAN RD
CASTLETON NY 12033

Attendance at The
Northern Adirondack Educational Conference
March 4 - March 8, 2018

\$260.00

TOTAL AMOUNT DUE

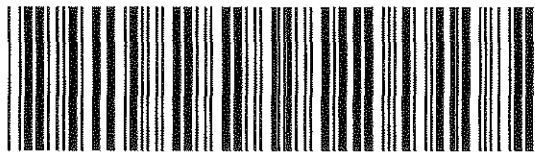
\$260.00

PLEASE MAKE CHECKS PAYABLE TO:
NORTHERN ADIRONDACK CODE ENFORCEMENT OFFICIALS ASSOCIATION

TAX ID: 14-1802502

NYS VENDOR ID: 1000027924

FUDA , NADINE
REGISTRATION CONFIRMATION



NY0004313

PLEASE PRINT ALL PAGES OF

THIS DOCUMENT IMMEDIATELY
BRING THIS PAGE WITH YOU TO REGISTRATION

NADINE

Congratulations. You have been confirmed for Attendance at
The Northern Adirondack Educational Conference
March 4 - March 8, 2018

The Conference will be held at:
The Crowne Plaza Resort
101 Olympic Drive
Lake Placid NY 12946

Registration will begin Sunday March 4, 2018 from 2 - 5 pm
Registration will continue Monday March 5, 2018 at 7:30 am
Class starts at 9:00AM sharp

Please carefully review all information below for accuracy.

email any corrections to info@nfboa.com

Last Name: FUDA
First Name: NADINE
Middle Initial: A
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
Title: CEO
NY Training Id Num: NY0004313
FDID Num: 42818
Phone Number: 518-477-7938
Fax Number: 518-477-7983
Meal Choice: Beef

2017-302



Quotation

100 Air Park Dr
Rochester, NY 14624
Phone: (585) 465-2863
Fax: (585) 328-4406

DATE: 12/4/2017

Quotation For: **Schodack Police Dept**
Attention: **Steve Roy**
sroy@schodackpolice.com
1797 Columbia Turnpike
Castleton, NY 12033
Phone: (518) 477-7973

Quote is Valid For 30 Days

NYS OGS Contract Group 35200, PC66331.

Prepared by Ted Pinelli Mobile - (585) 465-2863 - Email - ted.pinelli@amchar.com

SALES PERSON	CUSTOMER ID	SHIP DATE	SHIP VIA	FOB POINT	TERMS
Ted Pinelli	S71973	TBD	FedEx		Net 30
QUNATITY	DESCRIPTION	UNIT PRICE		DISCOUNT	AMOUNT
24	GLOGLAWPG23507 Glock 23 Gen 4 LAW ENFORCE 3MAG HGA 40SW 4.0 W/GNS 5# 13R	\$ 409.86			\$ 9,836.64

TRADE-INS....UPON RECIEPT OF 20 ANTICIPATED USED GLOCK 23 HANGUNS THE DEPARTMENT WILL BE ISSUED A CREDIT OF \$280.00 FOR EACH WEAPON TRADED. TOTAL CREDIT AMOUNT WILL BE DETERMINED BY THE FINAL NUMBER OF TRADES RECEIVED. APPROX TRADE CREDIT \$5600.00
ALL GUNS MUST COME WITH 3 MAGAZINES AND BE IN WORKING ORDER AND RUST FREE UNLESS PRIOR AGREEMENT HAS BEEN MADE. \$10.00 CHARGE FOR EACH MISSING MAGAZINE.

4236 ⁶⁴

We may need a exemption certificate so we can send you this product federal excise tax exempt.

SUBTOTAL	\$ 9,836.64
SHIPPING	
TOTAL	9,836.64

All Quotes subject to factory price stability and may change without notice. Prices quoted are contingent to signed acceptance of this quotation

To accept this quotation, sign below and return with a PURCHASE ORDER to sharon@amchar.com

X

THANK YOU FOR YOUR BUSINESS

Per Joe B
Tracking in 20 i will get
money to off set
cost
\$ 4236 by cert you.

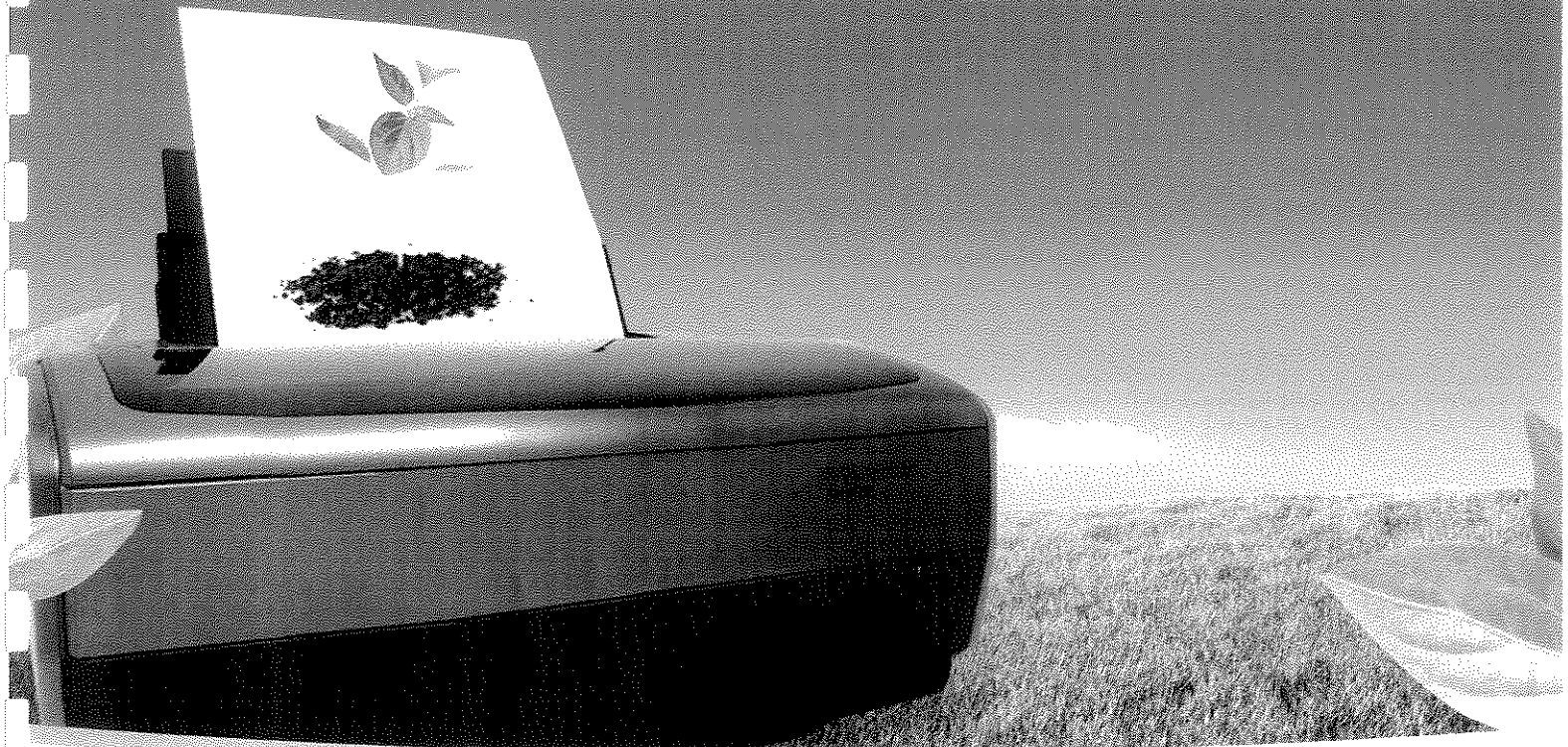
**Schodack Police
Department**

To: Supervisor Dowds
From: Chief Joseph Belardo
cc:
Date: 10/23/2017
Re: Fire Investigation Unit

I am requesting that the Town Board appoint Officer Jordan Harrington to the Town of Schodack Fire Investigation Unit effective December 1, 2017. Officer Harrington is a member of the Forensic HazMat Team and a certified level I fire investigator. I am confident that Officer Harrington will be a valuable addition to the Fire Investigation Unit.

Further, I would like to send both Officer Harrington and Officer AJ Roehr to the two-week Arson Investigation Course at the New York State Fire Academy in Montour Falls, NY so that they can earn their level II fire investigation certification. This course runs from February 26 to March 9, 2018.

PRINT responsibly.



A Technology Proposal Prepared for:

Town Of Schodack
Debbie Curtis

NY State Contract Number
PT66607

Presented December 1st, 2017 by

Farah Shojaie – Account Manager
16 Petra Lane Albany NY 12205
Office 518-250-7127
farahshojaie@easternmpn.com



A Xerox Company

Eastern Recommendation:

Konica Minolta Bizhub 654e

Quick Facts – Konica Minolta Bizhub 654e

- Prints: 65 ppm black & White
- Maximum paper size: 11 x 17 – Banner Size 12 x 48
- Color Scanning
- Single–Pass Document feeder / Full color touch screen
- Network connectivity standard
- Automatic two-sided output standard
- Standard paper capacity: 3,750 sheets
- Scan destinations: network, email, and USB flash drive
- 250 GB hard drive standard
- Windows (including Vista), Mac, Unix, and Linux compatible
- Large Color LCD Screen With Quick Touch Swipe and Interface
- Security Codes and Bizhub Secure (Hard Drive Erase)
- 1200x1200 DPI
- Energy Star

Configuration for This Proposal

All items included unless specified otherwise

- Network Copy/Print/Scan
- Speed: 65 ppm
- Full Color Scanning (180 opm)
- Single Pass Document Feeder (200 Sheets)
- 150 Sheet ByPass Tray
- 2X 520 Sheet Paper Tray
- Two High Capacity Tray (2500 Sheets)
- FMA Activation (Auto Supply Order)
- USB Flash Drive
- Finisher - 50 Sheet Stapling – 2/3 Hole Punch



A Xerox Company

Financial & Service Information:

Includes the Following:

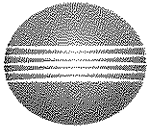
Konica Minolta Bizhub 654e

(As Configured in the Previous Page)

- **All figures include service, maintenance, supplies (toner; excludes paper & staples), parts & labor.**
- **All black overages will be charged at a rate of \$.0055**

Recommended Equipment	Purchase price
Konica Minolta 654e	\$8995.00
Monthly Service Payment:	Black and White prints: \$.0055





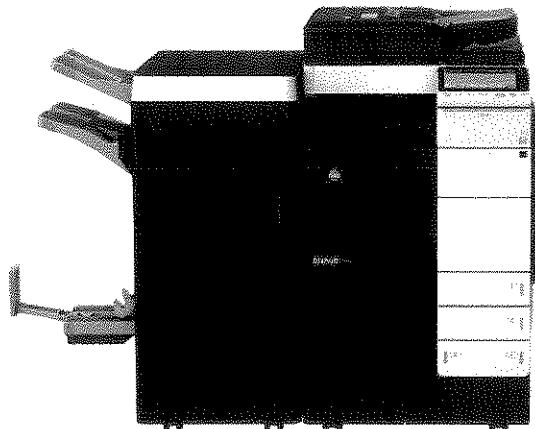
KONICA MINOLTA



MINIMISE ALL. MAXIMISE ALL.



bizhub 754e/654e



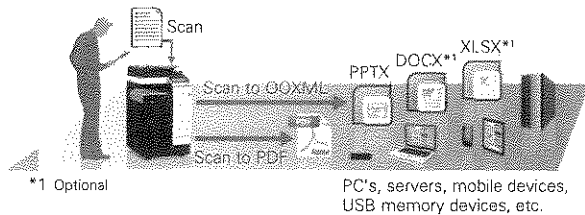
Giving Shape to Ideas



Advanced solutions to maximise document use and security

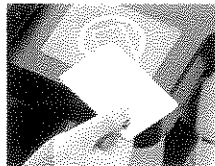
Digitise hardcopies for more effective use of documents

The bizhub 754e/654e are standard equipped with a high performance colour scanner. Paper documents can be scanned and converted to various PDF files or frequently used Office OpenXML format files for a wider range of uses. In addition, OCR processing converts hardcopy text into files with digitised text.



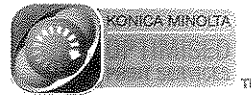
Prevent information leaks with flexible user authentication

Protect valuable information without sacrificing convenience with a variety of authentication systems including the server-free MFP authentication, IC card authentication using employee IDs and the sure-safe biometric finger vein authentication.



Optimal device placement for better TCO and environmental performance

Konica Minolta's Optimised Print Services (OPS) promotes greater business efficiency through optimal device placement and reduced TCO. Optimally placing more eco-conscious devices also reduces power costs.



ISO 15408 EAL3 (IEEE 2600.1 Compliant) *2

The bizhub 754e/654e achieve an unparalleled level of security by complying with IEEE 2600.1 international standard for MFP and printer information security.

*2 Under evaluation



Cloud and mobile connectivity for a new work style

Leverage cloud services with bizhub Connector

bizhub Connector apps*1 can be registered to the main unit to access cloud services*2 and SharePoint 2007/2010 corporate servers directly from the control panel.

New

bizhub Connector

Available in three types of apps

- bizhub Connector S-1 for Microsoft SharePoint
- bizhub Connector G-1 for Google Apps
- bizhub Connector E-1 Works with Evernote

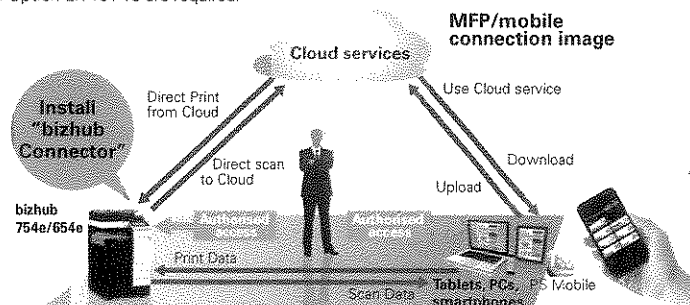
*1 Optional Upgrade Kit UK-204 and i-Option LK-101 v3 are required.

*2 Google Drive, Gmail, Evernote

PageScope Mobile for intuitive mobile device operation

Print documents and images directly from and receive scanned data with mobile devices such as smartphones or tablets with the PageScope Mobile for iPhone/iPad and for Android apps (free-of-charge). Cloud services*3 can also be accessed for sharing information and for a wider range of other uses.

*3 Usable cloud services as of 1 September 2013 are as follows: Google Drive, DropBox and Evernote.

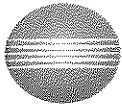


PageScope Mobile for iPhone/iPad

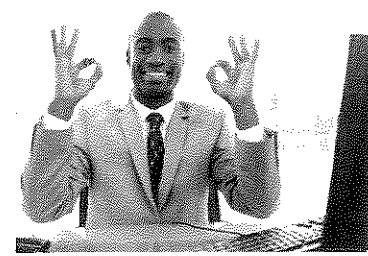
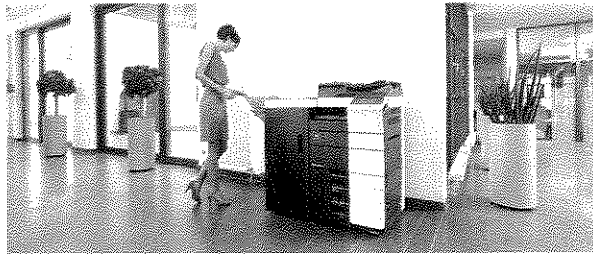
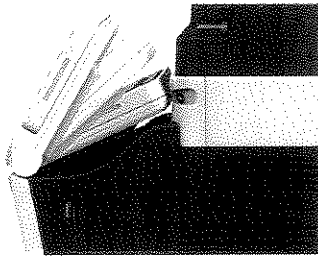
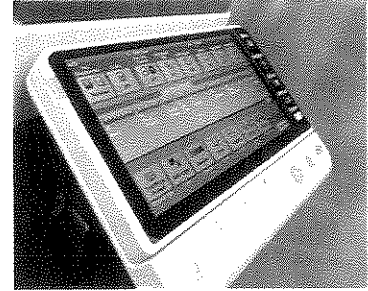
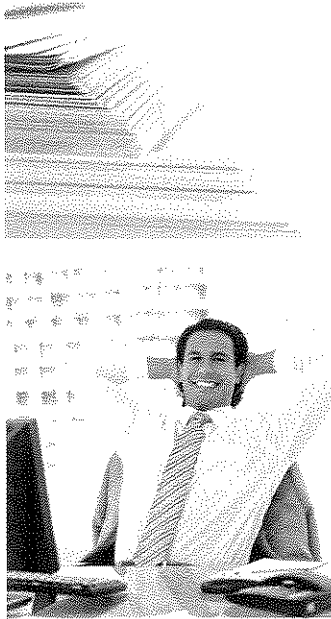


PageScope Mobile for Android

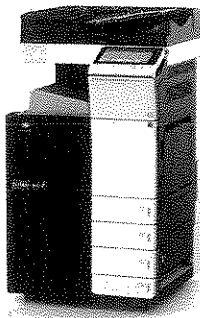




KONICA MINOLTA



AWARD-WINNING PRODUCTS RUN OUR BUSINESS. AND HELP YOU RUN YOURS.

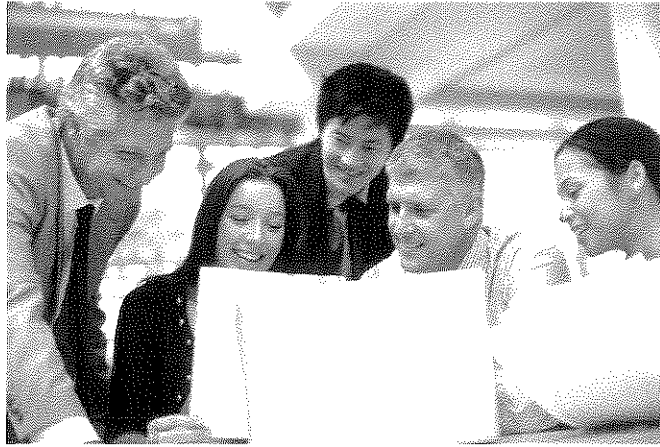


“LINE OF THE YEAR” WINNER: QUALITY, CONSISTENCY, RELIABILITY AND INNOVATION

When Buyers Laboratory, the leading provider of testing services and intelligence in the document imaging industry, awards its A3 MFP “Line of the Year” award, they look for products that deliver the best value and performance.

For the 4th straight year in a row, that product line is from Konica Minolta Business Solutions. Why? Konica Minolta is all about quality—surpassing the competition time and time again with its color output, ease of use, and so much more. In all, Konica Minolta has taken home an unprecedented 4 BLI “Line of the Year” awards, 28 “Pick of the Year” awards, and 10 “Outstanding Achievement” awards. Just more reasons why you should take a closer look at us. And count on Konica Minolta.

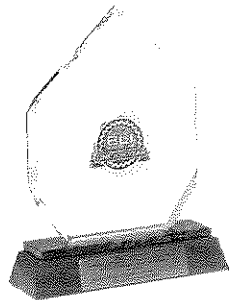




FOR ALL YOUR DOCUMENT NEEDS, COUNT ON KONICA MINOLTA.

Konica Minolta Business Solutions U.S.A., Inc., is a leader in advanced document management technologies and IT Services. The company focuses on complete business solutions, including production print systems, digital presses, multifunctional products (MFPs), managed print services, vertical application solutions and related services and supplies.

In addition to "Line of the Year" and "Pick of the Year" awards from BLI, Konica Minolta has been recognized as the #1 Brand for Customer Loyalty in the MFP Office Copier Market by Brand Keys for seven years in a row. Konica Minolta, Inc., has also been named to the Dow Jones Sustainability World Index for two years in a row in recognition of the company's economic, environmental and social performance.



**"A3 MFP LINE OF THE YEAR"
FOR 4 YEARS IN A ROW.
2011, 2012, 2013, 2014**

Time and again, Konica Minolta's line has proven itself in the areas that matter most to end users—reliability, ease of use, productivity and image quality. With outstanding performance in these key areas, along with attractive pricing and robust feature sets across its color and monochrome lines...

— George Mikolay,
BLI Senior Product Editor for A3/Copier MFPs



KONICA MINOLTA

KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.
100 Williams Drive
Ramsey, NJ 07446

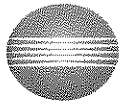
www.CountOnKonicaMinolta.com
www.kbbs.konicaminolta.us

For complete information on Konica Minolta products and services, please visit:
www.CountOnKonicaMinolta.com

© 2014 KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC. All rights reserved. Reproduction in whole or in part without written permission is prohibited. KONICA MINOLTA, the KONICA MINOLTA logo, Count on Konica Minolta, bizfab and PageScope are registered trademarks or trademarks of KONICA MINOLTA, INC. All other product and brand names are trademarks or registered trademarks of their respective companies or organizations.



Item #: BLIAwardBrochure 2/14



KONICA MINOLTA

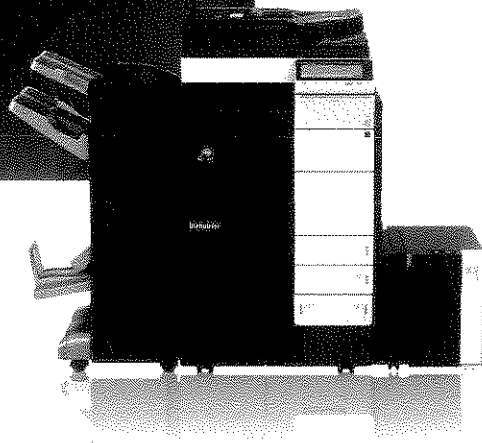
LOCK DOWN WITH THE ULTIMATE IN MFP PROTECTION

bizhub SECURE



OF ALL THE RESOURCES IN TODAY'S BUSINESS AND PROFESSIONAL WORLD, YOUR DATA CAN BE THE MOST VALUABLE – AND ALSO THE MOST VULNERABLE.

That's why Konica Minolta offers lock down protection with bizhub® SECURE: a set of enhanced password and data security measures to give your bizhub MFP an extra level of security. We offer professional safeguard services that will be provided by your Konica Minolta field engineer. Ensure that your data is more than just secure – it's bizhub SECURE!



COUNT
ON
KONICAMINOLTA