

**BOARD OF TRUSTEES
VILLAGE OF WARWICK
JANUARY 17, 2023
AGENDA**

**LOCATION:
VILLAGE HALL
77 MAIN STREET, WARWICK, NY**

**Call to Order
Pledge of Allegiance
Roll Call**

1. Introduction by Mayor Newhard.
2. Acceptance of Minutes: December 20, 2022, and January 3, 2023

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

3. Acceptance of Reports – December 2022 Clerk’s Office, Justice Department, Building Department, Department of Public Works and November and December 2022 Planning, Zoning, and Architectural and Historic District Review Board.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

4. Authorization to Pay all Approved and Audited Claims in the amount of \$_____.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

5. Police Report.

Discussion

1. Rebuilding American Infrastructure with Sustainability and Equity (RAISE) Funding opportunities.

Privilege of the Floor

Please limit your comments to **three (3)** minutes. If reading a document, please submit a copy to the Clerk. Please note all remarks must be addressed to the Board as a body and not to individual Board members. Please state your name clearly before speaking. These rules are taken from the Handbook for Village Officials – New York State Conference of Mayors and Municipal Officials.

Motions

Trustee Cheney's Motions

1. **MOTION** to authorize the Mayor to execute the 2023 DOT and NON-DOT Drug and Alcohol Testing Agreements with Partners in Safety and to authorize payment in the amount of \$750 for the 2023 DOT & NON-DOT Consortium Fees for the Drug and Alcohol Program at a rate of \$50.00 per employee. Funds are appropriated in budget code A 4010-4910 in the 2022-23 budget.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

Trustee Foster's Motions

2. **MOTION** to approve the budget modification request as per the Village Treasurer's memo dated January 12, 2023.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

Trustee Lindberg's Motions

3. **MOTION** to authorize the Mayor to enter into an Agreement for Repayment of Water and Sewer Charges with the property owner at 54 Southern Lane, Warwick NY in the amount of \$1,278.20 to be paid in 12 quarterly installments of \$106.52 and authorize the Mayor to sign the same.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

4. **MOTION** to approve the New York State Gaming Commission form GC-RCF: Raffle Consent Form for Music for Humanity to sell raffle tickets in the Village of Warwick during the 2023 calendar year and authorize the Village Clerk to sign the same. Approval of form GC-RCF does not authorize the applicant to sell tickets at their leisure. All ticket sales during events and/or street fairs are subject to prior written approval of the event organizers and must be filed in the Clerk's Office. All other ticket sales are subject to prior written approval from the Village Board of Trustees.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

5. **MOTION** to appoint Michael J. Batz, Sr. and Elizabeth Doty as Machine Operators and Noel Thompson as Alternate Machine Operator for the Tuesday, March 21, 2023, Village Election at a rate of \$13.00 per hour.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

6. **MOTION** to appoint Victoria Hague as Election Inspector Chair for the upcoming Village Election on Tuesday, March 21, 2023, at a rate of \$13.00 per hour.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

7. **MOTION** to appoint Mary Singer, Virginia Kibrick, and Donald Grenier as Election Inspectors and Nancy Thompson as Alternate Election Inspector for the upcoming Village Election on Tuesday, March 21, 2023, at a rate of \$13.00 per hour.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

8. **MOTION** to appoint Vanessa Mann as Poll Worker/Alternate Election Inspector for the upcoming Village Election on Tuesday, March 21, 2023, at a rate of \$13.00 per hour.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____

Trustee McKnight ____ Mayor Newhard ____

Reports

Trustee Cheney's Report: Liaison to Public Works Operations, Engineering and Infrastructure Projects, Veterans, Code Enforcement / Building Department, Transportation & Mobility, Emergency Services. Alternate liaison to Economic Development.

Trustee Foster's Report: Liaison to Office of the Treasurer, Parks & Recreation, Economic Development & Tourism, Public Health, Warwick Valley Schools, Youth / WYDO / Warwick Valley Community Center, Warwick Valley Prevention Coalition. Alternate liaison to Planning & Zoning / AHDRB / OC Planning, Engineering & Infrastructure Projects, Veterans, Emergency Services.

Trustee Lindberg's Report: Liaison to Office of the Clerk, Government Efficiency / Policy Development, Safety Committee, Historical Society, Public Interface and Outreach, Senior Citizens, Ethics, Environmental. Alternate liaison to Parks & Recreation.

Trustee McKnight's Report: Liaison to Planning & Zoning / AHDRB / OC Planning, Citizens Awareness Panel/Jones Chemical, Albert Wisner Library, Town of Warwick Police Department, Technology Oversight / Cybersecurity, Shade Tree Commission. Alternate liaison to Public Works Operations, Code Enforcement / Building Department, Transportation & Mobility, Environmental.

Mayor Newhard's Report

Final Comments from the Floor

Final Comments from the Board

Executive Session, if applicable

Adjournment



November 22, 2022

Mr. Michael Newhard
Village of Warwick
P.O. Box 369
Warwick, NY 10990

RECEIVED

DEC 19 2022

VILLAGE OF WARWICK
VILLAGE CLERK'S OFFICE

Dear Mr. Newhard,

Thank you for your continued business throughout 2022. We are thankful for each and every one of our clients and look forward to working with you in 2023.

Enclosed is a copy of your 2023 Service Agreement and an updated employee list for your review. To continue services going into next year, please sign and date the bottom section of the Service Agreement and return it with your payment to our corporate address: 800 Route 17M, Middletown, New York, 10940, no later than February 15, 2023. You may also e-mail your signed agreement to Renewal@partnersinsafety.com and mail your payment separately. Due to rising costs that we have incurred, we are raising our pricing for 2023.

Should you have any questions or concerns, please call or e-mail Kathy Brownlee at 845-341-0515 ext. 102, kbrownlee@partnersinsafety.com, or myself at 914-772-4372.

Have a wonderful Holiday Season.

We appreciate your business!

A handwritten signature in black ink, appearing to read "Ursula Clancy".

Ursula Clancy
President

Rockland County
55 Old Nyack Turnpike, Suite 401
Nanuet, NY 10954
845-624-3882

Corporate Office
800 Route 17M
Middletown, NY 10940
845-341-0515

Westchester County
15 North Broadway, Suite D
White Plains, NY 10601
914-285-0434

New York City
408 West 45th Street
New York, NY 10036
212-727-8637

www.PartnersInSafety.com

Towns and Villages of Orange County Drug and Alcohol Testing Agreement

Partners in Safety Inc. under the terms and conditions of this agreement shall provide drug and alcohol testing services to the Employer that meet the compliance requirements of the U.S. Department of Transportation as defined in 49 CFR Part 40 and Part 382 and your individual policy.

Complete DOT Program:

\$50.00 per Employee per year

Includes:

- All random drug tests performed by SAMSHA-certified lab
- All random alcohol tests using approved evidential breath testing device
- MS Confirmation
- Medical Review Officer service
- Specimen Collection
- Overnight shipment of specimen
- Random selection of employees
- Record Management
- Internet Resulting/Updating
- Collection Site Management
- DOT Audit Assistance
- MIS Reports
- Monthly Billing
- Medical facility invoicing & payment processing
- Consultation with medical professionals

Additional Charges:

(Pre-employment, post-accident, reasonable cause or follow-up tests performed during normal business hours). Please note: The use of non-approved medical facilities may result in additional fees.

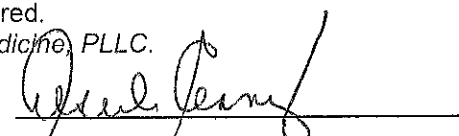
DOT drug test at lab or offices of Partners In Safety:	\$ 49.00 per test
DOT drug test with collection performed at an approved walk-in medical facility:	\$ 92.00 per test
Return-to-Duty/Follow-Up drug test including observed specimen collection performed at:	
• Offices of Partners In Safety:	\$ 79.00 per test
• Approved walk-in medical facility:	\$ 112.00 per test
DOT Breath Alcohol test the offices of Partners In Safety:	\$ 40.00 per test
DOT Breath Alcohol test at an approved walk-in medical facility:	\$ 62.00 per test
DOT/19A physical performed at the offices of Partners In Safety:	\$ 72.00 per person
Split Specimen Testing - re-test of positive specimen by another SAMHSA-certified lab: (only when requested by employee within 72 hours of MRO's notification)	\$ 275.00 per test
Emergency Service: (for special situations requiring urgent on-site collections or tests on nights, weekends or holidays)	\$ 185.00 per hour (minimum of 2 hours, plus the cost of the test)

On-site medical services available upon request, minimum volume required.
Professional medical services are provided by *Partner in Safety and Medicine, PLLC.*

Signature & Title _____

Client Village of Warwick (NON-DOT)

Date: _____



Ursula Clancy, President

Partners In Safety, Inc.

Invoice

Partners In Safety, Inc.

800 Route 17M
Middletown, NY 10940
845-341-0515

Date	Invoice #
1/1/2023	4032.2023

Bill To
Village of Warwick Michael Newhard P.O. Box 369 Warwick, NY 10990

P.O. No.	Terms
	Net 30 days

Quantity	Description	Rate	Amount
3	Consortium Fee for Drug & Alcohol Program 2023 Consortium Fee	50.00	150.00
<div> <div>CREDIT CARD PAYMENTS ACCEPTED AT AN ADDITIONAL 3.25%</div> <div> Total \$150.00 </div> </div>			

2023
Towns and Villages of Orange County
Drug and Alcohol Testing Agreement

ID 4031

Partners in Safety Inc. under the terms and conditions of this agreement shall provide drug and alcohol testing services to the Employer that meet the compliance requirements of the U.S. Department of Transportation as defined in 49 CFR Part 40 and Part 382 and your individual policy.

Complete DOT Program:

\$50.00 per Employee per year

Includes:

- All random drug tests performed by SAMSHA-certified lab
- All random alcohol tests using approved evidential breath testing device
- MS Confirmation
- Medical Review Officer service
- Specimen Collection
- Overnight shipment of specimen
- Random selection of employees
- Record Management
- Internet Resulting/Updating
- Collection Site Management
- DOT Audit Assistance
- MIS Reports
- Monthly Billing
- Medical facility invoicing & payment processing
- Consultation with medical professionals

Additional Charges:

(Pre-employment, post-accident, reasonable cause or follow-up tests performed during normal business hours). Please note: The use of non-approved medical facilities may result in additional fees.

DOT drug test at lab or offices of Partners In Safety:	\$ 49.00 per test
DOT drug test with collection performed at an approved walk-in medical facility:	\$ 92.00 per test
Return-to-Duty/Follow-Up drug test including observed specimen collection performed at:	
• Offices of Partners In Safety:	\$ 79.00 per test
• Approved walk-in medical facility:	\$ 112.00 per test
DOT Breath Alcohol test the offices of Partners In Safety:	\$ 40.00 per test
DOT Breath Alcohol test at an approved walk-in medical facility:	\$ 62.00 per test
DOT/19A physical performed at the offices of Partners In Safety:	\$ 72.00 per person
Split Specimen Testing - re-test of positive specimen by another SAMHSA-certified lab: (only when requested by employee within 72 hours of MRO's notification)	\$ 275.00 per test
Emergency Service: (for special situations requiring urgent on-site collections or tests on nights, weekends or holidays)	\$ 185.00 per hour (minimum of 2 hours, plus the cost of the test)

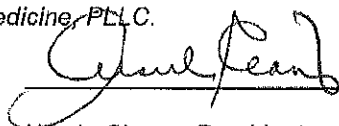
On-site medical services available upon request, minimum volume required.

Professional medical services are provided by *Partner in Safety and Medicine, PLLC.*

Signature & Title _____

Client Village of Warwick

Date: _____



Ursula Clancy, President

Partners In Safety, Inc.

Partners In Safety, Inc.
800 Route 17M
Middletown, NY 10940
845-341-0515

Invoice

Date	Invoice #
1/1/2023	4031.2023

Bill To
Village of Warwick Michael Newhard P.O. Box 369 Warwick, NY 10990

P.O. No.	Terms
	Net 30 days

Quantity	Description	Rate	Amount
12	Consortium Fee for Drug & Alcohol Program 2023 Consortium Fee	50.00	600.00
CREDIT CARD PAYMENTS ACCEPTED AT AN ADDITIONAL 3.25%		Total	\$600.00

77 Main Street
Post Office Box 369
Warwick, NY 10990
www.villageofwarwick.org



(845) 986-2031
FAX (845) 986-6884
mayor@villageofwarwick.org
clerk@villageofwarwick.org

VILLAGE OF WARWICK
INCORPORATED 1887

Budget Modification Request

For Board of Trustees Approval - Meeting on 1/17/23

For approval to transfer available appropriations for the following Fiscal Year 2022-2023 budget account lines:

GENERAL FUND

FROM Account Code	Account Description	Budget Approp. Balance	Transfer Request	Reason	TO Account Code	Account Description	Budget Approp. Balance	Transfer Amount
A1990.4950	Contingent	44,442.11	120.00	To cover the cost of jury duty reimbursements	A1910.4950	Other	0.00	120.00
TOTAL			120.00		TOTAL			120.00

Respectfully submitted,


Sadie Becker
Village Treasurer

Backup Documentation: Negative balance listing report

Report Date: 1/12/23

January 12, 2023
09:27 AM

VILLAGE OF WARWICK
2023 Expenditure Accounts with a Negative Balance Listing

Page No: 1

Range of Accounts: First to Last
Report Type: Sub Account Include Non-Budget Accounts: N

Account No	Description		Expended	Transfers	Reimbursed	Canceled	Balance	%Used
	Budgeted	Encumbered						
A-1910-4950	17,650.00	0.00	21,341.50	3,571.50	0.00	0.00	120.00-	100.57
Other								
Fund Total	17,650.00	0.00	21,341.50	3,571.50	0.00	0.00	120.00-	100.57
Year Total	17,650.00	0.00	21,341.50	3,571.50	0.00	0.00	120.00-	100.57

**AGREEMENT FOR REPAYMENT OF WATER AND SEWER CHARGES
BETWEEN THE VILLAGE OF WARWICK AND THE
PROPERTY OWNER AT 54 SOUTHERN LANE, WARWICK, NY**

Account # _____
BILLING CYCLE 2

This Agreement made the ____ day of January, 2023 by and between the Village of Warwick, with an address at 77 Main Street, Warwick, New York (the "Village") and _____, with an address at 54 Southern Lane, Warwick, New York (the "Property Owner").

WHEREAS the Property Owner is the owner of real property located at 54 Southern Lane, Warwick New York 10990, being also designated as Section 217, Block 4, Lot 12 on the tax map of the Village of Warwick, County of Orange, State of New York (hereinafter the "Property") which receives municipal central water and sewer service from the Village of Warwick; and

WHEREAS, as of the date hereof, the Property Owner owes \$1,287.20 in municipal central water and sewer service charges; and

WHEREAS, the Property Owner has claimed a related hardship in regard to the said charges, and wishes to enter into an agreement for repayment of water and sewer charges.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. The Property Owner acknowledges that the entire amount of \$1,278.20 is currently due and payable; and
2. The Property Owner agrees to pay the said in **quarterly installments of \$106.52** and the Village agrees to accept such payments in full satisfaction of the outstanding bill. The Property Owner acknowledges that the agreement for installment payments is a grace period only for outstanding payments, and that the Property Owner must keep current on all future water and sewer bills while making installment payments.
3. It is agreed between the Village and the Property Owner that the Property Owner may pay the entire amount due hereunder at any time, and thereby discharge its liability for such payments. Provided, however, that no partial payments shall be accepted by the Village; and payments must be made by the Property Owner either in the quarterly payments prescribed hereunder or in tender of the entire amount due hereunder.
4. In order to accept the said repayment installments, the Village shall establish an installment plan on the existing account with a quarterly sewer installment of \$45.62 and water installment of \$60.89 for the payment of the \$1,278.20 bill. Ongoing water and sewer charges will continue to be billed from the Property Owner's existing account as well.

5. The Property Owner shall pay the sum of **\$106.52** (constituting the sewer installment of \$45.62 and the water installment of \$60.89) to the Village each quarter in addition to such bill for current water and sewer usage as may be due. **The first payment shall be deemed due on February 15, 2023** and must be submitted by the Property Owner upon the execution of this Agreement. Subsequent payments shall be billed on the 15th day of the month in the months of March, June, September, and December. Bills will be due by the 15th day of the month in the months of April, July, October, and January.

6. The repayment installments shall be subject to all fees and procedures as all water accounts in the Village of Warwick except that any fees or penalties shall only be assessed based on failure to timely make the individual quarterly payment then due or outstanding, not based on the entire balance of the repayment. The fees and procedures shall include, but not be limited to, the following:

- a. A 5% late fee shall be assessed against all payments thirty (30) days past due.
- b. An additional 3% late fee shall be assessed against all payments sixty (60) days past due.
- c. 15 days after the 60-day late fee notice, a shut off notice will be placed on the door of **54 Southern Lane**.
- d. In the event water service is shut off, a \$100.00 shut off/reconnect fee will be assessed against the account.
- e. 10 days after the shut off notice is sent; water service will be shut off until the balance is paid by cash or bank check including all late fees and other charges associated with the late payment.
- f. The remaining balance will be relieved onto the yearly Village Taxes if not paid.

7. In the event that the Property is sold or title is otherwise transferred or conveyed, the outstanding balance on the account including repayment installments must be paid in full at the time of closing or such transfer or conveyance.

8. **VILLAGE POLICY IF THIS AGREEMENT IS NOT SIGNED AND RETURNED WITHIN THIRTY (30) DAYS.** In the event that the Property Owner fails to return a properly executed copy of this Agreement to the Village Clerk within thirty (30) days after such Agreement was mailed or otherwise provided to the Property Owner, the Property Owner shall be deemed to have irrevocably rejected the Agreement.

THE VILLAGE OF WARWICK

PROPERTY OWNER

By: Michael Newhard, Mayor



Gaming Commission

Division of Charitable Gaming

To: Municipal Clerk

From: NYS Gaming Commission; Division of Charitable Gaming

Date: January 10, 2023

Re: GC-RCF: Raffle Consent Form

Organization Name: Music For Humanity

GC 33-306-499-09776
(Identification Number, if required)

Pursuant to the requirements of General Municipal Law Section 189(13) (b), the above referenced authorized organization has requested permission to sell raffle tickets and/or conduct a raffle drawing outside the premises of an authorized organization or an authorized games of chance lessor, within your territorial limits.

Please *approve or deny* the proposed raffle ticket sales and/or raffle drawing and sign the attached **GC-RCF: Raffle Consent Form**. Retain a copy for your records and return a copy to the NYS Gaming Commission ("the Commission") within ten (10) days of the date of this notice. Upon receipt by the Commission, completed forms will be sent to the organization.

Failure to return the **GC-RCF: Raffle Consent Form** to the Commission within the time allotted will be deemed approval for the organization to conduct the requested raffle ticket sales and/or raffle drawing.

Should you have any questions regarding the conduct of the proposed raffle ticket sales and/or raffle drawing, please contact the organization directly at the number listed on the **GC-RCF: Raffle Consent Form**.

If you have any additional questions or concerns regarding the **GC-RCF: Raffle Consent Form**, contact the Division of Charitable Gaming at: charitablegaming@gaming.ny.gov

Mail, fax or email completed form to: NYS Gaming Commission, Division of Charitable Gaming, P.O. Box 7500, Schenectady, NY 12301-7500 • (518) 347-1469 • charitablegaming@gaming.ny.gov



Gaming
Commission


**Gaming
Commission**
**Division of
Charitable
Gaming**
GC-RCF: Raffle Consent Form

 GC 33-306-499-09776

(Identification Number, if required)

 Calendar Year: 2023

Instructions: This form must be completed by an authorized organization that intends to sell raffle tickets or conduct a raffle drawing in a municipality other than the city, town or village within which it is domiciled, or intends to hold a raffle drawing on other than its premises, the premise of another authorized organization or municipally owned property. This form must be submitted to the NYS Gaming Commission at least *45 days prior* to the start of such raffle ticket sales or raffle drawing and will be submitted to the respective municipalities on the organization's behalf. The form will be returned to the organization by the Commission upon approval or denial by the respective municipalities.

Mail or fax to: NYS Gaming Commission, Charitable Gaming, P.O. Box 7500, Schenectady, NY 12301 (518) 347-1469

Complete **Part A** if the organization intends to *sell* raffle tickets in a municipality other than the city, town or village within which it is domiciled. List the names of all the municipalities by the specific City, Town or Village where the organization intends to sell raffle tickets in Column A of the *GC-RCF Municipality Checklist*.

Complete **Part B** if the organization intends to *conduct a raffle drawing* in a municipality other than the city, town or village within which it is domiciled, *or* if the organization intends to *conduct a raffle drawing* on other than its premise, the premise of another authorized organization or municipally owned property (even if within your municipality). List the name of the municipality where the organization intends to conduct your drawing in Column A of the *GC-RCF Municipality Checklist*, if it is a municipality other than the municipality within which the organization is domiciled.

Part A:

I, BARRY ADELMAN Co-Founder + CEO
 (Print Name of Officer) (Print Title)

Name of Organization: MUSIC FOR HUMANITY

Street Address: 6 HOWLAND ST. PO Box 359

City, Town or Village: CHESTER, Zip Code: NY, County: ORANGE
 (circle one)

requests permission to sell raffle tickets starting on FEB 20TH in a municipality or municipalities other than the City, Town or Village within which we are domiciled. (Date)

[Signature] BARRY@MUSICFORHUMANITY.ORG 1/5/23
 Signature of Officer Email Date

845-988-6411
 Contact Name and Title (if different) Contact Email (if different) Phone Number

TO BE COMPLETED BY MUNICIPAL CLERK:

Name of Municipality: _____ (Title)

Approved/Denied by: _____ (Print Name) (Signature) (Date)
 (Circle one)

GC-RCF Municipality Checklist

Name of Organization: MUSIC FOR HUMANITY

GC 33-306-499-09776

(Identification Number, if required)

Calendar Year: 2023

Instructions: Column A of this *GC-RCF Municipality Checklist* must be completed along with *GC-RCF: Raffle Consent Form* by an authorized organization that intends to sell raffle tickets or conduct a raffle drawing in a municipality other than the city, town or village within which it is domiciled. You **MUST** indicate if the municipality is a **CITY, TOWN** or **VILLAGE**. Complete only Column A.

This *GC-RCF Municipality Checklist*, along with *GC-RCF: Raffle Consent Form*, must be submitted to the NYS Gaming Commission at least **45 days prior** to the start of such raffle ticket sales or raffle drawing. The checklist and consent form will be returned to the organization by the Commission upon approval or denial by the respective municipalities.

(A)	(B)	(C)	(D)	(E)
Name of Municipality (indicate City, Town or Village and County)	Approved	Approved No Response	Denied	Denied No Local Law
TOWN OF CHESTER ^{ORANGE} COUNTY				
TOWN OF WALWICK				
VILLAGE OF WARWICK				
TOWN OF MONROE				
VILLAGE OF MONROE				
TOWN OF WALLKILL				
CITY OF MIDDLETOWN				
VILLAGE OF GOSHEN				
TOWN OF GOSHEN				
TOWN OF MONTGOMERY				
TOWN OF CRAWFORD				
VILLAGE OF HARMAN				
VILLAGE OF FLORIDA ✓				

NYS GAMING COMMISSION USE ONLY:

(Print Name)

(Title)

(Signature)

(Date)

GC-RCF Municipality Checklist

Name of Organization: MUSIC FOR HUMANITY

GC 33-306-499-09776
(Identification Number, if required)

Calendar Year: 2023

Instructions: Column A of this *GC-RCF Municipality Checklist* must be completed along with *GC-RCF: Raffle Consent Form* by an authorized organization that intends to sell raffle tickets or conduct a raffle drawing in a municipality other than the city, town or village within which it is domiciled. You **MUST** indicate if the municipality is a **CITY, TOWN** or **VILLAGE**. Complete only Column A.

This *GC-RCF Municipality Checklist*, along with *GC-RCF: Raffle Consent Form*, must be submitted to the NYS Gaming Commission at least **45 days prior** to the start of such raffle ticket sales or raffle drawing. The checklist and consent form will be returned to the organization by the Commission upon approval or denial by the respective municipalities.

(A)	(B)	(C)	(D)	(E)
Name of Municipality (Indicate City, Town or Village and County)	Approved	Approved No Response	Denied	Denied No Local Law
CITY OF NEWBURGH <u>ORANGE COUNTY</u>				
CITY OF PORT JEFFERSON				
TOWN OF CORNWALL				
TOWN OF DEER PARK				
TOWN OF MUMFORD				
TOWN OF TUXEDO				
TOWN OF NEWBURGH				
TOWN OF NEW WINDSOR				
TOWN OF WOODBURY				
VILLAGE OF CORNWALL ON HUDSON				
VILLAGE OF OTISVILLE				
VILLAGE OF WAUDEN				
VILLAGE OF WASHINGTONVILLE ✓				

NYS GAMING COMMISSION USE ONLY:

(Print Name)

(Title)

(Signature)

(Date)

GC-RCF Municipality Checklist

Name of Organization: MUSIC FOR HUMANITYGC 33-306-499-09776Calendar Year: 2023

(Identification Number, if required)

Instructions: Column A of this *GC-RCF Municipality Checklist* must be completed along with *GC-RCF: Raffle Consent Form* by an authorized organization that intends to sell raffle tickets or conduct a raffle drawing in a municipality other than the city, town or village within which it is domiciled. You **MUST** indicate if the municipality is a **CITY, TOWN** or **VILLAGE**. Complete only Column A.

This *GC-RCF Municipality Checklist*, along with *GC-RCF: Raffle Consent Form*, must be submitted to the NYS Gaming Commission at least **45 days prior** to the start of such raffle ticket sales or raffle drawing. The checklist and consent form will be returned to the organization by the Commission upon approval or denial by the respective municipalities.

(A)	(B)	(C)	(D)	(E)
Name of Municipality (Indicate City, Town or Village and County)	Approved	Approved No Response	Denied	Denied No Local Law
CITY OF BEACON DUTCHESS COUNTY				
CITY OF Poughkeepsie				
TOWN OF HYDE PARK				
TOWN OF Poughkeepsie				
TOWN OF RED HOOK				
TOWN OF RHINEBECK				
VILLAGE OF RED HOOK				
VILLAGE OF RHINEBECK				
CITY OF KINGSTON ULSTER COUNTY				
TOWN OF NEW PALTZ				
TOWN OF ROSENDALE				
TOWN OF SHAWANGUNK				
TOWN OF WOODSTOCK				

NYS GAMING COMMISSION USE ONLY:

(Print Name)

(Title)

(Signature)

(Date)

GC-RCF Municipality Checklist

Name of Organization: MUSIC FOR HUMANITYGC 33-306-499-09776Calendar Year: 2023

(Identification Number, if required)

Instructions: Column A of this *GC-RCF Municipality Checklist* must be completed along with *GC-RCF: Raffle Consent Form* by an authorized organization that intends to sell raffle tickets or conduct a raffle drawing in a municipality other than the city, town or village within which it is domiciled. You **MUST** indicate if the municipality is a **CITY, TOWN** or **VILLAGE**. Complete only Column A.

This *GC-RCF Municipality Checklist*, along with *GC-RCF: Raffle Consent Form*, must be submitted to the NYS Gaming Commission at least **45 days prior** to the start of such raffle ticket sales or raffle drawing. The checklist and consent form will be returned to the organization by the Commission upon approval or denial by the respective municipalities.

(A)	(B)	(C)	(D)	(E)
Name of Municipality (indicate City, Town or Village and County)	Approved	Approved No Response	Denied	Denied No Local Law
VILLAGE OF WOODSTOCK <u>ULSTER COUNTY</u>				
VILLAGE OF FLEMING				
VILLAGE OF NEW PALTZ				
VILLAGE OF SAUGERTIES <u>✓</u>				
TOWN OF BETHEL <u>SULLY COUNTY</u>				
TOWN OF CALICOON				
TOWN OF COCATON				
TOWN OF FALLSBURG				
TOWN OF LIBERTY				
VILLAGE OF LIBERTY				
TOWN OF MANAKATING				
TOWN OF NEVINSIDE				
VILLAGE OF BLOOMSBURG <u>✓</u>				

NYS GAMING COMMISSION USE ONLY:

(Print Name)

(Title)

(Signature)

(Date)

GC-RCF Municipality Checklist

Name of Organization: MUSIC FOR HUMANITY

GC 33-306-499-09776

(Identification Number, if required)

Calendar Year: 2023

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(A)	(B)	(C)	(D)	(E)
Name of Municipality (Indicate City, Town or Village and County)	Approved	Approved No Response	Denied	Denied No Local Law
VILLAGE OF MONTICELLO SOLWAY				
VILLAGE OF WATSBORO				
TOWN OF THOMPSON				
VILLAGE OF MONTGOMERY ORANGE				

NYS GAMING COMMISSION USE ONLY:

(Print Name)

(Title)

(Signature)

(Date)

**BOARD OF TRUSTEES
VILLAGE OF WARWICK
JANUARY 17, 2023
ADDENDUM NO. 1**

9. **MOTION** to grant permission to Village of Warwick Employee, Antonio Rivera, to carry over 10 vacation days.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____
Trustee McKnight ____ Mayor Newhard ____

10. **MOTION** to accept funding in the amount of \$4,000 from the New York State Office of Children and Family Services Youth Development Program through the Orange County Youth Bureau for the 2023 ‘Village of Warwick Recreation Project for Youth’.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Lindberg ____
Trustee McKnight ____ Mayor Newhard ____



Steven M. Neuhaus
County Executive

January 13, 2023

Mayor Michael Newhard
Village of Warwick
P.O. Box 369
Warwick, NY 10990

Dear Mayor Newhard,

I am pleased to inform you that the Orange County Youth Bureau/Board has approved your application(s) for funding for **2023**.

<u>Program Name(s)</u>	<u>Funding Amount & Type(s):</u>
Village of Warwick Project for Youth	\$4,000 County "Solutions"

A contract package with instructions will be forthcoming.

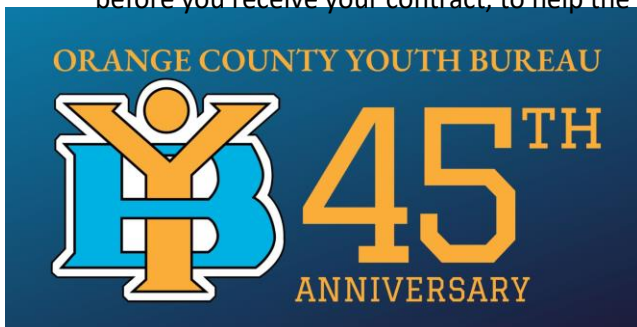
Before you receive your contract package, please be sure to follow up on the items below to assist us with processing your 2023 contract in a timely manner:

#1. Revisions to your 2023 Application(s): If the amount listed above is different from your RFP submission requested amount, you need to submit revised budget paperwork to reflect your final allocation amount(s) to Susan Ambrosino at sambrosino@orangecountygov.com. Any revisions on programmatic forms can be submitted to your Youth Program Technician Michael Bark at mbark@orangecountygov.com.

Note: ALL revisions are due by **FRIDAY, January 27th, 2023**.

#2. Resolution: In order to shorten contract turnaround time, please try to submit this by **January 27th, 2023**. If this is not possible due to your municipal meeting schedule, please let us know.

#3. Required Insurance Forms: For the 2023 contract year, the County will require 3 separate updated insurance forms. ALL forms must list the name of your municipality as it appears on your federal identification form. You are asked to submit these insurance forms, **BY JANUARY 27th, 2023**, even before you receive your contract, to help the process go quicker.



40 Matthews Street, Suite 301C, Goshen, NY 10924

Phone: 845.615.3620 Fax: 845.360.9232

Email: YouthBur@OrangeCountyGov.com

Facebook: www.facebook.com/OrangeCountyYB

Website: www.OrangeCountyGov.com/YouthBureau

Promoting Positive Youth Development since 1978!



Rachel R. Wilson
Executive Director



Steven M. Neuhaus
County Executive

ORANGE COUNTY YOUTH BUREAU

Over 45 years of Promoting *Positive Youth Development!*



Rachel R. Wilson
Executive Director

The 3 insurance forms you must submit to the Youth Bureau are as follows:

1. Certificate of Liability Insurance Form:

- Under "Description of Operations," the County of Orange must be listed as Additional Insured.
- Under "Certificate Holder," the listing for all Youth Bureau contracts must appear as follows:

The County of Orange
c/o Orange County Youth Bureau
40 Matthews St, Suite 301-C
Goshen, N.Y. 10924

2. Certificate of Workers' Compensation Form: The County is requesting form C-105.2, U-26.3, CE-200, SI-12, or GSI-105.2. The "Certificate Holder" box must also include the same wording as requested above.

3. Workers' Compensation Certificate of Disability Benefits Insurance: The County is requesting form DB-120.1, CE-200, or DB-155. Under "Name and Address of the Entity Requesting Proof of Coverage," the County of Orange c/o Orange County Youth Bureau, (as above) must be shown.

Please notify your insurance agencies/brokers of this information. NO contracts will be processed by the County for year 2023 UNLESS all applicable revisions are submitted and the proper insurance is in place. The forms may be e-mailed to lvandunk@orangecountygov.com or mailed to the attention of Linda VanDunk.

Note: If the insurance expires at any time during the year, the Youth Bureau must receive the updated insurance forms. If you have any questions, please contact Linda at 845-615-3620.

We have worked very hard in our office to streamline the contract process and to shorten the turnaround time to securing your contract. We appreciate your attention to submit everything in a timely manner.

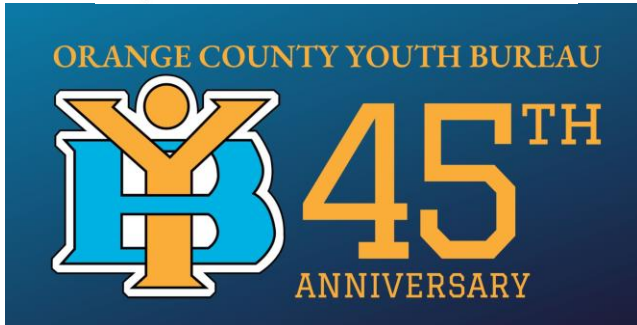
As per the Youth Bureau's Policies and Procedures Manual, please use the following tagline(s) depending on what type of funding you have been allocated on all of your marketing materials related to this program(s). Contact us if you would like to include the Youth Bureau logo.

- a. YDP, Sports, or RHY funding: "Funded by the New York State Office of Children and Family Services through the Orange County Youth Bureau"
- b. Solutions funding: "Funded by Orange County Solutions funding through the Orange County Youth Bureau"
- c. YDP, Sports, RHY, and Solutions funding: "Funded by the New York State Office of Children and Family Services and Orange County Solutions funding through the Orange County Youth Bureau"

As always, please do not hesitate to contact the Youth Bureau for any assistance.

Sincerely,

Rachel R. Wilson



40 Matthews Street, Suite 301C, Goshen, NY 10924

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Facebook: www.facebook.com/OrangeCountyYB

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