

**BOARD OF TRUSTEES  
VILLAGE OF WARWICK  
MARCH 4, 2024  
AGENDA**

**LOCATION:  
VILLAGE HALL  
77 MAIN STREET, WARWICK, NY  
7:30 P.M.**

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

1. Introduction by Mayor Newhard.
2. Acceptance of Minutes: February 20, 2024.

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

Trustee Cheney \_\_\_    Trustee Foster \_\_\_    Trustee Collura \_\_\_  
Trustee McKnight \_\_\_    Mayor Newhard \_\_\_

3. 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 Collura \_\_\_  
Trustee McKnight \_\_\_    Mayor Newhard \_\_\_

**Presentation**

1. Convergent – Battery Storage Facility Update.

**Announcement**

1. The Village of Warwick General Election will be held on Tuesday, March 19, 2024, at the Goodwill Hook and Ladder Co., 25 Church Street Extension, Warwick, NY. The polls will be open from 9:00 a.m. to 9:00 p.m.

## **Discussion**

1. NYS Clean Energy Communities Grant Projects.  
<https://www.nyserda.ny.gov/All-Programs/Clean-Energy-Communities/High-Impact-Actions>
2. Climate Smart Communities – Communitywide Greenhouse Gas Admissions Inventory.  
[https://villageofwarwick.org/wp-content/uploads/VOW\\_CommunityGHGReport\\_Feb2024.pdf](https://villageofwarwick.org/wp-content/uploads/VOW_CommunityGHGReport_Feb2024.pdf)
3. Ethics Code
4. Short Term Rentals

## **Public Comment - Agenda Items Only**

### **GUIDELINES FOR PUBLIC COMMENT**

The public may speak only during the meeting's Public Comment period and at any other time a majority of the Board allows. Speakers must be recognized by the presiding officer, step to the front of the room/microphone, give their name, residency, and organization, if any. Speakers must limit their remarks to three minutes (this time limit may be changed to accommodate the number of speakers) and may not yield any remaining time they may have to another speaker. Board members may, with the permission of the mayor, interrupt a speaker during their remarks, but only for the purpose of clarification or information. The Village Board is not required to accept or respond to questions from the public at meetings but may request that inquiries be submitted in writing to be responded to at a later date. All remarks must be addressed to the Board as a body and not to individual Board members. Interested parties or their representatives may also address the Board by written communications.

## **Motions**

### **Trustee Cheney's Motions**

#### **1. VILLAGE OF WARWICK'S SUPPORT FOR AN INCREASE IN AIM FUNDING**

**WHEREAS**, the Aid and Incentives for Municipalities (AIM) program plays a critical role in funding essential municipal services for cities and villages across New York State; and

**WHEREAS**, city and village officials share the same priorities as our state leaders which is to make New York safer and more affordable; and

**WHEREAS**, New York's local governments, who are on the frontlines of controlling property tax affordability and ensuring public safety, are integral to achieving those goals; and

**WHEREAS**, the State has not increased AIM funding in 15 years and according to the Bureau of Labor Statistics, inflation has increased by nearly 45% during that same period; and

**WHEREAS**, this neglect from the State has led to rising municipal tax burdens and harmful disinvestment in essential municipal services and staff; and

**WHEREAS**, the property tax cap further limits the ability of local governments to properly fund the services their residents need; and

**WHEREAS**, the challenges of rising inflation, the increasing costs of labor and supplies, and the end of extraordinary federal aid, only accentuate the need for an increase in AIM funding; and

**WHEREAS**, the Governor's 2024-25 Executive Budget proposes to keep AIM funding flat; and

**WHEREAS**, an increase in AIM funding would reduce the local tax burden and help revitalize communities across New York;

**NOW, THEREFORE, BE IT RESOLVED** that the Village of Warwick urges Governor-Hochul to work with the leaders of the Senate and Assembly and increase AIM funding in the 2024-25 adopted State Budget.

\_\_\_\_\_ presented the foregoing resolution which was seconded by \_\_\_\_\_,

The vote on the foregoing resolution was as follows:

Barry Cheney, Trustee, voting \_\_\_\_\_

Carly Foster, Trustee, voting \_\_\_\_\_

Thomas McKnight, Trustee, voting \_\_\_\_\_

Mary Collura, Trustee, voting \_\_\_\_\_

Michael Newhard, Mayor, voting \_\_\_\_\_

2. **MOTION** to approve the purchase of a spare Sulzer 6” pump from Reiner Pump Systems at a cost of \$24,752.00, plus shipping, for the Orchard Street Pump Station, per the recommendation of Water System Operator, Keith Herber. Funds are appropriated in budget code G.8120.4950.

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

Trustee Cheney \_\_\_ Trustee Foster \_\_\_ Trustee Collura \_\_\_

Trustee McKnight \_\_\_ Mayor Newhard \_\_\_

3. **MOTION** to grant permission to DPW Employees Dylan Gerstner & Chris Kane to attend the New York Rural Water Association Technical Training Workshop from May 20, 2024 – May 22, 2024, at the Turning Stone Resort, Verona, NY at a cost of \$370 each for registration which includes breakfast & lunch, \$174 each per night for the hotel stay, and \$35 each per night for dinner tickets, per the recommendation of Water Distribution Supervisor, Christopher Bennett. Mileage reimbursement is not applicable, village vehicle will be used. Funds are appropriated in budget code F.8340.4750.

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

Trustee Cheney \_\_\_ Trustee Foster \_\_\_ Trustee Collura \_\_\_

Trustee McKnight \_\_\_ Mayor Newhard \_\_\_

#### **Trustee Foster's Motions**

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 2024 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 Collura \_\_\_

Trustee McKnight \_\_\_ Mayor Newhard \_\_\_

5. **MOTION** to grant permission to Highlander Rugby to use the football field between the parking lot, Over 35 Field, and grassy area to the right of the parking lot in Veterans Memorial Park for practices on Tuesdays, Wednesdays, and Thursdays from 7:00 p.m. to 9:00 p.m. from April 2024 through December 2024, and to use the football field in Veterans Memorial Park for games. All practices and games are to be in coordination with other organizations that regularly use the park for practice and games. Request includes use of restrooms and field lights for the season. It is the responsibility of Highlander Rugby to enforce that parking is in the designated parking lot and not in the

grass on the entrance roads. Completed facility use permit, proof of insurance, security deposit, and Memorial Park Football/Over 35 Field light fee has been received. The vote on the foregoing **motion** was as follows:

Trustee Cheney \_\_\_ Trustee Foster \_\_\_ Trustee Collura \_\_\_  
Trustee McKnight \_\_\_ Mayor Newhard \_\_\_

6. **MOTION** to grant permission to Warwick Community Bandwagon Inc. to hold May Mental Health Month Awareness at Railroad Green on Saturday, May 4, 2024, from 12:00 p.m. to 4:00 p.m. with a rain date of Sunday, May 5, 2024. Setup to begin at 10:00 a.m. with breakdown to be completed by 5:00 p.m. Requests includes use of speakers and electricity, the setup of tents, the placement of portable toilets, and the use of Village-owned tables and chairs. Completed park permit, proper insurance and security deposit have been received.

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

Trustee Cheney \_\_\_ Trustee Foster \_\_\_ Trustee Collura \_\_\_  
Trustee McKnight \_\_\_ Mayor Newhard \_\_\_

7. **RESOLUTION AUTHORIZING SUBMISSION OF AN INCENTIVE PROPOSAL TO EMPIRE STATE DEVELOPMENT**

WHEREAS, the Village Board of the Village of Warwick is undertaking a Strategic Planning and Feasibility Study which will explore adding a multi-use trail connecting the Village to a local shopping, food, and employment hubs; and

WHEREAS, The New York State Department of Economic Development and the New York State Urban Development Corporation, d/b/a Empire State Development has provided the Village with an Incentive Proposal under which the Village will receive funding for reimbursement for a portion of the cost of consulting and professional services incurred on the Strategic Planning and Feasibility Study; and

WHEREAS, the Village is required to provide a Two Hundred and Fifty Dollar (\$250) application fee for the Incentive Proposal.

NOW, THEREFORE, BE IT RESOLVED as follows:

1. That the Village Board hereby authorizes the Village Mayor to execute and submit the Incentive Proposal and all documents necessary for full submission thereof; and
2. That the Village Board hereby authorizes full payment of the \$250 application fee.

\_\_\_\_\_ presented the foregoing resolution which was seconded by \_\_\_\_\_,

The vote on the foregoing resolution was as follows:

Barry Cheney, Trustee, voting \_\_\_\_\_  
Carly Foster, Trustee, voting \_\_\_\_\_  
Thomas McKnight, Trustee, voting \_\_\_\_\_  
Mary Collura, Trustee, voting \_\_\_\_\_  
Michael Newhard, Mayor, voting \_\_\_\_\_

**Trustee Collura's Motions**

**8. GOVERNING BODY FAIR HOUSING RESOLUTION**

The Village of Warwick supports Title VIII of the Civil Rights Act of 1968 (Federal Fair Housing Law) and the New York State Human Rights Law. It is the policy of the Village of Warwick to implement programs to ensure equal opportunity in housing for all persons regardless of race, color, religion, ancestry, sex (including pregnancy), national origin, nationality, familial status, marital or domestic partnership status, affectional or sexual orientation, atypical hereditary cellular or blood trait, genetic information, liability for military service, Veterans status, mental or physical disability, perceived disability, AIDS/HIV status and Lawful Income or Source of Lawful Rent Payment (Section 8). The Village of Warwick further objects to discrimination in the sale, rental, leasing, financing of housing or land to be used for construction of housing, or in the provision of brokerage services because of race, color, religion, ancestry, sex, national origin, handicap or disability as prohibited by Title VIII of the Civil Rights Act of 1968 (Federal Fair Housing Law) and the New York State Human Rights Law. Therefore, the Municipal Council of the Village of Warwick do hereby approve the following resolution.

BE IT RESOLVED, that within available resources, the Village of Warwick will assist all persons who feel they have been discriminated against under one of the aforementioned categories, to seek equity under federal and state laws by filing a complaint with the New York State Human Rights Law and the U.S. Department of Housing and Urban Development, as appropriate.

BE IT FURTHER RESOLVED, that the Village of Warwick shall publicize this resolution and through this publicity shall cause owners of real estate, developers, and builders to become aware of their respective responsibilities and rights under the Federal Fair Housing Law, the New York State Human Rights Law, and any local laws or ordinances.

BE IT FURTHER RESOLVED, that the municipality will at a minimum include, but not be limited to: (1) the printing and publicizing of this resolution, a fair housing public notice and other applicable fair housing information through local media, community contacts and placement on the Municipal website and in other social media; (2) distribution of posters, flyers, and any other means which will bring to the attention of those affected, the knowledge of their respective responsibilities and rights concerning equal opportunity in housing.

\_\_\_\_\_ presented the foregoing resolution which was seconded  
by \_\_\_\_\_,

The vote on the foregoing resolution was as follows:

Barry Cheney, Trustee, voting	_____
Carly Foster, Trustee, voting	_____
Thomas McKnight, Trustee, voting	_____
Mary Collura, Trustee, voting	_____
Michael Newhard, Mayor, voting	_____

9. **MOTION** to schedule a Public Hearing for Monday, April 15, 2024, to discuss projects considered for funding under the FY-2025 Community Development Block Grant Program.

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

Trustee Cheney \_\_\_ Trustee Foster \_\_\_ Trustee Collura \_\_\_  
Trustee McKnight \_\_\_ Mayor Newhard \_\_\_

**Trustee McKnight’s Motions**

10. **MOTION** to submit a 2024-2025 Local Government Records Management Improvement Fund (LGRMIF) grant application to support a comprehensive Inactive and Active Records Inventory and Planning Project for the Building & Planning Department, Department of Public Works, Water Department & Assessor’s Office and authorize the Mayor so sign the same.

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

Trustee Cheney \_\_\_ Trustee Foster \_\_\_ Trustee Collura \_\_\_

Trustee McKnight \_\_\_ Mayor Newhard \_\_\_

11. **MOTION** to hire Gallego Information Services to conduct a Records Inventory and Planning Project for approximately 570 cubic feet of records from the Building & Planning Department, Department of Public Works, Water Department & Assessor’s Office at a cost not to exceed \$37,175 per the recommendation of Village Clerk/Records Management Officer, Raina Abramson. Project is subject to the award of a 2024-25 NYS Archives Local Government Records Management Improvement Fund grant. Funds to be included in the FY2024-25 budget.

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

Trustee Cheney \_\_\_ Trustee Foster \_\_\_ Trustee Collura \_\_\_

Trustee McKnight \_\_\_ Mayor Newhard \_\_\_

**Public Comment – *Non-Agenda Items***

**Final Comments from the Board**

**Executive Session, if applicable**

**Adjournment**

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 1867

### LEGAL NOTICE

The General Village Election for the Village of Warwick will be held on Tuesday, March 19, 2024, at the Goodwill Hook & Ladder Co., 25 Church Street Extension, Warwick, NY. The polls will be open from 9:00 a.m. to 9:00 p.m. Candidates nominated to fill the offices of two (2) Trustees for five-year terms are:

Mary Collura – Trustee (5 Year Term)  
33 Orchard Street  
Warwick, NY 10990

Barry Cheney – Trustee (5 Year Term)  
5 Parkway  
Warwick, NY 10990

**BY ORDER OF THE BOARD OF TRUSTEES**  
**VILLAGE OF WARWICK**  
**RAINA ABRAMSON, VILLAGE CLERK**  
**Dated: February 15, 2024**



Feb 14th, 2024

Keith Herbert  
On behalf of Village of Warwick  
77 Main St.  
Village of Warwick, NY 10990

Ref: Orchard St. PS, Warwick

Dear Mr. Herbert,

Reiner Pump Systems, Inc. is pleased to offer the following equipment for your consideration:

(1) Sulzer-ABS model XFP 150G CB1.6 PE185/4, 25HP-230v, dry-pit with cooling jacket, 900lbs

Total Price for above = \$ 24,752.00  
Plus freight from SC, FOB factory (about \$500)

Delivery: We had one in stock a month ago, but sorry it's gone now, so 12 weeks +/- now.

This quote is valid for 30 days from the date above.

Terms are: Net 30 and RPS Standard T&C's  
FOB factory, prepaid and allowed (included)

Sincerely,

*Chris Reiner*

Chris Reiner  
Reiner Pump Systems, Inc.

**SULZER abs**

**SEEPEX.**

**USENCO**

**Franklin Electric**

**PIONEER PUMP**

**NATIONAL PUMP  
COMPANY**

**TIGERFLOW**

**FRANKLIN ELECTRIC**

Quotation



**H2O Innovation USA Inc**  
 8900 109th Ave N, Suite #1000  
 Champlin, MN, USA  
 55316  
 Phone: 763-566-8961  
 Fax: 763-566-8972

Quotation Date: Feb 15, 2024  
 Quotation Number: W51664  
 Revision No: 1  
 Expiration Date: Mar 15, 2024

Delivery Address: VILL020  
 Village of Warwick  
 104 River Street  
 ATTN: Keith Herbert  
 Warwick - NY  
 10990  
 US

Document Address: VILL020  
 Village of Warwick  
 77 Main Street  
 PO Box 369  
 Warwick - NY  
 10990  
 US

Salesperson:  
 Travis Steimle

Ship Via:  
 Bestway

Terms of Delivery:  
 Free on Board

Payment Terms:  
 Net 30 days

Quotation Notes:

\*Freight not included in price below\*

\*Est. 12 week lead time to ship ARO

Pos	Part No	Description	Sale Qty	Price Qty	Unit	Price	Disc. %	Discount Price	Net Amount
1	SULABSXFP	Sulzer ABS model XFP 160G, CB1.6 PE185/4, 25HP-230v, dry-plt with cooling jacket, 900lbs	1	1	EA	24,697.00	0.00		24,697.00
Sub Total:									24,697.00
TOTAL:									24,697.00
Tax Total:									0.00
Gross Total USD									24,697.00

Visit us at [www.h2oinnovation.net](http://www.h2oinnovation.net)

This quote is valid for 30 days after the quotation date.

Terms & Conditions : <https://h2oinnovation.net/terms>

**Bank Information :**  
 Bank name : HSBC Bank USA NA  
 Bank Address : Buffalo Comm SRVC Ctr 1 HSBC Center Floor 18 Buffalo NY 14203 USA  
 Swift code : MRMDUS33  
 Ach routing Number : 022000020  
 Account : 724004971

**North Jersey Pump & Controls, LLC**

PO Box 143

Oakland, NJ 07436

201-405-1405 201-405-0161 (Fax)

**QUOTATION**

Date: 2-16-24

To: Village of Warwick  
77 Main Street  
Village of Warwick 10990  
Attn: Keith Herbert

Ref: Orchard Street Station

QTY	PARTS # & DESCRIPTION		
1	Sulzer model XFP150G-CB1.6-PE185/4 with cooling jacket Motor to be wired for 230/3/60		\$26,140.00
1	Shipping charges		included
Availability to be determined at time of order.			
Taxes, permits, licenses and or fees, if any, are not included in this proposal			Total: \$26,140.00

Submitted by: Ray Cornetto

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Quotation valid for 30 days

Purchase Order: \_\_\_\_\_

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 1867

DATE: February 28th, 2024

TO: Mayor Newhard and Board of Trustees

From: Christopher Bennett  
Distribution System Supervisor

RE: APPROVAL FOR TECHNICAL TRAINING WORKSHOP

For your approval, I am requesting the approval of Dylan Gerstner and Chris Kane to attend the NYRWA Technical Training Workshop from May 20<sup>th</sup> - May 22<sup>nd</sup>. This Training will be given at the Turning Stone Resort. the Room Fee will be \$174.00 each for two nights with Breakfast and Lunch included with the Rooms, Dinner Tickets are available at an additional cost of \$35.00 each per night \$140.00 and as we are Members of NYRWA the fee for the Seminar will be \$370.00 each for a total of \$1,576.00 I believe this would be very valuable Training for these two young Water Operators and they would earn Credits towards renewal of their Licenses. This expense is covered under Budget Line F-8340-4750 Training/Dues. They also would use a Village Vehicle with Mike Moser's permission.

Thank you for your time.

# NEW YORK RURAL WATER ASSOCIATION'S

*45<sup>th</sup> Annual Technical Training Workshop & Exhibition 2024*

Monday, May 20, 2024, through Wednesday, May 22, 2024

at The Turning Stone Resort – Verona, NY



For room accommodations, please call 1-800-771-7711 to make your hotel accommodations.  
To ensure the group rate of \$174 per room/per night, please indicate you are with the NYRWA event.  
Please make your reservation before April 19, 2024.

The Turning Stone Resort address: 5218 Patrick Road, Verona, NY 13478

If you have any questions on the registration process or completing the enclosed registration form, please contact NYRWA at (888) 697-8725.

Providing members with the expertise and training to meet present and future challenges and representing their interest at the local, state, and federal levels.

# AGENDA - NYRWA, Inc. 45<sup>th</sup> Annual Technical Training Workshop

One (1) hour credit will be issued per one (1) hour of instruction - All hours are approved at this time.

W = Water Credit    WW = Wastewater Credit    D = Water & Wastewater Credit

## MONDAY - MAY 20<sup>TH</sup>

8:30 am Pat Scalera Scholarship Fund Golf Outing Co-Sponsored by: Master Meter & Koester Associates, Inc.

12:00 - 5:00 pm EXHIBIT SET UP (Registration begins at 2:00)    12:00 - 5:00 pm ATTENDEE Registration

1:00 - 3:00 pm (2 Hours) Cyber Security & Securing Water and Wastewater Controls 1D Tim Steed, Hunt EAS

(2 Hours) Surface Water Supplies - Managing Risks 2W Michael R. Martin, CLM, AES Northeast

3:15 - 4:15 pm The Drinking Water Source Protection Program 3W Stephanie Facchine, NYS DOH / Kristin Martinez, NYS DEC

3:15 - 5:15 pm (2 Hours) Deep Dive into Polymer 4D Steve Wardell, Clean Waters / Jim Dwyer, ESC Environmental

4:30 - 5:30 pm Year-Round Ammonia Technologies 5WW Regan Smith, Technologies Ecofixe

5:30 - 6:30 pm Happy Hour in the Exhibit Hall

## TUESDAY - MAY 21<sup>ST</sup>

6:30 - 8:00 am Breakfast in the Exhibit Hall

7:30 - 8:00 am OPENING CEREMONIES including the Annual Business Meeting

8:15 - 9:15 am RD Funding Updates 6D Brenda Smith, USDA Rural Development

9:30 - 11:30 am (2 Hours) DEC Regulatory Update 7WW

9:30 - 10:30 am Variable Frequency Drives & Stand-by Generator Interaction 8D Larry R. Stanley, ABB

9:45 - 10:45 am Coffee Break in the Exhibit Hall

10:45 - 11:45 am Financing Water & Wastewater Infrastructure Projects 9D Benjamin Snyder / Robert Titus, Laberge Group

12:00 pm - 1:15 pm Award Ceremony Luncheon (Oneida / Mohawk)

1:30 - 2:30 pm K9 Water Leak Detection 10W Danie Levey, Nose on The Ground K9 Leak Detection

Activated Sludge 11WW Dennis Barnes, Xylem, Inc.

CDBG Funding Resources for Municipal Infrastructure 12D Charlie Phillion, Office of Community Renewal

2:30 - 3:30 pm Coffee Break in the Exhibit Hall

3:30 - 4:30 pm Using AMR / AMI for Sustainability 13W Nick Polsinelli, International Data Technologies

Blowin' in the Wind - Issues Impacting the Wastewater Community 14WW Steve Grimm, NYRWA

Smart Water, Clean Energy, Better World 15D Kendra Olmos / Kyle Perin, InPipe Energy, Inc.

4:45 - 6:15 pm Carnival Nite in the Exhibit Hall

WEDNESDAY - MAY 22<sup>ND</sup>

6:30 - 8:00 am Breakfast in the Exhibit Hall

8:00 - 9:00 am Making Smart Metering Choices 16W Tom Garrity, Ti-SALES Inc.

Magnesium Hydroxide: PH Adjustment 17WW Bruce Graveley, Aries Chemical

Project Funding Through the Environmental Facilities Corporation 18D William Brizzell, Jr., NYS EFC

8:30 - 11:30 Professional's Day (Exhibit Hall Only - Pass Required)

9:00 - 10:00 am Coffee Break in the Exhibit Hall

10:00 - 11:00 am Decentralized Wastewater Treatment Designs 19WW Michael Lannon, P.E., Siewert Equipment

10:00 am - 12:00 pm (2 Hours) DOH Regulatory Update 20W

11:15 am - 12:15 pm SCADA & Telemetry System Solutions 21D Javier Lopera, Schneider Electric

12:30 - 1:45 pm Lunch in the Exhibit Hall followed by cash drawings

Vendor breakdown after 1:45 pm

2:00 - 3:00 pm To Inventory and Beyond - LCRR, Now LCRI 22W Brenden Klenke, 120Water

Encapsulation of Leaks on 2"-12" Pipes 23D Mark Langenhan, Dresser Utility Solutions

Sodium Permanganate for Water and Wastewater 24D Loren Swears, Slack Chemical Co. Inc.

3:00 - 4:00 pm Code of Ethics for Water & Wastewater Professionals 25D Mark Koester, Koester Associates

**Thank you to our sponsors!**

**PREMIER Sponsors**

GA Fleet - Koester Associates, Inc. - Siewert Equipment

**GOLD Sponsors**

Core and Main - GP Jager Inc. - General Control Systems - Kennedy Valve and M & H Valve -  
R.M. Headlee Co., Inc. - Temp-Press Inc. - Statewide AquaStore Inc.

**SILVER Sponsors**

Cyclops Process Equipment

**Thank you to our exhibitors, members, and attendees for your continued support of New York Rural Water Association, Inc.!!**

**Raina Abramson**

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**From:** Charitable Gaming <charitablegaming@gaming.ny.gov>  
**Sent:** Monday, February 26, 2024 12:10 PM  
**Subject:** GC-RCF: Raffle Consent Form for Music for Humanity  
**Attachments:** GCRCF Music For Humanity 2 2024.pdf

Good afternoon,

Please see attached **GC-RCF: Raffle Consent Form for Music for Humanity**. The organization is requesting authorization to sell raffle tickets within your jurisdiction. Please approve or deny their request on **Part A only** and send the completed form back to the Division of Charitable Gaming at: [charitablegaming@gaming.ny.gov](mailto:charitablegaming@gaming.ny.gov).

The **GC-RCF Municipality Checklist** is for Gaming Commission use only and is included to indicate to you that the organization has requested authorization from your municipality, among others, to sell raffle tickets.

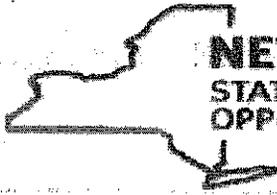
If you have specific questions regarding the conduct of raffle tickets sales, please contact Barry Adelman, Co-Founder and CEO of the organization at [barry@musicforhumanity.org](mailto:barry@musicforhumanity.org) or 845-988-6411.

Do not hesitate to contact me should you have questions regarding the **GC-RCF: Raffle Consent Form**.

Regards,

**Stacy Harvey**  
Director, Division of Charitable Gaming

New York State Gaming Commission  
1 Broadway Center, Schenectady, NY 12305  
(518) 388-0195 | [Stacy.Harvey@gaming.ny.gov](mailto:Stacy.Harvey@gaming.ny.gov) | @NYSGamingComm  
[www.gaming.ny.gov](http://www.gaming.ny.gov)



**NEW YORK**  
STATE OF  
OPPORTUNITY.

**Gaming  
Commission**

**Division of  
Charitable  
Gaming**

**To:** Municipal Clerk

**From:** NYS Gaming Commission; Division of Charitable Gaming

**Date:** February 26, 2024

**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](mailto: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](mailto:charitablegaming@gaming.ny.gov)



**NEW YORK**  
STATE OF  
OPPORTUNITY.

**Gaming  
Commission**



**Gaming Commission**

**Division of Charitable Gaming**

**GC-RCF: Raffle Consent Form**

GC 33-306-499-09726  
(Identification Number, if required)

Calendar Year: 2024

**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: 10918, County: ORANGE  
(circle one)

requests permission to sell raffle tickets starting on 3/4/24 in a municipality or municipalities other than the City, Town or Village within which we are domiciled. (Date)

[Signature] BARRY@MUSICFORHUMANITY.ORG 2/23/24  
Signature of Officer Email Date

Contact Name and Title (if different) \_\_\_\_\_ Contact Email (if different) \_\_\_\_\_ Phone Number 845-988-6441

**TO BE COMPLETED BY MUNICIPAL CLERK:**

Name of Municipality: \_\_\_\_\_ (Title) \_\_\_\_\_

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

### GC-RCF Municipality Checklist

Name of Organization: MUSIC FOR HUMANITY

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

PG 20FB

Calendar Year: 2024

**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 <small>(Indicate City, Town or Village and County)</small>	Approved	Approved No Response	Denied	Denied No Local Law
TOWN OF CHESTER <u>ORANGE COUNTY</u>				
TOWN OF WARWICK				
VILLAGE OF WARWICK				
TOWN OF MONROE				
TOWN OF WALLKILL				
CITY OF MIDDLERTOWN				
VILLAGE OF GOSHEN				
TOWN OF GOSHEN				
TOWN OF MONTGOMERY				
TOWN OF CRAWFORDS				
VILLAGE OF MONROE				
VILLAGE OF HARDHAM				
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)

PG30FB

Calendar Year: 2024

**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 <small>(Indicate City, Town or Village and County)</small>	Approved	Approved No Response	Denied	Denied No Local Law
CITY OF NEWBURGH <u>ORANGE COUNTY</u>				
CITY OF PUTT JERVIS				
TOWN OF CORNWALL				
TOWN OF DEER PARK				
TOWN OF MINISINK				
TOWN OF TUXEDO				
TOWN OF NEWBURGH				
TOWN OF NEW WINDSOR				
TOWN OF WOODBURY				
VILLAGE OF CORNWALL ON HUDSON				
VILLAGE OF OTISVILLE				
VILLAGE OF WARDEN				
VILLAGE OF WASHINGTONVILLE ✓				

**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)

PG40RB

Calendar Year: 2024

**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 <small>(Indicate City, Town or Village and County)</small>	Approved	Approved No Response	Denied	Denied No Local Law
CITY OF BEACON <small>DUTCHESS COUNTY</small>				
CITY OF Poughkeepsie				
TOWN OF HYDIE PARK				
TOWN OF Poughkeepsie				
TOWN OF RED HOOK				
TOWN OF RHINEBECK				
VILLAGE OF RED HOOK				
VILLAGE OF RHINEBECK ✓				
CITY OF KINGSTON <small>ULSTER COUNTY</small>				
TOWN OF NEW PALTZ				
TOWN OF ROSENDALE				
TOWN OF SHALWAGAME				
TOWN OF WOODSTOCK ✓				

**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 PO SOB Calendar Year: 2024  
(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 <small>(indicate City, Town or Village and County)</small>	Approved	Approved No Response	Denied	Denied No Local Law
VILLAGE OF WOODSTOCK <u>ULSTER COUNTY</u>				
VILLAGE OF FELLERSVILLE				
VILLAGE OF NEW PALTZ				
VILLAGE OF SAUGERTES <u>✓</u>				
TOWN OF BETHEL <u>SALAMANCA COUNTY</u>				
TOWN OF CALLICOON				
TOWN OF COHECTON				
TOWN OF PARSBURG				
TOWN OF LIBERTY				
VILLAGE OF LIBERTY				
TOWN OF MAMMATING				
TOWN OF MERRISBURG				
VILLAGE OF BLOOMINGBURG <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)

Pg 6 of 6

Calendar Year: 2024

**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 <small>(Indicate City, Town or Village and County)</small>	Approved	Approved No Response	Denied	Denied No Local Law
VILLAGE OF MONTICELLO <u>SULLIVAN COUNTY</u>				
VILLAGE OF WATSBORO				
TOWN OF THOMPSON				
VILLAGE OF MONTGOMERY <u>ORANGE COUNTY</u>				
TOWN OF MARAKATING <u>SULLIVAN COUNTY</u>				

**NYS GAMING COMMISSION USE ONLY:**

\_\_\_\_\_  
 (Print Name) (Title) (Signature) (Date)

RECEIVED

FEB 26 2024

VILLAGE OF WARWICK  
CLERK'S OFFICE

To: Village of Warwick Board of Trustees  
From: Brad Davidson, President, Highlander Rugby  
Re: Facilities use request  
Date: February 23, 2024

To Whom It May Concern:

Per directions on the *facility use request form*, Highlander Rugby are requesting use of fields at Veteran's Memorial Park for practices and games while the fields are open during 2024 (Spring, Summer, and Fall). We are specifically requesting:

- PRACTICES: Tuesday, Wednesday and Thursday nights from 7-9 PM at practice field 5 (or whichever practice field works best in collaboration with Youth Football). We have included a \$300 check for the lights.
- GAMES: We have several home games scheduled in the NY D2 Rugby SRO, always on either Saturday or during the week after school. We will continue to organize the time in coordination with football, baseball, men's softball and kickball.

For each of these games we will be hosting a similar youth team and will play 1 or 2 matches, followed by snacks at the football snack shack with permission from Brian Perez, who is also a board member of Highlander Rugby. At these games sanctioned referees are provided by the league, as are qualified athletic trainers who are paid for by the club. These and other safety rules (proper equipment, age requirements, field dimensions, spectator distance from fields, etc.) are mandated by USA Rugby and will be strictly adhered to.

Per discussion at the end of last year, one issue we need to resolve are the vandalized post sleeves that were cut off to several inches below field level and which are now turfed over. We will work with DPW to resolve this, either by sinking new post sleeves or by finding a solution to the buried ones that doesn't ruin the field.

The USA Rugby-provided COI only runs through end of August 202~~4~~, and we will renew that for our Fall 7s practices and any home games after August. We will not conduct any practices after August without a new COI in place.

Highlander Rugby is a 501(c)3 non profit corporation [ID number 0450134227] youth rugby club, created to give youth in Northern NJ and Southern NY an opportunity to play rugby. We were formed in West Milford NJ in 2011 and moved to Warwick in April 2021.

Thank you for your continued support of the club. We look forward to seeing you on the sidelines at a game soon!

Brad Davidson, Highlander Rugby



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 1867

### Facility Use Request Form For Gatherings of Less Than 200 People

ONLY USE THIS FORM IF YOUR EVENT WILL HAVE 200 PEOPLE OR LESS

Date Request Submitted: 2/22/2024

Title of Event: Highlander Rugby Games & Practices

Purpose of Event: Youth rugby

#### SECTION 1: REQUESTED VILLAGE-OWNED PROPERTY

Railroad Green       Stanley-Deming Park       Lewis Woodlands

Veterans Memorial Park       Veterans Memorial Park Pavilion

*\*Please use the attached map to indicate the specific area(s) to be used within each park.*

Village of Warwick Parking Lots - check all that apply:

South Street Lot     1<sup>st</sup> Street Lot     Chase Lot (non-permit only)  
 Spring Street Lot     Wheeler & Spring St. Lot     Upper CVS Lot     Lower CVS Lot

Village of Warwick Streets: \_\_\_\_\_

#### SECTION 2: DATE AND TIME REQUESTED

Date(s) Requested: Tuesdays<sup>wed.</sup> & Thursdays      Rain Date Requested: \_\_\_\_\_  
*April -> Dec. 2024*

Arrival Time: 7 PM      Departure Time: 9 PM

Event Start Time: \_\_\_\_\_      Event End Time: \_\_\_\_\_

#### SECTION 3: APPLICANT INFORMATION

Check one:  Non-Profit Organization     Commercial/Business Organization     Family

*\*For-profit activities are prohibited.*

Applicant's Name/Responsible Party: Brad Daulton

*\*Person of responsibility representing the organization must be a Town of Warwick resident.*

Mailing Address of Responsible Party: 64 Wilhelm Drive Warwick NY 10990

Email Address: bcd1:ag@hotmail.com Cell Phone: 845 781 6254

Proof of Town of Warwick Residency of Responsible Party:  Driver's License  Utility Bill

Name of Organization (if Applicable): Highlander Rugby

Name of Organization's Director(s)/Officer(s): Brad Davidson

Organization's Phone: " Email Address: "

Mailing Address of Organization: "

Physical Address of Organization: "

#### **SECTION 4: EVENT INFORMATION**

Maximum Number of People Intended at the Event: 50

\* If greater than 200 people, at any given time DO NOT complete this form. See instructions.

# of Adults: \_\_\_\_\_ # of People Under 18: \_\_\_\_\_

Expected Number of Vehicles Intended at the Event: 10

Please explain the parking plan for the event: \_\_\_\_\_

#### **WILL YOUR EVENT INCLUDE:**

#### **CHECK YES OR NO**

<b>Greater than 200 people at any given time</b> <i>If yes, DO NOT complete this form. Please complete form: FACILITY USE PERMIT APPLICATION FOR GATHERINGS GREATER THAN 200 PEOPLE</i>	Yes _____ No <u>X</u>
<b>Music / Loudspeakers / Sound System</b> <i>If yes, explain:</i> <i>Location of Music/Loud Speakers/ Sounds System:</i> _____	Yes _____ No <u>X</u>
<b>Parade, walk, road race, etc.</b> <i>Request must include in writing a clear layout of the intended route AND a letter from the Warwick Police Department approving the route and police resources.</i>	Yes _____ No <u>X</u>
<b>Tent(s)</b> <i>Include a map detailing the placement of the tent(s).</i> <i>Date &amp; time tent will be set up:</i> _____ <i>Date &amp; time tent will be removed:</i> _____	Yes _____ No <u>X</u>

<b>RVs, Campers, Food Trucks, etc.</b> If yes, explain: _____	Yes _____ No <input checked="" type="checkbox"/>
<b>Admission Fee to Be Charged</b> If yes, please list the admission fee: _____	Yes _____ No <input checked="" type="checkbox"/>
<b>Alcohol</b> Host Liquor Liability Insurance is required.	Yes _____ No <input checked="" type="checkbox"/>
<b>Food will be served or sold</b> If yes, explain the method of food distribution and disposal of trash: <u>only for matches, only at the football shed</u>	Yes <input checked="" type="checkbox"/> No _____
<i>*A permit is required from the Orange County Department of Health when offering or selling any food to the public. It is the applicant's responsibility to contact the Orange County Department of Health to obtain necessary permits. Contact the Orange County Department of Health for further information.          *Applicants must provide a drawing to scale showing where the food will be served/sold and where trash will be disposed.</i>	
<b>Rides: Mechanical Carnival Rides, Bounce House, Inflatable Slide, etc.</b> If yes, explain: _____ Additional contract(s) and/or insurance is required.	Yes _____ No <input checked="" type="checkbox"/>
<b>Portable Toilets</b> Placement of portable toilets must be detailed on the map that is required with the application.	Yes _____ No <input checked="" type="checkbox"/>
<b>Other</b> Please explain: _____	Yes _____ No <input checked="" type="checkbox"/>

**SPECIAL REQUESTS:**
**CHECK YES OR NO**

<b>Road Closure</b> List road(s): _____ Closed between the hours of _____ and _____ Number of 'No Parking' meter bags requested, if applicable: _____	Yes _____ No <input checked="" type="checkbox"/>
<b>Use of Village-owned tables and chairs</b> Veterans Memorial Park Pavilion Only. No. of Tables _____ No. of Chairs _____	Yes _____ No <input checked="" type="checkbox"/>
<b>Use of Electricity</b>	Yes _____ No <input checked="" type="checkbox"/>
<b>Use of Memorial Park Football/Over 35 Field Lights</b> Additional fee required for use of field lights.	Yes <input checked="" type="checkbox"/> No _____
<b>Use of Memorial Park Pavilion Lights</b>	Yes _____ No <input checked="" type="checkbox"/>

<b>Use of Village of Warwick Restrooms</b> <i>Memorial Park and Stanley Deming Park only.</i>	Yes <u>  X  </u> No <u>      </u>
<b>Other</b> Please explain: _____	Yes <u>      </u> No <u>      </u>

**SECTION 5: FEES/SECURITY DEPOSIT**

*Fees and Security Deposit are Due Upon Application / Checks payable to: The Village of Warwick*

\$200 Security Deposit - (*Must be a Separate Payment*)

Memorial Park Football/Over 35 Field Lights (circle one) - \$10 per day or   \$300   per season

**TOTAL FEES:** \$   ~~100~~ 300   (excluding security deposit)

**SECTION 6: INDEMNITY & HOLD HARMLESS**

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the Village of Warwick for the use and care of the facilities. He/she, on behalf of   Highlander Rugby   (Name of Organization) does hereby covenant and agree to defend, indemnify and hold harmless the Village of Warwick from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Village's property, facilities and/or services by

  Highlander Rugby   (Name Organization).

  Bnd Davidson    
 Printed Name of Applicant/Responsible Party

  *[Signature]*    
 Signature of Applicant/Responsible Party

  2/22/2024    
 Date

**Clerk Use Only:** Security Deposit Check #   229   Certificate of Insurance   ✓   Host Liquor Liability   n/a    
 Fees Received   #226   Park Map(s)   ✓   Police Dept. Approval (if applicable)   n/a    
 Facility Use Calendar \_\_\_\_\_ Parade Calendar (if applicable)   n/a

Permit Holder. Applicants are urged to bring extra plastic garbage bags to facilitate cleanup.

17. Any organization with youths under 18 years old requires the presence of adequate adult supervision at all times.
18. Supervision and parking are the responsibility of the applicant organization/individual.
19. Permits may be revoked at any time.
20. All posted rules must be adhered to.
21. No field or building alterations (lining of fields, erecting goal posts or structures, etc.) are allowed without prior approval.
22. The emergency telephone number for police is 911 or 986-5000; fire and ambulance 911.
23. Prior to the start of the event, an announcement should be made to your group regarding emergency evacuation procedures, for example pointing out posted procedures, direction for exiting, procedures for emergency helicopter landing, etc. Need pamphlet to hand out to applicants.
24. In the event of an accident, please notify the Village Clerk at (845) 986-2031 before the end of the next business day.
25. The Village of Warwick does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

### **INDEMNITY & HOLD HARMLESS**

**FACILITY USER** does hereby covenant and agree to defend, indemnify, and hold harmless the Village of Warwick from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Village of Warwick property, facilities and/or services.

I have read and understand the Facilities Use Requirements:

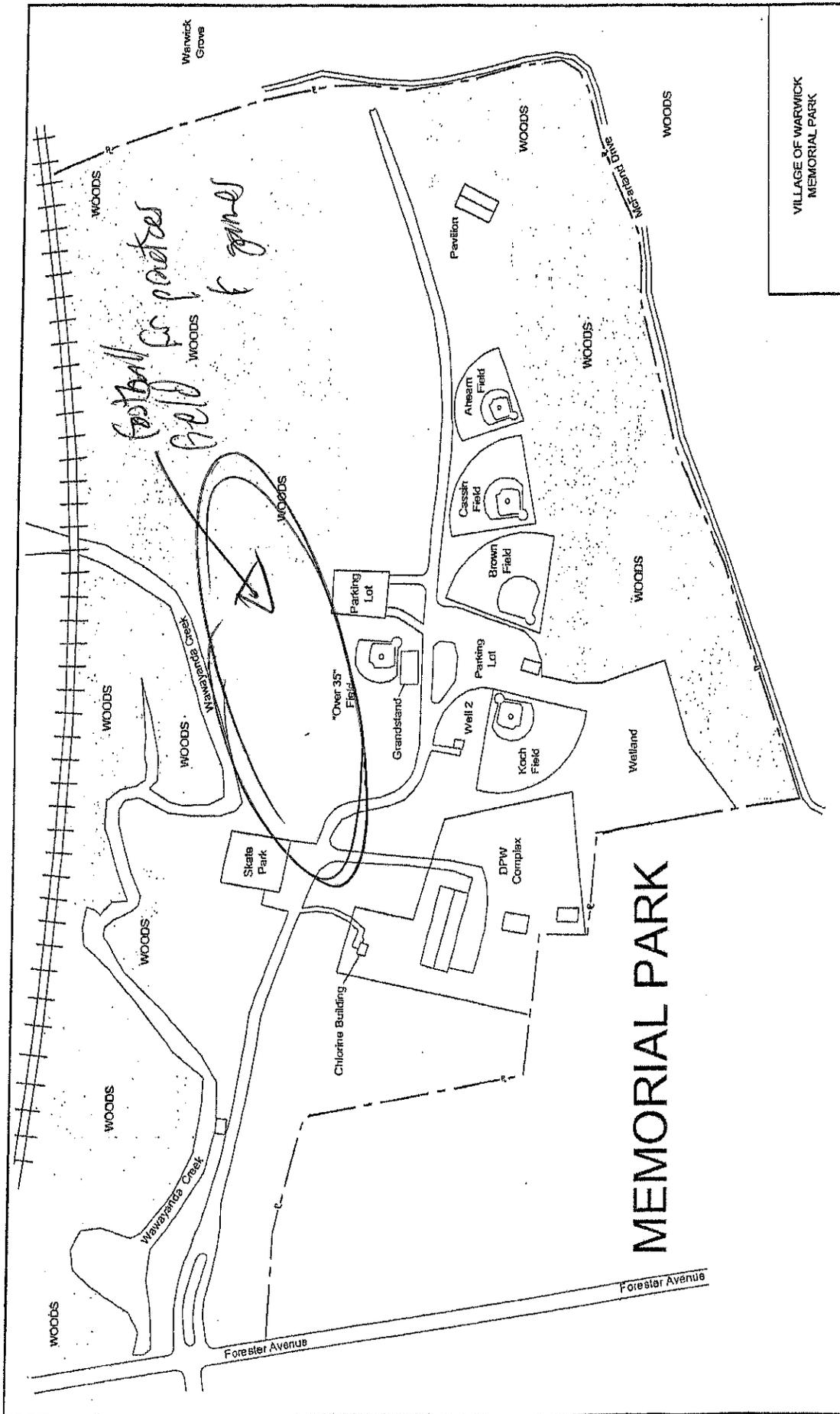
Bob Davidson

Printed Name of Applicant/Responsible Party



Signature of Applicant/Responsible Party

Date 2/22/2024



VILLAGE OF WARWICK  
MEMORIAL PARK

# MEMORIAL PARK

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



RECEIVED

FEB 22 2024 (845) 986-2031  
FAX (845) 986-6884

mayor@villageofwarwick.org  
villageofwarwick.org  
VILLAGE OF WARWICK  
CLERK'S OFFICE

VILLAGE OF WARWICK  
INCORPORATED 1867

**Facility Use Request Form**  
**For Gatherings of Less Than 200 People**

ONLY USE THIS FORM IF YOUR EVENT WILL HAVE 200 PEOPLE OR LESS

Date Request Submitted: 2/7/24

Title of Event: May Mental Health Month Awareness

Purpose of Event: Awareness, Resources, Information, Vendors, Prevention

**SECTION 1: REQUESTED VILLAGE-OWNED PROPERTY**

Railroad Green       Stanley-Deming Park       Lewis Woodlands

Veterans Memorial Park       Veterans Memorial Park Pavilion

*\*Please use the attached map to indicate the specific area(s) to be used within each park.*

Village of Warwick Parking Lots - check all that apply:

South Street Lot     1<sup>st</sup> Street Lot     Chase Lot (non-permit only)  
 Spring Street Lot     Wheeler & Spring St. Lot     Upper CVS Lot     Lower CVS Lot

Village of Warwick Streets: Railroad Avenue

**SECTION 2: DATE AND TIME REQUESTED**

Date(s) Requested: 5/4/2024      Rain Date Requested: 5/5/2024

Arrival Time: 10:00 am      Departure Time: 5:00 pm

Event Start Time: 12:00 pm      Event End Time: 4:00 pm

**SECTION 3: APPLICANT INFORMATION**

Check one:  Non-Profit Organization     Commercial/Business Organization     Family

*\*For-profit activities are prohibited.*

Applicant's Name/Responsible Party: Karen Thomas - Warwick Community Bandwagon  
*\*Person of responsibility representing the organization must be a Town of Warwick resident.*

Mailing Address of Responsible Party: 11 Hamilton Ave, Warwick NY 10990

Email Address: KAREN.T.WCC@gmail.com Cell Phone: 845-324-5743

Proof of Town of Warwick Residency of Responsible Party:  Driver's License  Utility Bill

Name of Organization (if Applicable): Warwick Community Bandwagon Inc.

Name of Organization's Director(s)/Officer(s): Karen Thomas

Organization's Phone: 845-986-1622 Email Address: KAREN.T.WCC@gmail.com

Mailing Address of Organization: 11 Hamilton Ave, Warwick NY 10990

Physical Address of Organization: 11 Hamilton Ave, Warwick NY 10990

**SECTION 4: EVENT INFORMATION**

Maximum Number of People Intended at the Event: 200

*\* If greater than 200 people, at any given time DO NOT complete this form. See instructions.*

# of Adults: \_\_\_\_\_ # of People Under 18: \_\_\_\_\_

Expected Number of Vehicles Intended at the Event: \_\_\_\_\_

Please explain the parking plan for the event: Municipal / street

**WILL YOUR EVENT INCLUDE:**

**CHECK YES OR NO**

<b>Greater than 200 people at any given time</b> <i>If yes, DO NOT complete this form. Please complete form: FACILITY USE PERMIT APPLICATION FOR GATHERINGS GREATER THAN 200 PEOPLE</i>	Yes _____ No <input checked="" type="checkbox"/>
<b>Music / Loudspeakers / Sound System</b> <i>If yes, explain: <u>speakers ; music</u></i> <i>Location of Music/Loud Speakers/ Sounds System: <u>Green</u></i>	Yes <input checked="" type="checkbox"/> No _____
<b>Parade, walk, road race, etc.</b> <i>Request must include in writing a clear layout of the intended route AND a letter from the Warwick Police Department approving the route and police resources.</i>	Yes _____ No <input checked="" type="checkbox"/>
<b>Tent(s)</b> <i>Include a map detailing the placement of the tent(s).</i> Date & time tent will be set up: <u>5/4/24 10:00 am</u> Date & time tent will be removed: <u>5/4/24 4:00 pm</u>	Yes <input checked="" type="checkbox"/> No _____

<b>RVs, Campers, Food Trucks, etc.</b> <i>If yes, explain:</i> _____	<b>Yes</b> _____ <b>No</b> <input checked="" type="checkbox"/>
<b>Admission Fee to Be Charged</b> <i>If yes, please list the admission fee:</i> _____	<b>Yes</b> _____ <b>No</b> <input checked="" type="checkbox"/>
<b>Alcohol</b> <i>Host Liquor Liability Insurance is required.</i>	<b>Yes</b> _____ <b>No</b> <input checked="" type="checkbox"/>
<b>Food will be served or sold</b> <i>If yes, explain the method of food distribution and disposal of trash:</i>  <i>*A permit is required from the Orange County Department of Health when offering or selling any food to the public. It is the applicant's responsibility to contact the Orange County Department of Health to obtain necessary permits. Contact the Orange County Department of Health for further information.          *Applicants must provide a drawing to scale showing where the food will be served/sold and where trash will be disposed.</i>	<b>Yes</b> _____ <b>No</b> <input checked="" type="checkbox"/>
<b>Rides: Mechanical Carnival Rides, Bounce House, Inflatable Slide, etc.</b> <i>If yes, explain:</i> _____ <i>Additional contract(s) and/or insurance is required.</i>	<b>Yes</b> _____ <b>No</b> <input checked="" type="checkbox"/>
<b>Portable Toilets</b> <i>Placement of portable toilets must be detailed on the map that is required with the application.</i>	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> _____
<b>Other</b> <i>Please explain:</i> _____	<b>Yes</b> _____ <b>No</b> _____

**SPECIAL REQUESTS:**

**CHECK YES OR NO**

<del> <b>Road Closure</b>  <i>List road(s):</i> <u>Railroad Ave</u>  <i>Closed between the hours of</i> <u>12:00 pm</u> <i>and</i> <u>4:00 pm</u>  <i>Number of 'No Parking' meter bags requested, if applicable:</i> <u>Railroad Ave</u> </del>	<del> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> _____ </del>
<b>Use of Village-owned tables and chairs</b> <i>Veterans Memorial Park Pavilion Only. No. of Tables</i> _____ <i>No. of Chairs</i> _____	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> _____
<b>Use of Electricity</b>	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> _____
<b>Use of Memorial Park Football/Over 35 Field Lights</b> <i>Additional fee required for use of field lights.</i>	<b>Yes</b> _____ <b>No</b> <input checked="" type="checkbox"/>
<b>Use of Memorial Park Pavilion Lights</b>	<b>Yes</b> _____ <b>No</b> <input checked="" type="checkbox"/>

<b>Use of Village of Warwick Restrooms</b> <i>Memorial Park and Stanley Deming Park only.</i>	Yes _____ No <input checked="" type="checkbox"/>
<b>Other</b> Please explain: _____	Yes _____ No <input checked="" type="checkbox"/>

**SECTION 5: FEES/SECURITY DEPOSIT**

*Fees and Security Deposit are Due Upon Application / Checks payable to: The Village of Warwick*

- \$200 Security Deposit - (*Must be a Separate Payment*)
- Memorial Park Football/Over 35 Field Lights (circle one) - \$10 per day or \$300 per season

**TOTAL FEES:** \$ \_\_\_\_\_ (excluding security deposit)

**SECTION 6: INDEMNITY & HOLD HARMLESS**

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the Village of Warwick for the use and care of the facilities. He/she, on behalf of Warwick Community Bandwagon Inc. (Name of Organization) does hereby covenant and agree to defend, indemnify and hold harmless the Village of Warwick from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Village's property, facilities and/or services by Warwick Community Bandwagon Inc. (Name Organization).

Karen Thomas  
 Printed Name of Applicant/Responsible Party

*Karen Thomas*  
 Signature of Applicant/Responsible Party

2/7/2024  
 Date

**Clerk Use Only:** Security Deposit Check # 5457 Certificate of Insurance \_\_\_\_\_ Host Liquor Liability n/a  
 Fees Received n/a Park Map(s)  Police Dept. Approval (if applicable) n/a

Permit Holder. Applicants are urged to bring extra plastic garbage bags to facilitate cleanup.

17. Any organization with youths under 18 years old requires the presence of adequate adult supervision at all times.
18. Supervision and parking are the responsibility of the applicant organization/individual.
19. Permits may be revoked at any time.
20. All posted rules must be adhered to.
21. No field or building alterations (lining of fields, erecting goal posts or structures, etc.) are allowed without prior approval.
22. The emergency telephone number for police is 911 or 986-5000; fire and ambulance 911.
23. Prior to the start of the event, an announcement should be made to your group regarding emergency evacuation procedures, for example pointing out posted procedures, direction for exiting, procedures for emergency helicopter landing, etc. Need pamphlet to hand out to applicants.
24. In the event of an accident, please notify the Village Clerk at (845) 986-2031 before the end of the next business day.
25. The Village of Warwick does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

### **INDEMNITY & HOLD HARMLESS**

**FACILITY USER** does hereby covenant and agree to defend, indemnify, and hold harmless the Village of Warwick from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Village of Warwick property, facilities and/or services.

I have read and understand the Facilities Use Requirements:

Karen Thomas

Printed Name of Applicant/Responsible Party

Karen Thomas

Signature of Applicant/Responsible Party

Date 2.7.2024



January 25, 2024

Michael Newhard  
Mayor  
Village of Warwick  
77 Main Street  
Warwick, NY 10990

Dear Michael Newhard:

On behalf of New York State and Empire State Development, please let me express my enthusiasm for working with you and the Village of Warwick ("Village") to conduct a strategic planning and feasibility study in New York State.

As we understand the project, the Village of Warwick will invest \$150,000 to conduct strategic planning and feasibility study to support the Village's plans to create a multi-use trail parallel to Rte. 94 South. This would connect the Village of Warwick to a shopping hub, food, and employment opportunities situated a mile and a half outside its municipal boundaries.

To encourage you to proceed with this project, we are offering Village of Warwick incentives valued at \$50,000.

Please review the attached Incentive Proposal to see how New York State and Empire State Development are prepared to assist Village of Warwick with its project located in the Mid-Hudson Region of New York State. If you choose to accept our offer, please acknowledge your decision by endorsing the last page of the attached proposal and returning one copy to me and one copy, including the \$250 Application Fee, to Glendon McLeary, Vice President and Director of Loans & Grants, by March 26, 2024

We look forward to working with you on this exciting project. Matthew Teglash is your regional contact and can be reached at 845-567-4882 at your convenience.

Very truly yours,

A handwritten signature in black ink, appearing to read "Linda Malave".

Linda Malave, Regional Director, Mid-Hudson

cc: Glendon McLeary  
Matthew Teglash

Attachment: ESD Incentive Proposal

## REGIONAL COUNCIL AWARD – INCENTIVE PROPOSAL

### Village of Warwick

January 26, 2024

This **Incentive Proposal** outlines the general terms and conditions of the incentive package being offered by Empire State Development (“ESD”)\* to Village of Warwick to assist with its project in Warwick, Orange County. This offer is subject to the availability of funds, completion of any applicable (1) non-discrimination and contractor diversity, (2) environmental and historic and (3) smart growth review requirements, approval by the ESD Directors, applicable statutes, and compliance with program requirements.

\* The New York State Department of Economic Development and the New York State Urban Development Corporation, d/b/a Empire State Development, are collectively referred to as ESD.

#### **I. GENERAL INFORMATION**

- a) **Recipient Name:** Village of Warwick (the “Recipient”)
- b) **Contact Information:** Michael Newhard  
Mayor  
77 Main Street  
Warwick, NY  
10990  
Phone: 845-986-2031  
E-mail: mayor@villageofwarwick.org
- c) **Project Location(s):** Ny State Route 94s  
Warwick, 10990
- New York State Empire Zone:** N/A
- d) **Type of Business:** Municipality
- e) **Number of Full-time, Permanent Employees at all NYS Locations as of Today’s Date:** N/A
- f) **Number of Full-time, Permanent Employees at Project Location(s) as of Today’s Date:** N/A
- g) **Number of Part-time or Seasonal Employees, or Full-time Contract Employees at Project Location(s) as of Today’s Date:** N/A

## II. PROJECT SPECIFICS

- a) **Project Description:** Strategic Planning and Feasibility Study that will explore adding a multi-use trail connecting the Village to a local shopping, food, and employment hub.
- b) **Estimated Schedule:** Begin: November 2023  
Complete: November 2024  
Estimated ESD Directors' Approval: December 2024

## III. PROJECT BUDGET

You have informed us that the following costs will be incurred to complete this project. It is understood that these costs are estimates, based on the best information available to date. If these figures change, please inform your ESD contact as soon as possible.

Consulting/Professional Services:	\$150,000
<b>Total Estimated Cost:</b>	<b>\$150,000</b>

## IV. ESD INCENTIVES

### Urban and Community Development Program – Strategic Planning and Feasibility Study - Working Capital Grant – Project# 137,713/CFA# 130891

- a) **Amount:** \$50,000
- b) **Use of Funds:** Reimbursement for a portion of consulting and professional services.
- c) **Requirements:** Funds will be disbursed in lump sum upon project completion, as described in Sections II and III above and as evidenced by attainment of a certificate of occupancy and/or other documentation verifying project completion as ESD may require, and documentation verifying project expenditures of approximately \$150,000.

All disbursements require compliance with program requirements and must be requested by no later than April 1, 2026. Expenditures incurred prior to award date November 13, 2023 are not eligible project costs and cannot be reimbursed by grant funds.

The Grant is being offered in connection with the project as described in the CFA (or ESD application) and that funds will only be made available for projects that are undertaken as described in the CFA (or ESD application), except as expressly authorized by ESD.

### **General Requirements**

- **Equity:**  
The Recipient will be required to contribute a minimum of 10% of the total project cost in the form of equity contributed after the Recipient's written acceptance of ESD's Incentive Proposal. Equity is defined as cash injected into the project by the Recipient or by investors and should be auditable through Recipient financial statements or Recipient accounts, if so requested by ESD. Equity cannot be borrowed money secured by the assets in the project.
- **Fees:**  
The Recipient will provide a \$250 Application Fee, due when this Incentive Proposal is returned/with the completed ESD Universal Application and a 1% commitment fee (\$500), due after ESD Directors' approval at the time a Grant Disbursement Agreement is executed. In addition, the Recipient will reimburse ESD for any direct expenses incurred in connection with this project, including costs related to holding a public hearing, attorney fees, appraisals, surveys, title insurance, credit searches, filing fees, and other requirements deemed appropriate by ESD.
- **Non-discrimination and Contractor Diversity:**  
ESD's Non-discrimination & Contractor and Supplier Diversity policy will apply to this project. The Recipient shall be required to use "Good Faith Efforts," pursuant to 5 NYCRR §142.8, to achieve an overall Minority and Women-owned Business Enterprise ("MWBE") participation goal of 30% (\$15,000) related to the total value of ESD's funding and to solicit and utilize MWBEs for any contractual opportunities generated in connection with the project. A further explanation of the MWBE requirements is attached hereto.

The Recipient is encouraged to use "Good Faith Efforts," pursuant to 9 NYCRR §252.2(m), to utilize NYS-certified Service-Disabled-Veteran-owned Business Enterprises ("SDVOBs") in the execution of the grant. Any utilization of SDVOBs would be in addition to goals established pursuant to Article 15-A of the Executive Law with respect to MWBEs. Should SDVOBs be utilized, a further explanation of the SDVOB reporting requirements is attached hereto.

- **Environmental, Historic and Smart Growth Review:**  
Please note in particular the Environmental, Historic and Smart Growth Review requirements at the end of the attached document, which, if applicable, must be satisfied prior to ESD Directors' approval of funding. The ESD Planning & Environmental Review office may contact your office for further information regarding status of the environmental, historic and smart growth review for your project.
- **Environmental Sustainability:**  
ESD encourages the environmentally sustainable practice of recycling construction and demolition debris rather than disposition in a landfill.
- **Insurance Requirements:**  
The Recipient shall maintain Commercial General Liability Insurance providing both bodily injury (including death) and property damage insurance in a limit not less than One Million Dollars (\$1,000,000) per occurrence, Two Million Dollars (\$2,000,000) aggregate and Three Million Dollars (\$3,000,000) umbrella. In addition, if the grant contemplates the purchase, construction or renovation of any buildings or equipment, the Recipient shall keep the buildings at the Project Location and the building equipment insured against: (i) loss by fire, (ii) additional perils customarily covered under an all-risk policy and (iii) flood hazard, if the Project Location is located in an area identified by the Secretary of Housing and Urban Development as an area having special flood hazards and in which flood insurance has been made available under the National Flood Insurance Act of 1968, as amended.
- **Modification:**  
ESD reserves the right to review and reconsider project and property selections in the event of material changes in the project plans or circumstances.
- **Reservations of Rights Concerning Funding Commitment:**  
It is expected the project will proceed in the time frame set forth by the Applicant. If the implementation of a project fails to proceed as planned and is delayed for a significant period of time and there is, in the exclusive judgment of ESD, doubt as to its viability, ESD reserves the right to cancel its funding commitment to such project.



**Expiration of Proposed Offer:**

This proposal expires March 26, 2024 unless endorsed below and received by ESD prior to the expiration date.

**Expiration of Accepted Offer:**

The accepted proposal expires two years from the date of acceptance by the Recipient. ESD reserves the right to require Recipient to provide any additional information and/or documentation ESD deems necessary.

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APPROVED BY:



Date: January 25, 2024

Glendon McLeary  
Vice President and Director of Loans & Grants  
633 Third Avenue  
New York, NY 10017  
Phone: (212) 803-3658

ACCEPTED BY:

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

Village of Warwick  
Michael Newhard  
Mayor  
Warwick, NY 10990  
Phone: 845-986-2031

\* Please see the following Affirmation page, which must be completed, signed and notarized for this Incentive Proposal to be considered accepted.

**AFFIRMATION**

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

The Undersigned, being duly sworn, deposes and says:

1. I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_ (the "Recipient"), a corporation [limited liability company] that is duly organized and validly existing under the laws of \_\_\_\_\_, and is authorized to do business and is in good standing in the State of New York.
2. I have read and know the contents of the Incentive Proposal prepared by the New York State Urban Development Corporation d/b/a Empire State Development ("ESD") dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.
3. I have reviewed all of the information provided by the Recipient to ESD to assist in ESD's preparation of the Incentive Proposal, including information provided on Recipient's behalf by third-party consultants
4. I know all of the information provided by Recipient or its third-party consultants to be true and complete in all material respects. To the extent such information involves projections about future performance, these projections have been prepared in good faith, based upon reasonable assumptions.
5. Recipient did not make a decision to undertake the project described in the Incentive Proposal prior to November 13, 2023.
6. Recipient hereby accepts the terms of the Incentive Proposal.
7. Receipt of the Incentive Proposal was a material factor in Recipient's decision to undertake the above-referenced project.
8. Recipient agrees to allow the Department of Taxation and Finance to share Recipient tax information with Empire State Development.
9. Recipient authorizes the Commissioner of Labor to disclose, to employees of both the New York State Department of Labor, the New York State Department of Economic Development, and the Urban Development Corporation, (dba Empire State Development), all records filed by the Recipient in making Unemployment Insurance (U.I.) reports and contributions required by State Labor and Tax Law, including, but not limited to, all information contained in or relating to the quarterly combined withholding, wage reporting and U.I. returns, the registration for U.I., the New Hire file, and all records of U.I. delinquencies. In addition, this authorization shall include all information contained in any survey reports requested by the Department of Labor on behalf of the U.S. Department of Labor, Bureau of Labor Statistics including, but not limited to, the Current Employment, Occupational Employment, multiple worksite, and annual refiling surveys. The use of information and records released pursuant to this authorization shall be limited to government purposes concerning the Recipient and assistance described in this incentive proposal to monitor compliance with worker protection laws and with the conditions and requirements associated with the financial assistance being requested; and the use of information and records released pursuant to this authorization shall be limited to government purposes concerning the certification of this company for Excelsior Jobs Program benefits under Article 17 of the Economic Development Law, monitoring compliance with Excelsior Jobs Program requirements, including compliance with worker protection laws, and reviewing the performance of the Excelsior Jobs Program.
10. Recipient certifies, under penalty of perjury, that the Recipient is in substantial compliance with all environmental, worker protection, and local, state and federal tax laws.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

## **ENVIRONMENTAL, HISTORIC AND SMART GROWTH REVIEW REQUIREMENTS**

Approval of funding by ESD, a public benefit corporation of the State of New York, requires compliance with environmental, historic and smart growth review requirements under New York State regulations. The information below provides a brief guide to the review processes. If you have any questions about the required documentation or how to proceed in these areas, please contact ESD's Planning & Environmental Review Office at (212) 803-3253 or 3141. **Physical work on an ESD-funded project may not be started prior to the completion of any necessary environmental, historic and/or smart growth review.**

### **Environmental Review under State Environmental Quality Review Act (SEQRA)(6 NYCRR Part 617)**

- Projects or physical activities, such as construction or other activities that may affect the environment by changing the use, appearance or condition of a site or structure require review under SEQRA. Certain listed activities are not subject to any review because they involve actions with little, if any, environmental impact, referred to as "Type II" Actions. Conversely, SEQRA also includes a list of actions that are assumed to be more apt to result in impacts, referred to as "Type I" Actions, which are subject to formal review. If a proposed action is neither listed on the Type II or Type I lists, it is referred to as an "Unlisted Action" and is also subject to review under SEQRA.
- The applicant must demonstrate compliance with SEQRA if the project does not meet the definition of a Type II Action. If SEQRA review is required for the project, the review must be completed by a lead agency such as a municipal planning or zoning board, common council, county industrial development agency, or state regulatory or funding agency.
- Please note that if the project consists of more than one phase, a SEQRA review must be completed for all known or reasonably foreseeable phases of the project, not only the phase that is the subject of ESD funding. An environmental review of only a portion of a project constitutes improper segmentation under SEQRA and is not accepted except in special circumstances.
- Required SEQRA documentation:

If the project has already been determined to have no significant effect on the environment, the following document must be provided:

1. Parts 1, 2 and 3 of Environmental Assessment Form (EAF) –Short EAF or Full EAF, as appropriate for the project. Part 1 must be completed by the applicant and Parts 2 and 3 must be completed and approved by the lead agency that reviewed the project.

If a Positive Declaration was made for the project, indicating that the project may have a significant adverse impact on the environment, the following documents must be provided:

1. Draft and Final Environmental Impact Statement (DEIS and FEIS) – digital copy is preferable; and
2. Lead Agency Statement of Findings

- If your SEQRA review has not yet been completed, please provide an addendum to this application with information about the status of the review and designated lead agency for the review, and

submit “Part 1” of a Short EAF or Full EAF as appropriate for your project. Subsequent EAF Parts are completed by the lead agency based upon the information you include in Part 1.

For further information about SEQRA, please visit the New York State Department of Environmental Conservation’s web site at <http://www.dec.ny.gov>.

### Historic Review

- Projects involving a building, structure, district, or site, including underground or underwater sites, listed on or eligible for listing on the State or National Register of Historic Places (S/NRHP) must be evaluated by the State Historic Preservation Office (SHPO) of the New York State Office of Parks, Recreation and Historic Preservation in accordance with Section 14.09 of the New York State Parks, Recreation and Historic Preservation Law.
- Buildings that are more than 50 years old and/or those that are historically, architecturally, or culturally significant, as well as project locations wholly or partially within an identified archeologically-sensitive area or a land area that typically contains archeological resources, may meet the eligibility criteria for S/NRHP listing.
- The applicant must demonstrate compliance with Section 14.09. In order to initiate the SHPO consultation process, the applicant must submit the project for review by SHPO through the Cultural Resources Information System (CRIS) found at <https://cris.parks.ny.gov/Default.aspx>. Upon completion of the SHPO consultation process, SHPO will determine whether or not the project will have an adverse impact on historical or cultural resources and will provide a letter of comment on the project.
- Required SHPO documentation:
  - Proof of SHPO Consultation Project Submission – Copy of Email from New York State Parks CRIS Application indicating Submission Consolidated Response Issued (**must be provided with endorsed Incentive Proposal**)
  - Letter of No Adverse Impact determination or
  - Letter of Resolution – required if SHPO determines that the project will have an Adverse Impact on historic or cultural resources

### Smart Growth

The State Smart Growth Public Infrastructure Policy Act of 2010 requires that public infrastructure projects approved, undertaken, supported or financed by a State Infrastructure Agency, which includes ESD, to the extent practicable, are consistent with relevant Smart Growth Criteria specified in the law. Projects that involve ESD approval of funding for public infrastructure (e.g., publicly-supported roads, bridges, streetscapes, other transportation systems, drinking water, sewers, drainage systems, and utilities) will require the completion of a Smart Growth Impact Statement prior to approval of funding. (Note: Projects that only involve Excelsior Jobs Tax Credits do not require Smart Growth review.) ESD staff will advise you if a Smart Growth Impact Statement is required.

## **PARTICIPATION REQUIREMENTS FOR NEW YORK STATE CERTIFIED MWBES**

ESD is required to comply with and implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (MWBE Regulations) for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.

Approval of funding by ESD, a public benefit corporation of the State of New York, is conditioned upon and subject to the following requirements:

- a) Recipient agrees to fully comply and cooperate with ESD in the implementation of New York State Executive Law Article 15-A. These requirements include contracting opportunities for *New York State certified* Minority-owned Business Enterprises (“MBEs”) and Women-owned Business Enterprises (“WBEs”), collectively MWBES.
- b) For purposes of this project, ESD hereby establishes the following MWBE participation requirements:

**Overall MWBE Participation Requirement: 30% (totaling no less than \$15,000)**

- c) For purposes of providing meaningful participation by MWBES on the project and achieving the project goals established herein, Recipient should reference the directory of New York State certified MWBES found at the following internet address:

**<https://ny.newnycontracts.com>**

Additionally, Recipient may contact ESD’s Office of Contractor and Supplier Diversity (“OCSD”) to discuss additional methods of maximizing participation by MWBES on the project.

- d) Recipient is required to submit a completed Non-Discrimination and Equal Employment Opportunity Policy Agreement (Form OCSD-1) prior to the first disbursement.
- e) Recipient is required to submit an MWBE Utilization Plan (Form OCSD-4) no later than ten (10) days after the execution of this Incentive Proposal.
  - If additional time is required to prepare an acceptable and effective MWBE Utilization Plan, the Recipient may submit a written extension request to OCSD or the assigned OCSD Project Manager. The extension request must explain why additional time is needed and provide an estimated date of submission for the MWBE Utilization Plan.
  - Any modifications or changes to the MWBE Utilization Plan after the execution of this Incentive Proposal and during the performance of the project must be reported on a revised MWBE Utilization Plan and submitted to OCSD for approval.

- f) ESD will review the submitted MWBE Utilization Plan and advise the Recipient of acceptance or issue a Notice of Deficiency within twenty (20) days of receipt.
- h) If a notice of deficiency is issued, Recipient agrees that it shall respond to the Notice of Deficiency within seven (7) business days of receipt by submitting to OCSD a written remedy in response to the Notice of Deficiency. If the written remedy that is submitted is not timely or is found by ESD to be inadequate, ESD shall notify the Recipient and direct the Recipient to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals (Form OCSD-5, Waiver Request). Failure to file the Waiver Request in a timely manner may result in a finding that Recipient has intentionally or willfully failed to comply with the requirements of New York State Executive Law Article 15-A and the MWBE provisions outlined herein.
- i) ESD may find that Recipient has willfully or intentionally failed to meet the MWBE project requirements under the following circumstances:
1. If a Recipient fails to submit an MWBE Utilization Plan;
  2. If a Recipient fails to submit a written remedy to a Notice of Deficiency;
  3. If a Recipient fails to submit a request for waiver; or
  4. If ESD determines that the Recipient has failed to document "Good Faith Efforts."
- j) Recipient shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements made subsequent to the execution of the Incentive Proposal may be made at any time during the term of the project to ESD, but must be made no later than prior to the submission of a request for final payment on the project.
- k) The Recipient understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25% of the total value of the contract.
- l) Recipient is required to submit a periodic MWBE Compliance & Payment Report to OCSD by the 10<sup>th</sup> day following either the end of each (i) month, for construction contracts in excess of \$100,000, or (ii) quarter, for services and commodities contracts in excess of \$25,000, over the term of the project documenting the progress made toward achievement of the MWBE project goals.

Periodic compliance and payment reports may be submitted electronically through the New York State Contract System, found at <https://ny.newnycontracts.com>. The New York State Contract System provides automated electronic alerts to the Recipient and any identified subcontractors and sub-vendors and allows for the electronic reporting and confirmation of the relevant data by all tiers of identified subcontractors. Payment information and confirmation must be submitted by the 10<sup>th</sup> day following the end of each month or quarter, as applicable. For additional information regarding this process, please contact OCSD.

Periodic compliance and payment reports may also be completed manually (Form OCSD-6, MWBE Compliance & Payment Report) and submitted to OCSD or the assigned OCSD Project Manager.

- m) "Good Faith Efforts" is the standard applied to the MWBE participation requirements in all applicable ESD incentives. Recipients shall adhere to this standard and ensure that proactive and ongoing efforts are made throughout the length of the project to include MWBE participation in all categories where MWBE participation potential exists. In order for OCSD to evaluate "Good Faith Efforts", Recipients must maintain detailed records of its efforts to include MWBEs in the performance of the project.

For additional details regarding "Good Faith Efforts," please review 5 NYCRR §142.8 (MWBE Rules and Regulations), available at:

[http://esd.ny.gov/MWBE/Data/OFFICIAL\\_COMPILATION\\_OF\\_MWBЕРЕGS.pdf](http://esd.ny.gov/MWBE/Data/OFFICIAL_COMPILATION_OF_MWBЕРЕGS.pdf)

- n) Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Recipient must document "Good Faith Efforts" to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the project. The Recipient acknowledges that if Recipient is found to have willfully and intentionally failed to comply with the MWBE participation goals and requirements set forth herein, such a finding may result in the recapture of grant proceeds. Such MWBE Recapture may be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Recipient achieved the MWBE project goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the project.
- o) Recipient's demonstration of Good Faith Efforts shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, other applicable federal, state or local laws.

Any questions relating to the MWBE requirements stated herein may be directed to Denise Ross at [Denise.Ross@esd.ny.gov](mailto:Denise.Ross@esd.ny.gov).

Forms OCSD-1 through OCSD-6 may be completed by hand, or fillable Word versions are available upon request. All forms can be found at: <https://esd.ny.gov/about-us/corporate-info>. Documents relating to MWBE requirements outlined herein must be provided to OCSD in one of the following ways:

1. In an email to [Denise.Ross@esd.ny.gov](mailto:Denise.Ross@esd.ny.gov);
2. Through the New York State Contract System (<https://ny.newnycontracts.com>); or
3. By postal mail, addressed to:

Empire State Development  
Office of Contactor & Supplier Diversity  
633 Third Avenue, 35<sup>th</sup> Floor  
New York, NY 10017

All communications to OCSD must clearly identify the ESD project number and provide pertinent details.

## **PARTICIPATION REQUIREMENTS FOR NEW YORK STATE CERTIFIED SDVOBS**

It is the policy of ESD to comply with and implement the provisions of New York State Executive Law Article 17-B and 9 NYCRR Part 252 (SDVOB Regulations) for all State contracts, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.

For purposes of this project, the Grantee is encouraged to solicit and utilize NYS certified Service Disabled Veteran-owned Businesses (“SDVOBs”) for any contractual opportunities generated in connection with the project.

- a) For purposes of providing meaningful participation by SDVOBs on the project, Recipient should reference the directory of New York State certified SDVOBs found at the following internet address: <https://online.ogs.ny.gov/SDVOB/search>

Additionally, Recipient may contact ESD’s Office of Contractor and Supplier Diversity (“OCSD”) to discuss additional methods of maximizing participation by SDVOBs on the project.

- b) If NYS-certified SDVOB firms are utilized in the grant, Recipient is to provide a Utilization Plan to report on expected utilization (Form OCSD-4).
- c) Recipient is then required to submit a periodic SDVOB Compliance and Payment Report to OCSD by the 10<sup>th</sup> day following each end of month, for construction contracts in excess of \$100,000, or quarter, for services and commodities contracts in excess of \$25,000, over the term of the project documenting the progress made toward achievement of the project goals.

Periodic compliance and payment reports may be submitted electronically through the New York State Contract System, found at <https://ny.newnycontracts.com>. The Contract System provides automated electronic alerts to the Recipient and any identified sub-contractors and allows for the electronic reporting and confirmation of the relevant data by all tiers of identified subcontractors. For additional information regarding this process, please contact OCSD. Compliance and payment reports may also be completed manually (Form OCSD-6) and submitted to the assigned OCSD Project Manager.

“Good Faith Efforts” is the standard applied to the SDVOB participation requirement in all applicable ESD incentives. As SDVOB utilization is encouraged, rather than required, for this project, Recipients are encouraged to adhere to this standard and ensure that proactive and ongoing efforts are made throughout the length of the project to include SDVOB participation in all categories where SDVOB participation potential exists. For additional details regarding Good Faith Efforts, please review section 252.2(m) of NYCRR 9 (SDVOB Rules and Regulations), found at: <https://ogs.ny.gov/Veterans/>

Any questions relating to the SDVOB requirements stated herein may be directed to ESD’s Office of Contractor and Supplier Diversity at [OCSD@esd.ny.gov](mailto:OCSD@esd.ny.gov) or to the assigned OCSD Project Manager.

All communications to OCSD must clearly identify the ESD project number and provide pertinent details.



**OCSD-1 M/WBE AND SDVOB PARTICIPATION / EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

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I, \_\_\_\_\_ (CONTRACTOR OR GRANT REPRESENTATIVE),

the \_\_\_\_\_ (GRANTEE/COMPANY NAME)

agree to adopt the following policies with respect to the project being developed or services rendered at

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**NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY POLICY**

- (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (c) At the request of the ESD, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) Organization shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The organization and its sub-vendors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.
- (e) The organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with this contract.

**MWBE PARTICIPATION (MWBE)**

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participation goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.



**OCSD-1 M/WBE AND SDVOB PARTICIPATION / EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

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- (2) Request a list of State-certified M/WBEs from ESD’s Office of Contractor and Supplier Diversity (“OCSD”) and solicit bids from the listed vendors directly. OCSD may be reached via email at [OCSD@ESD.NY.GOV](mailto:OCSD@ESD.NY.GOV).
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

**SDVOB PARTICIPATION (SDVOB)**

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the SDVOB contract participation goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified SDVOBs, including solicitations to contractor associations.
- (2) Request a list of State-certified SDVOBs from ESD’s Office of Contractor and Supplier Diversity (“OCSD”) and solicit bids from the listed vendors directly. OCSD may be reached via email at [OCSD@ESD.NY.GOV](mailto:OCSD@ESD.NY.GOV).
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective SDVOBs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by SDVOBs and encourage the formation of joint venture and other partnerships among SDVOB contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to SDVOBs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting SDVOB contract participation goals.
- (6) Ensure that progress payments to SDVOBs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage SDVOB participation.

Agreed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

By: \_\_\_\_\_  
(SIGNATURE)

Print Name: \_\_\_\_\_

Title:



**OCSD-1 M/WBE AND SDVOB PARTICIPATION / EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

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**Minority & Women-owned Business Enterprise-Equal Employment Opportunity Liaison**

\_\_\_\_\_ (name of designated contractor/grantee liaison) is designated as the Minority and Women-owned Business Enterprise Liaison responsible for administering the Minority and Women-owned Business Enterprises-Equal Employment Opportunity (M/WBE-EEO) program.

**M/WBE Contract Goals**

\_\_\_\_\_% Minority Business Enterprise Participation  
\_\_\_\_\_% Women’s Business Enterprise Participation  
\_\_\_\_\_% **TOTAL/OVERALL M/WBE Participation Goal**

**EEO Contract Goals**

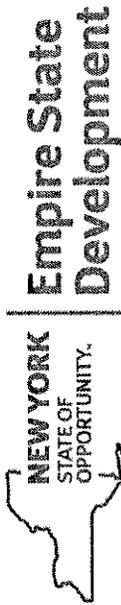
NOT APPLICABLE % Minority Labor Force Participation  
NOT APPLICABLE % Female Labor Force Participation

**SDVOB Contract Goals**

\_\_\_\_\_% Service Disabled Veteran Business Participation

\_\_\_\_\_  
(Signature of Contractor’s Authorized Representative)

\*Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_  
\*Title: \_\_\_\_\_  
\*Phone: \_\_\_\_\_  
\*Fax: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\_\_\_\_\_



**OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY**

**STAFFING PLAN**

**OCSD-2**

(REQUIRED ONLY OF CONTRACTS VALUED AT \$250,000 OR MORE)

Submit with Bid or Proposal – Instructions on page 2

<b>Contract No.:</b>	<b>Project Location:</b>
<b>Contract Name / Details:</b>	
<b>Company Name:</b>	
<b>Company Address and Contract Details:</b>	

**Report includes Prime Contractor/Subcontractors:**  
 Work force to be utilized on this contract  
 Total work force  
 Prime Contractor  
 Subcontractor  
**Subcontractor Name(s):** \_\_\_\_\_

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Work force by Gender		Work force by Race/Ethnic Identification						Disabled		Veteran				
	Total Work force	Total Male (M)	Total Female (F)	White		Black		Hispanic		Asian		Native American (M)	Native American (F)	(M)	(F)
				(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)				
Officials/Administrators															
Professionals															
Technicians															
Sales Workers															
Office/Clerical															
Craft Workers															
Laborers															
Service Workers															
Temporary /Apprentices															
<b>Totals</b>															

<b>PREPARED BY (Signature):</b>	<b>NAME:</b>	<b>ALTERNATE TEL:</b>	
<b>DATE:</b>	<b>TITLE:</b>	<b>EMAIL:</b>	
	<b>TELEPHONE:</b>	<b>OTHER:</b>	



**Empire State  
Development**

**OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY**

**OCSD-2**

**STAFFING PLAN**

(REQUIRED ONLY OF CONTRACTS VALUED AT \$250,000 OR MORE)

**General Instructions:** All Contractors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (Form OCSD-2) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or Subcontractor's total work force, the Contractor shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or Subcontractor's total work force, the Contractor shall complete this form for the contractor's and/or Subcontractor's total work force.

**Instructions:**

1. Enter the Contract or Solicitation number that this report applies to along with the name and address of your company or organization.
2. Check off the appropriate box to indicate if the Contractor completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Contractor's total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the M/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name and contact details of the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION:**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES:**

- DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- GENDER** Male or Female



### **Instructions for Submitting the Workforce Utilization Report**

The Workforce Utilization Report ("Report") is to be submitted on a monthly basis for construction contracts, and a quarterly basis for all other contracts, during the life of the contract to report the actual workforce utilized in the performance of the contract broken down by job title. When the workforce utilized in the performance of the contract can be separated out from the contractor's and/or subcontractor's total workforce, the contractor and/or subcontractor shall submit a Report of the workforce utilized on the contract. When the workforce to be utilized on the contract cannot be separated out from the contractor's and/or subcontractor's total workforce, information on the contractor's and/or subcontractor's total workforce shall be included in the Report.

Reports are to be submitted electronically, using the provided Report worksheet, to ESD within ten (10) days of the end of each month or quarter, whichever is applicable.

### **Instructions for Completing the Workforce Utilization Report**

1. Check off the appropriate box to indicate if the entity completing the Report is the contractor or a subcontractor.
2. Enter the number of the contract that the Report applies to along with the name and address of the contractor or subcontractor for which the Report has been prepared.
3. Check off the box that corresponds to the applicable quarterly or monthly reporting period for this Report.
4. Check off the appropriate box to indicate if the workforce being reported is just for the contract or the contractor's or subcontractor's total workforce.
5. Verify that job titles are provided under the column titled "SOC Job Title" for each employee whose work will be reflected on the Report. If a necessary job title is not included, please add the corresponding job category, title and corresponding job code to the "EEO 1 Job Categories" "SOC Job Title" and "SOC Job Code" columns from the list of job categories, SOC titles, and SOC codes reflected on the attached Classification Guide.
6. In the first group of boxes, identify the number of hours worked by persons identifying with each racial/ethnic category by gender for each job title in the SOC Job Title column.
7. In the second group of boxes, identify the number of persons identifying with each racial/ethnic category by gender for each job title in the SOC Job Title column.
8. Enter the name and title for the person completing the form, enter the date upon which the Report was completed, and check the box accepting the name entered into the Report as the digital signature of the preparer.

### **Race/Ethnic Identification**

Race/ethnic designations do not denote scientific definitions of anthropological origins. For the purposes of this Report, an employee must be included in the group to which he or she appears to



**OCSD-3A**

**Workforce Utilization Report Instruction Sheet**

belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this Report are:

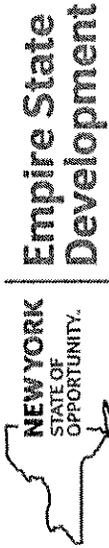
- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK/AFRICAN AMERICAN** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC/LATINO** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE AMERICAN/ALASKAN NATIVE** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**Resources**

If you have questions regarding these requirements, are unsure of the appropriate job titles to include in your Report, or otherwise require assistance in preparing or submitting the Report, please contact the Office of Contractor and Supplier Diversity (OCSD) at [OCSD@esd.ny.gov](mailto:OCSD@esd.ny.gov).







**OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY**  
MWBE AND SDVOB UTILIZATION PLAN

**OCSD-4**

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This MWBE and SDVOB Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) and/or Service Disabled Veteran Owned Business (SDVOB) under the contract. Attach additional sheets if necessary.

\* indicates mandatory fields

\*Contractor Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \*Representative Name: \_\_\_\_\_ Town, State & Zip: \_\_\_\_\_  
 \*Phone: \_\_\_\_\_ \*ESD Contract/Project Number: \_\_\_\_\_  
 \*Fax: \_\_\_\_\_ RFP/RFQ/Solicitation Number: \_\_\_\_\_  
 \*Email: \_\_\_\_\_ \*MWBE Goal: MBE \_\_\_\_\_% + WBE \_\_\_\_\_% = MWBE GOAL \_\_\_\_\_%  
 \*Total Dollar Value of Contract/Grant: \$ \_\_\_\_\_ \*SDVOB Goal: \_\_\_\_\_%

1. * Certified MWBE or SDVOB Firm Name, Contact Person's Name, Address, Phone and Email.	2. * Check All That Apply	3. * Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary, Attach Contract if available)	5. Dollar Value of Contract (if unavailable or yet undetermined, indicate \$1)
A.	NYS CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB			
B.	NYS CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB			



**OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY**  
MWBE AND SDVOB UTILIZATION PLAN

**OCSD-4**

<p>6. If unable to fully meet the MWBE and/or SDVOB goals set forth in the contract, the Contractor must submit a Waiver Request form, which may be obtained from the Office of Contractor and Supplier Diversity, at <a href="mailto:OCSD@ESD.NY.GOV">OCSD@ESD.NY.GOV</a>.</p>	
<p>PREPARED BY (Signature): _____ DATE: _____</p> <p>Preparer's Name (Print or Type): _____</p> <p>Preparer's Title: _____</p> <p>Date: _____</p>	<p>TELEPHONE NO.: _____ EMAIL ADDRESS: _____</p>
<p><b>** FOR OCSD USE ONLY **</b></p>	
<p>REVIEWED BY: _____ DATE: _____</p>	<p><b>UTILIZATION PLAN APPROVED?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p><b>Contract No.:</b> _____</p> <p><b>Project No. (if applicable):</b> _____</p> <p><b>Contract Award Date:</b> _____</p> <p><b>Estimated Date of Completion:</b> _____</p> <p><b>Amount Obligated Under the Contract:</b> _____</p> <p><b>Description of Work:</b> _____</p>
<p><b>NOTICE OF DEFICIENCY ISSUED?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Issue: _____</p> <p><b>NOTICE OF ACCEPTANCE ISSUED?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Issue: _____</p>	

SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE AND SDVOB REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW ARTICLES 15-A AND 17-B, 5 NYCRR PART 143, 9 NYCRR PART 252, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.

The MWBE Certification status of the firms listed on this form **MUST** be verified using the New York State Contract System's Directory of Certified Minority and Women-owned Business Enterprises.

**This directory is available at <https://ny.newnycontracts.com>.**

The SDVOB Certification status of the firms listed on this form **MUST** be verified using the Directory of New York State Certified Service-Disabled Veteran-Owned Businesses.

**This directory is available at <https://online.ogs.ny.gov/SDVOB/search>.**



<b>Request for Waiver</b>		
Grantee / Contractor Name:	Fed ID No.:	
Full Address:	Contract / Project Number:	
Project Details (Project Name, Project Location):	Have you Previously submitted a Waiver Request? (YES/NO)	
Current Contract Value:	MWBE Goal: MBE      % + WBE      % Overall MWBE Goal:      % SDVOB Goal:      %	
<p><b>By submitting this form and the required information, the Contractor certifies that every "Good Faith Effort" has been taken to promote MWBE and SDVOB participation pursuant to the MWBE and SDVOB requirements set forth under the contract. Review 5 NYCRR § 142.8 and 9 NYCRR § 252, Contractor's Good Faith Efforts, for the precise definition of "Good Faith Effort." Failure to adequately demonstrate Good Faith Efforts will result in a denial of your Waiver Request. It is the Contractor's responsibility to ensure that adequate, clear and complete information is presented to the Office of Contractor and Supplier Diversity ("OCSD").</b></p>		
<p><b>*UTILIZATION VALUE MET:</b></p> <p style="text-align: center;">MBE: \$ _____   WBE: \$ _____   SDVOB: \$ _____</p>		
<p><b>*CONTRACTOR IS REQUESTING :</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> <b>MBE Waiver</b> – A waiver of the MBE Goal for this procurement is requested. REQUESTED MBE GOAL: _____%</li> <li>2. <input type="checkbox"/> <b>WBE Waiver</b> – A waiver of the WBE Goal for this procurement is requested. REQUESTED WBE GOAL: _____%</li> <li>3. <input type="checkbox"/> <b>OVERALL MWBE Waiver</b> – A waiver of the MWBE Goal for this procurement is requested. REQUESTED MWBE GOAL: _____%</li> <li>4. <input type="checkbox"/> <b>SDVOB Waiver</b> – A waiver of SDVOB Participation Goal for this procurement is requested. REQUESTED SDVOB GOAL: _____%</li> </ol>		
<p>PREPARED BY (Signature): _____ Date: _____</p> <p>SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT THAT IT HAS MADE GOOD FAITH EFFORTS, PURSUANT TO 5 NYCRR §142.8 AND/OR 9 NYCRR §252, TO INCLUDE THE PARTICIPATION OF NEW YORK STATE CERTIFIED MINORITY AND WOMEN OWNED BUSINESSES AND SERVICE DISABLED VETERAN OWNED BUSINESSES IN THE ABOVE PROJECT OR CONTRACT. CONTRACTOR HEREBY AGREES TO PROVIDE ANY AND ALL RELEVANT DOCUMENTATION IN SUPPORT OF THE DEMONSTRATION OF ITS GOOD FAITH EFFORTS AND ACKNOWLEDGES THAT IT HAS PROVIDED WITH THIS WAIVER REQUEST ALL AVAILABLE DOCUMENTATION SUPPORTING ITS GOOD FAITH EFFORTS.</p>		
<b>*Name and Title of Preparer:</b>	<b>*Telephone Number:</b>	<b>*Email:</b>



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## Contractor's Good Faith Efforts

- (a) Contractors must document their good faith efforts toward utilizing certified firms, including but not limited to, those identified within a utilization plan. Such documented efforts, shall include, at a minimum:
- (1) Copies of its solicitations of certified firms enterprises and any responses thereto;
  - (2) If responses to the contractor's solicitations were received, but a certified firm was not selected, the specific reasons that such firm was not selected;
  - (3) Copies of any advertisements for participation by certified firms timely published in appropriate general circulation, trade, MWBE and SDVOB oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;
  - (4) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified firms enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;
  - (5) Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified firms.
- (b) In addition to the information provided by the contractor in subdivision (a) above, the State agency may also consider the following to determine whether the contractor has demonstrated good faith efforts:
- (1) where applicable, whether the contractor submitted an amended utilization plan consistent with the subcontract or supplier opportunities in the contract;
  - (2) the number of certified firms in the region listed in the directory of certified businesses that could, in the judgment of the State agency, perform work required by the State contract scope of work;
  - (3) the actions taken by the contractor to contact and assess the ability of certified firms located outside of the region in which the State contract scope of work is to be performed to participate on the State contract;
  - (4) whether the contractor provided relevant plans, specifications or terms and conditions to certified firms sufficiently in advance to enable them to prepare an informed response to a contractor request for participation as a subcontractor or supplier;
  - (5) the terms and conditions of any subcontract or provision of suppliers offered to certified firms and a comparison of such terms and conditions with those offered in the ordinary course of the contractor's business and to other subcontractors or suppliers of the contractor;
  - (6) whether the contractor offered to make up any inability to comply with the certified firms goals in the subject State contract in other State contracts being performed or awarded to the contractor;
  - (7) the extent to which contractor's own actions, including but not limited to, any failure by contractor to discharge contractor's duties pursuant to this Part, Articles 15-A or 17-B of the Executive Law, contributed to contractor's inability to meet the maximum feasible portion of the contract goals;
  - (8) whether the contractor knowingly utilized one or more certified firms, in the performance of the subject State contract, that contractor knew or reasonably should have known could not perform a commercially useful function.



- (9) whether the contractor submitted compliance reports, which identified certified firms that contractor knew or reasonably should have known did not perform a commercially useful function on a State contract on which goals were assigned. and
- (10) any other information that is relevant or appropriate to determining whether the contractor has demonstrated a good faith effort.

<p>Submit with the bid or proposal or if submitting after award submit to:</p> <p><b>Empire State Development Office of Contractor and Supplier Diversity 633 Third Avenue, 35<sup>th</sup> Floor New York, New York 10017</b></p>	<b>***** FOR OCSD USE ONLY *****</b>	
	<b>REVIEWED BY:</b>	<b>DATE:</b>
	<p>Waiver Granted: <input type="checkbox"/> YES    MBE: <input type="checkbox"/>    WBE: <input type="checkbox"/>    SDVOB: <input type="checkbox"/></p> <p><input type="checkbox"/> Total Waiver                      <input type="checkbox"/> Partial Waiver</p> <p><input type="checkbox"/> *Conditional                          <input type="checkbox"/> Notice of Deficiency Issued _____</p> <p><b>* Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	



**Empire State  
Development**

**OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY**

**OCSD-6**

**MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT**

CONTRACTOR/GRANTEE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TOWN/COUNTY/ZIP: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

ESD OCSD REPRESENTATIVE: \_\_\_\_\_  
 CONTRACT/PROJECT NAME: \_\_\_\_\_  
 CONTRACT/PROJECT #: \_\_\_\_\_  
 PROJECT START DATE: \_\_\_\_\_  
 PERCENT COMPLETE: \_\_\_\_\_  
 ACTUAL COMPLETION DATE: \_\_\_\_\_

REPORTING PERIOD:  Monthly for the Month of: (Month) (Year)  
 Quarterly (Check Applicable):  Quarter 1 (4/1-6/30) |  Quarter 2 (7/1-9/30) |  Quarter 3 (10/1-12/31) |  Quarter 4 (1/1-3/31)

Attach MWBE and SDVOB executed contracts, wire transfer confirmations and cancelled checks as proof of payment to the identified MWBEs and SDVOBs. This report should be completed and signed by an officer of the Reporting Company. Attach additional sheets if necessary.

PRIME CONTRACTOR, if different from above (Name, Address, Contact Person, Title and Phone # with area code)	PRIME CONTRACT AMOUNT	MWBE or SDVOB SUBCONTRACTOR (Name, Address, Contact Person, Title and Phone # with area code)	NYS CERTIFICATION (Check One)	DESCRIPTION OF SERVICES	CONTRACT AMOUNT	PAYMENTS PREVIOUSLY REPORTED	PAYMENTS ON CURRENT REPORT	TOTAL PAYMENTS TO DATE
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, \_\_\_\_\_ (Print Name), the \_\_\_\_\_ (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Submission of this form constitutes the Contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the Contract.



**Empire State  
Development**

**OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY**

**OCSD-6**

MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

**SUBMIT REPORT TO:** Office of Contractor and Supplier Diversity  
 Empire State Development  
 633 Third Avenue, 35<sup>th</sup> Floor  
 New York, NY 10017

Completed forms may be emailed directly to OCSD at [ocsd@esd.ny.gov](mailto:ocsd@esd.ny.gov). All email submissions must include ESD's project/contract number(s), and the name and contact information of the individual or firm submitting the information.

**QUESTIONS?** Please contact the OCSD's Compliance Managers or email the office at [ocsd@esd.ny.gov](mailto:ocsd@esd.ny.gov).

<b>Danielle Adams</b> (518) 474-2569 <a href="mailto:Danielle.Adams@esd.ny.gov">Danielle.Adams@esd.ny.gov</a>	<b>Bertrand Dorcilien</b> (212) 803 - 3571 <a href="mailto:Bertrand.dorcilien@esd.ny.gov">Bertrand.dorcilien@esd.ny.gov</a>	<b>Kelly Forsey</b> (716) 846-8238 <a href="mailto:Kelly.forsey@esd.ny.gov">Kelly.forsey@esd.ny.gov</a>	<b>Jordan Kaplan</b> (212) 803-3659 <a href="mailto:Jordan.kaplan@esd.ny.gov">Jordan.kaplan@esd.ny.gov</a>	<b>Denise Ross</b> (212) 803-3226 <a href="mailto:Denise.ross@esd.ny.gov">Denise.ross@esd.ny.gov</a>	<b>Ami Shipley</b> (212) 803-3222 <a href="mailto:Ami.shipley@esd.ny.gov">Ami.shipley@esd.ny.gov</a>
<b>R E G I O N S :</b>					
Capital District SUNY Poly Portfolio Mohawk Valley Dept. of Economic Development	Long Island North Country NYC – Bronx, Brooklyn, Queens	Finger Lakes Western New York ESD Subsidiaries – ECHDC, USA Niagara	Central NY Southern Tier ESD Subsidiary -- AYCDC	Mid-Hudson NYC- Manhattan, Staten Island	ESD Procurement Contracts ESD Subsidiaries – CCDC, QWDC, LMDC, ESNMC, HCDC, MSDC



Steven M. Neuhaus  
County Executive

## OFFICE OF COMMUNITY DEVELOPMENT

Nicole Andersen, Director  
40 Matthews Street, Suite 307A  
Goshen, NY 10924  
Tel: (845) 615-3820

Email: [CommDev@orangecountygov.com](mailto:CommDev@orangecountygov.com)

February 26, 2024

Dear Urban County Consortium Member:

We are pleased to announce the start of the FY-2025 Community Development Block Grant (CDBG) Municipal Grant Application process. The application will only be transmitted via email and is also available on the Community Development website at <https://www.orangecountygov.com/192/Community-Development>. Please feel free to share the information with any other interested party. Here are some important bullets to note regarding this year's application process:

1. Public Hearing held my municipality - Any municipality that applies for funding must hold a public hearing to inform citizens of the opportunity to apply for CDBG funding, review its community development needs, and obtain citizen input, particularly from people with low to moderate income regarding which activity should be applied for through the CDBG application, and authorize the Municipal Official to submit an application.
2. All CDBG applications due via email to the Office of Community Development (OCD) no later than 4:00 PM, Friday, June 21, 2024.
3. At least one representative employed by (not contracted by) the Applicant/Municipality must attend a **MANDATORY Virtual CDBG Application Workshop** on Wednesday, March 14, 2024, from 9:30 am to 11:30 noon via Microsoft Teams. There can be no exceptions to the application deadline or attendance at the meeting. **We suggest that the Municipal Official, Primary Contact, AND Project Manager/Engineer (if applicable) attend.** This year's workshop will be different than those in the past, as we will review and focus on the application as well as the agreement that municipalities will execute with the County of Orange to receive the CDBG funds for reimbursement of the project.
4. **At least one representative employed by (not contracted by)** the Applicant/Municipality must attend the Office of Community Development's **MANDATORY Virtual Fair Housing Presentation** to be held on May 2, 2024, from 11:30 am to 12:30 pm via Microsoft Teams. **We suggest that the Municipal Official who will sign the CDBG agreement attend.**
5. To register and be sent the Microsoft Teams Invites for either or both workshops, e-mail a list of Attendees with their Contact Information to [nandersen@orangecountygov.com](mailto:nandersen@orangecountygov.com).

Thank you for your continued interest in this important program and we look forward to assisting you with your CDBG application. If you have any questions, please do not hesitate to contact me at (845) 615-3819 or [nandersen@orangecountygov.com](mailto:nandersen@orangecountygov.com).

Sincerely,

*Nicole Andersen*

Nicole Andersen  
Director of Community Development

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 1867

**Village of Warwick**

**Request for Quotes**

**Records Management Services**

**Issue Date: February 8, 2024**

**Deadline for Questions: February 13, 2024, by 12:00 p.m.**

**Quotes to be Received by: February 15, 2024, by 4:00 p.m.**

**Submit Electronic Quotes to:**

**Raina Abramson, Village Clerk/Records Management Officer**

**Email: [clerk@villageofwarwick.org](mailto:clerk@villageofwarwick.org)**

**Village of Warwick  
Request for Quotes  
Records Management Services**

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**Village of Warwick  
Request for Quotes  
Records Management Services**

**I. REQUEST FOR QUOTE**

The Village of Warwick, New York desires to submit a NYS Archives Local Government Records Management Improvement Fund (LGRMIF) inventory and planning grant application for the 2024-2025 grant cycle.

The Village is soliciting quotes from qualified Consultants ("Consultant(s)") to provide records management services for records located in the **Building & Planning Department, Department of Public Works, Water Department & Assessor's Office**. The consultant is to inventory approximately 570 cubic feet of active and inactive records, provide a needs assessment report, reorganize and categorize records according to New York State Archives retention and disposition schedule, produce a Records Management Policy and Procedures and train staff on records management procedures, (the "Project").

Approximately 110 cubic feet of inactive building plans are in a 6' x 10' offsite non-temperature controlled inactive Building Department Records Room located approximately 1 mile from Village Hall at the Department of Public Works garage, 24 Memorial Park Drive, Warwick, NY. The plans in the offsite inactive records room have been numbered and are stored on steel shelves, stacked in clear 'lay flat' 36" x 48" bags that contain an estimate of three to five 24" x 36" plans per bag. The numbers and corresponding property addresses have been entered into an excel spreadsheet in no order, making retrieval and replacement of plans difficult due to the disarray and weight of bags stacked on top of each other per shelf.

Another approximate 36 cubic feet of inactive water department plans and maps are located in the offsite non-temperature controlled Village Clerk's inactive records room also located at the Department of Public Works garage. Approximately 36 cubic feet of water department plans and maps are stacked on shelves, some are in map tubes, and some are loose. Most of these records are not properly labeled and have no organization.

Additionally, there are approximately 424 cubic ft. of active and inactive records stored at Village Hall in the attic, storeroom, hallway, meeting space, and offices. The records in these locations are stored in file cabinets, on top of file cabinets, stacked on wooden shelves, stacked on the floor and in closets. Some files are stored in banker's boxes, nonstandard size boxes, 2" x 2" x 38" map tubes, 2" x 26" x 38" map drawers, binders, or loosely stacked. The records include many legacy files from previous Building & Planning Department employees, Department of Public Works Supervisors, Water Department staff and Assessors. While some boxes and records are stored in file cabinets by record series, others are stored with little or no organization. All records need to be evaluated, duplicate and obsolete records need to be purged, and inactive records need to be boxed and labeled for removal to the inactive offsite inactive records room. Active records need uniform file conventions and proper organization.

A preliminary inventory summary of the records and images of actual storage areas can be found in *Appendix B*.

Records need to be evaluated for retention according to the Retention and Disposition Schedule for New York Local Government Records (LGS-1), and disposable records separated out for destruction.

Total records included in this project = approximately 570 cubic ft.

## **II. SCOPE OF SERVICES**

The Village is seeking the services of a consultant to perform the following services to implement the project. Respondent's quote shall address each of the following services, with a separate cost and timeline for each identified task. The quote shall address each of the requested services, using the same identifying language, including any paragraph or section numbers or letters as used in the RFQ.

### **A. Conduct a Needs Assessment & Creation of Needs Assessment Report**

- a. Assess current records management practices and evaluate potential for areas of improvement.
- b. Identify equipment and space needed to manage records.
- c. Identify record series and quantity of records which are candidates for electronic document conversion.
- d. Identify needs related to uniform file naming conventions for electronic records and active paper records.
- e. Identify needs for archival records.
- f. Identify materials and supplies needed for archiving records.
- g. Inventory number of records and types of records (i.e. paper, microfilm) to be processed
- h. Create work plan/timeline of estimated hours/days to process records.
- i. include a cost analysis for completing recommended activities in each of these categories.

**Deliverable:** Needs Assessment Report and Work Plan in electronic format.

### **B. Records Inventory & Management**

- a. Complete an Inventory of inactive and active records held by the Building & Planning Department.
- b. Complete and Inventory of inactive Department of Public Works records, Water Department records, and Assessor records.
- c. Examine, sort and organize records in boxes, filing cabinets, map drawers, map tubes, map bags, and binders according to records series, date span, and retention and disposition schedule.

- d. Box and label with record series, date span, retention schedule and destruction date.
- e. Place records currently stored in irregular boxes into standard record cartons and label with record series title, date span, and retention period.
- f. Label and place maps currently loosely stored in roll storage boxes or single roll boxes.
- g. Identify duplicated and/or obsolete records.
- h. Create Destruction Forms for obsolete records for sign-off by the Village Records Management Officer. Village of Warwick to be responsible for actual destruction of records after Destruction Forms completed.
- i. Create an electronic inventory database or spreadsheet of all records.
- j. Identify records to be transferred to the Village's Municipal Archives and Records Center for permanent storage or purging.

A preliminary inventory summary of the records and images of actual storage areas can be found in *Appendix B*.

**Deliverable:** An electronic inventory database or spreadsheet index of all records, including inactive, active, and archived records.

**C. Creation of Records Management Policy and Procedures Manual**

**The Consultant will create a Policy and Procedures manual to -**

- a. Provide guidelines on inactive and active document storing, retrieving and disposition schedules according to New York State Records Archives guidelines.
- b. Recommendation of type of files and data information that should be electronically indexed (if applicable).
- c. Provide guidelines on retention periods and definitions of records series for identification in the LGS-1 Retention and Disposition Schedule.
- d. Provide office copies of the LGS-1, specific to the types of records found in the Building & Planning Department.
- e. Additional best practices recommendations for records management.

**Deliverable:** Records Management Policy and Procedures Manual in electronic and hard copy format, with (2) printed copies. Office copies of the LGS-1, specific to the types of records found in the Building & Planning Department, in electronic and hard copy format.

**D. Creation of a Records Management Plan**

- a. Work with the Village's Records Management Officer and Village staff to develop a written Records Management Plan for the development of the Village Records Management Program, defining both short-term and long-term goals, including electronic content management, and identify needs for accomplishing each goal.

**Deliverable:** Records Management Plan in electronic and hard copy format, with (2) printed copies.

**E. Staff Training**

- a. Provide training to Village staff in policies and procedures and use of the inventory database.

**Deliverable:** Training presentation, handouts or quick reference guidelines.

**III. FEE STRUCTURE**

Fee is based on a flat rate of \$600- \$800 per diem with a minimum of 8 working hours per day; the hourly rate is \$75 - \$100. This rate includes all expenses and overhead of the consultant.

NOTE: rate varies depending on level of work. Clerical work is \$75.00 per hour or \$600 per diem (for 3 people per hour) and professional services are \$100.00 per hour or \$800 per diem.

**Item A: Needs Assessment & Creation of Needs Assessment Report**

50 hours at a rate of \$100.00 per hour for a total cost of \$5,000.

**Item B: Records Inventory & Management**

The Records Inventory & Management are based on the quantity of active and inactive paper records: Approximately 570 cubic feet.

570 cubic feet inventoried at 2 cubic feet per hour for 285 hours at a rate of \$75.00 per hour for a total cost of \$21,375.

Hourly rate & total cost includes the work that will be performed by 3 number of people.

**Item C: Creation of Records Management Policy and Procedures Manual:**

50 hours at a rate of \$100.00 per hour for a total of \$5,000.

**Item D: Creation of a Written Records Management Plan**

50 hours at a rate of \$100.00 per hour for a total of \$5,000.

**Item E: Staff Training**

8 hours at a rate of \$100.00 per hour for a total of \$800.

**Grand Total for Items A-E**

473 hours at a rate of \$600 - \$800 per hour for a Grand Total of \$ 37,175

It is estimated that the consultant will be on site 4 days per week, at 8 hours per day, for approximately 20 days.

**Total Cost Not to Exceed**

For all services described above in Scope of Services for a **grand total cost not to exceed:**  
\$ 37,175

**IV. TIMELINE**

Project to commence no earlier than July 1, 2024, and must be completed on or before April 1, 2025. These dates are subject to change within the Village of Warwick's sole discretion.

**V. QUOTE PREPARATION AND SUBMISSION PROCESS**

Through this procurement the Village of Warwick seeks to:

1. Determine the Consultant's interest in performing the work,
2. Determine the Consultant's ability to perform the work,
3. Determine the Consultant's ability to meet the project schedule, and
4. Determine the most qualified consultant to perform the work.

To make these determinations, the following information must be submitted electronically by 4 PM on February 15, 2024. Quotes must be emailed to Raina Abramson, Village Clerk/Records Management Officer, at: [clerk@villageofwarwick.org](mailto:clerk@villageofwarwick.org)

**The quotes should include the following information in the order specified:**

- A. **Project statement:** A Project narrative that describes the Consultant understanding of the Village's needs and the unique value the Consultant will bring to the process.
- B. **Description of Services:** Methodology the Consultant will use to perform the services required in this RFQ. The quote should address, in detail, the tasks as described in the Scope of Services, identified by numbered or lettered sections.
- C. **Consultants' Qualifications:** Information about the Consultant, including a brochure and resume outlining the Consultant's relevant background, experience and qualifications for this Project. Include information about prior engagements similar to that being

solicited herein by the Village. Documented evidence of the Consultant's capacity to perform the work, including references, contact names, and phone numbers.

- D. **Project Budget:** The Consultant's quote shall address each of the scope of services, items A-E, with a separate cost and timeline for each identified task as noted in item III 'Fee Structure' including staff hours and billing rates for all project personnel and subcontractors, as well as a total project fee. The quote shall address each of the requested services, using the same identifying language, including any paragraph or section numbers or letters as used in the RFQ. If appropriate, provide a table with specific fees identified.
- E. **Project personnel:** The name and resume of the Consultant's lead person for the Project. Names, resumes, and roles of all staff who will be involved in the Project. Provide data on the diversity of Respondent's overall workforce, including total number of employees, and percentages of minorities and females employed.
- F. **Subcontractors:** Names, resumes, and roles of sub-contractors, associates, or any nonemployees who will be involved in the Project.
- G. **MWBE:** Article 15-A of the New York State Executive Law authorized the creation of an Office (now Division) of Minority and Women's Business Development to promote employment and business opportunities on state contracts for minorities and women. Under this statute, state agencies are charged with establishing employment and business participation goals for minorities and women.

The M/WBE participation goal for LGRMIF grants is 30% of the grant project budget.

Consultants must provide a statement that includes whether or not they are a bona fide NYS Certified MWBE firm, will use bona fide NYS Certified MWBE subcontractors and the percentage of the workforce utilized to perform the work of this contract who will be either Minority (M) or Women (W), including both the Consultant's workforce and that of any subcontractors who will be utilized.

Quotes must include the attached M/WBE 100 Utilization Plan found in Appendix C & EEO 100 Staffing Plan and Instructions found in Appendix D.

- H. **Insurance:** Provide proof of insurance for Worker's Compensation, Employer's Liability, General Liability, Automobile Liability and Professional Liability insurance. See Village requirements included in Appendix A 'General Instructions for Proposals'.
- I. **Statement of Non-Collusion:** Signed & Notarized 'Statement of Non-Collusion by Bidder' as required in Appendix A 'General Instructions for Proposals'.

- J. ***Hold Harmless Agreement:*** Signed and Notarized 'Hold Harmless Agreement' as required in Appendix A 'General Instructions for Proposals'.

## **VI. SELECTION PROCESS**

Based on a review and evaluation of the information provided in Items A through E above, the Village will rank the Consultant Firms that respond and select the Consultant Firm, ranked as the most qualified to meet the Village's needs. All questions and/or requests for classifications must be submitted via email to Village Clerk/Records Management Officer, Raina Abramson, by emailing [clerk@villageofwarwick.org](mailto:clerk@villageofwarwick.org) by February 13, 2024, by 12:00 Noon.

The Village of Warwick retains the right to request additional information from all respondents and reject all responses at its sole discretion. The Village of Warwick will select one qualified firm to perform the work.

APPENDIX A

VILLAGE OF WARWICK GENERAL INSTRUCTIONS FOR PROPOSALS,  
STATEMENT OF NON-COLLUSION BY BIDDER & HOLD HARMLESS AGREEMENT

**VILLAGE OF WARWICK  
GENERAL INSTRUCTIONS FOR PROPOSALS**

Contractors will be bound to the conditions and requirements set forth in these general instructions, and such instructions shall form an integral part of each contract awarded by the Village of Warwick.

**PROPOSALS**

1. The deadline to submit proposals will be given in the Request for Proposals.
2. All proposals must be submitted in accordance with the instructions provided by the Village of Warwick.
3. All proposals received after the time stated in the Request for Proposals will not be considered and will be returned unopened to the contractor. The contractor assumes the risk of any delay in the mail or in the handling of the mail by the employees of the Village. Whether sent by mail or by means of personal delivery, the contractor assumes responsibility for having the proposal deposited on time at the place specified.
4. All information required by the Request for Proposals, the General and Special Instructions, and the Proposal Form must be given to constitute a proposal.
5. The submission of a proposal will be construed to mean that the contractor is fully informed as to the extent and character of the supplies, materials, or equipment's required and a representation that the contractor can furnish the supplies, materials, or equipment satisfactorily in complete compliance with the specifications.
6. No alteration, erasure, or addition is to be made in the typewritten or printed matter. Deviations from the specifications must be set forth in space provided in the proposal for this purpose.
7. Prices and information required must be legible. Illegible or vague proposals may be rejected. All signatures must be written. Facsimile, printed, or typewritten signatures are not acceptable.
8. No charge will be allowed for federal, state, or municipal sales and excise taxes since the Village is exempt from such taxes. The price proposal shall be net and shall not include the amount of any tax.
9. The contractor's attention is directed to the fact that all applicable Federal and State laws, municipal ordinances, and the rules and regulations of all authorities having jurisdiction over the project shall apply to the contract throughout, and they will be deemed to be included in the contract the same as though herein written out in full.
10. Each envelope containing a Proposal must bear on the outside, the name and address of the Contractor, and the name of the project for which the Proposal is submitted. If forward by mail, the sealed envelope containing the Proposal must be enclosed in another envelope addressed as specified above.
11. No interpretations of the meaning of the drawings, specifications or others proposal documents will be made to any contractor orally. Every request for such interpretation should be in writing

addressed to the Village of Warwick and to be given consideration must be received at least five (5) working days prior to the date fixed for the opening of proposals. Any and all such interpretations and any supplemental instructions will be in the form of written addenda to the specifications which, if issued, will be sent to all prospective contractors (at the respective addresses furnished for such purposes) not later than three working days prior to the date fixed for the opening of proposals. Failure of any contractor to receive any such addendum or interpretation shall not relieve such contractor from any obligation under his proposal as submitted. All addenda so issued shall become part of the contract documents.

12. If the supplies, materials, or equipment are to be delivered over an extended period of time or if the specifications so state, then the successful contractor may be required to execute an agreement in relation to the performance of his/her contract. If the specifications so state, the successful contractor may be required to furnish a performance bond equal to the full amount of the contract to guarantee the faithful performance of such contract. Such performance bond shall be maintained in full force and effect until the contract shall have been fully performed. The surety company furnishing such performance bond shall be authorized to do business in the State of New York and must be satisfactory to the Village of Warwick.
13. All contractors are required to execute a non-collusion certificate pursuant to Section 103 of the General Municipal Law of the State of New York.
14. The contractor agrees to abide by the requirements under Executive Order No. 11246, as amended, including specifically, the provisions of the equal opportunity clause.

#### INSURANCE

15. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the contractor/permittee hereby agrees to effectuate the naming of the Village of Warwick as an unrestricted additional insured on the contractor's insurance policies, with the exception of workers' compensation. If the contractor is self-insured, evidence of its status as a self-insured entity shall be provided to municipality. If requested, the contractor must describe its financial condition and the self-insured funding mechanism.
16. The policy naming the municipality as an additional insured shall:
  - a. Be an insurance policy from an A.M. Best rated "secure" insurer, authorized to write business in New York State.
  - b. Contain a 30-day notice of cancellation.
  - c. State that the organization's coverage shall be primary coverage for the Municipality, its Board, employees and volunteers.
  - d. The municipality shall be listed as an additional insured by using endorsement CG 2010 10 85 or equivalent. The certificate must state that this endorsement is being used. If another endorsement is used, a copy shall be included with the certificate of insurance.

- e. The certificate of insurance must describe the specific services provided by the contractor (e.g., roofing, carpentry, plumbing, etc.) that are covered by the commercial general liability policy and the umbrella policy.
  - f. At the Municipality's request, the contractor shall provide a copy of the declaration page of the liability and umbrella policies with a list of endorsements and forms. If so requested, the contractor will provide a copy of the policy endorsements and forms.
17. The contractor/permittee agrees to indemnify the municipality for any applicable deductibles.
18. Required Insurance:
- a. **Commercial General Liability Insurance**
    - i. \$1,000,000 per occurrence/ \$2,000,000 Products/completed operations aggregate and
    - ii. \$2,000,000 general aggregate. The general aggregate is to apply on a per project basis
    - iii. Policy to include full contractual liability coverage.
  - b. **Automobile Liability**
    - i. \$1,000,000 combined single limit for owned, hired and borrowed and non-owned motor vehicles.
  - c. **Excess/Umbrella Insurance**
    - i. \$1,000,000; \$3,000,000; \$5,000,000 each Occurrence and Aggregate depending on the type and size of the project.
  - d. **Workers' Compensation and N.Y.S. Disability**
    - i. Statutory Workers' Compensation, Employers' Liability and N.Y.S. Disability Benefits Insurance for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACORD certificates are not acceptable.
  - e. **Environmental Contractors Liability Insurance & Pollution Liability**
    - i. With coverage for the services rendered for the municipality, including, but not limited to removal, replacement enclosure, encapsulation and/or disposal of hazardous materials, along with any related pollution events, including coverage for third-party liability claims for bodily injury, property damage and clean-up costs. \$2,000,000 per occurrence/\$2,000,000, including products and completed operations. If a retroactive date is used, it must pre-date the inception of the contract. If the contractor is using motor vehicles to be used for transporting hazardous materials, the Contractor shall provide pollution liability broadened coverage (ISO endorsement CA 9948 or equivalent) as well as proof of MCS 90.

- f. **Owners Contractors Protective Insurance** (Required for large construction projects.)
  - i. \$1,000,000 per occurrence/\$2,000,000 aggregate; the Municipality as the named insured.

- g. **Bid, Performance and Labor & Material Bonds**

- i. If required in the specifications, these bonds shall be provided by a New York State admitted surety company, in good standing.
- 19. Contractor acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract. The contractor/permittee is to provide the municipality with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities. The failure of the municipality to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any and all rights held by the municipality.
- 20. The municipality is a member/owner of the NY Municipal Insurance Reciprocal (NYMIR). The contractor further acknowledges that the procurement of such insurance as required herein is intended to benefit not only the municipality but also the NYMIR, as the municipality's insurer

**LABOR STANDARDS**

- 21. The wages to be paid by the contractor shall be not less than the prevailing rate of wages as defined by the New York State Department of Labor. No employee shall be deemed to be an apprentice unless he is individually registered in an apprenticeship program which is duly registered with the commissioner of labor.
- 22. The contractor shall maintain documentation which demonstrates compliance with hour and wage requirements. Such documentation shall be submitted to the Village for review.
- 23. In the hiring of employees for the performance of work under this contract or subcontract hereunder, neither the contractor or any subcontractor, shall by reason of race or color discriminate against any citizen of the State of New York who is qualified and available to perform the work to which the employment relates, nor shall the contractor, any subcontractor, or any person acting on behalf of the contractor or subcontractor discriminate in any manner against or intimidate any employee hired for the performance of work under this contract on account of age, race, creed, color, national origin or sex, in accordance with Executive Law 296, Sections 20 through 23.

**AWARDS**

- 24. Award will be made to the lowest responsible contractor, as will best promote the public interest, taking into consideration the reliability of the contractor, the quality of the materials, equipment, or supplies to be furnished, their conformity with the specifications, the purpose of which is required, and the terms of delivery.
- 25. The Village of Warwick reserves the right to reject any or all proposals. The Village may consider informal any Proposal not prepared and submitted in accordance with the provisions hereof.

Also reserved is the right to reject, for cause, any proposal in whole or part; to waive any informalities, technicalities, qualifications, irregularities, and omissions if in its judgment the best interests of the Village will be served.

26. Any Proposal may be withdrawn prior to the above scheduled time for the opening of the Proposals or authorized postponements thereof. No Contractor may withdraw a Proposal within 45 days after the actual date of the opening thereof.

#### CONTRACTS

27. A contract shall bind the successful contractor on his part to furnish and deliver at the prices and in accordance with the conditions of this proposal. Contract shall bind the Village on its part to order from the successful contractor and to pay at the contract prices, unless otherwise specified.
28. The placing in the mail of a notice of award to the successful contractor, to the address given in his proposal, will be considered sufficient notice of acceptance of this proposal.
29. A contract may be cancelled for non-performance.
30. No items are to be shipped or delivered until receipt of an official purchase order from the Village of Warwick.
31. It is mutually understood and agreed that the successful contractor shall not assign, transfer, convey, sublet or otherwise dispose of the contract of his/her right, title or interest therein, or his power to execute such contract, to any other person, company or corporation, without the previous written consent of the Village of Warwick.

#### INSTALLATION OF EQUIPMENT

32. All equipment will be purchased at the discretion of the Village of Warwick.
33. The successful contractor shall clean up and remove all debris and rubbish resulting from his/her work from time to time as required or directed. Upon completion of the work the premise shall be left in neat, unobstructed condition, and the building room cleaned, and everything in perfect repair order. Materials are the property of the successful contractor unless otherwise specified.
34. Equipment, supplies, and materials shall be stored at the site only on the approval of the Village and at the successful contractor's risk. In general, on-site storage should be avoided to prevent possible damage or loss of materials.
35. Work shall be progressed so as to cause the least inconvenience to the Village and with proper consideration for the rights of other successful contractors or workmen. The successful contractor shall keep in touch with the entire operation and install his work promptly.
36. Contractors shall acquaint themselves with conditions found at the site and shall assume all responsibility for placing and installing the equipment in locations required.

### **GUARANTEES BY THE SUCCESSFUL CONTRACTOR**

37. The successful contractor guarantees:
- a. His/her products against defective material or workmanship and to repair or replace any damages or marring occasioned in transit,
  - b. To furnish adequate protection from damage for all work and to repair damages of any kind for which he/she or his/her workmen are responsible, to the building or equipment, to his/her own work, or to the work of other successful contractors or workmen,
  - c. To carry adequate insurance to protect the Village from loss in case of accident, fire, theft, etc.,
  - d. The equipment or materials delivered is standard, new, latest model, or regular stock product or as required by the specifications, also that no attachment or part has been substituted or applied contrary to the manufacturer's recommendations and standard practice,
  - e. Any merchandise provided the contract, which is or becomes defective during the guarantee period, shall be replaced by the successful contractor free of charge with the specific understanding that all replacements shall carry the same guarantee as the original equipment. The successful contractor shall make any replacement immediately upon receiving notice from the Village.
38. The successful contractor shall not be held responsible for any delays by wars, acts of public enemies, strikes, floods, fires, act of God, or for any other acts not within the control of the successful contractor and which by the exercise of reasonable diligence he/she is unable to prevent.

### **PAYMENTS**

39. Payment will be made only after correct presentation of Vouchers and/or invoices as may be required.
40. Payments of any claim shall not preclude the Village from making claim for adjustment of any item found to not have been in accordance with the specifications.

### **SEXUAL HARASSMENT POLICY**

41. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all its employees. Such policy shall, at minimum, meet the requirements of Section 201-G of the New York State Labor Law.

**STATEMENT OF NON-COLLUSION BY BIDDER  
PURSUANT TO SECTION 103-D  
GENERAL MUNICIPAL LAW**

**PROJECT TITLE:** \_\_\_\_\_

I, \_\_\_\_\_ of the (Town, Village, City) of \_\_\_\_\_ in the County of \_\_\_\_\_ and the State of \_\_\_\_\_, of full age, being duly sworn according to law on my oath depose and say that:

I am Caroline Gallego an officer of the firm of Gallego Information Services the bidder making the Proposal for the above named work, and that I executed the said Proposal with full authority to do so; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise in connection with the above named work; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with the full knowledge that Village of Warwick as Owner relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for said work.

The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any bidder, with any competitor;

Unless otherwise require by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder, and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor;

No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition;

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except Bonafede employees or bonafide established commercial or selling agencies maintained by Gallego Information Services

(Name of Contractor)  
Signature: Caroline Gallego Date: 2/15/2024

Print Name: Caroline Gallego  
Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**HOLD HARMLESS AGREEMENT**  
**(This form must be signed and notarized – submit with proposal)**

It is hereby agreed and understood that the Contractor agrees to hold harmless and indemnify the Village of Warwick, or any officer, agent, servant, or employee of the Village of Warwick from and against any and all liability, loss, damage, claim or action, to the extent permissible by law, arising out of operations performed or services provided by the Contractor under the contract or which may arise out of:

1. Any injury to person or property sustained by the Contractor, its agents, servants, or employees of by any person, firm, or corporation employed directly or indirectly by them upon or in connection with their performance under the contract, however caused;
2. Any injury to person or property sustained by any person, firm, or corporation, caused by any act, default, error or omission of the Contractor, its agents, servants, or employees or any person, firm, or corporation employed directly or indirectly by them upon or in connection with their performance under the contract.

The assumption of indemnity, liability and loss hereunder shall survive the Contractor's completion of service or other performance hereunder and any termination of this contract.

The contractor at its own expense and risk shall defend any legal proceedings that may be brought against the Village of Warwick or any officer, agent, servant, or employee of the Village of Warwick on any claim or demand, and shall satisfy any judgment that may be rendered against the Village of Warwick or any officer, agent, servant, or employee of the Village of Warwick.

This Indemnification, Defense, and Hold Harmless Agreement shall apply to any lawsuit, action, proceeding, liability, judgment, claim, or demand, of whatever name or nature, notwithstanding that Contractor may deem the same to be frivolous or without merit. It is intended that this Agreement be interpreted in the broadest manner possible so as to insulate all of the entities, parties, and individuals named above from any liability, cost, or judgment, monetary or otherwise, as the same may relate to the personnel and services provided by the Contractor.

Signature: Caroline Gallego Date: 2/15/2024  
Print Name: Caroline Gallego

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

APPENDIX B

PRELIMINARY INVENTORY SUMMARY & IMAGES

**Village of Warwick  
Preliminary Inventory Summary  
Records Filed with the Department of Building and Planning, Department of Public Works, & Assessor**

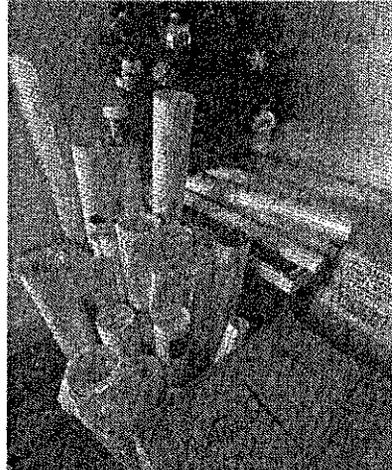
Retention and Disposition Schedule for New York Local Government Records (LGS-1) Record Series  <i>Many of the identified &amp; unidentified records are believed to be, but not limited to, the following LGS-1 record series:</i>	LGS-1 Item #	Estimated Volume of Record Series
<b>Building and Property Regulation</b>		
<b>Building and Construction (Regulation and Inspection)</b>		133
Master summary record	108	
Property maintenance or building inspection records	109	
Fire safety inspection records	110	
Building inspection data file	111	
Building permit and certificate of occupancy insurance records	112	110
Building permit insurance data file	113	
Building complaints/violations records	114	
Building condemnation and demolition files	115	
Contractors' liability insurance records	116	
Construction escrow account records	117	
<b>Building / Property History Systems</b>		20
Building / property history data file contained in building / property history system	105	
Street address / parcel number authority data file	106	1
List, reports, studies, queries, searches for information, special project records and analyses	107	
<b>Planning</b>		132
Comprehensive Plan development file	118	
Planning action data file	119	
Planning project or program file	120	
Master summary record	121	
Geographical reference file	122	
Mandatory planning review case file	123	
Discretionary planning review case file	124	
<b>Zoning</b>		37
Master summary record	125	
Zoning maps	126	
Zoning action data file	127	
Change of zoning records	128	
Zoning variance or special permit file	129	

Village of Warwick  
Preliminary Inventory Summary  
Records Filed with the Department of Building and Planning, Department of Public Works, & Assessor

Retention and Disposition Schedule for New York Local Government Records (LGS-1) Record Series  <i>Many of the identified &amp; unidentified records are believed to be, but not limited to, the following LGS-1 record series:</i>	LGS-1 Item #	Estimated Volume of Record Series
Notification of proposed zoning change	130	
Zoning ordinance violation records	131	
<b>General Administration</b>		
<b>Meetings/Hearings</b>		
Official minutes and hearing transcripts of Governing body or board, commission or committee thereof	47	14
Recording of voice conversation	51	12
Meeting files of governing body or Board or agency, commission or committee thereof	48	6
<b>Taxation and Assessment</b>		
<b>Environmental Health</b>		
<b>Environmental Facilities: General</b>		
Capital construction or public improvement project file for environmental facility	430	1.5
<b>Environmental Facilities: Public Water Supply</b>		
Reports and studies	441	6
<b>Environmental Facilities: Stormwater and Wastewater</b>		
Reports and studies	449	3
<b>Public Property and Equipment</b>		
<b>Public Property and Equipment</b>		
Capital construction or public improvement project file	806	30
Official plans, maps, designs, architectural drawings, and photographs for buildings or other facilities owned by local government	807	44
<b>Transportation and Engineering</b>		
<b>Highway, Engineering, and Public Works</b>		
Project files for capital transportation improvement	1070	2
<b>Fiscal</b>		
<b>General Accounting and Miscellaneous</b>		
List of abstract of receipts, disbursements, claims, purchase orders, or contracts.	513	13

IMAGES

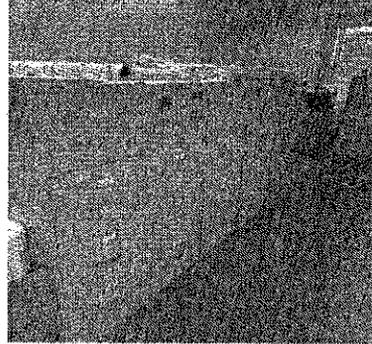
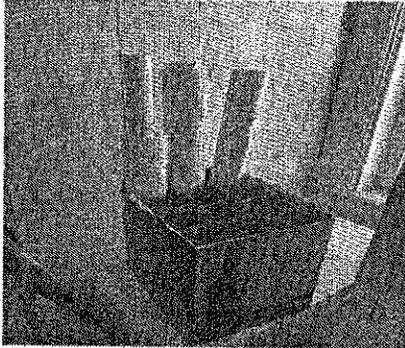
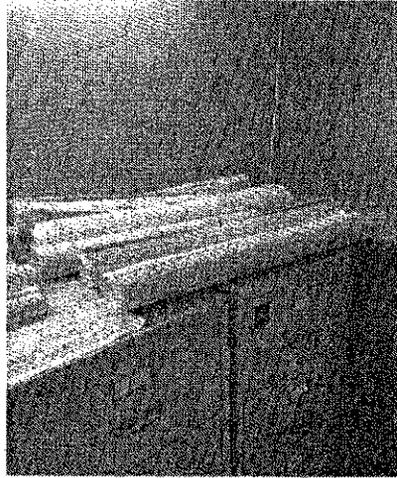
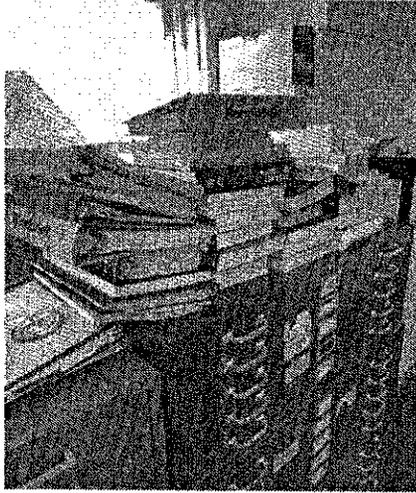
Attic - Mix of Building/Planning/DPW Records



Storage Room - Mix of Building/Planning/DPW Records  
on shelves with Court Records.



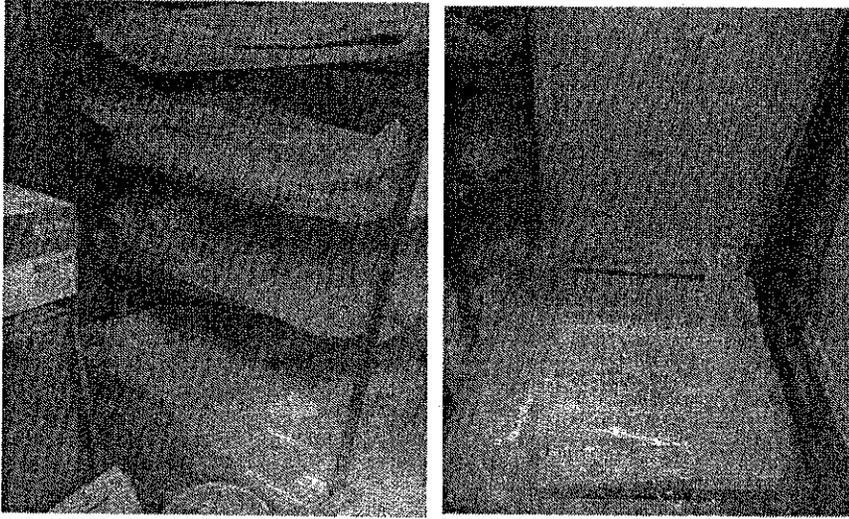
Hallway - Mix of Building/Planning/DPW Records



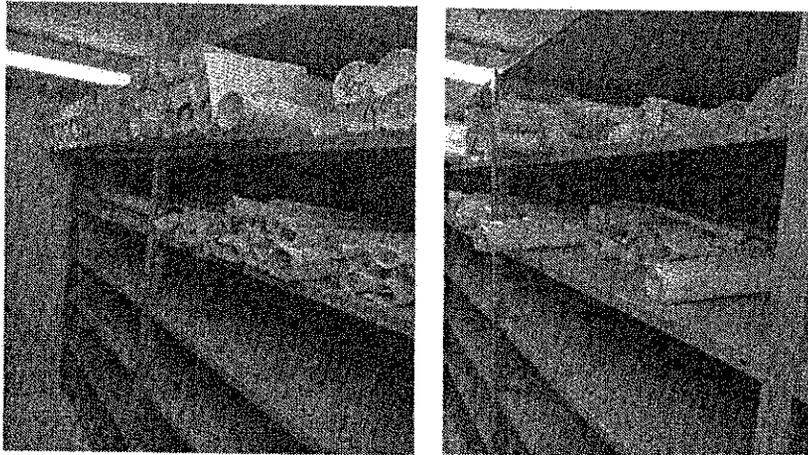
Closet - Planning & Zoning Files (5 shelves)



Building Department Offsite Records Room



Clerk's Offsite Records Room - Water Department Maps/Plans



APPENDIX C

M/WBE 100 UTILIZATION PLAN

**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS:** All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant's Name: Gallego Information Services Telephone/Email: (716) 675-0012 / gallegoinfo@earthlink.net  
 Address: PO Box 345 Federal ID No.: 16-1480454  
 City, State, Zip: Buffalo, NY 14224 RFP No./Project No.: \_\_\_\_\_

Certified M/WBE		Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME <u>Gallego Information Services</u>	NYS ESD Certified MBE <input checked="" type="checkbox"/> WBE <input checked="" type="checkbox"/>		<u>Records management consulting services</u>	<u>\$ 37,500</u>
ADDRESS <u>PO Box 345</u>				
CITY, ST, ZIP <u>Buffalo, NY 14224</u>				
PHONE/E-MAIL <u>(716) 675-0012 / gallegoinfo@earthlink.net</u>				
FEDERAL ID No. <u>16-1480454</u>				
NAME _____	NYS ESD Certified MBE <input type="checkbox"/> WBE <input type="checkbox"/>			
ADDRESS _____				
CITY, ST, ZIP _____				
PHONE/E-MAIL _____				
FEDERAL ID No. _____				

PREPARED BY (Signature) Caroline Gallego DATE 2/15/2024

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.**

NAME AND TITLE OF PREPARER: Caroline Gallego, Owner  
 (print or type)  
 TELEPHONE/E-MAIL: (716) 675-0012 / gallegoinfo@earthlink.net  
 DATE: 2/15/2024

REVIEWED BY _____	DATE _____
UTILIZATION PLAN APPROVED YES/NO _____	DATE _____
NOTICE OF DEFICIENCY ISSUED YES/NO _____	DATE _____
NOTICE OF ACCEPTANCE ISSUED YES/NO _____	DATE _____

APPENDIX D

EEO 100 STAFFING PLAN AND INSTRUCTIONS

**EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN**

Instructions on Page 2

Applicant: Callieq Information Services Telephone: (716) 675-0012  
 Address: PO Box 345 Federal ID #: 16-1480454  
 City, State, ZIP: Buffalo, NY 14224 Project #:

Report includes:

Work force to be utilized on this contract OR

Applicant's total work force

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO - Job Categories	Race/Ethnicity - report employees in only one category																		
	Hispanic or Latino		Male						Female										
	Male	Female	White	African-American or black	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	White	African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	
Total Work Force																			
Executive/Senior Level Officials and Managers																			
First/Mid-Level Officials and Managers																			
Professionals		1																	
Technicians																			
Sales Workers																			
Administrative Support Workers																			
Craft Workers																			
Operatives																			
Labors and Helpers																			
Service Workers																			
TOTAL																			

PREPARED BY (Signature): Caroline Colledge DATE: 2/15/2004  
 NAME AND TITLE OF PREPARER: Caroline Colledge, Director TELEPHONE/EMAIL: (716) 675-0012/colledge@callieq.com  
 (print or type) jean@think.net