



Public Meeting 7:00 PM  
 Organizational Meeting 7:05 PM  
 April 17, 2024  
 MAYOR NICHOLAS BODKIN PRESIDING

Agenda

**Reconvene Public Hearing**

1. Motion to change insurance contractual A1910.400 to \$87,000.00
2. Discussion and motion to approve the budget for the 24-25 Fiscal Year

**Public Forum**

1. Bridge Lighting Bid Opening
2. Grant Projects Update
  - a. Carbon Filtration
    - i. Carbon Media - \$150,400.00
    - ii. Authorize the Mayor to sign Certificate of Substantial Completion
    - iii. WIIA Long Term Disbursement #2
      - a. Reimb VSGF \$24,904.71
  - b. GIGP
    - i. Project Update

3. Transfers

A 3120.100	A 3120.101	\$2,647.38	P.D. Overtime
A 3120.100	A 3120.103	\$8,787.50	P.D. Part Time
A 3120.200	A 3120.420	\$700.00	P.D. Computer Support
A 3120.215	A 3120.420	\$1,400.00	P.D. Computer Support
A 3120.416	A 3120.420	\$1,000.00	P.D. Computer Support
a. A 5142.100	A 5142.101	\$1,567.71	Snow Removal Overtime

4. Motion to Approve the Bills and Payroll as Audited

- a. General - \$24,785.50
- b. Water - \$11,610.61
- c. Sewer - \$4,552.92
- d. Payroll
  - i. 04/03/24 - \$24,242.54
  - ii. 04/10/24 - \$22,548.85



46 Saratoga Avenue  
South Glens Falls, New York 12803-1210  
Telephone (518) 793-1455 Fax (518) 793-3063

5. PD Fingerprint Station
  - a. Transfer \$4500.00 from A 1990.400 to A 3120.200
6. Quotes For Servicing All Village Generators
7. Adirondack Runners Park Request
8. Insurance Renewal
9. Village Wide Garage Sale
10. Quote for floor cleaning Fire Dept.
11. Minutes 02/21/24, 03/19/24, 04/03/24
12. Bikes
13. Ferry Blvd Infrastructure/Water Quality
  - a. Status Update
    - i. Submission of Engineering report to DOH
14. Old Business
  - a. Bridge Lighting bid opening on 04/17/24.
  - b. Standardization of water meters
  - c. Spring Planting
15. New Business
16. Trustee Reports
17. Mayor's Report
18. Executive Session: FD Contract Negotiations, CSEA Contract, T-Mobile Lease Renewal, DWI Contracts, Full time Patrolman



46 Saratoga Avenue  
South Glens Falls, New York 12803  
Phone: 518-793-1455  
Fax: 518-793-3063

# PARK RESERVATION REQUEST FORM

Board Mtg Date: _____
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied

### Requested Location

- Cooper's Cave Park (Gazebo on First St.)       Memorial Park (Fifth St. & Ferry Blvd)
- Check if power is required (Gazebo ONLY)

Date(s) Requested: June 9, 2024      **\$30.00 Non-Refundable Usage Fee Due at Time of Application.**

Start Time: 7:00 AM      End Time: 12:00 PM

Individual or Business Name Requesting Park Reservation: The Adirondack Runners

Contact Name (if Business Reservation): Shirley Verner

Phone: 518-260-3903 cell      Email: sverner@roadrunner.com  
518-632-5128-home

Mailing Address: 68 Baker Road, Granville, NY 12832

Purpose for Reservation: Charity for Suicide Prevention      Estimate # in Attendance: 200

Brief Description of Event: 5K Race to raise funds for Suicide Prevention

Does the event organizer have insurance coverage (if required)? Yes

I, the undersigned, agree to follow the rules governing proper use of Village Park(s). To include, but not all-inclusive:

1. No taping, drilling, or stapling to hang signs or decorations.
2. No throwing of rice, confetti, or birdseed.
3. No alcoholic beverages, cooking on premises, nor driving vehicles on the Park's lawns.
4. Must use trash receptacles to clean up and leave Park as it was found.
5. No money-making, for-profit, ventures without prior approval.
6. Parking for events can be at the Copper's Cave parking lot (lower lot).

Signature: Shirley Verner      Date: 4/8/24

This Agreement is made this 6<sup>th</sup> day of April 2024 by and between the Village of South Glens Falls (hereinafter "the Village"), with an address of 46 Saratoga Avenue, South Glens Falls, New York 12803 and Adirondack Runners, with an address of PO Box 2245 Glens Falls NY, 12801. Whereas Adirondack Runners wishes to hold their 5k/1m Race on 6/9/24; and

Whereas, some or all of the Events will take place on real property owned by the Village;

Now, therefore, the parties agree as follows:

1. Adirondack Runners shall provide proof of General Liability insurance in the amount of \$1,000,000 each occurrence, \$2,000,000 General Aggregate, naming the Village of South Glens Falls, its officers, employees, agents and assigns, as an Additional Insured, with agreement to indemnify and defend, primary and noncontributory" and not excess over, or contributing with, any insurance purchased or maintained by the Village.
2. To the fullest extent permitted by the laws of the State of New York, Adirondack Runners agree to defend indemnify and hold the Village harmless from any and all claims from and against any and all claims and/or damages, tangible and/or intangible including, but not limited to, attorneys' fees, costs and expenses, incurred or to be incurred by the Village, arising out of, or in connection with the Events. Such indemnification shall apply to any claims, costs or expenses incurred by the Village whatsoever for injury, death, loss or damage to any person or property, as the case may be, arising from or connected to the Events.

IN WITNESS WHEREOF, the parties have set their hand to this Agreement on the date set forth above.

THE VILLAGE OF SOUTH GLENS FALLS

\_\_\_\_\_  
BY: Nicholas Bodkin, Mayor

Shirley Venner  
BY: Shirley Venner Race Director

APR 8 2024 AM 9:23

**BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Insurance Management Group 959 East 4th St  Marion IN 46952		<b>CONTACT NAME:</b> Tabitha Messersmith <b>PHONE (A/C, No, Ext):</b> (800) 272-8673 <b>FAX (A/C, No):</b> (765) 664-0761 <b>E-MAIL ADDRESS:</b> tmessersmith@insmgt.com	
<b>INSURED</b> Road Runners Club of America/2024 and Its Member Clubs  1501 Langston Boulevard, Suite 140 Arlington VA 22209		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Granite State Insurance Company NAIC # 23809 <b>INSURER B:</b> National Union Fire Insurance Company of Pittsburgh, PA 19445 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 2024 \$2M A.I. Liability      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> <b>OCCUR</b> Legal Liability to Participants \$2,000,000  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> <b>OTHER:</b> Per Event Basis			AIL0003450335200	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OPAGG \$ 2,000,000 Abuse and Molestation \$ 500,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			AIL0003450335200	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Excess Medical & Accident (\$250 Deductible/Claim)			AID0003450335800	12/31/2023	12/31/2024	Excess Medical \$10,000 AD & Specific Loss \$2,500
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 06/09/24 Betar Byway 5K & Moreau Mile / Trail Race    INSURED RRCA CLUB/EVENT MEMBER: The Adirondack Runners    ATTN: William Venner, PO Box 2245, Glens Falls Ny 12801    Processed by RMV

<b>CERTIFICATE HOLDER</b>  06/09/24 Village of South Glens Falls 46 Saratoga Avenue  South Glens Falls NY 12803	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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APR 8 2024 AM 9:23



**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**  
*Insuring Our Own Future.*

**INSURANCE APPLICATION**

**APPLICATION CHECKLIST**

1.  Completed Supplemental Application and Acord Applications/Schedules.
2.  Signatures on Applications and Statement of Values where required.
3.  Copy of your most recent Budget provided. [Tentative/Preliminary acceptable.]
4.  Currently valued six years Loss History, including large loss details.

Proposed effective date of policies:            \_\_\_ / \_\_\_ / \_\_\_

Date premium quote is needed\*:            \_\_\_ / \_\_\_ / \_\_\_

**\*We require a minimum of 30 days between the submission of a complete application (including supplemental information) to provide a quote. Additional time may be needed if the expiring premium exceeds \$250,000.**

**PLEASE RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION VIA MAIL OR EMAIL TO:**

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**  
**(518) 292-0069**  
Email to: [rconway@wrightinsurance.com](mailto:rconway@wrightinsurance.com)

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## GENERAL MUNICIPAL INFORMATION

Name of Municipality Village of South Glens Falls County Saratoga  
Address 46 Saratoga Avenue South Glens Falls, NY 12803 Website www.sgfny.com  
Telephone Number 518-793-1455 Fax Number \_\_\_\_\_  
Chief Executive/Title Nicholas Bodkin Other Contact Samantha Berg  
Email: mayor@sgfny.com Email: clerktreasurer@sgfny.com  
Contact Person/Title Nicholas Bodkin, Mayor  
Submitting Agency and Broker \_\_\_\_\_ Telephone Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING INFORMATION:

Population: \_\_\_\_\_ Total # of Employees: 29  
Town Population (Excluding Village): \_\_\_\_\_  
Engineers \_\_\_\_\_  
Attorneys \_\_\_\_\_

Does your municipality participate or cooperate in any joint activities with other municipalities (i.e. Mutual Assistance agreements, construction or maintenance projects, police or fire protection, etc....)? Yes  No

Does your municipality provide employees or equipment to any other local governments?  
Yes  No

Has the municipality passed a local law allowing ATV and or snowmobile use on the municipality's public streets and roads? Yes  No

\*If Yes, please confirm the municipality's local law or ordinance is in compliance with NYS Laws.

**Authorized Signature Required:** \_\_\_\_\_

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**CURRENT INSURANCE PROGRAM**

*This section must be completed to receive a quotation.*

<u>LINE OF COVERAGE</u>	<u>LIMIT</u>	<u>DEDUCTIBLE*</u>	<u>PREMIUM(NEW Business Only)</u>
PROPERTY	_____	_____	_____
BOILER& MACHINERY/EQUIPMENT	_____	_____	_____
BREAKDOWN	_____	_____	_____
TOTAL FLOOD/ EARTHQUAKE	_____	_____	_____
GENERAL LIABILITY	_____	_____	_____
CYBER	_____	_____	_____
OCP	_____	_____	_____
PROFESSIONAL	_____	_____	_____
HEALTHCARE LIABILITY	_____	_____	_____
HEALTHCARE GENERAL LIABILITY	_____	_____	_____
AUTOMOBILE LIABILITY	<b>SEE PAGE 18</b>	_____	_____
AUTOMOBILE PHYSICAL DAMAGE	_____	_____	_____
UMBRELLA / EXCESS LIABILITY	_____	_____	_____
PUBLIC OFFICIALS (E & O)	_____	_____	_____
EMPLOYMENT	_____	_____	_____
PRACTICES LIABILITY (if not included in Public Officials premium)	_____	_____	_____
LAW ENFORCEMENT LIABILITY	_____	_____	_____
INLAND MARINE	_____	_____	_____
CRIME	_____	_____	_____
OTHER:	_____	_____	_____

*\* PLEASE INDICATE "SIR" IF THE AMOUNT SHOWN IS ACTUALLY A SELF-INSURED RETENTION.*



**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**IF NOT WITH NYMIR For 6 Years  
LARGE LOSS HISTORY (Only Losses over \$50,000)**

Date of Claim	Description of Claim	Total Incurred (Paid+Reserve+Expense)	Is Claim Still Open?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Additional Notes:**

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# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## MUNICIPAL EXPOSURE INFORMATION

IF YES, PLEASE COMPLETE CORRESPONDING EXPOSURE INFORMATION. ACORD not acceptable

EXPOSURE	YES	NO	CONTRACTED	EXPOSURE BASE
Beach/Lake Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u> # of Beaches <u>4</u> # of Months in Use Operated by The Town of Moreau
Bleachers				
Under 100 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Charge
100-500 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations
501 - 1,000 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations
1,001 - 5,000 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations
>5,000 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations
Boat Docks (No Services)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage
Campgrounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Carnivals/Amusement Rides*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SEE SPECIAL EVENTS APPLICATION</b>
Concession Stands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ Receipts
Dams/ Dikes/ Levees/ Reservoirs** 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE DAM APPLICATION (If Downstream Exposure is needed.)</b>
Day Care Nurseries (Excluding Summer Rec.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Children _____ Days/Hours Operation _____ Facility Used _____ Enrollment Forms Required? _____ Services Provided (Day Care/Day Camp/Nursery/Other)
Drones	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SEE DRONE APPLICATION</b>
Electrical Emergencies Only Generation/Distribution	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ Distribution Payroll _____ Generation Payroll
*** Certified Emergency Medical Technicians (if not separately insured) <b>IF COVERAGE REQUIRED</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Employees/Attendants _____ # of Volunteers _____ Insurance Carrier - if insured separately

\* Pending Underwriter Approval

\*\* Existence hazard coverage (trips and falls) due to the existence of dams, dikes, levees or reservoirs is automatically included. IF **DOWNSTREAM DAM FAILURE IS BEING REQUESTED, YOU MUST SUBMIT A COMPLETED QUESTIONNAIRE FOR EACH MUNICIPAL DAM. A COPY OF THE MOST RECENT INSPECTION DONE BY THE NEW YORK STATE – DEPARTMENT OF ENVIRONMENTAL CONSERVATION MUST BE INCLUDED FOR EACH DAM.**

\*\*\* If Emergency Medical Personnel ARE separately insured, enter the name of the insurance company.

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## MUNICIPAL EXPOSURE INFORMATION (Cont.)

IF YES, PLEASE COMPLETE CORRESPONDING EXPOSURE INFORMATION.

EXPOSURE	YES	NO	CONTRACTED	EXPOSURE BASE
Fairs/Festivals/Parades (Generates Receipts for Municipality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE SPECIAL EVENTS APPLICATION
Fire Department/ Company/District Name: <u>SGF Fire Dept Inc.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PLEASE COMPLETE FIRE PROTECTIVE SERVICES APPLICATION EVEN IF SERVICES ARE CONTRACTED
Fireworks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations/Days
Garbage & Recycling Pick-Up (Door to Door pick up)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ Payroll (Do NOT include recycling center)
Golf Courses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ Receipts
Housing Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONTACT YOUR NYMIR REPRESENTATIVE
Industrial Development Agency/ LDCs/ Business Improvement District / Land Bank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEE IDA APPLICATION
Jails	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage
Libraries (Stand Alone)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage
Ports/ Harbors/ Terminals/ Marinas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage Yes <input type="checkbox"/> No <input type="checkbox"/> Services Include Storage/Repair? Yes <input type="checkbox"/> No <input type="checkbox"/> Include Fueling Operations?
Sewer Facility/ Sewer Disposal (Stand Alone)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____ Payroll Pump Stations only, contract with the City of Glens Falls for disposal
Skating Facilities				
Ice Skating Rinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ Receipts
Roller Skating Rinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Rinks
Skateboard Parks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ # of Parks

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## MUNICIPAL EXPOSURE INFORMATION (Cont.)

IF YES, PLEASE COMPLETE CORRESPONDING EXPOSURE INFORMATION.

EXPOSURE	YES	NO	CONTRACTED	EXPOSURE BASE
Ski Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	____ Receipts ____ Lifts
Special Events	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SEE SPECIAL EVENTS APPLICATION</b>
Stadiums/Arena	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	____ Receipts ____ Seating Capacity over 2,500
Streets and Roads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>14.41</u> # of Miles for streets owned and /or maintained
Summer Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Special Events
Swimming Pools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	____ # of Pools (Excluding wading pools)
Transportation System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	____ Square Footage of Terminal ____ # Over 26 Feet
<50 Buses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Watercraft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vacant Buildings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	____ Attach list of vacant properties
Water Department/ Utility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ Payroll (do not include administration and meter readers; do include purification, transmission, distribution)
Watercraft*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	____ # of Watercraft ____ Year/Model/Serial #/Length
Waterfront Property with Public Access (not otherwise specified)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1.5 miles</u> linear footage for Public Access Area only Betar Byway paved & unpaved, no water exposure
Zoos**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	____ # of Zoos ____ # of Acres

\* Coverage only available for watercraft less than 26 feet.

\*\* Pending Underwriting Approval.

**NOTE: NO AVIATION LIABILITY IS AVAILABLE THROUGH NYMIR**

### MISC. Exposures

Yes  No Are there any owned watercraft in excess of 100 horsepower?

If "Yes" describe: \_\_\_\_\_

Yes  No Are any buildings or industrial properties held for redevelopment?

Number of Buildings: \_\_\_\_\_ Location Numbers: \_\_\_\_\_

If "Yes" describe: \_\_\_\_\_

Yes  No Are any buildings used for commercial purposes?

If "Yes" describe: \_\_\_\_\_

Yes  No Are any dwellings owned/leased to others?

Number of Dwellings: \_\_\_\_\_ Location Numbers: \_\_\_\_\_

If "Yes" describe: \_\_\_\_\_

Yes  No Are fundraising activities conducted (including fire dept. and emergency medical services)?

If "Yes" describe: \_\_\_\_\_

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

Yes  No Do you have any railroad contracts, sidetrack or easement agreements?  
If "Yes" Please submit a copy of the entire agreement with the application.

\*Yes  No Are non-law enforcement employees permitted to carry firearms on municipal property?

\*If yes, are employees carrying firearms Certified Peace Officers?  Yes  \*\*No

\*\*If No, please provide an explanation of the position and necessity for carrying a firearm.

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Yes  No Do you have any UAV/Unmanned Aerial Vehicles (i.e.: Drones)?

If "Yes" describe: \_\_\_\_\_

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## DAM EXPOSURE INFORMATION

### DAMS AND RESERVOIR

(Note: If the entity operates more than one dam or reservoir, a separate questionnaire must be completed for each structure.)

Name of Dam/Reservoir \_\_\_\_\_

1. Capacity of Impounded Reservoir in: Acre Feet: \_\_\_\_\_ Gallons: 750,847 Cubic Feet: 100,375

**(IF RESERVOIR [No DEC # Applies], DO NOT COMPLETE THE REMAINDER OF THIS FORM)**

DEC ID# \_\_\_\_\_ Deficiency Code \_\_\_\_\_ Hazard Code \_\_\_\_\_

**(A NYState DEC inspection report must be submitted for any dam over 30 acre-feet, with a hazard grade of C or higher.)**

2. Please submit the following:

- The Latest DEC visual inspection, usually one page.
- If there have been any recommendations made, a letter from the DEC or an engineering firm or contractor stating that satisfactory repairs have been made and the recommendations/deficiencies are no longer a problem or no longer exist.

3. Location \_\_\_\_\_ Year Built \_\_\_\_\_ Under the direction of: \_\_\_\_\_

- a. Name of Tributary rivers: \_\_\_\_\_  
 Upstream  Downstream
- b. Purpose:  Flood control  Irrigation  Water supply  Industrial  Power  
 If power, describe alternate source in event of power failure: \_\_\_\_\_
- c. Construction:  Concrete  Earthen  Steel Sheered  Timber  Other  
 Spillway Construction: \_\_\_\_\_
- d. Dimensions Height \_\_\_\_\_ Top Width \_\_\_\_\_ Base Width \_\_\_\_\_
- e. Normal pond measures: Number of acres \_\_\_\_\_ Acre-feet (Please fill in.) \_\_\_\_\_
- f. Storage capacity (gallons) \_\_\_\_\_  
 Additional storage available in flood state?  Yes  No  
 If yes describe: \_\_\_\_\_

4. Upstream exposure?  Yes  No Describe, including distance (housing, industrial, complexes, etc.): \_\_\_\_\_

5. Downstream exposures (indicate if exposure is present, including distance):

a. Housing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
b. Other Structures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
c. Industrial Complexes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
d. Public Utilities, type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
e. Pumping Stations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
f. Lower Dams	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
g. Bridge(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
h. Highway(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
i. Railroads(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
j. Agricultural, type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
k. Recreational, type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
l. Schools(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
m. Hospital(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____
n. Camp(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance: _____	Number: _____

6. Maximum population Down Stream? \_\_\_\_\_
7. Does the entity have an emergency notification plan/Emergency Action Plan (EAP)?  Yes  No  
 Describe: \_\_\_\_\_  
 Will be developed or updated as of: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
8. Who inspects the dam? \_\_\_\_\_
9. How often? \_\_\_\_\_ Date of last inspection: \_\_\_\_\_  
 (Please include a copy.)

➤ **Without this questionnaire, downstream exposure cannot be provided.**

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**AUTHORITY EXPOSURE INFORMATION**

**INDUSTRIAL DEVELOPMENT AGENCIES (IDA) – LIMITED DEVELOPMENT CORP. (LDC) – BUSINESS IMPROVEMENT DISTRICT – OTHER GOVERNMENT AUTHORITY INCLUDING LAND BANKS**

1. Is the Authority separately insured, with what company? If yes, no other questions need to be answered.

---

---

2. What is the composition of the Authority’s board?

---

---

3. How long has the Authority been in existence?

---

4. Has the operation of the Authority changed since its inception?

---

---

5. Are there any current or prior losses?

---

---

6. Is there any NYS or federal involvement with the Authority?

---

7. Provide a comprehensive description of the activities of the Authority including any construction operations that may be associated with the Authority.

---

---

8. Provide a copy of the contract/charter/covering agreement under which the Authority operates.

---

9. Does the Authority own any property? Yes  No   
If yes, please list.

---

---

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## SPECIAL EVENTS EXPOSURE INFORMATION

**COMMUNITY & RECREATIONAL EXPOSURES:**

Special Events	Organized Sports	Boat Docks/Marinas
Parks & Recreation	Fireworks – Sponsor Only	Playgrounds
Bleachers, Grandstands and Stadiums	Ice Skating	Swimming
Music Events/Shows	Parades	Fairs/Festivals
	Seasonal Events	

**SPECIAL EVENTS INFORMATION:**

1. List each special event:

Description	# of Days	Estimated Receipts (if any)	Location	Premises Owned	Estimated Attendance
Memorial Day Parade	1	0.00	Haviland Ave, Main Street	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	200-500
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Describe your responsibility for each event/activity (i.e., provide premises, funds, personnel, etc.):

Plan, schedule, and implement Police traffic control, DPW Street clearing

---

3. List each sponsor/co-sponsor and their responsibility for each event/activity:

Town of Moreau, Moreau Community Center

---

4. Are Independent Contractors used to provide any services?

Yes       No

If "Yes", what services? \_\_\_\_\_

5. Are Certificates of Insurance obtained from sponsors and/or independent contractors?

Yes       No      N/A

If "Yes", limit required: \_\_\_\_\_

Does the Certificate of Insurance list the Municipality as an Additional Insured?     Yes     No

6. Will any mechanically operated amusement devices (such as bounce houses) be used in the event?

Yes       No

7. Will any of the events involve racing activities?

Yes       No



# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## SPECIAL EVENTS EXPOSURE INFORMATION (Cont.)

**PARKS AND RECREATION:**

1. Identify the recreational activities provided (check all that apply):

<u>Activity</u>	<u>Gross Receipts (if any)</u>		<u>Activity</u>	<u>Gross Receipts (if any)</u>
<input type="checkbox"/> Baseball Fields	_____	N/A	<input type="checkbox"/> Parks	_____
<input type="checkbox"/> Basketball Courts	_____		<input type="checkbox"/> Playground Equipment	_____
<input type="checkbox"/> Bike Riding	_____		<input type="checkbox"/> Playgrounds	_____
<input type="checkbox"/> Boating/Kayaking	_____		<input type="checkbox"/> Rollerblading (in-line skating)	_____
<input type="checkbox"/> Camping	_____		<input type="checkbox"/> Skateboarding	_____
<input type="checkbox"/> Equestrian Trails	_____		<input type="checkbox"/> Ski Lifts/Ski Trails	_____
<input type="checkbox"/> Football Fields	_____		<input type="checkbox"/> Soccer Fields	_____
<input type="checkbox"/> Golf Courses/Clubs	_____		<input type="checkbox"/> Swimming	_____
<input type="checkbox"/> Hiking Trails	_____		<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Parasailing	_____			

2. Do you permit winter sports on the premises?

Yes       No

If "Yes" Describe: \_\_\_\_\_

**ORGANIZED SPORTS:**

1. List organized recreational activities sponsored by the municipality:

Activity (Ex. Baseball, Football, etc.)	Number of Participants Youth/Adult	Does activity take place on municipal owned property?		Municipality Sponsored: Supervised?		Third-Party Sponsored: Supervised?		Third-Party Sponsored: COI to Municipality?	
		Yes	No	Yes	No	Yes	No	Yes	No
	____ Youth ____ Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	____ Youth ____ Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	____ Youth ____ Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	____ Youth ____ Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	____ Youth ____ Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Note: If Parks and Recreation brochures are available, please provide.

2. Do you secure liability waiver forms from all participants?

Yes     No

3. Do you own, operate or maintain any golf courses?

Yes     No

If "Yes", Total annual rounds of golf: \_\_\_\_\_

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**FIRE PROTECTIVE SERVICES**  
**(FIRE COMPANIES, FIRE PROTECTIVE DISTRICTS, FIRE DEPARTMENTS)**

1. List all fire departments/companies: South Glens Falls Fire Dept Inc.  
\_\_\_\_\_  
\_\_\_\_\_
2. Are fire departments/companies paid or volunteer? Volunteer
3. Name of fire department/company to be covered: N/A
4. If coverage is requested for fire department/company, what oversight is provided by the municipality?  
operated based on contract between the Village of South Glens Falls and South Glens Falls Fire Dept Inc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If coverage is not requested for the fire department or company, please list insurance carrier providing coverage: pending
6. Is there a contract between the fire department/company and the municipality?  Yes  No  
If yes, does it include risk transfer?  Yes  No- Please submit contract to NYMIR for review.

\*If crime coverage is requested for the fire department, please fill out appropriate section of the crime application.

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**NYMIR UNMANNED AIRCRAFT INSURANCE APPLICATION**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

N/A

1. Is this address located on, or adjacent to, an airport? Yes  No
2. Has Applicant obtained a Certificate of Waiver or Authorization (CoA) from the FAA? Yes  No   
**(IF YOU ANSWER NO, PLEASE DISCONTINUE AND CONTACT YOUR UNDERWRITER)**
3. Name of last Aircraft insurance carrier (if none so state) \_\_\_\_\_  
Exp. Date \_\_\_\_\_
4. Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years.  
\_\_\_\_\_  
\_\_\_\_\_
5. Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? Yes  No   
If so, explain.  
\_\_\_\_\_  
\_\_\_\_\_

**PILOT/OPERATOR**

NAME(S) \_\_\_\_\_

Is the Pilot an employee? \_\_\_\_\_

Number of Years as a \*Pilot/Operator \_\_\_\_\_

**\*Please provide a copy of the Pilot's License\***

**MAINTENANCE**

1. Is all maintenance performed on the aircraft, and its individual components, completed in accordance to manufacturer guidelines? Yes  No
2. Is a record of all maintenance maintained? Yes  No

\*\*\*\*\*

1. If aircraft has no registration number or manufacturer's serial number, please describe how aircraft can be positively identified in the event of an incident, accident, or claim:  
\_\_\_\_\_  
\_\_\_\_\_
2. Maximum Endurance (in hours) \_\_\_\_\_
3. Maximum Operating Altitude (in feet) \_\_\_\_\_
4. Maximum Range (Specify feet, yards, meters, miles, or kilometers) \_\_\_\_\_
5. Does the aircraft have the ability to independently detect and avoid other aerial traffic? Yes  No
6. In the event of a lost link between the ground control station and the aircraft, does the UAV contain an automated recovery program that allows for it to safely return to a predetermined point?  
Yes  (please describe procedure below) No   
\_\_\_\_\_  
\_\_\_\_\_
7. Aircraft Manufacturer's website: \_\_\_\_\_

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## PURPOSE OF USE

1. CHECK ALL APPLICABLE USES

- Police       Fire       Search & Rescue       Surveillance  
 Photography Wildlife Observation       Construction/Engineering       Video/Film Production  
 Communications       Pipeline/Powerline Patrol       Thermal Imagery       Aerial Marketing  
 Employee Training       Mapping

List all other uses not indicated above (explain)

2. How will photos/videos from aircraft be stored? \_\_\_\_\_  
3. Estimated number of hours the aircraft to be insured is/are to fly in the coming 12 months:  
\_\_\_\_\_  
4. Number of flights \_\_\_\_\_

## OPERATING ENVIRONMENT/CHARACTERISTICS

N/A

1. CHECK ALL APPLICABLE EXPOSURES

- Urban (City centers, heavily populated areas)  
 Suburban/Semi-Urban (numerous nearby buildings/moderate population)  
 Industrial (Near numerous non-residential buildings)  
 Rural (Limited, if any, exposure to people and property)  
 Over water (rivers/ponds/small lakes)       Over open water (large lakes/seas/oceans)  
 Night operations       Severe Weather IFR weather operations  
 Other (describe) \_\_\_\_\_

2. Does any pre- and/or in-flight communication with Air Traffic Control take place for a typical flight? Yes  No   
3. How many visual observers are used for a typical flight? (Do not include pilot/operator) \_\_\_\_\_  
4. List all states where flights are anticipated to take place:

5. For applicants anticipating flights within the U.S., please list specific states where operations are expected:  
\_\_\_\_\_

## Policy and Procedures

1. Do you have a policy for the use of the aircraft? \_\_\_\_\_  
2. Please attach copy of policy for use?  
3. Will aircraft be secured to limit access to only authorized personnel? \_\_\_\_\_  
4. How will photos/video be stored? \_\_\_\_\_  
5. Will a flight log be maintained? Yes  No

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's Signature: \_\_\_\_\_

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

Producer: \_\_\_\_\_

Address City State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**GENERAL LIABILITY COVERAGE**

Name of Insurance Carrier \_\_\_\_\_

Is current coverage provided on an *occurrence* or *claims made* basis? \_\_\_\_\_  
(Please attach loss runs.)

If claims made, what is the Retro Date for current coverage? \_\_\_\_\_

1. Deductible Options Requested:

\$1,000

\$2,500

\$5,000

\$10,000

\$25,000

\$50,000

\$100,000

\$250,000

\*\*\*

On behalf of our municipality, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell or the applicant to purchase this insurance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**\*SIGNATURE REQUIRED\***

Signed \_\_\_\_\_  
(Chief Executive Officer)

Date \_\_\_\_\_

Submitted by \_\_\_\_\_

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## PROPERTY SUPPLEMENTAL INFORMATION

1. Property Deductible Options Requested:
- |  |                                   |                                   |                                    |
|--|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$250         | <input type="checkbox"/> \$2,500  | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$75,000  |
| <input type="checkbox"/> \$500 default | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$1000        | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$250,000 |

2. Coinsurance Percentage  
 90%  100%

3. Property Valuation:  
 Replacement Cost (required for Policy Blanket Limits)  
 Functional Replacement Cost limits not included in Blanket Limit

4. Any Vacant Buildings?  
 Yes\*  No

\* If yes, please identify on SOV, or attach separate exhibit; and describe how often your municipality monitors and inspects your vacant buildings along with your maintenance program for all vacant locations.

Is vacancy permit coverage requested?

- Yes  No

5. Any Buildings Listed on National Historical Registry?

- Yes\*  No

\*If "Yes"; please indicate any buildings required to be preserved to its original historic state.  
old brick stable on River Street

6. Do you currently have any property in the "course of construction" or have any new additions, renovations or expansions planned?

- Yes  No

If "Yes" Describe: \_\_\_\_\_ Cost of Construction: \_\_\_\_\_

7. Do you have any hydro-electric equipment?

- Yes  No

If "Yes" Describe: \_\_\_\_\_

8. Is optional Flood Coverage requested above the automatic \$1,000,000 limit provided by NYMIR?

- Yes  No

If "Yes" Requested Limit: \_\_\_\_\_ Current Deductible: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Current Limit: \_\_\_\_\_

NOTE: We will pay only for the amount of loss in excess of a \$500,000 per building and a \$500,000 contents occurrence deductible applicable to all property located in Federal Flood Zones designated as A, AO, AH, A1-A30, AE, A99, AR, AR/AE, AR/AO, AR/A1-A30, AR/A, AJJ, V, VE, or V1-V30 and D.

- a. Are there any premises insured in the National Flood Insurance Program?

- Yes  No

- b. Are higher limits requested? (Automatic \$1MM Included)

- Yes  No

9. Is Optional Earthquake Coverage requested?

- Yes  No

If "Yes" Requested Limit: \_\_\_\_\_ Current Deductible: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Current Limit: \_\_\_\_\_

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## ADDITIONAL PROPERTY LIMITS

**NYMIR's Property Enhancement automatically provides additional limits for many items. Higher limits may be purchased on some lines. Please indicate additional limit desired.**

**PLEASE REVIEW MPL 116-1106 FOR COMPLETE TERMS & CONDITIONS**

Description	Included	Higher Limits Requested
Accounts Receivable	\$75,000*	
Airborne/Waterborne Personal Property Coverage	Included	N/A
Broadened Water-Direct Damage	\$100,000 or Limit of Ins. Whichever is Less	N/A
Claim Data Expense	\$25,000	N/A
Commandeered Property	Actual Loss You Sustain	N/A
Communication Equipment, Computers and Media Deductible	\$75,000	N/A
Municipal Property Deductibles	Included	N/A
Disappearing Deductible	Included	N/A
Extra Expense	\$250,000	
Fine Arts	\$25,000	N/A
Fire Department Service Charge	\$25,000	N/A
Fire Extinguisher Recharge Expense	\$5,000	N/A
Food Contamination Shutdown – Planned Events	\$10,000	N/A
Foundations Coverage	Included	N/A
Lock Replacement Coverage	\$1,000	N/A
Loss of Income	Actual Loss You Sustain	N/A
Loss of Income – Broadened Water	\$100,000	
Loss of Income – Time to Restore Extension	30 Days	ISO
Money, Securities and Stamps		
Inside	\$10,000	N/A
Outside	\$10,000	N/A
Newly Acquired or Constructed Property		
Building	\$1,000,000	N/A
Business Personal Property	\$500,000	
Non-Owned Detached Trailers	\$5,000	N/A
Ordinance or Law Coverage		
Loss to Undamaged Portion	Included	N/A
Demolition Cost	\$500,000*	
Increased Cost of Construction	\$500,000*	
Outdoor Fences	Actual Loss You Sustain	N/A
Outdoor Signs	Actual Loss You Sustain	N/A
Outdoor Trees, Shrubs and Plants	Actual Loss You Sustain Subject To A Limit of \$10,000 Per Tree, Shrub or Plant	N/A
Personal Effects and Personal Property of Others	\$10,000	
Pollutant Cleanup and Removal	\$50,000	N/A
Pollutant Cleanup and Removal – Planned Events	\$10,000	N/A
Premises Extension Property	1,000 Feet	N/A
Property off Premises	Actual Loss You Sustain	N/A

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

Description	Included	Higher Limits Requested
Refrigerated Property	Actual Loss You Sustain	N/A
Roof Protection	\$1,000	N/A
Specified Appurtenant Structure		
Public Use	\$100,000	N/A
Your Use	\$10,000	N/A
Contents	\$1,000	N/A
Transportation	Actual Loss You Sustain	N/A
Utility Services – Direct Damage	Actual Loss You Sustain	N/A
Utility Services – Planned Events	Actual Loss You Sustain	N/A
Valuable Papers and Records – Cost of Research	\$75,000*	

*\*Above limits shown may be superseded by the 'Optional Coverage Included' section on form #MPL-100-0997.*



# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## BUILDING SCHEDULE

***Please attach typed Acords with the following information:***

*Building Name/Address*

*Use*

*Age/Yr. Built*

*Construction Types*

*Square Feet*

*Local Protection Class*

*100% Building Values*

*100% Contents Values*

### **CONSTRUCTION TYPE:**

1. FRAME - Wood walls and roof
2. MASONRY - Masonry walls and wood roof
3. NC-1 - Metal pre-fabricated
4. NC-2 - Masonry with non-combustible walls/roof
5. MODIFIED FIRE RESISTIVE
6. FIRE RESISTIVE

**IMPORTANT NOTE:** NYMIR will arrange to appraise all insured buildings with a value in excess of \$50,000. Any discrepancies will be endorsed accordingly.

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

### **Miscellaneous Property in the Open** **(Please List on Acord or SOV.)**

1. **Fire Hydrants** – must be listed to get coverage - **# OF HYDRANTS AND THEIR TOTAL VALUE; CATEGORY “HYDRANTS THROUGHOUT VILLAGE”**
2. **Railings** – If not in the value of the structure, it needs to be scheduled. (This is to address handrails, which would normally be attached to or just outside a building.) Although, some park locations have railings. This would not include fences. Guard rails cannot be covered.
3. **Lights/Light Poles owned by insured** – must be listed to get coverage **# OF LIGHTS AND THEIR TOTAL VALUE; CATEGORY “LIGHTS/LIGHT POLES THROUGHOUT VILLAGE”**
4. **Benches** – must be listed at each location
5. **Monuments/Clocks** – the value can be rolled into the main building (as a site improvement on the CBIZ appraisal) or listed separately on SOV
6. **Signs** – locations must be on the Dec page and within 1,000 feet of a scheduled location to get the Muni Pac extensions. Otherwise for coverage, list **# OF SIGNS AND THEIR TOTAL VALUE; CATEGORY “SIGNS THROUGHOUT VILLAGE”**
7. **Flagpoles** – the value can be rolled into the main building (if listed as a site improvement on CBIZ appraisal) or listed separately on SOV
8. **Parks/playground equipment** – list on the property schedule as separate location. Each piece of equipment does not need to be listed separately.
9. **Parking Meters** – must be listed for coverage - **# of PARKING METERS AND THEIR TOTAL VALUE ; CATEGORY “PARKING METERS THROUGHOUT VILLAGE”**
10. **Parking Machine** – must be listed for coverage - **# of PARKING MACHINES AND THEIR TOTAL VALUE; CATEGORY “PARKING MACHINES THROUGHOUT VILLAGE”**
11. **Cemeteries** – minimum value of \$1000 to schedule; unless there is a structure which should have the proper value. Does not include headstones or monuments.
12. **Dugouts** – the location where they are located must be listed in order to get the limits in the Muni-Pac
13. **Tennis Courts/Basketball Courts** – list on the property schedule with an address
14. **Traffic Signals** – **# OF TRAFFIC SIGNALS AND THEIR TOTAL VALUE: CATEGORY “TRAFFIC SIGNALS THROUGHOUT VILLAGE”**
15. **Fences – just value**

*All of the above items are subject to the Commercial Property Flood Deductible; dictated by the flood zone the item is located in.*

**NYMIR Inland Marine Categories**

1. Auto Physical Damage
2. Contractor's Equip
3. Police Equip
4. EDP Equip.
5. Fine Arts
6. Fire Dept. Equip
7. Fire Dept. Vehicles
8. Miscellaneous
9. Other
10. Radios
11. Small Tools
12. Unscheduled equipment
13. Unscheduled Leased/Rented Equip
14. Voting Machines
15. Watercraft
16. Drones

**Miscellaneous Unscheduled Equipment** – Can be written up to a total value of \$150,000 with a maximum of \$5000 per item. You can have a lower “Max any one item...”, but anything higher needs to be listed on the IM schedule. This can be used to cover the following items:

- Small Hand Tools
- Portable Generator
- Air Compressor
- Lawn Mowers

*All Inland Marine items are subject to the \$1,000,000 Flood Limit.*

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## INLAND MARINE SUPPLEMENTAL INFORMATION

The Inland Marine form includes the following extensions of coverage:

Coverage Extension	Limits Included	Higher Limit
Debris Removal	\$25,000 Per Occurrence	N/A
Emergency Services Personal Effects*	\$2,500 Per Person / \$5,000 Per Occurrence	
Emergency Services Equipment (Scheduled)	\$10,000 Per Occurrence	
Rented/Leased/Borrowed*	\$100,000 Per Occurrence	
Newly Acquired Scheduled Equipment	\$250,000 Per Occurrence	N/A
Rental Reimbursement*	\$500 Per Day/ \$5,000 Aggregate	
Fireman's Auto Physical Damage	\$1,000 Reimbursement	N/A
Commandeered Property*	\$25,000 Occurrence/\$50,000 Aggregate	

Optional Limits are available and may be requested below.

1. Emergency Services Personal Effects Extension limit requested?
  - \$2,500 per person/\$5,000 per occurrence automatically included
  - Optional limits available at an increased premium, please specify requested limit: \_\_\_\_\_
2. Rented or Borrowed Equipment Extension limit requested?
  - \$100,000 automatically included
  - Optional limits available at an increased premium, please specify requested limit: \_\_\_\_\_
3. Rental Reimbursement Extension limit requested?
  - \$500 Per Day/\$5,000 Aggregate automatically included
  - Optional limits available at an increased premium, please specify requested limit: \_\_\_\_\_
4. Commandeered Property Extension limit requested?
  - \$25,000 Occurrence/\$50,000 Aggregate automatically included
  - Optional limits available at an increased premium, please specify requested limit: \_\_\_\_\_

## INLAND MARINE SCHEDULE

	LIMIT	DEDUCTIBLE OPTIONS*
AUTO PHYSICAL DAMAGE (**Agreed Value subject to review)		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
CONTRACTORS EQUIPMENT		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
FIRE VEHICLE*** (Replacement Cost regardless of age subject to limit)		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
RADIOS		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
VOTING MACHINES		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
FINE ARTS		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
POLICE EQUIPMENT		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
FIRE EQUIPMENT		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000
EDP EQUIPMENT		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
OTHER CATEGORY (Describe):		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
OTHER CATEGORY (Describe):		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
OTHER CATEGORY (Describe):		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

**NOTE: Please schedule mobile equipment licensed for road use on the Auto Liability Policy**  
**\*Consult with Broker for NYMIR Guidelines for determining Agreed Value limits.**

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**VEHICLE/FLEET SCHEDULE**

***Please attach Auto Schedules with the following information:***

- Car number*
- Year*
- Make/Model*
- Full VIN #*
- Gross Vehicle Weight*
- Use (see attached)/Class Code*
- Cost New*
- Comprehensive Deductible*
- Collision Deductible*

**Full Glass Option**

Full glass is available for private passenger vehicles only – maximum deductible is \$200 for these vehicles. Check if you want this option.

Hired Physical Damage Limit: \_\_\_\_\_ (Check if this coverage is primary)   
Deductible: \_\_\_\_\_

Limits of Liability	
Medical Payments:	
Mutual Aid:	
OBEL:	
Personal Injury Protection:	
Supplementary Uninsured Motorists:	

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

<b>CODE</b>	<b>DESCRIPTION</b>	<b>PHYSICAL DAMAGE</b>	<b>Notes</b>
01479	LIGHT DUMP	Auto Policy	0-10,000 lbs Gross Vehicle Weight
01499	LIGHT TRUCKS	Auto Policy	0-10,000 lbs Gross Vehicle Weight
05181	URBAN BUS	Auto Policy	1-8 passengers
05182	URBAN BUS	Auto Policy	9-20 passengers
05183	URBAN BUS	Auto Policy	21-60 passengers
05184	URBAN BUS	Auto Policy	over 60 passengers
05881	MUNICIPAL BUSES	Auto Policy	1-8 passengers
05882	MUNICIPAL BUSES	Auto Policy	9-20 passengers
05883	MUNICIPAL BUSES	Auto Policy	21-60 passengers
05884	MUNICIPAL BUSES	Auto Policy	over 60 passengers
06181	SCHOOL BUS (1-8)	Auto Policy	
06182	SCHOOL BUS (9-20)	Auto Policy	
06183	SCHOOL BUS (21-60)	Auto Policy	
06184	SCHOOL BUS (OVER 60)	Auto Policy	
06201	OTHER SCHOOL BUS	Auto Policy	
06202	OTHER SCHOOL BUS	Auto Policy	
06203	OTHER SCHOOL BUS	Auto Policy	
06204	OTHER SCHOOL BUS	Auto Policy	
06281	OTHER SCHOOL BUS	Auto Policy	
06282	OTHER SCHOOL BUS	Auto Policy	
06283	OTHER SCHOOL BUS	Auto Policy	
06284	OTHER SCHOOL BUS	Auto Policy	
06293	OTHER SCHOOL BUS	Auto Policy	
06481	SOCIAL SERVICE BUS	Auto Policy	1-8 passengers
06482	SOCIAL SERVICE BUS	Auto Policy	9-20 passengers
06483	SOCIAL SERVICE BUS	Auto Policy	21-60 passengers
06484	SOCIAL SERVICE BUS	Auto Policy	over 60 passengers
07201	DRIVER EDUCATION VEHICLES	Auto Policy	
07398	PRIVATE PASSENGER	Auto Policy	
07906	MOBILE EQUIPMENT	Floater	If Plated for Road Use
07908	FIRE PRIVATE PASS	Auto Policy	
07909	FIRE TRUCK	Floater	
07911	POLICE	Auto Policy	Cost new should include enhancements to vehicle
07912	POLICE VAN	Auto Policy	
07919	AMBULANCE	Floater	
07926	DRIVER EDUCATION VEHICLE	Auto Policy	
07929	REGISTRATION PLATES/TRANSPORTER PLATES	Auto Policy	
07942	MOTORCYCLE	Auto Policy	
07964	SNOWMOBILE	Floater	
09620	ANTIQUE AUTOS	Auto Policy	

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

21453	MEDIUM GARBAGE	Floater	10,001-20,000 Lbs Gross Vehicle Weight
21479	MEDIUM DUMP	Floater	10,001-20,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
21499	MEDIUM TRUCKS	Auto Policy	10,001-20,000 Lbs Gross Vehicle Weight
31479	HEAVY DUMP	Floater	20,001-45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
31499	HEAVY TRUCKS	Auto Policy	20,001-45,000 Lbs Gross Vehicle Weight
31453	HEAVY GARBAGE	Floater	20,001-45,000 Lbs Gross Vehicle Weight
34479	HEAVY TRACTOR (TRLR) DUMP	Floater	Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
34499	HEAVY TRACTOR (TRLR)	Floater	
40453	EXTRA HEAVY GARBAGE	Floater	>45,000 Lbs Gross Vehicle Weight
40479	EXTRA HEAVY DUMP	Floater	>45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
40499	EXTRA HEAVY TRUCK	Auto Policy	>45,000 Lbs Gross Vehicle Weight
50453	EXTRA HEAVY GARBAGE/TRACTOR	Floater	>45,000 Lbs Gross Vehicle Weight
50479	EXTRA HEAVY TRACTOR (TRLR) DUMP	Floater	>45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
50499	EXTRA HEAVY TRACTOR (TRLR)	Floater	>45,000 Lbs Gross Vehicle Weight
67479	SEMITRAILERS- DUMP	Floater	
67499	SEMITRAILERS	Auto Policy	
68479	TRAILERS - DUMP	Auto Policy	
68499	TRAILERS	Auto Policy	
69479	SERVICE OR UTILITY TRAILERS - DUMP	Auto Policy	
69499	SERVICE OR UTILITY TRAILER	Auto Policy	
7906	STREET SWEEPER	Floater	
21499/31499	BUCKET TRUCK	Floater	

**CLASS CODE 7911 IS VALUED AT REPLACEMENT COST FOR VEHICLES 10 YEARS AND NEWER**

**ONLY PRIVATE PASSENGER VEHICLES ARE ELIGIBLE FOR FULL GLASS WITH A \$200 DEDUCTIBLE**

**VEHICLES SCHEDULED ON THE FLOATER (INLAND MARINE) FOR PHYSICAL DAMAGE ARE ELIGIBLE FOR RENTAL EXPENSES OF \$500 PER DAY UP TO \$5,000**

**THE INLAND MARINE POLICY PROVIDES AUTOMATIC LEASED, RENTED OR BORROW COVERAGE FOR \$100,000. HIGHER LIMITS ARE AVAILABLE**

**\*\*DUMP TRUCKS SCHEDULED ON THE FLOATER WILL BE VALUED AT Agreed Value. Trucks 10 years & older are subject to review of photos and maintenance logs.**

**ALL OTHER ITEMS SCHEDULED ON THE INLAND MARINE ARE Agreed Value**

**FIRE DEPARTMENT EQUIPMENT SCHEDULED ON THE FLOATER WILL BE VALUED AT REPLACEMENT COST FOR NEW SUBJECT TO THE VALUE PER ITEM REGARDLESS OF AGE**

**\*\*\*FIRE TRUCKS ARE ELIGIBLE FOR REPLACEMENT COST NEW REGARDLESS OF AGE (not to exceed 150% of the purchase/invoice price)**

**PLEASE SEE POLICIES FOR A FULL DESCRIPTION OF COVERAGES AND ENHANCEMENTS.**

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**PUBLIC OFFICIALS LIABILITY COVERAGE**  
**(Application for a Claims Made policy)**

1. Does the Municipal Entity presently carry Public Officials Liability or similar insurance? Yes  No

If Yes: Name of Insurance Carrier NYMIR

Is current coverage provided on an *occurrence* or *claims made* basis? claims made

*(Please attach loss runs.)*

What is the Retro Date for Current Coverage (if Claims Made)? \_\_\_\_\_

Is Public Officials Coverage for Fire Department requested? Yes  No

Is Full Prior Acts requested? Yes  No

Current Deductible \_\_\_\_\_

Deductible Options Requested:

- |                                  |                                   |                                   |                                    |
|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$7,500  | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$75,000  |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$200,000 |

2. During the past six years, have there been any incidents, acts, errors, omissions, claims, litigation or threat of litigation not reported to NYMIR (including any Federal, State or Local actions against the Public Entity and/or its employees or officials) which might give rise to a claim? \* Yes  No

*\*(If answer is yes, please attach full details.)*

3. If the Municipal Entity proposed for this insurance has any subsidiary boards, commissions, authorities, or other units operating under its jurisdiction and within an apportionment of its total operating budget, *please include on a separate page a list of all such boards or units* and indicate whether they presently carry their own Public Officials Liability Insurance. If no such units are in operation, please state: Planning Board and Zoning Board of Appeals

4. Has similar insurance on behalf of the Municipal Entity been declined, cancelled or non-renewed or otherwise refused: (Please explain). None

On behalf of our municipality, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell or the applicant to purchase this insurance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**\*SIGNATURE REQUIRED\***

Signed \_\_\_\_\_  
(Chief Executive Officer)

Date \_\_\_\_\_

Submitted by \_\_\_\_\_ (Name of Agent)



# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## LAW ENFORCEMENT LIABILITY COVERAGE

**(Including ARMED: Court Officers, Security Officers and Code Enforcement; Staffed by either Employees or Volunteers.)**

Do you maintain a Law Enforcement Agency?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is your Agency NYS Accredited?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you have Court Security?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you have Peace Officers?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you have a Special Police Force?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you have Constables?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you allow for Moonlighting?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you have an Auxiliary Police Dept.?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you have a Tactical Unit?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If No, who provides Law Enforcement services? \_\_\_\_\_

If Yes, please complete all the information below.

Name of Insurance Carrier \_\_\_\_\_ NYMIR \_\_\_\_\_

Is current coverage provided on an *occurrence* or *claims made* basis? claims made

If claims made, what is the Retro Date for current coverage? \_\_\_\_\_

Current Deductible \_\_\_\_\_

Deductible Options Requested:

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$75,000
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$200,000

1. During the past six years, have there been any incidents, acts, errors, omissions, claims, litigation, or threat of litigation not reported to NYMIR (including any Federal, State or Local actions against the Public Entity and/or Law Enforcement Agency or its employees or officials of each) which might give rise to a claim? Yes  No

*(If answer is yes, please attach full details.)*

**\*\*Please check if your municipality has developed and/or utilizes any of the following policies, procedures and manuals:**

	<b>**Policies/ Procedures</b>	<b>* Manuals</b>
Use of Force	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Deadly Force	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle Hot Pursuit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Domestic Violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
De-Escalation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Moonlighting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Responding to Mental Health Calls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-Bias Policing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Body-Worn Cameras	<input type="checkbox"/>	<input type="checkbox"/>

***\*Please provide copies of Law Enforcement manuals***

***\*\*Please provide Policies and Procedures***

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**LAW ENFORCEMENT LIABILITY COVERAGE (Cont.)**

Please provide the following Officer Information: **(Do not count any individual twice.)**

**ARMED POLICE OFFICERS**

# of Full Time 6

# of Part Time 8

# of TOTAL Hours per month for all Part Time \_\_\_\_\_

**CORRECTION OFFICERS:**

# of Part Time Armed Officers N/A

# of Armed with Transportation Duty \_\_\_\_\_

**SCHOOL RESOURCE OFFICERS\*:**

# of Armed: N/A

\*Please send copy of agreement between law enforcement and school district.

**UNARMED OFFICERS WITH ARREST AUTHORITY:**

# of Full Time N/A

# of Part Time N/A

# of TOTAL Hours per month for all Part Time \_\_\_\_\_

**ARMED COURT OFFICERS:**

# of TOTAL Hours per month

for all Part Time N/A

Who supplies medical, counseling, and dental services for jail operations? N/A  
Contact NYMIR for a NYMIR Health Care Facilities Liability Program Application.

	Are they Contracted?	Or Employed?
Medical:	<input type="checkbox"/>	<input type="checkbox"/>
Counseling:	<input type="checkbox"/>	<input type="checkbox"/>
Dental:	<input type="checkbox"/>	<input type="checkbox"/>

*If not employed by municipality, please provide certificate of insurance*

**\*\*\***

On behalf of our municipality, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell or the applicant to purchase this insurance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**\*SIGNATURE REQUIRED\***

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Chief Executive Officer)

Submitted by \_\_\_\_\_  
(Name of Agent)

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## MEDICAL PROFESSIONAL LIABILITY

Does your Municipality have any medical professional employees or facilities - including but not limited to: jails, nursing homes, traveling nurses, medical clinics, etc.?

Yes     No

If "Yes", please fill out the additional "NYMIR Health Care Facilities Liability Program Application".

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## GOVERNMENTAL CRIME COVERAGE

**Faithful Performance is Automatic.**

The following coverages are available at limits of: \$1,000; \$2,500; \$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$50,000; \$75,000; \$100,000; \$150,000; \$250,000; \$500,000; \$750,000; \$1,000,000; other options available upon request at underwriter discretion.  
 Deductibles Available: \$100; \$250; \$500; \$1,000; \$2,500; \$5,000; \$10,000; \$25,000; \$50,000; \$100,000; \$250,000; \$500,000.

	Limits Requested		Deductible Option
Employee Theft: (Includes Tax Collector and Treasurer)	\$ _____	<input type="checkbox"/> Per loss <input type="checkbox"/> Per Employee	\$ _____
Forgery Alteration:	\$ _____		\$ _____
Inside the Premises:			
Theft of Money and Securities	\$ _____		\$ _____
Robbery/Safe Burglary	\$ _____		\$ _____
Outside the Premises:	\$ _____		\$ _____
Money Orders and counterfeit Money	\$ _____		\$ _____
*Computer Fraud/Funds Transfer Fraud	\$ _____		\$ _____

\*Please indicate if your municipality has a written policy in place to independently verify all requests for change of payment instructions, invoice changes and all redirection of funds.  Yes  NO

Is Crime Coverage required for contracted employees? Yes  No

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

**Are Separate Excess Limits required for Employee Theft? If yes, specify names and/or positions.**

Name	Position	Excess Limit
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Is Coverage requested for Volunteers (include for fire departments and/or fire companies)**

Name	Position	Excess Limit
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**GOVERNMENTAL CRIME COVERAGE (Cont.)**

Indicate what Security Provisions apply, and identify who performs the function/how often:

List all audits for municipality, elected officials and other organizations under control of municipality.

Supervisor/Mayor: Yes  No  Performed \_\_\_\_\_  
Tax Collector/Receiver: Yes  No  Performed CPA Firm  
Judge: Yes  No  Performed \_\_\_\_\_  
Town/Village Clerk: Yes  No  Performed CPA Firm  
Fire Dept., District, or Company: Yes  No  Performed \_\_\_\_\_  
Other: \_\_\_\_\_ Yes  No  Performed \_\_\_\_\_

Review of Bank Statements: Yes  No  Performed CPA Firm

Countersignatures: Yes  No  Performed Clerk's Office

Reconciliations: Yes  No  Performed Clerk's Office

Number of Ratable Employees 3

*Ratable Employees consist of all employees or volunteers who regularly handle, have custody or maintain records of money, securities or other property, and all department and division heads and assistant managers.*

**\*Please provide a list of any losses that have occurred in the past 6 years.\***

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**EXCESS LIABILITY- Follow Form**

Excess Policy Limits are available up to:  
\$16,000,000 Each Occurrence  
\$32,000,000 Aggregate

Excess Limit requested:

- \$1,000,000 / \$2,000,000 Aggregate
- \$2,000,000 / \$4,000,000 Aggregate
- \$3,000,000 / \$6,000,000 Aggregate
- \$4,000,000 / \$8,000,000 Aggregate
- \$5,000,000 / \$10,000,000 Aggregate
- \$6,000,000 / \$12,000,000 Aggregate
- \$7,000,000 / \$14,000,000 Aggregate
- \$8,000,000 / \$16,000,000 Aggregate
- \$9,000,000 / \$18,000,000 Aggregate
- \$10,000,000 / \$20,000,000 Aggregate

***Additional Limits may be attained subject to underwriting approval.***

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**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

*Please Read Carefully*

**GENERAL FRAUD WARNING NOTICE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NEW YORK FRAUD WARNING**

**Auto:** All applications for automobile insurance shall contain the following statement: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Fire Insurance:** All applications for fire insurance shall contain the following statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescinding the insurance policy.

**Other Types of Insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Your signature below acknowledges that you have read the General Fraud Warning Notice and the State Specific Fraud Warning Notice that applies to your state domicile.

**The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, location schedules, valuation statements, loss history information and engineering reports.**

\_\_\_\_\_  
SIGNATURE OF PROPOSED INSURED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PROPOSED AGENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

REQUISITION

New York State Environmental Facilities Corporation  
Attention: Public Finance Division  
625 Broadway  
Albany, New York 12207-2997

Re: Project No(s): 18332  
Village of South Glens Falls  
Series 2023 C

Ladies and Gentlemen:

Pursuant to Section 4.4 of the Project Finance Agreement dated as of November 1, 2023, between the New York State Environmental Facilities Corporation and the Village of South Glens Falls (the "Project Finance Agreement"), the undersigned on behalf of the Recipient hereby requests disbursement in the amount of \$ 24,904.71 for Project Costs. Capitalized terms used but not defined herein have the meaning set forth in the Project Finance Agreement. In connection with this requisition the undersigned does hereby represent and certify the following:

1. This requisition is requisition number 2.
2. Such costs have not previously been paid with the proceeds of any Third-Party Funding, except as specifically described herein:  
\_\_\_\_\_  
\_\_\_\_\_

In the event that the Recipient intends to submit, or has submitted, to a Third-Party Funding Entity the Project Costs requested herein, the Recipient represents that all conditions precedent to such reimbursement required to have been performed as of the date hereof have been so performed. The Recipient covenants to perform all conditions required to be fulfilled subsequent to the date hereof in connection with such reimbursement.

3. The amount of this requisition, together with all prior requisitions, does not exceed the amount of the Financing.
4. A copy of this requisition has been delivered to each of the above named addressees.



5. All amounts requisitioned hereunder are for eligible Project Costs, which have not been included in any previous disbursement from proceeds.
6. The amount requested does not include any costs of construction (other than costs of planning and design) associated with a Minority Women Business Enterprise (MWBE) utilization plan which has not been approved by the Corporation, or, if a MWBE utilization plan has been approved by the Corporation, documentation as may be required by the Corporation to verify compliance with MWBE requirements has been provided; or (ii) the Recipient is in compliance with all MWBE requirements.
7. The Recipient hereby represents and warrants that it is not a debarred or suspended party under 2 CFR Part 180 and 1532. Further, the Recipient has not made any award, contract or agreement for purchases of goods or services with any debarred or suspended party under 2 CFR Part 180 and 1532.
8. The undersigned is duly authorized to execute and deliver this requisition on behalf of the Recipient.
9. The Recipient hereby represents and warrants that it has obtained a certification in the form of **Exhibit M** to the Project Finance Agreement from each contractor and subcontractor which has a contract financed hereunder which exceeds \$100,000 and that the Recipient has submitted to the Corporation each such contractor and subcontractor certification as required under 40 CFR Part 34.
10. If applicable with respect to Davis-Bacon compliance, the Recipient confirms that for each payroll copy received since the last certification made on any payroll that the project is in compliance with the requirements of 29 CFR 5.5(a)(1) based on the applicable weekly payroll copies.

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

\_\_\_\_\_  
Signature and Title of Authorized  
Representative for Recipient

**Cost Summary**  
**South Glens Falls V, D0-18332**

Request No. **2**

Contractor Name / Cost Description	Contract Date	Contract Amt	Eligible Amt	Disbursed To Date	Project Cost To Date	Elig. Contract Amt. Remaining	Costs Requested
<b>Jersen Construction Group, LLC</b>	<b>02/18/2022</b>	<b>\$1,514,500.00</b>	<b>\$1,514,500.00</b>	<b>\$1,338,786.22</b>	<b>\$1,338,786.22</b>	<b>\$175,713.78</b>	
Construction Contract No. 2G - WTP Upgrades Re-Bid - General Construction	Lump Sum	\$1,514,500.00	\$1,514,500.00	\$1,338,786.22	\$1,338,786.22	\$175,713.78	compliance restricted
<b>New Castle Paving LLC</b>	<b>03/26/2021</b>	<b>\$175,517.32</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$175,517.32</b>	<b>\$0.00</b>	
Construction Contract No. 5 - Wilson and Haviland Improvements - General Construction	Lump Sum	\$175,517.32	\$0.00	\$0.00	\$175,517.32	\$0.00	( non-SRF )
<b>Spring Electric, Inc.</b>	<b>02/10/2022</b>	<b>\$78,500.00</b>	<b>\$78,500.00</b>	<b>\$14,297.79</b>	<b>\$14,297.79</b>	<b>\$64,202.21</b>	
Construction Contract No. 2E - WTP Upgrades Re-Bid - Electrical Construction	Lump Sum	\$78,500.00	\$78,500.00	\$14,297.79	\$14,297.79	\$64,202.21	\$16,909.71
<b>Tom Kubricky Company, Inc.</b>	<b>07/24/2020</b>	<b>\$573,245.86</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$573,245.86</b>	<b>\$0.00</b>	
Construction Contract No. 3 - Wilson & Haviland Ave. Water & Sewer Upgrades - General Construction	Lump Sum	\$573,245.86	\$0.00	\$0.00	\$573,245.86	\$0.00	( non-SRF )
<b>Worldwide Industries Corp.</b>	<b>05/04/2020</b>	<b>\$1,311,861.88</b>	<b>\$1,311,861.88</b>	<b>\$1,311,861.88</b>	<b>\$1,311,861.88</b>	<b>\$0.00</b>	
Construction Contract No. 2019-01 - Water Tank Rehabilitation - General Construction	Lump Sum	\$1,311,861.88	\$1,311,861.88	\$1,311,861.88	\$1,311,861.88	\$0.00	
<b>Delaware Engineering, D.P.C. ( . )</b>	<b>07/10/2019</b>	<b>\$256,055.24</b>	<b>\$256,055.24</b>	<b>\$253,648.09</b>	<b>\$257,545.59</b>	<b>\$2,407.15</b>	
Engineering PFOA Construction Administration and Observation	Not to Exceed	\$33,000.00	\$33,000.00	\$32,181.35	\$35,311.35	\$818.65	
Engineering PFOA Design	Not to Exceed	\$56,200.00	\$56,200.00	\$55,994.71	\$56,182.21	\$205.29	
Engineering Re-bid of PFOA Treatment System	Estimate	\$10,800.00	\$10,800.00	\$9,416.79	\$9,996.79	\$1,383.21	
Engineering Re-bid Tank Construction Administration and Observation	Not to Exceed	\$65,399.49	\$65,399.49	\$65,399.49	\$65,399.49	\$0.00	
Engineering Re-bid Tank Design	Not to Exceed	\$6,095.00	\$6,095.00	\$6,095.00	\$6,095.00	\$0.00	
Engineering Water Main Construction Administration and Observation	Not to Exceed	\$41,999.30	\$41,999.30	\$41,999.30	\$41,999.30	\$0.00	

**Cost Summary**  
**South Glens Falls V, D0-18332**

Request No. **2**

Contractor Name / Cost Description	Contract Date	Contract Amt	Eligible Amt	Disbursed To Date	Project Cost To Date	Elig. Contract Amt. Remaining	Costs Requested
<b>Delaware Engineering, D.P.C. ( . )</b>	<b>07/10/2019</b>	<b>\$256,055.24</b>	<b>\$256,055.24</b>	<b>\$253,648.09</b>	<b>\$257,545.59</b>	<b>\$2,407.15</b>	
Engineering Water Main Design	Not to Exceed	\$42,561.45	\$42,561.45	\$42,561.45	\$42,561.45	\$0.00	
<b>Technical Force Account</b>		<b>\$43,194.08</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$43,194.08</b>	<b>\$0.00</b>	
Technical FA Technical Force Account - Wilson and Haviland Improvements	Lump Sum	\$43,194.08	\$0.00	\$0.00	\$43,194.08	\$0.00	( non-SRF )
<b>Technical Force Account</b>		<b>\$150,400.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Technical FA Installation of WTP Upgrade Granulated Activated Carbon Media	Estimate	\$150,400.00	\$0.00	\$0.00	\$0.00	\$0.00	( non-SRF )
<b>Technical Force Account</b>	<b>12/28/2020</b>	<b>\$38,909.58</b>	<b>\$38,909.58</b>	<b>\$0.00</b>	<b>\$38,909.58</b>	<b>\$38,909.58</b>	
Technical FA Technical Force Account - Water Tank Rehabilitation	Lump Sum	\$38,909.58	\$38,909.58	\$0.00	\$38,909.58	\$38,909.58	
<b>Bartlett, Pontiff, Stewart &amp; Rhodes, P.C. ( x )</b>		<b>\$7,995.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$7,995.00</b> (-encumbrances)
Bond Counsel Long-Term	Estimate	\$7,995.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Bartlett, Pontiff, Stewart &amp; Rhodes, P.C. ( . )</b>	<b>09/19/2019</b>	<b>\$8,100.00</b>	<b>\$8,100.00</b>	<b>\$8,100.00</b>	<b>\$8,100.00</b>	<b>\$0.00</b>	
Bond Counsel Short-Term	Lump Sum	\$4,055.00	\$4,055.00	\$4,055.00	\$4,055.00	\$0.00	
Short-Term (Amended & Restated Note	Lump Sum	\$4,045.00	\$4,045.00	\$4,045.00	\$4,045.00	\$0.00	
<b>Miller, Mannix, Schachner &amp; Hafner, LLC</b>	<b>01/01/2023</b>	<b>\$8,000.00</b>	<b>\$8,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$8,000.00</b>	
Local Counsel Local Counsel	Estimate	\$8,000.00	\$8,000.00	\$0.00	\$0.00	\$8,000.00	
<b>Miscellaneous</b>	<b>02/05/2019</b>	<b>\$1,000.30</b>	<b>\$1,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,000.00</b>	
Other Miscellaneous (Copies, Postage, Legal Ads, Etc.)	Estimate	\$1,000.30	\$1,000.00	\$0.00	\$0.00	\$1,000.00	

**Cost Summary**  
**South Glens Falls V, D0-18332**

Request No. **2**

Contractor Name / Cost Description	Contract Date	Contract Amt	Eligible Amt	Disbursed To Date	Project Cost To Date	Elig. Contract Amt. Remaining	Costs Requested
Contingency	05/05/2019	\$87,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
Contingency	Estimate	\$87,000.00	\$0.00	\$0.00	\$0.00	\$0.00	( not releaseable )
New contracts (include copy of contract with request):							
<b>PROJECT TOTALS FOR D0-18332:</b>							
		\$4,254,279.26	\$3,216,926.70	\$2,926,693.98	\$3,761,458.32		

LESS OFFSETS:

**TOTAL NET REQUESTED FOR THIS DISBURSEMENT: \$24,904.71**

<b>Summary of SRF Funding for D0-18332 (all financings)</b>	
Total Amount Financed by SRF:	\$ 1,519,243.00
Total Grant:	1,620,000.00
Total Project Costs Disbursed to Date:	2,926,693.98
<b>PLUS: Cost of Issuance Disbursed:</b>	<b>19,637.00</b>
<b>Total SRF Funds Disbursed To Date:</b>	<b>\$ 2,946,330.98</b>

<b>Summary of SRF Funding for D0-18332 (current financing only)</b>	
SRF Financing Amount:	\$ 1,485,743.00
Grant Amount:	0.00
Disbursed To Date:	1,292,830.98
Available Balance:	\$ 192,912.02

REFERENCE/DESCRIPTION

NET AMOUNT

Vendor: SPRIN015 SPRING ELECTRIC INC.

PO: DW017001 DESC: SPRING ELECTRIC PAY APP 2

INV: PAY APP 2 AMT: 16,909.71

16,909.71

Check Date: 06/30/23 Check Amount: \$\*\*\*\*\*16,909.71

**DISBURSEMENT / REQUISITION #17**

**Project # DO-18332**

**PO # DW017001**

*Ex: DW002002 = Drinking Water (DW) Project, Disbursement #2, second PO  
(if multiple necessary, will need a separate PO for each check/vendor payment)*

**Description: Disbursement #17 DWSRF18832**

*Disbursement #      DWSRF18832 (or as applicable)*

**Vendor Name Spring Electric Inc.**

**Vendor #**

**Date of Payment 6/30/2023**

*Change to "Approved" Status (all "Supplemental Certificates" are approved by the Board of Trustees)*

<b>Expenditure Account</b>	<b>Amount</b>	<b>Invoice #</b>	<b>Note (EFC's Cost Description)</b>
HE 8340.0200.0000	\$ 16,909.71	Pay App 2	Water Treatment Plant Upgrades - Carbon Filtration Pay App 2
<b>Total</b>	<b>\$ 16,909.71</b>		

**Check #**  
**Bank WIIA Water**  
**Amount \$ 16,909.71**  
**Date 6/30/2023**



# Delaware Engineering, D.P.C.

28 Madison Avenue Extension  
Albany, New York 12203

Tel: 518.452.1290  
Fax: 518.452.1335

June 13<sup>th</sup>, 2023

Nicholas Bodkin, Mayor  
Village of South Glens Falls  
46 Saratoga Ave  
South Glens Falls, New York 12803

**Subject: Payment Application  
Water Treatment Plant Upgrades Re-Bid 2E**

Dear Mayor Bodkin:

Delaware Engineering has reviewed the attached Application and Certificates for Payment submitted by the contractor for the referenced project. All of the information in the application appears correct and the work noted has been completed. We are recommending approval of the following payments:

Contract #	Pay App #	Contractor	Payment Request
2E	2	Spring Electric, Inc.	\$ 16,909.71

If you have any questions or require additional information, please do not hesitate to contact me at (518) 452-1290. We look forward to continuing work on this important project.

Sincerely,

Anthony P. Mantas  
Engineer II

**TO OWNER:**

Village of South Glens Falls  
 46 Saratoga Avenue  
 South Glens Falls, NY 12803  
**FROM CONTRACTOR:**  
 Spring Electric, Inc.  
 93 Blue Factory Road  
 Averill Park, NY 12018

**PROJECT:**  
 WTP Upgrades Re-Bid

**ARCHITECT/ENGINEER:**  
 Delaware Engineering, D.P.C.  
 238 Madison Ave Ext.  
 Albany, NY 12203

**Distribution to:**

- OWNER
- ARCHITECT/ENGINEER
- CONTRACTOR
- FEDERAL
- NYS
- OTHER (LIST):

**APPLICATION NO:** 2  
**APPLICATION DATE:** 6/5/2023  
**PERIOD FROM:** 2/26/2023  
**TO:** 6/3/2023  
**PROJECT #'s:**  
**CONTRACTO** E2208  
**ARCH/JENG:**  
**OWNER:** 2E  
**CONTRACT DATE:** 2/10/2022

**CONTRACT FOR: SGF WTP Upgrades Electrical**

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown, below, in connection with the Contract, Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM.....	\$ 78,500.00
2. NET CHANGE BY CHANGE ORDERS.....	\$ 78,500.00
3. CONTRACT SUM TO DATE (Line 1 + 2).....	\$32,850.00
4. TOTAL COMPLETED & STORED TO DATE..... (Column N on Continuation Sheet)	\$ 1,642.50
5. RETAINAGE..... 5.00% of Total Completed and Stored to Date (Column N on Continuation Sheet)	\$31,207.50
6. TOTAL EARNED LESS RETAINAGE..... (Line 4 less Line 5 Total)	\$ 14,297.79
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate).....	\$16,909.71
8. CURRENT PAYMENT DUE.....	\$ 47,292.50
9. BALANCE TO FINISH, INCLUDING RETAINAGE..... (Line 3 less Line 6)	

Change Order Summary	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		\$ -
Total approved this Month		
<b>TOTALS</b>		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown hereby is due.

**CONTRACTOR:** Spring Electric, Inc.  
**By:** *[Signature]* Date: 6/7/23  
 State Of New York  
 County Of: Rensselaer  
 Subscribed and sworn to before me this 7th day of June 2023  
**Notary Public:** *[Signature]*  
 My Commission expires: 11/1/25



**ARCHITECT/ENGINEER'S CERTIFICATE FOR PAYMENT**  
 In accordance with the Contract Documents, based on on-site observations and the data supplied in the application, the Architect/Engineer certifies to the Owner that to the best of the Architect/Engineer's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor and the Contractor is entitled to payment of the amount certified.  
**AMOUNT CERTIFIED**.....  
 (Attach explanation if amount certified differs from the amount applied for initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)  
**ARCHITECT/ENGINEER:**  
**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein hereinafter, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



\* The Total Scheduled Value & The Total amount Completed and Stored to Date (for the project) may not exceed the Contract Sum to Date unless a change order has been fully executed by the contractor, architect/engineer & owner.  
 \*\* Enter the actual Total Completed and Stored to Date & Actual Balance to Finish even if the total for any item exceeds the scheduled value.  
 \*\*\* All approved change orders are to be listed on the continuation sheet.

ITEM NO	DESCRIPTION OF WORK	SCHEDULED VALUE	SQD QUANTITY	UNITS	UNIT PRICE	G		H		I		J		K		L	M	N	O	P	Q
						TOTAL PREVIOUS IN PLACE QUANTITY	TOTAL FROM PREVIOUS APPLICATIONS	TOTAL IN PLACE QUANTITY THIS PERIOD	TOTAL THIS PERIOD	TOTAL STORED QUANTITY NOT IN PLACE	TOTAL STORED QUANTITY NOT IN OR A	TOTAL IN PLACE QUANTITY TO DATE	TOTAL STORED AND STORED TO DATE (HH-HH)	TOTAL COMPLETED PERCENT (N/C)	** BALANCE TO FINISH						
1.0	Mobilization & General Construction	\$ 4,000.00	LS		\$ 4,000.00		\$ 2,500.00		\$ 1,000.00									\$ 3,500.00	87.50%	500.00	\$175.00
2.0	General Electrical Building Work	\$ 23,500.00	LS		\$ 23,500.00				\$ 16,350.00									\$ 16,350.00	69.32%	6,150.00	\$797.50
3.0	GAC Filter Building	\$ 6,000.00	LS		\$ 6,000.00		\$ 7,650.31		\$ 449.89									\$ 8,000.00	100.00%	0.00	\$400.00
4.0	Equipment and Panels	\$ 5,000.00	LS		\$ 5,000.00		\$ 5,000.00		\$ 1,000.00									\$ 5,000.00	100.00%	0.00	\$250.00
5.0	Power and Control for Sewer Pumps	\$ 5,000.00	LS		\$ 5,000.00				\$ 1,000.00									\$ 1,000.00	20.00%	4,000.00	\$50.00
6.0	Start up of Equipment	\$ 3,000.00	LS		\$ 3,000.00													\$ -	0.00%	3,000.00	\$0.00
7.0	Contingency Allowance	\$ 30,000.00	LS		\$ 30,000.00													\$ -	0.00%	30,000.00	\$0.00
<b>* TOTALS</b>		\$ 71,000.00			\$ 78,000.00		\$ 15,650.31		\$ 17,799.89		\$0.00		\$32,850.00					\$41,850.00	41.85%	\$ 41,846.59	\$ 1,642.50

**PARTIAL RELEASE AND WAIVER OF MECHANIC'S LIEN**

Project Name: South Glens Falls WTP Upgrades Re-Bid

Project Address: 2 Beach Rd., Glens Falls, NY 12801

Owner: Village of South Glens Falls

Contractor: Spring Electric, Inc.                      Contract #2

Construction Manager: Delaware Engineering

For payments made through: 6/5/2023

Partial Payment Amount: 16,909.71

CONTRACTOR/SUPPLIER has provided labor, materials, rentals and/or services (collectively, "Work") on the above-described Project.

CONTRACTOR/SUPPLIER, for and in consideration of Partial Payment Amount to be paid upon execution of this Partial Release, does for itself, its successors, administrations and assigns, hereby affirm and agree as follows with respect to all Work performed to date and for which payment has been made pursuant to this Partial Release, except as noted below in Paragraph 3:

1. All labor employed in connection with the Work and the Project and all related payroll taxes and charges (such as withholding taxes, social security taxes and worker's compensation, disability and unemployment taxes and/or insurance premiums) have been paid in full, see attached; and
2. All materials, tools, equipment, supplies and services furnished and used upon or in connection with the Work and the Project have been paid for in full; and all sales, use, excise and similar taxes on or in connection with the same have been fully paid, see attached; and
3. Upon receipt by CONTRACTOR/SUPPLIER of a check from the CONSTRUCTION MANAGER in the Partial Payment Amount described above, payable to the CONTRACTOR/SUPPLIER, and when the check has been paid, this document shall become effective to release and forever discharge the CONSTRUCTION MANAGER, its surety and the OWNER and their respective officers, directors, agents, servants and employees, and all lands, improvements, chattels, and other real and personal property connected with or a part of the Project from any and all claims, demands, liens and claims of lien whatsoever, which it now has or hereafter might or could have arising out of the performance of all Work for which payment has been made.

CONTRACTOR/SUPPLIER will, at its sole cost and expense, forever hold harmless, CONSTRUCTION MANAGER, its surety and OWNER from any and all claims and demands and will defend against and obtain the discharge of any liens and claims of lien of others arising out of or in connection with the work, including, without limitation, those claimed or asserted by any employee, supplier or subcontractor of the CONTRACTOR/SUPPLIER (or any employee or supplier of any subcontractor/supplier of the undersigned), governmental agency or any insurance carrier; and

CONTRACTOR/SUPPLIER warrants that the amount of payments received or to be received represents the total value earned by CONTRACTOR/SUPPLIER for materials, labor, rentals, equipment and services supplied to the Project for the above-described contract.

CONTRACTOR/SUPPLIER warrants that it has not and will not assign any claims for payment or right to perfect a lien against such land and improvements and appurtenances and warrants that it has the right to execute this waiver and release.

This release and waiver may not be changed orally.

CONTRACTOR/SUPPLIER agrees that the CONSTRUCTION MANAGER, the OWNER of the Project, any lender, any title insurer, and any surety may rely upon this waiver and release.

IN WITNESS WHEREOF, Victoria J. Spring, of Spring Electric, INC. has hereunto set her/his hand this 7<sup>th</sup> day of June, 2023.

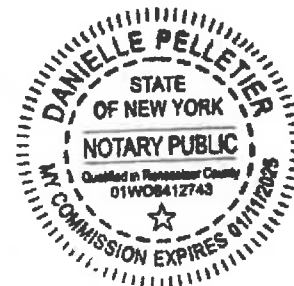
CONTRACTOR/SUPPLIER: Spring Electric, INC.  
AUTHORIZED AGENT: Victoria J. Spring  
WITNESS: \_\_\_\_\_  
SIGNATURE: [Signature]  
TITLE: President

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

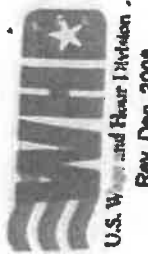
On the 7<sup>th</sup> day of June in the year 2023 before me, the undersigned, a Notary Public in and for said State, personally appeared Victoria J. Spring, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

[Signature]  
Notary Public

(Signature and office of individual taking acknowledgment.)



**U.S. Department of Labor**  
Wage and Hour Division



**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR  **Spring Electric, Inc.**  
 ADDRESS **93 Blue Factory Road, Averill Park, NY 12018**  
 PAYROLL NO. **52** FOR WEEK ENDING **12/31/2022** PROJECT AND LOCATION **South Glens Falls WTP** PROJECT OR CONTRACT NO.  
 OMB No.: 1235-0008 Expires: 01/31/2015

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) SINGLE OR DOUBLE SCHEDULED	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(6) TOTAL HOURS	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			S	M	T	W	Th	F	S			FICA	WITH- HOLDING TAX	Other	TOTAL DEDUCTIONS	
			25	26	27	28	29	30	31							
Patrick P. Spring 4367 93 Blue Factory Road Averill Park, NY 12018	0	Owner			2.00					2.00						
Daniel J. Buonocore 2939 40 Gilligan Road East Greenbush, NY 12081	7	Electrician							73.59							
Casey M. Kilmartin 0526 17 New Jersey Ave Rensselaer, NY 12144	0	Apprentice Electrician							52.47							
Victoria J. Spring 4707 93 Blue Factory Road Averill Park, NY 12018	0	Owner														

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "submit weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(2)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, gathering existing data sources, gathering and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement



**U.S. Department of Labor**  
Wage and Hour Division



U.S. Wage and Hour Division  
Rev. Dec. 2008

**PAYROLL**

(For Contractor's Optional Use; See instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR

Spring Electric, Inc. ADDRESS 93 Blue Factory Road, Averill Park, NY 12018

PAYROLL NO. 2 FOR WEEK ENDING 01/14/2023 PROJECT AND LOCATION South Glens Falls WTP PROJECT OR CONTRACT NO.

OMB No.: 1235-0008  
Expires: 01/31/2015

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) SOCIAL SECURITY NUMBER	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK
			S	M	T	W	Th	F	S				WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			8	9	10	11	12	13	14				FICA	NYPL		
Patrick P. Spring 4387 93 Blue Factory Road Averill Park, NY 12018	0	Owner					4.00				4.00					
Daniel J. Buonocone 2939 40 Gilligan Road East Greenbush, NY 12061	7	Electrician								15.00						
Cassie M. Klimartin 0528 17 New Jersey Ave Rensselaer, NY 12144	0	Apprentice Electrician								52.47						
Victoria J. Spring 4707 93 Blue Factory Road Averill Park, NY 12018	0	Owner														
	0															

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.8(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing the burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 93502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

Date 1/16/2023

I, Victoria J. Spring President  
(Name of Signatory Party) (Title)  
do hereby state:

(1) That I pay or supervise the payment of the persons employed by Spring Electric, Inc.  
(Contractor or Subcontractor) on the South Glens Falls WTP  
(Building or Work) ; that during the payroll period commencing on the 8th day of January, 2023, and ending the 14th day of January, 2023, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Spring Electric, Inc.  
(Contractor or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848, 63 Stat. 108, 72 Stat. 987, 78 Stat. 357, 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (e) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

-- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

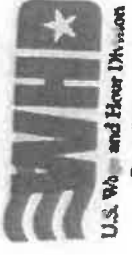
EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE  
Victoria J. Spring, President  
SIGNATURE  


THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 281 OF TITLE 31 OF THE UNITED STATES CODE

**U.S. Department of Labor**  
Wage and Hour Division



**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347nstr.htm](http://www.dol.gov/whd/forms/wh347nstr.htm))  
*Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.*

NAME OF CONTRACTOR  OR SUBCONTRACTOR  **Spring Electric, Inc.** ADDRESS **93 Blue Factory Road, Averill Park, NY 12018** PROJECT OR CONTRACT NO. \_\_\_\_\_  
 PAYROLL NO. **10** FOR WEEK ENDING **03/11/2023** PROJECT AND LOCATION **South Glens Falls WTP** CMB No.: **1235-0008**  
 Expires: **01/31/2015**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (i.e., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER)	(2) HOURS WORKED	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) GROSS AMOUNT EARNED	(7) DEDUCTIONS			(8) NET WAGES PAID FOR WEEK	
			(4) DAY AND DATE									FICA	WITH HOLDING TAX	OTHER		TOTAL DEDUCTIONS
			S	M	T	W	Th	F	S							
Patrick P. Spring 4367 93 Blue Factory Road Averill Park, NY 12018	0	Owner							3.00	3.00						
Daniel J. Buonocore 2839 40 Gilligan Road East Greenbush, NY 12061	7	Electrician							73.59	73.59						
Casey M. Kilmartin 0526 17 New Jersey Ave Rensselaer, NY 12144	0	Apprentice Electrician							52.47	52.47						
Victoria J. Spring 4707 93 Blue Factory Road Averill Park, NY 12018	0	Owner														
	0															

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(f), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 65 minutes to complete this collection, including time for reviewing instructions, gathering existing data sources, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 8302, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement





**U.S. Department of Labor**  
Wage and Hour Division



**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR  Spring Electric, Inc. ADDRESS 93 Blue Factory Road, Averill Park, NY 12018  
PROJECT OR CONTRACT NO. PROJECT AND LOCATION South Glens Falls WTP

PAYROLL NO. 15 FOR WEEKENDING 04/15/2023 OMB No.: 1235-0008 Expires: 01/31/2015 Rev. Dec. 2008

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (i.e., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) ENROLLING OR UNENROLLING STATUS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			S	M	T	W	Th	F	S				FICA	WITH-HOLDING TAX	NYPTL	OTHER	
			9	10	11	12	13	14	15								
Patrick P. Spring 4367 93 Blue Factory Road Averill Park, NY 12018	0	Owner							1.00	2.00							
Daniel J. Buonocore 2939 40 Clifton Road East Greenbush, NY 12061	7	Electrician								75.59							
Casey M. Kilmartin 0526 17 New Jersey Ave Rensselaer, NY 12144	0	Apprentice Electrician								32.47							
Victoria J. Spring 4707 93 Blue Factory Road Averill Park, NY 12018	0	Owner															

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3146) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "submit weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 65 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administration, Wage and Hour Division, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement



**U.S. Department of Labor**  
 Wage and Hour Division



**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))  
 Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR  **Spring Electric, Inc.**  
 ADDRESS **93 Blue Factory Road, Averill Park, NY 12018**  
 PAYROLL NO. **18** FOR WEEK ENDING **04/22/2023** PROJECT AND LOCATION **South Glens Falls WTP**  
 PROJECT OR CONTRACT NO. \_\_\_\_\_  
 OMB No.: 1235-0008  
 Expires: 01/31/2015  
 Rev. Dec. 2008

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (i.e. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER)	(2) INDUSTRY SECTION PLANT OR OFFICE	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK	
			S	M	T	W	Th	F	S				FICA	WITH- HOLDING TAX	NY/PFL	OTHER		TOTAL DEDUCTIONS
			16	17	18	19	20	21	22									
Patrick P. Spring 4387 83 Blue Factory Road Averill Park, NY 12018	0	Owner							3.00	3.00								
Daniel J. Buonocore 2830 40 Gligan Road East Greenbush, NY 12061	7	Electrician							4.50	12.50	\$944.88	\$142.61	\$201.05	\$357.75	\$10.11	\$0.60	\$712.12	\$1,509.70
Casey M. Kilmartin 0526 17 New Jersey Ave Rensselaer, NY 12144	0	Apprentice Electrician							4.50	12.50	\$655.88	\$117.50	\$262.54	\$6.99	\$0.60	\$387.63	\$1,148.27	
Victoria J. Spring 4707 93 Blue Factory Road Averill Park, NY 12018	0	Owner																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 20 C.F.R. §§ 3.3, 5.2(a), 5.2(b), 5.2(c), 5.2(d), 5.2(e), 5.2(f), 5.2(g), 5.2(h), 5.2(i), 5.2(j), 5.2(k), 5.2(l), 5.2(m), 5.2(n), 5.2(o), 5.2(p), 5.2(q), 5.2(r), 5.2(s), 5.2(t), 5.2(u), 5.2(v), 5.2(w), 5.2(x), 5.2(y), 5.2(z), 5.2(aa), 5.2(ab), 5.2(ac), 5.2(ad), 5.2(ae), 5.2(af), 5.2(ag), 5.2(ah), 5.2(ai), 5.2(aj), 5.2(ak), 5.2(al), 5.2(am), 5.2(an), 5.2(ao), 5.2(ap), 5.2(aq), 5.2(ar), 5.2(as), 5.2(at), 5.2(au), 5.2(av), 5.2(aw), 5.2(ax), 5.2(ay), 5.2(az), 5.2(ba), 5.2(bb), 5.2(bc), 5.2(bd), 5.2(be), 5.2(bf), 5.2(bg), 5.2(bh), 5.2(bi), 5.2(bj), 5.2(bk), 5.2(bl), 5.2(bm), 5.2(bn), 5.2(bo), 5.2(bp), 5.2(bq), 5.2(br), 5.2(bs), 5.2(bt), 5.2(bu), 5.2(bv), 5.2(bw), 5.2(bx), 5.2(by), 5.2(bz), 5.2(ca), 5.2(cb), 5.2(cc), 5.2(cd), 5.2(ce), 5.2(cf), 5.2(cf), 5.2(ch), 5.2(ci), 5.2(cj), 5.2(ck), 5.2(cl), 5.2(cm), 5.2(cn), 5.2(co), 5.2(cp), 5.2(cq), 5.2(cr), 5.2(cs), 5.2(ct), 5.2(cu), 5.2(cv), 5.2(cw), 5.2(cx), 5.2(cy), 5.2(cz), 5.2(da), 5.2(db), 5.2(dc), 5.2(dd), 5.2(de), 5.2(df), 5.2(dg), 5.2(dh), 5.2(di), 5.2(dj), 5.2(dk), 5.2(dl), 5.2(dm), 5.2(dn), 5.2(do), 5.2(dp), 5.2(dq), 5.2(dr), 5.2(ds), 5.2(dt), 5.2(du), 5.2(dv), 5.2(dw), 5.2(dx), 5.2(dy), 5.2(dz), 5.2(ea), 5.2(eb), 5.2(ec), 5.2(ed), 5.2(ee), 5.2(ef), 5.2(eg), 5.2(eh), 5.2(ei), 5.2(ej), 5.2(ek), 5.2(el), 5.2(em), 5.2(en), 5.2(eo), 5.2(ep), 5.2(eq), 5.2(er), 5.2(es), 5.2(et), 5.2(eu), 5.2(ev), 5.2(ew), 5.2(ex), 5.2(ey), 5.2(ez), 5.2(fa), 5.2(fb), 5.2(fc), 5.2(fd), 5.2(fe), 5.2(ff), 5.2(ff), 5.2(fh), 5.2(fi), 5.2(fj), 5.2(fk), 5.2(fl), 5.2(fm), 5.2(fn), 5.2(fo), 5.2(fp), 5.2(fq), 5.2(fr), 5.2(fs), 5.2(ft), 5.2(fu), 5.2(fv), 5.2(fw), 5.2(fx), 5.2(fy), 5.2(fz), 5.2(ga), 5.2(gb), 5.2(gc), 5.2(gd), 5.2(ge), 5.2(ge), 5.2(gg), 5.2(gh), 5.2(gi), 5.2(gj), 5.2(gk), 5.2(gl), 5.2(gm), 5.2(gn), 5.2(go), 5.2(gp), 5.2(gq), 5.2(gr), 5.2(gs), 5.2(gt), 5.2(gu), 5.2(gv), 5.2(gw), 5.2(gx), 5.2(gy), 5.2(gz), 5.2(ha), 5.2(hb), 5.2(hc), 5.2(hd), 5.2(he), 5.2(he), 5.2(hg), 5.2(hi), 5.2(hj), 5.2(hk), 5.2(hl), 5.2(hm), 5.2(hn), 5.2(ho), 5.2(hp), 5.2(hq), 5.2(hr), 5.2(hs), 5.2(ht), 5.2(hu), 5.2(hv), 5.2(hw), 5.2(hx), 5.2(hy), 5.2(hz), 5.2(ia), 5.2(ib), 5.2(ic), 5.2(id), 5.2(ie), 5.2(ie), 5.2(ig), 5.2(ii), 5.2(ij), 5.2(ik), 5.2(il), 5.2(im), 5.2(in), 5.2(io), 5.2(ip), 5.2(iq), 5.2(ir), 5.2(is), 5.2(it), 5.2(iu), 5.2(iv), 5.2(iw), 5.2(ix), 5.2(iy), 5.2(iz), 5.2(ja), 5.2(jb), 5.2(jc), 5.2(jd), 5.2(je), 5.2(je), 5.2(jg), 5.2(jh), 5.2(ji), 5.2(jj), 5.2(jk), 5.2(jl), 5.2(jm), 5.2(jn), 5.2(jo), 5.2(jp), 5.2(jq), 5.2(jr), 5.2(js), 5.2(jt), 5.2(ju), 5.2(jv), 5.2(jw), 5.2(jx), 5.2(jy), 5.2(jz), 5.2(ka), 5.2(kb), 5.2(kc), 5.2(kd), 5.2(ke), 5.2(ke), 5.2(kg), 5.2(kh), 5.2(ki), 5.2(kj), 5.2(kk), 5.2(kl), 5.2(km), 5.2(kn), 5.2(ko), 5.2(kp), 5.2(kq), 5.2(kr), 5.2(ks), 5.2(kt), 5.2(ku), 5.2(kv), 5.2(kw), 5.2(kx), 5.2(ky), 5.2(kz), 5.2(la), 5.2(lb), 5.2(lc), 5.2(ld), 5.2(le), 5.2(le), 5.2(lg), 5.2(li), 5.2(lj), 5.2(lk), 5.2(lm), 5.2(ln), 5.2(lo), 5.2(lp), 5.2(lq), 5.2(lr), 5.2(ls), 5.2(lt), 5.2(lu), 5.2(lv), 5.2(lw), 5.2(lx), 5.2(ly), 5.2(lz), 5.2(ma), 5.2(mb), 5.2(mc), 5.2(md), 5.2(me), 5.2(me), 5.2(mg), 5.2(mi), 5.2(mj), 5.2(mk), 5.2(ml), 5.2(mm), 5.2(mn), 5.2(mo), 5.2(mp), 5.2(mq), 5.2(mr), 5.2(ms), 5.2(mt), 5.2(mu), 5.2(mv), 5.2(mw), 5.2(mx), 5.2(my), 5.2(mz), 5.2(na), 5.2(nb), 5.2(nc), 5.2(nd), 5.2(ne), 5.2(ne), 5.2/ng), 5.2(ni), 5.2(nj), 5.2(nk), 5.2(nl), 5.2(nm), 5.2(nn), 5.2(no), 5.2(np), 5.2(nq), 5.2(nr), 5.2(ns), 5.2(nt), 5.2(nu), 5.2(nv), 5.2(nw), 5.2(nx), 5.2(ny), 5.2(nz), 5.2(oa), 5.2(ob), 5.2(oc), 5.2(od), 5.2(oe), 5.2(oe), 5.2(og), 5.2(oi), 5.2(oj), 5.2(ok), 5.2(ol), 5.2(om), 5.2(on), 5.2(oo), 5.2(op), 5.2(oq), 5.2(or), 5.2(os), 5.2(ot), 5.2(ou), 5.2(ov), 5.2(ow), 5.2(ox), 5.2(oy), 5.2(oz), 5.2(pa), 5.2(pb), 5.2(pc), 5.2(pd), 5.2(pe), 5.2(pe), 5.2(pg), 5.2(pi), 5.2(pj), 5.2(pk), 5.2(pl), 5.2(pm), 5.2(pn), 5.2(po), 5.2(pp), 5.2(pq), 5.2(pr), 5.2(ps), 5.2(pt), 5.2(pu), 5.2(pv), 5.2(pw), 5.2(px), 5.2(py), 5.2(pz), 5.2(qa), 5.2(qb), 5.2(qc), 5.2(qd), 5.2(qe), 5.2(qe), 5.2(qg), 5.2(qi), 5.2(qj), 5.2(qk), 5.2(ql), 5.2(qm), 5.2(qn), 5.2(qo), 5.2(qp), 5.2(qq), 5.2(qr), 5.2(qs), 5.2(qt), 5.2(qu), 5.2(qv), 5.2(qw), 5.2(qx), 5.2(qy), 5.2(qz), 5.2(ra), 5.2(rb), 5.2(rc), 5.2(rd), 5.2(re), 5.2(re), 5.2(rg), 5.2(ri), 5.2(rj), 5.2(rk), 5.2(rl), 5.2(rm), 5.2(rn), 5.2(ro), 5.2(rp), 5.2(rq), 5.2(rr), 5.2(rs), 5.2(rt), 5.2(ru), 5.2(rv), 5.2(rw), 5.2(rx), 5.2(ry), 5.2(rz), 5.2(sa), 5.2(sb), 5.2(sc), 5.2(sd), 5.2(se), 5.2(se), 5.2(sg), 5.2(si), 5.2(sj), 5.2(sk), 5.2(sl), 5.2(sm), 5.2(sn), 5.2(so), 5.2(sp), 5.2(sq), 5.2(sr), 5.2(ss), 5.2(st), 5.2(su), 5.2(sv), 5.2(sw), 5.2(sx), 5.2(sy), 5.2(sz), 5.2(ta), 5.2(tb), 5.2(tc), 5.2(td), 5.2(te), 5.2(te), 5.2(tg), 5.2(ti), 5.2(tj), 5.2(tk), 5.2(tl), 5.2(tm), 5.2(tn), 5.2(to), 5.2(tp), 5.2(tq), 5.2(tr), 5.2(ts), 5.2(tu), 5.2(tv), 5.2(tw), 5.2(tx), 5.2(ty), 5.2(tz), 5.2(ua), 5.2(ub), 5.2(uc), 5.2(ud), 5.2(ue), 5.2(ue), 5.2(ug), 5.2(ui), 5.2(uj), 5.2(uk), 5.2(ul), 5.2(um), 5.2(un), 5.2(uo), 5.2(up), 5.2(uq), 5.2(ur), 5.2(us), 5.2(ut), 5.2(uv), 5.2(uw), 5.2(ux), 5.2(uy), 5.2(uz), 5.2(va), 5.2(vb), 5.2(vc), 5.2(vd), 5.2(ve), 5.2(ve), 5.2(vg), 5.2(vi), 5.2(vj), 5.2(vk), 5.2(vl), 5.2(vm), 5.2(vn), 5.2(vo), 5.2(vp), 5.2(vq), 5.2(vr), 5.2(vs), 5.2(vt), 5.2(vu), 5.2(vv), 5.2(vw), 5.2(vx), 5.2(vy), 5.2(vz), 5.2(wa), 5.2(wb), 5.2(wc), 5.2(wd), 5.2(we), 5.2(we), 5.2(wg), 5.2(wh), 5.2(wi), 5.2(wj), 5.2(wk), 5.2(wl), 5.2(wm), 5.2(wn), 5.2(wo), 5.2(wp), 5.2(wq), 5.2(wr), 5.2(ws), 5.2(wt), 5.2(wu), 5.2(wv), 5.2(ww), 5.2(wx), 5.2(wy), 5.2(wz), 5.2(xa), 5.2(xb), 5.2(xc), 5.2(xd), 5.2(xe), 5.2(xe), 5.2(xg), 5.2(xi), 5.2(xj), 5.2(xk), 5.2(xl), 5.2(xm), 5.2(xn), 5.2(xo), 5.2(xp), 5.2(xq), 5.2(xr), 5.2(xs), 5.2(xt), 5.2(xu), 5.2(xv), 5.2(xw), 5.2(xx), 5.2(xy), 5.2(xz), 5.2(ya), 5.2(yb), 5.2(yc), 5.2(yd), 5.2(ye), 5.2(ye), 5.2(yg), 5.2(yi), 5.2(yj), 5.2(yk), 5.2(yl), 5.2(ym), 5.2(yn), 5.2(yo), 5.2(yo), 5.2(yp), 5.2(yq), 5.2(yr), 5.2(ys), 5.2(yt), 5.2(yu), 5.2(yv), 5.2(yw), 5.2(yx), 5.2(yz), 5.2(za), 5.2(zb), 5.2(zc), 5.2(zd), 5.2(ze), 5.2(ze), 5.2(zg), 5.2(zi), 5.2(zj), 5.2(zk), 5.2(zl), 5.2(zm), 5.2(zn), 5.2(zn), 5.2(zo), 5.2(zp), 5.2(zq), 5.2(zr), 5.2(zs), 5.2(zt), 5.2(zu), 5.2(zv), 5.2(zw), 5.2(zx), 5.2(zy), 5.2(zz).

We estimate that it will take an average of 66 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 58502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

Date 4/24/2023

I, Victoria J. Spring President  
(Name of Signatory Party) (Title)  
do hereby attest:

(1) That I pay or supervise the payment of the persons employed by  
Spring Electric, Inc.

(Contractor or Subcontractor)  
South Glens Falls WTP on the  
(Building or Work) : that during the payroll period commencing on the

16th day of April, 2023, and ending the 22nd day of April, 2023  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

Spring Electric, Inc. from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

-- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-- Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.


(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE  
Victoria J. Spring, President

SIGNATURE



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.

**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wht347instr.htm](http://www.dol.gov/whd/forms/wht347instr.htm))  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division  
Rev. Dec. 2008

OMB No.: 1235-0008  
Expires: 01/31/2015

NAME OF CONTRACTOR  OR SUBCONTRACTOR

PAYROLL NO. 18

Spring Electric, Inc.

FOR WEEK ENDING

05/08/2023

ADDRESS 83 Blue Factory Road, Averill Park, NY 12018

PROJECT AND LOCATION  
South Glens Falls WTP

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER, OR WORKER	(2) EMPLOYER'S IDENTIFICATION NUMBER	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK			
			S	M	T	W	Th	F	S				FICA	WITH- HOLDING TAX	Health	NY/PFL	OTHER		TOTAL DEDUCTIONS		
																				1	2
Patrick P. Spring 4367 93 Blue Factory Road Averill Park, NY 12018	0	Owner																			
Daniel J. Buonocore 2939 40 Gilligan Road East Greenbush, NY 12081	7	Electrician								16.00	75.59	\$1,209.44	\$214.17	\$398.71	\$357.75	\$14.37	\$0.60	\$985.60	\$2,171.69		
Cesey M. Kimerlin 0526 17 New Jersey Ave Rensselaer, NY 12144	0	Apprentice Electrician								8.00	52.67	\$419.76	\$128.45	\$301.91	\$7.64	\$0.60	\$438.60	\$1,240.44			
Victoria J. Spring 4707 93 Blue Factory Road Averill Park, NY 12018	0	Owner																			

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.1(a). The Copeland Act (40 U.S.C. § 3146) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turn in weekly a statement with respect to the wages paid each employee during the preceding week." (U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.1(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

(over)



**U.S. Department of Labor**  
Wage and Hour Division



**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR  Spring Electric, Inc.  
 ADDRESS 93 Blue Factory Road, Averill Park, NY 12018  
 PROJECT OR CONTRACT NO. PROJECT AND LOCATION South Glens Falls WTP  
 PAYROLL NO. 18 FOR WEEK ENDING 05/13/2023  
 OMB No.: 1235-0008 Expires: 01/31/2015  
 Rev. Dec. 2008

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (i.e., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) ENROLLMENT STATUS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK			
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	NY/PFL	OTHER		TOTAL DEDUCTIONS		
			S 7	M 8	T 9	W 10	Th 11	F 12	S 13											
Patrick P. Spring 4367 93 Blue Factory Road Averill Park, NY 12018	0	Owner																		
Daniel J. Buonocone 2838 40 Clifton Road East Greenbush, NY 12061	7	Electrician						8.00			8.00	73.59	\$604.72	\$140.26	\$195.55	\$357.75	\$9.97	\$0.60	\$704.13	\$1,487.10
Casey M. Kilmartin 0526 17 New Jersey Ave Rensselaer, NY 12144	0	Apprentice Electrician						8.00			8.00	52.47	\$419.76	\$110.38	\$236.98	\$6.57	\$0.60	\$354.53	\$1,088.40	
Victoria J. Spring 4707 93 Blue Factory Road Averill Park, NY 12018	0	Owner																		

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Any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 5302, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 5302, 200 Constitution Avenue, N.W., Washington, D.C. 20210







Date 6/5/2023

I, Victoria J. Spring (Name of Signatory Party) President (Title)  
do hereby state:

(1) That I pay or supervise the payment of the persons employed by Spring Electric, Inc. (Contractor or Subcontractor) on the  
South Glens Falls WTP (Building or Work) ; that during the payroll period commencing on the  
28th day of May 2023 and ending the 3rd day of June 2023  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said  
Spring Electric, Inc. (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

Victoria J. Spring, President

SIGNATURE



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.

ALAN R. RHODES  
PHILIP C. MCINTIRE  
J. LAWRENCE PALTROWITZ  
MALCOLM B. O'HARA  
PATRICIA E. WATKINS  
MARK E. CERASANO  
BRUCE O. LIPINSKI  
PAULA NADEAU BERUBE  
JONATHAN C. LAPPER  
JAMES R. BURKETT  
STERANE DiLALLO BITTER  
KARLA WILLIAMS BUETTNER  
JOHN D. WRIGHT

**BARTLETT, PONTIFF, STEWART & RHODES, P.C.**  
ATTORNEYS AT LAW  
P.O. BOX 2168  
ONE WASHINGTON STREET  
GLENNS FALLS, NEW YORK 12801-2168

TELEPHONE (518) 792-2117  
FAX (518) 824-1057  
EMAIL [pnb@bbsrlaw.com](mailto:pnb@bbsrlaw.com)  
WEBSITE [www.bbsrlaw.com](http://www.bbsrlaw.com)

GREGORY J. TERRELL  
ALEXANDRA C. ROZZELL  
JEFFREY B. SHAPIRO  
~~MATTHEW J. McAULEFF~~  
BENJAMIN R. PRATT, JR.  
OF COUNSEL  
ROBERT S. McMILLEN  
RETIRED  
RICHARD J. BARTLETT  
1926-2015  
PAUL E. PONTIFF  
1930-2021  
ROBERT S. STEWART  
1932-2001

SERVICE BY E-MAIL, FAX OR OTHER FORMS OF ELECTRONIC COMMUNICATION NOT  
ACCEPTED

February 21, 2024

Nicholas J. Bodkin, Jr.  
Village of South Glens Falls  
46 Saratoga Avenue  
South Glens Falls, New York 12803

Re: \$1,485,743.00 E.F.C. Drinking Water Revolving Funds Program, 2023

Dear Mayor Bodkin:

We are pleased that the Village of South Glens Falls retained Bartlett, Pontiff, Stewart & Rhodes, P.C., J. Lawrence Paltrowitz, of counsel, as its bond counsel in connection with the above-referenced \$1,485,743.00 E.F.C. Drinking Water Revolving Funds Program 2023 financing. This engagement letter is intended to explain the scope of the services we performed, the fees charged together with our billing practices, and your rights with regard to any disputed fees.

We are engaged to represent the Village as its bond counsel in the above-referenced financing. Our fee to the Village for our bond counsel services and opinion is \$7,970.00, plus out-of-pocket disbursements in the total amount of \$25.00, for a total of \$7,995.00.

While we seek to avoid any fee disputes with our clients, and rarely have such disputes, in the event such a dispute does arise, you are advised that the Village of South Glens Falls has the right, at its election, to seek arbitration to resolve the fee dispute. In such event, we shall advise you in writing by certified mail that the Village of South Glens Falls has 30 days from receipt of such notice in which to elect to resolve the dispute by arbitration, and we shall enclose a copy of the arbitration rules and a form for requesting arbitration. The decision resulting from arbitration is binding upon both the Village of South Glens Falls and this firm.

Nicholas J. Bodkin, Mayor  
Village of South Glens Falls

Page 2

Please sign on the appropriate line below and return one signed original to me.

We appreciate the opportunity to represent the Village of South Glens Falls as its bond counsel in connection with the \$1,485,743.00 E.F.C. Drinking Water Revolving Funds Program, 2023 financing.

Sincerely,

BARTLETT, PONTIFF, STEWART  
& RHODES, P.C.

BY: 

J. Lawrence Paltrowitz

Direct Line: (518) 832-6443

Direct E-mail: [jlp@bpsrlaw.com](mailto:jlp@bpsrlaw.com)

I have read and understand the terms of  
the above letter, have received a copy and  
accept all of its terms.

Village of South Glens Falls

BY: 

Nicholas J. Bodkin, Mayor

REFERENCE/DESCRIPTION

NET AMOUNT

Vendor: BARTL010 BARTLETT, PONTIFF STEWART  
PO: 24000589 DESC: DRINKING WATER REVOLVING FUNDS

7,995.00

Check Date: 01/09/24    Check Amount: \$\*\*\*\*\*7,995.00







**BARTLETT, PONTIFF, STEWART & RHODES, P.C.**  
One Washington Street  
P.O. Box 2168  
Glens Falls, New York 12801-2168  
Telephone (518) 792-2117  
Fax (518) 792-3309

December 6, 2023

Village of South Glens Falls  
46 Saratoga Avenue  
South Glens Falls, New York 12803

Matter #202168

---

For services rendered from in connection with  
\$1,485,743.00 E.F.C. Drinking Water Revolving  
Funds Program, 2023

\$ 7,970.00

Disbursements:

UPS Charge

\$ 25.00

TOTAL AMOUNT DUE

\$ 7,995.00

JLP:tlh

**CERTIFICATE OF SUBSTANTIAL COMPLETION**

Owner:	Village of South Glens Falls	Owner's Project No.:	2G
Contractor:	Jersen Construction Group, LLC	Contractor's Project No.:	
Engineer:	Delaware Engineering, D.P.C.	Engineer's Project No.:	19-1820
Project:	WTP Upgrades Re-Bid	Contract Name:	2G

**This final Certificate of Substantial Completion applies to:**

All Work  The following specified portions of the Work:

**02/28/2024**

**Date of Substantial Completion**

The Work to which this Certificate applies has been inspected by authorized representatives of Owner, Contractor, and Engineer, and found to be substantially complete. The Date of Substantial Completion of the Work or portion thereof designated above is hereby established, subject to the provisions of the Contract pertaining to Substantial Completion. The date of Substantial Completion in the final Certificate of Substantial Completion marks the commencement of the contractual correction period and applicable warranties required by the Contract.

A punch list of items to be completed or corrected is attached to this Certificate. This list may not be all-inclusive, and the failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract.

The responsibilities between Owner and Contractor for security, operation, safety, maintenance, heat, utilities, insurance, and warranties upon Owner's use or occupancy of the Work shall be as provided in the Contract, except as amended as follows: *[Note: Amendments of contractual responsibilities recorded in this Certificate should be the product of mutual agreement of Owner and Contractor; see Paragraph 15.03.D of the General Conditions.]*

Amendments to Owner's responsibilities:  None  As follows

Amendments to Contractor's responsibilities:  None  As follows:

The following documents are attached to and made a part of this Certificate:

This Certificate does not constitute an acceptance of Work not in accordance with the Contract Documents, nor is it a release of Contractor's obligation to complete the Work in accordance with the Contract.

<b>EXECUTED BY ENGINEER:</b>	<b>RECEIVED:</b>	<b>RECEIVED:</b>
By: <u>Robert Stone</u> (Authorized signature)	By: _____ Owner (Authorized Signature)	By: <u>[Signature]</u> Contractor (Authorized Signature)
Title: <u>Senior Project Manager</u>	Title: _____	Title: <u>Project Manager</u>
Date: <u>03/25/2024</u>	Date: _____	Date: <u>3/25/2024</u>

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AGREEMENT, made this \_\_\_\_\_ day of \_\_\_\_\_, 2024,

BY AND BETWEEN,

**COUNTY OF SARATOGA**, a municipal corporation of the State of New York, with offices at 40 McMaster Street, Ballston Spa, New York 12020, (COUNTY),

- and -

**VILLAGE OF SOUTH GLENS FALLS POLICE DEPARTMENT**, with offices at 5 W. Marion Avenue, South Glens Falls, New York 12803, (AGENCY);

WITNESSETH:

WHEREAS, Vehicle and Traffic Law §1197 authorizes establishment of county special traffic options programs for driving while intoxicated (STOP-DWI) to reduce drug-related and alcohol-related traffic injuries and fatalities; and ;

WHEREAS, state funding is available in the amount of \$35,000 through the New York State STOP-DWI Foundation, Inc. for use in local DWI High Visibility Engagement Campaign (“HVEC”) and Drug Recognition Expert Call Out Plan (“DRE”) for patrols and activities, and

WHEREAS, funding for the HVEC and DRE programs will be used for enforcement overtime and callout times during certain crackdown dates specified by the STOP-DWI Foundation, Inc.; and

NOW, THEREFORE, THE PARTIES AGREE:

1. The CONTRACTOR will provide additional DWI Patrols and checkpoints during specified High Visibility Engagement Campaign periods throughout the term of the Governor’s Traffic Safety Committee (GTSC) grant cycle of October 1, 2023 through September 30, 2024.
2. The COUNTY will reimburse the CONTRACTOR for CONTRACTOR’s labor costs incurred in conducting such additional DWI patrols and checkpoints up to a sum not to exceed \$1,450, upon submission of a properly documented voucher specifying the hourly rate and number of hours worked of CONTRACTOR’s officers.
3. Funding for this Agreement is contingent upon the availability of GTSC grant funds for operation of programs designed to prevent DWI. If grant funds are not available for this purpose, or if the full amount anticipated by the COUNTY is not available, then this agreement may be terminated or the amount payable to the CONTRACTOR reduced at the discretion of the COUNTY.
4. The CONTRACTOR shall comply with all applicable laws, ordinances and regulations, including non-discrimination and labor laws. The CONTRACTOR and the COUNTY agree that for the duration of this Agreement, they will not discriminate against any employee, applicant for employment, or person requesting services because of race, creed, color, national origin, disability, age, sex, marital status, sexual preference or source of payment.

5. The CONTRACTOR shall not assign or transfer any interest herein without prior written COUNTY approval.

6. a) CONTRACTOR shall, at all times, indemnify and save harmless the COUNTY from and against any and all claims and demands whatsoever, including costs, litigation expenses, counsel fees and liabilities in connection therewith arising out of injury to or death of any person whomsoever or damage to any property of any kind by whomsoever, caused in whole or in part, directly or indirectly, by the acts or omissions of the CONTRACTOR, any person, employed by the CONTRACTOR, its contractors, subcontractors, materialmen, or any person directly or indirectly employed by them or any of them, while engaged in the work hereunder. This clause shall not be construed to limit, or otherwise impair, other rights or obligations of indemnity which exist in law, or in equity, for the benefit of the COUNTY.

b) This Agreement shall be void and of no effect unless throughout the term of this Agreement CONTRACTOR, in compliance with the provisions of the Workers' Compensation Law, shall secure compensation for the benefit of and keep insured during the life of this Agreement such employees as are required to be insured according to law. Proof of such Workers' Compensation Insurance coverage shall be provided to County.

7. This Agreement may be terminated by either party upon sixty (60) days written notice to the other party at the party's address stated herein.

IN WITNESS WHEREOF, the parties have hereunto signed this agreement on the day and year appearing opposite their respective signatures.

APPROVED AS TO  
FORM AND CONTENT:

**COUNTY OF SARATOGA**

By: \_\_\_\_\_  
County Attorney

By: \_\_\_\_\_  
Philip C. Barrett, Chair  
Board of Supervisors  
Pursuant to Resolution: 45-2024

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

**Village of South Glens Falls  
Police Department**

By: \_\_\_\_\_  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(title)

\_\_\_\_\_  
Federal EIN

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



# BOARD OF SUPERVISORS

02/20/2024

## RESOLUTION 45 - 2024

**Introduced by Public Safety: Supervisors Lant, Butler, Fish, Murray, Ostrander, Wright and Young**

### **AUTHORIZING PARTICIPATION IN THE 2024 STOP-DWI HIGH VISIBILITY ENGAGEMENT CAMPAIGN AND THE DRUG RECOGNITION EXPERT CALL OUT PLAN**

**WHEREAS**, Vehicle and Traffic Law §1197 authorizes establishment of county special traffic options programs for driving while intoxicated (STOP-DWI) to reduce drug-related and alcohol-related traffic injuries and fatalities; and ;

**WHEREAS**, state funding is available in the amount of \$35,000 through the New York State STOP-DWI Foundation, Inc. for use in local DWI High Visibility Engagement Campaign ("HVEC") and Drug Recognition Expert Call Out Plan ("DRE") for patrols and activities during the grant cycle of October 1, 2023 through September 30, 2024; and

**WHEREAS**, funding for the HVEC and DRE programs will be used for enforcement overtime and callout times during certain crackdown dates specified by the STOP-DWI Foundation, Inc.; and

**WHEREAS**, our Public Safety Committee and the STOP-DWI Coordinator have recommended acceptance of these program funds in the amount of \$35,000 and the authorization of contracts with the following law enforcement agencies:

Saratoga County Sheriff's Office	\$ 11,800
Ballston Spa Police Department	\$ 1,450
Stillwater Police Department	\$ 2,900
Mechanicville Police Department	\$ 2,900
Saratoga Springs Police Department	\$ 5,800
Waterford Police Department	\$ 8,700
South Glens Falls Police Department	\$ 1,450
	<u>\$ 35,000</u>

**WHEREAS**, the acceptance of these funds requires approval of this Board; now, therefore, it is

**RESOLVED**, that the Chair of the Board is hereby authorized to execute any and all documents necessary to apply for and accept state aid from the New York State STOP-DWI Foundation, Inc. for the 2024 High Visibility Engagement Campaign and Drug Recognition

Expert Call Out Plan during the grant cycle of October 1, 2023 through September 30, 2024 in the amount of \$35,000; and it is further

**RESOLVED**, that the Chair of the Board is hereby authorized to execute agreements with the aforementioned law enforcement agencies for their participation in the 2024 STOP-DWI High Visibility Engagement Campaign and Drug Recognition Expert Call Out Plan; and it is further

**RESOLVED**, that the form and content of such documents or agreements are subject to the approval of the County Attorney; and it is further

**RESOLVED**, that this Resolution shall take effect immediately.

**BUDGET IMPACT STATEMENT:** No Budget Impact. Funds are included in the Department Budget.

February 20, 2024 Regular Meeting  
Motion to Adopt: Supervisor M. Veitch  
Second: Supervisor Winney

AYES (151341.50): Joseph Grasso (4328), Philip C. Barrett (19014.5), Diana Edwards (819), James D. Arnold (3525), Kevin Veitch (8004), Kevin Tollisen (25662), Thomas Richardson (5163), Scott Ostrander (18800), Jesse Fish (16202), Willard H. Peck (5242), Sandra Winney (2075), Ian Murray (5808), Michele Madigan (14245.5), Matthew E. Veitch (14245.5), David Ball (8208)

NOES (0):

ABSENT (84167.50): Eric Connolly (11831), Angela Thompson (19014.5), C. Eric Butler (6500), Jean Raymond (1333), Arthur M. Wright (1976), Cynthia Young (17130), Edward D. Kinowski (9022), John Lant (17361)



# BOARD OF SUPERVISORS

02/20/2024

## RESOLUTION 45 - 2024

**Introduced by Public Safety: Supervisors Lant, Butler, Fish, Murray, Ostrander, Wright and Young**

### **AUTHORIZING PARTICIPATION IN THE 2024 STOP-DWI HIGH VISIBILITY ENGAGEMENT CAMPAIGN AND THE DRUG RECOGNITION EXPERT CALL OUT PLAN**

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Mechanicville Police Department	\$ 2,900
Saratoga Springs Police Department	\$ 5,800
Waterford Police Department	\$ 8,700
South Glens Falls Police Department	\$ 1,450
	<u>\$ 35,000</u>

**WHEREAS**, the acceptance of these funds requires approval of this Board; now, therefore, it is

**RESOLVED**, that the Chair of the Board is hereby authorized to execute any and all documents necessary to apply for and accept state aid from the New York State STOP-DWI Foundation, Inc. for the 2024 High Visibility Engagement Campaign and Drug Recognition



AGREEMENT, made this \_\_\_\_\_ day of \_\_\_\_\_, 2024,

BY AND BETWEEN,

**COUNTY OF SARATOGA**, a municipal corporation of the State of New York, with offices at 40 McMaster Street, Ballston Spa, New York 12020, (COUNTY),

- and -

**VILLAGE OF SOUTH GLENS FALLS POLICE DEPARTMENT**, with offices at 5 W. Marion Avenue, South Glens Falls, New York 12803, (AGENCY);

WITNESSETH:

WHEREAS, Saratoga County has, in accordance with the provision of the Vehicle and Traffic Law of the State of New York, established a Special Traffic Options Program for Driving While Intoxicated ("STOP-DWI"), which program has been approved by the State of New York, and

WHEREAS, a Coordinator has been appointed by Saratoga County to administer this program, and

WHEREAS, the AGENCY has agreed to participate in the program and coordinate its program with the COUNTY's program to reduce alcohol related traffic injuries and fatalities, and

WHEREAS, the Coordinator of Saratoga County STOP DWI Program receives funds from the Office of the State Comptroller and also from the Office of Court Administration, and

WHEREAS, the Coordinator is authorized to disburse such funds to COUNTY and/or municipalities with the approval of the STOP-DWI Steering Committee and the Saratoga County Board of Supervisors,

NOW, THEREFORE, THE PARTIES AGREE:

1. That the AGENCY, upon receiving funds from COUNTY, shall use such funds exclusively for Law Enforcement and DWI enforcement.
2. That corresponding appropriations shall be made in the AGENCY's budget.
3. That the Senior Law Official, or his designated representative in the AGENCY, shall be responsible for the completion of all required data gathering forms; such data shall be submitted on a quarterly basis on forms provided by the COUNTY. The data shall include fatalities which are attributed to alcohol use. Financial data with regard to expenditure of funds will be reported quarterly.
4. That all records of expenditures and Law Enforcement activities shall be made available by the AGENCY for examination by the COUNTY and the State of New York.

5. That the AGENCY receiving said funds further agrees:
- A) To maintain a level of DWI enforcement which is deemed satisfactory to warrant funding and/or continued funding.
  - B) To participate in public awareness forums whenever possible or upon request of the COUNTY STOP-DWI office. Such requests shall be coordinated so as not to place an undue burden on the local law enforcement Agency.
  - C) To comply with all of the above and any other regulations which may be promulgated by the COUNTY and the New York State Department of Motor Vehicles.

6. Provided State funds are available, COUNTY shall distribute funds in the amount of \$7,250.00 on a semi-annual basis. The first installment of \$3,625.00 is payable within 30 days of the execution of this contract. The second installment of \$3,625.00 shall be payable no later than December 31, 2024.

7. The AGENCY agrees to spend the STOP-DWI funds only in those categories of expenditures approved by the COUNTY. These categories of expenditures may be revised upon mutual consent of both parties and are approved upon submission of the municipality's annual application for funds.

8. The term of this contract shall be January 1, 2024 through December 31, 2024.

-SIGNATURE PAGE TO FOLLOW-

IN WITNESS WHEREOF, the parties have hereunto signed this agreement on the day and year appearing opposite their respective signatures.

APPROVED AS TO  
FORM AND CONTENT:

**COUNTY OF SARATOGA**

By: \_\_\_\_\_  
County Attorney

By: \_\_\_\_\_  
Philip C. Barrett, Chair  
Board of Supervisors  
Pursuant to Resolution: 44-2024

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

**Village of South Glens Falls  
Police Department**

By: \_\_\_\_\_  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(title)

\_\_\_\_\_  
Federal EIN

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



# BOARD OF SUPERVISORS

02/20/2024

## RESOLUTION 44 - 2024

**Introduced by Public Safety: Supervisors Lant, Butler, Fish, Murray, Ostrander, Wright and Young**

### **AUTHORIZING PARTICIPATION IN 2024 STATE STOP-DWI PROGRAM AND CONTRACTS WITH LOCAL AGENCY PARTICIPANTS**

**WHEREAS**, Vehicle and Traffic Law §1197 authorizes establishment of county special traffic options programs for driving while intoxicated (STOP-DWI) to reduce drug-related and alcohol-related traffic injuries and fatalities; and

**WHEREAS**, Resolutions 147-2022 and 103-2023 authorized renewal and implementation of our local STOP-DWI program and its participation in the 2022 and 2023 State program; and

**WHEREAS**, 2023 County participants wish to continue their services in 2024; and

**WHEREAS**, the participation and cooperation of these local agencies and of the County are essential for effective action against this continuing menace to our residents; now, therefore, be it

**RESOLVED**, that the County of Saratoga renew its annual application to participate in the New York State STOP-DWI program for 2024; and, be it further

**RESOLVED**, that this Board of Supervisors approves the following 2024 STOP-DWI Program and budget for Saratoga County:

Personnel	\$ 9,075
Training/Travel	\$ 10,000
Dept. Expenses	\$ 4,750
<b>ADMINISTRATION:</b>	<b>\$ 23,825</b>
Enforcement/Equipment	\$ 21,000
Saratoga County Sheriff	\$ 57,325
City of Saratoga Springs Police Department	\$ 42,050
Village of South Glens Falls Police Department	\$ 7,250
Town of Waterford Police Department	\$ 7,250
City of Mechanicville Police Department	\$ 7,250
Village of Ballston Spa Police Department	\$ 7,250
Town of Stillwater Police Department	\$ 7,250
<b>ENFORCEMENT AGENCIES:</b>	<b>\$ 156,625</b>



# QUOTES RECEIVED

Purchasing (Total Project)

Date: 4/4/2024

State Contract No. N/A

Quotes received for: Service for all Village Generators

Vendor	Major 1x/yr	Price	Minor 2x/yr
Brook Field Service	802-985-6567-San	\$3,670	\$5,800
Kinsley	518-458-8614-Pete	\$3,345	\$5,060.00
Albany Generator Experts	518-941-8230	No	Quote
Capital Power	518-886-8077-Brian	\$4,265	\$5,015.00
Notes: Ambrose Electric	518-783-0741-Joe x206	No	Quote

\* Charges would be divided up between Water, Sewer, P.D., F.D. and Clerk's office  
Based on cost per unit to service

For all items between \$500 and \$2999, please provide 3 verbal quotes. For all items between \$3000 and \$9999, please provide 3 written/faxed quotes. Anything over \$10,000 will need to go to bid.

# Proposal



Quote Number	Project Name	Date
Q-24-2128	South Glens Falls Service Proposal	4/5/2024

<b>From:</b> Peter Levandowski 14 Connecticut South Drive East Granby, CT 06026	<b>Billing Info:</b> Village of South Glens Falls 46 Saratoga Ave. South Glens Falls, NY 12803
<b>Phone:</b> 203.802.4004	<b>Phone:</b> 518-792-4033
<b>Fax:</b>	<b>Contact:</b>
<b>Email:</b> PLevandowski@kinsleypower.com	<b>Email:</b>
<b>Cell:</b> 203.802.4004	

## Summary

### Generac Generator: 60KW

**Physical Address** - Clerks Office , 46 Saratoga Ave., South Glens Falls, NY, 12803

**Level 1 Service** - Qty Per Year: 1, Price Per Service: \$280.00, Level 1 Total Yearly Price: **\$280.00**

**Level 2 Service** - Qty Per Year: 1, Price Per Service: \$530.00, Level 2 Total Yearly Price: **\$530.00**

### Generac Generator: 35KW

**Physical Address** - Fire Department , 7 Marion Ave., South Glens Falls, NY, 12803

**Level 1 Service** - Qty Per Year: 1, Price Per Service: \$260.00, Level 1 Total Yearly Price: **\$260.00**

**Level 2 Service** - Qty Per Year: 1, Price Per Service: \$485.00, Level 2 Total Yearly Price: **\$485.00**

### Kohler Generator: 100KW

**Physical Address** - Sewer Station 1 , 2 First St., South Glens Falls, NY, 12801

**Level 1 Service** - Qty Per Year: 1, Price Per Service: \$310.00, Level 1 Total Yearly Price: **\$310.00**

**Level 2 Service** - Qty Per Year: 1, Price Per Service: \$610.00, Level 2 Total Yearly Price: **\$610.00**

### Cummins Generator: DSGAD-1321599 200KW

**Physical Address** - Water Plant , Beech Rd., South Glens Falls, NY12803,

**Level 1 Service** - Qty Per Year: 1, Price Per Service: \$340.00, Level 1 Total Yearly Price: **\$340.00**

**Level 2 Service** - Qty Per Year: 1, Price Per Service: \$735.00, Level 2 Total Yearly Price: **\$735.00**

### Generac Generator: 40KW

**Physical Address** - Police Station , 7 Marion Ave., South Glens Falls, NY, 12803

**Level 1 Service** - Qty Per Year: 1, Price Per Service: \$265.00, Level 1 Total Yearly Price: **\$265.00**

**Level 2 Service** - Qty Per Year: 1, Price Per Service: \$495.00, Level 2 Total Yearly Price: **\$495.00**

### Generac Generator: 36KW

**Physical Address** - Feeder Dam , Feeder Dam Rd., South Glens Falls, NY, 12803

**Level 1 Service** - Qty Per Year: 1, Price Per Service: \$260.00, Level 1 Total Yearly Price: **\$260.00**

**Level 2 Service** - Qty Per Year: 1, Price Per Service: \$490.00, Level 2 Total Yearly Price: **\$490.00**

The Energy Solutions Company

# Proposal



**TOTAL YEARLY CONTRACT PRICE: \$5,060.00**

*Price Quotation Expires in 30 Days*

**Who will service your equipment?**

Kinsley employs the largest number of EGSA certified technicians--over 40 technicians serving the northeast with collectively more experience and focus on generator repair and maintenance than any service company in the industry. In some cases, you may see the same technician at every service visit. Regardless, you will be treated respectfully, your equipment will be serviced expertly, and your property will be cared for with respect and attention to detail when we are on site.

**CUSTOMER PREFERENCES: Circle below:**

Do you require us to call ahead and schedule the maintenance work when it is due to be performed?	To exercise the generator under load or to service indoor mounted transfer switches, will someone be present to allow our technician to enter the building?	If generator is inoperable when we attempt to perform maintenance, do we have your permission to replace needed parts at time of service if no one is available to authorize the above repairs while on site?	Is the generator drive up serviceable at grade level?	Does the location have prevailing wage requirements?
YES <> NO	YES <> NO	YES <> NO	YES <> NO	YES <> NO

\*Price increase will apply

**How often will your unit(s) be serviced?**

The most common plan selected (assuming backup/exercise hours only) is to get one Level 1 service and one Level 2 service each year (except for healthcare/life safety or other critical applications where more is required).

Please initial below, and specify the quantities of visits (by type) being requested on an annual basis (as well as your preference for what month(s) you prefer the work be done):

<b>QUANTITY of Level 1 visits per year</b>	<b>QUANTITY of Level 2 visits per year</b>
Qty: _____	Qty: _____
Initials	Initials
Preference of timing: _____	Month(s): _____

**What's included:**

Preventative Maintenance Performed	Generator or ATS?	Level 1 (Minor)	Level 2 (Major)
Check Lubricating oil, add as required	Generator	X	NA
Change Lubricating oil and oil filter	Generator	NA	X
Check radiator/cooling system (radiator, radiator cap, water pump, coolant hoses/clamps). Add coolant as required	Generator	X	X

The Energy Solutions Company

# Proposal



Perform on site coolant analysis-test freeze point, nitrate levels, corrosion inhibitor levels	Generator	NA	X
Check air filter(s), hoses and crankcase breather	Generator	X	NA
Change air filter as needed	Generator	NA	X
Check fuel lines/hoses for leaks/pliability, inspect fuel vents for obstructions, check/clean fuel sediment bowl	Generator	X	X
Check fuel / water separator (if applicable)	Generator	X	NA
Replace fuel / water separator (if applicable)	Generator	NA	X
Check (and notate for diagnosis) warning lights illuminated, gauges/instrumentation function/faults	Generator & ATS	X	X
Check fan belts for excessive wear, inspect/adjust tension	Generator	X	X
Check governor belts for excessive wear, adjust tension if needed (if applicable)	Generator	X	X
Check battery charger, adjust if necessary	Generator	X	X
Replace spark plugs, points, distributor cap and ignition rotor (if applicable)	Generator	NA	X
Check battery capacity, clean battery and apply anti-corrosion treatment to terminal	Generator	X	X
Perform Generator, Generator End, ATS & Component functional and safety check	Generator & ATS	X	X
Run Generator – under load when possible (customer authorization required)	Generator & ATS	X	X
Conduct Electrical Frequency Analysis and adjust if necessary	Generator	X	X

## OFFER ACCEPTANCE

I hereby authorize Kinsley Power Systems, Inc. to use this form as a bona fide purchase order of the services quoted on Proposal Number Q-24-2128 which clearly establishes definite price and specifications of services ordered. The person signing is doing so according to the terms and conditions.

### Proposed By:

Company: Kinsley Power Systems, Inc.  
 Signature: Peter Levandowski  
 Printed Name: Peter Levandowski  
 Title: AMS Sales Manager  
 Date: Friday, April 05, 2024

### Accepted By:

Company: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Terms & Conditions:

This Preventative Maintenance Agreement is entered into by Kinsley Power Systems, and the generator equipment owner as signed, for the purpose of maintaining their equipment in the best possible operating conditions in order to minimize the necessity of emergency service. This agreement does not relieve the owner of periodic checks and testing as outlined in the manufacturer's manuals. While preventative maintenance should result in maximum availability of generator equipment, Kinsley Power Systems, makes no warranties or guarantees as to equipment uptime and disclaims any responsibility for consequential damages. Services to be performed are specified herein, and constitute the extent of this agreement. The generator equipment owner will be furnished with an inspection report denoting conditions found and further service found to be required, if any.

The Energy Solutions Company



# Proposal



**No services, parts or materials are covered under this agreement unless specifically referred to herein, nor does this agreement include expenses to repair any damage resulting from abuse, accident, theft, acts of a third party, forces of nature or altering the equipment. Services requested but not covered under this agreement will be billed at normal rates for labor, travel, or parts.**

Customers that require the use of an on-line portal for processing Purchase Orders, Invoices or any other documentation, will be assessed a \$25 processing fee per invoice in addition to all charges associated with the portal.

**CONTRACT:** This agreement will be automatically renewed every year until canceled in writing with 30 days prior written notice by either party. Kinsley Power reserves the right to increase the service contract pricing annually by a factor of 2% or, using the third month prior to the contract start date as a base month, the Consumer Price Index (CPI) for All Items for the Northeast Region as published by the U.S. Department of Labor, Bureau of Labor Statistics, Washington, D.C. 20212, whichever is greater.

**PLEASE RETURN A SIGNED COPY OF THIS QUOTE TO US BY FAXING IT TO 860.392.0222**

*For any questions, please contact our aftermarket sales specialist, at [ams@kinsleypower.com](mailto:ams@kinsleypower.com)*

Agreement subject to the Service Terms and Conditions available at <https://www.kinsley-group.com/generalterms/>



# Brook Field Service

**Providing Shelter from the Storm**

P.O. Box 47 • Northfield, VT 05663 • Toll Free: 866-769-3797 • (802)485-6567 • Fax: (802)485-6690

Email: [info@brookfieldservice.com](mailto:info@brookfieldservice.com) • [www.brookfieldservice.com](http://www.brookfieldservice.com)

## Program Details

### Program 1 – Once a year maintenance program, Major Service

- A technical inspection and testing of your generator (multi-point test and review)
- Upload controller latest software upgrades
- Oil change and oil filters replaced
- Oil and diesel fuel analysis
- Air and fuel filters replaced
- Tune up of engine
- Coolant fluids tested for liquid cooled models
- Coolant levels topped off. If coolant change is required, an additional charge would occur.
- Automatic transfer switch testing and maintenance
- If the ATS is located inside – arrangements must be made for someone to be there or to give an alternate authorization for our tech to reach it.
- A generator building load test
- At your request - this will require an interruption of power.

### Program 2 – Twice a year maintenance program (Done 6 months apart, Major & Minor Service)

- Includes items listed in Program 1, Major Service
- Technical inspection of your generator (multi-point review)
- Upload controller latest software upgrades
- Oil levels checked
- Coolant levels topped off. If coolant change is required, an additional charge would occur.
- A generator building load test
- At your request - this will require an interruption of power
- Vermont State Inspection (if required – this will require an interruption of power)

### Where to send your agreement form:

Fax: 802-485-6690

Email: [info@brookfieldservice.com](mailto:info@brookfieldservice.com)

Mail: Brook Field Service, PO Box 47, Northfield VT 05663

APR 15 2024 AM 8:30



# Brook Field Service

Providing Shelter from the Storm

P.O. Box 47 • Northfield, VT 05663 • Toll Free: 866-769-3797 • (802)485-6567 • Fax: (802)485-6690

Email: [info@brookfieldservice.com](mailto:info@brookfieldservice.com) • [www.brookfieldservice.com](http://www.brookfieldservice.com)

Name	Location	Fuel	Generator	PL1	PL2
Clerks Office Generator	SGF Clerks Office 46 Saratoga Ave, South Glens Falls NY 12803	NG	Generac	495	800
Fire Department	7 Marion Ave, South Glens Falls, NY	NG	Generac 2000 Series	495	800
Sewer Station 1	2 First Street, South Glannis Falls NY	D	Kohler	495	800
Water Plant	Beech Road, South Glens Falls NY	D	Cummins	995	1500
Police Station	7 Marion Ave, South Glens Falls, NY	D	Generac	695	1100
Feeder Dam	Need to Coordinate	NG	Generac	495	800

Total Cost \$ 3,670 \$ 5,800  
 Pre Pay Cost \$ 3,487 \$ 5,510



# Brook Field Service

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P.O. Box 47 • Northfield, VT 05663 • Toll Free: 866-769-3797 • (802)485-6567 • Fax: (802)485-6690

Email: [info@brookfieldservice.com](mailto:info@brookfieldservice.com) • [www.brookfieldservice.com](http://www.brookfieldservice.com)

South Glens Falls DPW  
TJ Chagnon  
116 -1/2 Saratoga Avenue  
South Glens Falls, NY 12803

Proposal for Business

## **PREVENTATIVE MAINTENANCE AGREEMENT** **Contractual Year 2024**

Please find below, the program details included in your annual preventive maintenance agreement. Prices quoted apply to the enclosed list of units.

Please indicate your acceptance of this agreement and terms by circling program(s) on last page and signing below.  
**PLEASE RETURN (1) COPY TO BROOK FIELD SERVICE WITHIN THIRTY (30) DAYS.**

\_\_\_\_\_  
Date \_\_\_\_\_

DATE: March 4th, 2024

\_\_\_\_\_  
Authorized Signature

**Jim Brochhausen**  
James Brochhausen, Brook Field Service

To make payment please visit <https://paymnt.io/ZWVW7L>  
In the Additional Information Box, include "2024 PM Agreement Plan" With the Plan Number you are choosing,  
or send a check to: Brook Field Service PO Box 47, Northfield VT 05663

Email \_\_\_\_\_ PHONE \_\_\_\_\_

CUSTOMER PREFERENCE: (check on)  No appointment needed  Coordinate appointment

# CAPITAL POWER

Automatic Stand-by Generators

## GENERATOR ANNUAL PREVENTATIVE MAINTENANCE SERVICE CONTRACT – (6) Locations, see attached for details.

Pre-payment is required to bring this agreement into effect.

Date: 4/11/24

Customer: Village of South Glens Falls ATTN: TJ Chagnon

Address: 46 Saratoga Ave. South Glens Falls, NY 12803

Phone: (518)-792-4033 / dpwchagnon@sgfny.com

Generator Locations: (6) Generators, see attached.

Service year covered by this agreement: 2024

Program 1: May 2024

Program 2: (If Applicable): November 2024

Annual Preventative Maintenance includes the following:

Per program details attached.

Cost of Program 1: \$4,265

Cost of Program 2 adder: \$750

Total if executed: \$5,015

Factory Authorized Sales  
Certified Service

Division of SL Enterprises Inc. of Albany  
500 Elk Street  
Albany, NY 12206  
518.436.8982  
www.capitalstandbypower.com - web  
Volts88@gmail.com - email

**Generators:**

**Per Attached**

If additional labor and materials are required to diagnose and make repairs these will be billed out in addition to the above. Labor for repairs required beyond that included in this contract is billed at \$125 per hour, by the quarter hour, plus travel. Repair parts are billed at manufacturer's list price plus freight if applicable. All billing is plus state and local taxes unless a tax-exempt form is on file with Capital Power.

Additional costs of repair beyond the base service will be authorized by the owner before performed or charged. If a second annual full service is required due to generator operating hours caused by an extended power outage before the annual fulfillment of this contract, an additional pro-rata contract will be executed and paid, if desired, to pay for the added Full-Service, as required.

Capital Power is authorized to complete the generator service in accordance with the above terms and conditions.

Authorized by \_\_\_\_\_, Title \_\_\_\_\_  
Date \_\_\_\_\_

Thank you for being a Capital Power customer!

Name	Location	Fuel	Generator
Clerks Office Generator	SGF Clerks Office 46 Saratoga Ave, South Glens Falls NY 12803	NG	Generac
Fire Department	7 Marion Ave, South Glens Falls, NY	NG	Generac
Sewer Station 1	2 First Street, South Glens Falls NY	D	Kohler 2000 Series
Water Plant	Beech Road, South Glens Falls NY	D	Kohler
Police Station	7 Marion Ave, South Glens Falls, NY	D	Commins
Feeder Dam	Need to Coordinate	NG	Generac

## Program Details

### Program 1 – Once a year maintenance program, Major Service

- A technical inspection and testing of your generator (multi-point test and review)
- Upload controller latest software upgrades
- Oil change and oil filters replaced
- Oil and diesel fuel analysis
- Air and fuel filters replaced
- Tune up of engine
- Coolant fluids tested for liquid cooled models
- Coolant levels topped off. If coolant change is required, an additional charge would occur.
- Automatic transfer switch testing and maintenance
  - If the ATS is located inside – arrangements must be made for someone to be there or to give an alternate authorization for our tech to reach it.
- A generator building load test
  - At your request - this will require an interruption of power.

### Program 2 – Twice a year maintenance program (Done 6 months apart, Major & Minor Service)

- Includes items listed in Program 1, Major Service
- Technical inspection of your generator (multi-point review)
- Upload controller latest software upgrades
- Oil levels checked
- Coolant levels topped off. If coolant change is required, an additional charge would occur.
- A generator building load test

---

**Ambrose Electric**

---

Jenn@ambroselec.com <jenn@ambroselec.com>  
To: dpwchagnon@sgfny.com

Fri, Apr 12, 2024 at 2:51 PM

Hi TJ,

After speaking with the owner, unfortunately this job is beyond the scope of what we do.

Michael Stein recommends contacting Kistler/Stark.

Thank you and have a great day!

Jenn

[Quoted text hidden]

No  
Quote





# QUOTES RECEIVED

Purchasing (Total Project)

Date: 04/11/2024

State Contract No. Not Found

Quotes received for: Livescan Fingerprint Station

Vendor

Price

Data Works Plus, LLC \$4500.00

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: No other vendors found.

**For all items between \$500 and \$2999, please provide 3 verbal quotes. For all items between \$3000 and \$9999, please provide 3 written/faxed quotes. Anything over \$10,000 will need to go to bid.**

## Budget Request Forms for Department Heads

FEB 29 2024 PM 3:18

Village of South Glens Falls Non-Personnel Items Budget Request Form, FY 2024-2025	
Department Name	Police
Accounting Code	A-3120-0200 PD Equipment
Submitted By	Chief Gifford
Date of Request	02/14/2024
Need	Electronic Fingerprint Station
Cost	\$4500
Justification	Replace the outdated inked fingerprint system - Cardscan.  Quote Attached.

\*\* Please attach copy of quotes for all items\*\*

Village of South Glens Falls New Personnel Request Form, FY 2024-2025	
Department Name	
Accounting Code	
Submitted By	
Date of Request	
Position Title	
Number Requested	
Full or Part-Time	
Pay Grade	
Base Salary	
Social Security	
Retirement	
Insurance	
Other Benefits	
Operating Expenses	
Capital	
Total	
Justification	

January 5, 2023

Chief David J Gifford  
 South Glens Falls Police  
 5 W Marion Avenue  
 South Glens Falls, NY 12803  
 (518) 792-6336

FEB 29 2024 PM 3:18

RE: RIC1 Livescan and Mugshot System replacement

Mr. Gifford,

DataWorks Plus is providing this quotation for a RIC1 Plus Livescan and Mugshot system replacement.

Fingerprint/Palm System w/Mugshot Capture Pricing				
NYS OGS #	Description Base System	Quan	Price	Total
	FBI Certified Palm Scanner	1	\$ 10,500	
	FBI Certified 10 Print Scanner	1	\$ 4,500	
	FBI Certified Card Scanner	1	\$1,900	
	Digital Imaging System - Mugshot Capture (Camera, Software)	1	\$1,100	
	One Year Warranty 9x5			
	Shipping, Installation & Training for All Items Above		Included	Included
	<b>Total</b>			\$

**TERMS:**

- Price does not include local, county, state or federal taxes, if applicable.
- Prices quoted are valid for a period of ninety (90) days from the date of this price quote.
- Net 60 Payment Terms.

Please issue a Purchase Order to:

Dataworks Plus, LLC  
 728 North Pleasantburg Drive  
 Greenville, SC 29607



Department of Public Safety  
Division of Police  
5 West Marion Avenue  
South Glens Falls, NY 12803  
Phone: (518) 792-6336 (518) 792-4173  
Fax: (518) 792-6481  
David J. Gifford, Chief of Police

APR 11 2024 04:11:48

## MONTHLY POLICE REPORT FOR MARCH 2024

Calls/Services Total	312	
Investigations	0	
Alarms	5	
Funeral Escorts	0	
Personal Injury Accidents	0	
Property Damage Accidents	7	
Open Doors/Windows	1	
Business/House Checks	9	
Assist Other Agencies (Police/Fire/EMS)	22	
Traffic Tickets	18	
Parking Tickets	30	
DWI Arrests	0	
Penal Law Arrests		Violation 0
		Misdemeanor 2
		Felony 1
		Warrant Arrests 4
Traffic Details	15	
Larcenies Reported	3	
Criminal Mischiefs Reported	1	
Burglaries Reported	0	

Mileage 7G275	1994
Mileage 7G276	395
Mileage 7G277	007
Total	2396

Respectfully Submitted,

David J. Gifford  
Chief of Police

Cc: Mayor, Trustees and Village Clerk



Calgon Carbon Corporation  
3000 GSK Drive Moon Township PA 15108

**Bill to 8048240**

VILLAGE OF SOUTH GLENS FALLS  
46 SARATOGA AVE  
SOUTH GLENS FALLS NY 12803-4837  
USA

**Ship to 8048241**  
VILLAGE OF SOUTH GLENS FALLS WTP  
116 1/2 SARATOGA AVE  
SOUTH GLENS FALLS NY 12803-5263  
USA

**Conditions**

Terms of Payment Net 30 days  
Terms of Delivery 11 PREPAID DELIVERED  
Net Payment Due Date 03/28/2024

Invoice: 90178096	
ORIGINAL	
Document Date	02/27/2024
Customer PO No.	23000793
Cust PO Date	03/24/2023
Delivery Doc No	80357780
Shipment Date	02/14/2024
Delivered From	REO Logistics Allied
Ship Via Number	100915
Ship Via Name	DART TRUCKING CO INC
Order Number	10202980
Order Date	04/03/2023
Page	1/1

**Bank Details**

(CC2100)  
Payable to: Calgon Carbon Corporation

Remit by Check to:  
PO Box 347037, Pittsburgh, PA 15251-4037

Remit ACH Payment to:  
Bank Routing Number (ABA) 021052053  
Account No. 68571063

Remit Wire Payment to:  
Account No. 95030837  
First National Bank of Pennsylvania  
One FNB Boulevard, Hermitage, PA 16148  
ABA#: 043-318-092 SWIFT: FNBUS33

Item	Material No.	Description	Quantity	UoM	Div No	Rate / UoM	Rate / UoM	Value
						BIPln Period		USD
10	8000001	2 x 40K VESSEL FILL - SOUTH GLENS FALLS	1	EA		150,400.00 USD/	1 EA	150,400.00
						80357780		
						80357781		

<b>Items Total</b>		150,400.00
<b>Total Tax</b>	Tax Exempt, OK to remove per vendor	<del>16,374.00</del>
<b>Final Amount</b>		<del>USD 166,774.00</del>
		\$150,400.00

PO 23000793

IF AT ANY TIME OUR PRODUCTS OR SERVICES DO NOT MEET YOUR REQUIREMENTS OR EXPECTATIONS, OR IF YOU WOULD LIKE TO SUGGEST ANY IDEAS FOR IMPROVEMENT, PLEASE CONTACT US AT CALGON CARBON CORPORATION, 3000 GSK DRIVE, MOON TOWNSHIP, PA 15108 OR AT 1-800-548-1999

**RESOLUTION AUTHORIZING STANDARDIZATION OF CERTAIN  
PARTS AND EQUIPMENT IN THE VILLAGE'S PUBLIC WORKS DEPARTMENT**

WHEREAS, New York State General Municipal Law 103(5) provides for municipalities, by a vote of at least 3/5ths of all of the members of its governing body, to standardize particular types or kinds of equipment, material, supplies or services in its purchase contracts; and

WHEREAS, the Village of South Glens Falls has been in the process of replacing various water mains throughout the Village; and

WHEREAS, upon evaluation of prior water main replacement projects, the Village Board has learned that standardization of certain equipment, material, supplies and/or services would be in the best interest of the Village of South Glens Falls for reasons of efficiency and economy; and

WHEREAS, the department head of the Village Public Works Department has requested authorization to standardize the following equipment, material, parts and supplies for its water main replacement projects on the grounds that:

- (i) it would be more economical to store parts and equipment for one manufacturer's product than for several different manufacturer's products,
- (ii) the Village Public Works Department personnel would be better able to make necessary repairs of the water main system because of the department's familiarity with the equipment and parts thereof;
- (iii) the said equipment and parts are readily available from various distribution points for reasonable prices; and
- (iv) standardization would allow the department to respond efficiently to emergencies and thereby allow the department to respond quickly to its goal of providing safe and plentiful water to the Village customers, .

Equipment, material, parts and supplies to be standardized:

1. Master Meter multi-jet water meters; Master Meter Octave Ultrasonic meters; the foregoing to be compatible with the Master Meter Allegro Mobile AMR collector and Allegro EMI Endpoints.

WHEREAS, in both repair and emergency situations, it is important that Public Works Department personnel be trained and familiar with said equipment, materials and supplies so that repairs and replacements can be made promptly to provide for a continuous supply of water to Village residents, and standardization will allow for such training, and

WHEREAS, the Village Board believes that for the above reasons, including the economy of purchase and efficiency of repairs and installation, it should authorize the standardization of such equipment, and

WHEREAS, the department head of the Village Public Works Department will continue to analyze and evaluate such equipment, material and supplies to assure that the reasons for standardization continue to exist and be valid in the future.

NOW, THEREFORE, BE IT RESOLVED, in accordance with General Municipal Law §103(5), and, for the reasons set forth in the above preambles, including economy of purchase and efficiency of repairs and installation, the South Glens Falls Village Board hereby authorizes standardization of the following equipment in its purchase contracts:

1. Master Meter multi, jet water meters; Master Meter Octave Ultrasonic meters; the foregoing to be compatible with the Master Meter Allegro Mobile AMR collector and Allegro EMI Endpoints.

AND BE IT FURTHER RESOLVED, that the Village Board hereby authorizes and directs the department head of the Village Public Works Department to take any actions necessary to provide for such standardization in the Village's Public Works Department, and further authorizes the Village Mayor, Village Engineer, and Public Works Department head to take any further actions necessary to effectuate the terms of this resolution.

Dated: April\_\_\_\_\_, 2024

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Samantha Berg, Clerk Treasurer



# NORTH COUNTRY JANITORIAL INC.

188 Dix Avenue • Glens Falls, New York 12801  
518-793-8750 • 518-798-5497 • Fax 518-745-7536  
www.northcountryjanitorial.com

APR 11 2024 AM 9:56

March 19, 2024

Village of South Glens Falls  
46 Saratoga Ave  
South Glens Falls, NY 12803  
[highlandsgf@aol.com](mailto:highlandsgf@aol.com)

Dear Joe,

Thank you for giving us the opportunity to provide you a service quote at the Village Firehouse, located at 7 W. Marion Ave, South Glens Falls, NY 12803.

We are proposing the following services:

*Option 1 – (Work priced separately)*

<b>Strip &amp; Wax of Tile Floor</b> (Firehouse Hall/Bathrooms)	<b>\$658.50 ea. occurrence plus fees*.</b>
<b>Strip &amp; Wax of Tile Floor</b> (Officers Area - Hallway/Entrance Door*)	<b>\$300.00 ea. occurrence plus fees*.</b>
<b>Strip &amp; Wax of Tile Floor</b> (Gear Room/Bathroom)	<b>\$528.00 ea. occurrence plus fees*.</b>

*Option 2 – (Work priced together)*

**All Areas Listed Above** **\$1,120.00 ea. occurrence plus fees\*.**  
(Completed same day)

Village of South Glens Falls will be responsible for moving any heavy items to ensure the workspace is accessible and free from obstruction.

\*Energy & Environmental fee of \$8.75 will be applied for this service.

\*Tile in the Entrance Foyer and Gear Room/ Bathroom Areas needs to be fixed prior to floor work being done.

\*Services requested on the weekend will be subject to additional charges.

\*NCJ is NOT responsible for the wick back of glue – additional charge will apply if the floors need to be redone.

\*Pricing is valid for 90-Days and work will be invoiced upon completion to be paid within 20 days.

VILLAGE OF SOUTH GLENS FALLS

NORTH COUNTRY JANITORIAL, INC.

\_\_\_\_\_

\_\_\_\_\_

PRINT NAME

PRINT NAME

DATE: \_\_\_\_\_

DATE: 3/19/24