

OFFICE OF THE SUPERVISOR

Telephone
(914) 277-3637
Fax
(914) 276-0082

Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589

ROBERT SCORRANO
SUPERVISOR



**SOMERS TOWN BOARD
WORK SESSION 7:00PM
THURSDAY, NOVEMBER 6, 2025**
www.somersny.gov

6:00PM – Executive Session

PUBLIC COMMENT

Please limit your comments to no more than 3 minutes.

A. TOWN BOARD:

1. Town of Somers – Update
2. The Town Clerk acknowledges receipt of the 2026 Tentative Budget.
3. Proposed 2026 Water Billing Rate Increase – Discussion
4. 2026 Fireworks Agreement – Discussion
5. Request the Town Board approve an increase to the Water Tank Capital Budget in the amount of \$5,044.00, no additional expenses are expected, per memo dated October 28, 2025, from Frederick McQuillan, Superintendent of Water & Sewer.
6. Consider granting a temporary waiver from provisions of the application processing restrictive law (Chapter 67 of Town Code) for a Building Permit and CO, to the residents of 8 Silver Springs Ct., per memo dated October 27, 2025 from Thomas J. Tooma, Jr., Building Inspector.

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7. Ratify the Supervisor's October 29, 2025 signature on the invoice from National Standby Repair Inc. for an emergency installation of a generator for the Somers Police Department for a 50% deposit, in the amount of \$18,336.00, per memo dated October 30, 2025 from Thomas J. Tooma, Jr., Building Inspector.
8. Consider adoption of a resolution authorizing the Town of Somers and the Supervisor to execute the application for a federal grant of up to \$78,000.00 with a required 30% cash/in-kind match under Section 5310 of Chapter 53 of Title 49, United States Code, for a vehicular acquisition to replace a van that has exceeded its useful service life to meet the needs of elderly individuals and individuals with disabilities.
9. Consider adoption of a resolution authorizing the Town of Somers and the Supervisor to execute the application to the Hudson Valley Greenway for a grant under the Hudson River Valley Greenway Planning Grant Program on development of a master plan for green space around the Reynold's House with an estimated project cost of \$35,000.00 and a required 50% match.
10. Consider adoption of a resolution authorizing the Town of Somers and the Supervisor to execute the application to the CREST Capital Reimbursement Grant Program for a grant up to \$200,000.00 to support efforts in enhancing public spaces such as sidewalks, parks, playgrounds, and other vital infrastructure that promote accessibility and community well-being.
11. Consider adoption of a resolution authorizing the Town of Somers and the Supervisor to execute the application for the NYS Environmental Fund under the Department of Environmental Conservation Municipal Waste Reduction and Recycling Program (MWRR) Grant for an amount up to \$400,000.00 with a required 1:1 match of eligible costs for an organic recycling yard project.
12. Authorize the Supervisor to execute:
 - a. The renewal contract for the Town's group vision insurance with ShelterPoint with no increase for the period of January 1, 2026 through December 31, 2026.
 - b. The Order Agreement for the purchase of a new Konica Minolta Bizhub 451i copier/printer in the amount of \$5,935.44 to be paid on a 60-month deferred purchase plan of \$98.924 a month (no interest) and maintenance at a cost of \$65.70 per month per October 27, 2025 email from Tammi Savva, Junior Administrative Assistant, Supervisor's Office.

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- c. The Master Software License and Maintenance Agreement to purchase an additional feature for the Tax Utility software from Catalis with a one-time professional services fee of \$3,000.00 and a recurring maintenance fee in subsequent years starting at \$1,500.00 per email dated October 28, 2025 from Tammi Savva, Junior Administrative Assistant.
- d. The Change Order, #SO0406_09192025, for the Laserfiche Cloud System component that dictates how records are stored and for how long that is needed for the Laserfiche/Municipality integration with ICC CDS for a one-time fee of \$995.00 per October 28, 2025 email from Tammi Savva, Junior Administrative Assistant, Supervisor's Office.

B. PARKS & RECREATION: No additional business.

C. FINANCIAL:

- 1. Request approval to set a budget and use up to \$120,000.00 of Capital Projects Fund Balance to cover cost of painting the exterior of the Town House and to repaint the Elephant Hotel ghost lettering on the Town House per memo dated October 30, 2025 from Robert Kehoe, Director of Finance.

D. HIGHWAY: No additional business.

E. PERSONNEL:

- 1. **Current Vacancies:**
 - a. Affordable Housing Board (2- 2-year terms ending 7/11/2026.)
 - b. Affordable Housing Board (1- 2-year term ending 7/11/2027.)
 - c. Assessment Board of Review (1-5-year term ending 9/30/2029.)
 - d. Assessment Board of Review (1-5-year term ending 9/30/2030.)
 - e. Parks and Recreation Board (1 – 5-year term ending 3/9/2026)
 - f. Planning Board (1 – 7-year term ending 12/31/2026.)
- 2. **Upcoming Vacancies - Terms Expiring in 2025:**
 - a. Library Board of Trustees (4 - 5-year terms ending 12/31/2025.)
 - b. Partners in Prevention (3 – 3-year terms ending 12/31/2025.)
 - c. Planning Board (1 – 7-year term ending 12/31/2025.)
 - d. Zoning Board of Appeals (2 – 5-year terms ending 12/31/2025.)

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3. Accept the resignation of Frederick McQuillan, Superintendent of the Water and Sewer Department, Town of Somers, effective November 15, 2025. Frederick's last day of work will be November 14, 2025.
4. Accept the resignation of Pat Nicolosi as a member of the Assessment Board of Review effective October 1, 2025.
5. Accept the resignation of Michele Sanz as a member of the Somers Parks and Recreation Board effective October 28, 2025.

F. PLANNING & ENGINEERING: No additional business.

G. POLICE:

1. Authorize the Supervisor to execute the Inter Municipal Agreement between the Westchester County Department of Public Safety Service and the Town of Somers for the use of the Firing Range located at the County's Police Academy in Valhalla commencing upon execution and terminating on July 31, 2030.
2. Request permission to purchase a 10 x 14 Colonial Dutch model shed from Shed Haus in the amount of \$8,092.00, which includes a \$98.00 delivery fee, per memo dated October 23, 2025, from Brian Linkletter, Chief of the Somers Police Department.

H. PROPOSED CONSENSUS AGENDA:

1. Authorize the return of the following Bond per the October 22, 2025 memo from Steven Woelfle, Engineering Department
 - a. \$900.00 – Release of Erosion Control Bond,
247 Route 100 LLC/Rockledge Center Site Plan
Resolution No. 2025-26
TM: 28.10-1-6.1
2. Authorize the following SEQRA/Professional Service Fee refunds per the October 21, 2025 memos from Steven Woelfle, Engineering Department:
 - a. \$446.85 – Lackner Wetland and Watercourse Protection Permit
#W2025-04
11 Valley Drive
TM: 26.15-1-42

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- b. \$44.15 - Lucatuorto Wetland and Watercourse Protection Permit
#W2025-02
12 Western Way
TM: 17.12-1-27
- 3. Authorize a refund for the following Special Use Permit per the October 28, 2025 memo from David B. Smith, Director of Planning:
 - a. \$500.00 - Special Use Permit
Verizon Wireless, 2580 Route 35
TM: 37.13-223
- 4. Accept the following check per the October 29, 2025 memo from Steven Woelfle, Engineering Department:
 - a. \$11,750.00 – Sidewalk Construction Fund
For Construction of Sidewalks in Town
Gleneida Realty Inc. Site Plan
TM: 28.06-1-15
Resolution Nos. 2024-01
- 5. Authorize the Supervisor to execute the application to reserve temporary use of the Somers Town House Green from Mitchell Kaufman to display the Town Menorah from December 6, 2025 through January 10, 2026.

2025 Calendar

November 6, 2025	7:00pm	Town Board Work Session
November 13, 2025	7:00pm	Town Board Regular Meeting
December 4, 2025	7:00pm	Town Board Work Session Public Hearing: 2026 Preliminary Budget
December 10, 2025 (Wednesday)	7:00pm	Town Board Regular Meeting

The 2026 Tentative
Budget is Available in
the Town Clerk's Office
and on the Town's
Website at
SOMERSNY.COM
under the News Section

Sent to:
TB, FA, TC
10/28/25
KD

Frederick McQuillan
Superintendent of Water & Sewer
fmcquillan@somersny.gov

Water & Sewer Department

Town of Somers

WESTCHESTER COUNTY, N.Y.

P.O. Box 618
40 Lakeview Drive
Shenorock, NY 10587
(914) 248-5181



Date: 9/26/2025

To: Somers Town Board

From: Frederick McQuillan
Water & Sewer Superintendent

RE: 2026 Water billing rate increase

Northern Westchester Joint Water Works (NWJWW) has increased their bulk water rates by 11.5% since 2021. This has brought the cost from \$3.78 to \$4.22 per 1,000 gallons to date. Up to this point we have been able to absorb the increases, and have not had a rate increase since January 2020. It is my understanding that NWJWW is seeking an additional 4-5% increase for 2026. In order to offset the bulk water rate charges and help compensate for the budget increases that have been proposed in the 2026 Consolidated Water District Budget I am proposing a 6% increase to the water rates as follows.

Present Water Rates & Proposed Rate Changes:

Quarterly Service Charge: (Based on Meter Size) In District

<u>Meter Size</u>	<u>Current Fee</u>	<u>Proposed</u>
5/8"	\$56.23	\$59.60
3/4"	\$83.02	\$88.00
1"	\$112.90	\$119.67
1.5"	\$219.17	\$232.32
2"	\$352.00	\$373.12
4"	\$1069.30	\$1133.46
6"	\$1594.00	\$1689.64
8"	\$2243.20	\$2377.79

Quarterly Service Charge: (Based on Meter Size) Out of District

<u>Meter Size</u>	<u>Current Fee</u>	<u>Out of District Proposed</u>
5/8"	\$70.29	\$74.50
3/4"	\$103.78	\$110.00
1"	\$141.13	\$149.59
1.5"	\$274.63	\$290.40
2"	\$440.00	\$466.40
4"	\$1336.63	\$1416.83
6"	\$1992.50	\$2112.05
8"	\$2804.00	\$2972.24

Consumption Charges:

Current Rate per 1000 gallons: **In District**

<u>1 to 25,000</u>	<u>25,001 to 100,000</u>	<u>100,001 and above</u>
\$7.40	\$8.36	\$12.22

Proposed Rate per 1000 gallons: **In District**

<u>1 to 25,000</u>	<u>25,001 to 100,000</u>	<u>100,001 and above</u>
\$7.84	\$8.86	\$12.95

Current Rate per 1000 gallons: **Out of District**

<u>1 to 25,000</u>	<u>25,001 to 100,000</u>	<u>100,001 and above</u>
\$9.25	\$10.45	\$15.28

Proposed Rate per 1000 gallons: **Out of District**

<u>1 to 25,000</u>	<u>25,001 to 100,000</u>	<u>100,001 and above</u>
\$9.80	\$11.08	\$16.19

The proposed rates would increase the average residential water bill approximately \$40.00 to \$50.00 a year. Provided the Town Board agrees to the proposed changes to the water rates it shall be necessary to hold a public hearing as well as an amendment to the Town Code section A172; Attachment 1, Appendix A, Consolidated Water District rates. The proposed changes shall not take effect until January 1, 2026 and will be applied to the water consumption bills for the quarter ending March 31, 2026.

cc: Town Clerk
Director of Finance
Town Attorney

Sent to:
TB, TR, JC
10/30/25
KO

THIS AGREEMENT is made on this **28 day of October 2025**, by and between GARDEN STATE FIREWORKS, INC. (hereinafter referred to as the "Party of the First Part"), and **Town of Somers, NY** (hereinafter referred to as the "Party of the Second Part").

WITNESSETH: For and in consideration of all mutual covenants and agreements hereinafter entered into, the Party and Parties hereinafter agree as follows:

1. The Party of the First Part agrees to furnish to the Party of the Second Part, on Primrose St. Grounds, on July 1, 2026 in a location to be designated by the Party of the Second Part and approved by the Party of the First Part, an exhibition of fireworks.
2. The Party of the First Part agrees to pay all expenses for freight, cartage, necessary labor and equipment, and to provide experienced Pyrotechnic Operators to discharge said display.
3. The Party of the First Part and the Party of the Second Part agree to a postponement of the said display in the event of inclement weather to **OPEN , 2026 (excluding July 3, 4 and 5, 2026)** Postponements will be allowed prior to 10:00AM the day of the event at no charge. Postponements made after 10:00AM will be charged an additional cost of FIFTEEN PERCENT (15%) of the total contract amount. The display may be rescheduled only within the period terminating **January 1, 2027** after the original scheduled date of the display. Thereafter, the display will be considered a total cancellation and result in ONE HUNDRED PERCENT (100%) of the contract amount to be paid to the Party of the First Part. No Event will be allowed to be cancelled prior to 8:00AM on the day of the event or a FIFTEEN PERCENT (15%) cancellation fee will be added to the contract.
4. The Party of the First Part agrees to supply to the Party of the Second Part insurance coverage in the amount of FIVE MILLION DOLLARS (\$5,000,000) for public liability and/or property damage. The Party of the First Part agrees to hold harmless the Party of the Second Part. The Party of the Second Part agrees to hold harmless the Party of the First Part of all and any claims, legal fees incurred outside the operations or the control of the Party of the First Part. In the event a hold harmless agreement is required, only the form provided by the Party of the First Part shall be considered valid.
5. The Party of the Second Part agrees to furnish ample security or police protection and barricades to prevent any persons from coming into the safety zone area designated for discharging said fireworks display. With the exception of conditions stated in paragraph 4 above, the Party of the Second Part also agrees to assume sole responsibility for spectator safety, including seating, lighting, and ground surfaces, and agrees to conduct an inspection of the site approximately 24 hours in advance of the display to ensure a safe spectator environment.
6. The Party of the Second Part agrees to produce any and all permits which may be required by municipal authorities for the discharging of the said fireworks display at their own expense.
7. The Party of the Second Part agrees that any and all publicity, media coverage, announcements, and advertising shall name GARDEN STATE FIREWORKS, INC. as the primary contractor for the said display.
8. Upon execution, a deposit of FIFTY PERCENT (50%) of the total contract price shall be paid to the Party of the First Part.
9. Upon delivery of the said display, the remaining balance for the contract amount shall be paid to the Pyrotechnic Operator in a sealed envelope before or immediately following the discharging of the display.
10. This contract is based on a tariff fee of THIRTY FIVE PERCENT (35%) at the time of signing. In the event tariffs are increased, the Party of the Second Part will be responsible for the additional charges. The following is a breakdown of options:
 - a. The Party of the Second Part will have the right to decrease the amount of fireworks to stay within the contract amount.

- b. The Party of the Second Part may increase their budget to cover tariff increases only. Fireworks product represents 35% of the total contract. For example, if the tariff increases to 100%, the Party of the Second Part would be responsible for an additional 65% of the 35% fireworks portion of the contract.

11. Total Contract Amount: **\$16,000.00** United States Dollars, **excluding fire permit fees.**
The total contract amount **covers tariff charges only** and does **not include** fire permit fees or any additional costs unless explicitly stated otherwise.

WITNESS:

GARDEN STATE FIREWORKS, INC.

BY _____
August N. Santore – Vice President

WITNESS

Town of Somers, NY

Sect No:
TB, TA, TC
11/5/25
KD

RECEIVED

NOV - 3 2025

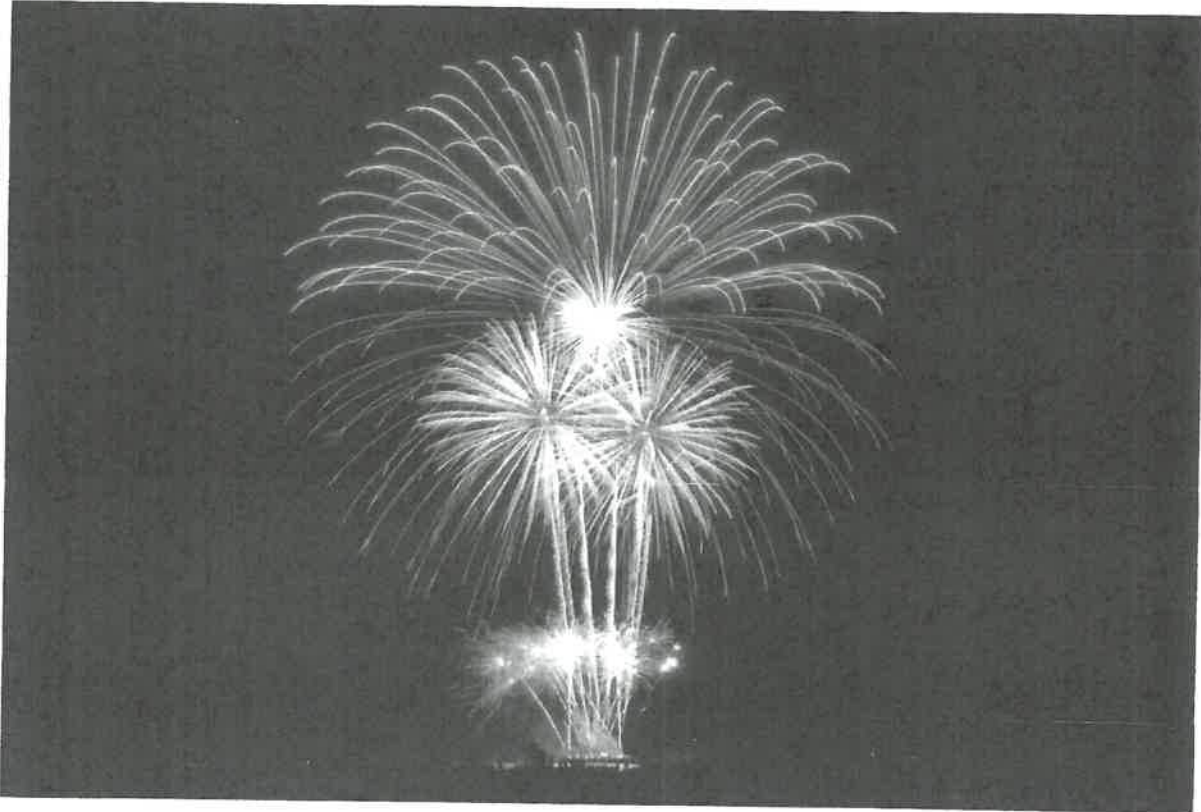
OFFICE OF THE SUPERVISOR
TOWN OF SOMERS

TOWN OF SOMERS

July 1, 2026 \$16,000.00

20-21 minutes continuous fireworks

Fireworks Display Proposal



GARDEN STATE FIREWORKS, INC.

383 CARLTON ROAD

MILLINGTON, NJ 07946
(800) 999-0912

INFO@GARDENSTATEFIREWORKS.COM

Arrayal

Town of Somers

July 1, 2026 \$16,000.00

Opening:

250	2"	Assorted Multi-Break Special Effect Shells
60	2.5"	Fancy Star Shells
20	3"	Titanium Report
4	4"	Bumper Harvest Shell
4	4"	Spangle Chrysanthemum
2	4"	Color Changing Peony with Color Changing Pistol.
2	4"	Shell of Shells Chrysanthemum

Body:

300	3"	Assorted Chrysanthemum Peony Pattern & Reports
36	4"	Santore Bros. Special (Multi-Break & Custom designer Chrysanthemum
36	4"	Assorted Color Chrysanthemum & Reports
24	5"	Large Spreading & Special Breaking Multi Effect Shells
21	5"	Fancy Assorted Pastel Color

Pre-Finale:

15/30MM

950 Flying Fish, Whistles, Comets & Report Shells

Grand Finale:

300	2"	Assorted Colors and Silver Chrysanthemum, peonys & Salutes
70	2.5"	Assorted Color Star Shells
60	3"	Assorted Fancy Colors and Reports
60	3'	Color and lightning Flashes 3,000 crackling effects
60	3"	Assorted Color Strobing Stars 3,000 bright flashes
30	3"	Fancy Gold Spider
60	3"	Titanium Report
6	4"	Assorted Chrysanthemum and Peony
6	4"	Glittering Silver Color Changing Red, White and Blue
4	5"	Color Changing Chrysanthemum
9	5"	Silver Rain Chrysanthemum

Total Pieces and Effects:

8, 378

Total Program value \$16,000.00

Sent to:
TB, TA, TC 10/29/25
KB

Frederick McQuillan
Superintendent of Water & Sewer
fmcquillan@somersny.gov

Water & Sewer Department

Town of Somers

WESTCHESTER COUNTY, N.Y.

P.O. Box 618
40 Lakeview Drive
Shenorock, NY 10587
(914) 248-5181



Date: October 28, 2025

To: Somers Town Board

From: Frederick McQuillan
Water & Sewer Superintendent

RE: **Water Storage Tank Budget Increase**

After a review of all capital fund invoices for the Ross Dr. water storage tank rehabilitation project it was discovered, there was an unpaid invoice for Woodard and Curran Engineering. This amount was for finalization of construction completion documents and submittal to DOH. Therefore, I hereby request the Town Board approve an increase to the Water Tank Capital Budget in the amount of \$5,044.00, no additional expenses are expected.

cc: Town Clerk
Town Director of Finance

Woodard & Curran Engineering
and Geological Services P.A. P.C.
800 Westchester Avenue
Suite N507
Rye Brook, New York 10573
www.woodardcurran.com

T 800.426.4262
T 914.448.2266
F 914.448.0147



Email: tsavva@somersny.com
rscorrano@somersny.com

October 2, 2025

Mr. Robert Scorrano
Town of Somers
335 Rt. 202
Somers, NY 10589

Re: Town of Somers – Ross Drive Tank Rehabilitation
Invoice # 254577

Dear Mr. Scorrano:

Enclosed please find Invoice No. 254577 in the amount of \$5,043.56 covering services in August and September 2025. This is the final invoice for the project; work is complete. During this billing period, Woodard & Curran:

- Performed construction administration and oversight.
- Coordinated with the contractor.
- Completed the water test and post-construction soil sampling.
- Finalized the construction completion documents.
- Produced and shipped Department of Health submittal.
- Project closeout.

If you wish to discuss any issues, please do not hesitate to contact me at 914-513-2212.

Sincerely,

WOODARD & CURRAN ENGINEERING AND GEOLOGICAL SERVICES, P.A. P.C.

A handwritten signature in cursive script that reads 'Lindsey Wilcox'.

Lindsey Wilcox, PE
Senior Project Manager

0214752.04

Sent to:
TB, TA, TC
10/27/25
KD

Telephone
(914) 277-3539

FAX
(914) 277-3790

Town of Somers
WESTCHESTER COUNTY, N.Y.

**TOWN HOUSE
ANNEX
337 ROUTE 202
SOMERS, NY 10589**

THOMAS J. TOOMA JR.
Building Inspector



DATE: October 27, 2025
MEMO TO: Town Board
FROM: Thomas J. Tooma Jr.
Building Inspector

**Re: Building Permit and CO Fee Waiver
8 Silver Springs Ct.
58.12-1-10
Temporary Waiver Request from Provisions of the Application Processing
Restrictive Law (Chapter 67 of Town Code)**

Pursuant to Chapter 67 of Town Code (Application Processing Restrictive Law), please find the attached request of the owners of 8 Silver Springs Ct. (58.12-1-10). I respectfully request (retroactive to 10/15/25) that the Town Board waive this provision so that the owners may bring their swimming pool into compliance with the Town's Zoning Ordinance.

Attachments
Resident Request Letter (1 Page)
Chapter 67. Application Processing Restrictions

Victor & Deborah Wu

Town Supervisor & Members of the Town Board
Town of Somers
Route 202
Somers, NY 10589

Dear Town Supervisor & Members of the Town Board,

As per section 67-5 of the Code of the Town of Somers, we respectfully request a waiver to relocate our in-ground swimming Pool into compliance with the required 15 FT. Side Yard Setback.

Very Truly Yours,

Deborah & Victor Wu




Chapter 67. Application Processing Restrictions

[HISTORY: Adopted by the Town Board of the Town of Somers 3-19-2009 by L.L. No. 2-2009.
Amendments noted where applicable.]

GENERAL REFERENCES

Building construction — See Ch. 74.

Certificates of occupancy — See Ch. 80.

ATTACHMENTS

Attachment 1 - Application Processing 

§ 67-1. Purpose.

The purpose of this chapter is to prohibit the processing and approval of any and all applications for approval and issuance of any permit or certificate of occupancy or use by any board or official of the Town of Somers for any property owner who has outstanding fees owed to the Town of Somers or where outstanding violations (as that term is defined in § 67-4D herein) of any local laws or ordinances of the Town of Somers exist on the property for which the approval is being requested.

§ 67-2. Short title.

This chapter shall be known as "Application Processing Restrictive Law of the Town of Somers."

§ 67-3. Applicability.

This chapter shall apply to the provisions of all the local laws and ordinances adopted by the Town of Somers for any and all applications submitted on or after the effective date of this chapter.

§ 67-4. Submission of proof; processing and approval.

- A. Simultaneously with the filing of an application to any board or official of the Town of Somers, an applicant must submit proof, using the certification attached hereto,^[1] that no fees are due to the Town of Somers and that no outstanding violations of any local law or ordinance of the Town of Somers exist on the property.

[Amended 7-9-2009 by L.L. No. 4-2009]

[1] *Editor's Note: Said certification is included at the end of this chapter.*

- B. The processing and approval of any and all applications for approval and issuance of any permit or certificate of occupancy by any board or official of the Town of Somers for any property owner who has fees outstanding to the Town of Somers or outstanding violations of any local laws or ordinances of the Town of Somers on the property for which the approval is being requested is hereby prohibited.
- C. In the event that an application is in process before any of the boards or officials as listed above and a violation of this chapter occurs, processing of the application shall cease upon presentation

of proof of the violation by the Zoning Enforcement Officer of the Town of Somers. Once the applicant submits proof that the violation of this chapter has been corrected, the application process shall be allowed to continue.

D. For purposes of this chapter only, a violation of any local law or ordinance of the Town of Somers shall be deemed to have occurred when one of the following events occurs:

- (1) When a property owner has exhausted his or her administrative remedies to cure a specific notice of violation or has waived his or her right to do so;
- (2) When a property owner has failed to seek a variance or appeal within 30 days after the issuance of a notice of violation; or
- (3) Upon the issuance of a criminal summons by the Code Enforcement Officer.

§ 67-5. Waivers.

[Amended 7-9-2009 by L.L. No. 4-2009]

The Town Board, when appropriate, may, upon submission of a written request by a property owner, temporarily waive specific provisions of this chapter where necessary to prevent undue hardship or an inequitable result. The Building Inspector, in an emergency situation (e.g., water pipe leak, electrical malfunction, etc.) may also waive specific provisions of this chapter where necessary to prevent undue hardship or an inequitable result. The Building Inspector shall simultaneously provide notice of all waivers to the Town Board.

Telephone
(914) 277-3539

FAX
(914) 277-3790

*Sent to:
TB, TA, TC
10/31/25
KD*

BUILDING DEPARTMENT
Town of Somers
WESTCHESTER COUNTY, N.Y.

**TOWN HOUSE
ANNEX
337 ROUTE 202
SOMERS, NY 10589**

Thomas J. Tooma, Jr.
Building Inspector



MEMO TO: Town Board

FROM: Thomas J. Tooma, Jr.
Building Inspector

RE: Emergency Replacement of Police Generator

DATE: October 30, 2025

Permission is being requested to ratify Town Supervisor Scorrano's signature on a proposal from National Standby Repair Inc. on October 29, 2025 for an emergency replacement of the Police generator as a lightning strike has rendered it nonfunctional.



National Standby Repair Inc.
3691 Route 9
Suite 1
Cold Spring, NY 10516
(914) 734-1400

Invoice 36161141
Invoice Date 10/28/2025
Completed Date
Customer PO
Payment Term Net 30

Billing Address

1041 Town of Somers S/Ax1
Att: Denise Schirmer 337 Route 202
Somers, NY 10589 United States

Job Address

1041 Somers Town Police S/Ax1
100 Route 139/ Primrose Street
Katonah, NY 10536 USA

Description of work

Task #	Description	Quantity
NSRFD	ALL FREIGHT & LOCAL DELIVERY	1.00
START-UP	START-UP	1.00
NSRNGI	GENERATOR INSTALLATION	1.00
Electrical installation	Electrical installation generator/transfer switch	1.00
Deposit	50% Deposit Due \$18335.99	1.00

Materials

Material	Description	Quantity
48RCLC-QS51	48 RCL 120/240 SINGLE PHASE WITH BH	1.00
Wiring supply's	wire,conduit,fittings	1.00
27-60	Battery	1.00

Sub-Total \$18,336.00
Tax 0% \$0.00
Total Due \$18,336.00
Payment \$0.00

Balance Due \$18,336.00

Thank you for choosing National Standby Repair Inc.

Authorized Signature (contractor)

10/29/2025

(Date)

Authorized Signature (Customer)

10/29/2025

(Date)



National Standby Repair Inc.
3691 Route 9
Suite 1
Cold Spring, NY 10516
(914) 734-1400

Estimate 35516934
Estimate Date 10/16/2025

Billing Address

1041 Somers Town Police S/Ax1
Att: Chief Driscoll P.O. Box 342
Somers, NY 10589 United States

Job Address

1041 Somers Town Police S/Ax1
98 RT 139
Lincolndale, NY 10540 USA

Description of work

KOHLER GENERATOR, MODEL # 48RCL
48kW/200 Amp 1 Phase 60 HZ 120/240 Volt A.C.

Equipped as follows:

- Fuel flex connection
- Aluminum weather proof housing and sound attenuation
- All safety shutdowns
- Battery rack & cables
- Electronic governor
- RDC2 Controller
- 200-amp circuit breaker
- Battery charger
- Cold weather package
- 5-year warranty
- OnCue capability
- 1800 RPM

Included with purchase price:

- All freight & local delivery
- Removal of old generator(or placed to the side)
- Battery
- Place generator at desired location
- System start-up & testing
- Customer orientation
- Warranty registration
- All permits
- All wiring

Not included with purchase price:

- All plumbing
- Fuel for generator
- Excavation
- Concrete pad

*** 50% CHECK DEPOSIT PAYMENT DUE UPON ACCEPTANCE OF THIS PROPOSAL, PRIOR TO ORDERING YOUR EQUIPMENT

Service #	Description	Quantity
NSRFD	ALL FREIGHT & LOCAL DELIVERY	1.00
START-UP	START-UP	1.00
NSRNGI	GENERATOR INSTALLATION	1.00
48RCLC-QS51	48 RCL 120/240 SINGLE PHASE WITH BH	1.00
Wiring supply's	wire,conduit,fittings	1.00
27-60	Battery	1.00

Sub-Total	\$36,671.99
Tax	\$0.00
Total Due	<u>\$36,671.99</u>
Deposit/Downpayment	\$0.00

Thank you for choosing National Standby Repair Inc.

By signing this Estimate 1041 Somers Town Police S/Ax1 National Standby Repair Inc. 1041 Somers Town Police S/Ax1 98 RT 139, Lincolndale, NY 10540 USA, acting as authorized representative for the above named customer, hereby accepts the work to be performed hereunder and agrees to pay the total expenses incurred \$36,671.99 by . It is understood and agreed that the payment of a 50% Deposit is due prior to Service being done. Failure to make payment from a Po number and/or the balance on a Quote within the 30 day period will result in an interest charge of 1.5% per month. Any legal fees or collection costs incurred for failure to remit payment will be borne solely by customer. Due to the current fluctuating economic conditions, prices are subject to change upon acceptance of the estimate. This will be evaluated on a case by case basis. All major credit cards are accepted. A 4% surcharge will be added for all credit card purchases.

Sent to:
TB, TA, TC
11/5/25
KS

NYS Department of Transportation - 5310 Grants Program FY25

Deadline: The following is a breakdown of important dates related to this program

- | | |
|----------------------------------|----------------------|
| • September 17, 2025 at 2:00 PM | Webinar (Optional) |
| • September 23, 2025 at 11:00 AM | Webinar (Optional) |
| • September 25, 2025 at 10:00 AM | Webinar (Optional) |
| • November 3, 2025 | Application Deadline |

Amount: The following is a breakdown of information related to program funding

- \$27,200,000 total funding
 - o \$14,200,000 for the New York Metropolitan Area
 - o \$6,400,000 for large urban areas with a population greater than 200,000
 - o \$3,300,000 for urban areas with a population from 50,000 to 200,000
 - o \$3,300,000 for rural areas with a population less than 50,000
- Formula-based allocation
- 20% match required (cash or in-kind) for capital and mobility management projects
- 30% match required (cash or in-kind) for vehicle acquisition
- 50% match required (cash or in-kind) for operating projects

Please note: Funding will be distributed on a reimbursement basis.

Eligible Applicants: The following entities are eligible to apply for funding through this program

- Municipalities
- Counties
- Tribal Governments
- Non-profit 501(c)(3) Organizations
- For-Profit Organizations

Please note: Projects must be consistent with local community plans and account for anticipated economic, social, and environmental effects.

Overview: Through the 5310 Grants Program, the NYS Department of Transportation supports municipalities, counties, tribal governments, non-profit organizations, and for-profit organizations to facilitate mobility improvements for seniors and individuals with disabilities by removing barriers to transportation services and expanding the transportation mobility options available. Eligible activities include:

- Vehicle Purchase/Other Capital Purchase
 - o Traditional or enhanced:
 - Purchase buses from NYS Office of General Services (OGS) adult bus contract;
 - Benches, shelters, and passenger amenities;
 - Intelligent Transportation System (ITS) planning and technology, such as an Automatic Vehicle Locator System (AVL); Mobile Data Terminals (MDT); and/or a Dispatch System;
 - Other vehicle types not on OGS adult bus contract to support shared-ride services;
 - Radio equipment;
 - Support facilities and equipment; and
 - Vehicle rehabilitation or overhaul.
 - o Traditional:
 - Computer hardware and software; and
 - Preventive maintenance.
 - o Enhanced
 - Accessibility improvements to non-key stations and stops; and
 - Vehicles or equipment designed to accommodate oversized mobility aids beyond ADA requirements.
- Mobility Management
 - o Traditional or enhanced:
 - Coordination of services for 5310 target populations;
 - ITS planning and technology directly supporting a Mobility Management Project, such as a call center, or a coordination and dispatch computer system;
 - Operation of transportation brokerage;
 - Support to plan and implement coordinated services;
 - Support of State and local coordination policy bodies and councils; and
 - Travel training.
- Operating Assistance
 - o Traditional or enhanced:
 - Transportation Operating Expenses for services provided to 5310 target populations; and
 - Vouchers to support volunteer driver programs, taxi, or trips provided by human services agencies.
 - o Enhanced:
 - Accessible Feeder Services to commuter or intercity rail and bus, where paratransit is not available; and
 - Expanding ADA Paratransit services.

Application Delivery: The below information is intended to assist with program submission details

- Primary Program Contact:
 - o 5310MobilityApplications@dot.ny.gov
- Application Submission:
 - o Submit application via email to:
5310MobilityApplications@dot.ny.gov.
- Applicants must first complete the following steps before submitting an application:
 - o Applicants must issue a public notice for the proposed project, announcing their intent to provide transportation services using federal funds. The notice must also invite interested private for-profit operators to submit a written proposal in response within 15 calendar days of the publication. Applicants must publish the public notice at least once as either a legal notice or a paid advertisement in a daily newspaper of general circulation that covers the proposed service area. Additionally, a final copy of the notice must be sent by certified mail to all private bus, taxi, and ambulate companies operating within the project's service area. The application must include a certified copy of the actual legal notice or public notice as well as a sample of the actual public notice sent to all private operators.
 - o An optional webinar will be held on September 17, 2025 at 2:00 PM. Register here:
<https://events.gcc.teams.microsoft.com/event/c7c96ca1-f7e1-4513-b0b2-677721c496e3@f46cb8ea-7900-4d10-8ceb-80e8c1c81ee7>
 - o An optional webinar will be held on September 23, 2025 at 11:00 AM. Register here:
<https://events.gcc.teams.microsoft.com/event/cd1a1700-0cc8-4f95-a54e-86dfa2768ffc@f46cb8ea-7900-4d10-8ceb-80e8c1c81ee7>
 - o An optional webinar will be held on September 25, 2025 at 10:00 AM. Register here:
<https://events.gcc.teams.microsoft.com/event/3076ed88-eef1-425f-90dd-b63c8bc6aeaf@f46cb8ea-7900-4d10-8ceb-80e8c1c81ee7>
- Additional information or resources to assist with application development:
 - o A copy of the 2025 Guidance and Application Instructions can be found here: <https://www.dot.ny.gov/divisions/policy-and-strategy/public-trans-repository/2025%20FTA%205310%20Program%20Guidance%20Final.pdf>

- o A copy of the 2025 Grant Application can be found here:
https://www.dot.ny.gov/divisions/policy-and-strategy/public-trans-respository/2025_5310_Application_Final.pdf
- o A copy of the FAQs can be found here:
[https://www.dot.ny.gov/divisions/policy-and-strategy/public-trans-respository/2025%20FTA%205310%20Frequently%20Asked%20Questions%20\(FAQ\).pdf](https://www.dot.ny.gov/divisions/policy-and-strategy/public-trans-respository/2025%20FTA%205310%20Frequently%20Asked%20Questions%20(FAQ).pdf)

Additional Information: <https://www.dot.ny.gov/divisions/policy-and-strategy/public-transportation/specialized-transportation/5310/section%205310-application-material>

Sample of Public Notice of Intent to Apply for NYS Department of Transportation's 5310 Grants Program FY25

Transportation providers and other interested parties are hereby notified that The Town of Somers (335 US-202, Somers, NY 10589) is applying for a federal grant of up to \$ _____, under Section 5310 of Chapter 53 of Title 49, United States Code, for a vehicular acquisition to replace a van that has exceeded its useful service life within (service area) to meet the needs of elderly individuals and individuals with disabilities.

The purpose of this notice is to invite private for-profit bus, taxi, ambulette operators and other interested parties to participate in the development of the proposed grant project and in the provision of enhanced transportation services to elderly individuals and individuals with disabilities.

Please contact (name and telephone number of contact person) within 15 calendar days of this public notice to request a copy of the project(s) proposed. Comments on proposed projects must be submitted to the Town of Somers within 15 calendar days after receipt of the proposed project information.



Department of Transportation

2025 - 2026 FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program Application

General Overview

Please consult the 2025 FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions to review the specific eligibility requirements prior to beginning the Application. The Application is designed to facilitate program eligibility determinations based on the program requirements described in the Guidance.

Application Information Requirements

Information necessary to submit a complete Application includes:

- Application Completed and Signed/Submitted Electronically
- Public Notice Affidavit
- Title VI Plan
- Independent Cost Estimate (ICE) for Non-OGS Capital Requests (If Applicable)
- Incidental Use Request (If Applicable)
- Indirect Cost Approval or Support Documentation (If Applicable)
- Third-Party Lease and Service Agreements (If Applicable)
- Smart Growth Questionnaire (If Applicable)
- Other supporting documentation as necessary

Completing the Application

The Application is an Adobe PDF-fillable form. To start, save a copy of the form to your computer. Open the saved form to start entering the requested information. Web browsers such as Apple Safari, Google Chrome and Mozilla may have their own non-Adobe PDF readers set as the default reader. To use one of these browsers, change the default PDF viewer setting to Adobe Reader. Internet Explorer is no longer compatible. Use Adobe Acrobat Standard or Pro to maximize the functionality in the form. Adobe Reader will also work for most functions. Please be sure to enable the form if necessary.

Please use the "Tab" function as you navigate through the form to ensure questions are answered in the correct order. As responses to questions are provided, portions of the application that do not apply will become blank. Therefore, please take care when answering questions to ensure the correct questions appear relative to your project/application needs. Applicants shall be required to complete all required fields as they appear in the application. **Required fields are designated by a preceding asterisk (*).**

Submitting Completed Application to NYSDOT

The completed Application and any required information described above, must be submitted no later than **November 3, 2025** to: 5310MobilityApplications@dot.ny.gov. To facilitate the submission of the Application, you may want to zip any large files prior to attaching them as the limit on overall file size is approximately 20MB.

Questions regarding this Application may be directed to: 5310MobilityApplications@dot.ny.gov.



Department of Transportation

2025 - 2026 FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program Application

PART A: APPLICANT INFORMATION

*Legal Agency/Business Name:

DBA Name: * Entity Type:

*Complete the following Table. Click on the check box to attach any required documents: ☐

SFS Vendor ID No.	Federal ID No.	Unique Entity ID		

*Applicant Location Area: Includes Rural funding?

Applicant Primary Contact Information:

Salutation: *First Name: *Last Name:

*Title:

*Address 1:

Address 2:

*City: *State: *Zip Code: *Phone No:

*Email Address: *Web Address:

☐ Check here if contracting address and contact address are the same. If not, please provide the contracting address below:

Address 1:

Address 2:

City: State: Zip Code: Phone No:

Email Address: Web Address:

PART B: PRIMARY PURPOSE/SYSTEM DESCRIPTION

In the space provided, briefly describe your agency's mission and services. Space is limited to the visible area:

*Agency Mission Statement:

*Services currently provided:

*PRIMARY COUNTY BEING SERVED: Click in the box for scroll bar.

*Service Area(s): List the Village/Town/City Served.

*Describe service delivery methods, including resources:

*Number of staff dedicated to transportation services in your organization:

*What phrase best describes membership or registration requirements for your organization's program?

No Requirements

*What phrase best describes any religious, religious institution/organization affiliation your organization or organization's name has:

No affiliation

Describe the membership/registration requirements or any religious affiliations:

PART C: CONSUMER DEMOGRAPHICS

*Working across the rows, enter data in the table below. Percentages calculate based on information entered. Data must be obtained from a recognized source.

*Data source(s) used to determine demographic information:

US Census Data 2020

Age Groups Served	Service Area Population	Percent	Number of Consumers Served	Percent of Consumers Served	Number of Disabled Served	Percent of Disabled Served
Under 5 years of age		0%		0%		0%
5 to 19 years of age		0%		0%		0%
20 to 44 years of age		0%		0%		0%
45 to 59 years of age		0%		0%		0%
60 to 74 years of age		0%		0%		0%
Over 75 years of age		0%		0%		0%
Total	0	0%	0	0%	0	0%

PART D: PROJECT FUNDING REQUEST

*Briefly describe the overall project. Include planned use of funding for which you are applying. Space is limited to the visible area.

*Check the box(es) in the Table corresponding to the funding for which you are applying, and complete the Table. Funding choice(s) determine the Application Parts to be completed. Continue application by going to the next applicable section.

Funds Applying for:	Required Part(s):	Estimated Project Costs	Federal Assistance Requested	Applicant Share	Project Start Date	Project End Date
☐ Capital: Vehicle	E1					
☒ Capital: Other Capital	E1a	\$ 0.00	\$ 0.00	\$ 0.00		
☐ Operating Assistance (OA)	E2	\$ 0.00	\$ 0.00	\$ 0.00		
☐ Mobility Management	E3	\$ 0.00	\$ 0.00	\$ 0.00		
Total:		\$ 0.00	\$ 0.00	\$ 0.00		

PART E1: PROJECT INFORMATION - Capital Vehicle

Leave this Part blank if you did not apply for Capital Vehicle Assistance.

1. Select anticipated use(s) for the grant award:

Select One

2. Select main objective for the proposed project:

Select One

3. Describe how the proposed project addresses the Section 5310 program objective selected above:

4. Identify all unmet needs the proposed project seeks to address:

5. Why are the current services provided in your service area insufficient to meet the needs identified above?

6. Will requested vehicle(s) ever transport consumers under the age of 21 to or from a school?

No

7. Does your organization operate exclusive school transportation service?

No

7a. Describe school services:

8. Is your organization exempt from the school bus restriction as permitted under 49 CFR 605?

Select One

☐ Attach Exemption

9. Is your organization currently regulated by NYSDOT as a "Contract or Common Carrier"?

Select One

10. Will vehicles be maintained under NYSDOT Operating Authority?

Select One

NYSDOT Operating Authority No:

Provide explanation:

11. Who will your organization serve with the vehicles? Select One

Provide explanation including any individual fare charges:

PART E1: SUPPORTING DOCUMENTS: VEHICLE REQUEST(S)

- ☐ *Attach current Fleet Inventory including year, make, model, passenger capacity, mileage and condition.
- ☐ *Attach current maintenance plan review

List other Grant fund(s) source(s):

To request up to six (6) vehicles, complete the Table below. Where applicable, enter numbers only- no commas. Prices will be automatically generated, and totaled, based on Lot(s) selected. Although boxes expand to fit descriptions, do not exceed the space provided.

Lot Tab after selection	Extended Price	Purpose	Fuel	Replacement Vehicle Model year	Replacement Vehicle Make/Model/Type	Replacement Vehicle VIN	Replacement Vehicle Mileage	Other Grant Funds	Amount of Other Grant Funds
Select One	\$ 0	Replacement	Select One					Selec	

Total	\$ 0								\$ 0.00
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PART E1a: PROJECT INFORMATION - OTHER CAPITAL

Leave this Part blank if you did not apply for Other Capital Assistance.

1. Select anticipated use(s) for the grant award: Other: Describe

2. Select main objective for the proposed project: Continue Existing Service(s)

3. Describe how the proposed project addresses the Section 5310 program objective selected above:

4. Identify all unmet needs the proposed project seeks to address:

5. Why are the current services provided in your service area insufficient to meet the needs identified above?

6. For Software/Hardware Purchases, explain how the use of this equipment would improve service and how it complements other services in the Community.

7. For non-OGS vehicle Purchases, explain how the use of this equipment would improve service and how it complements other services in the Community.

8. For Shop Equipment or other Maintenance Purchases, explain if these assets will be owned and operated by the applicant or leased to an operator. If leased, please attach the planned lease agreement with the application.

9. For Facilities and Pedestrian improvements, please identify how the project benefits will be allocated to the target population.

PART E1a: SUPPORTING DOCUMENTS: OTHER CAPITAL REQUEST(S)

☐ *Attach the Independent cost estimate (ICE) for this purchase and the planned procurement methodology

☐ *Attach proposed maintenance plan for the Federally Funded Asset

For up to seven (7) Other Capital Requests, complete the Table below. Where applicable, enter numbers only - no commas.

Describe	Physical Address of Asset	Unit Cost	Qty	Total Cost	Purpose	Age	Federal Share	Local Match
non-OGS vehicle				\$ 0.00	Select One		\$ 0.00	\$ 0.00
Select One				\$ 0.00	Select One		\$ 0.00	\$ 0.00

Total				\$ 0.00			\$ 0.00	\$ 0.00
-------	--	--	--	---------	--	--	---------	---------

PART E1b: SMART GROWTH THRESHOLD QUESTIONS

Complete Part E1b only if you have indicated in Part D that you are requesting Other Capital Assistance. If your answer to the first question is "Yes" you will also have to complete questions 2-4.

1. *Does your request for Capital Assistance include funds for bus shelters or facilities? ☐ Yes ☒ No
2. Is any part of the proposed project outside of the Transit Sponsor's owned property? Yes No
3. Is the project likely to affect surface or groundwater; impact air quality; or affect historic or archeological resources? Yes No
4. Is this a new project which has not been included in the Transit Sponsor's regular planning process? Specifically, a project not yet discussed or coordinated with state, local, or federal government agencies and is not included in municipal or regional planning plans? Yes No

An affirmative response to one or more of the Smart Growth Questions requires submission of the [Smart Growth Screening Tool](#) with this Application.

PART E2: PROJECT INFORMATION - Operating Assistance

Leave this Part blank if you did not apply for Operating Assistance.

1. Select anticipated use(s) for the grant award:

Select One
2. Select main objective for the proposed project:

Select One

3. Describe how the proposed project addresses the Section 5310 program objective selected above:

4. Identify all unmet needs the proposed project seeks to address:

5. Why are the current services provided in your service area by public or private transit providers insufficient to meet the needs identified above?

6. Will service be operated by the Applicant? 6a. Percentage of the equipment be owned by the lessee or private operator:

7. Describe how the project will be operated by a lessee or private operator under contract with the Applicant:

PART E2 SUPPORTING DOCUMENTS: OPERATING ASSISTANCE

Select a response from the drop-down boxes, then enter data in the shaded cells to complete the Operating Assistance Project Cost Table.

Section	Operating Assistance Project Costs	Amount
☐ Attach Detailed Budget	Total Project Operating Expenses	\$ 0.00
Fare Box and Other Revenue	Select One	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Sub-Total	\$ 0.00
	Net Project Costs	\$ 0.00
Total Other FTA Matching Funds	Select One	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Sub-Total Other FTA Funds	\$ 0.00
Applicant Non-FTA Matching Share	Net Project Costs Less FTA Funds	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Matching Share Amount Sub-Total	\$ 0.00
	Net Project Cost Less Local Funds	\$ 0.00
Request	Eligible 5310 Federal Share Award Maximum	\$ 0.00
	Federal Share	\$ 0.00

PART E3: PROJECT INFORMATION - MOBILITY MANAGEMENT

Leave this Part blank if you did not apply for Mobility Management.

1. Select anticipated use(s) for the grant award:

Select One

2. Select main objective for the proposed project:

Select One

3. Describe how the proposed project addresses the Section 5310 program objective selected above:

4. Identify all unmet needs the proposed project seeks to address:

5. Why are the current services provided insufficient to meet the needs identified above?

6. What efforts will the Applicant undertake to leverage funds from other sources to implement/provide/sustain these services?

PART E3 SUPPORTING DOCUMENTS: MOBILITY MANAGEMENT/RELATED PROGRAM COSTS

Complete the Mobility Management Project Cost Tables by entering Expenses in the shaded cells.

Section	Mobility Management Project Costs	Amount
Personnel Services ☐ Attach Duties Descriptions	Expenses - Salary	
	Administrative	\$ 0.00
	Mobility Management	\$ 0.00
	Support Staff	\$ 0.00
	Other	\$ 0.00
	Sub-Total	\$ 0.00
	Expenses - Fringe Benefits	
	Fringe Benefits	\$ 0.00
	Sub-Total	\$ 0.00
	Expenses - Travel	
	Staff Travel Allowance	\$ 0.00
	Sub-Total	\$ 0.00
	Total Personnel Services	\$ 0.00
Support	Expenses - Support	
	Outreach Services	\$ 0.00
	Facility Costs	\$ 0.00
	Other Support Costs	\$ 0.00
	Total Support	\$ 0.00
	Total Mobility Management Costs	\$ 0.00

Complete the Mobility Management Project Cost Tables by entering Matching Fund(s) information in the shaded cells.

Section	Local Matching Share Contribution	Amount
	Total Mobility Management Costs	\$ 0.00
Matching Share Contribution	Local Matching Share Contribution	
	Select One	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Select One	\$ 0.00
	Matching Share Amount Sub-Total	\$ 0.00
	Net Project Cost Less Local Funds	\$ 0.00
	Eligible 5310 Federal Share Award Maximum	\$ 0.00
	Federal Share	\$ 0.00

PART F: PERFORMANCE MEASURES

The following Performance Measures are established in the FTA Section 5310 Program. Complete each portion as it applies to this Application. These Performance Measures will be included in Schedule B of the Contract if awarded funds.

***For All Requests:**

Briefly describe the efforts made to coordinate services with Human Services or other agencies in your geographic area. Include a statement regarding the impact on budgets and efficiencies/innovations obtained or planned (space is limited to visible area):

For Vehicle and/or Operating Assistance Requests:	Measure	Current 5310	New 5310
Number of vehicles used to provide seniors and persons with disabilities service	Number	0	0
Number of seniors and persons with disabilities needing wheelchair positions	Annually	0	0
Vehicle miles traveled	Annually		
Vehicle miles	Daily Average	0.00	0.00
One-way trips provided to seniors and persons with disabilities	Annual Number		
Number of Riders per trip	Average		
Round-Trip length (miles)	Average		
Normal number of days vehicles in operation	Weekly		
Normal hours of vehicle operation	Daily		
Normal hours of vehicle operation	Annually		

Other Capital or Physical Improvements: Describe any changes or additions to transportation facilities, sidewalks, technology and/or vehicles that impact the availability of transportation services as a result of a project implemented in the current reporting year.

Numbers of Consumers in targeted population anticipated to be served annually by this improvement:

Mobility Management: Select up to six (6) performance measures from the following categories in the Table which will be used to measure success. The Performance Objective boxes will expand to fit, however, please do not exceed the space limits of this page.

Category	Performance Objective	Measure	Quarterly Target Attainment
Select One			

PART G: CIVIL RIGHTS, EQUAL EMPLOYMENT OPPORTUNITY AND TITLE VI REQUIREMENTS

Refer to the FTA guidance regarding [Civil Rights](#) and the NYSDOT [information and technical guidance](#) for service providers. Regarding your Civil Rights program, answer the following questions for the past three (3) years. Provide explanations as required.

*1. Has any investigation, lawsuit, or complaint alleging discrimination been filed against the applicant or any subrecipient?

Select One

*2. Have any Civil Rights Compliance Review Activities or investigations been conducted?

Select One

3. Regarding your Equal Employment Opportunity (EEO) Program, if in Part B you indicated 50 or more staff are dedicated to Transportation Services:

☐ Attach your EEO Plan, or the timeline by which you will meet the requirement for a plan prior to award.

☐ Attach Title VI Plan

PART H: PUBLIC PARTICIPATION AND COORDINATION REQUIREMENTS

*Please check the box to submit the required documentation with your Application as described below.

☐ Copy of Public Notice paid advertisement(s)

☐ List of the private bus and taxi companies; public transportation operators; and human service agencies to whom Notice was sent.

*Is your comment period complete?

No

*Date comment period ended or will end:

*Did you receive any comments, proposals, or other communication in response to your Notice?

Select One

Describe:

PART I: LOCALLY DEVELOPED, COORDINATED PUBLIC TRANSIT HUMAN SERVICES TRANSPORTATION PLAN

*Name/Title of Plan:

*Plan Date:

*Date Plan last modified/updated:

*Indicate if projects applied for are derived from a locally developed Public Transit-Human Service Transportation Plan, compliant with [FTA Circular FTA C 9070 .1 G.](#)

*Coordinated plan page number(s) that support application: Page(s) Through

Or list pages separately, e.g. 1,4, 6, 8:

Coordination with Other Organizations: From the drop down boxes, select up to six (6) areas of coordination and coordination activities performed To add or delete rows, use the buttons. The Performance Objective boxes will expand to fit, however, please do not exceed the space limits of this page.

☐ Attach Formal Agreements

Area of Coordination	Coordination Activity	Coordinating Agency/Organization Name	Formal Agreement
Select One	Select One		Select One

PART J: APPLICANT AFFIRMATIONS, CERTIFICATIONS AND ASSURANCES

*Select One:

Section 5307 Direct Recipients only: Check the appropriate box below

☐ My Certifications and Assurances documents are previously signed and on file. I will complete the Affirmation of Applicant.

☐ I have not previously signed the 2025 FTA Certifications and Assurances and/or have not selected #11. I will complete the sections below.

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these Certifications and Assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all Federal statutes and regulations, and follow applicable Federal directives, and comply with the certifications and assurances as selected below, to be applicable to each application made to the Federal Transit Administration (FTA) in Federal Fiscal Year 2025, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent the Applicant.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 et seq., and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized in 49 U.S.C. chapter 53 or any other statute.

Federal Fiscal Year 2025 Certifications and Assurances for Transit Assistance Programs: For the purposes of this Application, all Applicants MUST comply with the following Certifications and Assurances: <https://www.transit.dot.gov/funding/grantee-resources/certifications-and-assurances/certifications-assurances>

1. Certifications And Assurances Required Of Every Applicant
3. Tax Liability And Felony Convictions
4. Private Sector Protections
5. Transit Asset Management Plan
11. Enhanced Mobility Of Seniors And individuals With Disabilities Programs

☒ *Checking this box signifies your intent to comply with all of the above listed provisions. FTA intends that these certifications and assurances should apply, as provided, to each project for which the Applicant seeks now, or may later, seek FTA assistance during Federal Fiscal Year 2025 .

Applicants may wish to include one or more of the following Categories of Certifications and Assurances by selecting one or more of the choices from the list below. To select more than one, click on one choice then, use the Control or Shift keys to select others. To select all of these additional provisions, check here: ☐

☐	6. Rolling Stock Buy America Reviews And Bus Testing
☐	7. Urbanized Area Formula Grants Program
☐	10. Grants For Buses And Bus Facilities And Low Or No Emission Vehicle Deployment Grant Program
☐	12. State Of Good Repair Grants
☐	14. Alcohol And Controlled Substances Testing
☐	16. Demand Responsive Service
☐	17. Interest And Financing Costs

Affirmation of Applicant

Has your organization been a previous recipient of FTA funds?

Select One

The Applicant certifies and assures NYSDOT that the project(s) submitted in this application is/are derived from the Locally Developed Public Transit-Human Service Transportation Plan, compliant with Federal Transit Administration Circular FTA C 9070. 1G. Each Applicant for FTA funding and each FTA Grantee with an active Capital or Formula Project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

By signing this application, you are certifying that all information and data on this application are true and correct to the best of your knowledge and belief and are supported by your records.

*Applicant Signature

PART K: FTA CERTIFICATIONS AND ASSURANCES, ATTORNEY AFFIRMATION

Part K is not required if you have indicated in Part J that you have the Affirmation on file, or are a 5307 Direct Recipient.

AFFIRMATION OF APPLICANT'S ATTORNEY

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government law, as applicable, to make and comply with the certifications and assurances as indicated at the link above. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant. I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Attorney Signature

PART L: Certification to Restrictions on Lobbying

AFFIRMATION OF APPLICANT'S ATTORNEY

By signing below, Applicant certifies that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance For New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Modifications have been made to the clause pursuant to Section 10 of the Lobbying Disclosure Act of 1995, P.L. 104-65 [to be codified at 2 U.S.C. § 1601, et seq.]
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. Section A 3801, et seq., apply to this certification and disclosure, if any.

Applicant Signature

PART M: SUBMITTING THE APPLICATION

Save the Application using the following naming convention that includes your Applicant name and description, for example, "Human Service Agency X 5310 App 2025 ". Print a copy for your records.

To submit: Email 5310MobilityApplications@dot.ny.gov with the Application as an attachment. Attach additional documents as needed. Consider zipping your file or sending in multiple emails if over 20mb. Please use your agency name in the email subject line, followed by "2025 5310 Application Submission". Send the email to complete the Application submission process.

Sent to:
TB, TA, TC
11/5/25
KO

Hudson River Valley Greenway - Council and Compact Planning Grants Program FY25

Deadline: The following is a breakdown of important dates related to this program

Round 1

- May 2, 2025 Application Deadline
- June 11, 2025 Awards Announced

Round 2

- August 18, 2025 Application Opens
- October 31, 2025 Application Deadline
- December 10, 2025 Awards Announced

Amount: The following is a breakdown of information related to program funding

- Greenway Compact Grants
 - Maximum award varies
 - \$50,000 maximum award
 - \$75,000 maximum award (County Compact Update Projects)
 - \$100,000 maximum award (County Compact Development Projects)
- Greenway Community Grants
 - Maximum award varies
 - \$20,000 maximum award
 - \$30,000 maximum award (Intermunicipal Planning Projects)
- 50% match required (cash or in-kind)

Please note: Funding will be distributed on a reimbursement basis. Intermunicipal collaboration planning projects that involve two or more

funding activities include, but are not limited to:

- **Greenway Community Grants:** Funding is available to municipalities that are within the designated Greenway area and have adopted a local board resolution to become a designated “Greenway Community.” The resolution demonstrates that the community supports the Greenway Criteria and the voluntary process for the development of the Greenway Compact. Greenway Communities can undertake a variety of projects under this program that are consistent with the Greenway criteria or advance the Greenway compact. Eligible activities include:
 - **Open Space Inventory/Preservation:** Open space inventories, comprehensive open space, development of conservation easement programs, and transfer of development rights ordinances;
 - **Natural Resource Inventory/Preservation:** Natural resource inventories and management plans, critical environmental area designations, natural resource protection ordinances, viewshed analysis, scenic impact review guidelines, scenic road protection, and development of scenic easement programs;
 - **Recreational/Trail:** Trail planning, construction, wayfinding, and interpretive signage;
 - **Other Projects:** Tourism, agriculture protection plans and techniques, main street and waterfront revitalization plans and implementation techniques, cultural resource inventories, and historic preservation plans or ordinances; and
 - **Comprehensive/Master Planning:** Comprehensive plans, master plans, area plans, zoning and subdivision ordinances, and site plans.
- **Greenway Compact Grants:** Funding is available to communities that have adopted an approved Greenway Compact Plan. In addition to the requirements for the Greenway Communities Grant Program, municipalities must be a participating community in a Greenway

funding through this program

- (2024) Town of East Fishkill, NY: Funding is used for the comprehensive plan update.
- (2024) Village of Irvington, NY: Funding is used for River Towns feasibility study of food scraps curbside collection.
- (2024) Town of Greenwich, NY: Funding is used for a zoning code update.

Please note: A link to a full list of past recipients for FY24 is available [here](#).

Application Delivery: The below information is intended to assist with program submission details

- Primary Program Contact:
 - (518) 473-3835
 - grants@hudsongreenway.ny.gov
- Application Submission
 - Submit applications online via [HRVG Grants Platform](#).
- Applicants must first complete the following steps before submitting an application:
 - Applicants must have adopted a local board resolution to become a designated "Greenway Community".
- Additional information or resources to assist with application development:
 - [Communities and Compact Grant Guidelines March 2025](#)

Additional Information: [Visit Here for Further Guidance](#)



Hudson River Valley Greenway

KATHY HOCHUL
Governor

KEVIN BURKE
Chair, Greenway Conservancy

MEG DOWNEY
Chair, Greenway Council

ANDY KITZMANN
Executive Director

E. Sample Municipal Resolution

WHEREAS, the _____ (name of municipality) is applying to the Hudson River Valley Greenway for a grant under the Hudson River Valley Greenway Planning Grant Program for a project entitled _____ (Project Name) to be located in _____ (town/village or city),

NOW, THEREFORE, be it resolved that the governing board of _____ (municipality) hereby does approve and endorse the application for a grant under the Hudson River Valley Greenway Planning Grant Program, for a project known as _____ (Project Name) and located within this community.

_____ Date of Adoption

_____ Name of Municipal Clerk

_____ Signature

Sent to:
TB, TA, TC
11/5/23
KD

CHAIR
ENVIRONMENTAL CONSERVATION

COMMITTEES
ALCOHOLISM AND SUBSTANCE USE DISORDERS
CRIME VICTIMS, CRIME AND CORRECTIONS
INSURANCE
RULES
TRANSPORTATION
VETERANS, HOMELAND SECURITY
AND MILITARY AFFAIRS

THE SENATE
STATE OF NEW YORK



PETER B. HARCKHAM
SENATOR, 40TH DISTRICT

ALBANY OFFICE
115 LEGISLATIVE OFFICE BUILDING
ALBANY, NEW YORK 12247
(518) 455-2340

DISTRICT OFFICE
1 PARK PLACE
SUITE 302
PEEKSKILL, NEW YORK 10566
(914) 241-4600

July 11, 2024

Dear Grantee,

I am pleased to inform you that the Town of Somers has been allocated \$200,000 through the **Community Resiliency, Economic Sustainability, and Technology (CREST) Capital Reimbursement Grant Program** to support your efforts in enhancing public spaces such as parks, playgrounds, sidewalks, and other vital infrastructure that fosters accessibility and community well-being.

To move forward with the formal application and approval process, please follow the steps outlined below:

Required Documentation

Along with your completed Preliminary Application (PA), please submit the following:

- Vendor quotes or bids for the project
- A detailed project description
- Project deed or lease agreement
- A signed letter confirming your organization will cover any project costs that exceed the allocated amount

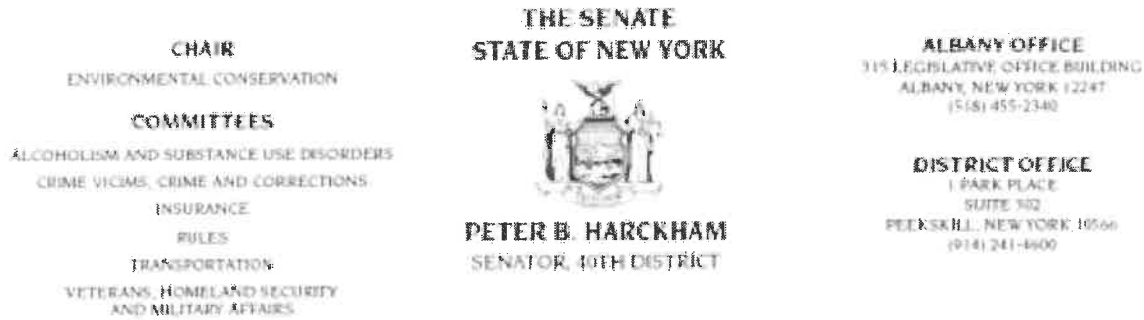
Review and Approval Process

1. The Senate Finance Committee will review your PA and supporting documents for completeness and eligibility.
2. Once approved, your application will be forwarded to the **Dormitory Authority of the State of New York (DASNY)** for further review and project activation.

Project Activation

Upon approval, DASNY will assign a **Project Identification Number** and send your organization a due diligence package with detailed instructions and additional

paperwork.



Grant Disbursement Agreement

After obtaining all necessary governmental approvals, DASNY will send two copies of the **Grant Disbursement Agreement** (GDA) to your organization. Once signed, you may begin incurring eligible project costs and submitting reimbursement requests.

Important Note:

CREST grants are **reimbursement-based**. This means your organization must pay project costs upfront and request reimbursement later. **Do not begin your project until you receive written confirmation from DASNY to proceed.**

We are excited about the impact your project will have and are committed to supporting you throughout this process. If you have any questions or need assistance, please contact Sarah Perez at Perezs@nysenate.gov or (518) 455-2340.

Congratulations on your allocation. We look forward to working with you to bring your project to life.

Sincerely,

Senator Pete Harckham
SD 40

2025 CAPITAL PROGRAM FUNDING Examples:

*These are general examples to help determine project eligibility during the grant award process.
DASNY bond and tax counsel will make the final determination as to project eligibility.*

Construction:

- Architectural, Engineering & Design
- New facilities
- Expansion
- Reconstruction, Renovation & Rehabilitation:
- Demolition (when part of reno/const project)
 - Windows & Doors
 - Siding
 - Roofs
 - Lighting
 - Plumbing
 - Electrical
- Paving (Initial & repaving surfaces, **not** resurfacing)

Road & Bridge Construction

Water & Sewer Infrastructure

Flood Mitigations and Shoreline Stabilization

Landscaping – Hardscaping, i.e. retaining walls & walkways

Real Property Acquisition

Fixed Equipment:

- HVAC
- Generators
- Appliances
- Durable Medical Equipment
- Playground Infrastructure

Technology

- Computers
- Laptops
- Tablets
- Servers
- Monitors
- Whiteboards
- Pagers
- Radios
- Cameras:
 - License Plate Readers
 - Dash Cameras
 - Security Cameras
- EKG Monitors
- Defibrillators

Equipment:

- Turnout Gear
- Stretchers
- Classroom (*)
- Laboratory (*)

*Bond eligibility will be determined by DASNY

Some Projects Not Eligible for Capital funding Include:

Repairs & Maintenance

Administrative Costs

Software not pre-installed on equipment

Cloud based systems or programs

Training more than the 'Trainer'

Feasibility Studies

Extended Warranties

Painting, Flooring & Landscaping – unless within the finishing phase of construction or reconstruction project

**COMMUNITY RESILIENCY, ECONOMIC SUSTAINABILITY, AND TECHNOLOGY PROGRAM
(CREST)
PRELIMINARY APPLICATION**

SECTION 1: GENERAL INFORMATION**A. Project Name:**

Project Location(s) (e.g. DASNY campus):

Project Address(es) (e.g. 515 Broadway):

B. Organization / Grantee:

Legally Incorporated Name:

Street (not P.O. Box):

City: Zip: County:

Phone:

Ext:

Fax:

E-mail:

Contact Name & Title:

Federal Taxpayer I.D.

Charity Reg.# (Non-profits Only):

1. Type of Organization:☐

Business Corporation

☐

Municipal Corporation

☐

Other

☐

State

☐

Non-Profit

2. a) Is the organization currently seeking or receiving any other New York State assistance for this project?

☐

No

☐

Yes

b) Is the CREST Grant a match to receiving the other New York State Assistance?

☐

No

☐

Yes

If either a or b is Yes, please provide a detailed explanation on an attached separate sheet.

SECTION 2: PROJECT INFORMATION

Note - All projects under CREST must have a useful life of not less than 10 years.

1. Project Purpose - indicate the appropriate project purpose☐

Arts

☐

Educational

☐

Climate Change Mitigation

☐

Cultural

☐

Parks & Rec

☐

Resiliency

☐

Athletic

☐

Transportation

☐

Environmental Sustainability

☐

Housing

☐

Tourism

☐

Civic Activities

☐

Child Care

☐

Community Redevelopment

Projects requiring DED certification:☐

Port Development

☐

Economic Development

☐

Workforce Training

☐

Employment Development

Please attach a **separate sheet** with a detailed description of the specific capital project that will be undertaken and funded pursuant to this Grant. If multiple project locations and addresses, please list in project description.

2. Project Start Date: _____ Anticipated Date of Project Completion: _____

3. Please list the anticipated amount of funding to be received from the CREST Program for this project. Minimum \$50,000.
\$ _____

4. Will any entity other than the Grantee set forth in Section 1, above, be paying any project related costs? <u>If Yes</u> , please attach a separate sheet setting forth the costs to be paid by another entity, as well as a description of the relationship between the Grantee and the other entity.	☐ No ☐ Yes
5. Does the Applicant own the site where the project will be located? <u>If Yes</u> , please provide the deed. <u>If No</u> , please attach a separate sheet describing the control the Applicant has over the Project site and include lease if applicable.	☐ No ☐ Yes
6. Does the applicant plan to occupy 100% of the project facility? <u>If No</u> , attach a schedule explaining the planned occupancy.	☐ No ☐ Yes
7. a. If an organization other than the Grantee will have an interest in the equipment or real property purchased with grant funds, please attach a description of the legal relationship between the grantee and the other organization. b. Will the non-fixed equipment and/or capital assets to be paid for with grant funds be for the sole use of the grantee? <u>If No</u> , please explain.	☐ No ☐ Yes
8. Does the equipment and/or capital assets to be paid for with grant funds have a useful life of not less than ten years. <u>If No</u> , please explain.	☐ No ☐ Yes
9. Does the project require environmental or other regulatory permits? <u>If Yes</u> , please specify type: Have they been secured? ☐ No ☐ Yes ☐ NA <u>If No</u> , please specify why:	☐ No ☐ Yes
10. Has any State or local government agency reviewed the project under the State Environmental Quality Review Act (SEQRA)? <u>If Yes</u> , please set forth the lead agency for the review and provide a copy of the negative declaration, findings statement, or Type II memo issued by the lead agency.	☐ No ☐ Yes ☐ NA
SECTION 3: ELIGIBILITY FOR TAX-EXEMPT FINANCING	
1. Has the applicant previously received financing from the sale of tax-exempt bonds for <u>this project</u> ? <u>If Yes</u> , attach a schedule describing the details of such financing.	☐ No ☐ Yes
2. Does the applicant anticipate applying for financing for <u>this project</u> from the sale of other bonds?	☐ No ☐ Yes
3. Have any funds been expended or obligations incurred to date on that portion of the project for which this application is made? <u>If Yes</u> , attach a schedule showing details of such disbursements (date, purpose, payee, etc.).	☐ No ☐ Yes
4. Will the Grantee be utilizing internal labor for any portion of the project? <u>If Yes</u> , attach a narrative summarizing the usage and dollar value of internal labor on the project. Internal labor costs will <u>not</u> be reimbursed from CREST Grant proceeds.	☐ No ☐ Yes
5. Is the grantee or project location(s) owned or affiliated with a state related entity (e.g. public benefit corporation, entity with governance appointed by Governor of NYS)? <u>If Yes</u> , please attach explanation.	☐ No ☐ Yes

SECTION 4: PROJECT BUDGET

Complete the following Project Budget detailing the proposed sources and uses of funds (attach additional sheets if necessary) that will be utilized to complete the Project. State the source of the funding, and any contingencies that need to be satisfied prior to accessing the funds.

Please include evidence of committed funding sources to be used to complete the project as described. This may include a copy of letter(s) of credit, award letters, a resolution from the governing board of the Grantee committing to provide the balance of the funds, or a combination of the above.

<u>USE OF FUNDS</u>	<u>SOURCES</u>						<u>TOTAL</u>
	State		In-Kind /Equity /Sponsor		Other sources (Please specify each source and include commitment letter or other evidence that funds have been secured)		
Tasks	Entity Name	Amount	Source Name	Amount	Entity Name	Amount	
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
Total:		\$ 0.00		\$ 0.00		\$ 0.00	\$ 0.00

I hereby certify that the information in this Project Information Sheet is true and correct in all material respects, and I understand that the Dormitory Authority of State of New York and other entities that may be involved in the grant process are relying on this information in the course of the reviews that are required under Federal and State law.

Signature of Authorized Officer

Date

Print Name

Title

Print Form

Sent to:
TO, TA, TC
11/5/25
KO

**NYS Department of Environmental Conservation (DEC) -
Municipal Waste Reduction and Recycling (MWRR) Program
FY26**

Deadline: The following is a breakdown of important dates related to this program

- November 1, 2024 Application Opens
- October 24, 2024 at 4:00 PM Questions Deadline
- October 15, 2027 Deadline to Inform Millennium of Intent to Apply
- October 31, 2027 at 3:00 PM Application Deadline

Amount: The following is a breakdown of information related to program funding

- No minimum or maximum award amount noted
- 1:1 match required (cash only)
- 12-month project period

Please note: Applicants are restricted to one application per funding cycle. Funding will be distributed on a reimbursement basis.

Eligible Applicants: The following entities are eligible to apply for funding through this program

- Municipalities
- Counties
- Tribal Governments
- Local Public Authorities
- School Districts

Overview: Through the Municipal Waste Reduction and Recycling (MWRR) Grants Program, the NYS DEC supports communities with waste reduction and recycling projects. Projects aim to reduce the

volume or toxicity of materials entering the MSW stream at the point of generation, and/or enhance municipal recycling infrastructure. Municipal recycling projects, Household Hazardous Waste (HHW) collection facility projects, and beverage container assistance projects include, but are not limited to:

- Construction of composting or materials recycling facilities;
- Collection vehicles for source-separated recyclables;
- Receptacles, roll-off containers, sheds, or facilities for storage; and
- Bins, containers, carts, or totes for recyclables.

Eligible activities include:

- Construction of materials recycling facilities;
- Construction of composting facilities;
- Construction of HHW collection facilities;
- Purchasing of recyclables processing equipment;
- Purchasing of recycling containers;
- Purchasing of new recyclables collection vehicles; and
- Beverage container assistance project (not-for-profit organizations qualify as eligible entities).

Application Delivery: The below information is intended to assist with program submission details

- Primary Program Contact:
 - Recycling Grants Team
 - Division of Materials Management
 - (518) 402-8678
 - RecyclingGrants@dec.ny.gov
- Application Submission:
 - Submit application online : https://esupplier.sfs.ny.gov/psc/fscm/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL?

&.

- Additional information or resources to assist with application development:
 - A copy of the program fact sheet is available here: <https://dec.ny.gov/sites/default/files/2025-06/mwrrfactsheet.pdf>
 - A copy of the grants for recycling capital projects is available here: <https://dec.ny.gov/environmental-protection/waste-management/grants/recycling-capital-projects>

Additional Information: <https://dec.ny.gov/environmental-protection/waste-management/grants/recycling-capital-projects>

Sent to:
TB, TA, TC
10/24/25
KD



ShelterPoint Life Insurance Company
1225 Franklin Avenue, Ste. 475
Garden City, NY 11510
Fax: 516.504.6432 (main) / 516.504.6435 (service) / 516.504.6434 (toll-free)
Phone: 800.365.4999 (516.829.8100)
www.shelterpoint.com

September 26, 2025

DBL GENERAL AGENCY AN ALERA GROUP LLC
ALERA GROUP INC
155 PINELAWN ROAD SUITE 120S
MELVILLE, NY 11747

RE: Policyholder: TOWN OF SOMERS
Group Policy #: GVNY27556
Policy Effective Date: 01/01/2016

Dear Broker:

We have completed our annual renewal evaluation of your client's group vision coverage.

After careful consideration and review, we have established our pricing for the upcoming policy year. The following are the current rates as of the date of this letter and the renewal rates effective on 01/01/2026.

Current Rates	Renewal Rates	Coverage Tier
\$3.35	\$3.35	Single
\$8.50	\$8.50	Employee /Spouse
\$8.50	\$8.50	Employee /Child(ren)
\$8.50	\$8.50	Full Family

Rates are guaranteed for a period of 12 months and are subject to the terms, conditions and provisions of the group insurance policy. Please provide this information to the policyholder.

It is our intent to provide your client with the best possible relationship of benefit costs to the products we provide. Please be assured that our analysis has been completed with this in mind. We appreciate the opportunity to provide your client with benefits and look forward to continuing our relationship. If you have any questions regarding our assessment, please do not hesitate to contact your sales rep, BROOKS WRIGHT at 516-514-2887.

Very truly yours,

ShelterPoint Life Insurance Company
Underwriting Dept.

cc: BROOKS WRIGHT

William J. Quinn III

Senior Relationship Consultant

Kim DeLucia

From: Tammi Savva
Sent: Monday, October 27, 2025 9:48 AM
To: Kim DeLucia
Subject: For November Town Board Meeting Agenda - Purchase of Town House 2nd Floor Copier Konica Bizhub 451i
Attachments: DPP Form - Town of Somers - 10.25.2025.pdf; Order Agreement - Town of Somers - 10.25.2025.pdf

*Sent to:
TB, TA, TC
10/27/25
KD*

Hi Kim,

The copier on the second floor of the Town House needs replacement as our maintenance contract is expiring the end of 2025. Konica does not continue maintenance as the copier is 6+ years old and technology has advanced, especially the security features. We would like to purchase a similar model to the existing copier. The replacement model is the Konica Bizhub 451i.

Attached is the (1) Deferred Payment Plan Agreement, (2) the Order Package Acceptance Agreement for the 60-month deferred payment program at a cost of \$98.92 per month for 60 months (no interest) and maintenance at a cost of \$65.70 per month with 9,000 allowable copies per month with \$0.00730 per copy on overage which requires the Supervisor's signature.

Please place on the next Town Board agenda to request approval.

Thank you,
TAMMI SAVVA
JUNIOR ADMINISTRATIVE ASSISTANT
OFFICE OF SUPERVISOR ROBERT SCORRANO
TOWN OF SOMERS
335 ROUTE 202
SOMERS, NY 10589
PHONE: 914-277-3637
FAX: 914-276-0082
WWW.SOMERSNY.COM



Order Agreement

60-month DPP

Check Applicable Box

☒ Purchase☐ Lease☐ Other:

INVOICE TO Account #	SOLD TO Account # SO 0000543530	SHIP TO Account #
Legal Name TOWN OF SOMERS	Legal Name TOWN OF SOMERS	Legal Name TOWN OF SOMERS
Attn Line 1	Attn Line 1	Attn Line 1 SUPERVISOR'S OFFICE
Attn Line 2	Attn Line 2	Attn Line 2
Street Address 355 ROUTE 202	Street Address 355 ROUTE 202	Street Address 355 ROUTE 202
City SOMERS State NY Zip 10589-0046	City SOMERS State NY Zip 10589-0046	City SOMERS State NY Zip 10589
Tax Exempt ☐ No ☒ Yes (Copy Required)	Tax Exempt # 13-6007329	
P.O. Required ☒ No ☐ Yes (Copy Required)	P.O. #	P.O. Expiration Date

Payment Terms: TERMS SET BY MASTER AGREEMENT	☐ Yes, I want to pay by Credit Card. Please provide contact name/phone below. ☐ Pay in Full (including applicable tax) ☐ Partial Payment, Amount \$ Contact Name: Phone:	Check Amount Check #
--	---	--------------------------------

Requested Delivery Date: SEE ATTACHED	Maintenance Contract ☒ Accepted ☐ Declined
--	--

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED
1	ADXT011	BIZHUB 451I COPIER/PRINTER WITH DF	\$69.71	\$ 4,182.56	\$ 4,182.56
1	7670525507	MFP DELIVERY CHARGE - LEVEL TWO	\$0.00	\$ 0.00	\$ 0.00
1	7640018093	BASIC NETWORK SERVICE - BNS03	\$0.00	\$ 0.00	\$ 0.00
1	A87JWY5	RELAY UNIT RU-513	\$1.47	\$ 88.46	\$ 88.46
1	A0W4WY4	WORKING TABLE WT-506	\$0.93	\$ 56.00	\$ 56.00
1	AAV5019	PC-416 CABINET	\$9.96	\$ 597.70	\$ 597.70
1	AAR4WY1	FS-539 50-SHEET STAPLE FINISHER	\$10.32	\$ 619.22	\$ 619.22
1	W150015120	PWRFILTER W LINE MONITORING 120V/	\$2.36	\$ 141.50	\$ 141.50
1	7640015657	BIZHUB SECURE	\$4.17	\$ 250.00	\$ 250.00

QTY	MATERIAL #	SUPPLY - MATERIAL DESCRIPTION	PRICE EACH	EXTENDED
1	AC79030	TN628 BLACK TONER	N/A	\$ 0.00
		N/A		
		N/A		
		N/A		
		N/A		
		N/A		

ADDITIONAL CHARGES	Additional Charges
☐ Network ☐ Removal ☐ Other	TOTAL \$ 5,935.44 (TOTAL is exclusive of applicable taxes)

PICK-UP	Requested Removal Date: 11/13/2025		
QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER
1	AA6U011	**BIZHUB 458E	AA6U011017049

COMMENTS

NYS Contract PM 68149
60-month DPP
\$98.92/month for hardware

Maintenance Agreement

Customer Information

Sold to Acct #: <u>0000543530</u>		Payer/Bill to Acct #:		Ship to Acct #:	
Name: <u>TOWN OF SOMERS</u>		Name: <u>TOWN OF SOMERS</u>		Name: <u>TOWN OF SOMERS</u>	
Attn/Dept:		Attn/Dept:		Attn/Dept:	
Ste/Rm:		Ste/Rm:		Ste/Rm:	
Address: <u>355 ROUTE 202</u>		Address: <u>355 ROUTE 202</u>		Address: <u>355 ROUTE 202</u>	
City: <u>SOMERS</u>		City: <u>SOMERS</u>		City: <u>SOMERS</u>	
State: <u>NY</u> Zip: <u>10589-0046</u>		State: <u>NY</u> Zip: <u>10589-0046</u>		State: <u>NY</u> Zip: <u>10589</u>	
Tax Exempt Customer? ☒ Yes ☐ No		Tax Exemption Number: <u>13-6007329</u>		Tax Exemption Certificate must be attached when applicable.	
PO Required? ☐ Yes ☒ No		PO Number:		PO Expiration Date:	
PO must be attached when applicable.					
☐ Individual PO ☐ Blanket PO		PO Contact:		Email:	
Fleet Manager? ☒ Yes ☐ No		Name: <u>TAMMI SAVVA</u>		Email: <u>TSAVVA@SOMERSNY.GOV</u>	
				Ph: <u>914 277 3637</u>	

Coverage / Billing Options

Coverage Options:		Wide Format	
Select Options:		Select Options:	
☒ Supply Inclusive (See comments below for inclusions)		☐ Toner (Black Only)	
☐ After Hours Service - Requires After Hours Agreement		☐ 20lb Bond Roll Paper	
☒ Decline Digital Connected Support*		☐ Decline Digital Connected Support*	
* Digital Connect Support will be added automatically billed at \$12.00 per serial number monthly, unless declined above.			
Billing Options:		Wide Format	
Initial Term in Months:		Select Options:	
Flat Rate Frequency:		☐ 36 ☐ 48 ☒ 60 ☐ Other	
Meter Frequency:		☐ Monthly ☐ Quarterly ☐ Annually	
Aggregate Volume:		☐ Monthly ☐ Monthly	
		☐ B/W ☐ Color	
		☐ All Devices	
Effective Date:		☒ On Install ☐ Date:	
Billing Day:		☒ Selected by KMBS ☐ Preferred Day: (29th, 30th, and 31st are not an available selection)	

Maintenance Pricing

MFP				Monthly Minimum	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	Sub Fleet	Price Plan
Item	Model Description	Serial Number	Type	Volume					
1	BIZHUB 451I COPIER/PRINTER WITH DF-71		Color						
			B/W	9,000	\$65.70	0.00730			
2			Color						
			B/W						
3			Color						
			B/W						

☐ Additional Equipment on Schedule B

Wide Format				Monthly Minimum	Monthly Flat Rate \$	Cost Per Square Foot	Start Meter	Sub Fleet	Price Plan
Item	Model Description	Serial Number	Type	Volume (Sq. Feet)		Rate \$			
1			Color						
			B/W						

☐ Additional Equipment on Schedule C

Comments

11 X 17 1 CLICK

- TONER - BLACK AND COLOR (CYM) INCLUDED
- STAPLES INCLUDED

For Internal Use

Maintenance: ☐ with Equipment Order ☐ Maintenance Only ☐ Billed by KMBS ☐ Billed by Lease Company ☐ Dealer Serviced		Sales District: <u>12417</u>	
Sales Rep Number: <u>123367</u>		Sales Rep Email Address: <u>JHODGDON@KMBS.KONICAMINOLTA.US</u>	
Sales Rep Name: <u>JAMES HODGDON</u>		Sales Rep Email Address: <u>JHODGDON@KMBS.KONICAMINOLTA.US</u>	
Order Taking: <u>123367</u>		Sales Rep Email Address: <u>JHODGDON@KMBS.KONICAMINOLTA.US</u>	
Servicing: <u>123367</u>		Sales Rep Email Address: <u>JHODGDON@KMBS.KONICAMINOLTA.US</u>	
		Processed: ☐ Branch ☒ Windsor	

KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.

200 Williams Drive, Ramsey, NJ 07446 (201) 825-4000 www.kmbs.konicaminolta.us

Form: 1011-050117-0S

Equipment Removal Authorization

Customer: TOWN OF SOMERSPick Up Address: TOWN OF SOMERS, 355 ROUTE 202, SOMERS, NY, 10589Contact Name: TAMMI SAVVAContact Phone: 914 277 3637**Equipment being removed from Customer's Location:**Make: BIZ458E Model: **BIZHUB 458E Serial Number: AA6U011017049

Make: _____ Model: _____ Serial Number: _____

Make: _____ Model: _____ Serial Number: _____

☒ **Customer Owned Asset:**

Customer represents and warrants that it has good title to the equipment, free and clear of any lien, mortgage, encumbrance or security interest of any kind. Customer agrees to defend, indemnify and hold Konica Minolta Business Solutions U.S.A., Inc. ("KMBS") harmless from any loss, damage claim, liability or expense of any kind (including, but not limited to, court costs and attorney's fees) arising or resulting from a breach of this representation and warranty of good title and/or the authority, expressed or apparent, of Customer to trade-in or transfer the equipment. Upon signing this Agreement, Customer surrenders possession of the equipment and all components contained therein to KMBS. Customer further agrees that the surrendered equipment will be available for pick-up at the same time that any new equipment is delivered. If the surrendered equipment is not available for pick-up at time of new equipment delivery, customer will be invoiced an additional charge for the separate pick-up.

☐ **Lease Company Owned Asset:**

Lease Company Name: _____ Lease #: _____

☐ **Upgrade to Return** KMBS will resolve current lease obligation. Asset belongs to the Lease Company. KMBS will ship back to Lease Company.☐ **Upgrade to Keep** KMBS will resolve current lease obligation. Asset belongs to KMBS unless otherwise stated below.☐ **Buyout to Keep** KMBS will resolve current lease obligation. Asset belongs to KMBS unless otherwise stated below.☐ **End of Lease Return** Asset belongs to the Lease Company. KMBS will return equipment listed above to the respective leasing company upon receipt of a written Return Authorization Letter and Shipping Instructions. In the event KMBS does not receive a Return Authorization Letter and Shipping Instructions within 90 days of equipment pick up from Customer's location, and Customer has not made additional arrangements with KMBS for storage, the equipment listed above will be returned to Customer's location of pick up.

Unless itemized as part of the equipment order, KMBS will invoice the Customer for the Shipping Fee(s) associated with return of the equipment to the designated return address provided by the Lease Company. Buyout or upgrade quote may include an estimate of pages produced between last meter billing and date the lease obligation is satisfied or equipment is returned.

Shipping Fee(s) to Be Invoiced to Customer: _____

End of Lease Return requiring interim storage of equipment requires pre-authorization from the Regional Operations Manager and Market Vice President and is subject to availability of storage space in a KMBS warehouse or arrangement for offsite storage.

Comments:

Order Package Acceptance Agreement

Customer Name/Address:

TOWN OF SOMERS
355 ROUTE 202
SOMERS, NY 10589-0046

Your signature below constitutes your acceptance of the preceding forms in this Order Package (as identified by Order Package ID **S00693344** time stamped **10/23/25 01:56 PM**).

as governed by the terms and conditions of the Master Agreement between Us and
NYS OGS - PM68149

, dated **06/06/2018**

If any terms and conditions contained in this Order Agreement conflict with any terms and conditions contained in the Master Agreement, the order of precedence is; (a) the transaction terms (i.e., products to be purchased, quantity ordered, delivery date, unit price, billing address, and delivery location) of the relevant Order Agreement (b) the Master Agreement and (c) the remaining non-conflicting terms of the relevant Order Agreement. Any additional, contrary or different terms contained in any confirmation, invoices or other communications, and any other attempt to modify, supersede, supplement or alter this Order Agreement or the Master Agreement, are deemed rejected by the parties and will not modify this Order Agreement or the Master Agreement or be binding on the parties unless such terms have been fully approved in a signed writing by an officer of Konica Minolta and your authorized representative.

This Order Agreement is not binding upon us until signed by a Konica Minolta branch manager, vice president, or executive officer.

Authorized Customer Representative

Name: _____
(Please Print)

Signature: _____

Title: _____

Date: _____

KMBS Representative

Name: James Hodgdon
(Please Print)

Signature: James Hodgdon

Date: 10.25.2025

KMBS Manager

Name: _____
(Please Print)

Signature: _____

Date: _____



**Konica Minolta's Deferred Payment Plan Terms and Conditions
State of New York Contract No. PM 68149**

Thank you for your interest in utilizing a deferred payment plan (DPP) under Konica Minolta's terms and conditions referenced herein for the New York State centralized contract No. PM 68149. In the First Amendment to Contract PM 68149 the New York State Office of General Services has updated the contract terms and conditions to include the allowance of acquisitions through a DPP. The DPP is **not** a lease for equipment and does **not** amend the terms of the centralized contract. Accordingly, based on the terms and conditions of the centralized contract, title is transferred upon acceptance. Further, this document is **not** to be used for a Purchase Option Payment (POP).

Please complete the blank fields in the attached document. Instructions for the completion of each blank field are noted internally via italic print. Upon completion, please return the completed and signed document to Konica Minolta with purchase order.

This is a deferred payment plan (DPP) promotion offered as part of NYS Contract PM 68149 (Centralized Contract). The DPP provides for equipment purchased under such Centralized Contract to be obtained on a deferred, extended payment basis with no buyout due after the last monthly payment is remitted. Konica Minolta Business Solutions U.S.A., Inc. may cancel or modify this promotion. Such cancellation or modification shall not apply to any existing DPP agreements entered into under this promotion prior to the effective date of the cancellation or modification. **This is not a lease and the Contractor cannot assert a security interest in the equipment.**

The use of the term "Contractor" in paragraphs 1 through 9 shall uniformly include Konica Minolta Business Solutions U.S.A., Inc. The term "Customer" is used interchangeably with the defined term of "Authorized User."

Deferred Payment Plan Terms and Conditions
For Use With
State of New York Office of General Services
Konica Minolta Business Solutions U.S.A., Inc. Contract PM 68149

1. The promotion is limited to selected models as set forth on the attached price list.
2. Customer receives title upon acceptance of the equipment by the Customer in accordance with the Centralized Contract terms and conditions.
3. Customer can make a single lump sum payment for the equipment or the Customer may elect to make 12, 24, 36, 48 or 60 months depending on model (*duration period for program is at the option of the Contractor, but must be at least 12 and no more than 60 months*) equal monthly payments, depending upon the DPP term selected by the Customer (if multiple terms are offered). Monthly deferred payments are calculated by taking the Centralized Contract purchase price and dividing it by 12, 24, 36, 48 or 60 (*fill in*) months, depending upon the term offered by Contractor and the term selected by the Customer. Under no circumstances can the deferred payment price exceed the Centralized Contract purchase price.
4. Customer at its expense agrees to keep the equipment under a Konica Minolta Business Solutions U.S.A., Inc. continuous maintenance plan per Contract PM 68149 (*insert name of Contractor's plan that provides the required level of maintenance as selected by the Contractor. The maintenance plan must be an approved contract offering.*) with Contractor for the duration of the DPP (Required Maintenance). Prices and terms and conditions governing Required Maintenance shall be in accordance with the terms and conditions contained within the Centralized Contract.
5. Monthly billing will consist of the monthly deferred payment plus the Centralized Contract Required Maintenance prices set forth in the attached price exhibit. The monthly deferred payment and Required Maintenance charges will be billed monthly in arrears. The excess Click Charges, if any, will be billed quarterly in arrears.
6. Customer may pay off the DPP at any time by making a lump sum payment that is equal to the number of months remaining in the DPP Agreement multiplied by (as of the last monthly payment remitted) the monthly deferred payment (less any Required Maintenance charges).
7. Required Maintenance charges cease upon early buy out or upon completion of the DPP Agreement. At that time the Customer, at its sole option, may enter into a maintenance agreement with Contractor per the then available Centralized Contract prices and terms and conditions or reduced negotiated price.
8. This is a deferred purchase agreement. In accordance with Section 41 of the State Finance Law, the Customer shall have no liability under the DPP Agreement to the Contractor or to anyone else beyond funds appropriated and available for this DPP Agreement. In the event the Customer must cancel the DPP agreement due to the failure of its funding authority to provide funds for the succeeding fiscal period Contractor requests:

Written notice from the Customer within thirty days after receipt of an approved budget that the Customer's funding authority through no action on the part of the customer has failed to appropriate funds for the continuation of the DPP Agreement.

Certification that the canceled equipment, to the extent permitted by law, is not being replaced by equipment performing similar functions during the ensuing fiscal year.

Customer agrees to return the equipment to Contractor in good working order and that the equipment will be free of all liens and encumbrances. Customer within 30 days of receipt of final invoice agrees to pay Contractor all sums owed Contractor under this DPP Agreement up to the point funding authority expires. Customer will then be released from its obligations to make any further payments to Contractor (with Contractor retaining all sums previously paid under this DPP Agreement and title to the equipment reverting back to Contractor).

9. The Customer does not waive any rights under the Centralized Contract by selecting the DPP promotion.

Customer: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Sent to:
TB,ITC 10/29/23
KD
Kim DeLucia

From: Tammi Savva
Sent: Tuesday, October 28, 2025 3:22 PM
To: Kim DeLucia
Cc: Michele McKearney
Subject: For November Town Board Meeting Agenda | Tax Utility Software - Email Feature
Attachments: Somers_amendment_email_final.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Kim,

The Receiver of Taxes would like to purchase an additional feature for the Tax Utility software that is provided by Catalis. The upgrade would allow the Tax Office to click a button to email bills, receipts and other reports to homeowners. It would save a lot of time, energy and postage.

Attached is a Master Software License and Maintenance Agreement from Catalis. The cost is a one-time professional services fee of \$3,000.00 and a recurring maintenance fee in subsequent years starting at \$1,500.00.

Please add this to the next Town Board meeting agenda for approval.

Thank you,

TAMMI SAVVA
JUNIOR ADMINISTRATIVE ASSISTANT
OFFICE OF SUPERVISOR ROBERT SCORRANO
TOWN OF SOMERS
335 ROUTE 202
SOMERS, NY 10589
PHONE: 914-277-3637
FAX: 914-276-0082
WWW.SOMERSNY.GOV



Catalis
3025 Windward Plaza, Suite 200
Alpharetta, GA 30005

No.: 006Ph00000h3eY1IAI
Order Form Date: October 28, 2025

AMENDMENT MASTER SOFTWARE LICENSE & MAINTENANCE AGREEMENT

CUSTOMER INFORMATION

Customer:	Town of Somers, NY	Phone:	914-277-3637
Primary Contact:	Michelle McKearney mmckearney@somersny.gov (914) 277-3619	Address:	335 Route 202 Somers, NY 10589

Catalis Representative: Josh Wiggins | josh.wiggins@catalisgov.com | 813-387-1237

AMENDMENT TWO

This Amendment No. 2 (this "Amendment") to the MASTER SOFTWARE LICENSE & MAINTENANCE AGREEMENT, dated October 28, 2025, (herein referred to as the "Agreement") by and between Tax and CAMA and Town of Somers is entered into as of the effective date below. The parties herby agree to amend the Agreement as follows:

1. The Agreement shall be adjusted to update pricing for additional Licenses.

Tax Classic SCA Tax – Maintenance and Support Email System	\$1500	\$1575	\$1653.75	\$	\$
Total Subscription Fees	\$1500	\$1575	\$1653.75	\$	\$

- 1.1. Fees shall be billed upon the Start Date and annually in advance thereafter.
- 1.2. Services shall automatically be renewed annually for subsequent terms.
- 1.3. Any Recurring Fees will increase annually by the greater of six percent (5%) or the increase in the CPI for the prior calendar year (as reflected in the pricing table(s) above).
- 1.4. Invoices shall be due and payable within thirty (30) calendar days following invoice by Catalis.

2. **ONE-TIME PROFESSIONAL SERVICES FEES**

Tax Classic Professional Services	
Development work to create all the necessary databases and file structures to enable emailing in the tax system.	\$3000
Total One-Time Services Fees	\$3000

3. All other Terms & Conditions set forth in the Agreement remain in effect.

ACCEPTANCE

By signing below, signatories represent that they are validly authorized to enter into this Order Form and accept their terms and conditions. The Order Form is dated effective and shall be considered binding upon execution ("Effective Date") by and between both parties.



Catalis
3025 Windward Plaza, Suite 200
Alpharetta, GA 30005

No.: 006Ph00000h3eY1IAI
Order Form Date: October 28, 2025

Town of Somers:

By: _____
Name: _____
Title: _____
Date: _____

Catalis Tax and CAMA:

By: _____
Name: _____
Title: _____
Date: _____

Kim DeLucia

From: *Sent to:* Tammi Savva
Sent: *TB, TA, TC* Tuesday, October 28, 2025 3:41 PM
To: *10/30/25* Kim DeLucia
Cc: *KD* Patricia Kalba
Subject: For November Town Board Meeting Agenda - Purchase of Records Retention Essentials by ICC CDS
Attachments: Somers T NY - Laserfiche Records Retention Essentials CHANGE ORDER 9_19_25.pdf

Hi Kim,

Municipity 5 is the land management and permitting program the Building Department utilizes. The Laserfiche program is a program used by all Town departments which digitizes documents and stores them in a central location. The Laserfiche/Municipity integration connects the Municipity land management and permitting software with Laserfiche's document management system, allowing for the automatic storage, access, and archival of documents like permits, maps and applications. The Town has all these programs in place but before the Laserfiche/Municipity integration can be implemented, there needs to be a record retention schedule component added to dictate how records are stored and for how long. The component is the Records Retention Essentials by ICC CDS.

Attached is a Change Order for the Laserfiche Cloud System for this component in the amount of \$995.00 (one-time fee).

Please schedule this for approval on the next Town Board meeting agenda.

Thank you,

TAMMI SAVVA
JUNIOR ADMINISTRATIVE ASSISTANT
OFFICE OF SUPERVISOR ROBERT SCORRANO
TOWN OF SOMERS
335 ROUTE 202
SOMERS, NY 10589
PHONE: 914-277-3637
FAX: 914-276-0082
WWW.SOMERSNY.GOV

From: Patricia Kalba <pkalba@somersny.gov>
Sent: Tuesday, September 30, 2025 12:29 PM
To: Tammi Savva <tsavva@somersny.gov>
Subject: FW: Somers NY -- Laserfiche Records Management 2 16 23 GC:000505840 2 23-27 23 2 9 24 10 8 24 9 24 25

Patricia Kalba, RMC, MMC
Town Clerk
New York State Town Clerks Association 3rd Vice President
Town of Somers
335 Route 202
Somers, New York 10589

914-277-3323
914-277-3960 (fax)

Note: This e-mail message is intended only for the use of the individual or entity to whom it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the identified addressee, you are hereby notified that any unauthorized use, disclosure, reproduction, dissemination or disruption of this communication is strictly prohibited. Please note that it is your responsibility to scan this e-mail for viruses. If you receive this e-mail message in error, please delete all copies of this message and notify the sender immediately by telephone at (914) 277-3323. Thank you.

From: Bruce Cadman
Sent: Wednesday, September 24, 2025 4:26 PM
To: Patricia Kalba <pkalba@somersny.gov>
Cc: Komal Tejwani; Mike Rizzo ; Brian Hoody
Subject: Somers NY -- Laserfiche Records Management 2 16 23 GC:000505840 2 23-27 23 2 9 24 10 8 24 9 24 25

Patty:

Hello. Trust all is well with you. Per your request—attached is an updated Laserfiche Records Retention Essentials Change Order for your review and consideration. Do let me know if you have any questions or need more information. We can move ahead with the project once we receive your authorization to proceed.

Thank you Patty – for all you do with us/for us.

Best,

Bruce
Bruce Cadman
Senior Solutions Account Executive



3490 Winton Place | Rochester, NY 14623
icc-cds.com | Follow us on [Linkedin](#)



781 Elmgrove Rd. • Rochester, NY 14624
(855) 436-2633 • (585) 328-1810
FAX (585) 328-8189

CHANGE ORDER #SO0406_09192025
LASERFICHE CLOUD SYSTEM – ADDITIONAL SERVICES

Client Name: Town of Somers
Address: 335 Route 202
Somers, NY 10589

Contact Person: Patricia Kalba
Account Executive: Bruce Cadman
Date: 09-19-2025

Line Item Description	Model #	Quantity	Unit Price	Total
Professional Services				
*Records Retention Essentials		1	\$995.00	\$995.00
Professional Services Subtotal				\$995.00
Grand Total				\$995.00

**See subsequent pages for additional information.*

Remote Services include but are not necessarily limited to the following services: software order processing; project management; software implementation such as modification of server to reflect new license levels; installation or modification of server; client or scanning software; installation and/or configuration of add-on products, such as WebLink, Quick Fields or Workflow and configuration of hardware, such as scanners.

Payment Terms: Billed as Services are completed.

Price Validity: Price is valid for 90 days from 09-19-2025

(Client please fill out) Invoice for this Change Order to be sent to: Email: _____

Department: _____ Contact: _____

This Change Order is subject to ICC Community Development Solutions Terms & Conditions and to the License Agreements for the software referred to above, all of which are available at <https://icc-cds.com/terms-conditions/> and are incorporated herein by reference, and client authorizes ICC-CDS to proceed with the project.

The prices and specifications in this Change Order are satisfactory and are hereby accepted. All work is to be performed under the same terms and conditions as specified in the original contract unless otherwise specified.

TOWN OF SOMERS, WESTCHESTER COUNTY, NEW YORK

Signature _____ Date _____

Name _____ Title _____

CHANGE ORDER

Records Retention Essentials by ICC CDS

ICC Community Development Solutions has created a toolset to help you handle the essential components of records retention. Our set of tools will help every department efficiently categorize and prep documents for retention and provide the records manager tools to easily search for and send records to final disposition.

Document Retention:

1. We'll provide a set of metadata fields as seen to the right. (If you have the Laserfiche Records Management Module you will instead have a Records Tab rather than a template).
2. For retention, select your **Department**, which narrows your list of **Document Types**. Selecting these two bits of data auto-fills the **Retention Period** and **Entry Date Definition**.
3. Based on that, you choose the **Entry Date** as the starting date for the retention period.
4. The **Disposition Date** is auto calculated by Laserfiche.
5. These fields can be added to any template, or you may choose to use the generic Records Retention Essentials template for all documents under retention.

Ready-to-use Searches:

- Documents ready for disposition in 31 days
- Documents ready for final disposition
- Documents not processed (no entry date)

Training will prepare you to use all aspects of the system:

- Basic use of the system
- How to search and manage records
- Creating metadata reports of documents being destroyed
- How to set up new templates/searches to work with the automation

The screenshot shows a web interface titled "Retention Demo Doc" with a star icon. Below the title are tabs for "Details", "Fields", "Preview", and "More". The "Fields" tab is active, displaying a form with the following fields:

- Template:** A dropdown menu with "Records Retention Essentials" selected.
- RRE Department:** A dropdown menu with "Building" selected.
- RRE Document Type:** A dropdown menu with "Liability Insurance" selected.
- RRE Retention Period:** A dropdown menu with "72" selected.
- RRE Entry Date Definition:** A dropdown menu with "Expiration or Denial of relevant permit" selected.
- RRE Entry Date:** A date field with "5/10/2020" entered, a calendar icon, and a right arrow.
- RRE Disposition Date:** A date field with "5/10/2022" entered, a calendar icon, and a right arrow.

Sent to:
TB, TA, TC
10/31/25
KO

Telephone
(914) 277-4394

FAX
(914) 277-3788

EMAIL
finance@somersny.com

ROBERT KEHOE
DIRECTOR OF FINANCE

FINANCE OFFICE

Town of Somers
WESTCHESTER COUNTY, N.Y.



TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589

To: Town Board

From: Robert Kehoe, Director of Finance *N*

Date: October 30, 2025

Re: 2025 Fund Balance for Capital Projects

I am requesting Board approval to set a budget and use fund balance of up to \$120,000 of the Capital Projects Fund Balance to cover the cost of painting the exterior of the Town House and to repaint the Elephant Hotel ghost lettering on the Town House.

Please contact me should you have any questions.

CC: Town Clerk

Sent to:
TB, TA, TL
10/23/25
KD

Frederick McQuillan
Superintendent of Water & Sewer
fmcquillan@somersny.gov

Water & Sewer Department

Town of Somers

WESTCHESTER COUNTY, N.Y.

P.O. Box 618
40 Lakeview Drive
Shenorock, NY 10587
(914) 248-5181



RECEIVED

OCT 16 2025

OFFICE OF THE SUPERVISOR
TOWN OF SOMERS

Date: October 16, 2025
To: Supervisor Robert Scorrano
From: Frederick McQuillan
Water & Sewer Superintendent

RE: **Resignation as Superintendent**

Dear Supervisor Scorrano,

I'm writing to formally announce my resignation as Superintendent of the Somers Water & Sewer Department, with my last day being Friday, November 14th. This decision wasn't made lightly, but it is time for me to focus on new challenges and different endeavors, which include moving out of the area.

Working for the Town of Somers has been an invaluable experience, and I am grateful for the support and guidance that I have had during my time here. I understand that transitions can be challenging, and I am committed to making this process as smooth as possible. Please know that I am more than willing to assist in any way I can with transferring my duties and responsibilities to a successor. I'm also willing to share my knowledge and experience even after my departure to ensure that daily operations and ongoing projects are continued.

Thank you for the positive experiences and support in trying to better the infrastructure and future of the Water & Sewer Department.

Sincerely, Frederick McQuillan

Sent to: TB, TA, TC 11/5/25 KD
Kim DeLucia

From: Teresa Stegner
Sent: Thursday, October 16, 2025 12:07 PM
To: Kim DeLucia
Subject: RE: Board / Committee Expiring Term Letter

Hi Kim,

Just making it through my emails after being out of the office for much of the last 3 weeks

Did Pat Nicolosi reach out to you on this? Pat told me several weeks ago that due to health issues she will not be seeking reappointment. So we now have 2 openings on my Board of Assessment Review. I did speak with Rob about this.

Teresa A. Stegner
Assessor – Town of Somers
335 Route 202
Somers, NY 10589
(914) 277-3504

From: Kim DeLucia <kdelucia@somersny.gov>
Sent: Friday, October 3, 2025 11:47 AM
To: Anthony Ciriaco <aciriaco@somersny.gov>; Bill Faulkner <wfaulkner@somersny.gov>; Richard Clinchy <rclinchy@somersny.gov>
Cc: Robert Scorrano <rscorrano@somersny.gov>; Patricia Kalba <pkalba@somersny.gov>; Teresa Stegner <tstegner@somersny.gov>
Subject: Board / Committee Expiring Term Letter

Town Board members,

Attached is your copy of one letter mailed via regular mail on Friday, September 26th for the Somers Assessment Board of Review expired term.

Thank you,

Kim

Kim DeLucia
Executive Assistant to
Robert Scorrano, Town Supervisor
TOWN OF SOMERS
335 ROUTE 202
SOMERS, NY 10589
Phone: 914-277-3637
Fax: 914-276-0082
WWW.SOMERSNY.COM

OFFICE OF THE SUPERVISOR

Telephone
(914) 277-3637
Fax
(914) 276-0082

Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589

ROBERT SCORRANO
SUPERVISOR



September 26, 2025

Ms. Patricia Nicolosi

Dear Ms. Nicolosi,

Your term on the Somers Assessment Board of Review expires on September 30, 2025. We sincerely appreciate all your service on behalf of the Town of Somers.

If you are interested in being considered for reappointment for a new term extended through September 30, 2030, please notify me at your earliest convenience.

Again, thank you for your continued dedication and for the many contributions you have made to the Town of Somers as a member of the Somers Assessment Board of Review.

Very truly yours,

Robert Scorrano
Supervisor

RS/kd
C: Town Board

Kim DeLucia

From: Denise Schirmer
Sent: Tuesday, October 28, 2025 2:47 PM
To: Kim DeLucia
Cc: Robert Scorrano
Subject: Fw: Park and Recs Board

*Sent to:
TB, TA, TC
11/5/25
KD*

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Kim,

FYI

Denise

Get Outlook for iOS

From: Michele Sanz
Sent: Tuesday, October 28, 2025 2:39:38 PM
To: Denise Schirmer <dschirmer@somersny.gov>
Subject: Park and Recs Board

Denise

I will be resigning from the Parks & Rec board effective immediately. I have enjoyed my time serving on this board with this great group of people.

Michele

@g

Sent to:
TB, TA, TC
10/28/23
KD

THIS AGREEMENT ("Agreement"), made _____, by and between:

THE COUNTY OF WESTCHESTER, a municipal corporation of the State of New York, having an office and place of business in the Michaelian Office Building, 148 Martine Avenue, White Plains, New York 10601 (hereinafter referred to as the "County")

and

THE TOWN OF SOMERS, a municipal corporation of the State of New York, having an office and place of business at 335 Route 202, Somers, New York 10589 (hereinafter referred to as the "Municipality")

WITNESSETH:

WHEREAS, the County, acting by and through the Westchester County Department of Public Safety Services (hereinafter referred to as the "Department"), has a firing range facility ("Firing Range") located at the County's Police Academy in Valhalla, New York, also known as the Grasslands Reservation, in the Town of Mount Pleasant, New York ("Police Academy"). This eighteen (18) point state-of-the-art Firing Range has an advanced targeting system and can accommodate duty side arms and most patrol rifles carried by law enforcement personnel in this County; and

WHEREAS, Municipality desires to send its public safety employees to the Firing Range for firearms training purposes, upon the terms and conditions set forth below.

NOW, THEREFORE, in consideration of the terms and conditions herein contained, the parties agree as follows:

Section 1. The County and the Municipality agree that the Municipality may utilize the Firing Range by sending public safety employees to the Firing Range for firearms training, subject to availability. The Municipality may utilize the Firing Range during the hours of 8:00 am to 4:00 pm, or 4:00 pm to 12:00 am. Advance reservations will be required in order to use the Firing Range. The Municipality must contact the Department by telephone to determine availability and make a reservation at least forty-eight (48) hours prior to the desired firearms training session. Promptly thereafter, at least twenty-four (24) hours prior to the reservation

date, the Municipality shall send via facsimile or email a written confirmation letter to the Department specifying the dates and times reserved. The Department's Firing Range telephone number is (914) 231-4381 and the facsimile number is (914) 231-4389. It is hereby understood by the Municipality that an email will be provided by the Department's Firing Range personnel upon a telephonic request for the same from the Municipality.

Section 2. In exchange for the use of the Firing Range, which will be staffed by a Department safety officer, the Municipality shall pay a flat fee of Six Hundred and Thirty (\$630.00) Dollars per eight (8) hour tour, for a maximum number of thirty-six (36) officers in attendance. The Firing Range shall be operated under the direction of the safety officer. The Municipality shall adhere to all instructions issued by the Department's safety officer. A Municipality shall have the option of requesting the Department to provide a firearms instructor to assist with the training process of its employees. If the Municipality requests a firearms instructor, the Municipality shall pay an additional fee equal to \$80.79 per hour or \$646.32 per eight (8) hour tour. Anyone attending the Firing Range shall be responsible to bring his/her own weapons and ammunition.

In the event that police officers from the Municipality provide instruction at the Police Academy under a separate agreement between the County and the Municipality, the Department's Commissioner or his duly authorized designee may provide such Municipality with a credit equal to one (1) eight (8) hour tour at the Firing Range for each seven (7) hours of instruction at the Police Academy.

The County shall send an invoice to the Municipality not later than the 15th day of the month following the month in which the services were provided by the County. The Municipality shall pay any such invoice within thirty (30) days of receipt thereof.

Section 3. The Municipality agrees to procure and maintain insurance naming the County as additional insured, as provided and described in Schedule "A," entitled "Standard Insurance Provisions", which is attached hereto and made a part hereof. In addition to, and not in limitation of the insurance provisions contained in Schedule "A," the Municipality agrees:

(a) that except for the amount, if any, of damage contributed to, caused by, or resulting from the sole negligence of the County, the Municipality shall indemnify and hold harmless the County, its officers, employees, agents, and elected officials from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorney's fees or loss arising directly or indirectly out of the performance or failure to perform hereunder by the Municipality or third parties under the direction or control of the Municipality; and

(b) to provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto; and

(c) In the event the Municipality does not provide the above defense and indemnification to the County, and such refusal or denial to provide the above defense and indemnification is found to be in breach of this provision, then the Municipality shall reimburse the County's reasonable attorney's fees incurred in connection with the defense of any action, and in connection with enforcing this provision of the Agreement.

Section 4. In no event shall the County have any obligation to the Municipality or its employees for any claim raised or benefits provided pursuant to New York General Municipal Law Section 207-c.

Section 5. The term of this Agreement shall commence upon execution and continue in full force and effect until July 31, 2030, unless terminated earlier pursuant to the terms herein.

Section 6. This Agreement may be terminated by either party by giving written notice of such termination to the other party not less than thirty (30) days prior to the effective date of such termination.

Section 7. All notices of any nature referred to in this Agreement shall be in writing and either sent by registered or certified mail postage pre-paid, or sent by hand or overnight courier, or sent by facsimile (with acknowledgment received and a copy of the notice sent by overnight courier), to the respective addresses set forth below or to such other addresses as the

respective parties hereto may designate in writing. Notice shall be effective on the date of receipt.

To the County: Commissioner - Sheriff, Department of Public Safety
1 Saw Mill River Parkway
Hawthorne, New York 10532

With a copy to: County Attorney
Michaelian Office Building, Room 600
148 Martine Avenue
White Plains, New York 10601

To the Municipality: Town of Somers
335 Route 202
Somers, New York 10589

Section 8. The failure of either party to insist upon strict performance of any term, condition or covenant herein shall not be deemed a waiver of any rights or remedies that the party may have, and shall not be deemed a waiver of any subsequent breach or default in the terms, conditions or covenants herein.

Section 9. This Agreement and its attachments constitute the entire Agreement between the parties with respect to the subject matter hereof and shall supersede all previous negotiations, commitments and writings. It shall not be released, discharged, changed or modified except by an instrument in writing signed by a duly authorized representative of each of the parties.

In the event of any conflict between the terms of this Agreement and the terms of any schedule or attachment hereto, it is understood that the terms of this Agreement shall be controlling with respect to any interpretation of the meaning and intent of the parties.

Section 10. The Municipality and the County agree that the Municipality and its officers, employees, agents, Municipalities, subconsultants and/or consultants are independent contractors and not employees of the County or any department, agency or unit thereof. In accordance with their status as independent contractors, the Municipality covenants and agrees that neither the Municipality nor any of its officers, employees, agents, contractors, subconsultants and/or

consultants will hold themselves out as, or claim to be, officers or employees of the County or any department, agency or unit thereof.

Section 11. Municipality shall comply, at its own expense, with the provisions of all applicable local, state and federal laws, rules and regulations relating to this Agreement.

Section 12. Nothing herein is intended or shall be construed to confer upon or give to any third party or its successors and assigns any rights, remedies or basis for reliance upon, under or by reason of this Agreement, except in the event that specific third party rights are expressly granted herein.

Section 13. This Agreement may be executed simultaneously in several counterparts, each of which shall be an original and all of which shall constitute but one and the same instrument. This Agreement shall be construed and enforced in accordance with the laws of the State of New York. In addition, the parties hereby agree that for any cause of action arising out of this Agreement shall be brought in the County of Westchester.

If any term or provision of this Agreement is held by a court of competent jurisdiction to be invalid or void or unenforceable, the remainder of the terms and provisions of this Agreement shall in no way be affected, impaired, or invalidated, and to the extent permitted by applicable law, any such term, or provision shall be restricted in applicability or reformed to the minimum extent required for such to be enforceable. This provision shall be interpreted and enforced to give effect to the original written intent of the parties prior to the determination of such invalidity or unenforceability.

Section 14. This Agreement shall not be enforceable until signed by both parties and approved by the Office of the County Attorney.

[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]

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

THE COUNTY OF WESTCHESTER

By _____
Terrance Raynor
Commissioner – Sheriff
Department of Public Safety

MUNICIPALITY: TOWN OF SOMERS

By _____
Name and Title

Approved by the Westchester County Board of Legislators by Act No. 2025 - _____ on _____, 2025.

Approved as to form and
Manner of execution:

Assistant County Attorney
The County of Westchester

Date

S:\Contract\ZORN\DPS\IMAs\Firing Range\2025\Firing Range IMA - Agreement Template 4.18.25.doc

MUNICIPALITY'S ACKNOWLEDGEMENT

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

On this _____ day of _____, 2025, before me personally came
_____, to me known, and known to me to be the
_____ of _____,
the municipal corporation described in and which executed the within instrument, who being by
me duly sworn did depose and say that he/she, the said _____
_____ resides at _____
_____ and that he/she is _____ of said municipal corporation.

Notary Public County

CERTIFICATE OF AUTHORITY

(Municipality)

I, _____, certify that I am the
(Officer other than officer signing contract)

_____ of the _____
(Title) (Name of Municipality)

(the "Municipality") a corporation duly organized in good standing under the _____

(Law under which organized, e.g., the New York Village Law, Town Law, General Municipal Law)

named in the foregoing agreement that _____ who signed said
(Person executing agreement)

agreement on behalf of the Municipality was, at the time of execution _____ of
(Title of such person),

the Municipality, that said agreement was duly signed for on behalf of said Municipality by

authority of its _____ thereunto duly authorized,
(Town Board, Village Board, City Council)

and that such authority is in full force and effect at the date hereof.

(Signature)

STATE OF NEW YORK)

ss.:

COUNTY OF WESTCHESTER)

On this _____ day of _____, 2025, before me personally
came

_____, to me known, and known to me to be the
_____ of _____,

the municipal corporation described in and which executed the within instrument, who being by
me duly sworn did depose and say that he, the said _____

resides at _____

and that he is _____ of said municipal corporation.

Notary Public County

SCHEDULE "A"

STANDARD INSURANCE PROVISIONS **(MUNICIPALITY-Firing Range Agreement)**

1. Prior to commencing work, and throughout the term of the Agreement, the Municipality shall obtain at its own cost and expense the required insurance as delineated below from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better. The Municipality shall provide evidence of such insurance to the County of Westchester ("County"), either by providing a copy of policies and/or certificates as may be required and approved by the Director of Risk Management of the County ("Director"). The policies or certificates thereof shall provide that ten (10) days prior to cancellation or material change in the policy, notices of same shall be given to the Director either by overnight mail or personal delivery for all of the following stated insurance policies. All notices shall name the Municipality and identify the Agreement.

If at any time any of the policies required herein shall be or become unsatisfactory to the Director, as to form or substance, or if a company issuing any such policy shall be or become unsatisfactory to the Director, the Municipality shall upon notice to that effect from the County, promptly obtain a new policy, and submit the policy or the certificate as requested by the Director to the Office of Risk Management of the County for approval by the Director. Upon failure of the Municipality to furnish, deliver and maintain such insurance, the Agreement, at the election of the County, may be declared suspended, discontinued or terminated.

Failure of the Municipality to take out, maintain, or the taking out or maintenance of any required insurance, shall not relieve the Municipality from any liability under the Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the contractual obligations of the Municipality concerning indemnification.

All property losses shall be made payable to the "County of Westchester" and adjusted with the appropriate County personnel.

In the event that claims, for which the County may be liable, in excess of the insured amounts provided herein are filed by reason of the Municipality's negligent acts or omissions under the Agreement or by virtue of the provisions of the labor law or other statute or any other reason, the amount of excess of such claims or any portion thereof, may be withheld from payment due or to become due the Municipality until such time as the Municipality shall furnish such additional security covering such claims in form satisfactory to the Director.

In the event of any loss, if the Municipality maintains broader coverage and/or higher limits than the minimums identified herein, the County shall be entitled to the broader coverage and/or higher limits maintained by the Municipality. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

2 The Municipality shall provide proof of the following coverage (if additional coverage is required for a specific agreement, those requirements will be described in the Agreement):

- a) Workers' Compensation and Employer's Liability. Certificate form C-105.2 or State Fund Insurance Company form U-26.3 is required for proof of compliance with the New York State Workers' Compensation Law. State Workers' Compensation Board form DB-120.1 is required for proof of compliance with the New York State Disability Benefits Law. Location of operation shall be "All locations in Westchester County, New York."

Where an applicant claims to not be required to carry either a Workers' Compensation Policy or Disability Benefits Policy, or both, the employer must complete NYS form CE-200, available to download at: <http://www.wcb.ny.gov>.

If the employer is self-insured for Workers' Compensation, he/she should present a certificate from the New York State Worker's Compensation Board evidencing that fact (Either SI-12, Certificate of Workers' Compensation Self-Insurance, or GSI-105.2, Certificate of Participation in Workers' Compensation Group Self-Insurance).

- b) Employer's Liability with minimum limit of \$100,000.00.
- c) Commercial General Liability Insurance with a combined single limit of \$1,000,000 (c.s.1) per occurrence and a \$2,000,000 aggregate limit naming the "County of Westchester" as an additional insured on a primary and non-contributory basis. This insurance shall include the following coverages::

- i. Premises - Operations.
- ii. Broad Form Contractual.
- iii. Independent Contractor and Sub-Contractor.
- iv. Products and Completed Operations.

- d) Commercial Umbrella/Excess Insurance: \$2,000,000 each Occurrence and Aggregate naming the "County of Westchester" as additional insured, written on a "follow the form" basis.

NOTE: Additional insured status shall be provided by standard or other endorsement that extends coverage to the County for both on-going and completed operations.

- e) Automobile Liability Insurance with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and a minimum limit of \$100,000 per occurrence for property damage or a combined single limit of \$1,000,000 unless otherwise indicated in the contract specifications. This insurance shall include for bodily injury and property damage the following coverages and name the "County of Westchester" as additional insured:

- (i) Owned automobiles.
- (ii) Hired automobiles.
- (iii) Non-owned automobiles.

- f) Police Professional Liability: The Municipality shall provide proof of such insurance (\$1,000,000 per occurrence)

3. All policies of the Municipality shall be endorsed to contain the following clauses:

(a) Insurers shall have no right to recovery or subrogation against the County (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so effected shall protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

(b) The clause "other insurance provisions" in a policy in which the County is named as an insured, shall not apply to the County.

(c) The insurance companies issuing the policy or policies shall have no recourse against the County (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

(d) Any and all deductibles in the above described insurance policies shall be assumed by and be for the account of, and at the sole risk of, the Municipality.

RECEIVED

OCT 24 2025

Sent to:
TB, TA, TC
10/27/25
KD

October 23, 2025

OFFICE OF THE SUPERVISOR
TOWN OF SOMERS

To: Supervisor Scorrano, Councilmen Ciriaco, Clinchy, Faulkner
From: Chief Brian Linkletter
Subject: Shed Quotes

I am submitting the 3 attached quotes regarding the purchase of a shed for the Police Department to be utilized for the storing and charging of the lithium batteries for the 7 portable radar signs. The shed was approved in the Police Departments 2025 budget in the amount of \$10,000.00

1) The shed that we would prefer to purchase is the 10 x14 Colonial Dutch model from the Shed Haus for the following reasons:

This shed is currently available for immediate delivery.

This shed conforms to the aesthetics of the surrounding buildings.

Price \$8092.00 includes the delivery.

Delivery fee is \$98.00.

Payment is ½ upon ordering and ½ on delivery.

2) The shed from Best in Backyard is a 12x12

This shed requires payment in full when ordering.

This shed would have to be ordered. It could be 8 to 10 weeks possible longer for delivery.

Price \$6005.00 plus the delivery fee.

The delivery fee is \$299.00

Looks like a shed

3) The shed from Bayhorse,,Gazebos & Barns is 10x14

They did not offer the design of shed (gambrel roof) we are seeking.

This shed would have to be ordered with a 4-6-week delivery period.

Price \$8164.80

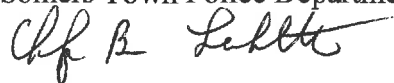
Payment was ½ upon ordering and ½ upon delivery.

Delivery fee was not provided in quote.

For your attention and consideration

Respectfully
Brian Linkletter
Chief

Somers Town Police Department



WHY YOU SHOULD NOT CHARGE A LITHIUM BATTERY BELOW 32 DEGREES

If you have a Lithium (LiFePO4) battery, there are some things to consider when charging under extreme temperature conditions.

Lithium battery manufacturers often state an operational temperature range of -30°C to +80°C / -22°F to +176°F and an optimal temperature range of -10°C to +50°C / 14°F to 122°F (this varies depending on brand and model, consult your manufacturer). This is often misconstrued as a safe temperature range for both charging and discharging, this is not the case. The operational temperature range is referring to discharging the battery only.

Charging a Lithium battery in ambient temperatures below 0°C / 32°F must be avoided. The reason for this is it may potentially damage the battery and / or reduce its lifespan.

The optimum ambient temperature for charging a Lithium battery is +5°C to +45°C / 41°F to 113°F.

When attempting to charge a Lithium battery below 0°C / 32°F a chemical reaction referred to as "Lithium Plating" occurs. Lithium plating is caused by the charge current forcing the lithium ions to move at a faster reaction rate and accumulate on the surface of the anode.

When this chemical reaction occurs, the internal resistance of the battery increases and reduces the rate of chemical metabolism. This chemical reaction causes a permanent reduction of the battery's capacity and will continue to reduce its capacity each time this reaction occurs.

If you plan on using a Lithium battery in a location that may drop below 0°C / 32°F, you must be cautious as to when you attempt to charge the battery. Simply waiting for the temperature to raise during the day is a simple solution. Having the batteries mounted in a location that will have a higher ambient temperature than outside temperature is also advisable.

Having a [battery management system](#) that can monitor the batteries temperature will be beneficial and convenient. With the touch of a button you can see what the standing temperature of the battery is and therefore whether it is safe to charge.

For further assistance or technical support please [contact REDARC directly](#).

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[Privacy Policy](#) [Terms of Use](#) [Sitemap](#)



816 Route 22
Pawling, NY 12564

Quote

Date	Quote #
10/8/2025	9844k

Name / Address

Somers Police Dept
100 Primrose Street
(Route 139)
Somers, NY 10536

Description	Cost	Qty	Total
In Stock Model Size: 10 x 14 Style: Colonial Dutch Roof Pitch/Style: Gambrel Sidewall Height: 78" Siding: Duratemp T1-11 Trim Package: Signature Series Exterior Color: Navajo Trim Color: White Roof Color: Dual Brown Window Size: 18" x 27" (2) Window Color: White w/ Wedgwood Shutters Door Opening: 60" Door Color: Navajo White Door Trim: White Standard Features: Gable Vents Pressure Treated Flooring Diamond Plated Door Threshold 30 year Architectural Grade Roof Shingles with Tar Paper	7,994.00		7,994.00
Delivery : Your delivery charge includes the use of our truck and trailer to install your shed on your level site pad by either backing up to or pulling on to your pad. If other means are required to set your structure or you do not have a pad, there will be an additional cost. In certain instances with a prior site check there may still be an additional charge on delivery day due to many variables that may not be determined until the date of delivery. Please refer to your terms and conditions for further delivery detail.	98.00		98.00
Sales Tax	8.375%		0.00
Signature _____			

Shed pricing is subject to change without notice due to current market conditions.
Shed pads must be installed within 10 business days of agreement to avoid price changes.

Total

\$8,092.00

Phone #	E-mail	Web Site
845-855-5989	info@theshedhaus.com	www.theshedhaus.com



IN STOCK
\$ 7994 -
28 delivery
1/2 up front
1/2 delivery

On Mon, Oct 6, 2025 at 1:41 PM The Shed Haus <info@theshedhaus.com> wrote:
Hi Brian,

Just wanted to check in and see if you had the chance to review the quote I had sent over, do you have any questions on anything?

Please let me know if I can be of any assistance.

Thanks,
Christine

On Tue, Sep 30, 2025 at 11:57 AM The Shed Haus <info@theshedhaus.com> wrote:
Hi Brian,

Thanks for reaching back out to us about the shed, I've updated a quote for you in the new size and style.

Please let me know if you have any questions on anything.

Thank you,

Thank you,
Christine

Gravel Pad Info

The size of the pad should be one foot larger on all sides of the shed/garage. Example is if you have a 10x14 shed your pad would be 12x16. Gravel Pads are made of 3/4 crushed gravel. No less than 6 inches thick. It's very important that the gravel be tamped down tightly and even to reduce movement once the shed is in place. If adding 6x6 pressure treated landscape ties around the pad, the ties are in addition to the pad size. If ties are included the top of the gravel must be flush with the top of the tie. If gravel is lower than the tie it is likely that the trailer may get stuck on the tie and can be ripped out/moved out of place. Please see the picture below for an example.



--



Brian Linkletter

From: Durim Krasniqi <dk@bestinbackyards.com>
Sent: Tuesday, September 16, 2025 3:55 PM
To: Brian Linkletter
Subject: Fwd: [Best in Backyards] New Quote Request (#13409)

Hello Brian my name is Durim and I work for Best in backyards. You sent us a request to get a price on a 12x12 A-Frame Shed.

Below will be the full breakdown.

If you have any questions please let me know.

Thank you, Durim.

Direct# 845-834-7559

12 x12 Backyard A-Frame

- Lead time for Delivery/Install is about 3-4 weeks once shed order is placed.
- To place a shed order Full Payment is REQUIRED up front.
- Shed comes standard with 1-6ft Double door and 2-18"x27" window w/3 Slat Shutters
- This Quote expires on Sunday September 28th

Pre Built Requires a 14ft WIDE opening the whole way from the entrance of the property to the exact spot where the shed would be going without any fencing, rock walls, trees or steps in the way. If you do not have that then the shed MUST be built on site. Down below will be the pricing for Both Pre Built & Built On Site.

12x12 Backyard A-Frame Pre Built:\$6,005

4x8 Loft: Free

Delivery/Install:\$299

~~Tax:8.375%=\$527.96~~

Total:\$6,831.96

12x12 Backyard A-Frame Built On Site:\$7,382

4x8 Loft: Free

Delivery/Install:\$299

Tax:8.375%=\$643.28

Total:\$8,324.28



Best in Backyards

You've received the following Quote Request from Brian Linkletter:

Request: **#13409** **September 16, 2025**

Payment Method: **N/A**

Billing Address

Name: Brian Linkletter

Email: blinkletter@somersny.com

Phone: (914)-232-9622

Company: Somers Town Police Department

Street Address: [100 Primrose St](#)

Town / City: Katonah

State: NY

Zip code: 10536

Building Info - **Backyard A-frame**

Layout Default

Width x Length (ft) **12 x 12**

Height (ft) **6.5**

Siding & Trim T1-11 (8")

Roof Shingle (Architectural)

Siding Color Navajo White

Trim Color White

Roof Color Charcoal Gray

View Model: [Model URL](#)

Images



Perspective



Front



Back



Left



Right

2D Floor Plan



Product

Style: **Backyard A-frame**

Structure Details

Layout: Default

Size: 12 x 12

Siding & Trim: Siding Material: T1-11 (8")

Siding Color: Navajo White

Trim Color: White

Roof: Material: Shingle (Architectural)

Color: Charcoal Gray

Exteriors

Front: One Vent louver rectangle 16x4 (Top: 0, Bottom: 9' 6", Left: 5' 4", Right: 5' 4")

Back: One Vent louver rectangle 16x4 (Top: 5", Bottom: 9' 6", Left: 5' 4", Right: 5' 4")

Right: One 18x27 Slider with Shutters (Top: 5", Bottom: 3' 9", Left: 1' 2", Right: 9' 2")

One Shutters

One 18x27 Slider with Shutters (Top: 5", Bottom: 3' 9", Left: 9' 2", Right: 1' 2")

One Shutters

One Standard Door - Double 4ft (Left: 3' 8", Right: 3' 8")

Upgrades, Flooring & Interior

Loft: None



Best in Backyards

Powered by **ShedPro**

Durim Krasniqi



845-834-7559 |



dk@bestinbackyards.com



119 US-6, Mahopac, NY 10541



BestInBackyards.com |



EasternJungleGym.com



I am off on Wednesdays



[HOME](#) > PINE BOARD & BATTEN COTTAGE SHED 5/12 A-FRAME ROOF 10' X 14' - CUSTOM ORDER

4 3



Pine Board & Batten Cottage Shed 5/12 A-Frame Roof 10' x 14' - Custom Order

< >

\$8,164.80

Pine Board & Batten Cottage Shed with 5/12 A-Frame roof measures 10 feet deep by 14 feet long and is built to last with solid wood construction. Each storage shed is hand-crafted in the United States by expert Amish woodworkers and available unfinished or with your choice of stain or paint. Asphalt roof shingles are standard or choose an optional metal roof. Additional optional doors, windows, gable vents, ramps and storage lofts are available to meet your specific requirements. Model shown in photo measures 10' by 12' and is finished with optional stain.



SKU: **SS-BB-CT-10X14**

Roofing Options *

Shingles - Pewter Gray

Unfinished or Optional Stain or Paint *

Paint - White +\$874.80

Paint trim color for windows and corner trim (only with Optional Paint selected)

-- Please Select --

Paint door trim (only with Optional Paint selected)

-- Please Select --

Optional Cupola

-- Please Select --

Optional Windows (28" x 24" 6-Lite Barn Sash Window)

-- Please Select --

Optional Gable Vents

-- Please Select --

Upgrade to Wider Doors

-- Please Select --

Add Aluminum Shed Ramps

- ☐ Add aluminum shed ramps - (2) 22" x 48" sections with J hook + \$380.00



Add a 5' Wide Wood Ramp (Standard Ramps are 4' Deep)

- ☐ Add a 5' Wide Wood Ramp + \$200.00



Optional Magnetic Door Stops

- ☐ Add Optional Magnetic Door Stops (sold individually) + \$30.00



Optional Door Pins

- ☐ Add Optional Door Pins (sold individually) + \$30.00



Add a custom pad for an 10' x 14' shed

- ☐ Add a custom pad for an 10' x 14' shed, constructed on-site by Bayhorse. Pricing is for standard construction (4" deep crushed stone mix) on a completely level spot. + \$900.00

Sent to:
TB, TA, TC
10/22/25
KD

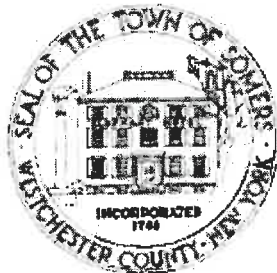
PLANNING AND ENGINEERING DEPARTMENTS

Telephone
(914) 277-5366
Fax
(914) 277-4093

Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589
www.somersny.gov

Steven Woelfle
Principal Engineering Technician
swoeffle@somersny.gov



David B. Smith
Town Planner
directorofplanning@somersny.gov

Date: October 22, 2025
To: Town Board
From: Steven Woelfle *SW*
Engineering Department
RE: 247 Route 100 LLC/Rockledge Center Site Plan
Resolution No. 2025-06
TM: 28.10-1-6.1
Release of Erosion Control Bond
Check Received March 19, 2025

This office has no objection to the return of the Erosion Control Bond in the amount of \$900.00.

Please return to:

247 Route 100 LLC
P.O. Box 6522
Carlstadt, NJ 07072-0522

SW/wg

cc: Town Clerk
Director of Finance
Harrison Cook, HCP

Sent to:
TB, TA, TC
10/22/25
KD

PLANNING AND ENGINEERING DEPARTMENTS

Telephone
(914) 277-5366
Fax
(914) 277-4093

Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589
www.somersny.gov

Steven Woelfle
Principal Engineering Technician
swoelfle@somersny.gov



David B. Smith
Town Planner
directorofplanning@somersny.gov

DATE: October 21, 2025

TO: Town Board
Director of Finance

FROM: Steven Woelfle *SW*
Engineering Department

RE: **Refund of SEQRA/Professional Service Fee**
Lackner Wetland and Watercourse Protection Permit #W2025-04
11 Valley Drive
TM: 26.15-1-42

The above-mentioned project has been completed. Please refund the remaining SEQRA/Professional Service Fee in the amount of \$446.85, as follows:

Michael Lackner

SW/wg
cc: Town Clerk
Michael Lackner

Sent to:
TB, TA, TC
10/22/25
KD

PLANNING AND ENGINEERING DEPARTMENTS

Telephone
(914) 277-5366
Fax
(914) 277-4093

Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589
www.somersny.gov

Steven Woelfle
Principal Engineering Technician
swoeffle@somersny.gov



David B. Smith
Town Planner
directorofplanning@somersny.gov

DATE: October 21, 2025

TO: Town Board
Director of Finance

FROM: Steven Woelfle *SW*
Engineering Department

RE: Refund of SEQRA/Professional Service Fee
Lucatuorto Wetland and Watercourse Protection Permit #W2025-02
12 Western Way
TM: 17.12-1-27

The above-mentioned project has been completed. Please refund the remaining SEQRA/Professional Service Fee in the amount of \$44.15, as follows:

William Lucatuorto

SW/wg
cc: Town Clerk
William Lucatuorto

Sent to:
TB, TA, TC
10/28/25
KD

PLANNING AND ENGINEERING DEPARTMENTS

Telephone
(914) 277-5366
Fax
(914) 277-4093

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WESTCHESTER COUNTY, N.Y.

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Steven Woelfle
Principal Engineering Technician
swoelfle@somersny.gov



David B. Smith
Town Planner
directorofplanning@somersny.gov

Date: October 28, 2025
To: Town Board
From: David B. Smith *DBS*
Director of Planning
Re: **Return of Check for Renewal of Special Use Permit**
Verizon Wireless – 2580 Route 35
TM: 37.13-2-3

The subject applicant submitted a check in the amount of \$500.00 on October 1, 2025 for an application fee for the Renewal of a Special Use Permit for Verizon Wireless at 2580 Route 35, which was deposited in the Town's account.

However, it was later determined that a Renewal of the Special Use Permit will not be necessary since the current approval does not expire until June 14, 2028.

Therefore, this office recommends the Town Board authorize a refund in the amount of \$500.00 to:

Snyder & Snyder LLP
94 White Plains Road
Tarrytown, NY 10591

SW/wg
cc: Town Clerk
Director of Finance
Michael Sheridan, Snyder & Snyder LLP

LAW OFFICES OF
SNYDER & SNYDER, LLP

94 WHITE PLAINS ROAD
TARRYTOWN, NEW YORK 10591

(914) 333-0700

FAX (914) 333-0743

WRITER'S E-MAIL ADDRESS

msheridan@snyderlaw.net

NEW YORK OFFICE
445 PARK AVENUE, 9TH FLOOR
NEW YORK, NEW YORK 10022
(212) 749-1448
FAX (212) 932-2693

LESLIE J. SNYDER
ROBERT D. GAUDIOSO (NY/NJ)
DOUGLAS W. WARDEN
JORDAN M. FRY (NY/NJ)
MICHAEL SHERIDAN (NY/NJ)
DAVID KENNY (NY/NJ)

DAVID L. SNYDER
(1956-2012)

NEW JERSEY OFFICE
ONE GATEWAY CENTER, SUITE 2600
NEWARK, NEW JERSEY 07102
(973) 824-9772
FAX (973) 824-9774

REPLY TO:

Tarrytown Office

October 24, 2025

Nicole Montesano, Planning Board Secretary
Town of Somers
335 Route 202
Somers, New York 10589

Re: NY- Amawalk 3
New York SMSA Limited Partnership d/b/a Verizon Wireless
Application for Special Permit Renewal for the property known
2580 Route 35, Somers, New York ("Property")

Dear Ms. Montesano:

As you are aware, we are the attorneys for New York SMSA Limited Partnership d/b/a Verizon Wireless ("Verizon Wireless") in connection with its existing public utility wireless communications facility ("Facility") at the captioned Property. On September 29, 2025, our office submitted a request to renew ("Renewal") the special permit for Verizon Wireless' Facility. It is now our understanding that the Renewal of the special permit was already approved, pursuant to the attached resolution, and does not expire until June 14, 2028.

In connection with the Renewal, we submitted a check for \$500 representing the required fee ("Fee"). As the Renewal is not necessary at this time, we respectfully request that the Fee be returned/refunded.

If you have any questions, please do not hesitate to call me or Angela Poccia at (914) 333-0700. Thank you for your consideration.

Respectfully submitted,
Snyder & Snyder, LLP

By: Michael Sheridan /gr
Michael P. Sheridan

MPS/gr
Enclosures

cc: Verizon Wireless

Z:\SSDATA\WPDATA\SS4\WP\NEWBANM\Maybeck\Amawalk 3 (Somers)\Renewal (2025)\Checkreturn.gr.10.24.2025.docx

PLANNING AND ENGINEERING DEPARTMENTS

Town of Somers

WESTCHESTER COUNTY, N.Y.



SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589
www.somersny.gov

Steven Woelfle
Principal Engineering Technician
swoeffle@somersny.gov

David B. Smith
Town Planner
directorofplanning@somersny.gov

Date: October 29, 2025

To: Town Board

From: Steven Woelfle *SW*
Engineering Department

RE: **Gleneida Realty Inc. Site Plan/Resolution 2024-01**
TM: 28.06-1-15
Sidewalk Construction Fund

In lieu of constructing a sidewalk at the Somers Storage Center, a check in the amount of \$11,750 has been provided to fund the construction of sidewalk in an alternate location, as per Planning Board Resolution No. 2024-01.

Please deposit into a Trust & Agency Account.

cc: Town Clerk
Director of Finance
Rick DiNardo

*Sent To:
TB, TA, TC
10/29/25
KD*

Sent to:
TB, TA, TC
10/28/25
KD

OFFICE OF THE SUPERVISOR

Town of Somers

WESTCHESTER COUNTY, N.Y.

Telephone
(914) 277-3637
Fax
(914) 276-0082

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589

ROBERT SCORRANO
SUPERVISOR



**Application to Reserve Temporary Use of the Somers
Town House Green for a Permitted Holiday Display**

Name of Organization: The Jews of Somers

Address:

Telephone Number:

E-mail: NYC1Mitch@aol.com

Alternate Name:

Address:

Telephone Number:

E-mail:

General Description of Display: Town Menorah

Duration of Display (beginning and ending): Saturday, 12/06/25 thru Saturday, 01/10/26

Requested Area for Use: In front of the Elephant Hotel

Mitchell Kaufman
Signature of Applicant

Town Board Action

Mitchell F Kaufman
Print Name

October 3, 2025
Date

Date